



Community Health Needs Assessment

Bon Secours Our Lady of Bellefonte Hospital
Bon Secours Kentucky Health System



Good Help to Those In Need®

INDEX

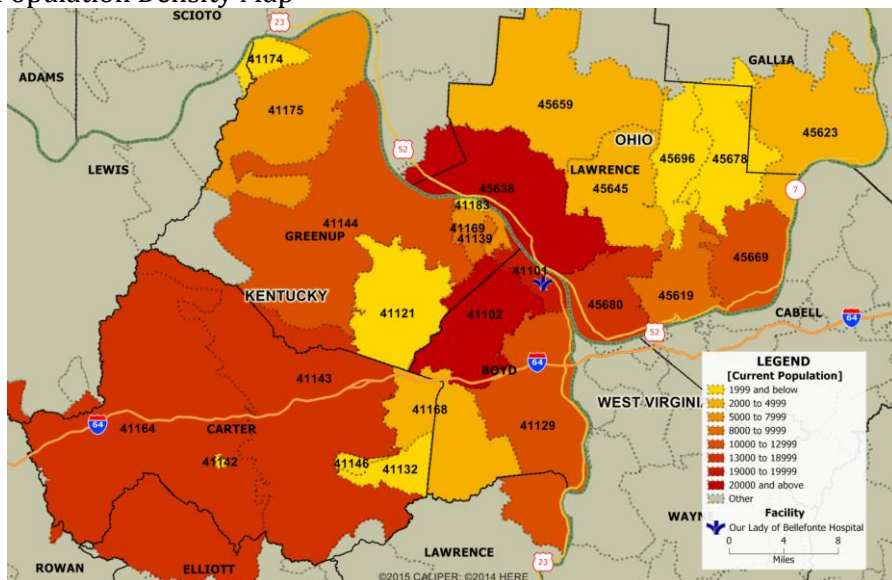
Executive Summary	Page 3
Community Health Assessment Process and Methodology	Page 9
Community Advisory Board	Page 10
Community Forums	Page 11
Survey Results	Page 12
Survey Questions /Identified Health Needs	Page 13
Community Health Profile	Page 16
Service Area Characteristic/Population Demographics.....	Page 23
Priorities Action Plan	Page 26
Community Health Care Resources	Page 29
Healthy Choices Kentucky Coalition	Page 30
APPENDIX A – Community Forums feedback..	Page 33
APPENDIX B – Community Health Needs Assessment Survey..	Page 37
APPENDIX C – News Release comment period on 2013 CHNA.....	Page 65
APPENDIX D – Bless Your Heart Program.....	Page 67

Executive Summary

Bon Secours Kentucky, Our Lady of Bellefonte Hospital (OLBH) is a 214-bed acute care facility located in Greenup County and licensed in the state of Kentucky. Bon Secours Kentucky, Our Lady of Bellefonte Hospital conducted a Community Health Needs Assessment (CHNA) with Kings Daughters Medical Center (KDMC). The CHNA was conducted between September 2015 and March of 2016, included secondary data analysis, surveys and focus groups with key individuals in the community including those representatives of our community with knowledge of public health, the broad interests of the communities we serve, as well as individuals with special knowledge of the medically underserved, low income and vulnerable populations and people with chronic diseases. The Executive summary provides an overview of the CHNA and its findings.

The Mission of Bon Secours Health System is to bring compassion to health care and to be Good Help to those in Need®, especially those who are poor and dying. As a system of care givers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

OLBH is a non-profit facility serving approximately 400,000 residents of the following six counties in northeastern Kentucky - Greenup, Boyd, Lawrence, Carter and Elliott (which comprise the FIVCO Area Development District), and two counties in southern Ohio - Lawrence and Scioto counties, as well as Wayne and Cabell counties in western West Virginia. The Community Health Needs Assessment was conducted for the primary service area, the Kentucky counties of Greenup, Boyd, Carter and Lawrence County in Ohio. Bon Secours Kentucky- Our Lady of Bellefonte Hospital Service area and Population Density Map



According to the County Health rankings data 2015, the counties in OLBH primary service area rank among the highest in the state at risk for poor health outcomes and poor Health factors. Consistent with the state and national trends five chronic diseases account for most of the spending on health care: diabetes, heart disease, hypertension, asthma and depression. Prescription drug abuse and addiction is a growing problem in the area as is illegal drug use including methamphetamine, cocaine and marijuana.

Our service area of Boyd, Carter, Greenup counties in Kentucky and Lawrence county Ohio has a higher percentage of the population diagnosed with diabetes (DM) than that of the national average and above Healthy People 2020 targets. Diabetes is also more prevalent as people age. Therefore with an aging population Kentucky and Ohio (like the rest of the nation) can expect to continue seeing high rates of Diabetes. Almost 7 percent (6.9%) of adults age 35-44 have Diabetes compared to 9% of those aged 45- 54, 17.5% of those aged 55 -64 and 23.2% of those aged 65 and older. Social determinants of health have a strong impact on Diabetes prevalence. Diabetes is more common among those with lower incomes and/or lower levels of education. Among Kentuckians fifteen percent (15%) earning \$15,000 or less per year have diabetes compared to 11% earning between \$25K and \$35K, and 6.8% of those earning \$50K or more annually.

Indicators	Boyd	Carter	Green up	Lawrence	Source
Diabetes Screenings	84.6%	85.3%	86.5%	79.4%	Dartmouth Atlas of Health care (2012)
% Adult Population with DM	10.2%	11.4%	11.3%	13.1%	BRFSS (2005-2011)
No Exercise- Adults	30.9%	38.7%	29.8%	34.6%	BRFSS (2006-2012)
Adult Prevalence of Obesity	34.5%	33.5%	36.3%	46.5%	BRFSS (2006-2012)

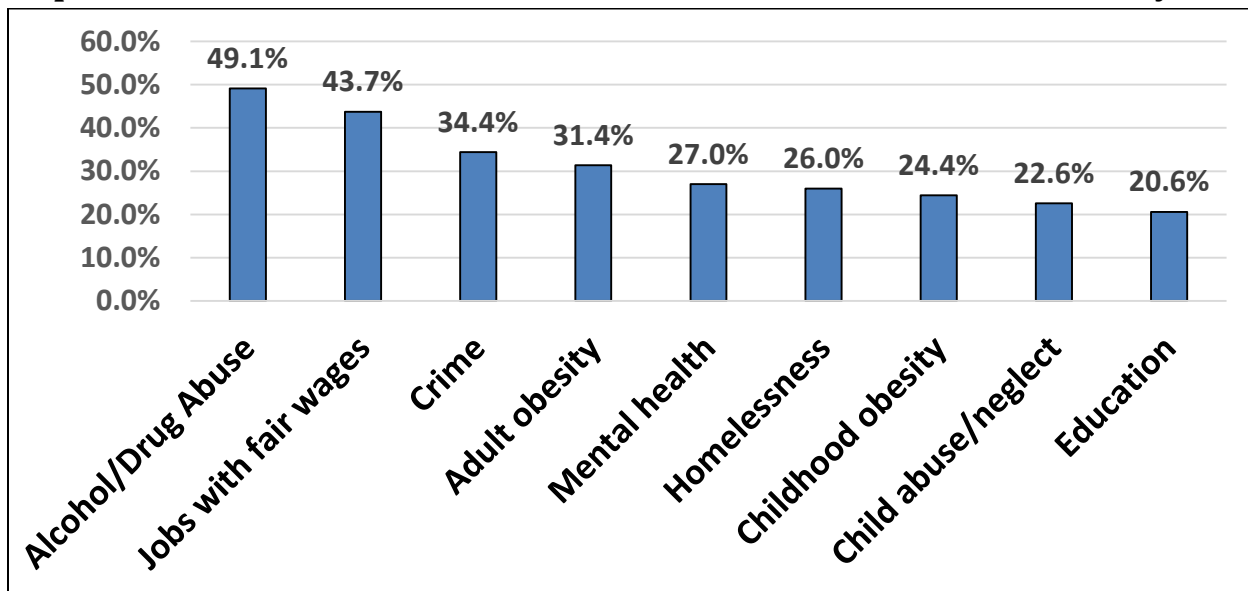
The tristate region of Kentucky, Ohio and West Virginia has a 56% higher mortality rate from cardiovascular disease (CVD) than any other territory in the U.S.; thus it has been deemed "Coronary Valley". This phenomenon is caused by a number of risk factors all related to extraneous variables including lower socioeconomic status, smoking, obesity, lack of exercise and hypertension. The same lifestyle leads to other chronic diseases and comorbidities. In our community, diabetes is 47% higher than the national average. Forty-five percent of adult over the age of 20 are obese and 41% have been diagnosed with hypertension. We rank 48th for physical activity and fruit and vegetable intake and nearly one-third of all adults use tobacco.

The chronic medical conditions seen in our area require frequent medical monitoring and daily maintenance medications. As a result, area healthcare agencies have struggled to meet the increasing need. A large body of evidence can be found to support the linkage between community collaborations and improved population health. Counseling and education opportunities

throughout our region by physicians and other healthcare providers are key to increase awareness about signs and symptoms of a heart attack and to reduce and control factors that increase the risk of heart attack and CVD.

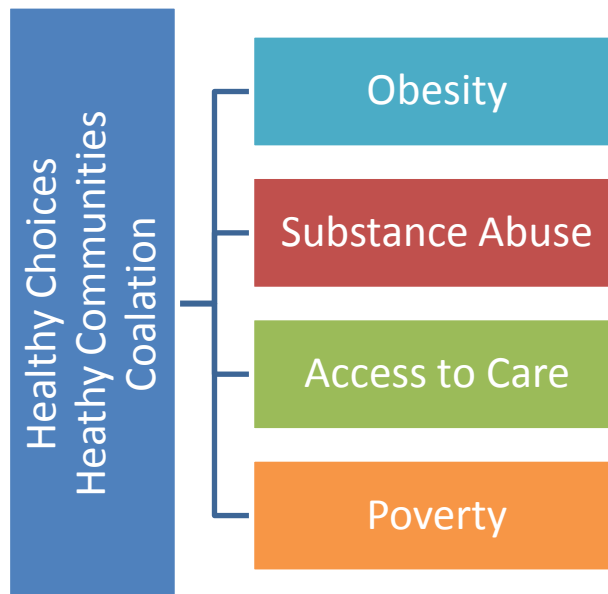
In preparing the OLBH Community Health Needs Assessment, the hospital collaborated with community service organizations to provide feedback on the questions to be included in the survey. Surveys were available and distributed in print form for community residents that do not have computers or access to the internet. Information from these surveys provided the Individual Perspective. The online and paper version of the survey was taken by 951 individuals. Respondents were asked to identify the most significant conditions that should be addressed by the wider community. The table below captures the issues of greatest need and the percentage of survey respondents that selected that need.

Top 5 Priorities You Think Should Be Addressed in Your Community



A Community Advisory Board (“CAB”) comprised of individuals and organizations representing public health departments, non-profit organizations, government agencies and residents provided oversight and guided the Assessment process. The purpose of the CAB was to guide us and support the process by engaging community members and provide feedback on the findings. All the Advisory Board members represent different segments of the community and have special knowledge of public health and underserved members of the population.

Following review of publicly available data, survey responses, and input from community forums the review committee used a consensus process to prioritize the following health and social conditions. The primary vehicle for coordination of services and collaboration in addressing these conditions will be the Healthy Choices Healthy Communities Coalition.



Obesity

Healthy eating habits and exercise are essential to maintaining a healthy weight. Poor nutrition and limited physical activity have led to an increase in overweight and obese people throughout the country, as work has become more sedentary in general and diets are increasingly centered around prepared and restaurant foods. But the problem is more severe in Kentucky and Ohio. Obesity-related costs are very high and increasing for businesses and industry, the taxpayer, and other sectors of our society. The lack of physical activity, poor dietary choices, and obesity are linked with the increased risk of several medical conditions.

Reviews of local schools regarding student fitness levels disclose that many school aged children are obese. Appalachian and rural traditions impact the health of many of the residents. Some of the issues are due to diet and traditional cooking techniques, low educational attainment of many in the area, lack of public transportation, personal motivation, very few safe areas to walk and exercise, and few areas with safe sidewalks and safe routes to schools.

Substance Abuse (including Tobacco)

Programs designed to prevent youth from starting the use of tobacco products and recreational drugs, as well as to help them quit, are critical to the future health of our residents and the community at large. Drug abuse has become a major health risk factor in Kentucky and Ohio; drug-related problems include loss of productivity, increased healthcare costs, and drug-related crime. According to the Kentucky Needs Assessment program, about 375,000 adults and more than 50,000 adolescents need substance abuse treatment but are not receiving it. The use of opiates, tranquilizers, stimulants, methamphetamines, marijuana and cocaine are widespread throughout the BSKY service area. The use of methamphetamine has been a problem, but the availability is

declining due to Kentucky's new regulation on purchasing over-the-counter drugs containing one of its main ingredients, pseudoephedrine.

The most significant modifiable health risk factor for the nation as a whole is smoking and the use of tobacco products. Cigarette smoking is the leading avoidable cause of death in Kentucky, Ohio and the nation. Smoking has long been regarded as the single most preventable cause of premature death, especially lung cancer. Cancer, cardiovascular disease, and respiratory illness are among the more well-known consequences of tobacco use. Smoking results in major decreases in quality of life and life expectancy for both those who smoke and those who are regularly exposed to secondhand smoke. Children who are exposed to secondhand smoke are more likely to experience poor lung growth, respiratory problems, and more frequent and severe asthma attacks. Moreover, children who live in households where their parents smoke are more likely to become smokers. Nationally, the CDC estimates that smoking or exposure to secondhand smoke causes 1 in 5 deaths per year.

Access to Care

Access to health care services is a key factor in the health of a community and has been identified as one of the health needs of the community. The area is vastly rural and the cost of transportation is a critical access factor. Many residents face transportation issues on a daily basis; not only for health care but in many areas of their lives including food access. Most areas are classified as a food desert. Public transportation is only accessible to a small portion of the population. The community has a growing number of individuals 65 years and older. The age of individuals also contributes to the access to care issues as many individuals do not drive and depend on family and friends for transportation needs. Access to quality preventative care and disease management education is critical in minimizing future hospitalizations as well as the seriousness of these diseases.

In the BSKY service area; there is an oral health care crisis with few dentists accepting Medicaid and even fewer accepting new Medicaid beneficiaries. This problem is compounded with the recent enactment of the Affordable Care Act, presenting increased Medicaid recipients within our population that lack access to quality dental services. Oral disease is a major health problem for Kentuckians especially those who are uninsured, incarcerated, unemployed and in drug treatment programs.

- The Surgeon General's report in 2000 describes oral health in the United States as a "Silent epidemic of dental and oral diseases." Kentucky is among the highest in the nation for prevalence of dental caries. Thirteen percent of adults in our state experience toothlessness (compared to only 6% U.S.). Though Ohio's rates fare a little better, Ohio's southern counties present the worst oral health status in the state and fare similar to their Kentucky counterparts. Untreated dental disease is linked to adverse health outcomes associated with diabetes, stroke, heart disease, bacterial pneumonia, preterm and low birth weight deliveries, and in some instances, death.

Poor dental health can lead to serious health problems:

- cardiovascular disease/stroke risk
- Increased risk of dementia
- Respiratory problems
- Diabetes
- Cancer

Access would improve oral health status and future health outcomes by assisting patients with dental disease, particularly those with comorbidities, gain access to procedures and care. Physicians often cancel and postpone lifesaving and needed heart and other procedures for patients due to poor dental health and infection that would compromise outcomes for procedures. Oral disease and absence of dentures not only cause embarrassment but also pain and suffering and has an impact on an individual's self-esteem, personality, mental status, social and economic status and quality of life including job opportunities and advancements

Poverty

Economic status has a profound impact on health and wellbeing. Poverty is one of the most challenging issues we confront in Kentucky and Ohio. Inequities persist and access to education, quality jobs, healthcare, and housing remain out of reach for many poor people. These conditions, including geographic isolation, have resulted in our region being classified by the Appalachian Regional Commission with a status of persistent poverty. Community statistics reveal there are significant barriers for many residents in the Bon Secours Kentucky service area. Poverty affects all aspects of the lives of the individuals that struggle to make ends meet on a daily basis. Those living in poverty face higher rates of unemployment or underemployment; many have low educational attainment and face social barriers.

Resources

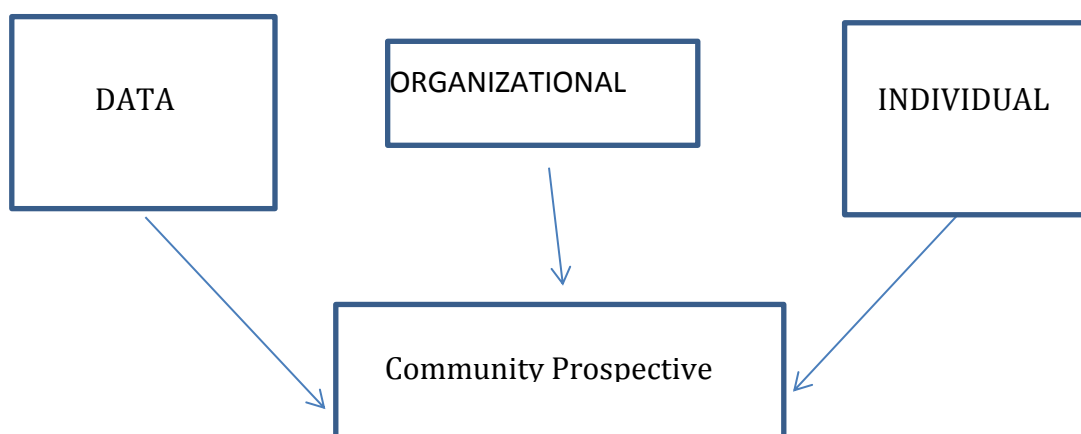
In this report we have identified community wide resources that may assist in addressing the health needs of our community. We will work with many of these health and community based facilities and organizations to develop plans and programs to improve the health of our community.

Community Health Assessment Process and Methodology

This CHNA was conducted during the 2016 fiscal year, primarily from September 2015 to March 2016. It was determined that existing quantitative sources - state Department of Health data, County Health Rankings data, and the Center for Disease Control's Healthy People 2020 goals - would be augmented by a community-wide survey and community dialogues to identify and prioritize health indicators. In addition, Kings' Daughters Medical Center and Bon Secours Our Lady of Bellefonte Hospital contracted with a leading state public health professor from the University of Kentucky, Dr. Angela Carman, to facilitate the Advisory Board meetings, Community Forums and provide analysis of the survey results, and guide the prioritization process.

Community partners, representing Boyd, Greenup, and Carter Counties in Kentucky and Lawrence County, Ohio were convened and guided through the Community Health Assessment process by Dr. Angela Carman and leaders from Our Lady of Bellefonte Hospital and Kings Daughters Medical Center. The advisory panel utilized a community health assessment process based on Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a community-driven strategic planning process which helps communities to utilize strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local health systems.

The advisory group augmented the MAPP process with a Three Perspective approach to gathering information. Statistical data gathered from secondary data sources provided the Data Perspective on the health of each community. Information gathered during Community Forums, primarily attended by representatives of community partner organizations, provided the Organizational Perspective. Information from the on-line and paper surveys provided the Individual Perspective.



Community Advisory Board

A Community Advisory Board (“CAB”) comprised of the following individuals and organizations provided oversight and guided the Assessment process. All the Advisory Board members represent different segments of the community and have special knowledge of public health and underserved members of the population in the service area.

Table 1: The CHNA Advisory Board Members list for Bon Secours Kentucky & Kings Daughters Medical Center.

<u>Person</u>	<u>Organization</u>	<u>Title</u>	<u>Email</u>
Laura Brown	Ironton City Health Department	Health Commissioner	Laura.brown@odh.ohio.gov
Chuck Charles	Our Lady of Bellefonte Hospital City of Ashland	VP Foundation and Organizational Development	Chuck_charles@bshsi.org
Elaine Corbitt	King’s Daughters Medical Center	Director	Elaine.corbitt@kdmc.kdhs.us
Chris Crum	Greenup County Health Department	Director	Chrisg.crum@ky.gov
Linda Firebaugh	Hillcrest Bruce Mission	Director	hillcrestbrucemission@windstream.net
Debbie Fisher	Lawrence County Health Department	Director	lawrcohd@odh.ohio.gov
Maria Hardy	Boyd County Health Department	Public Health Director	Mariac.hardy@ky.gov
Todd Jones	Lawrence Co Ohio AFCFC	Coordinator	afcfc@lawrencedd.org
Diva Justice	Our Lady of Bellefonte Hospital	Director Healthy Community Initiatives	Diva_justice@bshsi.org
Laura Patrick	King’s Daughters Medical Center	Coordinator	Laura.patrick@kdhf.kdhs.us
Ann Perkins	Safe Harbor	Executive Director	aperkins@safeharborky.org
Kristina Perry	Russell Independent Schools	Community Relations Specialist Greenup Co Community Ed Coordinator	Kristina.perry@russellind.kyschools.us
Mollie Stevens	Ironton Lawrence Community Action Organization	Family Guidance Coordinator	Mfs.impact@gmail.com
Paula Thornberry	Carter County Health Department	Public Health Director	paulaL.Thornberry@ky.gov
Michelle Wilhoit	First National Bank of Grayson	VP	Mwilhoit@FNBG.com

Community Forums

Following the Mobilizing Action through Planning and Partnerships (MAPP) model one community forum was held in each of the four counties; Boyd, Carter, Greenup in KY and Lawrence County, Ohio in which various individuals from the prospective communities attended. The purpose of the forum was to elicit feedback from community members across three topics:

- ***The vision for the county:*** Each session began with a discussion of the vision for health in the county. A round-table method was used to allow all participants to voice their perspective on the vision for a healthier county.
- ***The strengths for the county:*** Following the MAPP model, forum participants were asked to identify the elements found in each county that are strong and could be utilized to build toward a stronger community.
- Participants were also asked to identify the risks and elements that, if not addressed, could have a longer term risk to health.
- The assessment and ***impact of change in the county:*** Following the MAPP model, forum participants were asked if their county of residence had experienced change, positive or negative, with regard to the impact the change has had or could have on the health of the citizens in that county

Common Issues Among All Counties

- Drug abuse
- Childhood and Adult Obesity
- Lack of Recreation Opportunities / Lack of Exercise
- Poverty (Children Living Below Poverty)
- Cancer
- Diabetes
- Prenatal Care

Individual county participant feedback for each topic may be found in the Appendix.

Survey Results

In preparing the OLBH Community Health Needs Assessment, the hospital collaborated with community service organizations to provide feedback on the questions to be included in the survey. OLBH and KDMC worked to develop a formalized avenue through which to capture the community's voice. The goal of the Assessment survey was to assist the facilities to gain feedback on the health care needs of the community and to identify gaps and strengths in local community services. OLBH elected to utilize survey monkey as a template and to distribute the survey both online and in print via the websites of both Kings Daughters Medical Center and Our Lady of Bellefonte Hospital and public service announcements encouraging participation from all citizens of the four-county service area. The CHNA survey was available to the public in OLBH primary and secondary service areas. The Survey was also distributed to local residents targeting low income populations and organizations in order to ensure that outreach efforts were truly reflective of the community we serve. Surveys were available and distributed in print form for community residents that do not have computers or access to the internet. Information from these surveys provided the Individual Perspective.

CHNA Community Surveys Partnership with KDMC



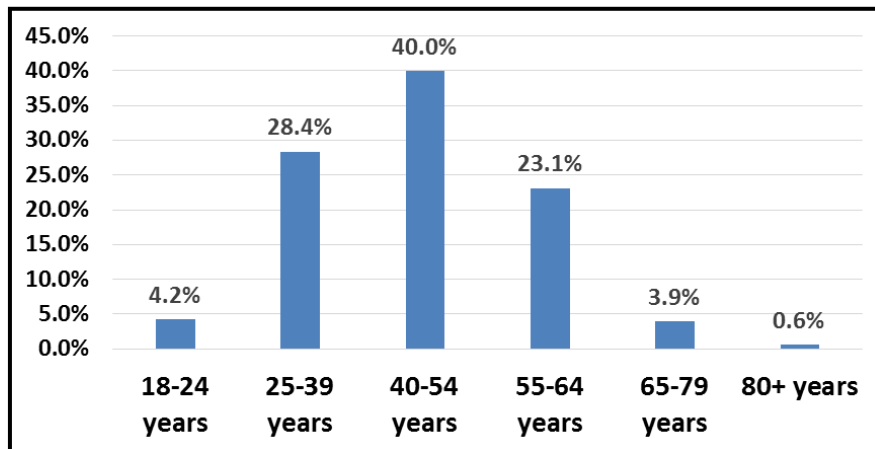
- Hospital Websites
- Press Release
- The Neighborhood
- Safe Harbor
- Hillcrest Bruce Mission
- Community Forums
- Coalition Members
- Hospital Screening Events
- Senior Centers
- Business emails
- Schools
- Nonprofit email list serves
- Hospital staff

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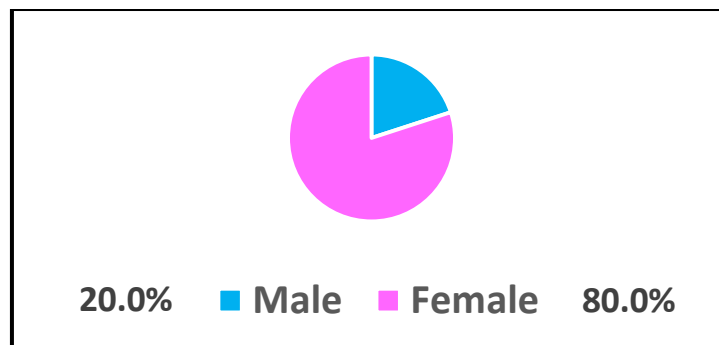
Survey Questions

The online and paper version of the survey was taken by 951 individuals; of those completing the survey 96.9% were white, Non-Hispanic, 80% were female and 20% male.

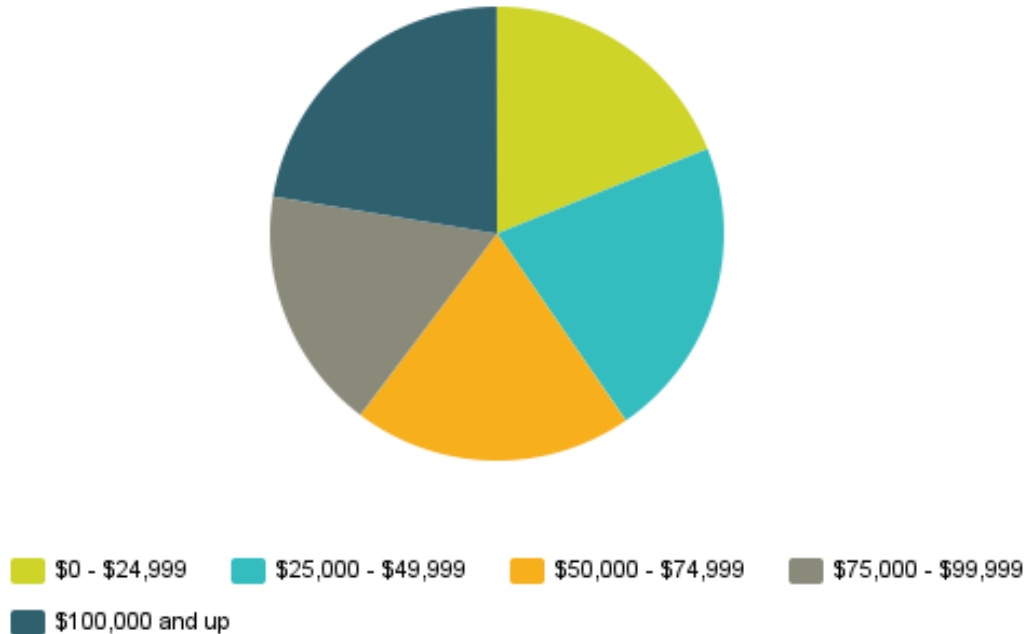
Community Survey - Demographics of Survey Participants



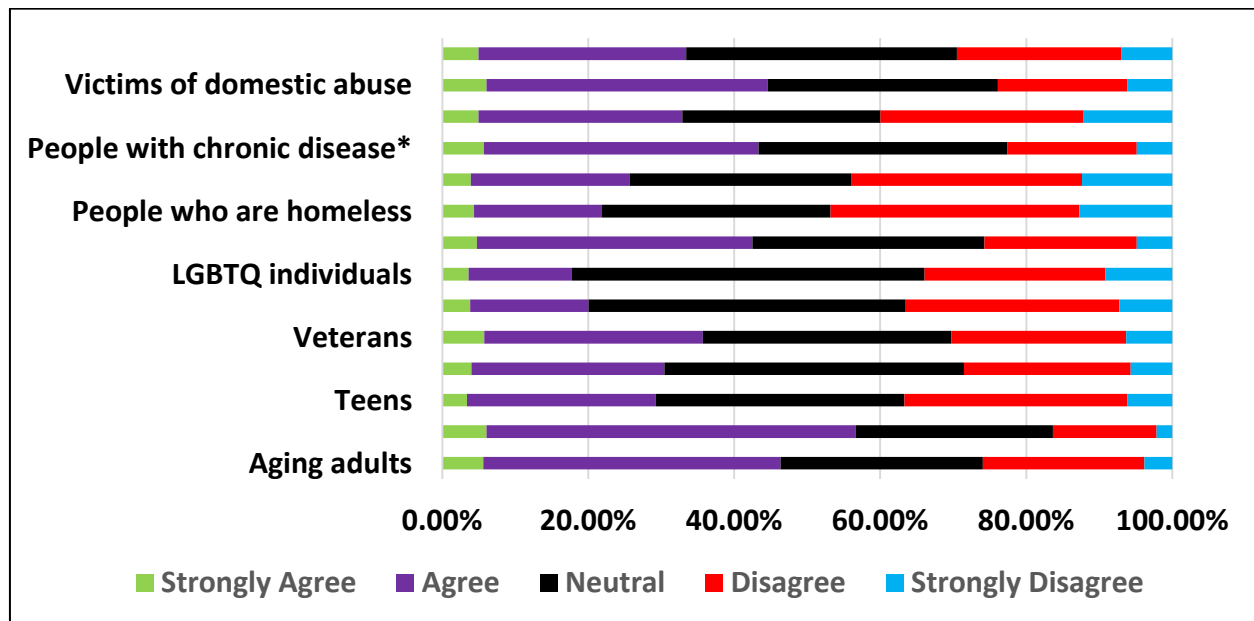
Race
96.9 % White, Non-Hispanic



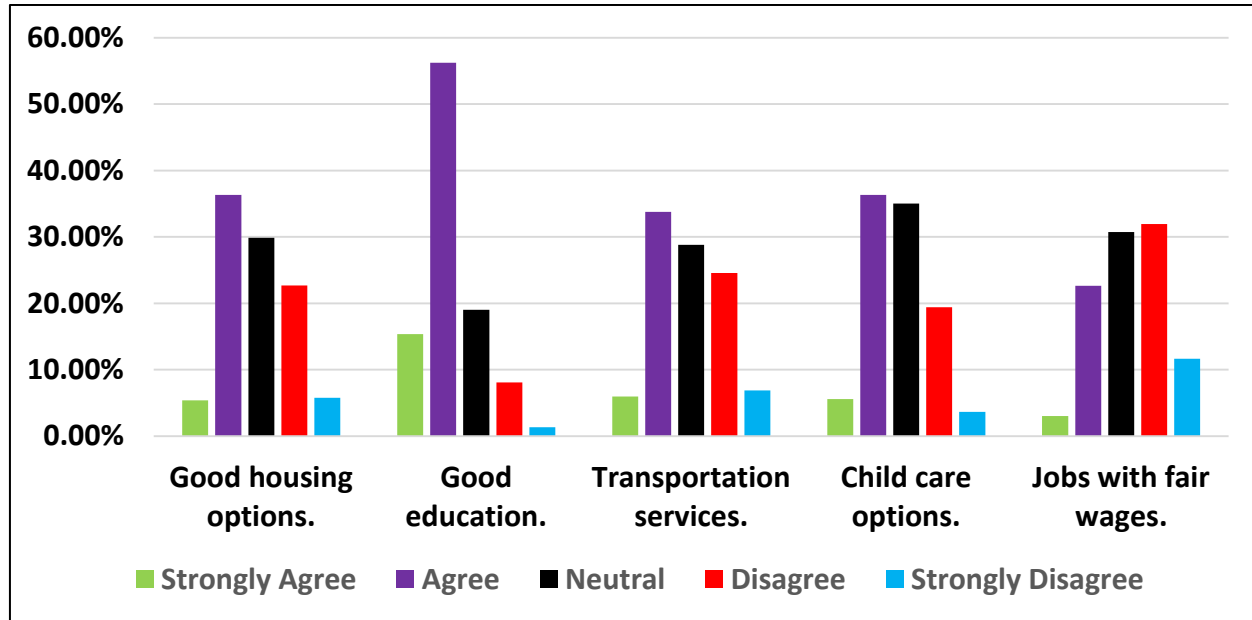
What is your average household income?



Community Has Good Support & Services for the Following Groups of People?

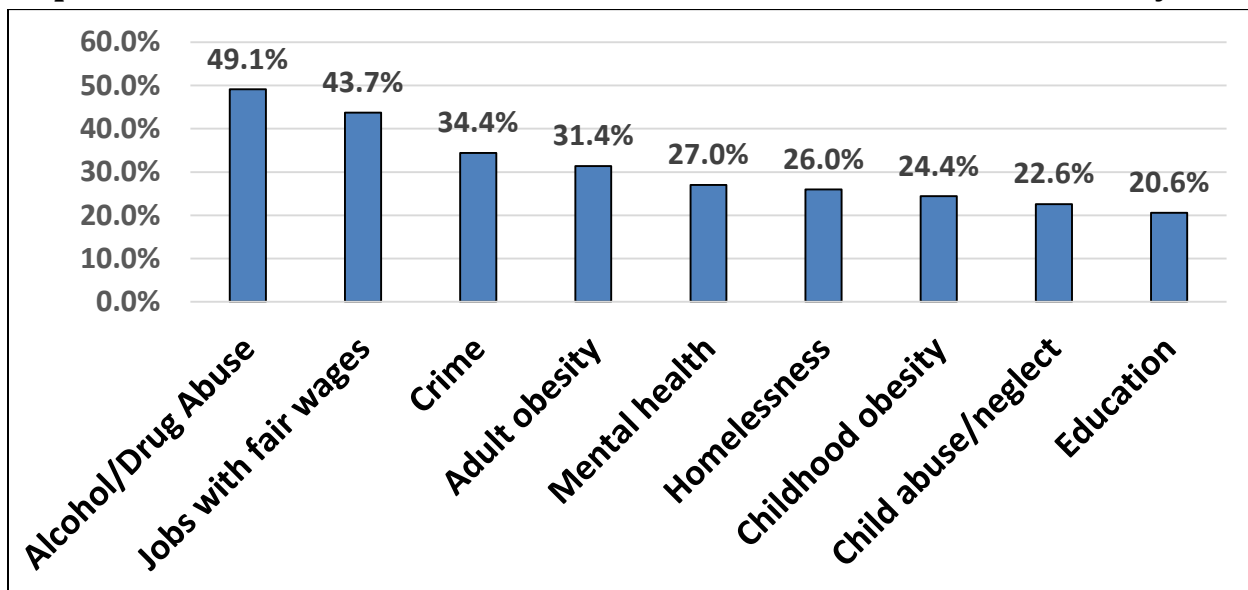


Our Community is STRONG in Providing



Individuals were asked to choose the top 5 priorities they thought should be addressed in their community. The CHNA survey results were shared with Healthy Choices Healthy Communities Coalition.

Top 5 Priorities You Think Should Be Addressed in Your Community



Community Health Profile

According to the County Health rankings data 2015, the counties in OLBH primary service area rank among the highest in the state at risk for poor health outcomes and poor health factors. Consistent with the state and national trends five chronic diseases account for most of the spending on health care: diabetes, heart disease, hypertension, asthma and depression. Prescription drug abuse and addiction is a growing problem in the area as is illegal drug use including methamphetamine, cocaine and marijuana.

Obesity

Obesity is an abnormal accumulation of body fat, usually 20% or more over an individual's ideal body weight. Obesity is associated with increased risk of illness, disability, and death. World Health Organization terms obesity a worldwide epidemic, and the diseases which can occur due to obesity are becoming increasingly prevalent. Excessive weight can result in many serious, potentially life-threatening health problems, including hypertension, Type II diabetes, increased risk for coronary disease, hyperlipidemia, infertility, and a higher prevalence of colon, prostate, endometrial, and breast cancer. An unhealthy diet, lack of physical activity, and socioeconomic factors contribute to obesity. Where people live, how much money they earn, their culture and their family history also play a role.

County Health Rankings - 2015

Indicators	Boyd	Carter	Greenup	Lawrence, OH
Adult Obesity	35%	34%	38%	36%
Physical inactivity	33%	37%	32%	37%
Poor Physical Health days	5.5	5.6	5.3	7.1
Poor or fair health	26%	31%	24%	28%
Diabetes prevalence	13%	12%	13%	12%

State and National Level Data

Indicators	OH	KY	US	Data Source
Adult Prevalence of Obesity (%; Age-adjusted)	29.6%	31.0%	30.4%*	BRFSS (2006—2012)
No exercise: adults	24.8%	28.7%	25.9%*	BRFSS (2006—2012)
# of Recreational Facilities (per 100,000)	1,099	328	30,393	County Business Partners (2013)
Third Graders Overweight and Obese	34.7%	15.6%	-	Kids Count Data Center (2010)
Recommended Fruit and Vegetable Intake (% adults)	-	11.0%	-	Kentucky Health Facts (2011 - 2013)

Substance Abuse

A greater proportion of people in Appalachia abuse prescription drugs and report mental health problems than in the nation as a whole, according to a report by Appalachian Regional Commission. The area's growing drug addiction problems puts these individuals more at risk for depression, suicides and kidney failure. The area's population of drug abuse by all ages is growing at a relatively fast pace and will necessitate planning of and access to health care services unique to this population.

County Health Rankings 2015

Indicators	Boyd	Carter	Greenup	Lawrence, OH
Drug overdose deaths	21	16	24	15
Motor vehicle crash deaths	14	31	16	15
Drug overdose deaths	≥20	≥20	≥20	18.1-20.0
HIV prevalence	113	44	42	79
Frequent mental distress	12%	13%	12%	13%
Excessive drinking	10%	8%	9%	13%

KY State Level Data

Indicators	Kentucky	Data Source
Total # of Drug Overdose Hospitalizations		
All Drugs	29,683	KSPAN
Heroin	610	KSPAN
Pharmaceutical Opioids	6,720	KSPAN
Benzodiazepine	8,239	KSPAN
Total # of DUI Arrests		
Adult	22,427	Kentucky State Police (2014)
Juvenile	112	Kentucky State Police (2014)
Male	17,134	Kentucky State Police (2014)
Female	5,519	Kentucky State Police (2014)
White	20,491	Kentucky State Police (2014)
African American	1,943	Kentucky State Police (2014)
Total	22,553	Kentucky State Police (2014)
Total Number of Arrests by Drug Type		
Opium or Cocaine and Their Derivatives	2,519	Kentucky State Police (2014)
Marijuana	15,131	Kentucky State Police (2014)
Meth	5,224	Kentucky State Police (2014)
Heroin	2,653	Kentucky State Police (2014)
Other Drugs and Synthetic Narcotics	32,808	Kentucky State Police (2014)
Total	58,335	Kentucky State Police (2014)

Access to Care

Access to care can be caused by several factors. The major factors for the lack of access are low income, geographic isolation and poor education of available programs. The lack of public transportation in the region makes it difficult for many individuals and families to reach a health care provider.

Due to this lack of access, people may often go long periods of time without visiting a healthcare professional for checkups because they do not feel ill. This allows diseases without highly uncomfortable initial symptoms to become worse. For instance, diabetes is one of the worst diseases to affect the area, and is another issue that the Appalachian region faces disproportionately compared to the rest of the US.

County Health Rankings-2015

Indicators	Boyd	Carter	Greenup	Lawrence, OH
Uninsured adults	20%	23%	21%	16%
Uninsured children	6%	7%	6%	6%
Long commute	20%	40%	30%	30%
Other primary care providers	315:1	1,601:1	1650:1	2679:1

State and National Level Data

Indicators	OH	KY	US	Data Source
Access to Care				
Primary Care Providers (per 100,000)	91.7	78.2	48	Area Health Resources Files (2011)
Immunization Coverage for ages 19-35mo (%)	-	80.0%	81.0%	Kentucky Health Facts (2007)
Uninsured Adults (% under 65 years)	13.0%	16.8%	16.8%	Small Area Health Insurance Estimates (2013)
Uninsured Children (% under 19 years)	5.6%	6.5%	7.5%	Small Area Health Insurance Estimates (2013)
Mentally unhealthy days: adults (per person; Age-adjusted)	6.1	4.3	-	BRFSS (2006—2012)

Access to quality preventative care and disease management education is critical in minimizing future hospitalizations as well as the seriousness of these diseases. Kentucky participated in the Medicaid expansion providing health care to approximately 700,000 additional individuals. This expansion has been very beneficial for uninsured individuals across the state. Health insurance coverage is also a factor in determining whether patients will seek preventative care or wait for symptoms to become more severe, thus requiring more extensive treatments, including hospitalization.

Our service area has a higher percentage of the population diagnosed with diabetes than that of the national average and above Healthy People 2020 targets. Community status reveals there are significant barriers in access to health care such as poverty, unemployment, low educational attainment, and social barriers. Reviews of local schools regarding student fitness levels disclose that many school aged children are obese. Appalachian and rural traditions impact the health of many of the residents. Some of the issues are due to diet and traditional cooking techniques, low educational attainment of many in the area, lack of public transportation, personal motivation, very few safe areas to walk and exercise, and few areas with safe sidewalks and safe routes to schools.

Access to health care services is a key factor in the health of a community and has been identified as one of the health needs of the community. The following table shows the ratio of residents to providers in the four counties that make up the OLBH/KDMC service area. The data table highlights the provider types.

Ratio of Residents to Providers (2015)				
	Boyd	Carter	Greenup	Lawrence, OH
Primary Care Physicians	806:1	4,558:1	1,529:1	1,761:1
Dentist	1,481:1	3,400:1	2,435:1	5:285:1
Mental Health Providers	221:1	800:1	913:1	793:1

Diabetes

Our service area of Boyd, Carter, Greenup counties in Kentucky and Lawrence county Ohio has a higher percentage of the population diagnosed with diabetes (DM) than that of the national average and above Healthy People 2020 targets. Diabetes is also more prevalent as people age. Therefore with an aging population Kentucky and Ohio (like the rest of the nation) can expect to continue seeing high rates of Diabetes. Almost 7 percent (6.9%) of adults age 35-44 have Diabetes compared to 9% of those aged 45- 54, 17.5% of those aged 55 -64 and 23.2% of those aged 65 and older. Social determinants of health have a strong impact on Diabetes prevalence. Diabetes is more common among those with lower incomes and/or lower levels of education. Among Kentuckians fifteen percent (15%) earning \$15,000 or less per year have diabetes compared to 11% earning between \$25K and \$35K, and 6.8% of those earning \$50K or more annually.

Indicators	Boyd	Carter	Greenup	Lawrence	Source
Diabetes Screenings	84.6%	85.3%	86.5%	79.4%	Dartmouth Atlas of Health care (2012)
% Adult Population with DM	10.2%	11.4%	11.3%	13.1%	BRFSS (2005-2011)
No Exercise-Adults	30.9%	38.7%	29.8%	34.6%	BRFSS (2006-2012)
Adult Prevalence of Obesity	34.5%	33.5%	36.3%	46.5%	BRFSS (2006-2012)

Coronary Vascular Disease

Deemed "Coronary Valley," the tristate region of Kentucky, Ohio and West Virginia has a 56% higher mortality rate from cardiovascular disease (CVD) than any other territory in the U.S. This phenomenon is caused by a number of risk factors all related to extraneous variables including lower socioeconomic status, smoking, obesity, lack of exercise and hypertension. The same lifestyle leads to other chronic diseases and comorbidities. In our community, diabetes is 47% higher than the national average. Forty-five percent of adult over the age of 20 are obese and 41% have been diagnosed with hypertension. We rank 48th for physical activity and fruit and vegetable intake and nearly one-third of all adults use tobacco.

The chronic medical conditions seen in our area require frequent medical monitoring and daily maintenance medications. As a result, area healthcare agencies have struggled to meet the increasing need. A large body of evidence can be found to support the linkage between community collaborations and improved population health. Counseling and education opportunities throughout our region by physicians and other healthcare providers could help to increase awareness about signs and symptoms of a heart attack and to reduce and control factors that increase the risk of heart attack and CVD.

Indicators	Boyd	Carter	Greenup	Lawrence	Source
No Exercise- Adults	30.9%	38.7%	29.8%	34.6%	BRFSS (2006-2012)
Adult Prevalence of Obesity	34.5%	33.5%	36.3%	46.5%	BRFSS (2006-2012)

Poverty

Poverty is a condition where people's basic needs for food, clothing, healthcare and shelter are not being met. Poverty is generally of two types: Absolute poverty is synonymous with destitution and occurs when people cannot obtain adequate resources to support a minimum level of physical health. Absolute poverty means about the same everywhere, and can be eradicated. Relative poverty occurs when people do not enjoy a certain minimum level of living standards as determined by the government and enjoyed by the bulk of the population. Living in poverty can cause depression and health issues. Many that live in poverty turn to drugs and crime which only makes life more difficult.

County Health Rankings- 2015

Indicators	Boyd	Carter	Greenup	Lawrence, OH
Children eligible for free lunch	49%	54%	39%	50%
Food Insecurity	16%	17%	15%	16%
Unemployment	7.7%	11.5%	8.4%	7.9%
Children in poverty	27%	31%	26%	29%
Income inequality	5.3	4.5	4.8	4.7

State and National Level Data

Indicators	OH	KY	US	Data Source
Social Factors				
High School Graduation Rate (% of persons age 25+)	88.5%	83.0%	85.9%	US Census Bureau (2009—2013)
Bachelor's Degree or higher (% of persons age 25+)	25.2%	21.5%	28.8%	US Census Bureau (2009—2013)
Unemployed: Persons 16+ (%)	7.9%	8.3%	7.4%	Local Area Unemployment Statistics (2013)
Persons Below the Poverty Level (%)	15.8%	18.8%	15.4%	US Census Bureau (2009—2013)
Children Living Below Poverty Level Under the age of 18 (%)	22.7%	25.5%	22.2%	Small Area Income and Poverty Estimates (2013)
Self-Rated Health Status (% of Adults who report fair or poor health)	15.0%	21.0%	17.0%	County Health Rankings (2015)
Children in Single Parent Households (%)	35.0%	34.0%	31.0%	County Health Rankings (2015)
Median Household Income	\$48,138	\$43,307	\$52,250	Small Area Income and Poverty Estimates (2013)
Uninsured Adults (% under 65 years)	13.0%	16.8%	16.8%	Small Area Health Insurance Estimates (2013)
Uninsured Children (% under 19 years)	5.6%	6.5%	7.5%	Small Area Health Insurance Estimates (2013)

Service area Characteristics / Population Demographics

OLBH conducted a demographic analysis to project trends in the hospitals' service areas. OLBH is located in Greenup County, KY, with approximately 14,000 households. About 14 percent are living in poverty and 15 percent are age 65 and older. In adjacent counties, the poverty rate is 15 percent in Boyd County; 22 percent in Carter County and approximately 19 percent in Lawrence County, Ohio. Lack of well-paying jobs has contributed to the rate of poverty in this area. The high poverty and high unemployment rate in the area result in a low socioeconomic status. It is a very industrialized region which creates carcinogens along with unhealthy life styles the tristate area has some of the highest incidences in the country of smoking, diabetes, obesity and cancers.

Distribution of Population by Age

Report area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Boyd	5.7 1%	15.6 2%	7.4 4%	12.3 5%	13.2 8%	14.8 6%	13.7 8%	16.9 6%
Carter	6.3 5%	16.7 %	9.8 5%	11.4 7%	12.8 2%	14.2 1%	13.2 7%	15.3 3%
Green up	5.6 1%	16.7 %	7.3 2%	10.9 2%	13.0 5%	14.6 3%	14.3 1%	17.4 5%
Lawrence	5.9 3%	17.2 5%	8.0 8%	11.8 2%	13.1 1%	14.3 7%	13.3 6%	16.0 9%

Data Source: UD Census Bureau, [American Community Survey](#). 2009-13

County Level Community Health Data

Indicators	Greenup	Carter	Boyd	Lawrence (OH)	Data Source
Social Factors					
Population	36,308	27,223	48,832	61,623	US Census Bureau (2014)
Race Stats					
White(%)	97.1%	97.9%	94.7%	95.7%	US Census Bureau (2014)
African American (%)	1.0%	0.7%	3.1%	2.2%	US Census Bureau (2014)
Hispanic (%)	1.1%	1.2%	1.6%	0.9%	US Census Bureau (2014)
High School Graduation Rate (% of persons age 25+)	82.9%	75.5%	87.6%	85.0%	US Census Bureau (2009—2013)
Bachelors degree or higher (% of persons age 25+)	15.7%	10.4%	16.3%	14.9%	US Census Bureau (2009—2013)
Unemployed: persons 16+ (%)	8.4%	11.5%	7.7%	7.4%	Local Area Unemployment Statistics (2013)
Persons Below the Poverty Level (%)	19.0%	22.5%	19.9%	18.3%	US Census Bureau (2009—2013)
Children Living Below Poverty Level Under the age of 18 (%)	25.7%	31.4%	26.6%	28.5%	Small Area Income and Poverty Estimates (2013)
Self Rated Health Status (% of Adults who report fair or poor health)	24.0%	31.0%	26.0%	28.0%	County Health Rankings (2015)
Children in single parent households (%)	33.0%	26.0%	34.0%	37.0%	County Health Rankings (2015)
Median Household Income	\$44,581	\$34,767	\$41,443	\$41,137	Small Area Income and Poverty Estimates (2013)
Behavioral Factors					
Prevalence of Adult Smoking (%; Age-adjusted)	23.9%	33.6%	28.0%	26.2%	BRFSS (2006—2012)
Prevalence of Youth Smoking (% of high school students)	21.0%	27.0%	20.0%	-	Kentucky Health Facts (2007)
Adult Prevalence of Obesity (%; Age-adjusted)	36.3%	33.5%	34.5%	46.5%	BRFSS (2006—2012)
Sexually Transmitted Infection (Chlamydia rate per 100,000)	136.2	157.2	331.5	215.7	STD Surveillance System (2012)
Binge drinking: adults (%; Age-adjusted)	10.1%	7.5%	10.2%	12.9%	BRFSS (2006—2012)
No exercise: adults (% ; Age-Adjusted)	29.8%	38.7%	30.9%	34.6%	BRFSS (2006—2012)
Recommended Fruit and Vegetable Intake (% adults)	12.0%	9.0%	9.0%	-	Kentucky Health Facts (2011—2013)
Flu Vaccination in the Past Year (% adults)	42.0%	36.0%	48.0%	66.0%	Kentucky Health Facts (2011—2013)
Tooth Loss (% of adults missing 6 or more teeth)	32.0%	25.0%	18.0%	-	Kentucky Health Facts (2011—2013)

Major employers: The largest employers in the region are two hospitals, Kings Daughters Medical Center and Bon Secours Kentucky's OLBH. Others include AK Steel, Marathon Petroleum refinery, CSX railroad, AT&T call center, and several banking firms, Ashland Community and Technical College, Ohio University Southern campus and Kentucky Christian College, Haverhill Chemicals, Sun Coke, smaller businesses and retail stores. Many local businesses and chains do not provide employee benefits. In recent months AK steel and CSX have had significant layoffs. This will impact the economy and families of this community.

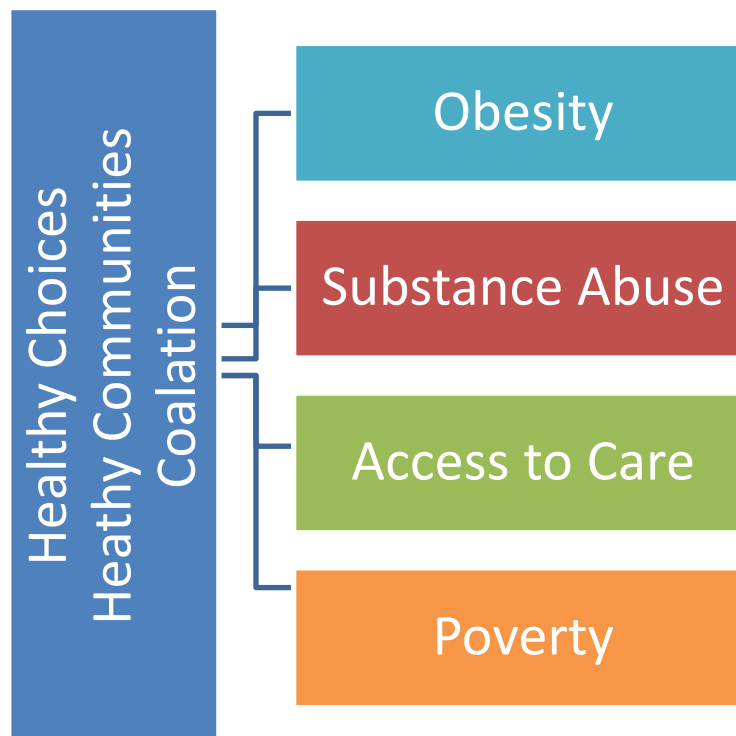
Immigration: According the U.S. Census gathered in 2010, Hispanics make up less than one percent of the hospital's service area. However, there are marked increases of the Hispanic population at OLBH's primary care centers in Carter County KY, in particular, where many residents still make a living through tobacco and other farm crops.

Seniors: Due to our growing aging population, services for our community residents aged 55 and older are needed, particularly women's health, orthopedics, diabetes, cardiopulmonary services and wound care. Major trends in the service area indicate a stable population that is aging. The 55 and older population is expected to increase by 14% over the next five years. The younger population tends to leave the area to find jobs. These demographic characteristics create a high demand for chronic disease health care including diabetes, cancer and heart disease among others. Access to primary care services is another area of focus that is being improved through services such as the mobile health van, the van ministry and the strategic placement of primary care centers in outlying rural communities. Significant health conditions, underserved populations, issues of access to health services including transportation issues are high priorities as we plan for expansion and physician recruitment and service lines.

Priorities and Action Plan

After careful review and analysis of survey results and discussion with key members of the community, CAB, members of Healthy Choices Healthy Community coalition, OLBH Board of Directors, Physicians, hospital staff and community leaders about the results from the OLBH/KDMC Community Health Needs Assessment survey.

The hospital is in the process of developing a plan to address the communities unmet needs and focus on key issues identified in the CHNA; this will be accomplished in part by working with Healthy Choices Healthy Communities coalition and local groups and organizations.



Obesity

Healthy eating habits and exercise are essential to maintaining a healthy weight. Poor nutrition and limited physical activity have led to an increase in overweight and obese people throughout the country, as work has become more sedentary in general and diets are increasingly centered around prepared and restaurant foods. But the problem is more severe in Kentucky and Ohio. Obesity-related costs are very high and increasing for businesses and industry, the taxpayer, and other sectors of our society. These costs threaten our economic competitiveness through additional health costs that raise the price of our goods and services in an increasingly international marketplace. The lack of physical activity, poor dietary choices, and obesity are linked with the increased risk of several medical conditions.

Substance Abuse (including Tobacco)

Programs designed to prevent youth from starting to abuse tobacco products and recreational drugs, as well as to help them quit, are critical to the future health of our residents and the community at large. Drug abuse has become a major health risk factor in Kentucky and Ohio; drug-related problems include loss of productivity, increased healthcare costs, and drug-related crime. According to the Kentucky Needs Assessment program, about 375,000 adults and more than 50,000 adolescents need substance abuse treatment but are not receiving it. The availability of drugs has affected the extent of substance abuse in the Community. The use of opiates, tranquilizers, stimulants, methamphetamines, marijuana and cocaine are widespread throughout the BSKY service area. The use of methamphetamine has been a problem, but the availability is declining due to Kentucky's new regulation on purchasing over-the-counter drugs containing one of its main ingredients, pseudoephedrine. More methamphetamine is now being manufactured outside the country and imported into the area.

The most significant modifiable health risk factor for the nation as a whole is smoking and the use of tobacco products. Cigarette smoking is the leading avoidable cause of death in Kentucky, Ohio and the nation. Smoking has long been regarded as the single most preventable cause of premature death, especially lung cancer. Cancer, cardiovascular disease, and respiratory illness are among the more well-known consequences of tobacco use. Other less well-known diseases for which smoking is a contributing factor include infertility, gingivitis, osteoporosis, increased risks for cataracts, and cervical cancer. Smoking results in major decreases in quality of life and life expectancy for both those who smoke and those who are regularly exposed to secondhand smoke. Smoking and secondhand smoke also contribute to an array of chronic diseases and conditions, including cardiovascular disease (the leading cause of death for Kentucky, Ohio and the nation) and chronic lower respiratory disease. Children who are exposed to secondhand smoke are more likely to experience poor lung growth, respiratory problems, and more frequent and severe asthma attacks. Moreover, children who live in households where their parents smoke are more likely to become smokers. Nationally, the CDC estimates that smoking or exposure to secondhand smoke causes 1 in 5 deaths per year. The importance of preventing youth smoking cannot be overstated. It has long been established that more than 80% of adult smokers began smoking before they reached the age of 18.

Access to Care

Access to health care services is a key factor in the health of a community and has been identified as one of the health needs of the community. The area is vastly rural and the cost of transportation is a critical access factor. Many residents face transportation issues on a daily basis; not only for health care but in many areas of their lives including food access. Most areas are classified as a food desert. Public transportation is only accessible to a small portion of the population. The community has a growing number of individuals 65 years and older. The age of individuals also contributes to the access to care issues as many individuals do not drive and depend on family and friends for transportation needs. Access to quality preventative care and disease management education is critical in minimizing future hospitalizations as well as the seriousness of these

diseases. Oral disease is a major health problem for Kentuckians especially those who are seniors, uninsured, incarcerated, unemployed and in drug treatment programs.

The Surgeon General's report in 2000 describes oral health in the United States as a "Silent epidemic of dental and oral diseases." Kentucky is among the highest in the nation for prevalence of dental caries. Thirteen percent of adults in our state experience toothlessness (compared to only 6% U.S.). Though Ohio's rates fare a little better, Ohio's southern counties present the worst oral health status in the state and fare similar to their Kentucky counterparts. Untreated dental disease is linked to adverse health outcomes associated with diabetes, stroke, heart disease, bacterial pneumonia, preterm and low birth weight deliveries, and in some instances, death. Access to dental care is a growing problem in our community. Dentist in the KY market are not accepting new Medicaid patients. Local residents that have state Medicaid cannot obtain a dentist unless they have been an established patient. Area Dentist will not accept state Medicaid insurance plans for payment, this includes general practice and dental surgeons who are needed to extract wisdom teeth, abscessed and teeth that are broken at the gum line. Dentures are another area of need. Many residents have difficulty finding jobs due to bad teeth or the absence of teeth. Medicare patients do not have dental, eye or hearing coverage; seniors need assistance with dental, including dentures, eye exams and glasses and hearing tests and hearing aids. The absence of coverage for seniors and low income community members results in access to care issues in our health care system not only in our community but across the state and the country.

Poverty

Economic status has a profound impact on health and wellbeing. Poverty is one of the most challenging issues we confront in Kentucky and Ohio. Inequities persist and access to education, quality jobs, healthcare, and housing remain out of reach for many poor people. These conditions, including geographic isolation, have resulted in our region being classified by the Appalachian Regional Commission with a status of persistent poverty. Community statistics reveals there are significant barriers for many residents in the Bon Secours KY service area. Poverty affects all aspects of the lives of the individuals that struggle to make ends meet on a daily basis. Those living in poverty face higher rates of unemployment or underemployment; many have low educational attainment and face social barriers.

Reviews of local schools regarding student fitness levels disclose that many school aged children are obese. Appalachian and rural traditions impact the health of many of the residents. Some of the issues are due to diet and traditional cooking techniques, low educational attainment of many in the area, lack of public transportation, personal motivation, very few safe areas to walk and exercise, and few areas with safe sidewalks and safe routes to schools.

Resources

The following community wide resources may assist in addressing the health needs of our community. We will work with many of these health and community based facilities and organizations to develop plans and programs to improve the health of our community.

Community Health Care Resources

Programs and Services:

Resources and programs that are currently in place to address the health needs identified in the CHNA are provided by multiple community organizations in the area.

Local Health Departments:

- Ashland - Boyd County, KY
- Little Sandy District - Carter County, KY
- Greenup County, KY
- Lawrence County, OH
- City of Ironton, OH

Local Hospitals:

- Bon Secours Kentucky - Our Lady of Bellefonte Hospital
- Cabell Huntington Hospital, WV
- Kings Daughters Medical System, KY
- Kings Daughters OH
- Saint Marys Medical Center, WV, OH
- Southern Ohio Medical Center
- VA –Huntington WV

Mental Health/Substance Abuse

- Bon Secours KY- Behavioral Health
- ILCAO - Family Guidance Center, OH
- Kings Daughters Medical System, KY
- Mended Reeds, OH
- Pathways Inc., KY, OH
- Prestera Mental Health, OH
- Shawnee Mental Health, OH
- Southern Ohio Behavioral Health, OH
- River Park Hospital, WV

Transportation to aid in Access to care

- Bon Secours Kentucky -Van Ministry
- City of Ashland Bus System
- FIVCO
- Ironton Port Authority - Transportation
- TTA - Bus System - Ashland/Ironton/Huntington

Healthy Choices Kentucky

Healthy Choices Kentucky was initiated after the 2013 CHNA by OLBH to work on reducing the incidence of obesity in Boyd and Greenup Counties in Kentucky. The coalition has partnered with local non-profits and the business community on various projects and initiatives over the past 3 years with a goal to reduce the incidence of obesity.

<ul style="list-style-type: none"> Kick-off symposium- task force members participated with table displays and several physician speakers on obesity. 	<ul style="list-style-type: none"> Development of Healthy Choices Kentucky website
<ul style="list-style-type: none"> Geocaching for Ashland, February 8. Very successful with about 250 participating. 	<ul style="list-style-type: none"> Geocaching for Greenup County. In development
<ul style="list-style-type: none"> A.P.P.L.E. accomplishments 	<ul style="list-style-type: none"> Kentucky Heart Foundation – Walkability Workshop.
<ul style="list-style-type: none"> Ashland Hiking Trails – City Commission approval 	<ul style="list-style-type: none"> Walmart Nutritional Grocery Tour (Boyd County)
<ul style="list-style-type: none"> Kroger Nutritional Grocery Tour – (Greenup County) 	<ul style="list-style-type: none"> Community Gardens – Ashland, Greenup county and Ironton Ohio
<ul style="list-style-type: none"> Purchasing pedometers for the kids at Wurtland Middle School during their week of health, April 21st. 	<ul style="list-style-type: none"> The Greater Ashland Beacon Kool Beacon Steps sponsor. 10,000 Steps for 90 Days! Challenge. Kick off at the Ashland YMCA on May 12, 2014
<ul style="list-style-type: none"> Active Recess in the elementary schools of the Ashland Public Schools. 	<ul style="list-style-type: none"> Ashland Hager Elementary Walking Program.
<ul style="list-style-type: none"> Greenup County Health Department walking track. 	<ul style="list-style-type: none"> Farm to School program.
<ul style="list-style-type: none"> Deboard Terrace Community Gardens. 	<ul style="list-style-type: none"> A.P.P.L.E. Kick off for Greenup County, January 17, 2015
<ul style="list-style-type: none"> January 2015 Merger of Healthy Choices Kentucky and Healthy Kids, Healthy Communities into on coalition. Healthy Choices Healthy Communities 	<ul style="list-style-type: none"> Festival of Fitness, May 1, 2015
<ul style="list-style-type: none"> Eastern Kentucky Outdoor Weekend 	<ul style="list-style-type: none"> June 5,6 & 7

Hager Elementary Fitness and Reading night

Discuss with the kids using several booths about what they can do during the summer to keep exercising. We will discuss the Ashland Geocaching Tour that can do in the downtown area with their parents. Also we will pass out material on the new Ashland Hiking Trails.

Jim Fannin, “The Coach of Champions”

Provide three free weight-loss teleseminars to area residents. The teleseminars were conducted at 8 p.m. on January 29th, February 12th and February 26th. The seminars streamed on www.coachingashland.com January 29th teleconference topic “Commit to Get Fit,” which will demonstrate the framework of successful weight loss as well as information on anti-aging. The topic of the February 12th seminar “Change Your Thoughts and the Pounds Melt Away” is will demonstrate how attitudes and behaviors lead to weight gain and how to positively change one’s mindset in order to lose weight. The February 26th seminar is titled “90-Seconds to Weight Loss Wellness,” which will break down Fannin’s 90-Second Rule™ blueprint to get fit and stay fit.

Get Moving Ashland - Plan to Increase Walking, Biking and Wheeling in the City of Ashland

Mission: The Get Moving Partnership transforms Ashland into a healthier city by encouraging people to walk, bike and wheel more often.

Vision: We envision a more active Ashland where residents and visitors are able to comfortably and easily walk, bike and wheel in our neighborhoods. More children walk and bike to school; more adults embrace physical activity in their everyday lives; and, more families enjoy our parks. The City endorses walking, biking and wheeling as legitimate modes of transport, educating and encouraging the public to foster a more livable and healthier community.

Ashland Head Start and Preschool Healthy CATS - Improving child nutrition and promoting increased health benefits.

Scope: The project will encourage the consumption of fruits and vegetable and increase physical activity among young children. The project will encourage children to EAT SMART (nutrition) and PLAY HARD (movement) activities. Each Healthy Casts activity will be designed so that its scope is limited only by the child’s imagination! The projects will be guided by the children and teachers can expand the activity for more in-depth experience for the children. Combine common sense strategies in food choices, age appropriate food preparation techniques and fun movement activities, Healthy Cats will put children on the path to a healthy future during their earliest years by giving children easy to understand helpful information fostering an environment that supports healthy choices.

Bon Secours KY Personal Health Program & Survey

A new program with tools for the employees of local businesses intended to identify the areas of opportunity for health enhancement that may lead to claims reduction and related savings. The data will be grouped into three categories that reflect health characteristics that, if acted upon and improved, can lead to a healthier and more productive population. We want to share the responsibility for the health of our community. That means encouraging, supporting, and regarding healthy activities and lifestyles. Likewise, investment in employee health is a benefit to us all, ensuring a prosperous future while protecting, supporting and enhancing our most distinctive advantage: our people.

Appendix A

Community Forum – County Responses

Vision: Each session began with a discussion of the vision for health in the county. A round-table method was used to allow all participants to voice their perspective on the vision for a healthier county. The following tables describe the individual counties feedback from the sessions.

Visioning: What does a healthy Boyd County, Kentucky look like?		
Jobs	Diversity	Transportation
Drug & Tobacco Free	Side walks	Healthy Teeth/Eyes
Affordable Housing	Good infrastructure; (Water lines)	Access to fresh food
Safe Neighborhoods	Communication/Coordination Services	Funding
Healthy Assessment	Stable families	Volunteers
	Elderly Services	Good Schools

Visioning: What does a healthy Greenup County, Kentucky look like?		
Decrease Obesity	Transportation	Diverse Political Inclusion
Sidewalks	Affordable Housing	Increase Social Skills
Jobs	Use of Recreation Area	Increase in Civic Minded Activities
Drug Free	Decrease Chronic Disease	Decrease Screen Time
Increase Church Attendance	Decrease Poverty	Decrease Depression
Fun Community Activities	Access to Healthy Food	Faith-Based Lifestyle
Good Schools	Senior Activities	Clean Air and Water
Increase in Rehab Facilities	Education – Health Issues/Life Skills	Counseling
Increase of Higher Education	Safety – Law Enforcement/EMS	Protect Children
Strong Family Unit	Emergency Shelters	

Visioning: What does a healthy Carter County, Kentucky look like?		
Sidewalks	Jobs	Youth Activities
Drug Rehab	Healthcare Access	Safe/Healthy Housing
Funding	Transportation	Reduced Stigma – Behavioral Health
Healthy Kids – Exercise/Food	Drug Free Newborns	Decrease Hep B and Hep C

Visioning: What does a healthy Lawrence County, Ohio look like?		
Jobs – Productivity	Access to Mental Health Care	Investment in Small Business
Education – Higher Ed	Training for a Trade – Job	Focus on Prevention – Start Early

	Skills	
Drug Free /Decrease Crime	Access to Healthy Food Options	Affordable and Safe Housing – All Ages
Transportation	Quality Parks and Recreation	Care for the Homeless, Vets, and Teens
Funding for Services	Access to Health Services	Decrease Children in Poverty
Accountability for Personal Health	Decrease Teen Pregnancy	Education on Healthy Living
Decrease Smoking	Healthy Pregnancies	Increased Corrections Services: Options – Treatment

Community Strengths and Risks: Following the MAPP model, forum participants were asked to identify the elements found in each county that are strong and could be utilized to build toward a stronger community. Participants were also asked to identify those elements that, if not addressed, could have a longer term in risk to health. A summary of forum responses is below.

What is strong and what is risky with regard to health in Boyd County?		
Strengths	Risks	
Immunization Rates	% of Mothers Who Smoke	Education Statistics
Graduation Rates	High School Student Tobacco Use	Mental Healthy Days
Access to Healthcare	Teen Birth Weight	Child Abuse
Screening Rate- DM	STD	Poverty Level
Decreased % Uninsured Children	Unemployment	Tooth Loss
STD Rates	Asthma- Adults & Children	% of Diabetes
Single-parent Household	Lack of Physical Activity	% Bachelor's Degree

What is strong and what is risky with regard to health in Carter County?		
Strengths		Risks
Genesis Center – Recovery	Health Department Needle Exchange	Fast Food Restaurants
Fitness Centers	Pathways	Substance Abuse
Collaboration- Government	Faith Based Community	Lack of Youth Activation
Hospital Outreach Locations	AA	Prostitution
Walking Paths	Community Pantry	STD's
State Parks	Northeast Community Action	Alcohol Sales
Improving Schools & FRC	College	Decreased Funding
Adult Education Center		

What is strong and what is risky with regard to health in Greenup County?	
Strengths	Risks
Teen Birth Rate	Tooth Loss
Poverty	Cancer Rates; Death Rates
Prenatal Care	Adult Obesity

Early Childhood	Recommended Fruit and Vegetable Intake
Recreational Facilities	% Of Higher Education
Children in Single Parent Homes	No exercise
	Child Abuse

What is strong and what is risky with regard to health in Lawrence County?	
Strengths	Risks
Health Services	Not Enough Youth Sources and Programs
Health Access in City	Childhood Education
Recreation (Parks)	Lack of Education
Strong Disability Program	Outdated Infrastructure
Community Action	Wellness/Fitness
City of Ironton (Farmer's Market, Gardens, and Coalitions)	Communities Outside of Ironton
Strong Caring Community	Poor Health Culture

Change Assessment: Following the MAPP model, forum participants were asked if their county of residence had experienced change, positive or negative, with regard to the impact the change has had or could have on the health of the citizens in that county. The following tables detail participant responses.

Boyd County, Kentucky Change Assessment	
Positive	Negative
Walking Trail	Economic Status
Access to Education	Dental: Medicaid
Focus on Wellness	Increase homeless and at risk Living conditions-hotels
Affordable Care Act	Brain Drain – Middle age moving away
Big Coalition-Merging	Increase need – students mental counseling
Collaboration	Lack of substance abuse treatment
School Interaction- counseling	Bullying
Program Money	Lack of Physical Activity
Social Media- reach audiences	Apathy – Dependent generations
Community Services (The Neighborhood)	Affordability of Transportation

Greenup County, Kentucky Change Assessment	
Positive	Negative
Increased Insured Population	AK Steel Closing
Behavioral Health	Chemical Plant
Walking Tracks	A Plant
Space for Fresh Produce Sales	Potential for Change – KYNECT
ACTCS – Expanding	Loss of Prenatal Providers
Partnerships – Adult Education	Increase Drug Use – Types
Nutrition Education – Extension	Alcohol Abuse – Young Men 20's and 30's
Needle Exchange	Student Acceptance of Healthy Meal Plan

Collaboration between Hospital	Increase % Low Income – Qualify for Free Lunch
All County Schools – Free Breakfast and Lunch	

Carter County, Kentucky Change Assessment	
Positive	Negative
Hospital Outreach	Less funding for services
County and City Government working together	More fast food options; lack of healthy options
School systems are improving	Increasing use of drugs

Lawrence County, Ohio Change Assessment	
Positive	Negative
Awareness of Nutrition Importance	Lost Employers/Jobs
Use of Natural Resources	ACA
Chemical Company – In Business	Increase Use of Drugs
Riverfront Development, Hotel, Restaurants, Bridge	Business Turnover – Benefit Impact
Hospital Outreach – Urgent Care	Decreased Educated People Working in the Area

Appendix B

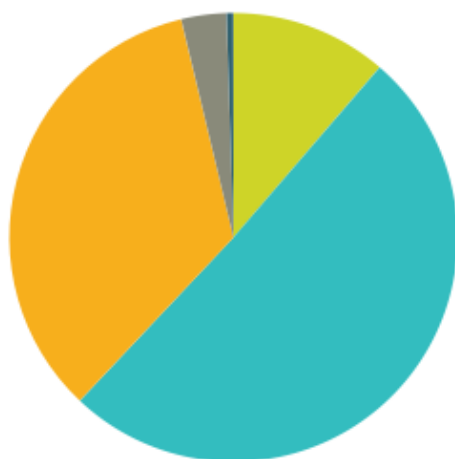
Community Survey Results

A Community Survey was made available in paper form and at the online site below.

https://www.surveymonkey.com/r/KDMC_OLBH_CHNA

A summary of responses to each question follows.

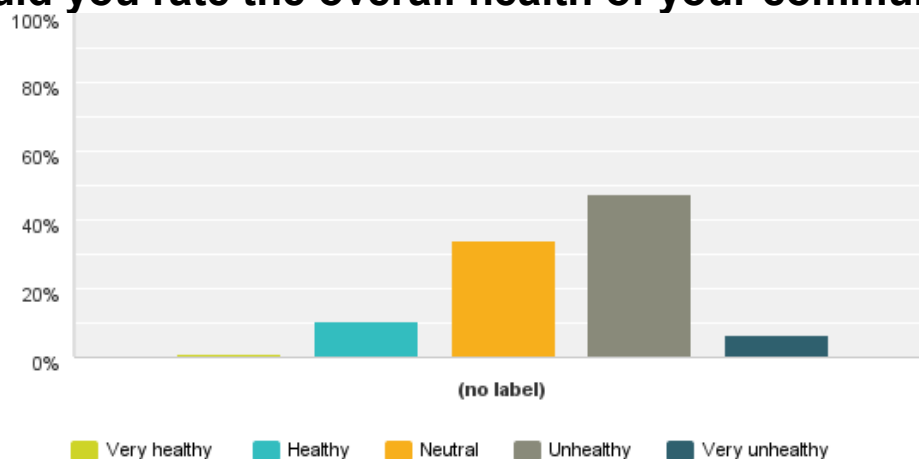
How would you rate your overall health?



Excellent Very Good Fair Poor Very Poor

	Excellent	Very Good	Fair	Poor	Very Poor	Total	Weighted Average
Health Rating	11.32% 118	50.67% 528	34.26% 357	3.26% 34	0.48% 5	1,042	3.31

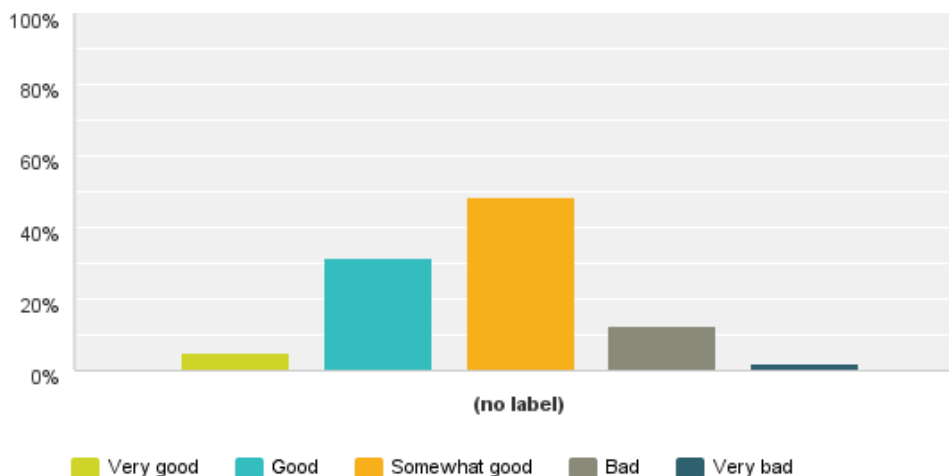
How would you rate the overall health of your community?



Very healthy Healthy Neutral Unhealthy Very unhealthy

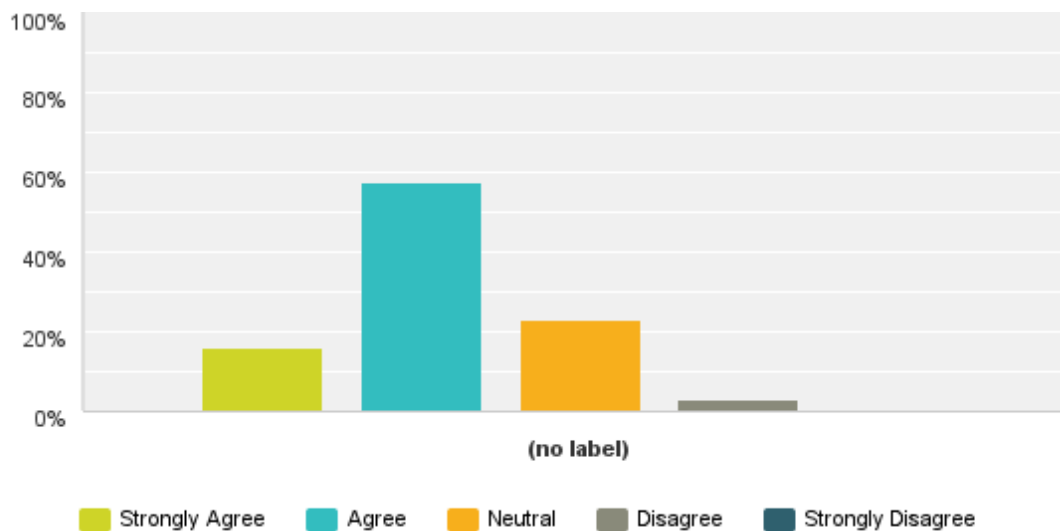
	Very healthy	Healthy	Neutral	Unhealthy	Very unhealthy	Total	Weighted Average
(no label)	1.25% 13	10.65% 111	33.88% 353	47.70% 497	6.53% 68	1,042	3.48

How would you rate the overall quality of life in your community?



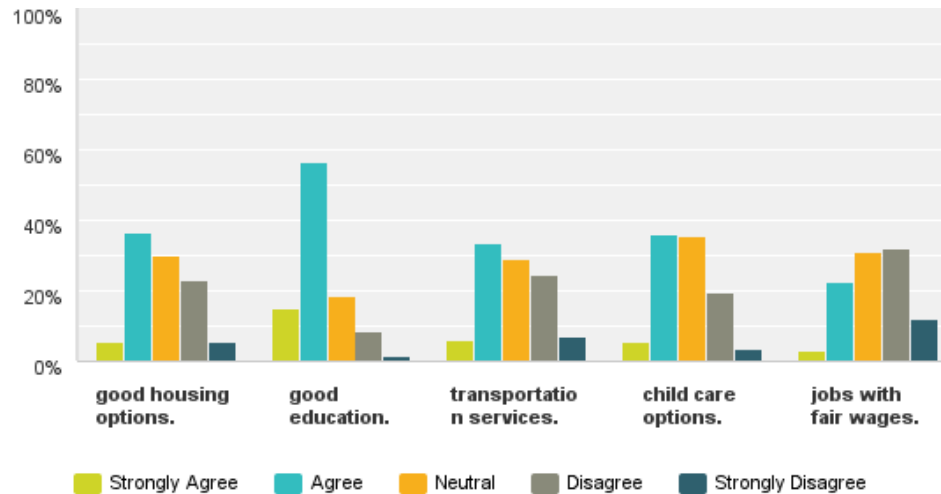
	Very good	Good	Somewhat good	Bad	Very bad	Total	Weighted Average
(no label)	4.89% 51	31.74% 331	48.51% 506	12.66% 132	2.21% 23	1,043	2.76

I can help make my community a better place to live.



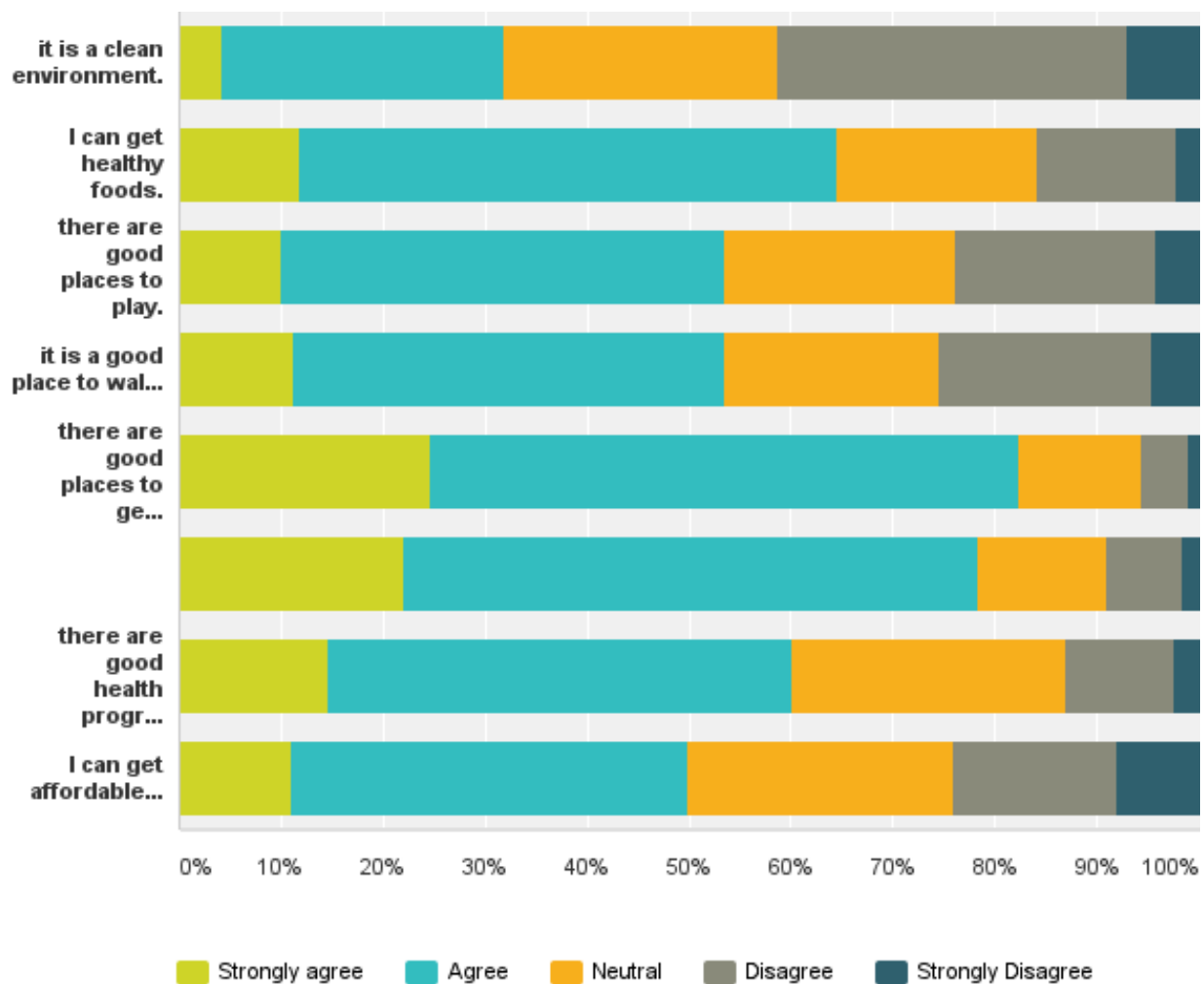
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total	Weighted Average
(no label)	15.92% 166	57.53% 600	23.20% 242	2.88% 30	0.48% 5	1,043	2.14

My community is **STRONG** in providing



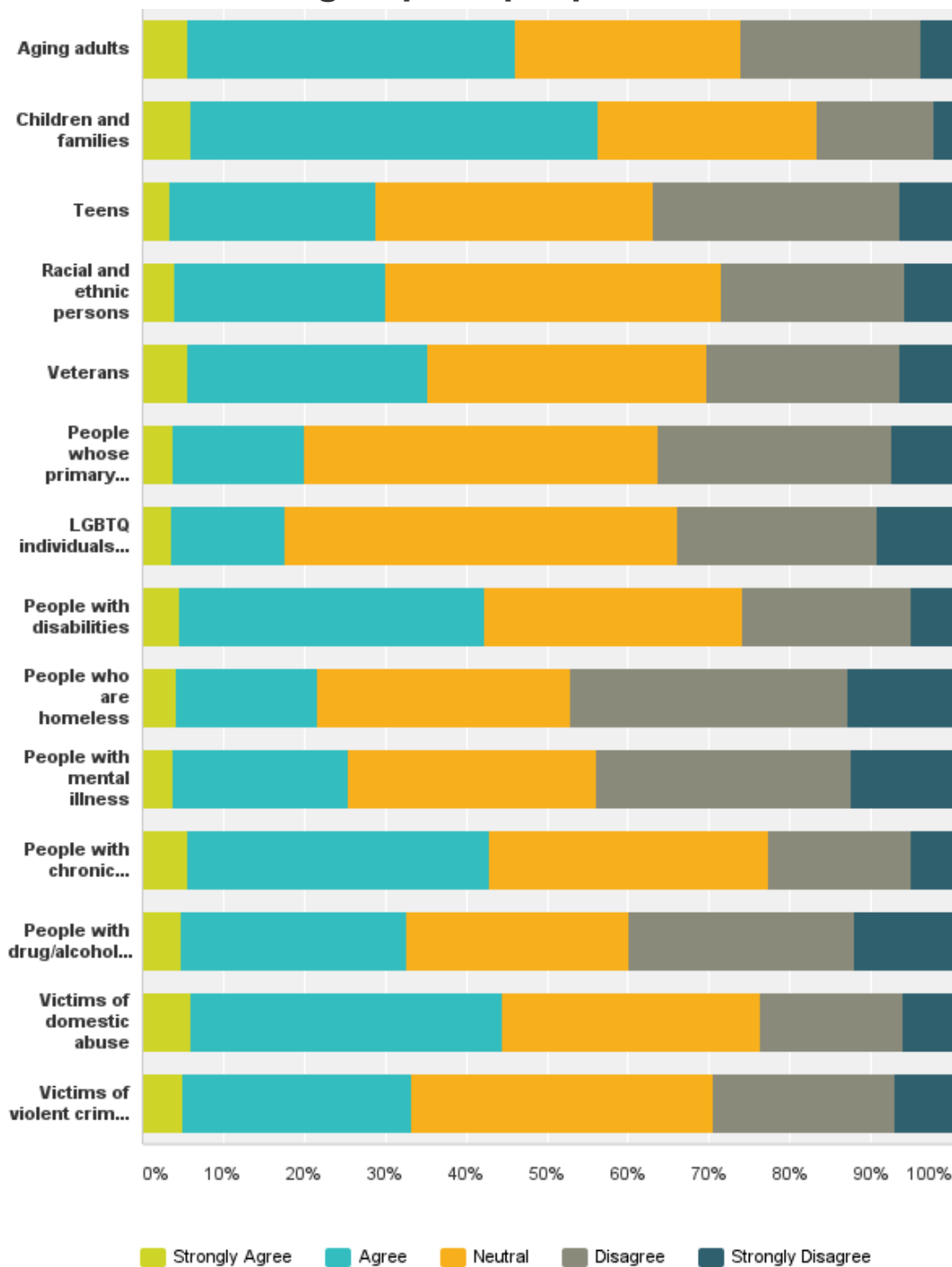
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total	Weighted Average
good housing options.	5.29% 53	36.33% 364	29.94% 300	22.75% 228	5.69% 57	1,002	2.87
good education.	15.15% 152	56.43% 566	18.74% 188	8.28% 83	1.40% 14	1,003	2.24
transportation services.	5.90% 59	33.70% 337	28.80% 288	24.60% 246	7.00% 70	1,000	2.93
child care options.	5.51% 55	36.04% 360	35.34% 353	19.52% 195	3.60% 36	999	2.80
jobs with fair wages.	3.00% 30	22.40% 224	30.80% 308	31.90% 319	11.90% 119	1,000	3.27

My community is a HEALTHY place to live because



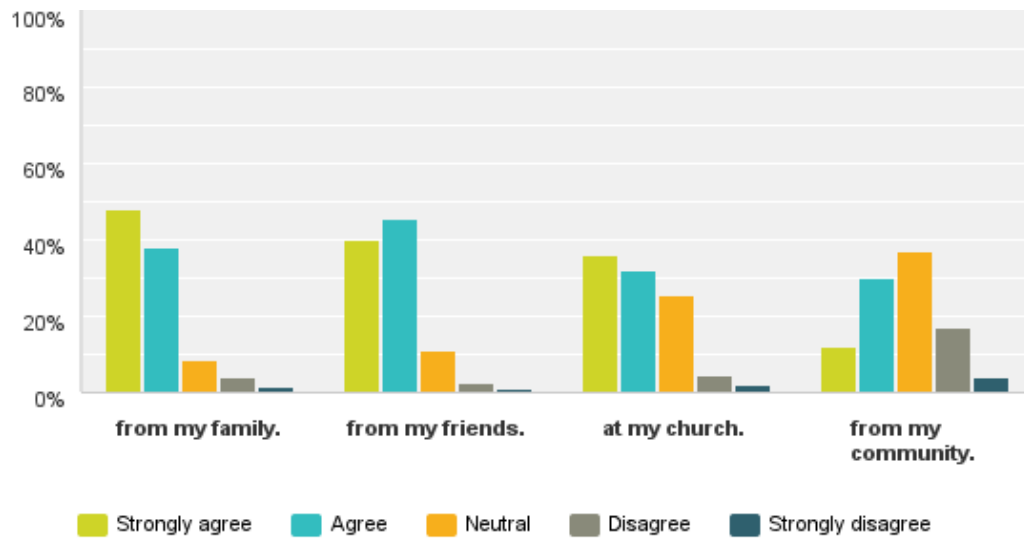
	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Total	Weighted Average
it is a clean environment.	4.19% 42	27.64% 277	26.85% 269	34.33% 344	6.99% 70	1,002	3.12
I can get healthy foods.	11.81% 118	52.65% 526	19.62% 196	13.71% 137	2.20% 22	999	2.42
there are good places to play.	9.99% 100	43.46% 435	22.78% 228	19.58% 196	4.20% 42	1,001	2.65
it is a good place to walk and bike.	11.17% 112	42.37% 425	20.94% 210	20.84% 209	4.69% 47	1,003	2.66
there are good places to get health care.	24.68% 247	57.64% 577	11.99% 120	4.60% 46	1.10% 11	1,001	2.00
there are good places to get dental care.	22.13% 222	56.13% 563	12.76% 128	7.28% 73	1.69% 17	1,003	2.10
there are good health programs offered.	14.71% 147	45.35% 453	26.83% 268	10.71% 107	2.40% 24	999	2.41
I can get affordable health insurance.	11.02% 110	38.98% 389	26.05% 260	15.93% 159	8.02% 80	998	2.71

My community has good support and services for the following groups of people



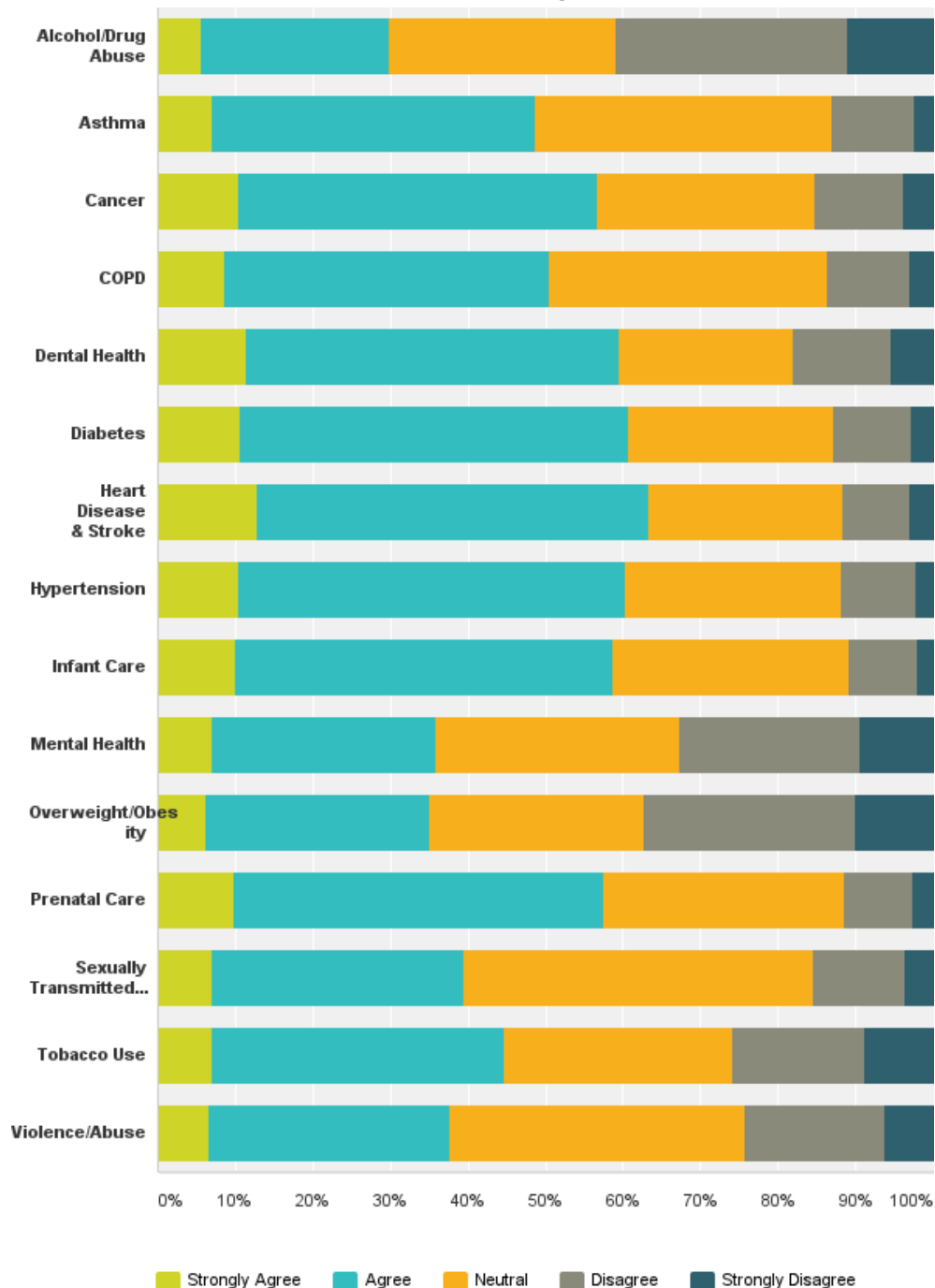
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Aging adults	5.53% 53	40.61% 389	27.87% 267	22.13% 212	3.86% 37	958
Children and families	5.97% 57	50.42% 481	27.04% 258	14.36% 137	2.20% 21	954
Teens	3.36% 32	25.50% 243	34.31% 327	30.43% 290	6.40% 61	953
Racial and ethnic persons	3.96% 38	26.07% 250	41.50% 398	22.73% 218	5.74% 55	959
Veterans	5.69% 54	29.61% 281	34.35% 326	23.92% 227	6.43% 61	949
People whose primary language is not English	3.87% 37	16.13% 154	43.66% 417	29.01% 277	7.33% 70	955
LGBTQ individuals (Lesbian, Gay, Bi-sexual, Transgender, and Questioning)	3.57% 34	14.08% 134	48.42% 461	24.79% 236	9.14% 87	952
People with disabilities	4.70% 45	37.51% 359	31.97% 306	20.90% 200	4.91% 47	957
People who are homeless	4.28% 41	17.31% 166	31.39% 301	34.20% 328	12.83% 123	959
People with mental illness	3.88% 37	21.51% 205	30.64% 292	31.48% 300	12.49% 119	953
People with chronic disease*	5.63% 54	37.33% 358	34.31% 329	17.73% 170	5.01% 48	959
People with drug/alcohol addiction	4.90% 47	27.74% 266	27.42% 263	27.84% 267	12.10% 116	959
Victims of domestic abuse	5.97% 57	38.43% 367	32.04% 306	17.49% 167	6.07% 58	955
Victims of violent crime (ex. assault, rape, robbery, etc.)	4.92% 47	28.27% 270	37.28% 356	22.51% 215	7.02% 67	955

I get the social and emotional support I need



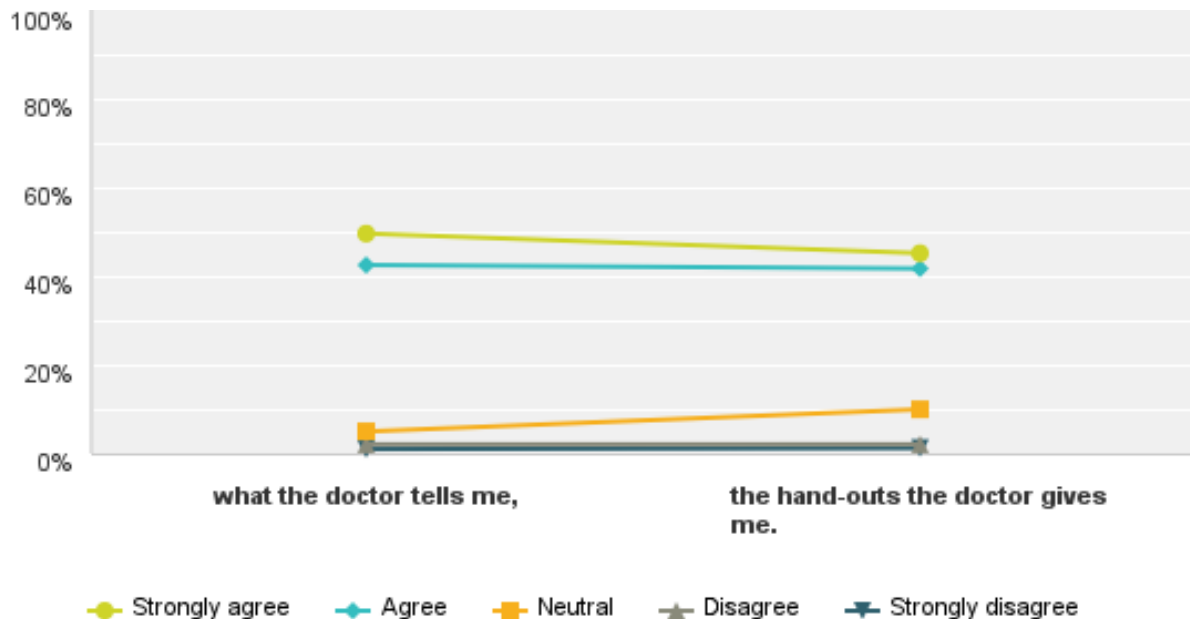
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total	Weighted Average
from my family.	48.14% 452	38.02% 357	8.31% 78	3.83% 36	1.70% 16	939	1.73
from my friends.	39.89% 373	45.56% 426	11.02% 103	2.57% 24	0.96% 9	935	1.79
at my church.	35.87% 335	32.01% 299	25.37% 237	4.50% 42	2.25% 21	934	2.05
from my community.	12.03% 112	29.97% 279	36.95% 344	16.86% 157	4.19% 39	931	2.71

The following HEALTH PROGRAMS are meeting the needs of my community



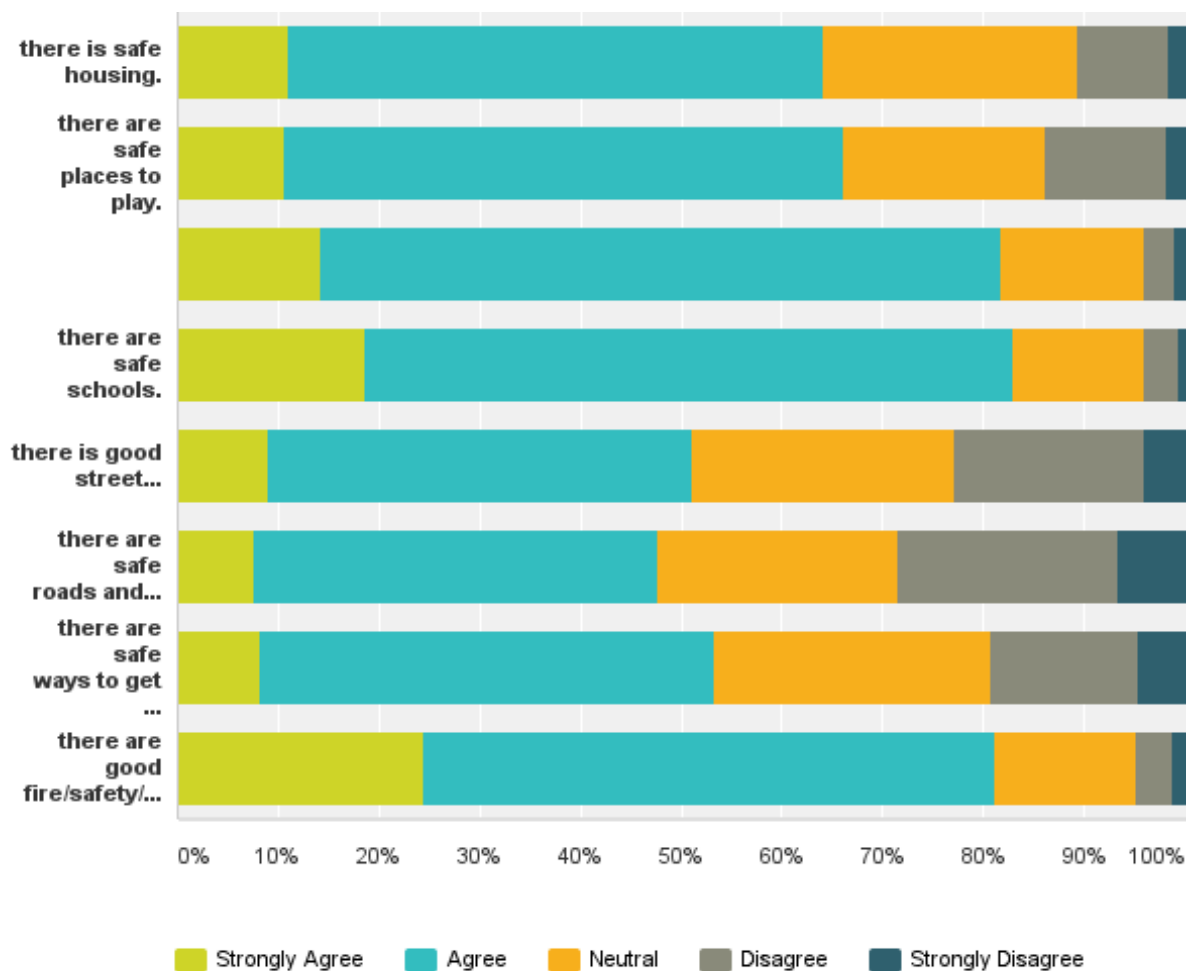
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total	Weighted Average
Alcohol/Drug Abuse	5.56% 52	24.36% 228	29.17% 273	29.81% 279	11.11% 104	936	3.17
Asthma	6.96% 65	41.76% 390	38.22% 357	10.60% 99	2.46% 23	934	2.60
Cancer	10.39% 97	46.36% 433	28.05% 262	11.35% 106	3.85% 36	934	2.52
COPD	8.57% 80	41.86% 391	35.97% 336	10.60% 99	3.00% 28	934	2.58
Dental Health	11.32% 106	48.18% 451	22.44% 210	12.61% 118	5.45% 51	936	2.53
Diabetes	10.65% 99	50.00% 465	26.45% 246	10.11% 94	2.80% 26	930	2.44
Heart Disease & Stroke	12.82% 120	50.53% 473	25.00% 234	8.65% 81	2.99% 28	936	2.38
Hypertension	10.36% 97	49.89% 467	27.99% 262	9.51% 89	2.24% 21	936	2.43
Infant Care	9.94% 93	48.72% 456	30.56% 286	8.87% 83	1.92% 18	936	2.44
Mental Health	7.05% 66	28.74% 269	31.52% 295	23.18% 217	9.51% 89	936	2.99
Overweight/Obesity	6.30% 59	28.85% 270	27.67% 259	27.14% 254	10.04% 94	936	3.06
Prenatal Care	9.88% 92	47.69% 444	31.04% 289	8.70% 81	2.69% 25	931	2.47
Sexually Transmitted Infections (STIs)	6.98% 65	32.44% 302	45.22% 421	11.71% 109	3.65% 34	931	2.73
Tobacco Use	6.96% 65	37.79% 353	29.34% 274	17.13% 160	8.78% 82	934	2.83
Violence/Abuse	6.66% 62	30.93% 288	38.24% 356	18.05% 168	6.12% 57	931	2.86

When I visit my doctor, I understand



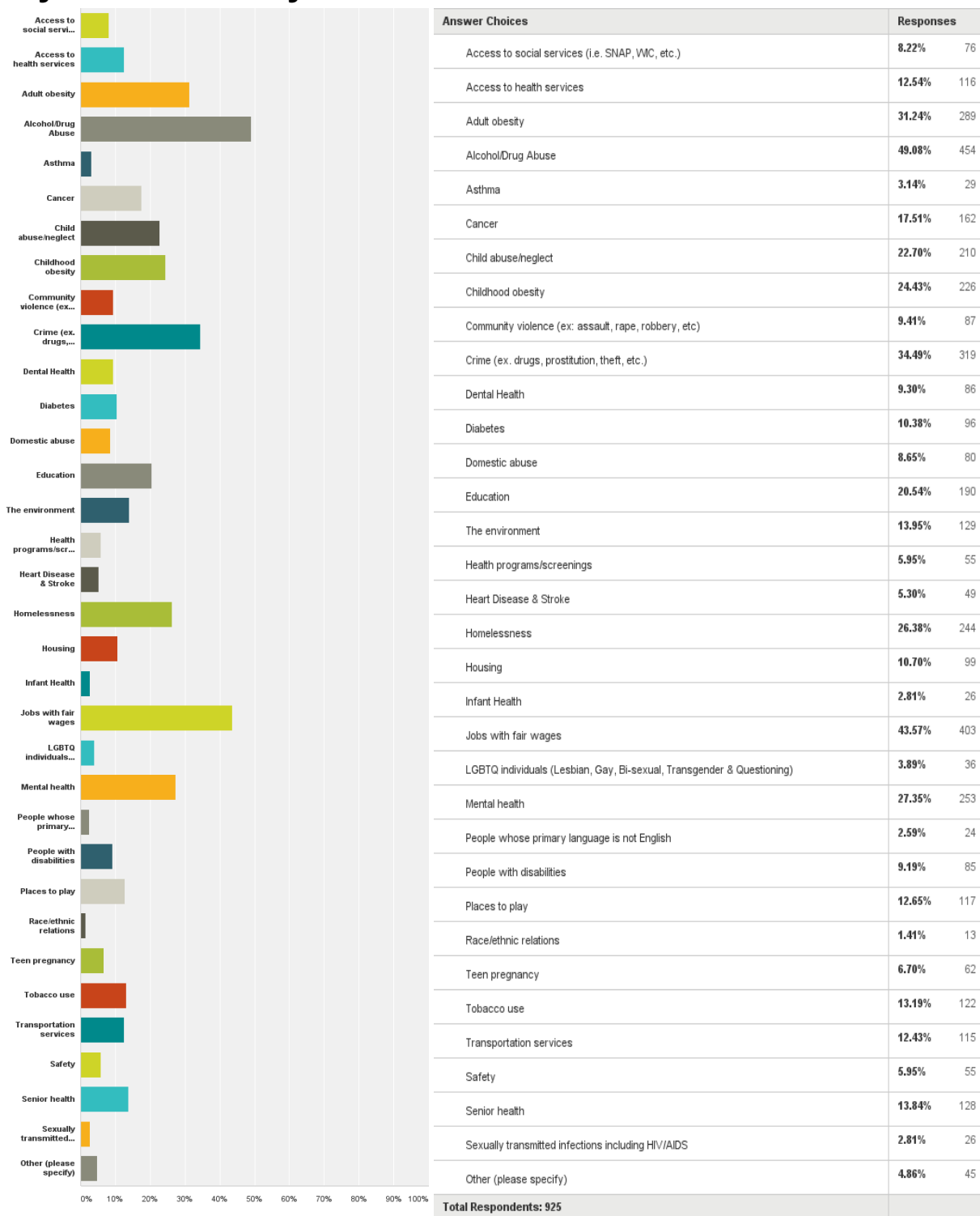
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total	Weighted Average
what the doctor tells me,	49.57% 461	42.47% 395	4.95% 46	2.04% 19	0.97% 9	930	1.62
the hand-outs the doctor gives me.	45.14% 418	41.68% 386	9.94% 92	2.05% 19	1.19% 11	926	1.72

My community is a safe place to live because

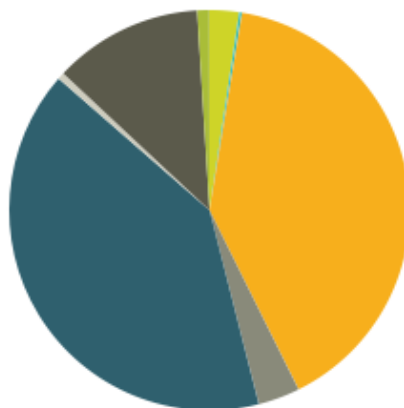


	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total	Weighted Average
there is safe housing.	10.98% 102	53.07% 493	25.40% 236	8.93% 83	1.61% 15	929	2.37
there are safe places to play.	10.53% 98	55.53% 517	20.09% 187	12.03% 112	1.83% 17	931	2.39
there are safe places to work.	14.21% 132	67.49% 627	14.21% 132	3.01% 28	1.08% 10	929	2.09
there are safe schools.	18.73% 174	64.16% 596	13.02% 121	3.55% 33	0.54% 5	929	2.03
there is good street lighting.	9.03% 84	42.04% 391	26.13% 243	18.82% 175	3.98% 37	930	2.67
there are safe roads and sidewalks.	7.56% 70	40.06% 371	23.97% 222	21.81% 202	6.59% 61	926	2.80
there are safe ways to get to where I need to go (transportation).	8.29% 77	45.10% 419	27.45% 255	14.64% 136	4.52% 42	929	2.62
there are good fire/safety/emergency services.	24.41% 227	56.67% 527	14.19% 132	3.44% 32	1.29% 12	930	2.01

Please choose the TOP 5 priorities you think should be addressed in your community.



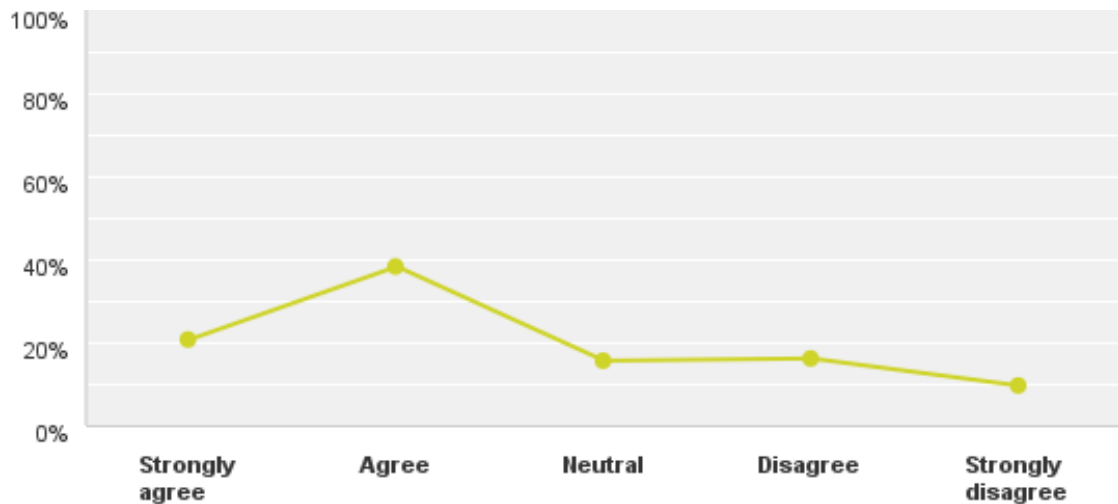
Where do you access the internet (ex. email, web, Facebook, etc.) most often?



■ I do not have access to the internet
 ■ Friend's home
 ■ Home computer/tablet
 ■ Library
■ Mobile Phone
 ■ School
 ■ Work
 ■ Other (please specify)

Answer Choices	Responses	
I do not have access to the internet	2.39%	22
Friend's home	0.22%	2
Home computer/tablet	40.07%	369
Library	3.37%	31
Mobile Phone	40.39%	372
School	0.54%	5
Work	12.05%	111
Other (please specify)	0.98%	9
Total		921

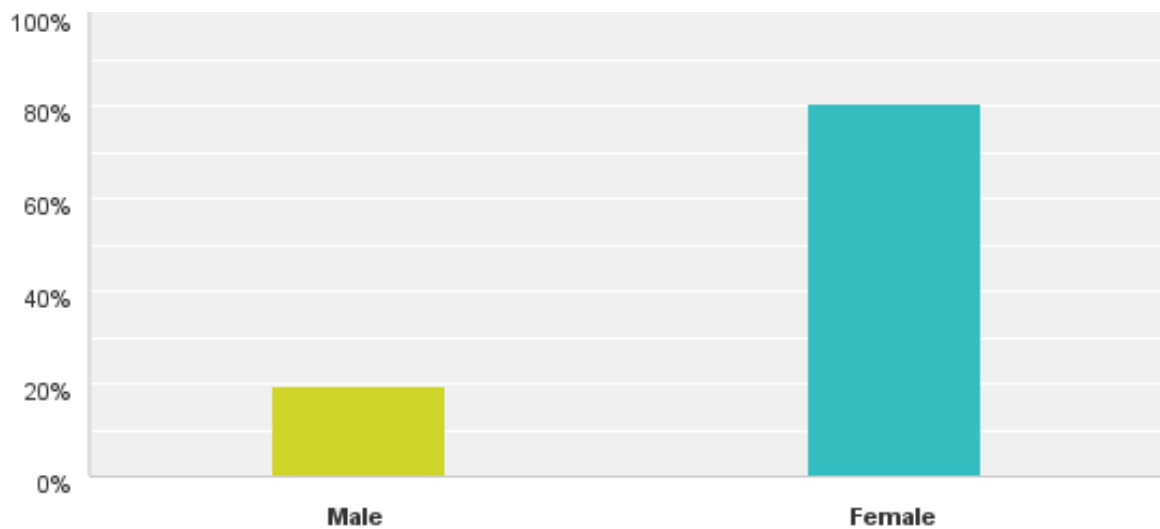
I would be OK talking face-to-face with my doctor using the internet.



Answer Choices	Responses	
Strongly agree	20.63%	190
Agree	38.22%	352
Neutral	15.53%	143
Disagree	16.07%	148
Strongly disagree	9.55%	88
Total		921

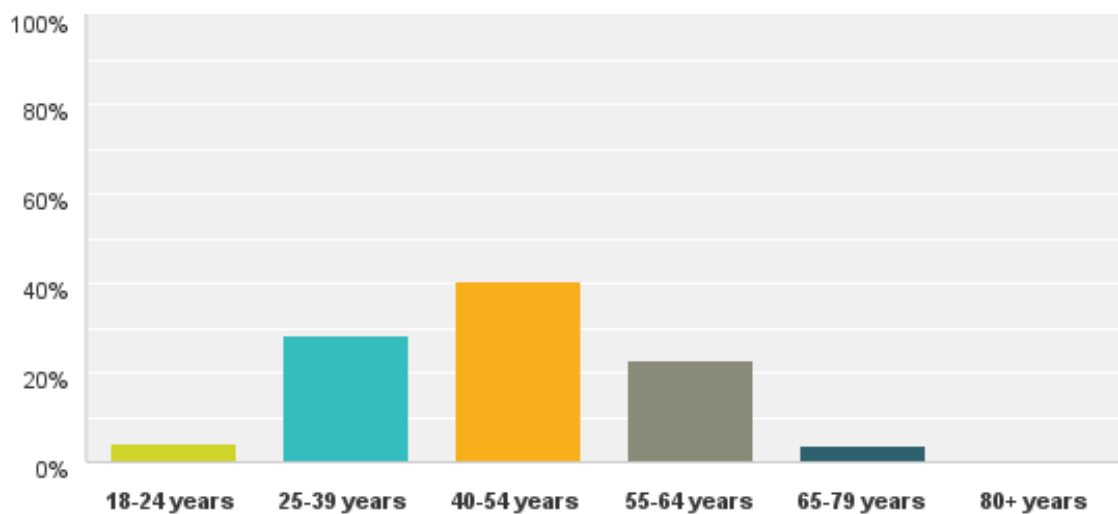
Technology has made it easier to use computers, mobile phones, laptops, and tablets to safely talk face-to-face with your doctor without a visit to the office.

Please choose your gender.



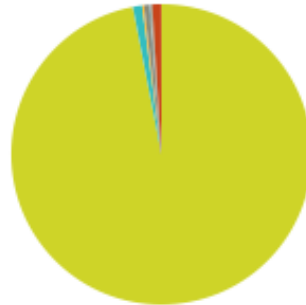
Answer Choices	Responses	
Male	19.72%	181
Female	80.28%	737
Total		918

Please choose your age group



Answer Choices	Responses	
18-24 years	4.14%	38
25-39 years	28.35%	260
40-54 years	40.24%	369
55-64 years	22.79%	209
65-79 years	3.93%	36
80+ years	0.55%	5
Total		917

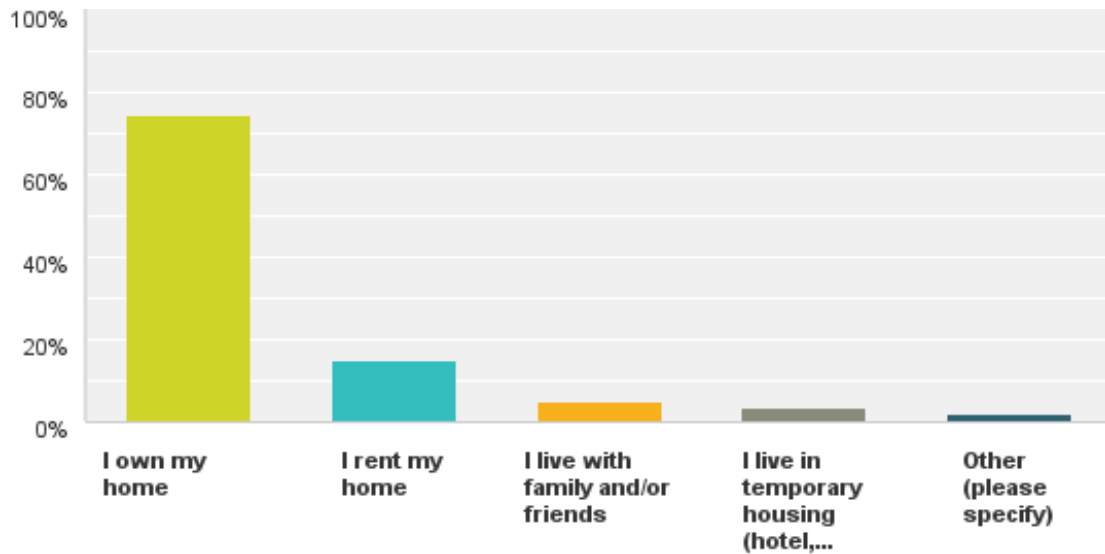
Please choose the group(s) below that best represents you



- White, Non Hispanic
- Black, Afro-Caribbean, or African-American
- Latino or Hispanic American
- Native American or Alaskan Native
- Middle Eastern or Arab American
- East Asian or Asian American
- South Asian or Indian American
- Native Hawaiian or other Pacific Islander
- From multiple races

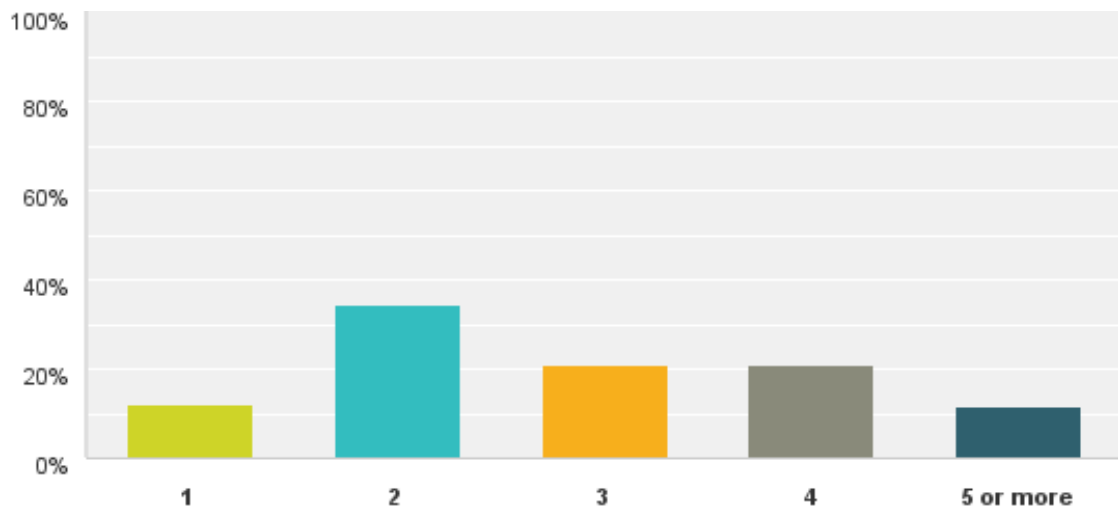
Answer Choices	Responses	
White, Non Hispanic	96.96%	892
Black, Afro-Caribbean, or African-American	0.98%	9
Latino or Hispanic American	0.22%	2
Native American or Alaskan Native	0.54%	5
Middle Eastern or Arab American	0.11%	1
East Asian or Asian American	0.11%	1
South Asian or Indian American	0.11%	1
Native Hawaiian or other Pacific Islander	0.00%	0
From multiple races	0.98%	9
Total		920

What is your living situation?



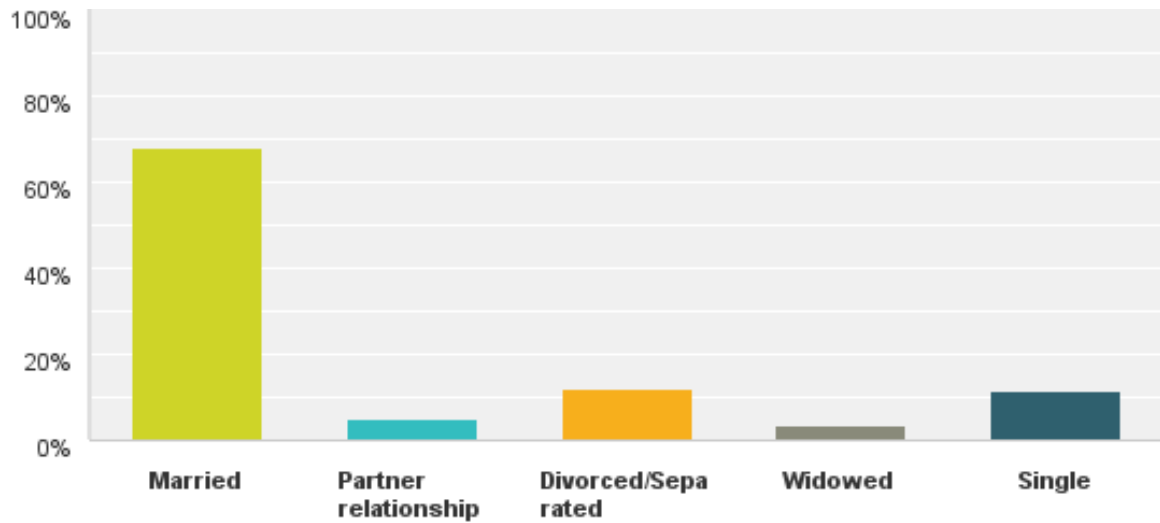
Answer Choices	Responses	
I own my home	74.40%	683
I rent my home	15.03%	138
I live with family and/or friends	5.01%	46
I live in temporary housing (hotel, motel, shelter, transitional housing)	3.38%	31
Other (please specify)	2.18%	20
Total		918

Including you, how many people live in your home?



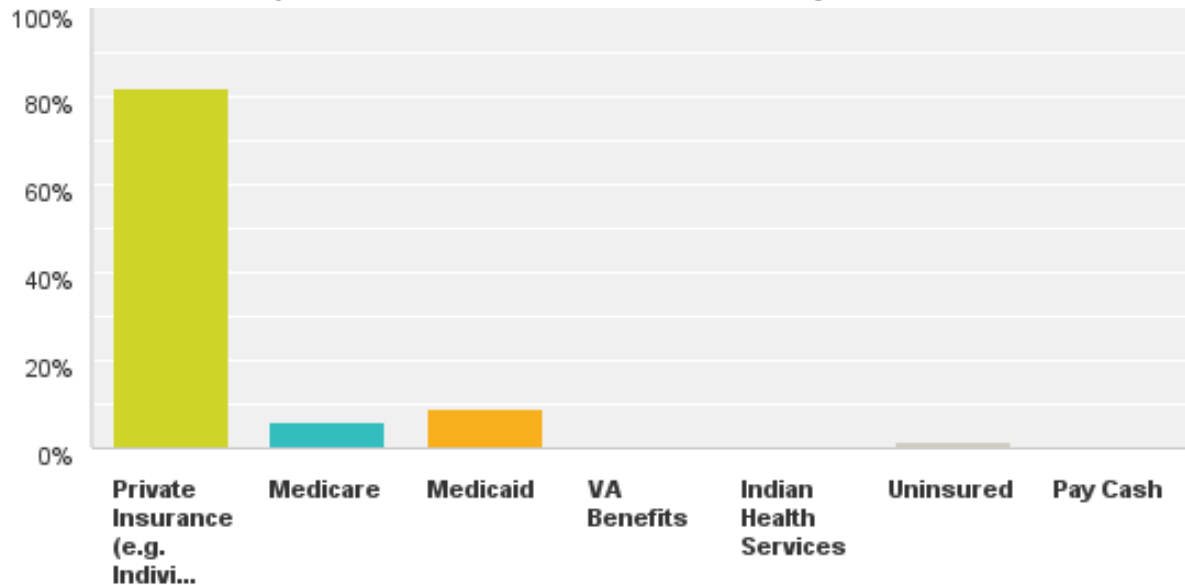
Answer Choices	Responses	
1	12.31%	113
2	34.20%	314
3	21.13%	194
4	20.92%	192
5 or more	11.44%	105
Total		918

I am:



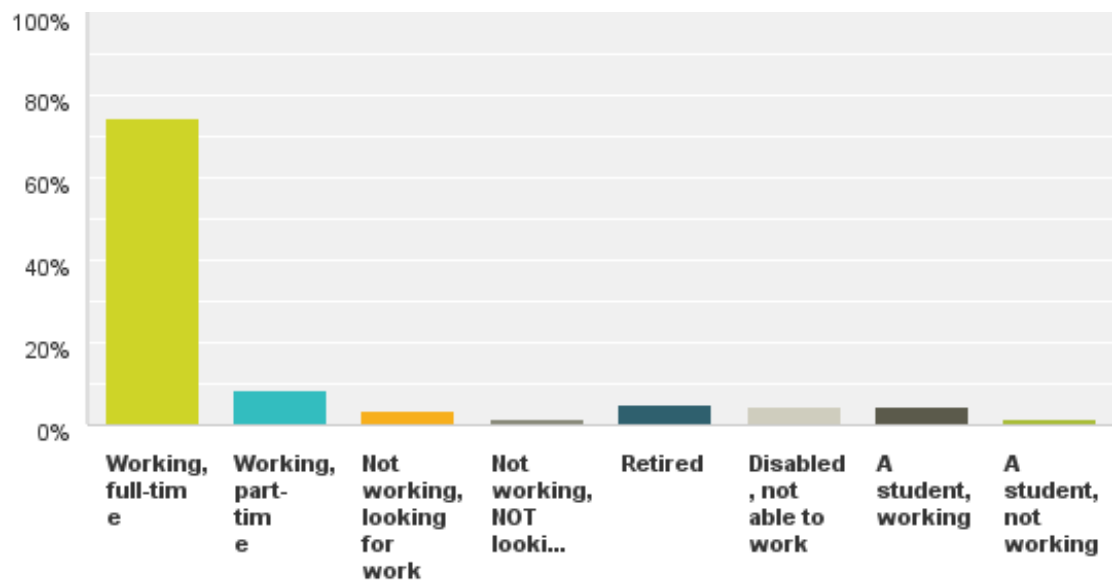
Answer Choices	Responses	
Married	68.04%	626
Partner relationship	4.89%	45
Divorced/Separated	12.07%	111
Widowed	3.37%	31
Single	11.63%	107
Total		920

I pay for health services through:



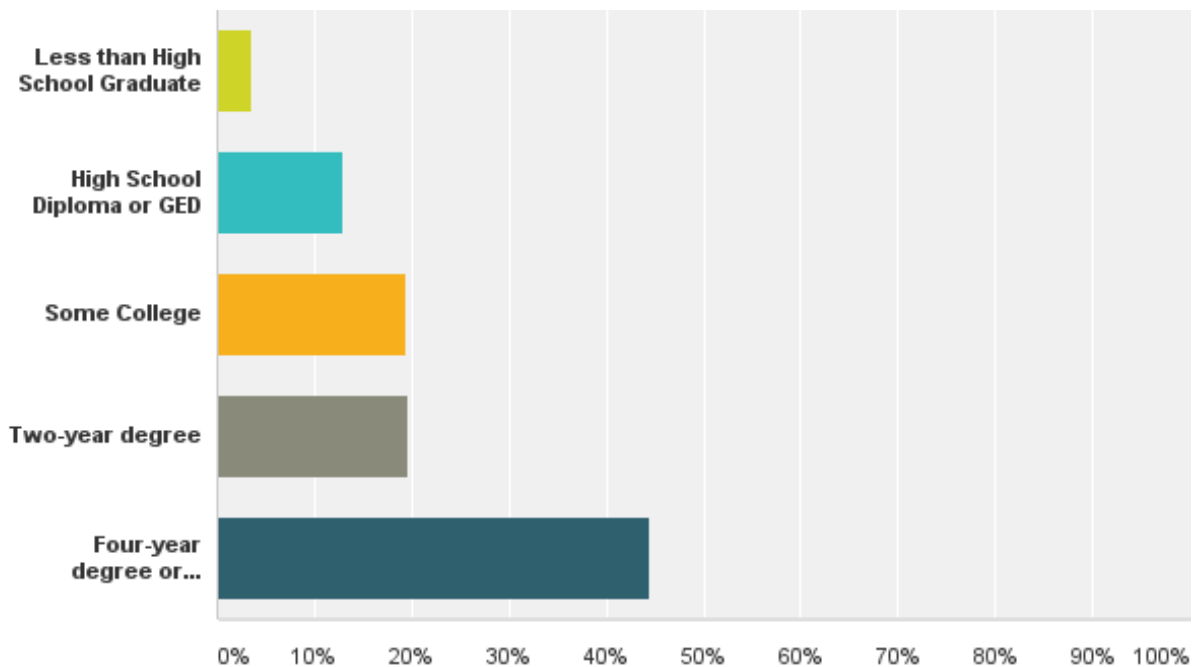
Answer Choices	Responses	
Private Insurance (e.g. Individual, exchange plan, or through employer)	82.12%	753
Medicare	6.22%	57
Medicaid	8.94%	82
VA Benefits	0.44%	4
Indian Health Services	0.00%	0
Uninsured	1.64%	15
Pay Cash	0.65%	6
Total		917

I am



Answer Choices	Responses	
Working, full-time	74.40%	683
Working, part-time	8.61%	79
Not working, looking for work	3.27%	30
Not working, NOT looking for work	1.53%	14
Retired	4.79%	44
Disabled, not able to work	4.47%	41
A student, working	4.36%	40
A student, not working	1.31%	12
Total Respondents: 918		

What is the highest grade or year of school you completed?



Answer Choices	Responses	
Less than High School Graduate	3.49%	32
High School Diploma or GED	12.85%	118
Some College	19.50%	179
Two-year degree	19.72%	181
Four-year degree or higher	44.44%	408
Total		918

What is your average household income?



Answer Choices	Responses	
\$0 - \$24,999	18.90%	168
\$25,000 - \$49,999	21.48%	191
\$50,000 - \$74,999	19.91%	177
\$75,000 - \$99,999	17.32%	154
\$100,000 and up	22.38%	199
Total		889

Appendix C



NEWS RELEASE

DATE: 2/1/16

CONTACT: Kevin Compton, Our Lady of Bellefonte Hospital, 606-833-3957

Tom Dearing, King's Daughters Medical Center, 606-408-9340

Health Coalition Requests Community Feedback

The Healthy Choices, Healthy Communities coalition is requesting the assistance of community residence in determining the region's most pressing health concerns.

The request is part of the coalition's ongoing Community Health Needs Assessment (CHNA), which is being led by coalition members Bon Secours Kentucky Health System (BSKHS) and King's Daughters Medical Center (KDMC) in collaboration with the area's health departments. Our Lady of Bellefonte Hospital (OLBH), a member of BSKHS, and KDMC last conducted individual CHNAs in 2013. As part of the current CHNA, the former assessments are being made available for an open comment period. Feedback on the previous assessments will help determine if the needs identified in 2013 were addressed and to determine if focus on those needs should change or remain the same in the current assessment.

The public is encouraged to review these documents and provide feedback. The respective 2013 assessments by KDMC and OLBH are both available on the Healthy Choices, Healthy Communities website. Visit healthychoiceshealthycommunities.com, click on the Healthy Resources tab and then scroll to where both 2013 assessments are available for review. An online form to provide feedback is available on the coalition's website. Each assessment is also available on the hospitals' respective websites (kdmc.com and olbh.com).

The Affordable Care Act requires all not-for-profit hospitals to complete CHNAs. CHNAs enable hospitals to better serve residents by identifying the most significant health concerns and then publishing a three-year action plan to address these needs. The target counties for both hospitals are Boyd, Carter and Greenup counties in Kentucky and Lawrence County in Ohio.

CHNAs take more than half a year to complete and begin with community surveys, followed by community focus groups, and then the comment period on the prior CHNAs. The collected information is then combined and the written action plan is published.

The CHNA being jointly undertaken by BSKHS and KDMC began in October with the distribution of a health survey. More than 1,000 surveys were completed by the end of November. Following the surveys, health-related focus groups were hosted in all targeted counties. The four focus groups attracted 81 participants. A May 2016 target date has been set to release the CHNA, which will include a three-year action plan and the results from the surveys and focus groups.

“It’s been great to be able to work with KDMC and our coalition partners in this process,” said BSKHS CEO Kevin Halter. “We’ve conducted health needs assessments individually in the past, but to have everyone at the table as we work together to identify and address community needs has made for a better process. We encourage members of the community to join us in the development of our assessment by providing feedback to our prior assessments.”

“We consider it a privilege to care for the health needs of people in our community,” said KDMC President/CEO Kristie Whitlatch. “We want to continue making improvements and delivering care the community needs, which are why this CHNA will play an important role in directing the care we provide in the future.”

For information on the CHNA, contact Laura Patrick at (606) 408-1727, laura.patrick@kdmc.kdhs.us or Diva Justice at (606) 833-3106, diva_justice@bshsi.org.

Healthy Choices, Healthy Communities is comprised of 48 members throughout the Tri-State region. For more information concerning Healthy Choices, Healthy Communities, visit healthychoiceshealthycommunities.com or www.facebook.com/healthychoiceshealthycommunities.

Appendix D

Bless Your Heart program

SQP GOAL: SERVE THOSE WHO ARE VULNERABLE

Problem

Deemed "Coronary Valley," the tristate region of Kentucky, Ohio and West Virginia has a 56% higher mortality rate from cardiovascular disease (CVD) than any other territory in the U.S. This phenomenon is caused by a number of risk factors all related to extraneous variables including lower socioeconomic status, smoking, obesity, lack of exercise and hypertension. The same lifestyle leads to other chronic diseases and comorbidities. In our community, diabetes is 47% higher than the national average. Forty-five percent of adult over the age of 20 are obese and 41% have been diagnosed with hypertension. We rank 48th for physical activity and fruit and vegetable intake and nearly one-third of all adults use tobacco.

The chronic medical conditions seen in our area require frequent medical monitoring and daily maintenance medications. As a result, area healthcare agencies have struggled to meet the increasing need. A large body of evidence can be found to support the linkage between community collaborations and improved population health. Counseling and education opportunities throughout our region by physicians and other healthcare providers could help to increase awareness about signs and symptoms of a heart attack and to reduce and control factors that increase the risk of heart attack and CVD.

Analyze and Prioritize Health Disparities:

The Kentucky Department for Public Health, Office of Health Equity (OHE) was established in September 2008 to address health disparities among racial and ethnic minorities, and rural Appalachian populations. Grant support has been received from the U.S. Department of Health and Human Services, Office of Minority Health (OMH) since 2010. OHE supports goals and evidence-based strategies from the National Partnership for Action to End Health Disparities (NPA) to mobilize a statewide, comprehensive, community-driven, and sustained approach to combating health disparities and to move Kentucky toward achieving health equity. OHE also supports a wide variety of activities and services through partnerships with health departments, universities, nonprofit organizations and private health systems.

Program Opportunities:

- UAB TCC Mini-grant - The Department for Public Health Office of Health Equity (OHE) and the Kentucky Heart Disease and Stroke program (KHDSP) are collaborating to promote heart healthy interventions such as smoking cessation, physical activity, healthy eating, and prevention, as well as working to improve quality of care and address inequities within the health care system and local communities. The collaboration will focus on improving the health outcomes for racial and ethnic minorities, rural and low income populations of Kentucky.
This work is supported by the [University of Alabama at Birmingham's Mid-South Transdisciplinary Collaborative Center for Health Disparities](#) project, an NIMHD funded initiative (U54MD008176).
- Bless Your Heart/CARE Collaborative – Our goal is to develop The Bless Your Heart initiative with our Faith Community Nurse program in our area counties. The Bless Your Heart initiative is part of a three piece Million Hearts Initiative comprised of a tool-kit that helps church health ministry's design a program that will encourage its members to live a heart-healthy life. The Chronic Disease Branch Heart Disease and Stroke Prevention Program's CARE collaborative; (Cardiovascular Assessment, Risk Reduction and Education) is designed to provide blood pressure awareness educational encounters within communities. The Bless Your Heart/Care Collaborative is a project that communities can implement to improve the health of communities across the commonwealth.

The Bless Your Heart/CARE Collaborative addresses key goals and strategies in addressing significant health disparities across the commonwealth. The objectives of the Bless Your Heart/CARE Collaborative project are:

1. Increase awareness of the risk factors of heart disease and stroke;
2. Educate the community on healthy living and disease prevention;
3. Increase capacity within the faith based communities to address health issues through established coalitions or networks; and
4. Increase access to care for those identified as needing additional follow-up to care.