

Bon Secours Our Lady of Bellefonte Hospital
Community Health Improvement Plan
2016

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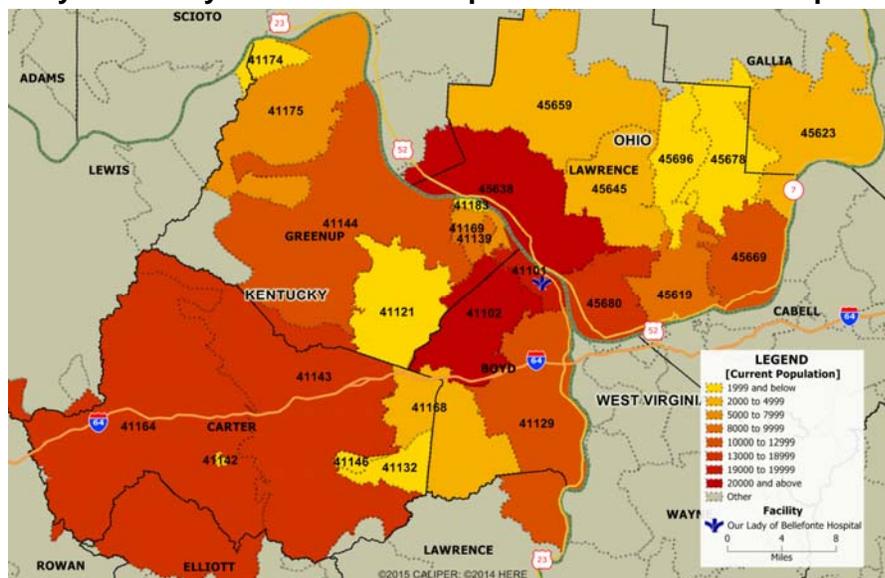
Executive Summary

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 and March of 2016 and 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 the 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.

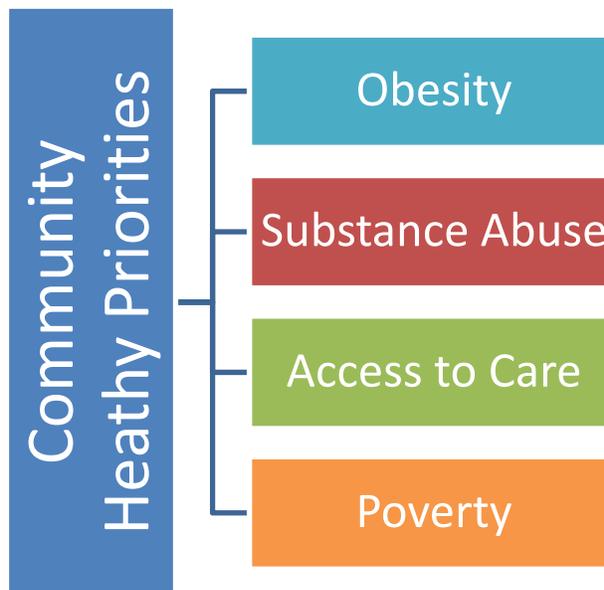
OLBH is a non-profit facility serving approximately 400,000 residents of the following six counties in northeastern Kentucky - Greenup, Boyd, Lawrence, Carter and Elliott (which comprise the FIVCO Area Development District), and two counties in southern Ohio - Lawrence and Scioto counties, as well as 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



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 Co. | Carter Co. | Greenup Co. | Lawrence Co. 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 | Ohio | Kentucky | US | Data Source |
|---|-------|----------|--------|-------------------------------------|
| Adult Prevalence of Obesity (%; Age-adjusted) | 29.6% | 31.0% | 30.4%* | BRFSS (2006—2012) |
| No exercise: adults (% ; Age-Adjusted) | 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 (age 2-4 yrs. %) | 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 Co. | Carter Co. | Greenup Co. | Lawrence Co. OH |
|--------------------------------|----------|------------|-------------|-----------------|
| Drug overdose deaths | 21 | 16 | 24 | 15 |
| Motor vehicle crash deaths | 14 | 31 | 16 | 15 |
| Drug overdose deaths - modeled | ≥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 Co. | Carter Co. | Greenup Co. | Lawrence Co. 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 | Ohio | Kentucky | 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) |

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 Co. | Carter Co. | Greenup Co. | Lawrence Co. 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 | Ohio | Kentucky | 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 year) | 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) |

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.

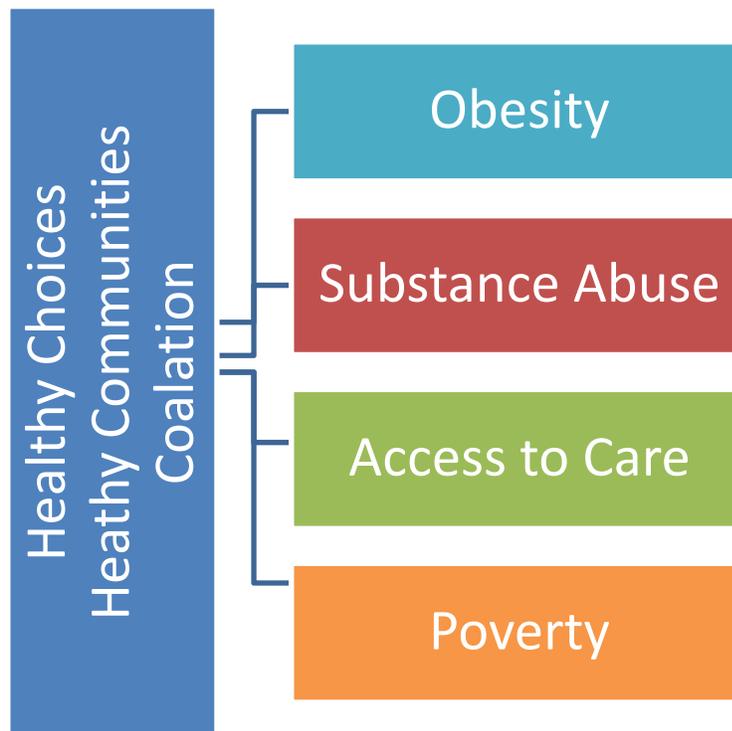
Access to health care services is a key factor in the health of a community and has been identified as one of the health needs of the community. The following table shows the ratio of residents to providers in the four counties that make up the OLBH/KDMC service area. The data table highlights the provider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

| Ratio of Residents to Providers (2015) | | | | |
|---|-----------------|-------------------|--------------------|---------------------|
| | Boyd Co. | Carter Co. | Greenup Co. | Lawrence Co. |
| 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 |

Priorities and Action Plan

After careful review and analysis of survey results and discussion with key members of the community, CAP, members of Healthy Choices Healthy Community collation, OLBH Board of Directors, Physicians, hospital staff and community leaders about the results from the OLBH/KDMC Community Health Needs Assessment survey. Participation and agreement will be sought from community organizations, partners, OLBH management team, executive team and professionals from the community.

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.



OLBH Implementation Plan

Strategic Issue Identification/Goals and Objectives

Strategic Initiative #1 – Coalition Infrastructure Development

Goal #1: Increase active membership in the Healthy Choices Healthy Communities Coalition serving Boyd, Carter, Greenup and Lawrence (OH) counties FY17

Objective #1:

- Aggregate list of potential new coalition partners and issue invitations to join Healthy Choices Healthy Communities coalition. FY17 2Qt

Objective #2:

- Create a calendar and notification strategy of quarterly Healthy Choices Healthy Communities coalition meetings. FY17 1Qt

Objective # 3:

- Grow each chartered workgroup (Substance Abuse, Obesity, Poverty, and Access to Care) by a minimum of three new members. FY17 4Qt

Goal# 2: Develop a communication plan for Healthy Choices Healthy Communities Coalition activities. FY17 2Qt

Strategic Initiative #2 – Substance Abuse

Goal #1: Develop a focused approach to substance abuse reduction and/or prevention for the four county area of Boyd, Carter, Greenup and Lawrence (OH) counties FY 17 3Qt

Objective #1

- Based on data review, define the aspect of substance abuse that needs immediate focus in the coalition area. Prepare and distribute the substance-abuse plan to the full-coalition. FY17 3Qt

Objective #2

- Identify a Substance Abuse workgroup leader- primary responsibilities lead & organize meetings and set meeting dates and times. FY17 1Qr

Objective #3

- Complete a list of area resources and expertise available to contribute to the Substance Abuse reduction and/or prevention workgroup. FY 17 Qt4

Objective #4

- Based on data review and review of resources/expertise, identify the target population that the Substance Abuse reduction and/or prevention activities will direct activities/interventions. FY18 Qt1

Goal #2: Identify and implement evidence-based and/or promising practices directed toward the workgroup's definition of substance abuse and the target audience selected. FY18 3Qt

Objective #1

- Complete a review of evidence-based and/or promising practices directed toward the workgroup's definition of substance abuse and the target audience selected. FY 17 Qt3-4 FY18 1Qt

Objective #2

- Based on data, review of area resources and review of evidence-based or promising practices, identify, an intervention for implementation in the four-county coalition area. FY18 Qt4 FY19 1Qt

Objective #3

- Develop an implementation calendar of intervention activities. FY18 1Qt

Strategic Initiative #3 – Obesity

Goal #1: Develop a focused approach to obesity reduction and prevention for the four county areas of Boyd, Carter, Greenup and Lawrence (OH) counties. FY 17 2Qt

Objective #1

- Based on data review, define the aspect of obesity that needs immediate focus in the coalition area. Prepare to distribute the obesity focus area definition to the full-coalition. FY 17 3Qt

Objective #2

- Identify an Obesity workgroup leader, whose primary responsibilities include lead meetings and to set meeting dates and times. FY17 1Qt

Objective #3

- Complete a list of area resources and expertise available to contribute to the Obesity reduction and/or prevention workgroup. FY17 4Qt FY18 1Qt

Objective #4

- Based on data review and review of resources/expertise; identify the target population that the obesity reduction and/or prevention activities will direct activities/interventions. FY17 3qt

Goal #2: Identify and implement evidence-based and/or promising practices directed toward the workgroup's definition of obesity and the target audience selected. FY17 4Qt FY18 1Qt

Objective #1

- Complete a review of evidence-based and/or promising practices directed toward the workgroup's definition of obesity and the target audience selected (nutrition, youth). FY17 2qt

Objective #2

- Based on data, review of area resources and review of evidence-based or promising practices, identify an intervention for implementation in the four- coalition area. FY18 4 qt FY19 1 Qt

Objective #3

- Develop an implementation calendar of intervention activities. FY18 1Qt

Strategic Initiative #4 - Poverty

- **Goal #1** - Develop a focused approach to poverty reduction and prevention for the four county area of Boyd, Carter, Greenup and Lawrence (OH) counties FY17 2qt

Objective #1

- Based on data review, define the aspect of poverty reduction/prevention that needs immediate focus in the coalition area. Prepare to distribute the poverty focus area definition to the full-coalition by. FY17 2qt

Objective #2

- Identify a poverty workgroup leader- primary responsibilities lead meetings and set meeting dates and times. FY17 1qt

Objective #3

- Complete a list of area resources and expertise available to contribute to the poverty reduction and/or prevention workgroup. FY17 2qt

Objective #4

- Based on data review and review of resources/expertise; identify the target population that the poverty reduction and/or prevention activities will direct activities/interventions. FY18 1qt

Goal #2: Identify and implement evidence-based and/or promising practices directed toward the workgroup's definition of poverty and the target audience selected.

Objective #1

- Complete a review of evidence-based and/or promising practices directed toward the workgroup's definition of poverty and the target audience selected. FY17 4qt

Objective #2

- Based on data, review of area resources and review of evidence-based or promising practices, identify an intervention for implementation in the four-county Healthy Choices Healthy Communities coalition area. FY18 4qt FY19 1Qt

Objective #3

- Develop an implementation calendar of intervention activities. FY 17 4Qt

Strategic Initiative #5 – Access to Care

- **Goal #1** Develop a focused approach to increasing access to care for the four county areas of Boyd, Carter, Greenup and Lawrence (OH) counties FY17 1qt

Objective #1

- Based on data review, define the aspect of access to care that needs immediate focus in the coalition area. Prepare to distribute the Access to care focus area definition to the full-coalition by. FY17 2Qt

Objective #2

- Identify an access to care workgroup leader. Responsibilities include lead meetings and set meeting dates and times. FY17 1Qt

Objective #3

- Complete a list of area resources and expertise available to contribute to the access to care workgroup. FY17 2Qt

Objective #4

- Based on data review and review of resources/expertise; identify the target population that the access to care activities will direct activities/interventions. FY18 1qt

Strategic Initiative #5 – Access to Care

Goal #2: Identify and implement evidence-based and/or promising practices directed toward the workgroup's access to care focus and the target audience selected. FY18 2Qt

Objective #1

- Complete a review of evidence-based and/or promising practices directed toward the workgroup's access to care focus and the target audience selected. FY17 2Qt

Objective #2

- Based on data, review of area resources and review of evidence-based or promising practices identify an intervention for implementation in the four-county coalition area. FY18 3Qt

Objective #3

- Develop an implementation calendar of intervention activities. FY17Qt4

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
- Little Sandy District -Carter County
- Greenup County
- Lawrence County Ohio
- City of Ironton

Local Hospitals:

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

Mental Health/Substance Abuse

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

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

In this plan 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. If you would like additional information on this CHNA please contact us at 606.833.3106.

