Community Health Assessment

HEALTHY CHOICES

Healthy Communities

COMMUNITY HEALTH IMPROVEMENT PLAN

BOYD, GREENUP, CARTER COUNTY, KENTUCKY

LAWRENCE COUNTY, OHIO

2016 – 2019

http://www.abchdkentucky.com/

www.healthychoiceshealthycommunities.com

Adopted on 02/07/2017

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Table of Contents

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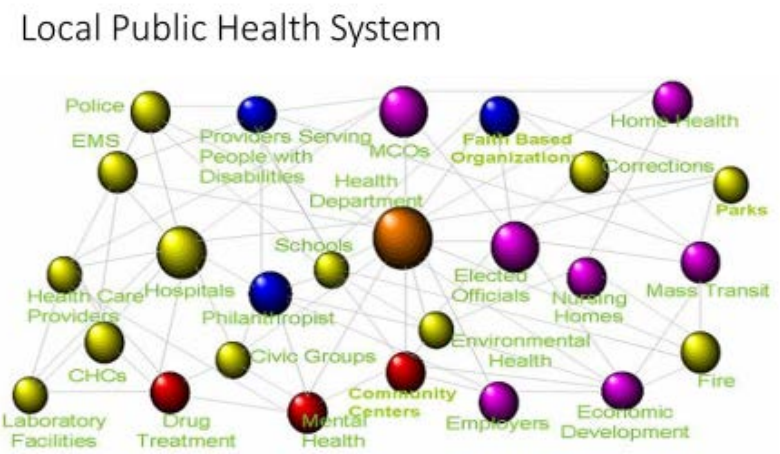
Overview

Public health connects all people within the population and strengthens the infrastructure to protect and shape the health of families and communities. The overreaching concern of public health is to protect the health of entire populations.

Public health professionals strive to prevent problems from happening through the use of education, policy development, service administration and continued research. Public health works to diminish health disparities by fostering equity, quality and accessibility in healthcare. In doing so, public health accepts that social determinants of health are the conditions in which people are born, live, work and age.

This document contains results of a Community Health Assessment of Boyd County, Kentucky; a Community Health Needs Assessment of Boyd, Carter, Greenup County, Kentucky and Lawrence County, Ohio. These two assessments are the basis for the development of the Healthy Choices Healthy Communities coalition Community Health Improvement Plan.

Ashland-Boyd County Health Department, as a member of the Healthy Choices Healthy Community coalition, collaborated with three health departments, two hospitals, and partners from various sectors in the community, including representation of populations that are higher health risk or have poorer health outcomes, in the assessments and the resulting health improvement plan.



The four priorities identified in the Community Health Assessment and Community Health Needs Assessment are Substance Abuse, Obesity, Poverty and Access to Care. Recently, the Obesity workgroup was renamed Wellness Together workgroup and the Poverty workgroup was renamed Socioeconomic Challenges workgroup. The collaborative planning process resulted in a long-term, systematic community health improvement plan with shared ownership and responsibility.

The Healthy Choices Healthy Communities coalition partners have accomplished many firsts since consolidation from two partnerships into one coalition. Through collaboration of multiple partners a Community Health Improvement Plan bridging four counties in two states was successfully completed.

Many thanks to every member of the Healthy Choices Healthy Community coalition and a special thank you to the strategic priorities workgroup leaders for their dedication, flexibility and willingness to work together.

HEALTHY CHOICES HEALTHY COMMUNITIES

Vision: All area residents will live healthy lives

Mission: To improve the health of our communities through collaboration, education, prevention and access to healthy choices

Community Health Assessment Process

Methodology

Community partners representing a variety of public health system organizations from Ashland and Boyd County convened to complete a Community Health Assessment and Community Health Improvement Planning process. The group 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 utilize strategic thinking principles 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 public health systems. The MAPP process includes Community Health Status Assessment, Community Strengths and Risks Assessment, Forces of Change Assessment, and Local Public Health System Assessment.

The 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 the community. Information gathered from partnering agencies during the two community forums, primarily attended by representatives of community organizations, provided the Organizational Perspective. In an effort to add the point of view of individual citizens of Boyd County, both paper and electronic surveys were distributed. Information from these surveys provided the Individual Perspective.

Invitations were sent to community partners and the public requesting participation via e-mail, letters, flyers, Ashland-Boyd County Health Department (ABCHD) website and Facebook. The forums were held on March 16, 2015 and April 27, 2015. A second Community Health Improvement planning session was held on November 10, 2015.

Organizing – Community Partners CHA-CHIP

AGENCY	NAME	TITLE
***FIVCO Area Development District**	Rick Loperfido	Aging Assistant
Pathways	Tiffany Haney	Mental Health Director
Pathways	Jennifer Willis	Director of Nursing and Medical services
King's Daughters Medical Center	Laura Patrick	Coordinator
***Shelter of Hope**	Vicki James	Community Relations
Coventry Cares of Kentucky	Mary Beth Lacy	Community Outreach Representative
Ohio University Southern	Rebecca Fletcher	OUS – Adjunct Faculty
Ashland-Boyd Co. Health Dept.	Marty Vannatter	Board of Health member
Ashland-Boyd Co. Health Dept.	Carol Thompson	Board of Health member
Amedisys Home Health	Sandra Loperfido	Administrator
Ashland Head Start	Diana McClanahan	Health Coordinator
Our Lady of Bellefonte Hospital	Diva Justice	Director of Community Health Initiatives
***Hillcrest Bruce Mission**	Linda Firebaugh	Executive Director
***Safe Harbor**	Candy Colyev	Intern
None	Suzanne Smith	Citizen
Tri-State Vascular	Souad Abul-Khoudoud	Biller
Pathways	Sarah Koster	School-Based Therapist
Our Lady of Bellefonte Hospital	Jodi Renfroe	Clinical Dietitian
***FIVCO Area Development District**	Vicki Green	Aging Director
King's Daughters Medical Center	Elaine Corbitt	Director
OLBH and City of Ashland	Chuck Charles	Ashland Mayor
Ashland Head Start and Commission on Human Rights	Bernice Henry	Family/Community Coordinator
King's Daughters Medical Center	Rachel Cooper	KDMC Community
Boyd County Emergency Management Services	Tom Adams	Executive Director
***Safe Harbor**	Che-hona Miller	Administrative Assistant
South Ashland Family Resource Center	Rose Stafford	Coordinator
Ashland Family Resource Center	Geri Willis	Coordinator
United Way of Northeast Kentucky	Jerri Compton	Director

*Indicates representation of populations that are at higher health risk for poorer health outcomes.

Organizing – Community Partners CHNA-CHIP

AGENCY	NAME
Citizen	Mike Pearson
Greenup Co. Health Department	Eve Greene
Citizen**	Suzanne Smith
***Kentucky Home Place**	Terra Kidd
Our Lady of Bellefonte Hospital	Bob Hammond
Our Lady of Bellefonte Hospital**	Jodi Renfroe
Our Lady of Bellefonte Hospital, City of Ashland – Mayor**	Chuck Charles
Our Lady of Bellefonte Hospital	Diana Williams
Ashland-Boyd Co Health Dept.	Jennifer Burchett
FIVCO Area Development District*	Vicki Green
Our Lady of Bellefonte Hospital	Melissa McKenzie
Aetna Better Health of Kentucky**	Mary Beth Lacy
OLBH--Board Member, Lawrence Co., Ohio Community Action	Carol Allen
United Way of the River Cities	Lena Burdette
Citizen	Carolyn Hopper
Ashland-Boyd Co Health Dept.	Catherine Anderson
Greenup Co Health Department	Erin Fannin
Greenup Co Health Department	Sherri Stamper
Greenup Co Health Department	Chris Crum
Ashland-Boyd Co Health Dept.	Melinda Crisp
Ashland-Boyd Co Health Dept.	Maria Hardy
Ramey-Estep Home	Scott Murphy
Greenup Co Extension Office	Lora Pullin
Our Lady of Bellefonte Hospital	Brandy Preston
Huntington YMCA	Sarah Holub
Impact Prevention	Mollie Stevens
Hillcrest-Bruce Mission*	Linda Firebaugh
Bon Secours	Ed Gerardo
Our Lady of Bellefonte Hospital	Holly West
Ashland Independent Schools Family Resource Center-AFRC**	Geri Willis
AFRC	Rachel Case
Kings Daughter's Medical Center**	Elaine Corbitt
Ashland-Boyd Co. Health Dept.	Melitza Sowley
Greenup Co. Community Ed/Russell Schools	Kristina Perry
Our Lady of Bellefonte Hospital**	Diva Justice
***Kentucky Office for the Blind**	Kennetta Freholm
Lawrence Co. Health Department - Ohio	Debbie Fisher
Christ Episcopal Church	Sallie Schisler
United Way of Northeast Kentucky	Jerri Compton
Our Lady of Bellefonte Hospital	Kevin Halter

* Indicates representation of populations that are at higher health risk for poorer health outcomes
** Indicates participation in CHA/CHIP and CHNA/CHIP processes

Visioning Process: What would a healthy county look like?

Following the Mobilizing Action through Planning and Partnerships (MAPP) model, a community forum, held on March 16, 2015, began with a discussion of the vision for health in Boyd County. A roundtable method was used to allow all participants to voice their perspectives on the vision for a healthier community. Participant responses were captured via the following table:

Visioning: What does a healthy Boyd County look like?	
Jobs	Diversity
Drug & Tobacco Free	Sidewalks
Affordable Housing	Good infrastructure; (Water lines)
Safe Neighborhoods	Communication/Coordination Services
Healthy Activities	Stable families
No barriers: Activity, Mental health, Healthcare	Elderly Services
Aesthetic	Local Mental Health Service
Good Schools	Volunteers
Access to fresh food	Funding
Transportation	Healthy Teeth/Eyes
Well-insured people	

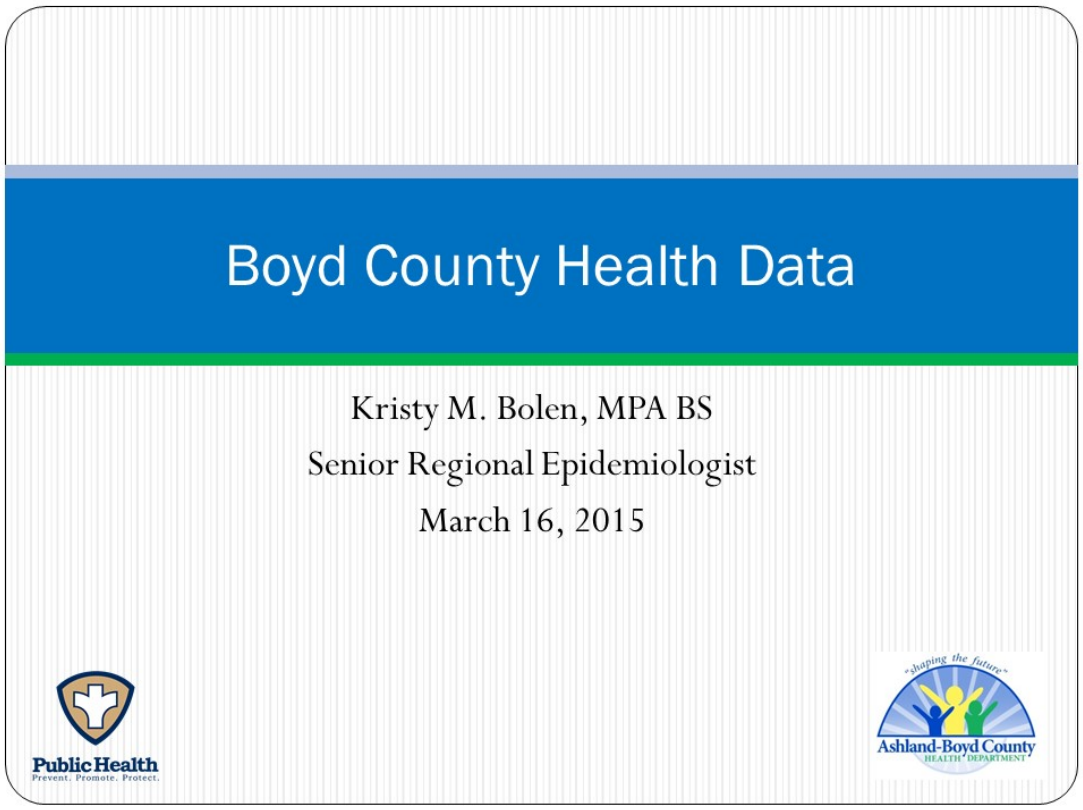
Community Forum Discussions:

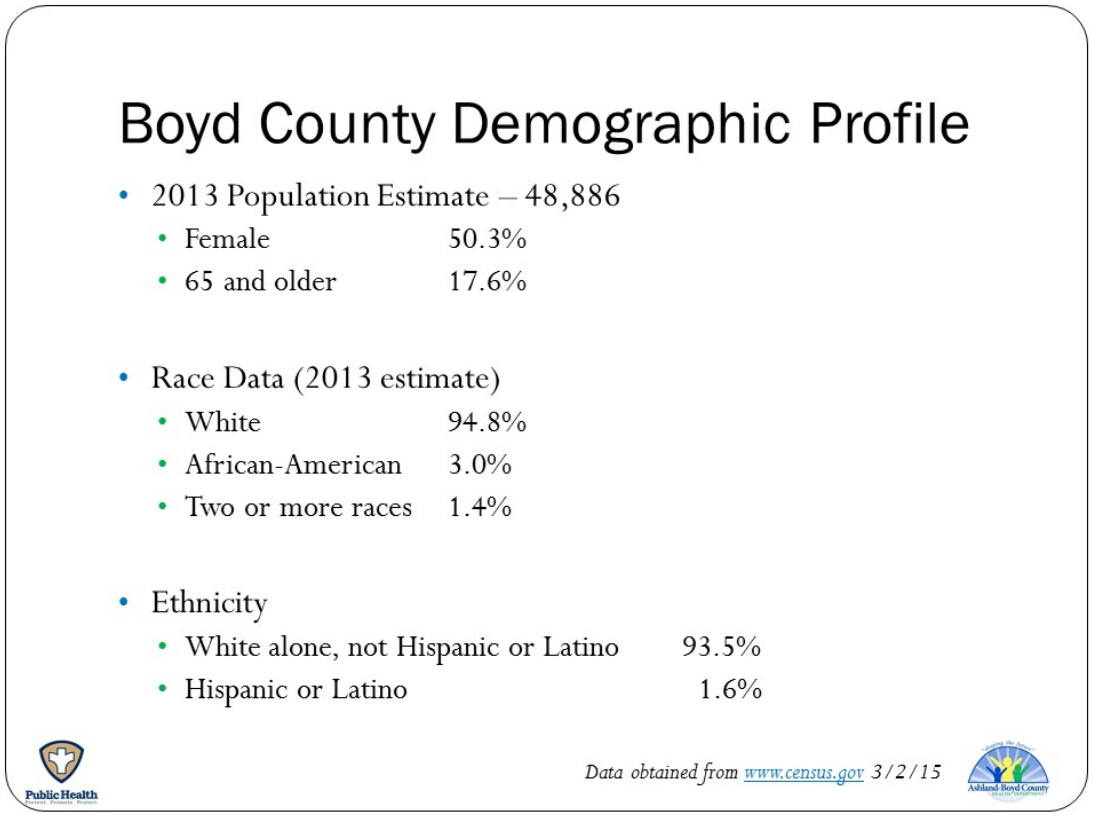
Data Perspective:

Community Health Status Assessment

Following the MAPP model, participants in the Boyd County forum were provided with secondary data statistics on social, behavioral, and physical factors of Boyd Co., maternal child health information, diabetes, respiratory, cancer and substance abuse information. Forum participants were given time to review the information and discuss, utilizing a nominal group technique, those factors of greatest importance for their county.

Demographics of the population:





American Community Survey 5-Year Estimates 2009-2013

AGE CATEGORY	BOYD COUNTY	KENTUCKY
Under 5	5.7%	6.4%
5 to 14 years	11.8%	13.1%
15 to 19 years	6.0%	6.7%
20 to 34 years	17.6%	19.8%
35 to 59 years	35.3%	34.4%
60 to 74 years	15.8%	13.7%
75 and older	7.7%	6.0%
Median Age	*41.5 years*	*38.2 years*

Data obtained from www.census.gov 3/2/15

Boyd County Socioeconomic Profile

- 19.9% of Boyd County Residents live below the poverty level
  - 18.8% for Kentucky
  - 15.4% U.S.
- The average Median Household income (2009-2013)
  - Boyd County $40,379
  - Kentucky $43,036
  - U.S. $53,046

Data obtained from www.census.gov 3/2/15

County, state and national quantitative data as well as secondary data was obtained from www.census.gov, www.countyhealthrankings.org, http://cancer-rates.info/ky/index.php, http://boyd-greenup.kynetworkofcare.org/ph/, http://cedik.ca.uky.edu/, KYYouth.org, Dartmouth Atlas of Health Care, CDC Wonder data sources.

Indicators	Boyd	Kentucky	US	Data Source
Social Factors				
Population	48,886	4,399,583	316, 497, 531	2013 US Census Bureau
Race Stats White	94.8%	88.5%	77.7%	2013 US Census Bureau
African-American	3.0%	8.2%	13.2%	2013 US Census Bureau
Hispanic	1.6%%	3.3%	17.1%	2013 US Census Bureau
High School Graduate (includes equivalency)	36.7%	33.9%	28.1%	2009 - 2013 American Community Survey
Percent bachelor's degree or higher	16.3%	21.5%	28.8%	2009 - 2013 American Community Survey
Unemployment (Rate per 100 of the workforce that is currently unemployed and actively seeking work)	7.7	5.5	5.6	2014 Bureau of Labor Statistics (Dec)
Percent of Persons Below the Poverty Level	19.9%	18.8%	15.4%	2009 - 2013 American Community Survey
Percent of Children Living Below Poverty Level	27%	26.4%	22.5%	2009 - 2013 American Community Survey
Self-Rated Health Status (Percent of Adults who report fair or poor health)	27.8%	21.1%	20.5%	2006 - 2012 BRFSS
Children in single parent households	8.1%	9.7%	9.6%	2009-2013 American Community Survey
Median Household Income	$40,379	$43,036	$53, 046	2009 - 2013 American Community Survey
Maternal & Child Health				
Teen Birth Rate (ages 15-19; rate per 1,000)	58.3	48.4	41.2	2006 - 2012 National Vital Statistics System -- Natality

Indicators	Boyd	Kentucky	US	Data Source
Percentage of Women Receiving Adequate Prenatal Care	59%	66%	-	2008 - 2012 Kentucky Health Facts
Number of Confirmed Cases of Child Abuse or Neglect	331	17,917	-	2013 KIDS Count Data Center
Percent of Babies with Low Birth Weight	10.3%	9.1%	8.2%	2006 - 2012 National Vital Statistics System--Natality
Percentage of Moms Who Smoked During Pregnancy	30.9%	22.6%	9%	2013 Kentucky Youth Advocates
Early Childhood Obesity (age 2-4 years)		15.5%		2010 Kentucky Youth Advocates
Behavioral Factors				
Adult Smoking	25.9%	26.5%	17.8%	2006 - 2012 BRFSS
Percentage of High School Students Who Use Tobacco Products Regularly	20.4%	17.9%	15.7%	2013 CDC Tobacco Report
Adult Prevalence of Obesity	30%	33.2%	34.9%	2013 BRFSS
Sexually Transmitted Infection (Chlamydia rate per 100,000)	246.1	391.2	446.6	2013 CDC STD Report
Excessive Drinking (among adults)	9.6%	12.2%	6.2%	2006 - 2012 BRFSS
Lack of Physical Activity (% of adults reporting no leisure time physical activity)	33.3%	28.7%	22.9%	2006 - 2012 BRFSS
Adults who consume few fruits/vegetables per day	79.9%	81.3%	76.6%	2003 - 2009 BRFSS
Percent of Adults Who Received Flu Vaccine in Past Year	72.4%	68.8%	60.1%	2006 - 2012 BRFSS
Tooth Loss (percent of adults missing 6 or more teeth)	-	51.7%	16.1%	2012 BRFSS
Diabetes Indicators				
Diabetes Screenings (Medicare enrollees that receive screening)	85.1%	84.4%	90.0%	2011 Dartmouth Atlas of Health Care
% of adult population with diabetes (Age-Adjusted)	12.9%	9.8%	8.5%	2012 CDC Diabetes Report

Indicators	Boyd	Kentucky	US	Data Source
Physical Factors				
# of Recreational Facilities (per 100,000)	8	8	-	2014 Kentucky County Healthcare Profiles
Air Pollution - particulate matter days	13.1	14.1	11.2	2011 CDC Wonder Environmental Data
Access to Care				
Primary Care Providers (per 1,000)	129.4	78.2	-	2011 AHRE Report
Immunization Coverage (ages 19-35mo)	86%	80%	81%	2007 - 2008 Kentucky Health Facts Profile
% of Uninsured Adults (under 65 years)	17.3%	17.5%	16.8%	2014 Kentucky County Healthcare Profiles
% of Uninsured Children (under 19 years)	5.9%	6.7%	7.5%	2014 Kentucky County Healthcare Profiles
Poor mental health days (average/month)	4.9	4.3	2.3	2006 - 2012 BRFSS
Cancers				
Cancer Deaths (AA rate per 100,000)	196.2	204.2	-	2007 - 2011 Kentucky Cancer Registry
Lung Cancer Deaths (AA rate per 100,000)	59.0	71.3	-	2007 - 2011 Kentucky Cancer Registry
Colorectal Cancer Deaths (AA rate per 100,000)	17.8	18.7	-	2007 - 2011 Kentucky Cancer Registry
Breast Cancer Deaths (AA rate per 100,000)	14.5	12.7	-	2007 - 2011 Kentucky Cancer Registry
Prostate Cancer Deaths (AA rate per 100,000)	16.8	22.1	-	2007 - 2011 Kentucky Cancer Registry
Respiratory Illness				
Percent of Adults with Asthma	18.1%	14.1%	9.1%	2008 - 2010 BRFSS
Asthma Hospitalizations (0-17 year olds) Rate per 10,000	26	22	-	2011 KIDS Count Data

Population groups with particular health issues and inequities

From the data perspective--Quantitative secondary data for Boyd County indicates high access to care in the community.

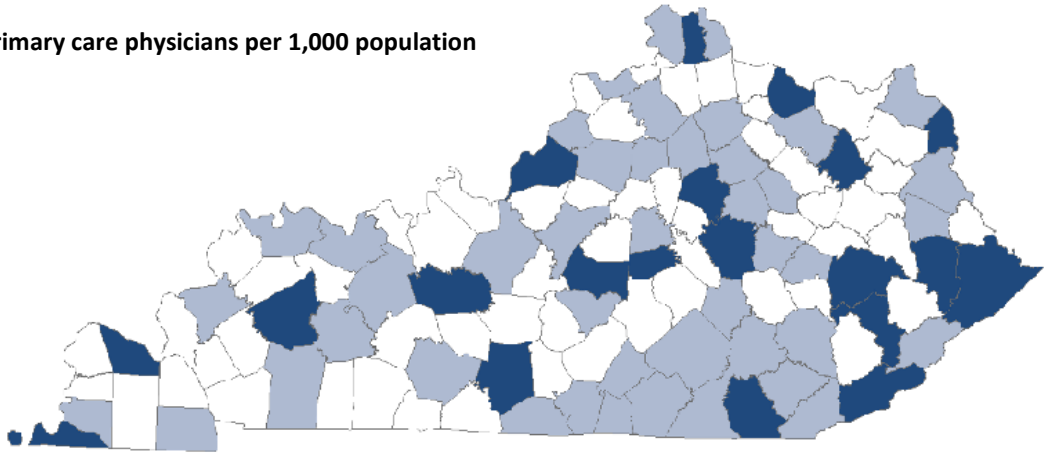
From the organizational perspective–Access to Health Care is a strength in the community. See Community Strengths and Risks Assessment table.

Access to Primary Care Physicians (PCPs) by Population

Source: EMSI, 2013

Low Access (less than 1 PCP per 2,000 population)
Intermediate Access (less than 1 PCP per 1,000 population)
High Access (more than 1 PCP per 1,000 population)

In 2012, Kentucky had .93 primary care physicians per 1,000 population



Number of providers per 1,000 population in Boyd County:
Primary Care Physicians: 1.93
Dentists: 0.61
Mental Health Providers: 2.52

Supply of Physicians	279
Primary Care Physicians (PCP)	95
Specialist Physicians	184
PCP who Accept Medicaid	51

Healthcare Providers	2012			2017	
	Supply	Need	Gap	Need	Gap
Physicians	279	135	-140	139	-139
Physician Assistants	43	11	-32	11	-32
Nurse Practitioners	62	21	-41	21	-41
Registered Nurses	1408	423	-985	427	-981
Licensed Practical Nurses	342	112	-230	114	-228
Nurse Aides	375	220	-155	222	-153
Dentists	30	26	-4	26	-4
Mental Health Providers	124	97	-27	98	-26
Optometrists	10	10	0	10	-2

Source: http://cedik.ca.uky.edu/ Kentucky County Healthcare Profiles -- Boyd County

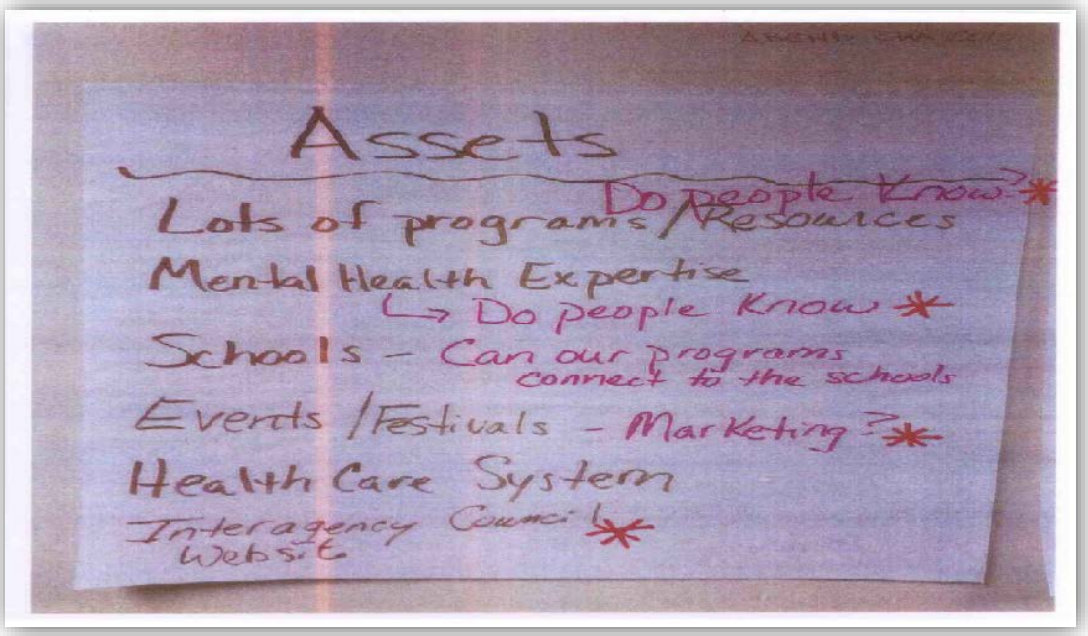
ABCHD surveyed specific groups within the population that are identified by Healthy People 2020 as at higher health risk and poorer health outcomes. The specific groups were high school students, college students, senior citizens, domestic violence shelter residents and uninsured residents with chronic disease. A total of 141 surveys were collected from these groups.

Factors that contribute to health challenges in Boyd County

The qualitative primary data collected from the target group surveys identified the following factors that affect health in the community: Barriers in receiving healthcare include the inability to pay for services and no insurance. Barriers in seeking health care services include: mobility and/or disability, no provider that takes insurance and lack of transportation. The top health concern and most important issue that affects health in our community is substance abuse. The second most important issue is identified as access to health choices. Target groups identified income-based medical and dental services as the number one event that could have a positive effect on the health of the community. Events that could have a negative effect on the community's health were identified as substance abuse and unemployment.

According to Healthy People 2020, social determinants of health as well as physical determinants of health were identified during the Community Strengths and Risks Assessment and the Forces of Change Assessment discussions. The social determinants of health were identified as: economic stability (unemployment, poverty), access to healthy choices, transportation and mobility. The physical determinant of health was identified as disability.

Data from the specific target groups and data from the Three Perspectives revealed a gap between perspectives. While the availability of health services in Boyd County is high and considered a community strength, the individual perspective and the targeted groups' response revealed that a high percentage of at-risk population experience barriers to services that were identified by Healthy People 2020 such as lack of availability (*doctors do not accept my insurance provider*), high cost (*unable to pay for services*) and lack of insurance coverage (no insurance).



A facilitated discussion regarding this information brought the group's concern back to the same question--"***Do people know?***" and what resources, as community partners, the group has available to address the question.

Organizational Perspective:

Community Strengths and Risks Assessment

Following the MAPP model, forum participants were asked to identify the elements found in their 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 long-term increased risk to health.

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

Forces of Change Assessment

Following the MAPP model, forum participants were asked if Boyd County 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 table detail participant responses.

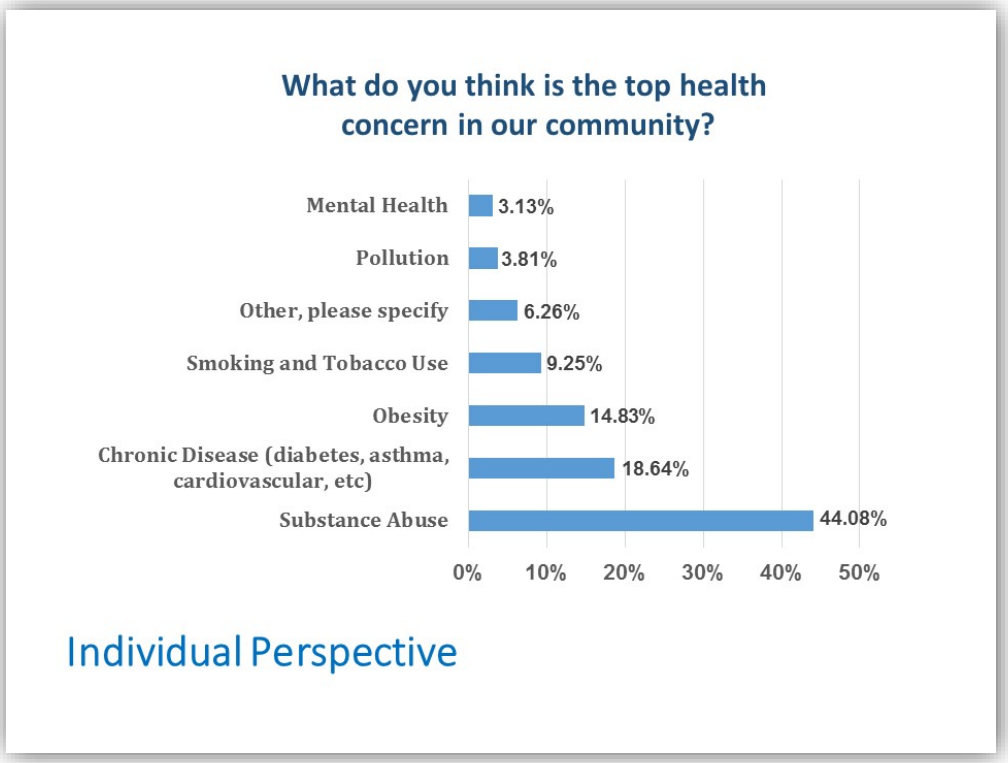
Change Assessment	
Positive	**Negative**
Walking Trail	Economic Status
Access to Education	Dental: Medicaid
Focus on Wellness	Elderly ACA Access & understanding--Sustainability
Affordable Care Act	Brain Drain–Middle age moving away
Big Coalitions--Merging	Increase need–students' mental counseling
Collaboration	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
	Increase homeless and at risk
	Living conditions--hotels

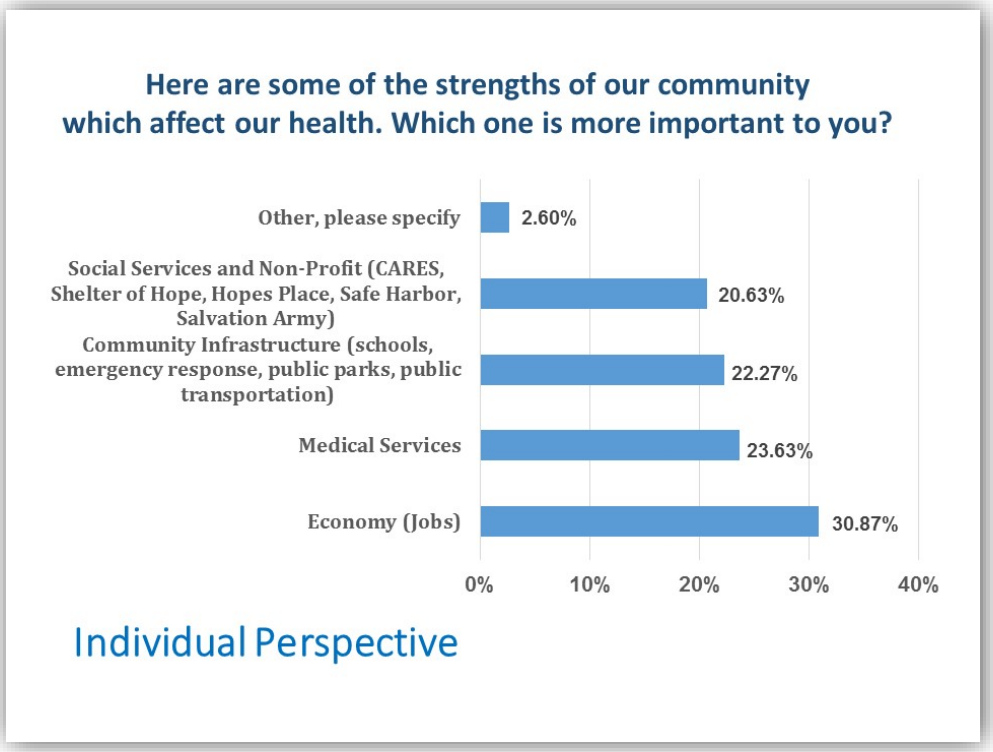
Local Public Health System Assessment

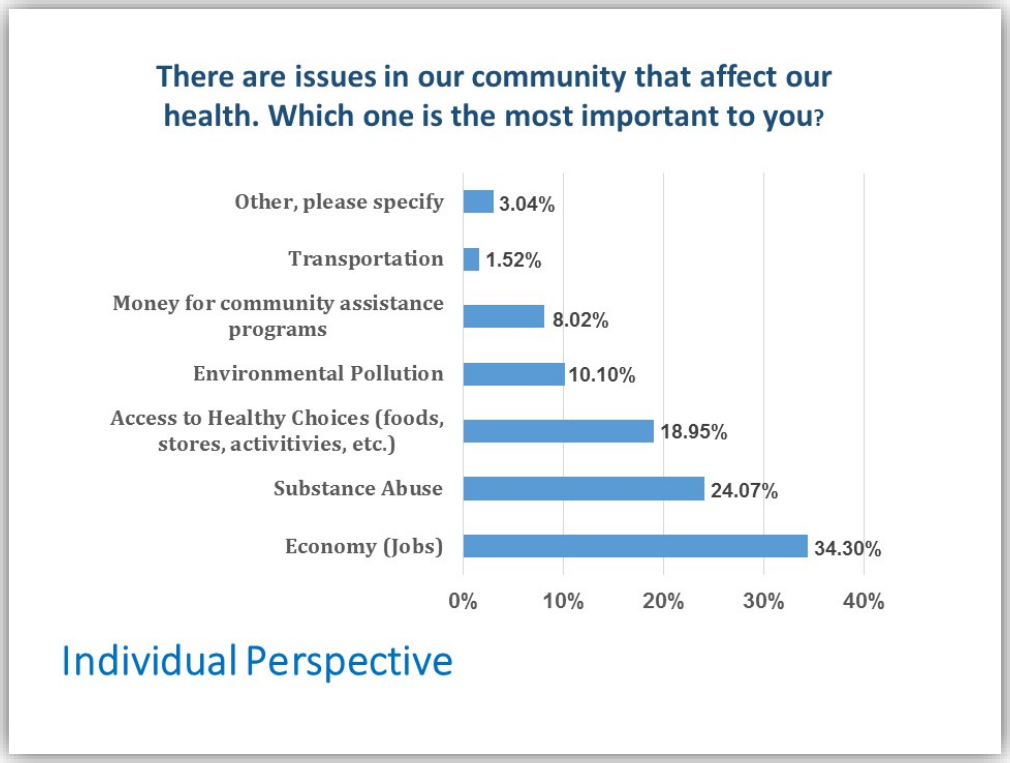
As part of the community health assessment process, Ashland-Boyd County Health Department conducted a Local Public Health System Assessment using an asset mapping approach. Public Health System Asset Mapping refers to a community-based approach of assessing the resources and programs of the public health system within a specific community as they relate to the 10 Essential Public Health Services. Once gathered, this asset map of public health system programs and services is distributed to community partners for use in referring citizens in the community to appropriate services. In addition, the Public Health System Asset Map is utilized during the community health improvement planning process to provide a list of assets that can be used toward strategic initiatives or gaps in the system that must be filled before strategic initiatives can be addressed. See Appendix 1 for Boyd County Local Public Health System Assessment using this approach.

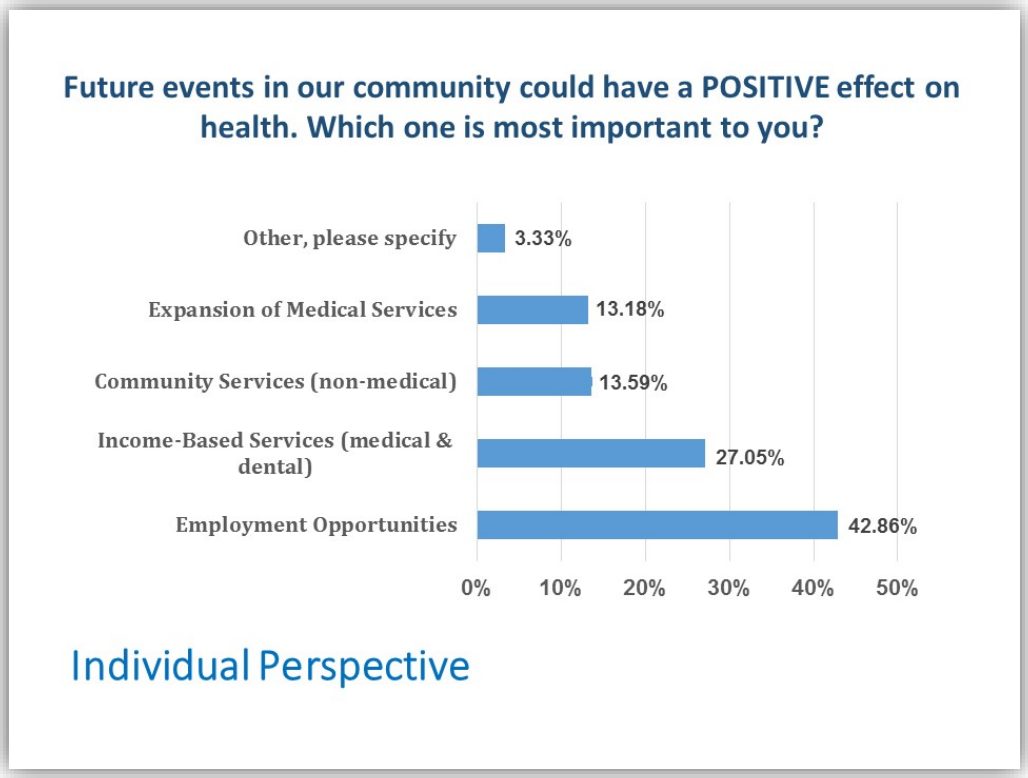
Individual Perspective:

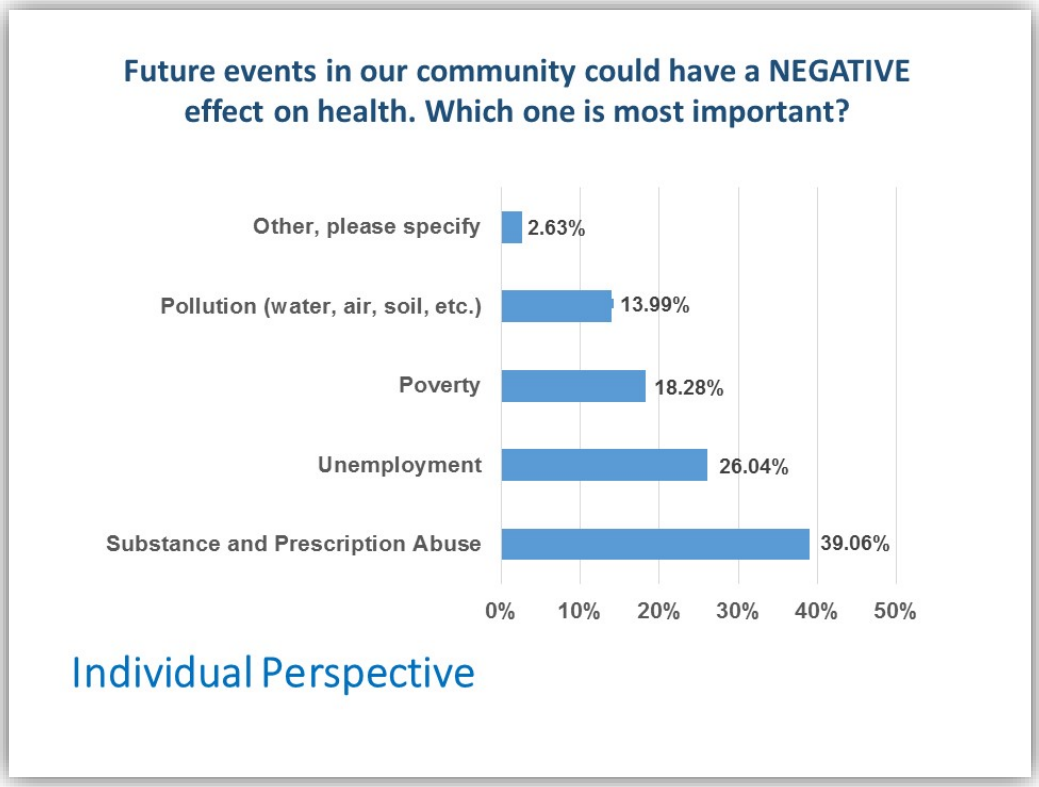
Following the community forum, Ashland-Boyd County Health Department led the community group in the development and launch of a survey to assess the thoughts and opinions of individual citizens in Boyd County on topics of health concerns, community strengths and access to care. The following results were reviewed with community partner participants at a second community forum on 4/27/2015.

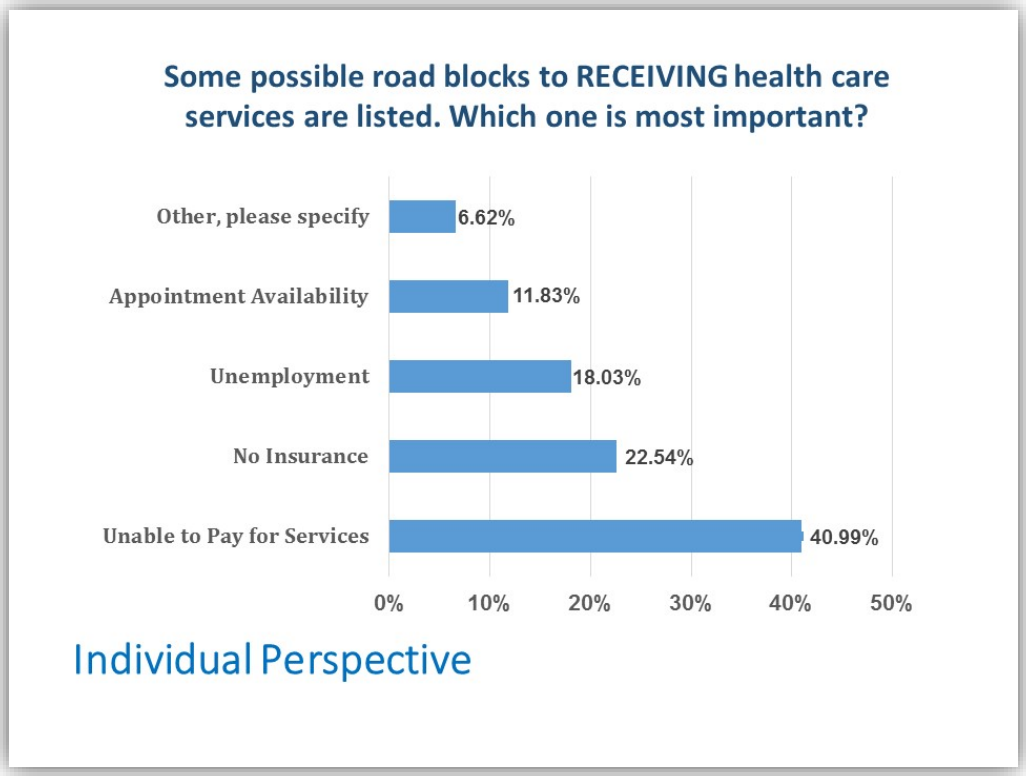

What do you think is the top health concern in our community?
Mental Health
3.13%
Pollution
3.81%
Other, please specify
6.26%
Smoking and Tobacco Use
9.25%
Obesity
14.83%
Chronic Disease (diabetes, asthma, cardiovascular, etc)
18.64%
Substance Abuse
44.08%
0%
10%
20%
30%
40%
50%
Individual Perspective

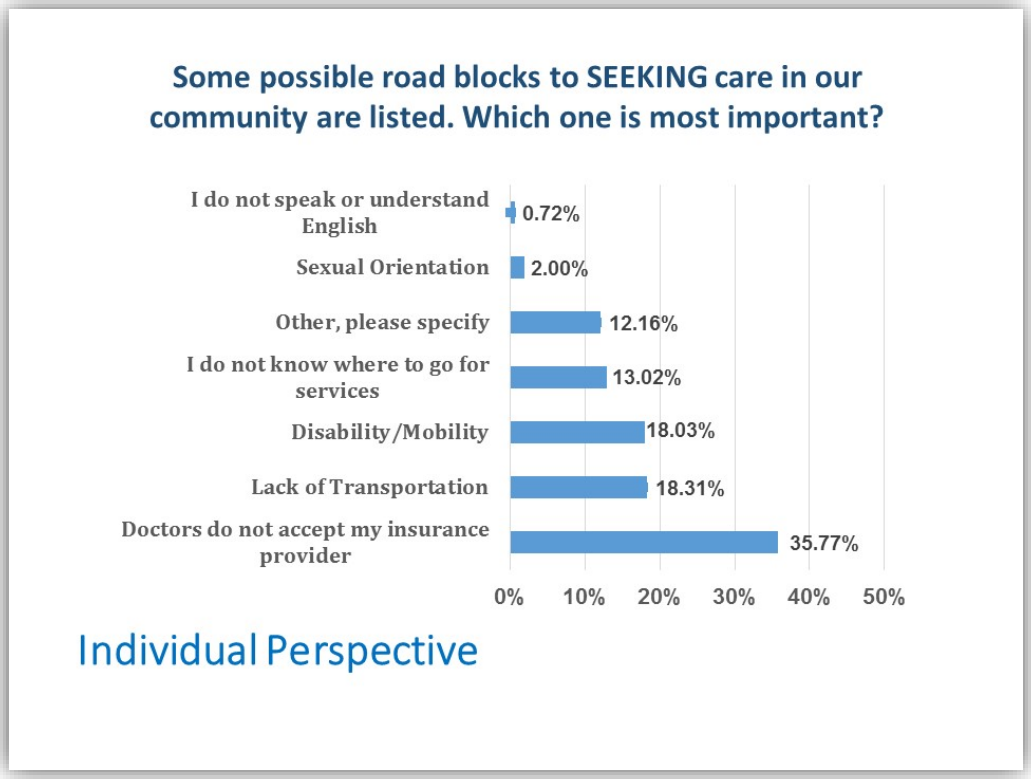

Here are some of the strengths of our community which affect our health. Which one is more important to you?
Other, please specify
2.60%
Social Services and Non-Profit (CARES, Shelter of Hope, Hopes Place, Safe Harbor, Salvation Army)
20.63%
Community Infrastructure (schools, emergency response, public parks, public transportation)
22.27%
Medical Services
23.63%
Economy (Jobs)
30.87%
0%
10%
20%
30%
40%
Individual Perspective


There are issues in our community that affect our health. Which one is the most important to you?
Other, please specify
3.04%
Transportation
1.52%
Money for community assistance programs
8.02%
Environmental Pollution
10.10%
Access to Healthy Choices (foods, stores, activitivies, etc.)
18.95%
Substance Abuse
24.07%
Economy (Jobs)
34.30%
0%
10%
20%
30%
40%
Individual Perspective


Future events in our community could have a POSITIVE effect on health. Which one is most important to you?
Other, please specify
3.33%
Expansion of Medical Services
13.18%
Community Services (non-medical)
13.59%
Income-Based Services (medical & dental)
27.05%
Employment Opportunities
42.86%
0%
10%
20%
30%
40%
50%
Individual Perspective


Future events in our community could have a NEGATIVE effect on health. Which one is most important?
Other, please specify
2.63%
Pollution (water, air, soil, etc.)
13.99%
Poverty
18.28%
Unemployment
26.04%
Substance and Prescription Abuse
39.06%
0%
10%
20%
30%
40%
50%
Individual Perspective


Some possible road blocks to RECEIVING health care services are listed. Which one is most important?
Other, please specify
6.62%
Appointment Availability
11.83%
Unemployment
18.03%
No Insurance
22.54%
Unable to Pay for Services
40.99%
0%
10%
20%
30%
40%
50%
Individual Perspective



Community Health Improvement Plan Process

Methodology

Continuing the methodology described under the Community Health Assessment Process, Ashland-Boyd County Health Department convened a collaborative session for community partner groups to discuss the Community Health Assessment process and to synthesize the information obtained into strategic initiatives, goals and objectives. The group was given information organized into the Three Perspectives–Data, Organizational and Individual. Common responses across the three perspectives are as follows: Need for Jobs, Substance Abuse concerns, Tobacco concerns, and concerns relating to Access and Affordability of Care including insurance products. From this information, the partners participated in a nominal group, consensus-building activity through which impact issues emerged: Teen Birth Rate, Tobacco/Substance Abuse, Physical Activity/Nutrition, Reaching people with healthcare needs, Focus on Prevention. Potential focus areas were Access Issues, Tobacco/Substance Abuse and Teen Pregnancy.

Community partners discussed the Healthy Choices Healthy Communities (HCHC) coalition current focus on obesity and how that effort could be a part of this community health improvement planning. The group agreed that more Healthy Choices Healthy Communities coalition members should be encouraged to collaborate, to form a sustainable ongoing collaborative effort to work on these strategic initiatives for the improvement of the health of Boyd County citizens.

On May 20, 2015, ABCHD presented a summary of the CHA/CHIP planning process and the preliminary results to the Healthy Choices Healthy Communities coalition. The two-county (Greenup and Boyd County, Kentucky) coalition agreed to a partnership with ABCHD to develop and implement a Community Health Improvement Plan. A survey for prioritization of focus areas that emerged from the CHA/CHIP planning process was sent to community partners. The preliminary findings of the community health assessment and improvement planning process together with the prioritization survey were also made available to the public at ABCHD website and disseminated by community partners, to provide the community with an opportunity to review and contribute to the assessment through feedback and comments box.

A Community Health Needs Assessment (CHNA) process led by a joint advisory group from King's Daughters Medical Center and Our Lady of Bellefonte Hospital was initiated in October 2015. Community partners involved in the Ashland-Boyd County Health Department Community Health Assessment and Community Health Improvement planning process met with the advisory group from the community health efforts organized by the two area hospitals. Hospital representatives were invited to attend ABCHD's second Community Health Improvement planning session held in November 2015. A discussion of combining efforts to address common focus areas was held. The hospital-led advisory group utilized the methodology from the Ashland-Boyd community health assessment process and conducted similar forums and citizen surveys in three additional counties which completed their four-county service area (Boyd, Carter, Greenup Counties in Kentucky and Lawrence County, Ohio). By the completion of the CHNA process, community partners from Carter County, Kentucky and Lawrence County, Ohio joined the Healthy Choices Healthy Communities coalition transforming the collaborative effort into a four-county collaboration that would address 4 common issues – Poverty, Access to Care, Substance Abuse and Obesity, identified during both assessment and planning processes. See Appendix 2: CHNA results presentation, Appendix 3: County Level Community Health Data, Appendix 4: State and National Health Data, for examples of data presented to the newly formed four-county partnership.

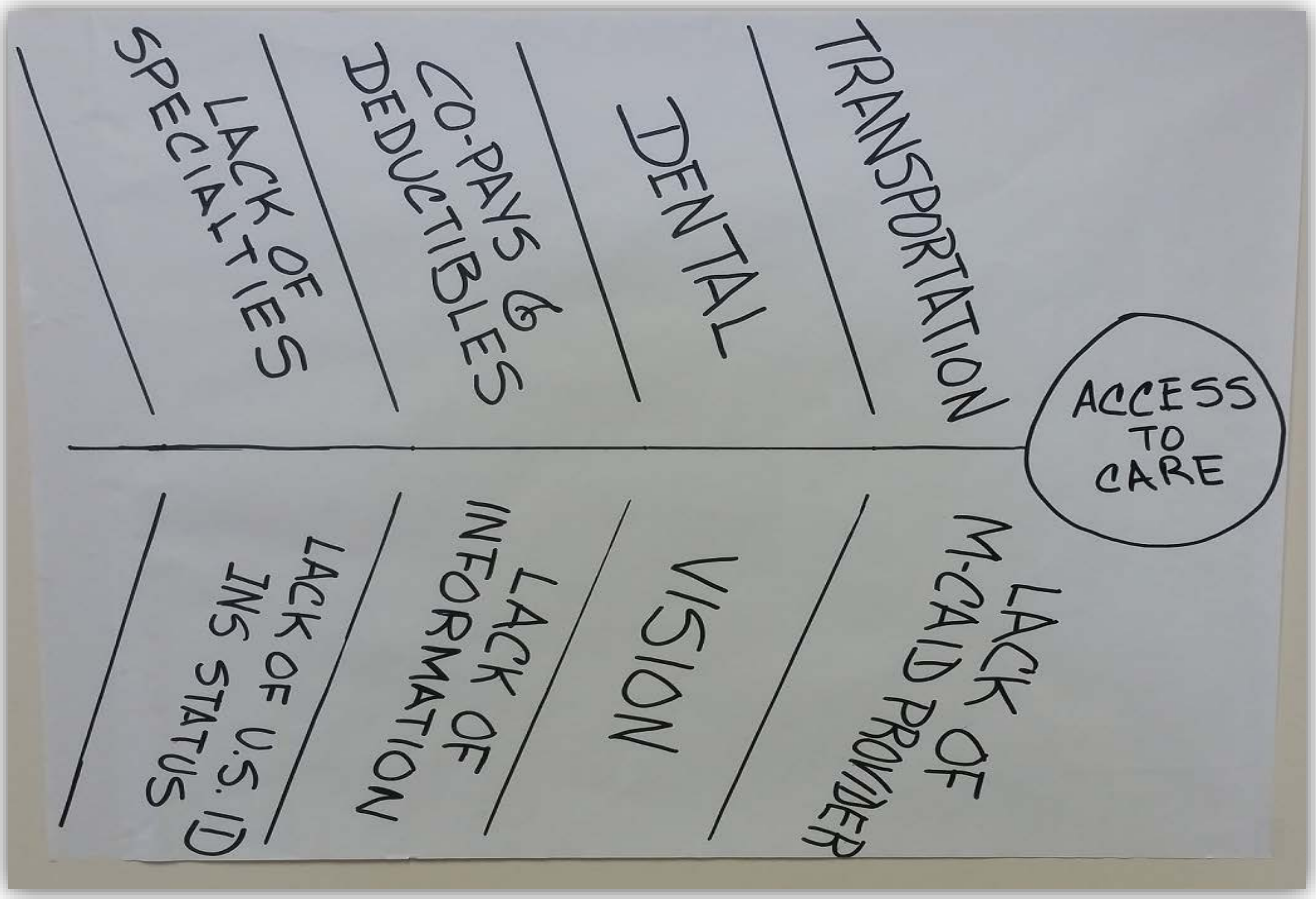
Results from ABCHD CHA/CHIP planning process - in Prioritization Survey results order	Results from the 4 counties Community Health Needs Assessment – no particular order
Need for Jobs	Poverty/loss of jobs
Access to Care	Access to Care
Substance Abuse	Substance Abuse
Physical Activity/Nutrition	Obesity/Nutrition
Teen Pregnancy	

See Appendix 5: ABCHD Prioritization Survey results.

The HCHC coalition meets regularly, a minimum of once per quarter. The coalition's strategic initiative workgroups meet as often as needed, a minimum of once per month. Joint four-county coalition meetings were held on December 16, 2015 and March 30, 2016, during which coalition restructure was discussed and strategic initiatives began to be developed.

A discussion of contributing causes of the health challenges

The HCHC coalition Access to Care workgroup began their first session with a review of the CHNA Community Health Data. The discussion included: resources/assets available in the four-county community to address barriers to access to care; barriers to services such as lack of availability, high cost and lack of insurance coverage; access to vision services, basic dental services, preventative services for higher health risk populations (low income, veterans not service-related need, seniors and the uninsured/underinsured); and transportation/mobility, which based on data from across the 4 counties, is the primary socioeconomic factor affecting access to care. The group agreed that there is a gap between resources available, those who can potentially provide the resource information and those in need of the resource information. After examining and attempting to align with Healthy People 2020 goal of improving access to comprehensive, quality health care services, the workgroup decided to begin reducing barriers to access to care by first focusing on informing the community about the resources already available. The group will begin by assessing the possibility of developing an online Community Resource Guide. See CHIP Strategic Initiative #5 – Access to Care.



Strategic Issue Identification/Goals and Objectives

Strategic Initiative #1 – Coalition Infrastructure Development

The Healthy Choices Healthy Communities coalition's initial partnership consisted of 202 members as of December 2015. With the addition of 2 more counties (Carter Co., Kentucky and Lawrence Co., Ohio) in March of 2016, it is vital to strengthen communication of the partnership's vision and mission as well as the strategic direction internally and externally for the coalition to be successful. It is also important to provide the large number of new and existing partners with tools that will facilitate their communications as part of the process of learning to work together. The Healthy Choices Healthy Communities coalition as a whole is focusing their infrastructure development on improving communications among partners and potential new partners.

Goal #1: Increase active membership in the Healthy Choices Healthy Communities coalition serving Boyd, Carter, Greenup and Lawrence (OH) counties	
Objectives	Date Completed
Aggregate list of potential new coalition partners by September 2016 and issue invitations to join Healthy Choices Healthy Communities coalition, by December 2016.	
Create a calendar and notification strategy of quarterly full Healthy Choices Healthy Communities coalition meetings, by September 2016.	
Grow each chartered workgroup by a minimum of three new members, by December 2016.	
Substance Abuse	*April 2016*
Obesity	*December 2016*
Poverty	*December 2016*
Access to Care	*May 2016*

Goal #2: Develop a communication plan for Healthy Choices Healthy Communities coalition activities.	
Objectives	Date Completed
Healthy Choices Healthy Communities coalition communication plan, by March 2017.	
Purchase a HCHC coalition Basecamp subscription for Healthy Choices Healthy Communities Coalition strategic priorities workgroups, by August 2017.	OLBH sponsored one year subscription January 12, 2017
Assist coalition member Scott Murphy to schedule and prepare a Basecamp training for all HCHC coalition strategic priorities workgroups, by September 2017.	
Train at least one member of each Healthy Choices Healthy Communities coalition strategic priorities workgroups in the practical use of Basecamp, by October 2017.	
Research funding sources for the 2018 Basecamp subscription, by November 2017.	
Apply for 2018 HCHC coalition Basecamp subscription funding, by December 2017.	
Implement Healthy Choices Healthy Communities coalition strategic priorities workgroups Basecamp, by January 2018.	

Individuals/organizations that have accepted responsibility for implementing this goal.
Lead Agency: Greenup County Health Department
Partner Organizations: King's Daughters Medical Center, Our Lady of Bellefonte Hospital

Goal #3: Promote the Healthy Choices Healthy Communities coalition in the partnership's four counties.	
Objectives	Date Completed
Greenup County Health Department will apply for the Community Health Action Team (CHAT) funding for the promotion of the Healthy Choices Healthy Communities coalition, its mission, vision and activities, in the four partnership counties, by September 30, 2016.	
Increase the HCHC coalition active membership, with a special focus on Carter Co., Kentucky and Lawrence Co., Ohio by 10% (7 members), by December 2017.	
Increase awareness of Healthy Choices Healthy Communities coalition mission, vision and activities in Social Media, by December 2018.	
Formulate an advertising campaign to boost HCHC coalition membership and increase coalition visibility, by December 2018.	
Increase awareness of the Healthy Choices Healthy Communities coalition by placing a minimum of one radio advertisement, by December2018.	

Strategic Initiative #2 – 2-1-1 Service

Individuals/organizations that have accepted responsibility for implementing the strategy upon securing sustainability funding.
Healthy Choices Healthy Communities coalition Advisory Committee: Laura Patrick–King's Daughters Medical Center, Chuck Charles--Our Lady of Bellefonte Hospital, Maria Hardy—Ashland-Boyd County Health Department, Chris Crum--Greenup County Health Department, Laura Brown--Ironton City Health Department, Elaine Corbitt--King's Daughters Medical Center, Linda Firebaugh--Hillcrest Bruce Mission, Debbie Fisher--Lawrence County Health Department, Todd Jones--Lawrence County, Ohio AFCFC, Diva Justice--Our Lady of Bellefonte Hospital, Ann Perkins--Safe Harbor, Kristina Perry--Russell Independent Schools.
Partner Organization: Jerri Compton–United Way of Northeast Kentucky

As the strategic priorities' workgroups began meeting to discuss the approach to their focus areas, members of the coalition Advisory Committee, assisting the workgroups meetings, identified a common immediate goal that had been discussed at every strategic priority workgroup. The goal was to develop a resource guide that would connect those needing information, services or assistance to the available and appropriate resources in their community, in a timely and effective manner. According to data and information gathered from established 2-1-1 call centers, there is also potential for a positive impact on health by the population's ability to address multiple social determinants of health with equal access to community resources and services information; in particular for those population groups at higher health risk for poorer health outcomes identified during the CHA/CHIP process.

The HCHC coalition Advisory Committee together with coalition partner United Way of Northeast Kentucky have taken responsibility in the attempt to bring 2-1-1 service to the following coalition counties: Boyd, Greenup and Carter

counties in Kentucky. In addition, 2 counties in Kentucky that are not part of the coalition will also have access to the 2-1-1 service.

The 2-1-1 service will provide free comprehensive information and referral to community services for anyone in need of these resources. The comprehensive database of community resources and services will also be available online, accessible to anyone at no cost. The coalition Advisory Committee's principal barrier to implementing the 2-1-1 service for the 5 counties is sustainability cost.

Goal #1: Establish 2-1-1 service for Boyd, Greenup, Carter, Elliott, and Lawrence County, Kentucky.	
Objectives	Date Completed
Provide an opportunity for the workgroups to bring a representative of the United Way of the River Cities to a workgroup meeting to explain 2-1-1 service and answer workgroup member questions, by September 2016.	
Explore the possibility for bringing 2-1-1 service to the HCHC coalition counties through community partner United Way of Northeast Kentucky, by September 2016	
Initiate communications between the HCHC coalition Advisory Committee, United Way of Northeast Kentucky and United Way of the Bluegrass to determine what is needed to establish 2-1-1 service in the HCHCC counties, by December 2016.	
Research the following needs for the implementation of United Way of Northeast Kentucky 2-1-1 service area, by May 2017:	
Funding alternatives for implementation	
Telecommunications infrastructure	Sept. 2016
Sustainability funding	
Gather community support and financial support for sustainability from United Way of Northeast Kentucky counties (Lawrence Co., and Elliott Co., Kentucky) and the FIVCO Board members that are not part of the Healthy Choices Healthy Communities coalition to bring 2-1-1 service, by November 2016.	
Organize meeting(s) with county officials, HCHC coalition community partner organizations, leaders, FIVCO board, and stakeholders from all United Way of Northeast Kentucky counties to gather community support and financial support for the sustainability of 2-1-1 service, by March 2017.	
Provide a speaker from United Way of the Bluegrass for organized meeting(s) to present detailed information regarding 2-1-1 service and answer questions, by March 2017.	
If sustainability funding is secured, Implement 2-1-1 service for all United Way of Northeast Kentucky counties (Boyd, Greenup, Carter, Elliott, Lawrence), by November 2017.	

Strategic Initiative #3 – Substance Abuse

Individuals/organizations that have accepted responsibility for implementing the strategy.
Workgroup Leader: Scott Murphy–Ramey-Estep Homes, Inc. Workgroup Members: Tim Hazelett—Cabell-Huntington Health Department, Laura Gilliam—United Way of the River Cities, Elaine Corbitt--King's Daughters Medical Center, Sallie Schisler--Christ Episcopal Church, Sherri Stamper--Greenup Co. Health Dept., Eve Greene--Greenup Co. Health Dept., Jennifer Burchett–Ashland-Boyd Co. Health Dept., Linda Firebaugh--Hillcrest Bruce Mission, Melissa McKenzie--Our Lady of Bellefonte Hospital, Cathy Anderson–Ashland-Boyd Co. Health Dept., Mollie Stevens--IMPACT Prevention, Maria Hardy--Ashland-Boyd Co. Health Dept.

The Substance Abuse workgroup is focusing their efforts on the development and education of their workgroup as well as research of evidence-based practices and gathering of data for gap analysis. Two workgroup member organizations are implementing a goal to reduce the spread of communicable disease among intravenous substance abusers. Two workgroup member organizations are partnering between 2016 and 2019 school years, to provide substance abuse prevention education in 3 school districts consecutively. The workgroup has not identified a need for policy development in connection with their objectives, at this time. The group will assess a potential need for policy development related to an evidence-based substance abuse prevention strategy in school settings and/or other long-term substance abuse workgroup strategy, during their yearly progress review.

Goal #1: Development of Substance Abuse Workgroup	
Objectives	Date Completed
Identification of lead workgroup members for planning and steering of the workgroup, by May 2016.	May 25, 2016
Conduct monthly workgroup meetings from April to November 2016.	November 2016
Intervention 1: Highlight a different agency in the community during monthly meeting from May to November 2016.	November 2016
Intervention 2: Document/Record of monthly meetings with agenda and meeting minutes from April to November 2016.	November 2016
Emphasize recruitment of agency representatives related to Substance Abuse, by May 2016.	May 18, 2016

Goal #2: Contribute resources to 2-1-1 project.	
Objectives	Date Completed
Identify community resources related to Substance Abuse, by October 2016.	October 27, 2016
Educate Substance Abuse workgroup about 2-1-1 project, by August 2016.	August 11, 2016

Organizations that have accepted responsibility for the implementation of this goal.
Lead Agency: Ashland-Boyd County Health Department Community Organizations: Ashland City Commission, Boyd County Fiscal Court, CAReS (Community Assistance and Referral Services, Inc.), Neighbors Helping Neighbors, Healthy Choices Healthy Communities Coalition, Kentucky HARM Reduction Coalition.

Goal #3 Reduce the spread of communicable disease among intravenous substance abusers in Boyd County.	
Objectives	Completed
Implement a Syringe Exchange Program in Boyd County, by July 2016.	
Provide Syringe Exchange Program information/updates at Healthy Choices Healthy Communities coalition Substance Abuse workgroup monthly meetings.	5 updates--2016
	12 updates--2017
	12 updates--2018
Present 3 Syringe Exchange Program annual reports to the Healthy Choices Healthy Communities coalition Substance Abuse workgroup, by October 2019.	

Organizations that have accepted responsibility for the implementation of this goal.
Lead Agency: Greenup County Health Department Community Organizations: Pathways, Greenup City Council, Greenup County Fiscal Court, Healthy Choices Healthy Communities Coalition.

Goal #4 Reduce the spread of communicable disease among intravenous substance abusers in Greenup County.	
Objectives	Completed
Implement a Syringe Exchange Program in Greenup County, by April 2017.	
Provide Syringe Exchange Program information/updates at Healthy Choices Healthy Communities coalition Substance Abuse workgroup at monthly meetings, quarterly.	3 updates--2017
	4 updates--2018
	4 updates--2019
Present 3 Syringe Exchange Program annual reports to the Healthy Choices Healthy Communities coalition Substance Abuse workgroup, by October 2019.	

Organizations that have accepted responsibility for the implementation of this goal.
Community Organizations: King's Daughters Medical Center, Ashland-Boyd County Health Department

Goal #5 Provide Substance Abuse Prevention Education in School settings	
Objectives	Completed
Establish partnership with at least 3 school districts to provide substance abuse prevention education in topics such as: tobacco cessation, drug education, vaping and/or prevention of tobacco product use, by 2019.	By 2019 KDMC
	10-20-2016 ABCHD
Provide substance abuse education in school districts by KDMC Wellness Educator, by 2019.	
Provide the Smart Mouth Tobacco Education Program by ABCHD Health Educator to 3 Boyd Co. school districts middle school aged youth during the 2016-2017 school year.	

Strategic Initiative #4 – Obesity

Individuals/organizations that have accepted responsibility for implementing the strategy.
Workgroup Leader: Kim Bayes–KDMC Center for Healthy Living Workgroup members: Kristina Perry--Greenup County Community Education, Jody Renfroe--Our Lady of Bellefonte Hospital, Mary Beth Lacy--Aetna Better Health Kentucky, Lena Burdette--United Way of the River Cities, Lora Pullin--Greenup County Extension Office, Sarah Holub--YMCA Huntington, WV, Debbie Fisher--Lawrence Co. Health Department (Ohio), Darrell Fry--Lawrence Co. Community Action, Carolyn Hopper--Area Agency on Aging 7, Suzanne Smith--retired citizen, Jennifer Burchett–Ashland-Boyd County Health Department, Ciara Ragains–Ashland-Boyd County Health Department and Our Lady of Bellefonte Hospital, Matthew Robinson--Our Lady of Bellefonte Hospital

The HCHC coalition Obesity workgroup members identified as a first priority their need to gather information about all the programs and activities available in the four counties that are focused on healthy eating and physical activity. After gaining a clear understanding of HCHC coalition partners' and non-partners' programs and activities, the group will be working on promoting programs currently available, developing their workgroup by learning to work together, encouraging active membership, identifying target audience(s) and the implementation of a strategy and/or policy that will improve their target audience(s)' health through healthy eating and/or physical activity. On January 24, 2017, members elected to rename their workgroup "Wellness Together".

Goal #1: Establish a strong participation in the HCHC coalition Obesity workgroup.	
Objectives	Date Completed
Identify an Obesity workgroup leader, by September 2016 whose primary responsibilities include engaging workgroup members and/or their representatives to participate in workgroup meetings.	Sept. 2016
Expand the Obesity workgroup membership by at least 3 members, by December 2016.	Dec. 2016
Identify key stakeholders/community partners to be invited to a ***Lunch and Learn*** program, by December, 2017.	

Goal #2: Identify and promote programs and services available in the community for healthy eating and physical activity.	
Objectives	Date Completed
Apply for Aetna Better Health of Kentucky funding to promote healthy eating and physical activity in the HCHCC counties with one event and one outreach project, by January 2017.	
Gather information about programs and services provided by members and non-members of the Obesity workgroup that address healthy eating and/or physical activity, via survey monkey, by March 2017.	
Present information gathered to the HCHCC at their quarterly meeting, by March 2017.	
Develop obesity reduction and/or prevention workgroup focus for the next 2 years based on: Identification of target audience(s), review of existing programs/activities, and workgroup members' research of programs/activities, by October 2017.	
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Objectives	Date Completed
Develop a HCHC coalition Obesity workgroup handout that promotes healthy eating and physical activity and list every HCHC coalition Obesity workgroup partner program/activity available, by December 2017.	
Identify gaps in programs and/or participants based on information gathered, by December 2017.	
Schedule a presentation of Obesity workgroup members' programs and activities already available in the community that promote nutrition and physical activity and distribution of HCHC coalition Obesity workgroup handout at ***Lunch and* Learn** program, by December 2017.	
Present a Lunch and Learn program, by September 2018.	

Goal #3: Identify and implement evidence-based, promising practice or innovative approach directed toward the Obesity workgroup target audience(s)	
Objectives	Date Completed
Workgroup members research and propose an approach to obesity reduction and/or prevention at monthly meetings. Complete by June 2018.	
Research funding opportunities for implementation/improvement of a new or existing program/activity directed toward the Obesity workgroup target audience(s), by June 2018.	
Select and implement program/activity/intervention directed to Obesity workgroup target audience(s), by October 2018.	
Expand the Obesity workgroup membership by at least 2 members, by October 2018.	

Strategic Initiative #5 – Poverty

Individuals/organizations that have accepted responsibility for implementing the strategy.
Workgroup Leader: Chris Crum--Greenup County Health Department Workgroup members: Dr. E.W. Unmikrishnan, Bob Hammond--Our Lady of Bellefonte Hospital, Jerri Compton--United Way of Northeast Kentucky, Chuck Charles--Our Lady of Bellefonte Hospital, Geri Willis--Ashland Independent Schools, Erin Fannin--Greenup Co. Health Dept., Mike Pearson--Citizen, Kennetta Freholm--Kentucky Office for the Blind.

The Poverty workgroup has elected to rename their group Socioeconomic Challenges Workgroup. Their overarching goal is "*To advocate for and promote sustainable socioeconomic parity with and community development for Boyd, Greenup, and Carter Counties, Kentucky and Lawrence County, Ohio in Appalachia."* To achieve this goal, the workgroup has created a 2016 to 2018 strategic plan timeline divided in smaller goals focused on gathering information by conducting community surveys and focused groups as well as researching best practice and seeking technical assistance. The results of the gathered data analysis will provide the workgroup a solid foundation to develop goals and objectives for a long-range Socioeconomic Challenges Workgroup Strategic Plan that will include policy development considerations.

Goal #1: Create an operational definition of poverty and increase active membership in the Healthy Choices Healthy Communities coalition's Socioeconomic Challenges workgroup serving Boyd, Carter, Greenup counties in Kentucky, and Lawrence County, Ohio.	
Objectives	Date Completed
Research and define an operational definition(s) of poverty to inform the work of the group, by December 2016.	
Identify and invite potential new coalition partners to join the Healthy Choices Healthy Communities coalition's Socioeconomic Challenges workgroup, by February 2017.	
Schedule and hold bi-monthly Socioeconomic Challenges workgroup meetings and attend quarterly HCHC coalition meetings regularly from December 2016 to December 2018.	

Goal #2: Contact and connect with experts in the field to inform the workgroup of the scope of poverty (and symptoms) in the northeastern service counties of Boyd, Greenup Counties in Kentucky and Lawrence County in Ohio by Dec. 2016 - Jan. 2017	
Objectives	Date Completed
Contact and connect with KY Youth Advocates to gather data from the KY KIDS Count profiles for the Kentucky service counties & OH KIDS Count for Lawrence Co., Ohio, by December 2016.	
Contact and connect with University of Kentucky Appalachian Center & Appalachian Studies to gather information about cultural indicators of poverty and assistance with community development activities in the service counties of Appalachia, by December 2016.	
Contact and connect with Shaping our Appalachian Region (SOAR) and the Ashland Alliance to gain information about strategic plans for economic development for the service counties, by January 2017.	

Goal #3: Research leading/best practices in the reduction/elimination of poverty.	
Objectives	Date Completed
Contact and connect with University of Kentucky Center for Poverty Research to inquire about evidence-based prevention/intervention programs dealing with reducing/eliminating poverty in Kentucky. Contact similar organizations from Ohio University, by May 2017.	
Contact and connect with KY Youth Advocates to inquire about evidence-based prevention/intervention programs dealing with reducing/eliminating poverty in Kentucky, by May 2017.	
Contact the Appalachian Regional Commission to inquire about evidence-based prevention/intervention programs dealing with reducing/eliminating poverty in service counties of Kentucky and Ohio, by May 2017.	

Goal #4 Develop and implement a survey to gather information about poverty in the service counties.	
Objectives	Completed
Contact and connect with University of Kentucky Appalachian Center & Appalachian Studies and the KY Youth Advocates to solicit technical assistance in developing and administering a survey/questionnaire, and to gather information from those living in poverty in counties of Appalachia, by March 2017.	
Develop survey instrument/questionnaire to administer to target audience by August 2017.	
Administer survey instrument/questionnaire to target audience by September 2017.	

Goal #5 Conduct community and focused conversations, and consultations with community organizations and groups, key informants, general public, and those living in poverty.	
Objectives	Completed
Contact and connect with University of Kentucky Center on Poverty and the University of Kentucky Appalachian Center & Appalachian Studies, KY Youth Advocates, and others to solicit technical assistance in developing and conducting community and focused conversations, and consultations with community organizations and groups, key informants, general public, and those living in poverty to gather information about poverty (focus areas and solutions) in the service counties, by March 2017.	
Conduct community focused conversations, and consultations with community organizations and groups, key informants, general public, and those living in poverty to gather information about the focus areas and solutions in the service counties, by September 2017.	

Goal #6 Review and revise Strategic Focus areas as indicated by data analysis by September 2017.	
Objectives	Completed
The Socioeconomic Challenges workgroup and other stakeholders will analyze and interpret poverty data gathered from surveys, focused conversations, and other data collection sources, by October 2017.	
The Socioeconomic Challenges workgroup and other stakeholders in collaboration with technical assistance sources will review and revise poverty focus areas based on data analysis and present the data to the HCHC coalition, by December 2017.	

Goal #7 Socioeconomic Challenges *workgroup goals, objectives, and activities for the long-range Socioeconomic Challenges Strategic Focus Plan.*	
Objectives	Completed
The Socioeconomic Challenges workgroup will present a training/workshop session for the HCHC coalition and other interested stakeholders on the development of a long-range Socioeconomic Challenges Strategic Focus Plan, by December 2017.	
Develop and present the long-range Socioeconomic Challenges Strategic Focus Plan to the HCHC coalition, seek approval of the plan, and disseminate information about the plan, by January 2018.	
Begin implementation of the long-range Socioeconomic Challenges Strategic Focus Plan for the service counties, by January 2018.	

Goal #8: Prepare written quarterly reports for the Healthy Choices Healthy Communities coalition and post information on the website for stakeholders' input beginning December 2016 and ongoing.	
Objectives	Date Completed
The Socioeconomic Challenges workgroup chairperson and committee members will present a written report for the HCHC coalition at each quarterly meeting, by January 2018 and quarterly thereafter.	
The Socioeconomic Challenges workgroup chairperson will post website updates of the group's work each quarter, along with requests for feedback, by January 2017 and ongoing.	

Strategic Initiative #6 – Access to Care

Individuals/organizations that have accepted responsibility for implementing strategy.
Workgroup Leader: Diana Williams–Our Lady of Bellefonte Hospital Workgroup members: Melitza Sowley–Ashland-Boyd Co. Health Dept., Melinda Crisp–Ashland-Boyd Co. Health Dept., Sandra Johnson--Our Lady of Bellefonte Hospital, Terra Kidd--Kentucky Homeplace, Carol Allen--Ironton in Bloom/Ironton Community Action/Our Lady of Bellefonte Hospital Board Member, Brandy Preston--Our Lady of Bellefonte Hospital, Vicki Green--FIVCO Area Agency on Aging, Laura Patrick--King's Daughters Medical Center, Holly West--Our Lady of Bellefonte Hospital, Nancy Lewis--Lawrence County CAO, Reba Henderson--Northeast KY Community Action Agency, Gary Roberts--Ironton-Lawrence Co. CAO, Cindy Brown--Ironton-Lawrence Co. CAO, Deanna Jessie--CHFS KPAP Health Care Access Branch, Tracy McGuire--Primary Plus.

The Access to Care workgroup has selected to focus their efforts on improving the public's access to information and referral to community services by creating an online comprehensive database of community resources for the Healthy Choices Healthy Communities coalition's four counties. The online database will be available to human services professionals as well as the public. Accessibility to all community resources available will have a positive impact on vulnerable populations such as low income, homeless, seniors, uninsured and under-insured. The Access to Care workgroup has not identified a need for policy development for the achievement of strategy objectives. The workgroup will assess a potential need for policy development during the strategy progress review.

*Goal #1: Develop a focused approach to **increasing access to care** for the four-county area of Boyd, Carter, Greenup (KY) and Lawrence (OH).*	
Objectives	Date Completed
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 June 2016.	June 29, 2016
Identify an Access to Care workgroup leader, by March 2016 whose primary responsibilities include maintaining contact information for workgroup members and working with members to set meeting dates and times.	March 30, 2016
Complete a list of area resources and expertise available to contribute to the Access to Care workgroup, by May 2016.	May 12, 2016
Based on data review and review of resources/expertise, identify the target population to which the access to care activities will direct activities/interventions.	June 14, 2016

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.	
Objectives	Date Completed
Complete a review of evidence-based and/or promising practices directed toward the workgroup's access to care focus and the target audience selected, by June 2016.	June 14, 2016
Based on data, review of area resources and review of evidence-based or promising practices, identify by June 2016, an intervention for implementation in the four-county Healthy Choices Healthy Communities coalition area.	June 14, 2016
Develop an implementation calendar of intervention activities, by July 2016.	July 20, 2016

Goal #3: Expand coalition impact on access to care	
Objectives	Date Completed
Identify additional evidence-based and/or promising practices for funding sources for increasing access to care in the four-county Healthy Choices Healthy Communities coalition area, by December 31, 2016.	
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, by March 30, 2017.	
Develop an implementation calendar of intervention activities, by June 30, 2017.	

Organizations that have accepted responsibility for implementing this goal.
Community organizations: King's Daughters Medical Center

Goal #4: To improve access to comprehensive, quality health care services for the achievement of health equity (HP2020).	
Objectives	Date Completed
Increase the number of successfully scheduled same day appointment rates by 1% annually, in Primary Care settings. Baseline: FY-16 1.4%	
Promote KDMC "24/7 Care line" free public access, for a nurse to answer medical questions, get advice about needed services and prescription refill from 2018 to 2019.	

Communication and Distribution Plan

From May to November 2015, ABCHD provided opportunities for the community-at-large to review and contribute to the assessment. The Healthy Choices Healthy Communities Coalition was presented a summary of the CHA/CHIP planning process from the forums and the preliminary findings at the coalition's meeting on May 20, 2015. A summary of the Community Health Assessment and Community Health Improvement Planning forums as well as the preliminary findings were posted at the ABCHD website with a link to a prioritization survey of the health-related issues of most concern in the community with opportunity to submit comments and suggestions.

Ashland-Boyd County Health Department led a Community Health Assessment and participated in a Community Health Needs Assessment. The Healthy Choices Healthy Communities Coalition developed and implemented a Community Health Improvement Plan on February 7, 2017.

The CHA/CHIP document was distributed to the Healthy Choices Healthy Communities Coalition members and other community partners, the Ashland-Boyd County Health Department's Board of Health and staff electronically. A printed version of the CHA/CHIP document was disseminated to city and county officials, the Healthy Choices Healthy Communities Coalition Advisory Committee and workgroup leaders, local hospitals, other community organizations, the libraries and ABCHD Board of Health.

For public access to the assessment and plan, Ashland-Boyd County Health Department Community Health Assessment and the Healthy Choices Healthy Communities Coalition Community Health Improvement Plan are posted on ABCHD's website at http://www.abchdkentucky.com/ and a link to the document is posted on ABCHD's Facebook page.

Appendix 1:

Local Public Health System Assessment – 10 Essential Public Health Services

EPHS #1 – Monitor Health Status to Identify Community Health Problems

Ashland Public Schools-- Collect academic and non-academic data to drive instructions and program delivery.	LHD-- Epidemiology/Environmental reportable disease data.	KDMC--Health screenings, education programs/events, collect data.	Hillcrest Bruce Mission-- Food Pantry
OLBH--Health Screenings, Collect Data.	FIVCO Area Health Development District-- Sign up individuals for low-income assistance with Medicare Part D and Provide direction to them to appropriate resources should there be a further need.	FIVCO--Needs assessment survey for elderly.	Monitor waitlists for elderly services.
Ashland Head Start--Collect Data on all children's health for school shots, Physical, HGB, Lead, Dental, Vision, Mental, Developmental.			

EPHS #2 – Diagnose and Investigate Health Problems

City of Ashland-- Commission on Human Rights	KDMC--Report as needed & required	Ashland Public Schools: Review health records of incoming students to meet state/district laws/regulations. Inform health officials of health concerns.	FIVCO--Health to facilitate the local senior centers to hold activities for individuals with chronic diseases such as arthritis/COPD, asthma, diabetes, etc.
Ashland Head Start-- Interpret health data to investigate health issues related to preschool.	LHD--Epidemiology/ Environmental-- Reportable disease data.		

EPHS #3 – Inform/Educate and Empower People about Health

Shelter of Hope–-Education about financial budgeting, nutrition classes, and taking care of rental property they live in.	Ashland Head Start–-Inform and educate families of health care needs and issues for healthy children.	Ashland Public Schools–-PE and Health teachers provide prevention education using evidence-based curriculum.	Safe Harbor of NEKY–-Education and Prevention of Domestic Violence & Anti-bullying.
KDMC--Screenings, Employer Wellness programs.	United Way of NEKY--Community outreach: Activities, annual campaign, etc.	KDMC–-Support Groups.	OLBH–-Grocery Store Tours.
OLBH--Health Screening. Faith-based collaboration.	City of Ashland–-Commission on Human Rights.	LHD--Chronic Disease Education.	FIVCO AAA–-ADRC line explains options for meals and comments. Chronic disease self-management programs. Local Elder Abuse Co.

EPHS #4 – Mobilize Community Partnerships

United way of NEKY--Focusing United way funding on agencies/programs with impact initiatives, not just bandage.	OLBH–-Boyd County Head Start: Health Advisory Committee.	FIVCO AAA--Interagency, aging Advisory Council, Local Elder Abuse Co.	KDMC–-Working with social services agencies.
Ashland Public Schools–-Participate in networking and collaboration in numerous coalitions at local, state, and national levels to improve overall health and wellness of students as related to academic success.	Hillcrest Bruce Mission--Low Cost Dental Clinic –-Available to any person without dental insurance.	Shelter of Hope–-Participate in: United way, Boyd Co. Interagency & Greenup Co. Interagency FIVCO Re-Entry Council Other committees/meetings in area.	Rebecca Fletcher–-Ohio University Southern--Working with groups to create relations with grandparents raising children support groups (United Way and Wellcare).

KDMC--Member of Community Health Coalition.	LHD-–Coalition, Partnerships with schools and hospitals.	Ashland Head Start-–Mobilize health services for at-risk children in schools settings, screens, etc.	OLBH-–Health Choices, Health Community partnership.

EPHS #5 – Develop Policies

FIVCO AAA-–Yearly AAA plan and stat plan for aging services.	KDMC-–CHNA every 3 years. Policy change in schools, worksites, early childcare.	Ashland Public Schools--Review and Revise polices to procedures for physical activity and nutrition.	LHD-–Smoke-Free Ordinance, Healthy Food Policy.
Ashland Head Start-–Write plans for health and wellness for children, families, and employees.			

EPHS #6 – Enforce Laws

United way of NEKY-–Ramping up policy/advocacy.	Ashland Head Start-–Enforce state regulation for shots, physicals, and individualized healthcare plan.	LHD--Preparedness, Immunizations, Reportable Disease, Environmental.	Ashland Public Schools--Sets and Enforces school board and school-based decision-making council policies and procedures. Dev and implementation of crisis manual.
OLBH Maintain Accreditation Report Abuse cases.	FIVCO AAA-–Maintain compliance of gaining service providers.		

EPHS #7 – Link to Health

Ashland Head Start-–Refer children and families to Health Services in community.	OLBH-–Free Health Care, Clinic Support, NEKECC & Charity Care.	Hillcrest Bruce Mission-–Referrals for services.	United way of NEKY-–Makes referrals to agencies. Working to develop community resource guide and website.

FIVCO Area Development District--Work with elderly individuals who need additional resources for income assistance with paying for medical insurance "Medicare Savings Plans".	Shelter of Hope-- Communication and Assist. Develop policies and procedures for assistance in locating rental housing, shelter housing, etc. Referrals to other community agencies for help with housing, food, utilities, etc.	KDMC-- Free healthcare Clinic support NECCO Charity Care	LHD—Referrals--MCH, Cancer, HANDS, WIC, WCAP.
Safe Harbor of NEKY-- Referral of Domestic Violence residence to various community service needs: - Pathways - Cares - AA - Hope's Place - etc.	Ashland Public Schools-- Make referrals for school and community-based services for student families.	FIVCO AAA--ADRC Line "Aging & Disability Resource Center".	

EPHS #8 – Assure Competent Workforce

Ashland Public Schools--Provide licensed nurses for schools and provide PD.	FIVCO--Provides training and services for Case Management and in-home direct service providers.	LHD—Emergency Response Team Staff Meetings Trainings State Conference Retail Food Incident Command System	Ashland Head Start-- Education (parent, staff) Educate providers of community health needs for students.
OLBH—Continue Medical Education (CME) and disease-specific updates Licensure	KDMC--CME, Continue Nursing Education (CNE), competency validations, licensure.		

EPHS #9 – Evaluate

Rebecca Fletcher–-Ohio University Southern–-Academic health research Researching how health insurance/ACA impacts access and quality of healthcare.	LHD–-Tobacco Academy, HANDS, QI/Accreditation, Environmental.	OLBH–-Created a new population health position & department. New ACO	FIVCO AAA–-Monitor of aging service providers and wait lists. Folks remaining in own homes.
Ashland Public Schools–-Access outside evaluator for process/program/outcome-based effectiveness of all state/federal grant programs.	United way of NEKY–-Annually reviews organizations in the community who receive funding to determine best practices/ effectiveness.	Ashland Head Start--Program monitoring of health care of students and community health services.	KDMC–-Monitor variety of quality stats at hospital.

EPHS #10 – Research

Shelter of Hope--Executive director on boards of KY housing, COC and local.	City of Ashland–-Commission on Human Rights.	Rebecca Fletcher–-Ohio University Southern–-Research and publication of healthcare access and affordability related to policies.	FIVCO–-Work with regional and national area agencies on aging for new program development.
Ashland Public Schools–-Use of evidence-based programs and practices.	KDMC–-Telehealth remote monitoring, taking health care to employers.	LHD–-MSU grants All our community groups Marshall University	OLBH–-Grant funding Community projects Workforce Health and Health Evaluation.
Ashland Head Start–-Membership to collaborative health forums, dental health coalition, listserv, etc.	United way of NEKY–-Attends or sponsors partners to attend education conferences and participate outside the region to learn.	Boyd EMS–-Modify Protocols to meet new standards and treatment related to new pre-hospital care advancements.	

Appendix 2:

Angela Carman, DrPH
December 16, 2016

Community Forums – Discussion
Common Community Risks

• Substance Abuse / Drug Use	• Lack of Mental Health Resources
• Lack of Cooperation between Organizations	• Lack of Youth Services and Programs
• Lack of Community Transportation	• Lack of Knowledge / Education
• Lack of Healthcare Access	• Lack of Access to Healthy Foods
• Poor Health Culture	• Alcohol Sales

Community Forums – Data Review
Common Issues Among All Counties

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

Substance Abuse Data

Community Forum – Discussion
Concerning Changes Across All Counties

• Increase in Drug Use	• Increase in Alcohol Abuse
• Lost of Employers and Jobs	• KYNECT / ACA
• Decrease in Educated Population	• Increased Poverty

Appendix 3:

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)
Bachelor 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)
Physical Factors					
# of Recreational Facilities (per 100,000)	1	1	3	3	County Business Partners (2013)
Air Pollution - particulate matter days	13.11	13.06	13.08	13.13	CDC Wonder (2011)

Indicators	Greenup	Carter	Boyd	Lawrence (OH)	Data Source
Access to Care					
Primary Care Providers (per 100,000)	51.5	18.1	129.4	44.8	Area Health Resources Files (2011)
Immunization Coverage for ages 19-35mo (%)	86.0%	83.0%	86.0%	-	Kentucky Health Facts (2007)
Uninsured Adults (% under 65 years)	16.9%	18.8%	16.0%	13.4%	Small Area Health Insurance Estimates (2013)
Uninsured Children (% under 19 years)	5.7%	7.0%	5.9%	5.8%	Small Area Health Insurance Estimates (2013)
Mentally unhealthy days: adults (per person; age-adjusted)	4.2	5.2	5.1	3.8	BRFSS (2006—2012)
Maternal & Child Health					
Teen Birth Rate (ages 15-19; rate per 1,000)	43.8	52.9	44.6	39.2	National Vital Statistics System-Natality (2013)
Pregnant Women Receiving Adequate Prenatal Care (%)	62.0%	56.0%	59.0%	-	Kentucky Health Facts (2008—2012)
Number of Child Victims Of Substantiated Abuse	232	110	331	-	KIDS Count Data Center (2013)
Low birth weight deliveries (%)	9.6%	10.8%	9.1%	6.5%	National Vital Statistics System-Natality (2011—2013)
Moms Who Smoked During Pregnancy (%)	26.2%	31.3%	30.9%	-	Kids Count Data Center (2010—2012)
Early Childhood Obesity (age 2-4yrs; %)	15.2%	21.1%	14.0%	51.0%	Kids Count Data Center (2010)
Diabetes Indicators					
Diabetes Screenings (% of Medicare enrollees that receive screening)	86.5%	85.2%	84.6%	79.4%	Dartmouth Atlas of Health Care (2012)
% of adult population with diabetes (age-adjusted)	11.3%	11.4%	10.2%	13.1%	BRFSS (2005—2011)
Cancers					
Cancer Deaths (rate per 100,000; age-adjusted)	210.2	231.2	202.9	208.5	National Vital Statistics System-Mortality (2011—2013)
Lung, trachea, and bronchus cancer deaths (rate per 100,000; age-adjusted)	74.5	82.2	68.2	69.1	National Vital Statistics System-Mortality (2011—2013)
Colorectal Cancer Deaths (rate per 100,000; age-adjusted)	19.3	18.8	20.2	19.3	National Vital Statistics System-Mortality (2011—2013)
Breast Cancer Deaths (rate per 100,000; age-adjusted)	24.7	35.7	25.0	21.1	National Vital Statistics System-Mortality (2009—2013)
Respiratory Illness					
Adults with Asthma (%)	13.0%	18.0%	19.0%	-	Kentucky Health Facts (2011—2013)
Number of Inpatient Hospitalizations due to Asthma (0-17yrs olds)	41	43	84	-	2009-2011 KY Cabinet for Health and Family Services

Indicators	Greenup	Carter	Boyd	Lawrence (OH)	Data Source
Total # of Drug Overdose Hospitalizations					
All Drugs	176	161	402	-	KSPAN
Heroine	-	-	5	-	KSPAN
Pharmaceutical Opioids	46	47	92	-	KSPAN
Benzodiazepine	43	42	113	-	KSPAN
Total # of DUI Arrests					
Adult	135	155	315	-	Kentucky State Police (2014)
Juvenile	0	1	2	-	Kentucky State Police (2014)
Male	104	123	241	-	Kentucky State Police (2014)
Female	31	33	76	-	Kentucky State Police (2014)
White	131	154	309	-	Kentucky State Police (2014)
African-American	3	2	6	-	Kentucky State Police (2014)
Total	135	156	317	-	Kentucky State Police (2014)
Total Number of Arrests by Drug Type					
Opium or Cocaine and Their Derivatives	4	5	35	-	Kentucky State Police (2014)
Marijuana	39	37	120	-	Kentucky State Police (2014)
Meth	20	18	32	-	Kentucky State Police (2014)
Heroin	3	26	63	-	Kentucky State Police (2014)
Other Drugs and Synthetic Narcotics	64	85	276	-	Kentucky State Police (2014)
Total	130	171	526	-	Kentucky State Police (2014)
Total Number of Collisions Involving Drunk Drivers					
Fatal Collision	1	1	0	-	Kentucky State Police (2014)
Injury Collisions	11	10	13	-	Kentucky State Police (2014)
Property Damage Collisions	14	7	25	-	Kentucky State Police (2014)
Total	26	18	38	-	Kentucky State Police (2014)

Indicators	Greenup	Carter	Boyd	Lawrence (OH)	Data Source
Total Number of Drivers Under Influence of Drugs					
Fatal Collisions	1	2	3	-	Kentucky State Police (2014)
Injury Collisions	2	5	9	-	Kentucky State Police (2014)
Property Damage Collisions	5	1	14	-	Kentucky State Police (2014)
Total	8	8	26	-	Kentucky State Police (2014)
Total Number of All Controlled Substance Doses					
Hydrocodone	321,759	153,502	204,613	-	KASPER (2015)
Oxycodone	227,514	109,487	163,202	-	KASPER (2015)
Naloxone	59,899	54,575	53,507	-	KASPER (2015)
Total	1,633,937	764,652	1,073,548	-	KASPER (2015)
Total # of Drug Overdose Deaths	48	39	65	-	KSPAN

Appendix 4:

State and National Level Data

Indicators	Ohio	Kentucky	US	Data Source
Social Factors				
Population	11,594,163	4,413,457	318,857,056	US Census Bureau (2014)
Race Stats White (%)	83.0%	88.5%	74.0%	US Census Bureau (2014)
African-American (%)	12.6%	8.2%	12.6%	US Census Bureau (2014)
Hispanic (%)	3.5%	3.3%	16.6%	US Census Bureau (2014)
High School Graduation Rate (% of persons age 25+)	88.5%	83.0%	85.9%	US Census Bureau (2009—2013)
Bachelor 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)
Behavioral Factors				
Prevalence of Adult Smoking (%; age-adjusted)	21.7%	26.1%	21.7%*	BRFSS (2006—2012)
Prevalence of Youth Smoking (% of High School Students)	7.4%	9.5%	6.1%	SAMHSA (2012--2013)
Adult Prevalence of Obesity (%; age-adjusted)	29.6%	31.0%	30.4%*	BRFSS (2006—2012)
Sexually Transmitted Infection (Chlamydia rate per 100,000)	460.3	394.3	453.3	STD Surveillance System (2012)
Binge drinking: adults (%; age-adjusted)	17.4%	11.5%	16.3%*	BRFSS (2006—2012)
No exercise: adults (% ; age-adjusted)	24.8%	28.7%	25.9%*	BRFSS (2006—2012)

Indicators	Ohio	Kentucky	US	Data Source
Cont. Behavioral Factors				
Recommended Fruit and Vegetable Intake (% adults)	-	11.0%	-	Kentucky Health Facts (2011--2013)
Flu Vaccination in the Past Year (% adults)	-	39.0%	-	Kentucky Health Facts (2011--2013)
Tooth Loss (% of adults missing 6 or more teeth)	-	23.0%	-	Kentucky Health Facts (2011--2013)
Physical Factors				
# of Recreational Facilities (per 100,000)	1,099	328	30,393	County Business Partners (2013)
Air Pollution--particulate matter days	13.49	13.47	11.3	CDC Wonder (2011)

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)
Maternal & Child Health				
Teen Birth Rate (ages 15-19; rate per 1,000)	27.2	39.5	26.5	National Vital Statistics System--Natality (2013)
Pregnant Women Receiving Adequate Prenatal Care (%)	-	66.0%	-	Kentucky Health Facts (2008—2012)
Number of Child Victims Of Substantiated Abuse	-	17,917	-	KIDS Count Data Center (2013)
Low birth weight deliveries (%)	8.5%	8.8%	8.0%	National Vital Statistics System--Natality (2011—2013)
Moms Who Smoked During Pregnancy (%)	17.0%	22.6%	-	Kids Count Data Center (2010—2012)
Third Graders Overweight and Obese (age 2-4 years; %)	34.7%	15.6%	-	Kids Count Data Center (2010)

Indicators	Ohio	Kentucky	US	Data Source
Diabetes Indicators				
Diabetes Screenings (% of Medicare enrollees that receive screening)	84.4%	85.2%	84.6%	Dartmouth Atlas of Health Care (2012)
% of adult population with diabetes (age-adjusted)	8.4%	9.4%	8.1%*	BRFSS (2005—2011)
Cancers				
Cancer Deaths (rate per 100,000; age-adjusted)	181.7	200.5	166.2	National Vital Statistics System--Mortality (2011—2013)
Lung, trachea, and bronchus cancer deaths (rate per 100,000; age-adjusted)	53.3	69.1	44.7	National Vital Statistics System--Mortality (2011—2013)
Colorectal Cancer Deaths (rate per 100,000; age-adjusted)	16.5	17.4	14.9	National Vital Statistics System--Mortality (2011—2013)
Breast Cancer Deaths (rate per 100,000; age-adjusted)	23.5	22.5	21.6	National Vital Statistics System--Mortality (2009—2013)
Respiratory Illness				
Adults with Asthma (%)	-	15.0%	-	Kentucky Health Facts (2011—2013)
Number of Inpatient Hospitalizations due to Asthma (0-17year olds)	-	6,837	-	2009--2011 KY Cabinet for Health and Family Services

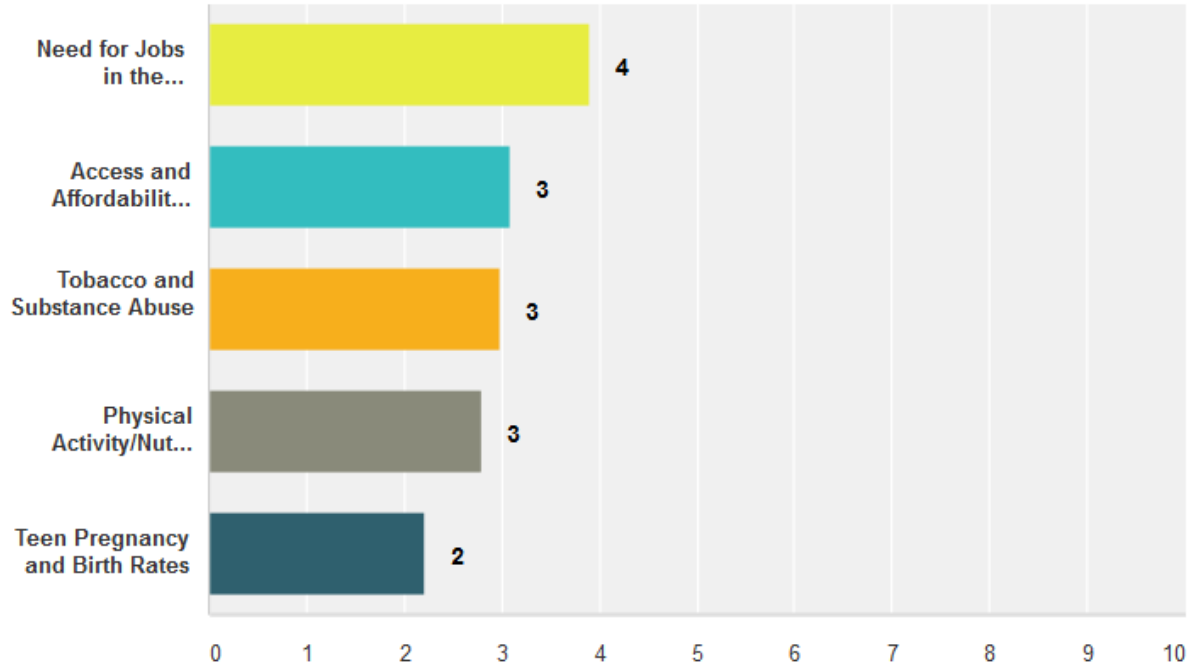
Indicators		Ohio	Kentucky	US	Data Source
Total # of Drug Overdose Hospitalizations					
All Drugs		-	29,683	-	KSPAN
Heroine		-	610	-	KSPAN
Pharmaceutical Opioids		-	6,720	-	KSPAN
Benzodiazepine		-	8,239	-	KSPAN
Total # of DUI Arrests					
Adult		-	22,427	-	Kentucky State Police (2014)
Juvenile		-	112	-	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)	

Indicators	Ohio	Kentucky	US	Data Source
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)
Total Number of Collisions Involving Drunk Drivers				
Fatal Collision	-	143	-	Kentucky State Police (2014)
Injury Collision	-	1,432	-	Kentucky State Police (2014)
Property Damage Collision	-	2,759	-	Kentucky State Police (2014)
Total	-	4,334	-	Kentucky State Police (2014)
Total Number of Drivers Under Influence of Drugs				
Fatal Collision	-	191	-	Kentucky State Police (2014)
Injury Collision	-	571	-	Kentucky State Police (2014)
Property Damage Collision	-	796	-	Kentucky State Police (2014)
Total	-	1,558	-	Kentucky State Police (2014)
Total Number of All Controlled Substance Doses				
Hydrocodone	-	43,141,185	-	KASPER (2015)
Oxycodone	-	19,491,230	-	KASPER (2015)
Naloxone	-	3,452,141	-	KASPER (2015)
Total	-	148,304,214	-	KASPER (2015)
Total # of Drug Overdose Deaths	-	4,931	-	KSPAN

Appendix 5: ABCHD Prioritization Survey results

Please rank the following from Highest Priority to Lowest Priority:

Answered: 70 Skipped: 0



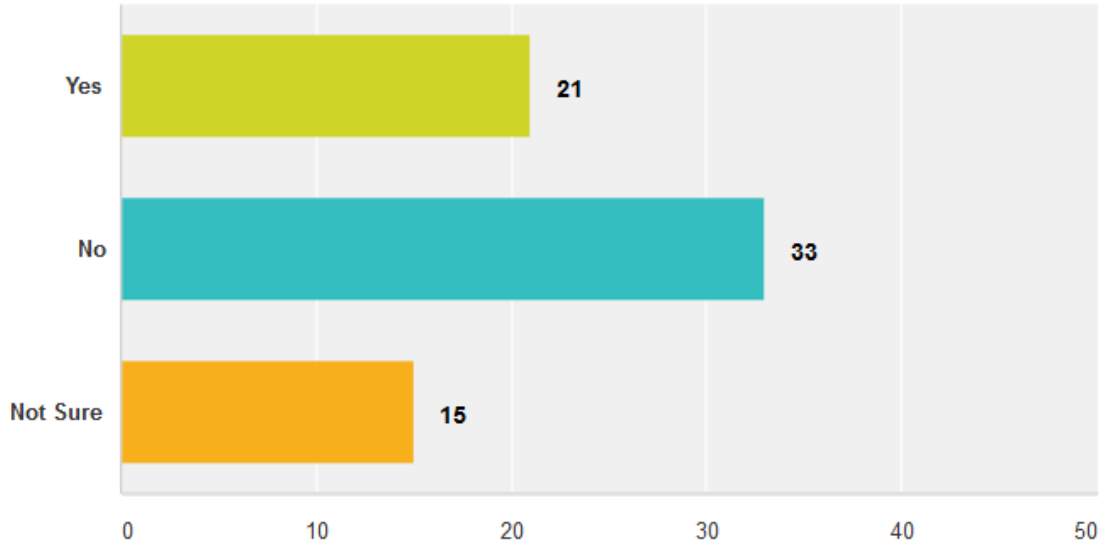
	1	2	3	4	5	Total	Score
Need for Jobs in the Community	44.29% 31	25.71% 18	14.29% 10	8.57% 6	7.14% 5	70	3.91
Access and Affordability of Health Care Including Insurance Products	21.43% 15	21.43% 15	20.00% 14	20.00% 14	17.14% 12	70	3.10
Tobacco and Substance Abuse	17.14% 12	24.29% 17	18.57% 13	20.00% 14	20.00% 14	70	2.99
Physical Activity/Nutrition	12.86% 9	17.14% 12	27.14% 19	21.43% 15	21.43% 15	70	2.79
Teen Pregnancy and Birth Rates	4.29% 3	11.43% 8	20.00% 14	30.00% 21	34.29% 24	70	2.21

Q2: Other Community Health Concerns

- Dental care for adults who have no dental insurance
- The Boyd County Landfill
- Bed Bugs
- Every issue concerning people with mental illness
- Hep C treatment as mandatory!
- I have noticed at public areas there are exercise workout type of equipment labeling how to use it. Example: Harris River Front in Huntington
- Water pollution in river from the plants upstream, including and especially from Marathon and all associates, affiliates and /or subsidiaries
- Access to services for children with disabilities; support for families with children with disabilities
- Availability of flu and pneumonia shots
- Domestic Violence
- Parents of child with disability programs
- Need more services for special needs kids. They have to go far away to get help, and if the parent doesn't have a vehicle, its hard to be involved with their treatments.
- Air, landfill
- Disease prevention and education for addicts
- Obesity, drug abuse
- Drug awareness, education and intervention
- Environment
- Behavioral Health Issues
- Environmental Health
- Air quality
- Bloodborne Pathogens
- Dental Care
- More dental programs that accept medical cards
- Transportation, oral health

Are you a member of the Healthy Choices Health Communities Coalition?

Answered: 69 Skipped: 1



Answer Choices	Responses	
Yes (1)	30.43%	21
No (2)	47.83%	33
Not Sure (3)	21.74%	15
Total		69

Appendix 6: 2017 Revision

COMMUNITY HEALTH IMPROVEMENT PLAN

BOYD, GREENUP, CARTER COUNTY, KENTUCKY

LAWRENCE COUNTY, OHIO

2016 – 2019

REVISION SUMMARY

The workgroup leaders began planning for the Healthy Choices Healthy Communities coalition 2016-2019 Community Health Improvement Plan review and revision in August 2017. The process included a two day CHIP Workshop, discussions during several workgroups and workgroup leader meetings and individual leader interview sessions.

County data updates from the Census Bureau, County Health Rankings and healthdata.org (See Appendix B: CHIP Workshop data) was shared with CHIP Workshop participants. The United Way of Northeast Kentucky shared with workgroup leaders, preliminary information gathered from the organization's community assessment through ongoing community conversations. The process resulted in a Healthy Choices Healthy Communities (HCHC) coalition's CHIP revision focused on the "LEVERS OF CHANGE" (See Appendix A: Levers of Change) for each of the four strategic initiatives goals/objectives.

Strategic initiatives goals/objectives completed on or before 2017 are removed from this revision. Each workgroup evaluated changes in their resources (ie: workgroup member's active participation and funding) to revise their assigned responsibilities, planned activities and time-frames. Goals and/or objectives with "In-Progress" status or scheduled to be implemented in 2018 and 2019 are included in this revision, in addition to new goals and/or objectives for this timeframe.

The HCHC coalition as a whole will continue to work on two strategic initiatives, Coalition Infrastructure and 2-1-1 Service. The implementation of a HCHC coalition Executive Committee is a new goal under the Coalition Infrastructure strategic initiative. The committee will oversee planning for the coalition's long-term sustainability, funding applications and accountability, and actively provide guidance and support to the strategic initiative workgroups for the implementation of their respective goals and objectives.

The Substance Abuse strategic initiative includes four new goals focused on gathering data to advocate at the local and state government levels for services needed in the coalition's service area, provide substance abuse community education and building partnerships to address the diversity of issues related to drug addiction.

The Wellness Together strategic initiative has objectives with "In-Progress" status and a new goal to improve and expand the established "Festival of Fitness" event. The Festival of Fitness is an innovative approach to promote physical activity, currently a once a year outdoor event that has been well attended even in less than ideal weather conditions.

The Socioeconomic Challenges strategic initiative workgroup will be focusing their efforts on their new goal to promote and improve financial literacy in the HCHC coalition service area for the remaining of this CHA-CHNA/CHIP cycle, utilizing the evidence-based curriculum "Bank-On". The goal includes steps that will be taken to develop a process to gather information regarding the impact of the strategy in specific community subgroups.

The Access to Care strategic initiative new goal is to identify transportation issues in the HCHC coalition Kentucky counties to advocate for policy changes. The group will organize a transportation forum that will include government entities, transportation service providers and the public, to work toward solutions to the transportation issues in these communities.

Strategic Initiative #1 – Coalition Infrastructure

Individuals/organizations that have accepted responsibility for implementing the goals:
Healthy Choices Healthy Communities coalition leaders and workgroup leaders

Goal #1: Maintain a communication plan for Healthy Choices Healthy Communities coalition activities.	
Objectives	Date Completed
Research funding sources for the 2019 Basecamp subscription, by November 2018.	
Apply for 2019 HCHC coalition Basecamp subscription funding source, by December 2018.	
Purchase 2019 HCHC coalition Basecamp subscription by due date February 2019.	

Goal #2: Establish a HCHC coalition Executive Committee to develop long-term sustainability of the coalition.	
Objectives	Date Completed
The Workgroup Leaders will gather information (Health Resources in Action assessment/s report/s, other similar committees' by-laws examples) for discussion and planning to form a HCHC coalition Executive Committee, by June 30, 2018.	
The workgroup leaders will develop a guidance document to facilitate the implementation of a HCHC coalition Executive Committee, by August 31, 2018.	
Present an invitation at the HCHC coalition quarterly meeting, for any member of the coalition who would like to become a member of the Executive Committee by September 30, 2018.	
Post a HCHC coalition HQ Basecamp invitation to any member interested in becoming a member of the Executive Committee by September 30, 2018.	
Establish the HCHC coalition Executive Committee providing guidance document for initial implementation of the committee's functions by December 2018.	

Strategic Initiative #2 – 2-1-1 Service

Individuals/organizations that have accepted responsibility for implementing the goals:
Healthy Choices Healthy Communities coalition community partners and members.

Goal #1: Maintain 2-1-1 service for Boyd, Carter, Greenup, Elliott and Lawrence County, Kentucky	
Objectives	Date Completed
Gather community support for promotion of the 2-1-1 service (HCHC coalition community partner organizations, leaders from all UWNEK service area, FIVCO Board, stakeholders) and financial support (In-kind donations, advocacy, marketing supplies and/or donations) for sustainability of 2-1-1 service, yearly.	

Strategic Initiative #3 – Substance Abuse

Individuals/organizations that have accepted responsibility for implementing the strategy.
Workgroup Leader: Scott Murphy–Ramey-Estep Homes, Inc. Workgroup Members: Tim Hazelett—Cabell-Huntington Health Department, Elaine Corbitt--King's Daughters Medical Center, Sherri Stamper--Greenup Co. Health Dept., Eve Greene--Greenup Co. Health Dept., Cathy Anderson–Ashland-Boyd Co. Health Dept., Diva Justice – Our Lady of Bellefonte Hospital, Chuck Charles – Our Lady of Bellefonte Hospital, Carla Copley – Addiction and Recovery Care Centers, David Miller – King's Daughter' Medical Center, MaryBeth Lacy – AETNA Better Health of Kentucky, Matt Brown – Addiction and Recovery Care Centers, Robb Oldham - Boyd County Addiction and Recovery Center, Ryan Mitchell, Todd Kelley – Ashland Police Department, Ronnie Nunley – Pathways, Anshu Jain, Andy Harris – Greenup-Lewis Drug Courts, Andie Leffingwell – Spectrum Outreach, Mike Maynard – Hillcrest-Bruce Mission, Matt Anderson – Ashland-Boyd County Health Department, Kayla Parsons – Addiction and Recovery Care Centers, Bill Harris, Stephanie Barnett – Ironton City Health Department, Joseph Mazzawi – Our Lady of Bellefonte Hospital.

Goal #1: Increase awareness of substance abuse topics in social and print media within the scope of the HCHC coalition service region.	
Objectives	Date Completed
Develop a HCHC coalition Substance Abuse Workgroup Facebook page by July 2018.	
Complete a minimum of one substance abuse topic interview with a local newspaper or television news channel by December 2018.	

Goal #2: Advocate for needed substance abuse related service(s) within the HCHC coalition service area.	
Objectives	Date Completed
Develop a targeted survey for needed youth/adult substance abuse related services, by May 2018.	
Distribute survey through electronic media (ie: Facebook and/or Survey Monkey), by June 2018.	
Compile and analyze survey data, by September 2018.	
Present and distribute survey results data summary to the SA workgroup by October 2018.	
Share findings with local area state representatives, by November 2018.	
Develop a comprehensive list of needed youth/adult substance abuse related service(s), by December 2018.	

Goal #3: Build and strengthen collaborative partnerships between HCHC coalition Substance Abuse Workgroup member organizations and other community partners.	
Objectives	Date Completed
A minimum of one Substance Abuse Workgroup member, who completed the safe needle pick up and disposal training, will participate in a Build Ashland cleanup event by September 2018.	
Promote membership to the SA workgroup to highly active community groups/agencies, by May 2018.	

Promote a minimum of one leader/pastor of the faith community active participation in the HCHC coalition Substance Abuse Workgroup, by June 2018.	

Goal #4: Support State/Local Initiatives related to Substance Abuse	
Objectives	Date Completed
Promote and support Ashland Middle School's Opioid Project during the school year ending May 25, 2018.	
Develop a collection tool (ex: Excel Spreadsheet) to gather current initiatives for SA workgroup member knowledge, by May 2018.	

Individuals/organizations that have accepted responsibility for implementing the goal:	
Lead Agency: Ashland-Boyd County Health Department (ABCHD)	
1- ABCHD	2- ABCHD
3- Addiction and Recovery Care Centers	4- ABCHD

Goal #5: Reduce the spread of communicable disease and promote health services among intravenous substance abusers in Boyd County.	
Objectives	Date Completed
1- Provide SEP information/updates at HCHC coalition Substance Abuse Workgroup monthly meetings (12 updates in 2018).	
2- Present 3 Syringe Exchange Program annual reports to the Healthy Choices Healthy Communities coalition Substance Abuse Workgroup, by October 2019.	
3- Provide immediate available referral to Addiction and Recovery Care Centers at each SEP service delivery date from January to December 2018.	
4 – Implement Hepatitis C and HIV testing services on-site at SEP, by December 2018.	

Individuals/organizations that have accepted responsibility for implementing the goal:
Lead Agency: King's Daughters Medical Center

Goal #6: Provide Substance Abuse Prevention Education in school settings.	
Objectives	Date Completed
Establish partnership with at least 3 school districts to provide substance abuse prevention education in topics such as: tobacco cessation, drug education, vaping and/or prevention of tobacco product use, by December 2019.	
Provide substance abuse education in school districts by KDMC Wellness Educator, by December 2019.	

Strategic Initiative #4 – Wellness Together

Individuals/organizations that have accepted responsibility for implementing the goals:
Workgroup Leader: Kristina Perry – Greenup County Community Education Workgroup Members: Joseph Mazzawi – Our Lady of Bellefonte Hospital, Chuck Charles – Our Lady of Bellefonte Hospital, Diva Justice – Our Lady of Bellefonte Hospital, Debbie Fisher – Lawrence Co. Health Department (OH), Geneva Shanholtzer – Ashland-Boyd County Health Department, Ciara Ragains – Ashland-Boyd County Health Department and Our Lady of Bellefonte Hospital, Mary Beth Lacy – AETNA Better Health of Kentucky, Lora Pullin – Greenup County Extension Office, Casey Underwood – Our Lady of Bellefonte Hospital.

Goal #1: Identify and promote programs and services available in the community for healthy eating and physical activity.	
Objectives	Date Completed
Apply for Aetna Better Health of Kentucky funding to promote healthy eating and physical activity in the HCHC coalition counties with a minimum of one event or outreach project by December 2018.	
Develop obesity reduction and/or prevention workgroup focus for the next 2 years based on: identification of target audience(s), review of existing programs/activities, and workgroup members' research of programs/activities, by October 2017.	February 2018

Goal #2 Identify an Implement evidence-based, promising practice or innovative approach directed toward the Wellness Together workgroup target audience(s)	
Objectives	Date Completed
Workgroup members complete research and propose an approach to obesity reduction and/or prevention at monthly meetings, by June 2018.	January 2018
Research funding opportunities for implementation/improvement of a new or existing program/activity directed toward the Wellness Together workgroup target audience(s), by June 2018.	March 2018
Select and implement program/activity/intervention directed to the Wellness Together workgroup target audience(s), by October 2018.	

Goal #3 Establish strong participation in the HCHC coalition Wellness Together workgroup	
Objectives	Date Completed
Develop a Wellness Together workgroup definition of Wellness Together, or a Wellness Together workgroup vision, or a Wellness Together workgroup overarching goal.	
Promote an intentional active membership and commitment to the Wellness Together workgroup definition/vision/overarching goal when inviting new members.	
Identify workgroup member organization's focus areas to support their efforts to improve health in the community and to establish collaborations.	
Identify and arrange a speaker for a HCHC coalition quarterly meeting on a topic relevant to wellness.	

Goal #4 Improve and Expand the established "Festival of Fitness" event.	
Objectives	Date Completed
Develop a *Festival of Fitness* template that will include a map of the area for the event and stations/tables layout information.	
Develop a *Festival of Fitness* presenter packet to improve communication of information about the event .	
Identify and secure a location to conduct an organization, information and planning meeting for *Festival of Fitness* health and physical activity presenters.	
Request RSVP for the organization meeting for presenters, 15 days prior to the event.	
Conduct an organization, information and planning meeting for *Festival of Fitness* health and physical activity presenters and distribute presenter packets.	
Complete *Festival of Fitness* event on May 4, 2018.	
The Wellness Together workgroup will research two alternatives to improve and/or expand the established "Festival of Fitness" to: 1- Two events per year 2- Adding a healthy eating/foods component By December 2018	

Strategic Initiative #5 – Socioeconomic Challenges

Individuals/organizations that have accepted responsibility for implementing the goals:
Workgroup Leader: Jerri Compton – United Way of Northeast Kentucky Workgroup Members: Dr. E.W. Unnikrishnan, Geri Willis – Ashland Independent Schools, Joseph Mazzawi – Our Lady of Bellefonte Hospital, Chuck Charles – Our Lady of Bellefonte Hospital, Bob Hammond – Our Lady of Bellefonte Hospital, Stephanie Cassidy – Our Lady of Bellefonte Hospital, Christie Thomas – Safe Harbor, Mike Maynard – Hillcrest-Bruce Mission, Diva Justice – Our Lady of Bellefonte Hospital.

Goal #1: Promote and Improve financial literacy in the Healthy Choices Healthy Communities coalition service area.	
Objectives	Date Completed
Review financial literacy program curriculums by May 1, 2018.	
Schedule a meeting of two representatives of the Socioeconomic Challenges workgroup with the Bank-On Advising Council to present the Socioeconomic Challenges workgroup strategy by June 30, 2018.	
Conduct a planning meeting with key community partners and stakeholders, Bank-On Advising Council members and Socioeconomic Challenges workgroup members by June 30, 2018.	
Complete identification of resources: promoters, trainer assistants, follow-up and/or data collector/s, and funding support for curriculum, promotion and marketing, by June 30, 2018.	
The Socioeconomic Challenges workgroup will meet to review and revise the proposed package of information that includes: curriculum, funding and community support plan by July 30, 2018.	
The Socioeconomic Challenges workgroup will finalize their curriculum package, funding and community support plan by August 31, 2018.	
The Socioeconomic Challenges workgroup will identify a lead workgroup member that will organize and complete a train the trainer session by September 30, 2018.	
Identify a minimum of three places that will host a financial literacy class by September 30, 2018.	
Identify workgroup member/s that will develop and conduct follow-up with participants, community partners and stakeholders, to gather data to determine the impact of the implemented plan by October 31, 2018	
Implement the Socioeconomic Challenges workgroup Financial Literacy strategy by January, 2019.	

Goal #2: Prepare quarterly updates for the Healthy Choices Healthy Communities coalition quarterly meeting and assist in the Healthy Choices Healthy Communities coalition Community Health Improvement Plan review/revision and yearly reporting.	
Objectives	Date Completed
The Socioeconomic Challenges workgroup will provide updates on their progress in the implementation of the workgroup's goal/s and objectives at HCHC coalition quarterly meetings in March, June, September and December 2018.	
The Socioeconomic Challenges workgroup will review/revised the Strategic Initiative #5 – Socioeconomic Challenges section of the HCHC coalition Community Health Improvement Plan yearly, to provide information for the completion of a CHIP yearly report and a CHIP review/revision written documents.	

Strategic Initiative #6 – Access to Care

Individuals/organizations that have accepted responsibility for implementing the goals:
Workgroup Leaders: Vicki Green – FIVCO Area Agency on Aging and Independent Living, Diva Justice – Our Lady of Bellefonte Hospital Workgroup members: Mary Beth Qualls – Ashland-Boyd County Health Department, Brandi Preston – Our Lady of Bellefonte Hospital, Mike Maynard – Hillcrest-Bruce Mission, Nadia Ally – United Way of Northeast Kentucky/2-1-1 service, Sandra Johnson – Our Lady of Bellefonte Hospital, Carol Allen – Ironton in Bloom/Ironton Community Action/Our Lady of Bellefonte Hospital Board Member, Holly West – Our Lady of Bellefonte Hospital, Nancy Lewis – Lawrence Co. CAO, Reba Henderson – Northeast Kentucky Community Action Agency, Gary Roberts – Ironton-Lawrence Co. CAO, Cindy Brown – Ironton-Lawrence Co. CAO, Deanna Jessie – CHFS KPAP Health Care Access Branch, Tracy McGuire – Primary Plus (FQHC), Chuck Charles – Our Lady of Bellefonte Hospital, Stephanie Barnett – Ironton City Health Department.

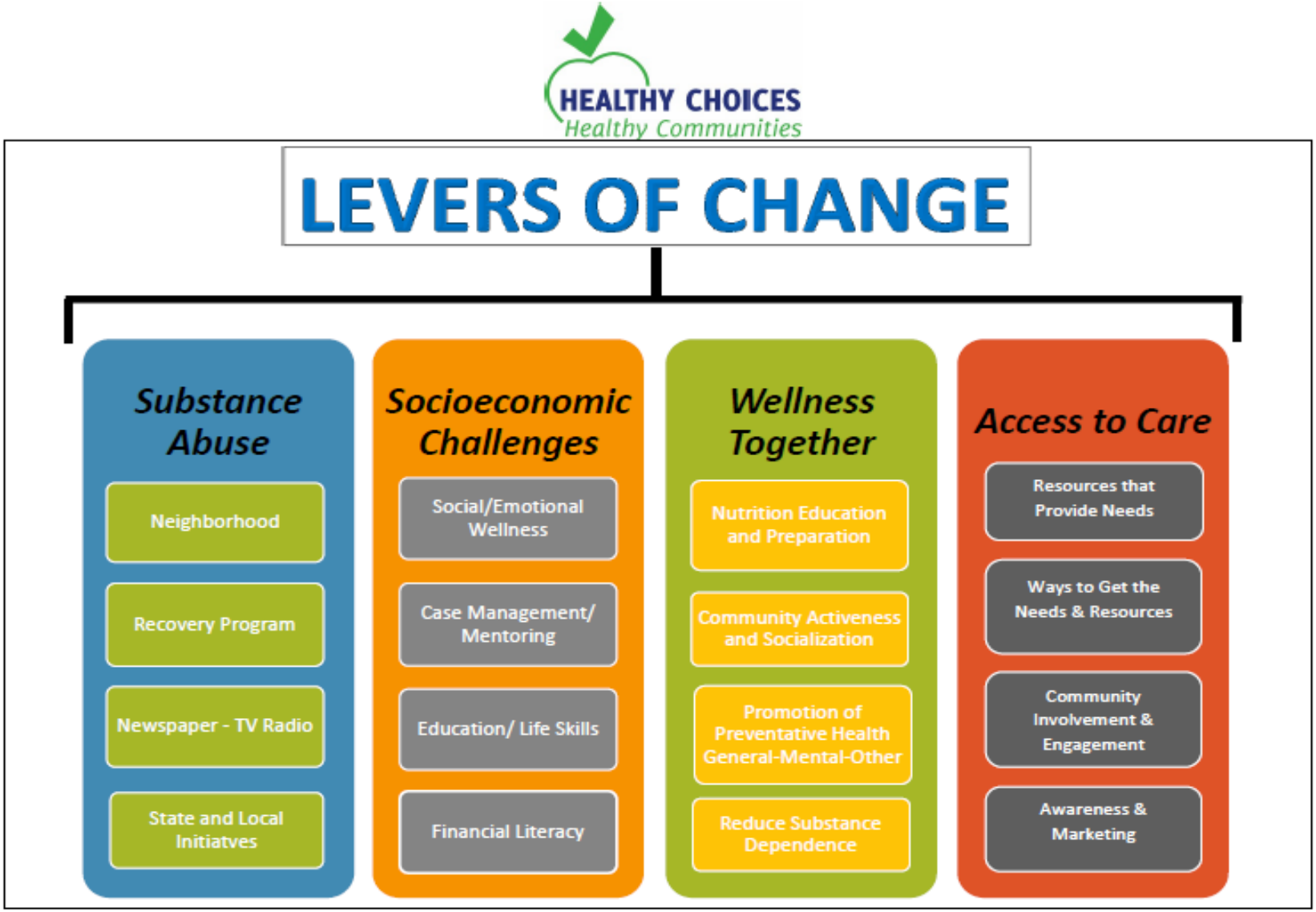
Goal #1 Identify transportation issues in the Healthy Choices Healthy Communities coalition Kentucky counties to advocate for policy changes.	
Objectives	Date Completed
Develop a list of potential transportation issues survey questions, by March 31, 2018.	
Contact transportation agencies to request their assistance/approval for the distribution of the transportation issues survey to their clients, by April 30, 2018.	
Complete a transportation issues survey to distribute in the communities of Boyd, Greenup and Carter County in Kentucky and Lawrence County in Ohio, by May 1, 2018.	
Confirm the HCHC coalition community partner Primary Plus Survey Monkey account that will be used to post the transportation issues survey online by May 1, 2018.	
Meet with community partners to describe the survey purpose and recruit their support to assist the Access to Care workgroup in the distribution and collection of the survey in the community, by July 31, 2018.	
Workgroup members will distribute the transportation issues survey to other community partners electronically, by July 31, 2018.	
Send invitation to a Boyd, Greenup, Carter County in Kentucky and Lawrence County, Ohio transportation forum to government entities and transportation services agencies by August 1, 2018.	
Promote an invitation to members of the community in Boyd, Greenup, Carter County in Kentucky and Lawrence County, Ohio to participate in the transportation forum, by August 1, 2018.	
Organize a minimum of four community mini forums (one per county), by August 31, 2018. Completing the following activities: 1- Identify and reserve a location at each county for a transportation issues mini forum. 2- Promote transportation issues mini forum participation in the community. 3- Conduct a transportation issues mini forum to gather information at each community.	

The workgroup will prepare transportation issues data (including transportation issues survey data and transportation issues mini forums data) to present to government entities and transportation services agencies at a Boyd, Greenup, Carter County in Kentucky and Lawrence County in Ohio transportation forum, by August 31, 2018.	
Create a panel of survey participants that will be willing to give their input during the forum, to help identify their barriers and need, by October 31, 2018.	
The Access to Care workgroup will conduct a transportation forum for Boyd, Greenup, Carter County in Kentucky and Lawrence County, Ohio communities that will involve government entities, transportation services agencies and the public to share information and work toward solutions to the transportation issues in these communities, by November 30, 2018.	

Individuals/organizations that have accepted responsibility for implementing the goal:
Lead Agency: King's Daughters Medical Center

Goal #2: To improve access to comprehensive, quality health care services for the achievement of health equity (HP2020)	
Objectives	Date Completed
Promote KDMC "24/7 Care line" free public access, for a nurse to answer medical questions, provide advice about needed services and for prescription refills from 2018 to 2019. Baseline data: 25,565 calls in 2017.	

Appendix A: Levers of Change



Appendix B: CHIP Workshop Data

COUNTY PROFILE: Boyd County, Kentucky

US COUNTY PERFORMANCE

The Institute for Health Metrics and Evaluation (IHME) at the University of Washington analyzed the performance of all 3,142 US counties or county-equivalents in terms of life expectancy at birth, mortality rates for select causes, alcohol use, smoking prevalence, obesity prevalence, and recommended physical activity using novel small area estimation techniques and the most up-to-date county-level information.

Explore more results using the interactive US Health Map data visualization (http://vizhub.healthdata.org/subnational/usa).

FINDINGS: LIFE EXPECTANCY

Sex	Boyd County	Kentucky	National	National rank	% change 1980-2014
Female	78.0	78.8	81.5	2627	+2.5
Male	73.9	73.7	76.7	2249	+6.9

life expectancy at birth (years), 2014

Fig. 1: Female life expectancy, 2014

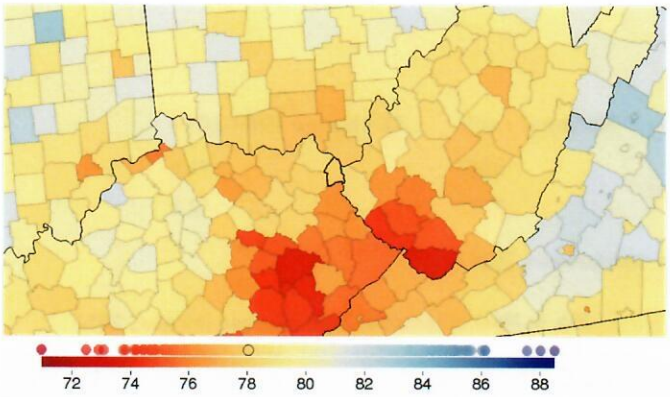
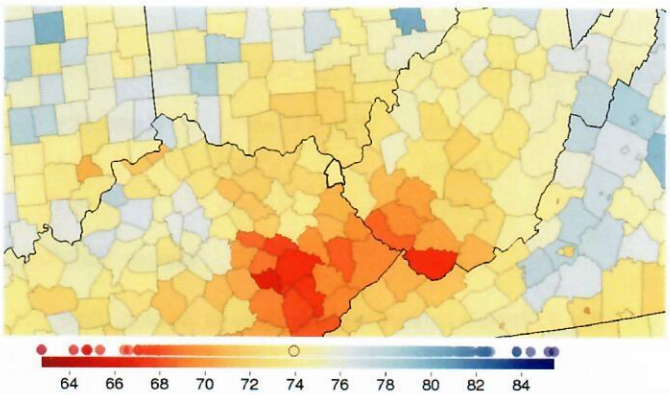


Fig. 2: Male life expectancy, 2014



FINDINGS: ALL-CAUSE MORTALITY

Sex	Boyd County	Kentucky	National	National rank	% change 1980-2014
Female	881.4	827.2	667.8	2730	-7.2
Male	1182.5	1168.6	930.1	2463	-26.2

rate per 100,000 population, age-standardized, 2014

Fig. 3: Female all-cause mortality, 2014

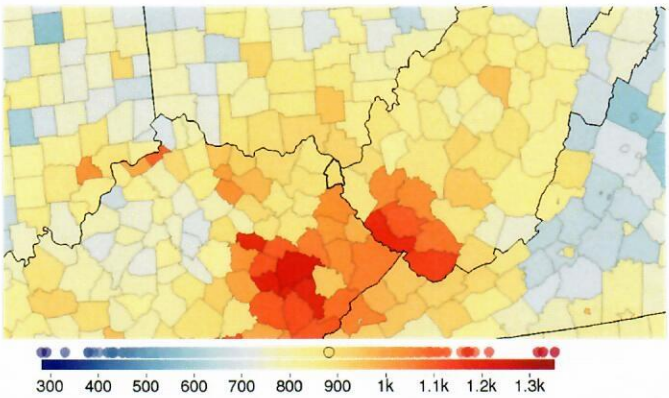
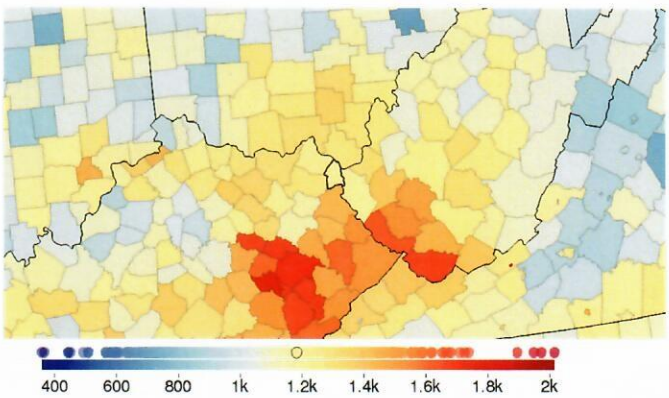


Fig. 4: Male all-cause mortality, 2014



FINDINGS: ISCHEMIC HEART DISEASE

Sex	Boyd County	Kentucky	National	National rank	% change 1980-2014
Female	159.1	149.9	124.9	2276	-50.5
Male	271.2	235.3	191.5	2659	-53.0

rate per 100,000 population, age-standardized, 2014

Fig. 5: Female ischemic heart disease, 2014

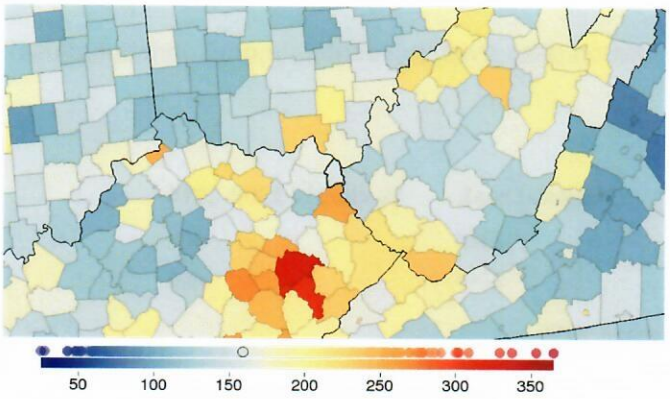
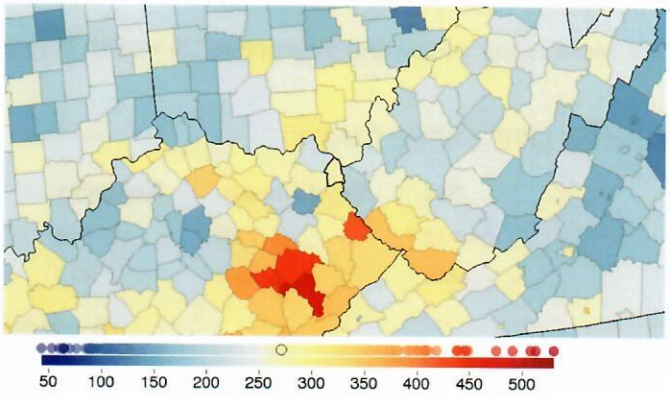


Fig. 6: Male ischemic heart disease, 2014



FINDINGS: CEREBROVASCULAR DISEASE (STROKE)

Sex	Boyd County	Kentucky	National	National rank	% change 1980-2014
Female	76.9	55.3	47.4	3042	-11.5
Male	67.0	55.4	48.8	2752	-42.3

rate per 100,000 population, age-standardized, 2014

Fig. 7: Female cerebrovascular disease (stroke), 2014

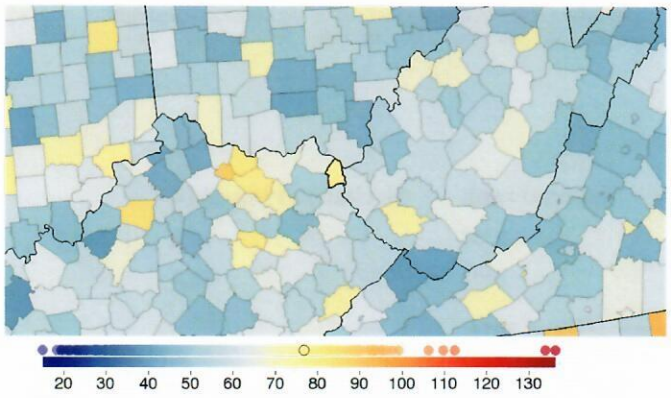
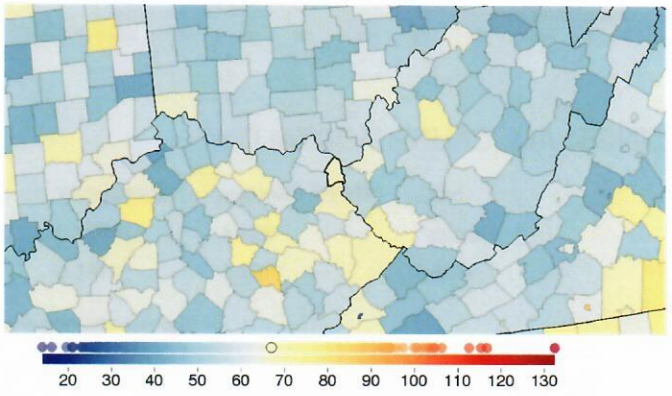


Fig. 8: Male cerebrovascular disease (stroke), 2014



FINDINGS: TRACHEAL, BRONCHUS, AND LUNG CANCER

Sex	Boyd County	Kentucky	National	National rank	% change 1980-2014
Female	65.5	67.8	43.8	2907	+47.1
Male	100.5	113.1	67.6	2471	-24.6

rate per 100,000 population, age-standardized, 2014

Fig. 9: Female tracheal, bronchus, and lung cancer, 2014

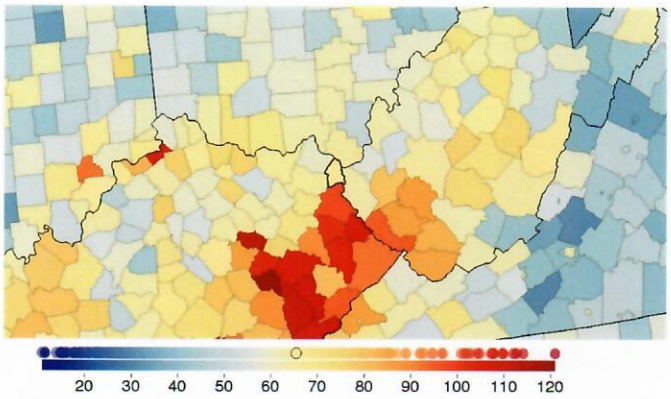
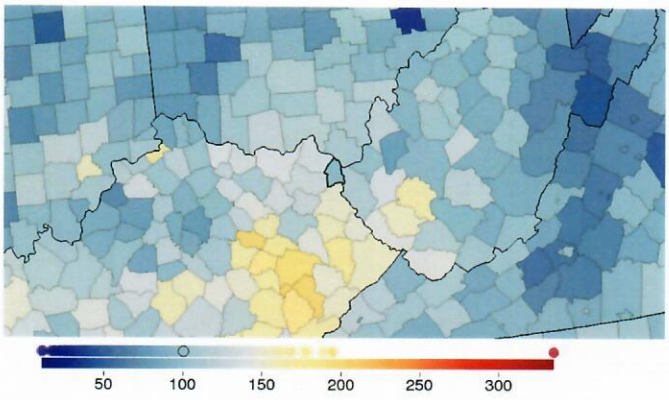


Fig. 10: Male tracheal, bronchus, and lung cancer, 2014



FINDINGS: BREAST CANCER

Sex	Boyd County	Kentucky	National	National rank	% change 1980-2014
Female	32.5	27.6	25.9	2932	-14.0
Male	0.4	0.3	0.3	2428	-14.4

rate per 100,000 population, age-standardized, 2014

Fig. 11: Female breast cancer, 2014

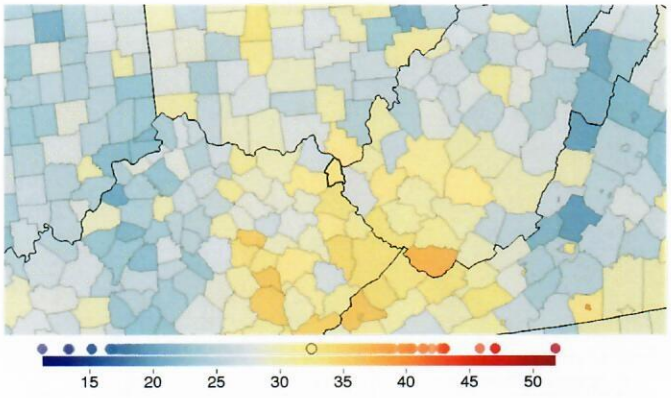
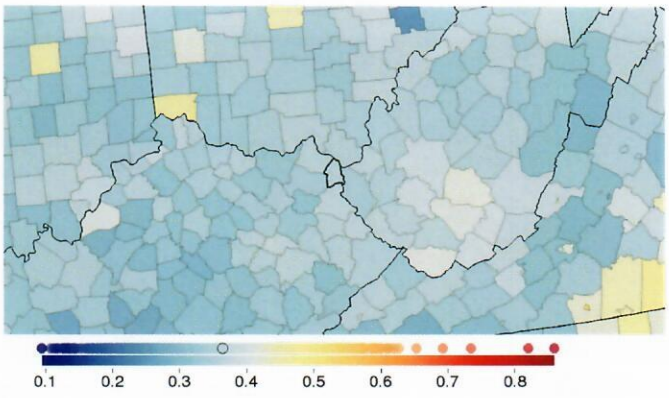


Fig. 12: Male breast cancer, 2014



FINDINGS: MALIGNANT SKIN MELANOMA

Sex	Boyd County	Kentucky	National	National rank	% change 1980-2014
Female	2.3	2.3	1.9	2157	+2.2
Male	5.6	5.6	4.5	2379	+40.8

rate per 100,000 population, age-standardized, 2014

Fig. 13: Female malignant skin melanoma, 2014

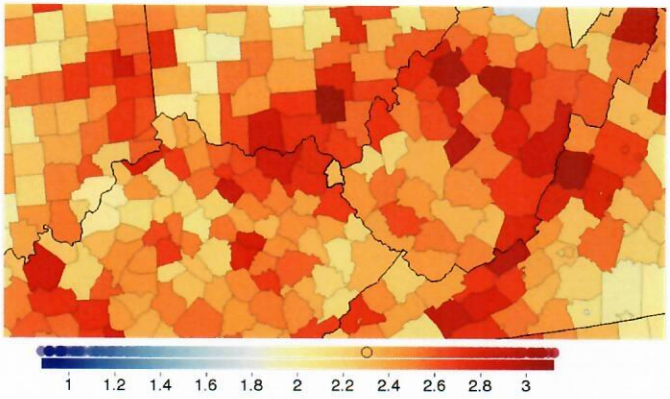
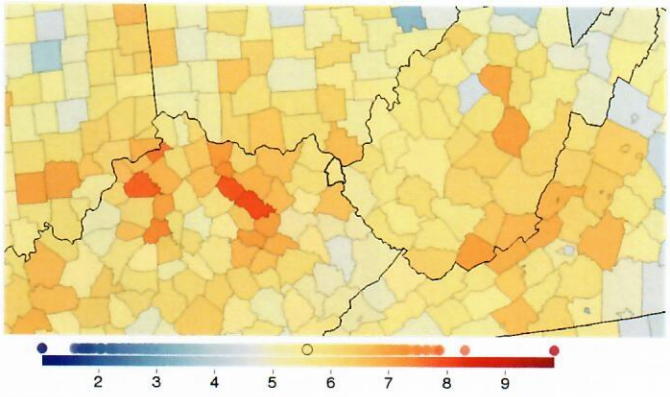


Fig. 14: Male malignant skin melanoma, 2014



FINDINGS: DIABETES, UROGENITAL, BLOOD, AND ENDOCRINE DISEASES MORTALITY

Sex	Boyd County	Kentucky	National	National rank	% change 1980-2014
Female	53.4	62.9	49.6	1427	+18.8
Male	67.9	78.4	63.8	1612	+3.2

rate per 100,000 population, age-standardized, 2014

Fig. 15: Female diabetes, urogenital, blood, and endocrine diseases mortality, 2014

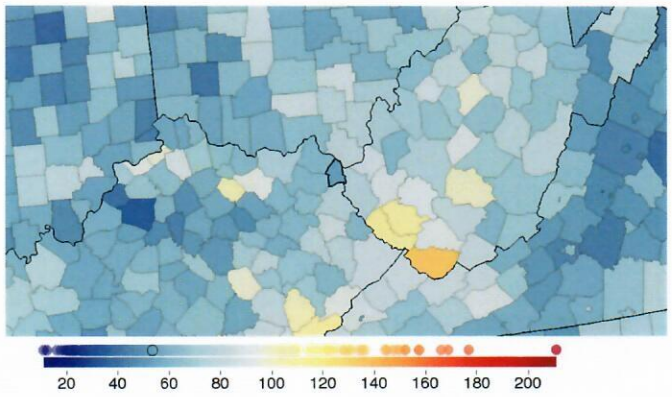
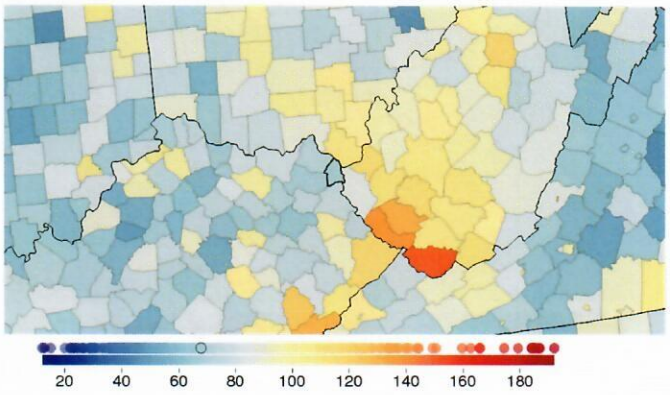


Fig. 16: Male diabetes, urogenital, blood, and endocrine diseases mortality, 2014



FINDINGS: SELF-HARM AND INTERPERSONAL VIOLENCE MORTALITY

Sex	Boyd County	Kentucky	National	National rank	% change 1980-2014
Female	8.7	10.3	9.0	1215	+2.2
Male	25.3	35.4	30.9	639	+3.3

rate per 100,000 population, age-standardized, 2014

Fig. 17: Female self-harm and interpersonal violence mortality, 2014

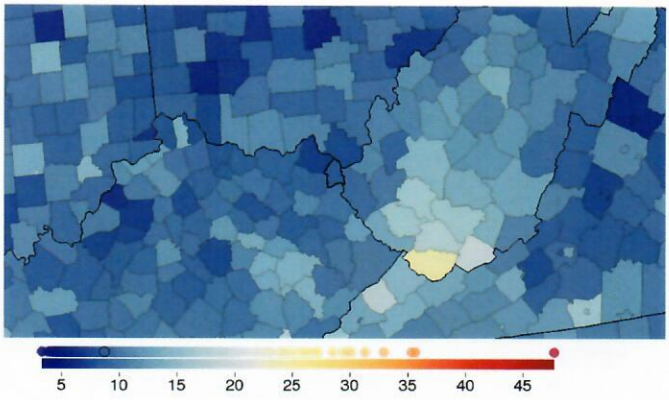
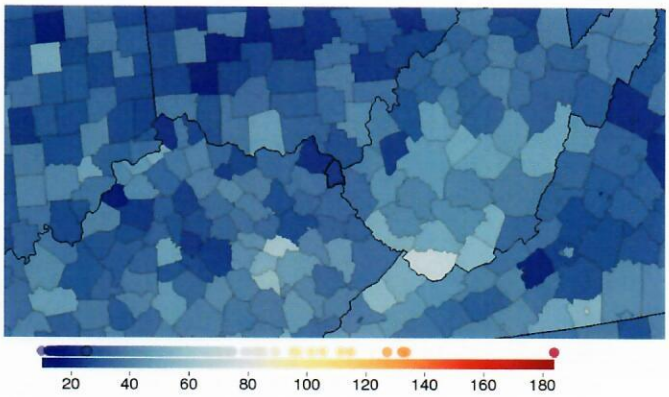


Fig. 18: Male self-harm and interpersonal violence mortality, 2014



FINDINGS: TRANSPORT INJURIES MORTALITY

Sex	Boyd County	Kentucky	National	National rank	% change 1980-2014
Female	13.6	12.7	8.1	1617	+9.6
Male	21.5	29.1	19.8	681	-30.2

rate per 100,000 population, age-standardized, 2014

Fig. 19: Female transport injuries mortality, 2014

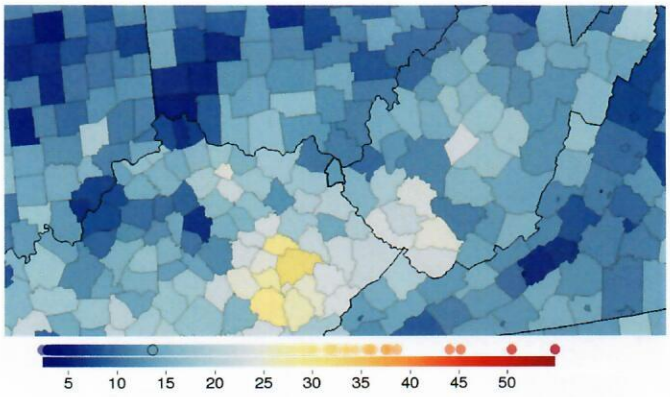
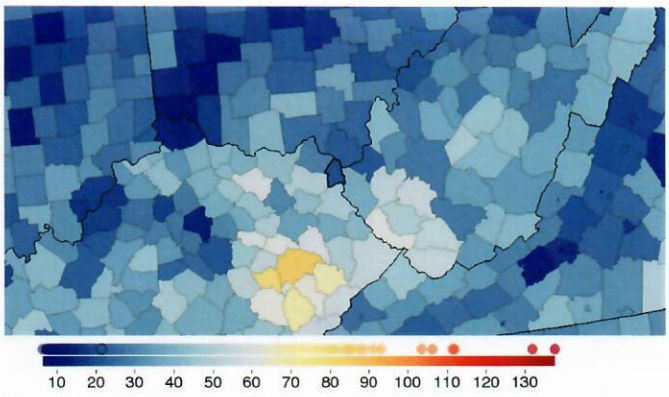


Fig. 20: Male transport injuries mortality, 2014



FINDINGS: MENTAL AND SUBSTANCE USE DISORDERS MORTALITY

Sex	Boyd County	Kentucky	National	National rank	% change 1980-2014
Female	21.8	15.0	8.2	3062	+1842.1
Male	28.9	29.1	18.7	2840	+540.7

rate per 100,000 population, age-standardized, 2014

Fig. 21: Female mental and substance use disorders mortality, 2014

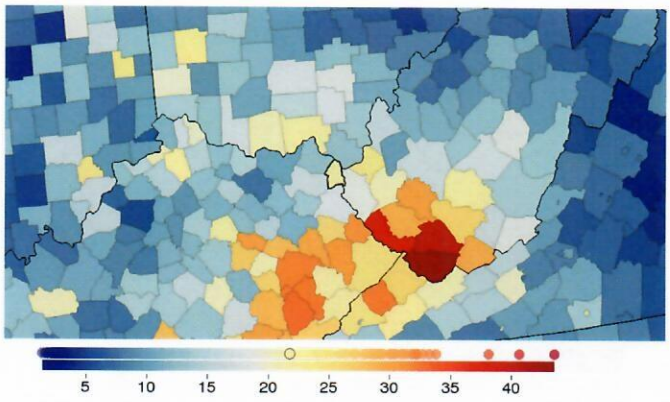
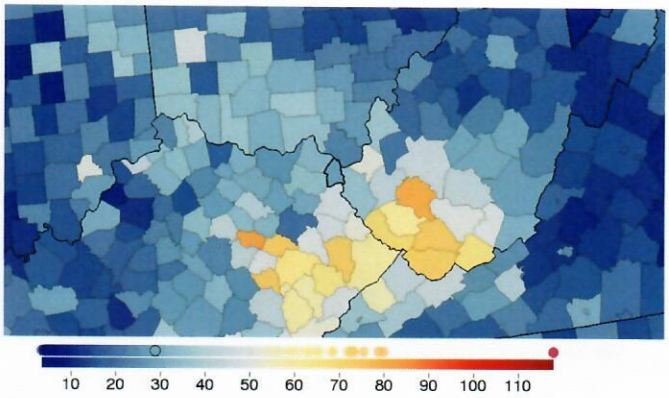


Fig. 22: Male mental and substance use disorders mortality, 2014



FINDINGS: CIRRHOSIS AND OTHER CHRONIC LIVER DISEASES MORTALITY

Sex	Boyd County	Kentucky	National	National rank	% change 1980-2014
Female	18.0	13.2	11.8	2816	+73.7
Male	27.3	25.4	22.2	2310	+16.4

rate per 100,000 population, age-standardized, 2014

Fig. 23: Female cirrhosis and other chronic liver diseases mortality, 2014

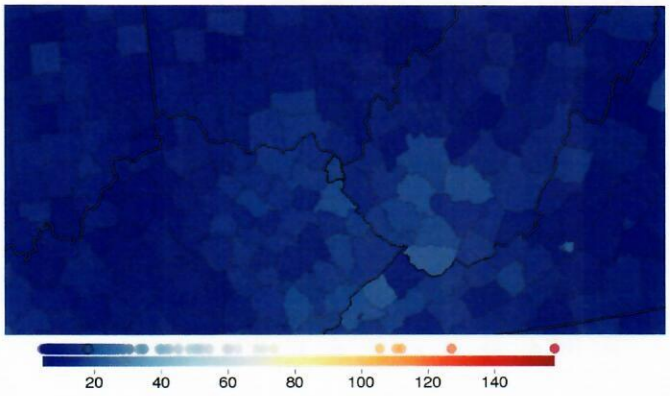
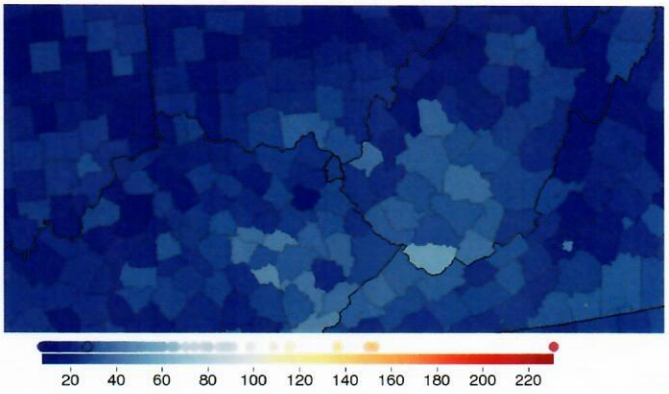


Fig. 24: Male cirrhosis and other chronic liver diseases mortality, 2014



FINDINGS: HEAVY DRINKING

Sex	Boyd County	Kentucky	National	National rank	% change 2005-2012
Female	4.1	4.6	6.7	1029	+65.4
Male	8.0	10.0	9.9	582	+56.6

prevalence (%), age-standardized, 2012

Fig. 25: Female heavy drinking, 2012

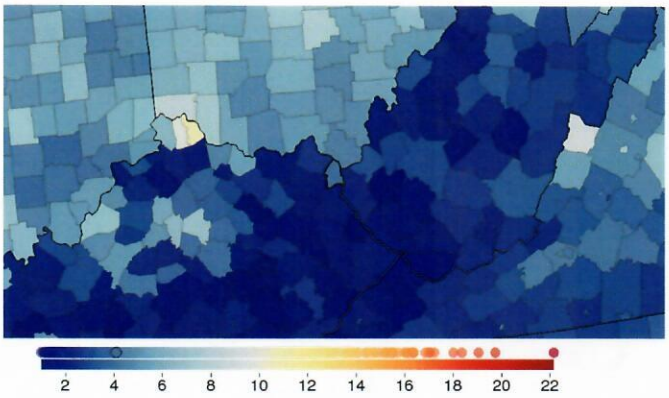
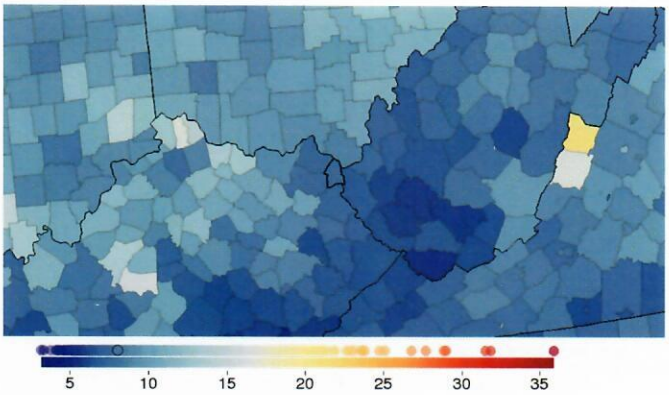


Fig. 26: Male heavy drinking, 2012



FINDINGS: BINGE DRINKING

Sex	Boyd County	Kentucky	National	National rank	% change 2002-2012
Female	8.1	9.5	12.4	860	+136.3
Male	19.2	21.0	24.5	578	+49.0

prevalence (%), age-standardized, 2012

Fig. 27: Female binge drinking, 2012

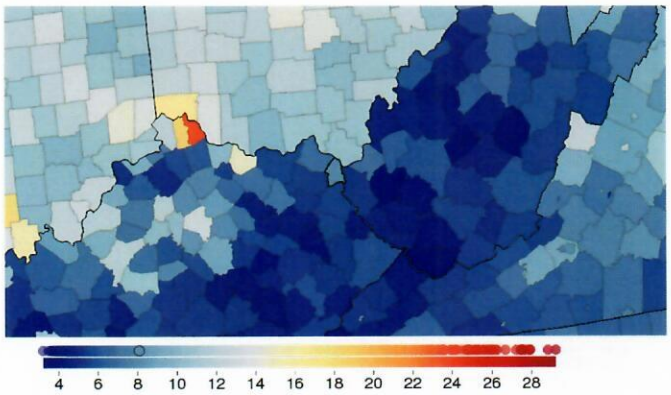
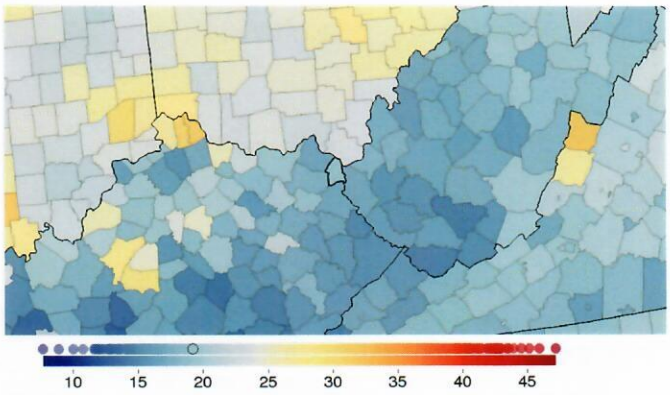


Fig. 28: Male binge drinking, 2012



FINDINGS: SMOKING

Sex	Boyd County	Kentucky	National	National rank	% change 1996-2012
Female	28.9	26.0	17.9	2986	+4.4
Male	29.9	28.8	22.2	2658	-15.6

prevalence (%), age-standardized, 2012

Fig. 29: Female smoking, 2012

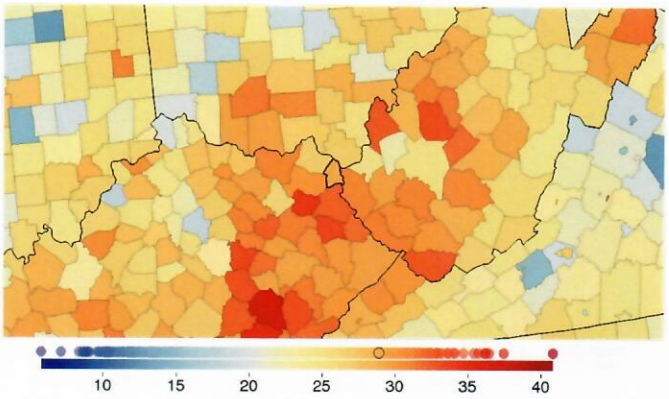
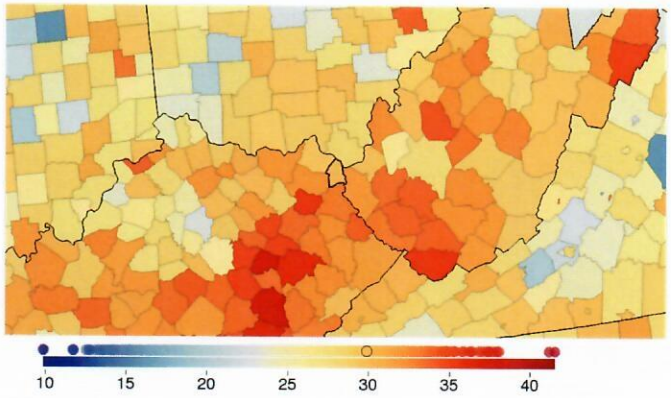


Fig. 30: Male smoking, 2012



FINDINGS: OBESITY

Sex	Boyd County	Kentucky	National	National rank	% change 2001-2011
Female	40.0	39.3	36.1	1930	+24.8
Male	38.4	37.5	33.8	2028	+22.6

prevalence (%), age-standardized, 2011

Fig. 31: Female obesity, 2011

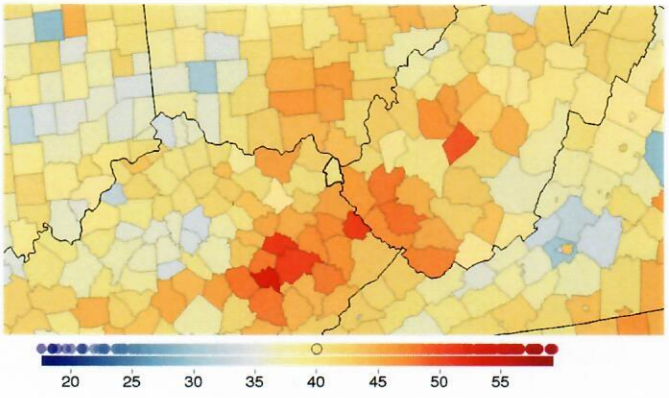
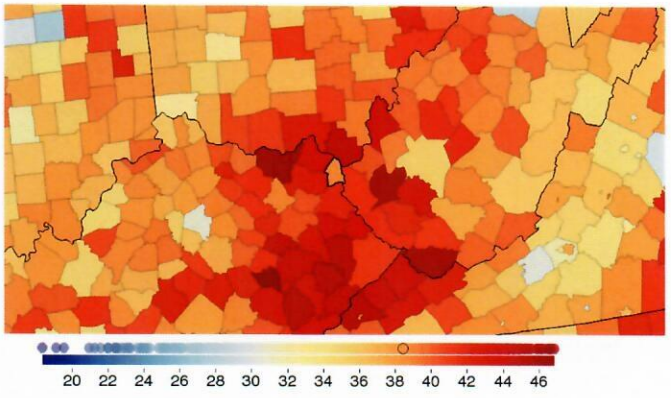


Fig. 32: Male obesity, 2011



FINDINGS: RECOMMENDED PHYSICAL ACTIVITY

Sex	Boyd County	Kentucky	National	National rank	% change 2001-2011
Female	43.9	45.8	52.6	2456	+33.2
Male	48.4	49.9	56.3	2464	+5.9

prevalence (%), age-standardized, 2011

Fig. 33: Female recommended physical activity, 2011

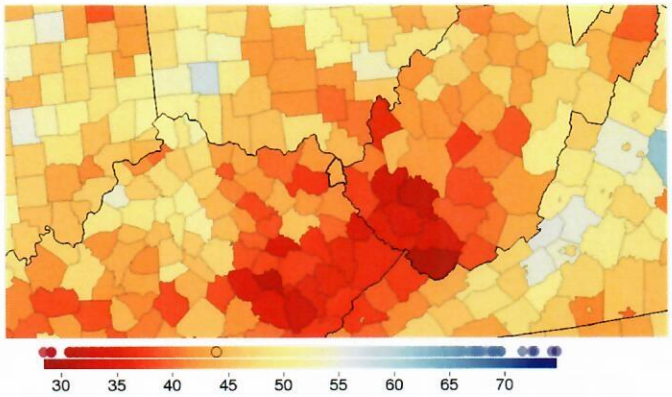
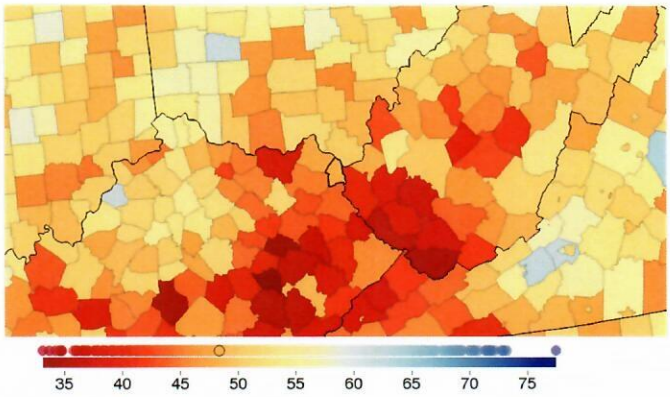


Fig. 34: Male recommended physical activity, 2011



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US County Profile: Boyd County, Kentucky.
Seattle, WA: IHME, 2016.

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www.healthdata.org

IHME

COUNTY PROFILE: Greenup County, Kentucky

US COUNTY PERFORMANCE

The Institute for Health Metrics and Evaluation (IHME) at the University of Washington analyzed the performance of all 3,142 US counties or county-equivalents in terms of life expectancy at birth, mortality rates for select causes, alcohol use, smoking prevalence, obesity prevalence, and recommended physical activity using novel small area estimation techniques and the most up-to-date county-level information.

Explore more results using the interactive US Health Map data visualization (http://vizhub.healthdata.org/subnational/usa).

FINDINGS: LIFE EXPECTANCY

Sex	Greenup County	Kentucky	National	National rank	% change 1980-2014
Female	78.5	78.8	81.5	2454	+1.7
Male	73.5	73.7	76.7	2398	+5.5

life expectancy at birth (years), 2014

Fig. 1: Female life expectancy, 2014

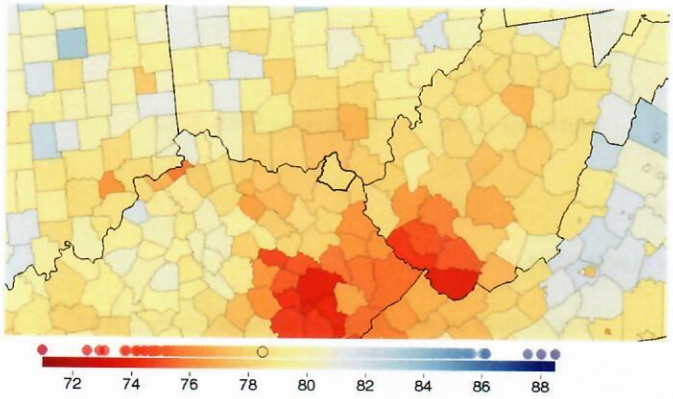
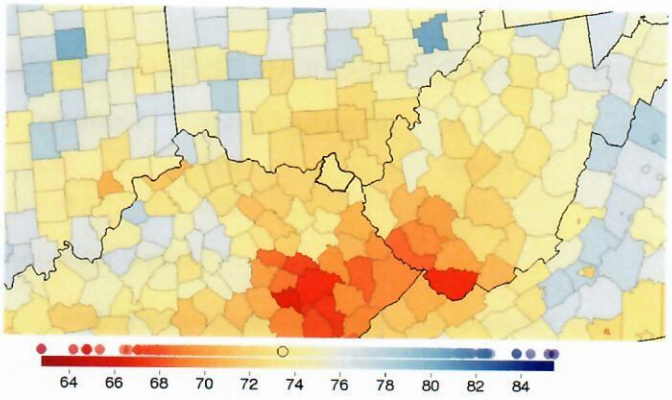


Fig. 2: Male life expectancy, 2014



FINDINGS: ALL-CAUSE MORTALITY

Sex	Greenup County	Kentucky	National	National rank	% change 1980-2014
Female	857.2	827.2	667.8	2575	-2.6
Male	1208.7	1168.6	930.1	2578	-19.7

rate per 100,000 population, age-standardized, 2014

Fig. 3: Female all-cause mortality, 2014

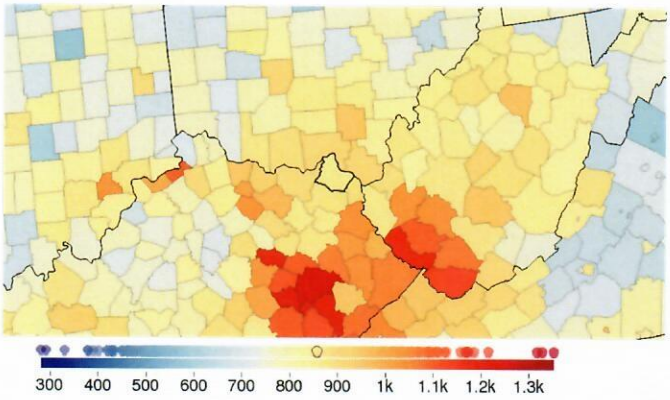
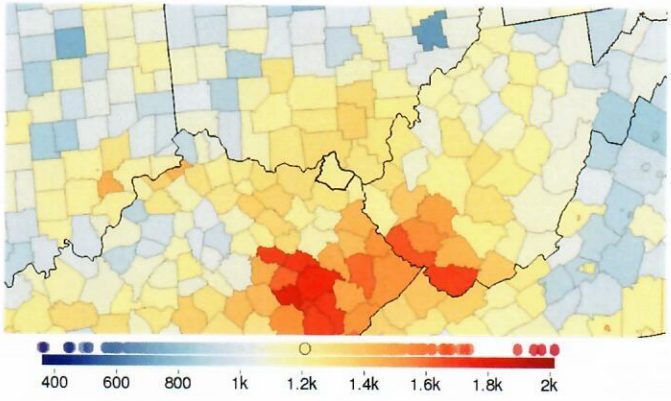


Fig. 4: Male all-cause mortality, 2014



FINDINGS: ISCHEMIC HEART DISEASE

Sex	Greenup County	Kentucky	National	National rank	% change 1980-2014
Female	167.3	149.9	124.9	2433	-40.1
Male	226.3	235.3	191.5	1982	-58.6

rate per 100,000 population, age-standardized, 2014

Fig. 5: Female ischemic heart disease, 2014

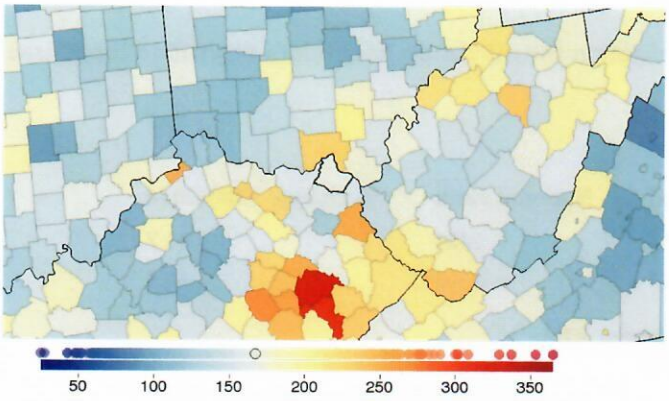
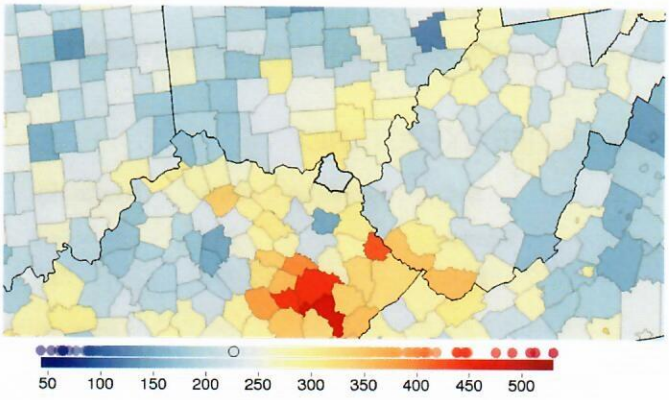


Fig. 6: Male ischemic heart disease, 2014



FINDINGS: CEREBROVASCULAR DISEASE (STROKE)

Sex	Greenup County	Kentucky	National	National rank	% change 1980-2014
Female	65.4	55.3	47.4	2732	-37.7
Male	59.0	55.4	48.8	2297	-52.1

rate per 100,000 population, age-standardized, 2014

Fig. 7: Female cerebrovascular disease (stroke), 2014

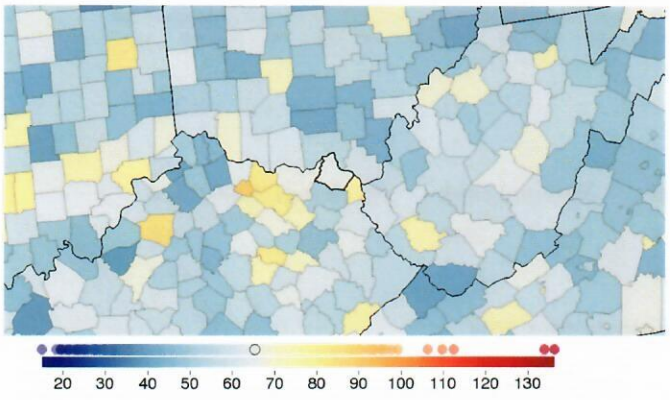
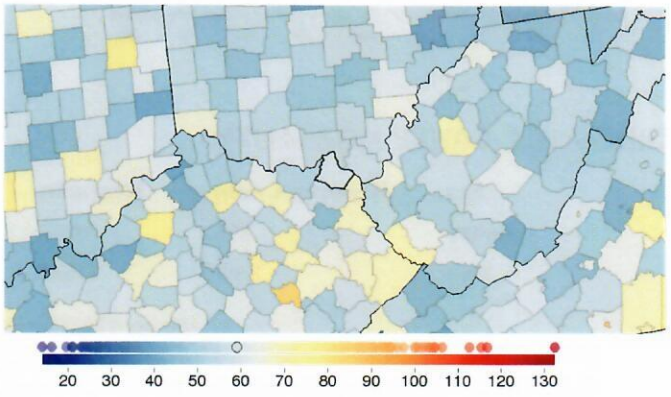


Fig. 8: Male cerebrovascular disease (stroke), 2014



FINDINGS: TRACHEAL, BRONCHUS, AND LUNG CANCER

Sex	Greenup County	Kentucky	National	National rank	% change 1980-2014
Female	59.0	67.8	43.8	2583	+64.7
Male	135.6	113.1	67.6	3057	+7.8

rate per 100,000 population, age-standardized, 2014

Fig. 9: Female tracheal, bronchus, and lung cancer, 2014

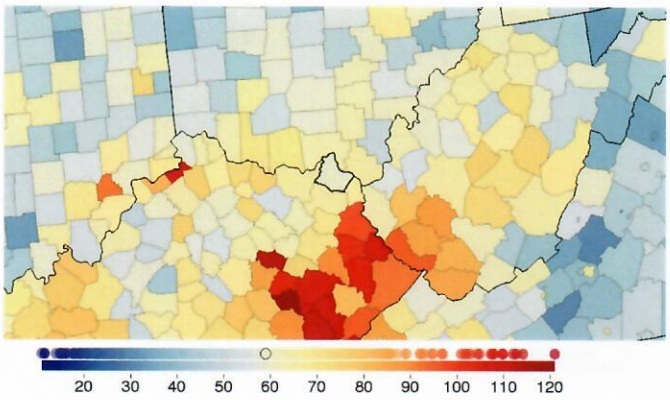
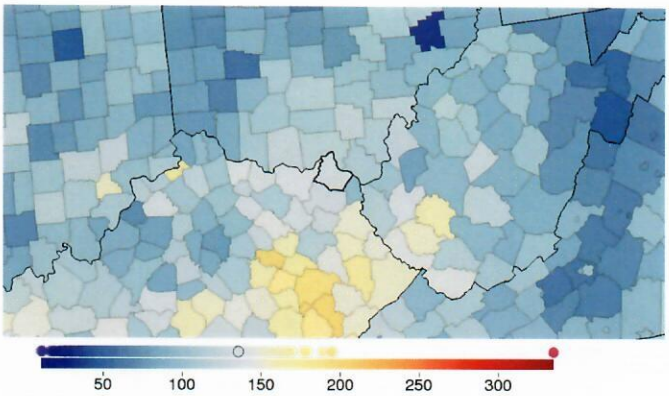


Fig. 10: Male tracheal, bronchus, and lung cancer, 2014



FINDINGS: BREAST CANCER

Sex	Greenup County	Kentucky	National	National rank	% change 1980-2014
Female	27.1	27.6	25.9	1976	-11.6
Male	0.4	0.3	0.3	2394	-0.2

rate per 100,000 population, age-standardized, 2014

Fig. 11: Female breast cancer, 2014

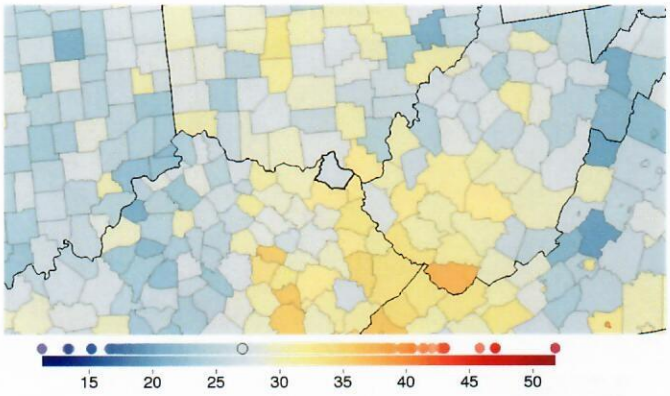
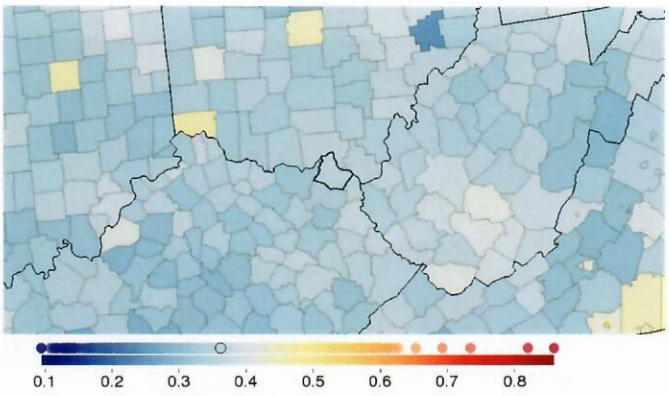


Fig. 12: Male breast cancer, 2014



FINDINGS: MALIGNANT SKIN MELANOMA

Sex	Greenup County	Kentucky	National	National rank	% change 1980-2014
Female	2.7	2.3	1.9	3031	+28.1
Male	5.8	5.6	4.5	2561	+62.8

rate per 100,000 population, age-standardized, 2014

Fig. 13: Female malignant skin melanoma, 2014

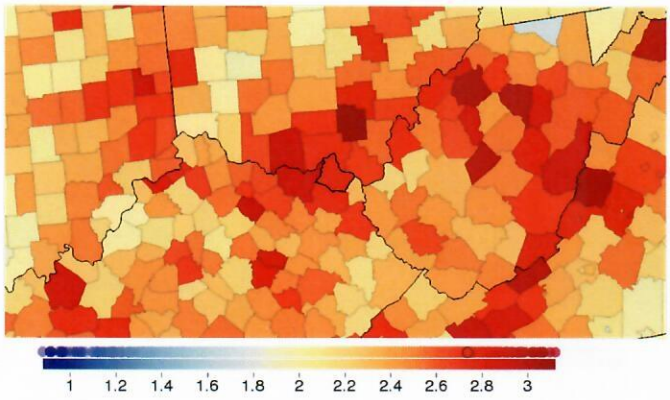
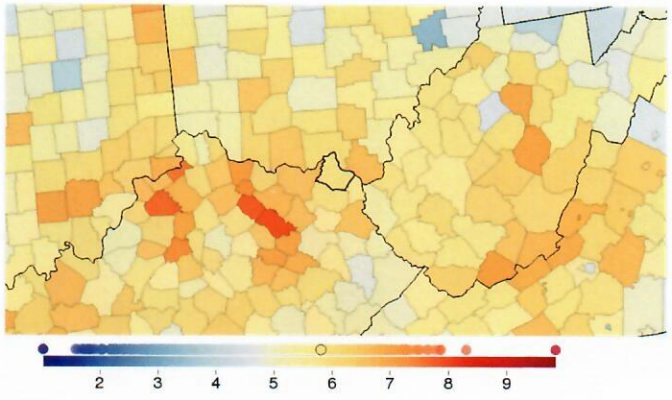


Fig. 14: Male malignant skin melanoma, 2014



FINDINGS: DIABETES, UROGENITAL, BLOOD, AND ENDOCRINE DISEASES MORTALITY

Sex	Greenup County	Kentucky	National	National rank	% change 1980-2014
Female	62.7	62.9	49.6	2112	+40.7
Male	71.5	78.4	63.8	1859	+41.1

rate per 100,000 population, age-standardized, 2014

Fig. 15: Female diabetes, urogenital, blood, and endocrine diseases mortality, 2014

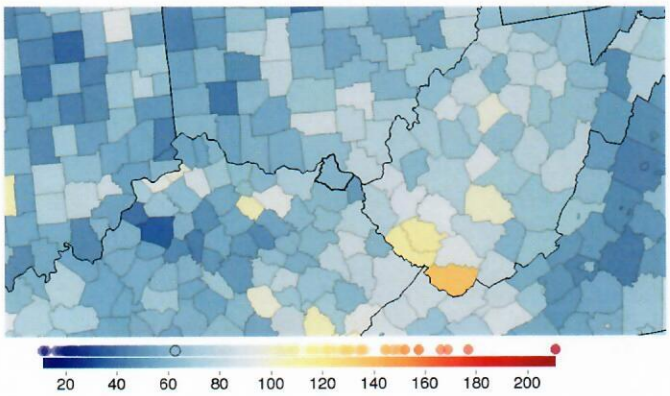
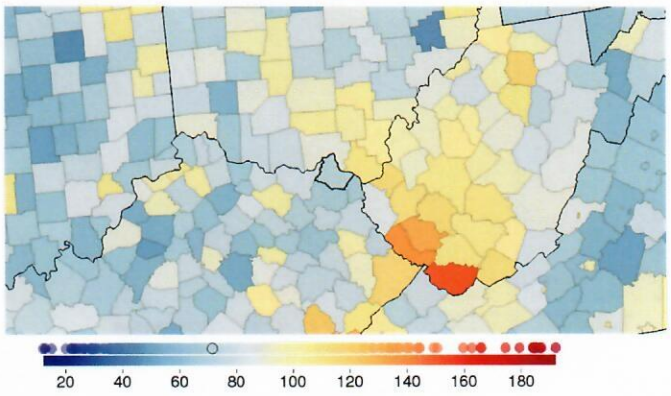


Fig. 16: Male diabetes, urogenital, blood, and endocrine diseases mortality, 2014



FINDINGS: SELF-HARM AND INTERPERSONAL VIOLENCE MORTALITY

Sex	Greenup County	Kentucky	National	National rank	% change 1980-2014
Female	7.3	10.3	9.0	666	-0.5
Male	23.7	35.4	30.9	479	-2.7

rate per 100,000 population, age-standardized, 2014

Fig. 17: Female self-harm and interpersonal violence mortality, 2014

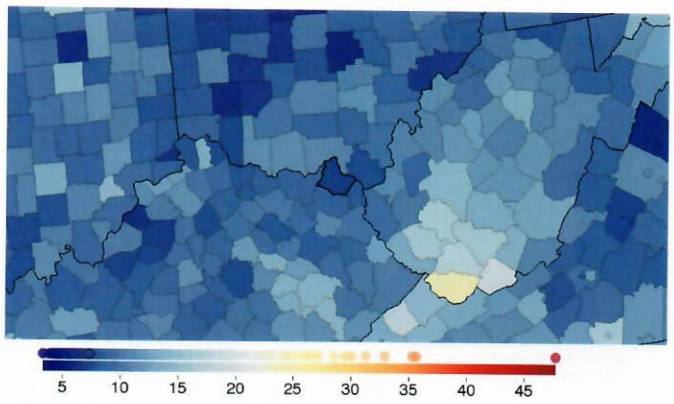
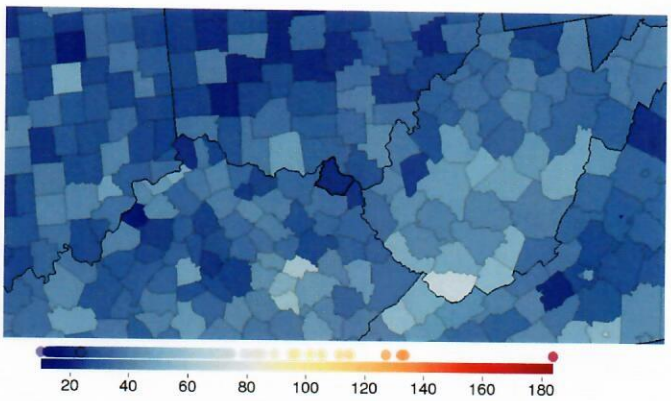


Fig. 18: Male self-harm and interpersonal violence mortality, 2014



FINDINGS: TRANSPORT INJURIES MORTALITY

Sex	Greenup County	Kentucky	National	National rank	% change 1980-2014
Female	11.1	12.7	8.1	1025	-6.4
Male	29.4	29.1	19.8	1437	-15.6

rate per 100,000 population, age-standardized, 2014

Fig. 19: Female transport injuries mortality, 2014

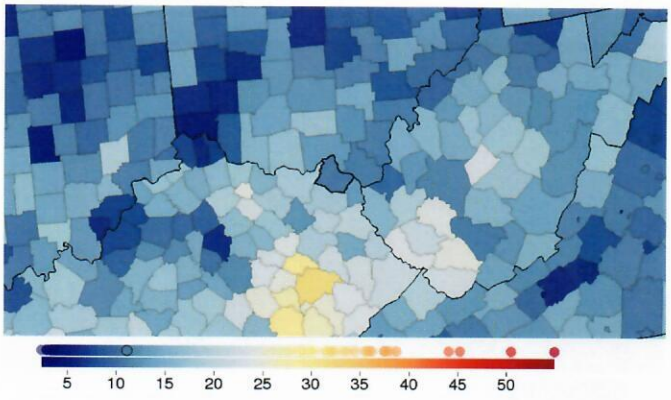
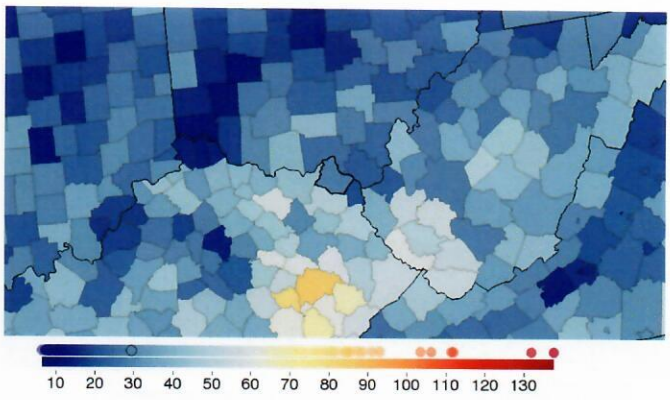


Fig. 20: Male transport injuries mortality, 2014



FINDINGS: MENTAL AND SUBSTANCE USE DISORDERS MORTALITY

Sex	Greenup County	Kentucky	National	National rank	% change 1980-2014
Female	13.2	15.0	8.2	2645	+2098.1
Male	33.9	29.1	18.7	2988	+1138.6

rate per 100,000 population, age-standardized, 2014

Fig. 21: Female mental and substance use disorders mortality, 2014

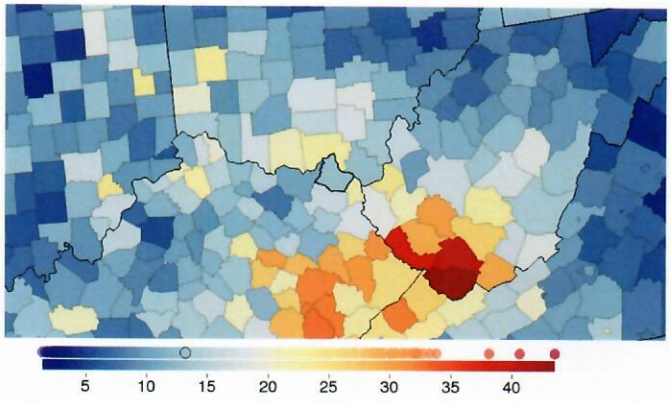
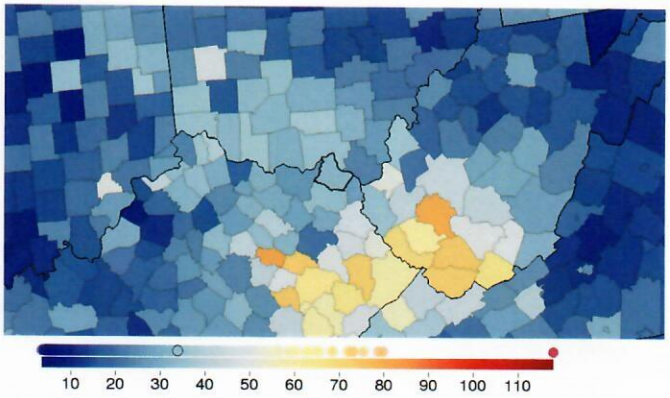


Fig. 22: Male mental and substance use disorders mortality, 2014



FINDINGS: CIRRHOSIS AND OTHER CHRONIC LIVER DISEASES MORTALITY

Sex	Greenup County	Kentucky	National	National rank	% change 1980-2014
Female	15.5	13.2	11.8	2462	+52.8
Male	25.4	25.4	22.2	2077	+30.2

rate per 100,000 population, age-standardized, 2014

Fig. 23: Female cirrhosis and other chronic liver diseases mortality, 2014

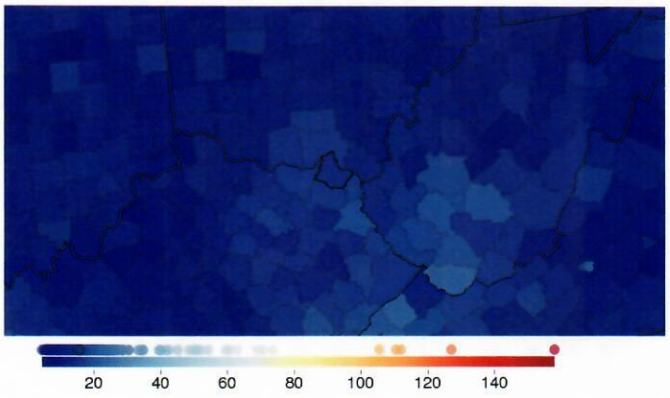
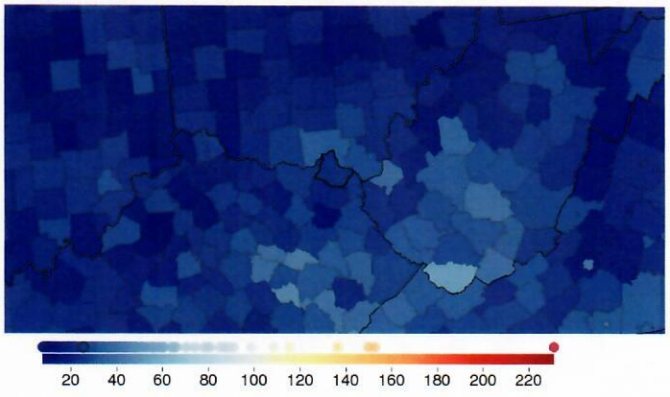


Fig. 24: Male cirrhosis and other chronic liver diseases mortality, 2014



FINDINGS: HEAVY DRINKING

Sex	Greenup County	Kentucky	National	National rank	% change 2005-2012
Female	2.6	4.6	6.7	371	+74.6
Male	7.8	10.0	9.9	475	+53.2

prevalence (%), age-standardized, 2012

Fig. 25: Female heavy drinking, 2012

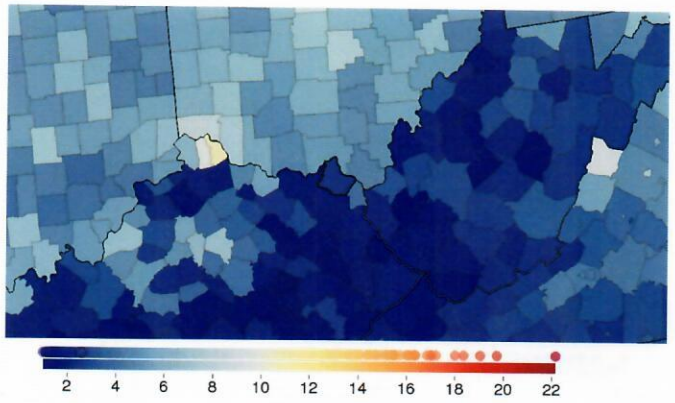
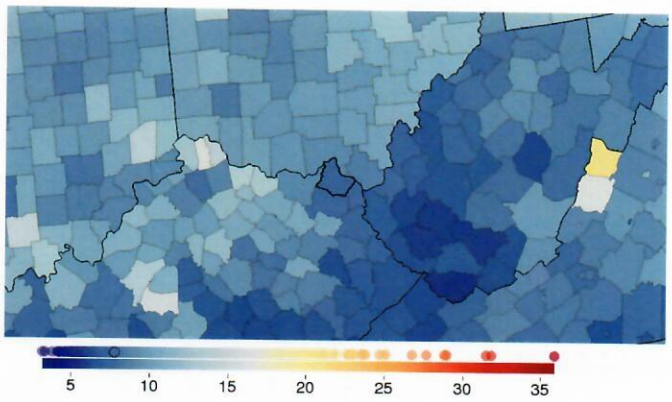


Fig. 26: Male heavy drinking, 2012



FINDINGS: BINGE DRINKING

Sex	Greenup County	Kentucky	National	National rank	% change 2002-2012
Female	7.1	9.5	12.4	603	+125.8
Male	17.1	21.0	24.5	263	+55.1

prevalence (%), age-standardized, 2012

Fig. 27: Female binge drinking, 2012

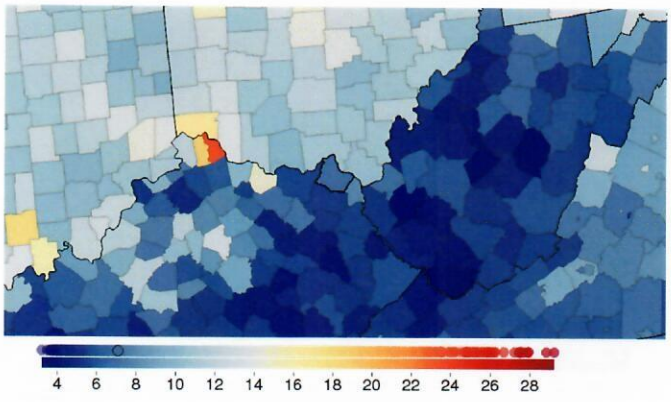
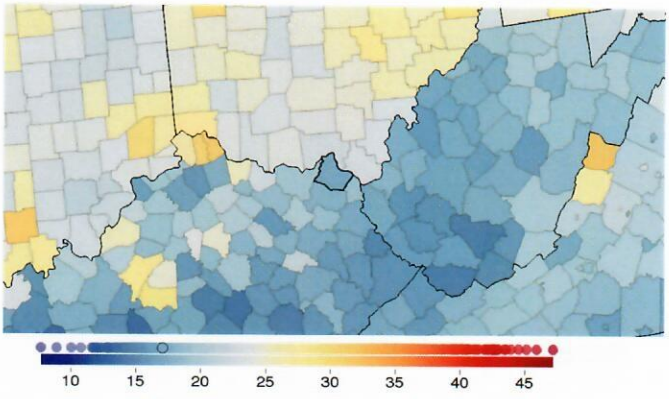


Fig. 28: Male binge drinking, 2012



FINDINGS: SMOKING

Sex	Greenup County	Kentucky	National	National rank	% change 1996-2012
Female	26.8	26.0	17.9	2780	-1.3
Male	29.5	28.8	22.2	2564	-18.2

prevalence (%), age-standardized, 2012

Fig. 29: Female smoking, 2012

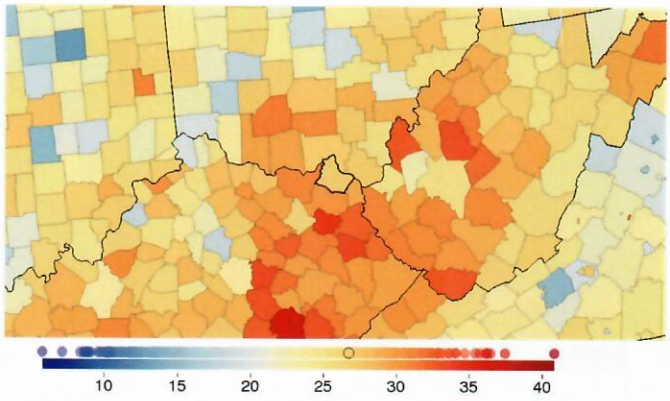
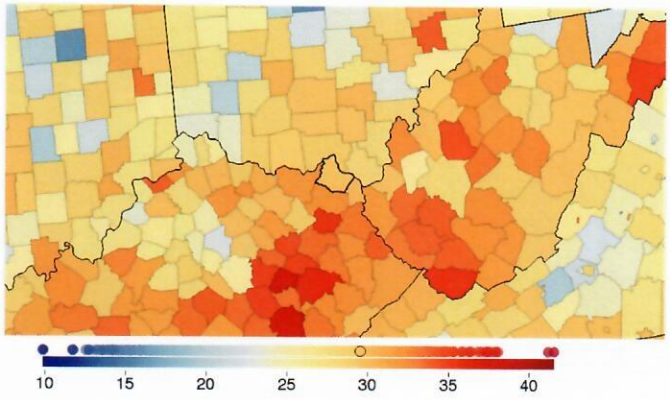


Fig. 30: Male smoking, 2012



FINDINGS: OBESITY

Sex	Greenup County	Kentucky	National	National rank	% change 2001-2011
Female	42.3	39.3	36.1	2421	+25.4
Male	43.3	37.5	33.8	3067	+45.6

prevalence (%), age-standardized, 2011

Fig. 31: Female obesity, 2011

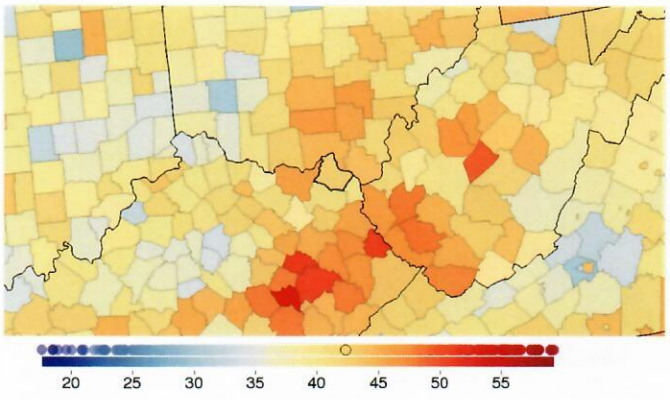
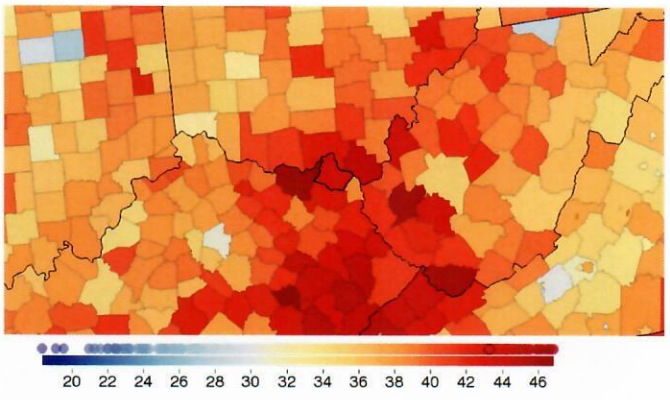


Fig. 32: Male obesity, 2011



FINDINGS: RECOMMENDED PHYSICAL ACTIVITY

Sex	Greenup County	Kentucky	National	National rank	% change 2001-2011
Female	42.5	45.8	52.6	2615	+35.5
Male	47.8	49.9	56.3	2531	+14.4

prevalence (%), age-standardized, 2011

Fig. 33: Female recommended physical activity, 2011

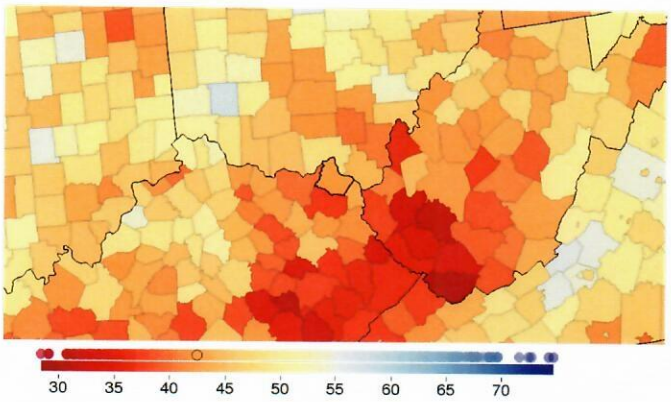
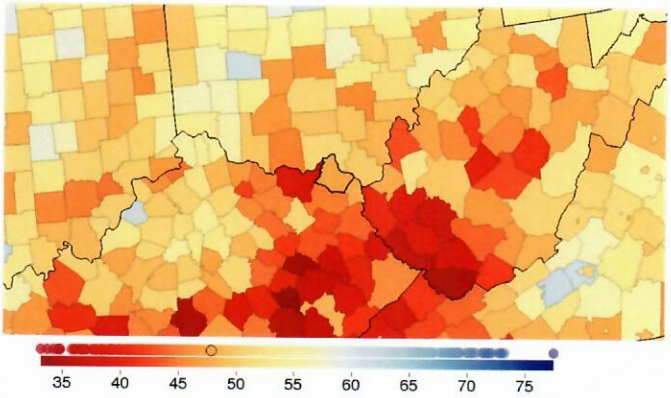


Fig. 34: Male recommended physical activity, 2011



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IHME

COUNTY PROFILE: Carter County, Kentucky

US COUNTY PERFORMANCE

The Institute for Health Metrics and Evaluation (IHME) at the University of Washington analyzed the performance of all 3,142 US counties or county-equivalents in terms of life expectancy at birth, mortality rates for select causes, alcohol use, smoking prevalence, obesity prevalence, and recommended physical activity using novel small area estimation techniques and the most up-to-date county-level information.

Explore more results using the interactive US Health Map data visualization (http://vizhub.healthdata.org/subnational/usa).

FINDINGS: LIFE EXPECTANCY

Sex	Carter County	Kentucky	National	National rank	% change 1980-2014
Female	78.0	78.8	81.5	2658	+1.3
Male	72.2	73.7	76.7	2721	+5.4

life expectancy at birth (years), 2014

Fig. 1: Female life expectancy, 2014

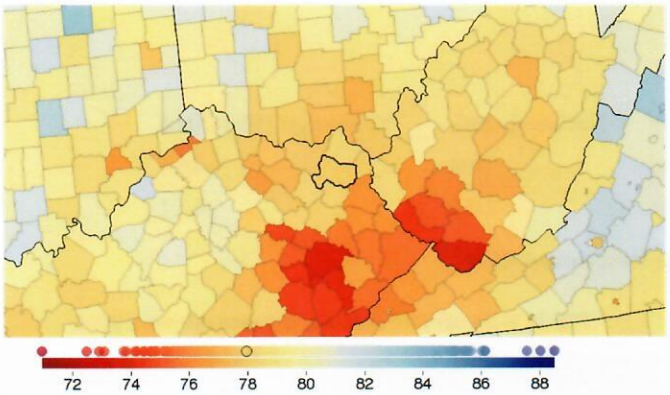
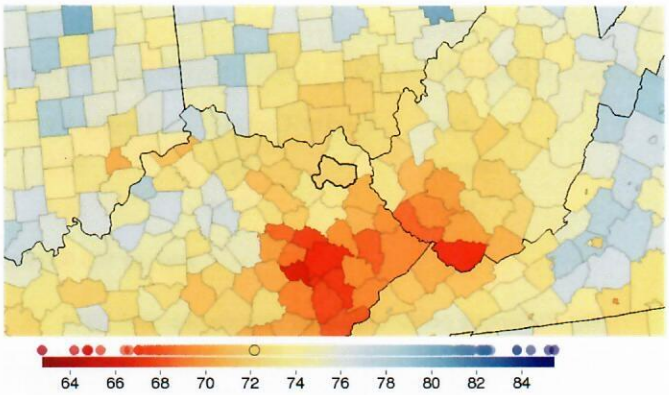


Fig. 2: Male life expectancy, 2014



FINDINGS: ALL-CAUSE MORTALITY

Sex	Carter County	Kentucky	National	National rank	% change 1980-2014
Female	877.1	827.2	667.8	2713	+1.0
Male	1271.5	1168.6	930.1	2775	-18.1

rate per 100,000 population, age-standardized, 2014

Fig. 3: Female all-cause mortality, 2014

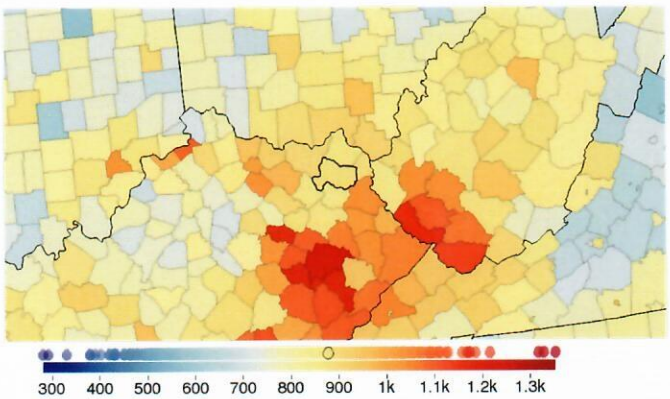
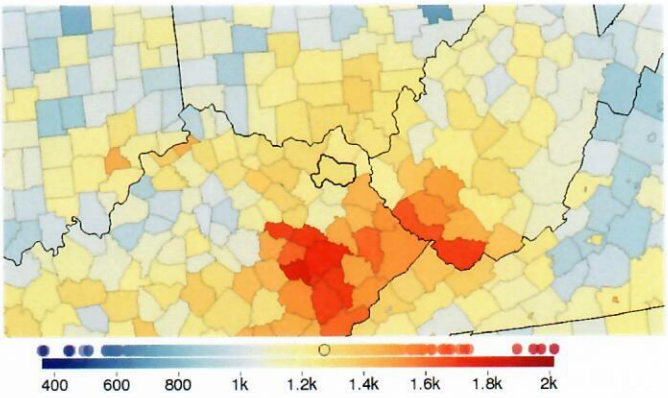


Fig. 4: Male all-cause mortality, 2014



FINDINGS: ISCHEMIC HEART DISEASE

Sex	Carter County	Kentucky	National	National rank	% change 1980-2014
Female	163.1	149.9	124.9	2356	-32.1
Male	270.6	235.3	191.5	2654	-47.5

rate per 100,000 population, age-standardized, 2014

Fig. 5: Female ischemic heart disease, 2014

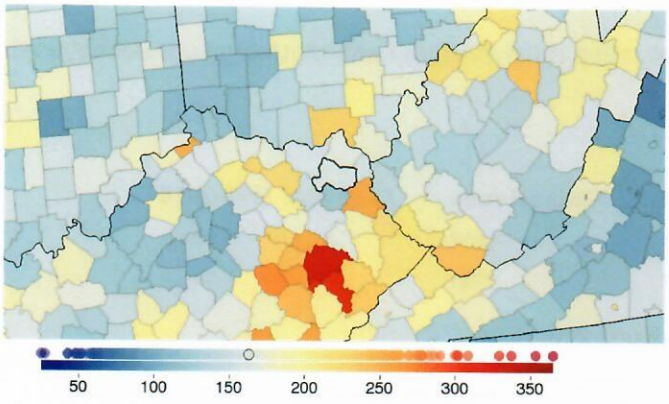
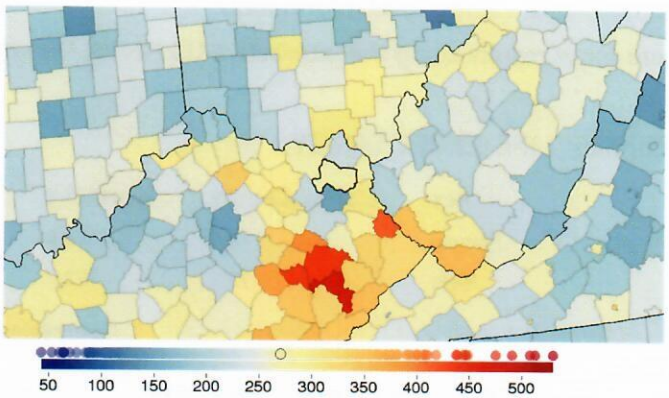


Fig. 6: Male ischemic heart disease, 2014



FINDINGS: CEREBROVASCULAR DISEASE (STROKE)

Sex	Carter County	Kentucky	National	National rank	% change 1980-2014
Female	52.6	55.3	47.4	1709	-45.1
Male	57.4	55.4	48.8	2159	-50.7

rate per 100,000 population, age-standardized, 2014

Fig. 7: Female cerebrovascular disease (stroke), 2014

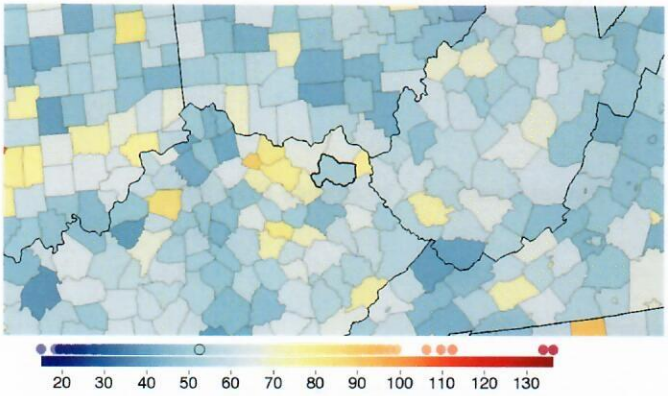
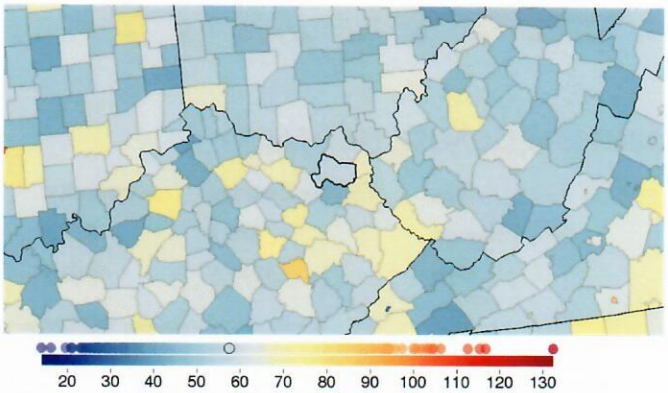


Fig. 8: Male cerebrovascular disease (stroke), 2014



FINDINGS: TRACHEAL, BRONCHUS, AND LUNG CANCER

Sex	Carter County	Kentucky	National	National rank	% change 1980-2014
Female	65.3	67.8	43.8	2898	+77.9
Male	131.8	113.1	67.6	3034	+6.4

rate per 100,000 population, age-standardized, 2014

Fig. 9: Female tracheal, bronchus, and lung cancer, 2014

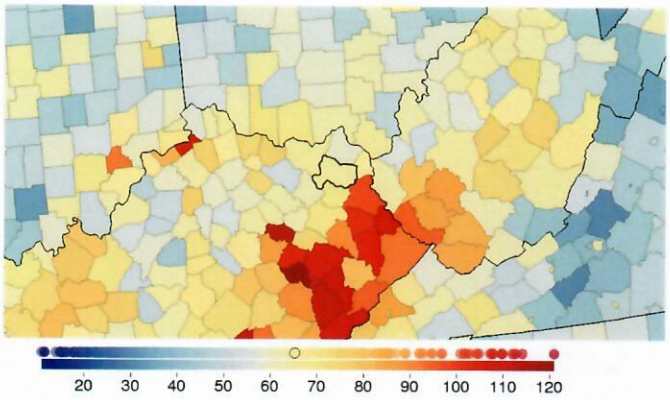
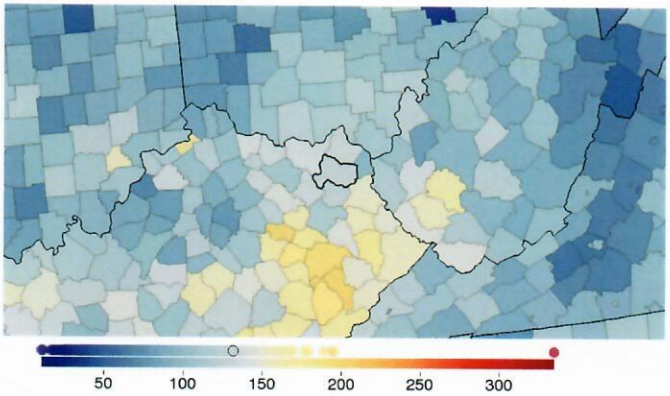


Fig. 10: Male tracheal, bronchus, and lung cancer, 2014



FINDINGS: BREAST CANCER

Sex	Carter County	Kentucky	National	National rank	% change 1980-2014
Female	31.9	27.6	25.9	2874	+1.5
Male	0.3	0.3	0.3	2066	-6.2

rate per 100,000 population, age-standardized, 2014

Fig. 11: Female breast cancer, 2014

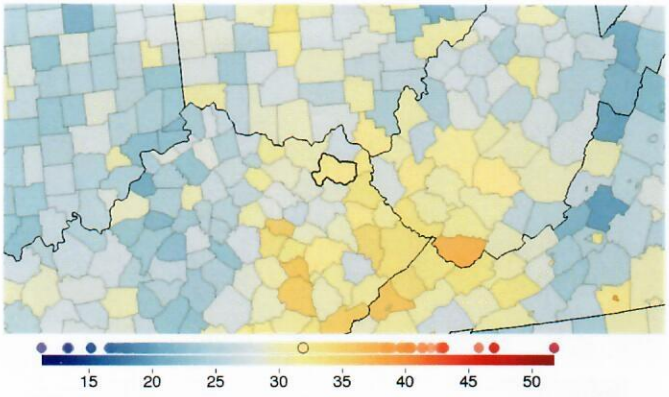
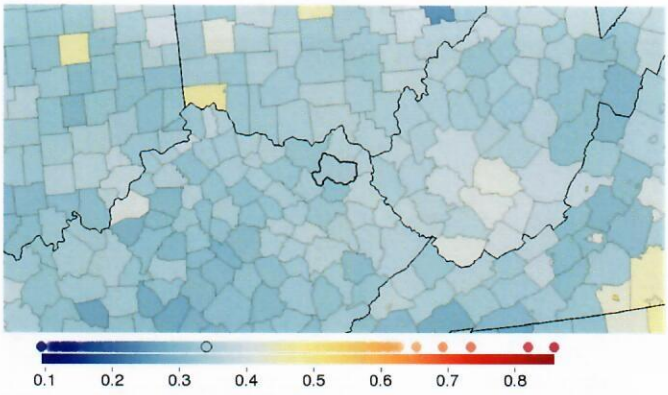


Fig. 12: Male breast cancer, 2014



FINDINGS: MALIGNANT SKIN MELANOMA

Sex	Carter County	Kentucky	National	National rank	% change 1980-2014
Female	2.7	2.3	1.9	3022	+23.2
Male	5.9	5.6	4.5	2619	+62.6

rate per 100,000 population, age-standardized, 2014

Fig. 13: Female malignant skin melanoma, 2014

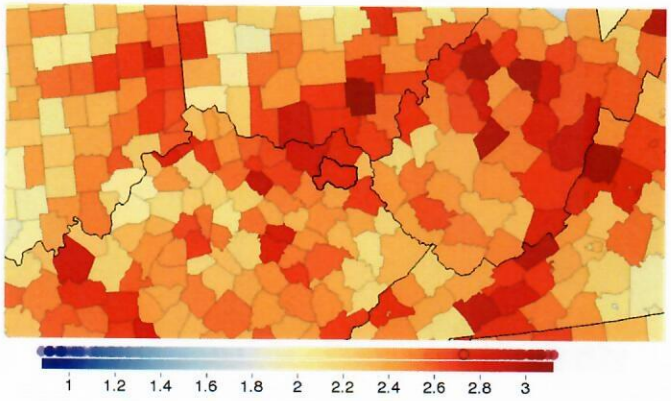
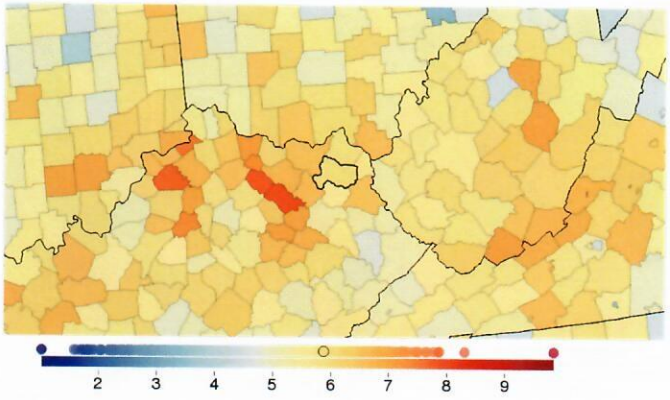


Fig. 14: Male malignant skin melanoma, 2014



FINDINGS: DIABETES, UROGENITAL, BLOOD, AND ENDOCRINE DISEASES MORTALITY

Sex	Carter County	Kentucky	National	National rank	% change 1980-2014
Female	63.6	62.9	49.6	2186	+15.3
Male	67.1	78.4	63.8	1547	+8.4

rate per 100,000 population, age-standardized, 2014

Fig. 15: Female diabetes, urogenital, blood, and endocrine diseases mortality, 2014

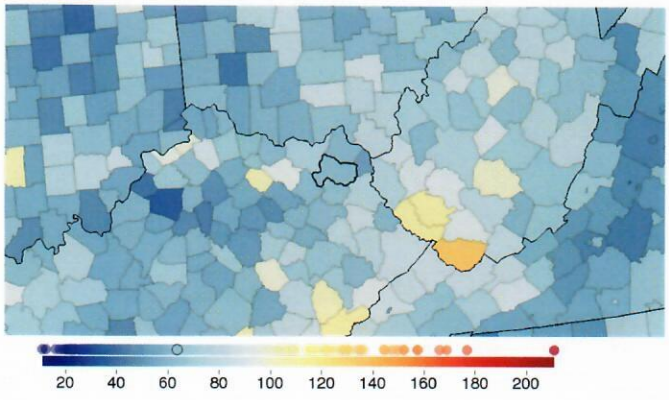
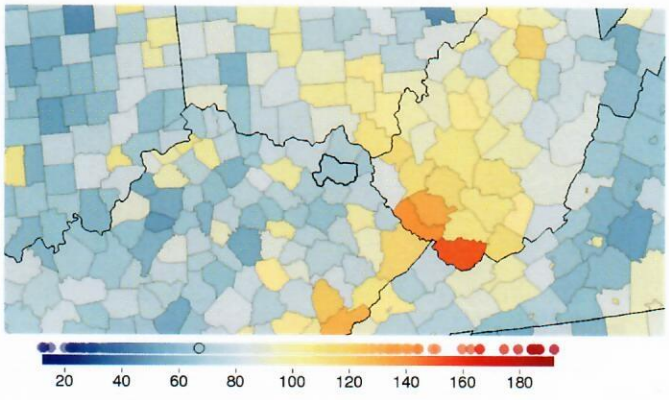


Fig. 16: Male diabetes, urogenital, blood, and endocrine diseases mortality, 2014



FINDINGS: SELF-HARM AND INTERPERSONAL VIOLENCE MORTALITY

Sex	Carter County	Kentucky	National	National rank	% change 1980-2014
Female	9.2	10.3	9.0	1399	+11.7
Male	37.2	35.4	30.9	2131	+1.9

rate per 100,000 population, age-standardized, 2014

Fig. 17: Female self-harm and interpersonal violence mortality, 2014

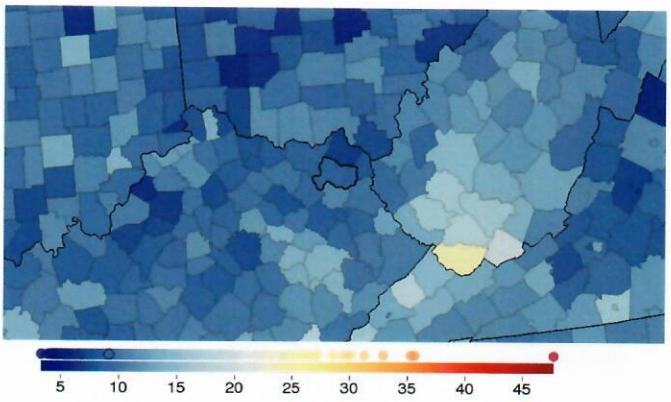
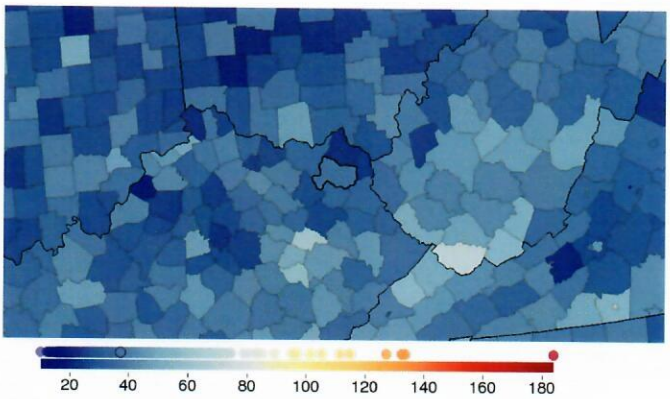


Fig. 18: Male self-harm and interpersonal violence mortality, 2014



FINDINGS: TRANSPORT INJURIES MORTALITY

Sex	Carter County	Kentucky	National	National rank	% change 1980-2014
Female	18.4	12.7	8.1	2498	+16.0
Male	50.1	29.1	19.8	2864	-5.6

rate per 100,000 population, age-standardized, 2014

Fig. 19: Female transport injuries mortality, 2014

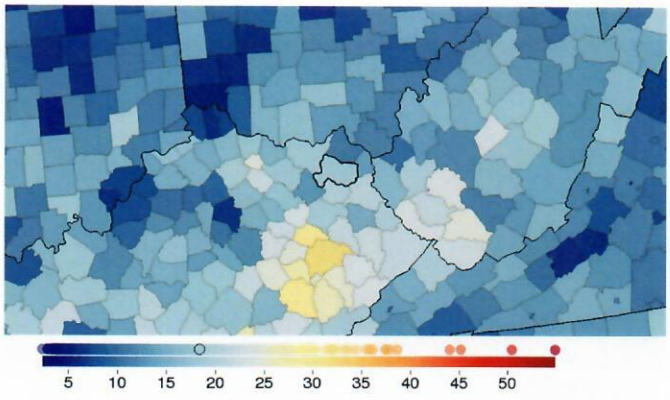
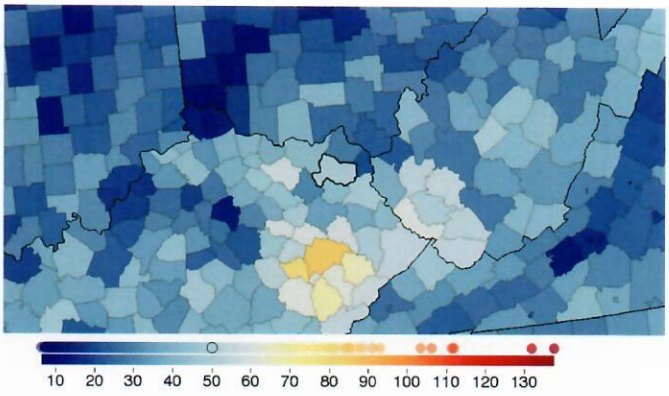


Fig. 20: Male transport injuries mortality, 2014



FINDINGS: MENTAL AND SUBSTANCE USE DISORDERS MORTALITY

Sex	Carter County	Kentucky	National	National rank	% change 1980-2014
Female	16.9	15.0	8.2	2922	+1856.3
Male	35.6	29.1	18.7	3019	+747.0

rate per 100,000 population, age-standardized, 2014

Fig. 21: Female mental and substance use disorders mortality, 2014

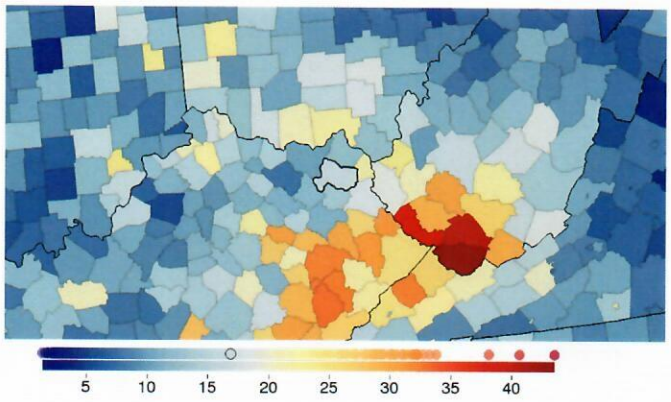
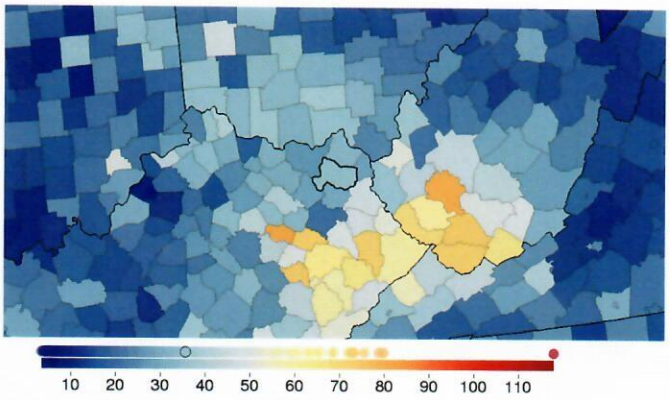


Fig. 22: Male mental and substance use disorders mortality, 2014



FINDINGS: CIRRHOSIS AND OTHER CHRONIC LIVER DISEASES MORTALITY

Sex	Carter County	Kentucky	National	National rank	% change 1980-2014
Female	17.1	13.2	11.8	2718	+71.9
Male	23.0	25.4	22.2	1688	+13.7

rate per 100,000 population, age-standardized, 2014

Fig. 23: Female cirrhosis and other chronic liver diseases mortality, 2014

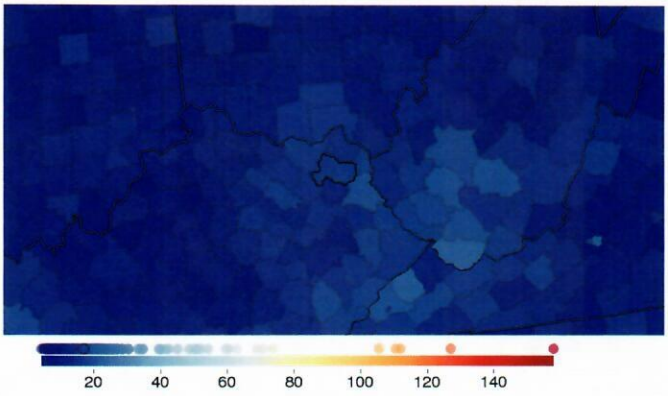
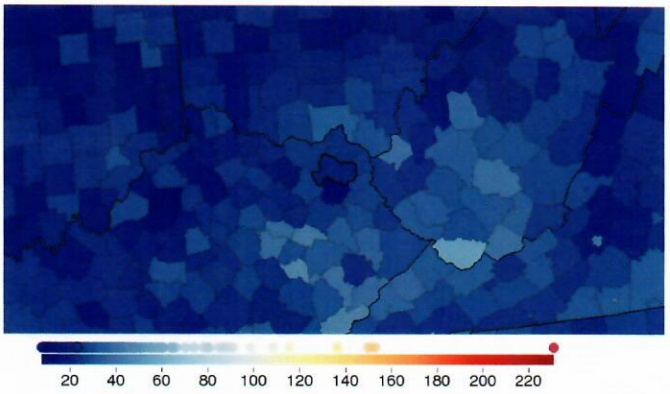


Fig. 24: Male cirrhosis and other chronic liver diseases mortality, 2014



FINDINGS: HEAVY DRINKING

Sex	Carter County	Kentucky	National	National rank	% change 2005-2012
Female	1.9	4.6	6.7	129	+79.2
Male	7.9	10.0	9.9	542	+58.8

prevalence (%), age-standardized, 2012

Fig. 25: Female heavy drinking, 2012

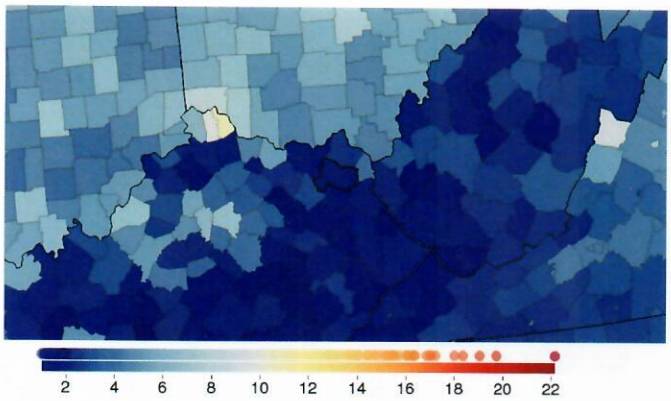
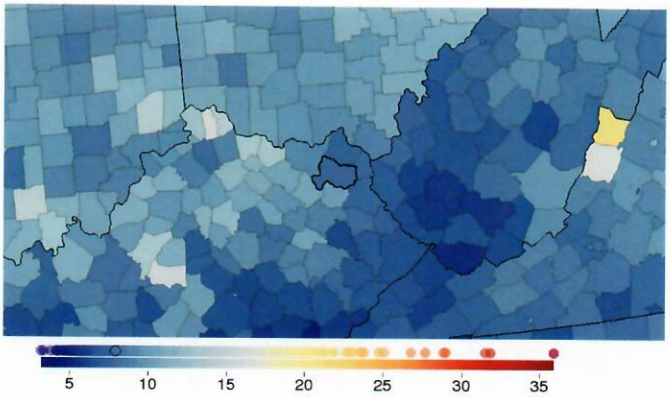


Fig. 26: Male heavy drinking, 2012



FINDINGS: BINGE DRINKING

Sex	Carter County	Kentucky	National	National rank	% change 2002-2012
Female	5.5	9.5	12.4	232	+154.8
Male	17.9	21.0	24.5	379	+79.4

prevalence (%), age-standardized, 2012

Fig. 27: Female binge drinking, 2012

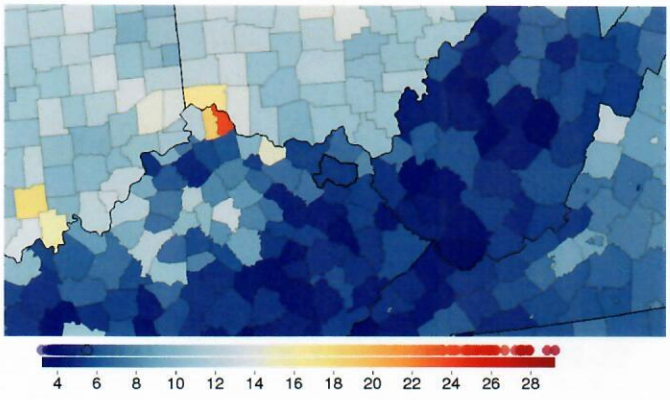
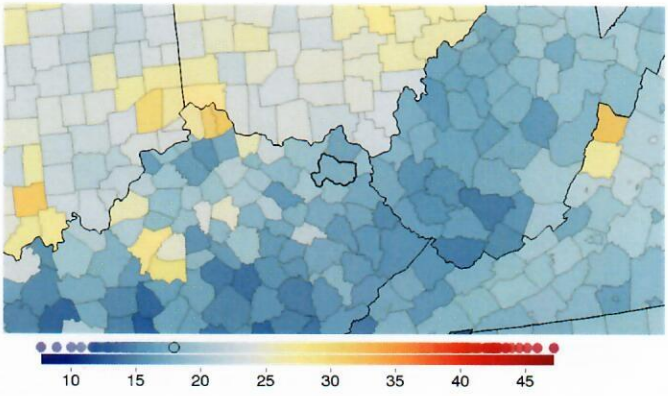


Fig. 28: Male binge drinking, 2012



FINDINGS: SMOKING

Sex	Carter County	Kentucky	National	National rank	% change 1996-2012
Female	30.0	26.0	17.9	3065	+4.1
Male	31.8	28.8	22.2	2946	-13.3

prevalence (%), age-standardized, 2012

Fig. 29: Female smoking, 2012

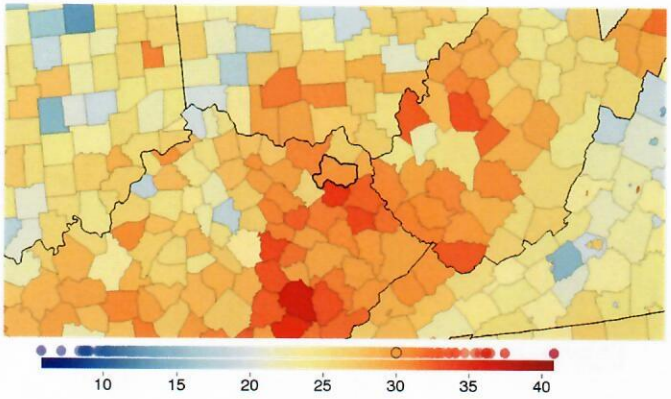
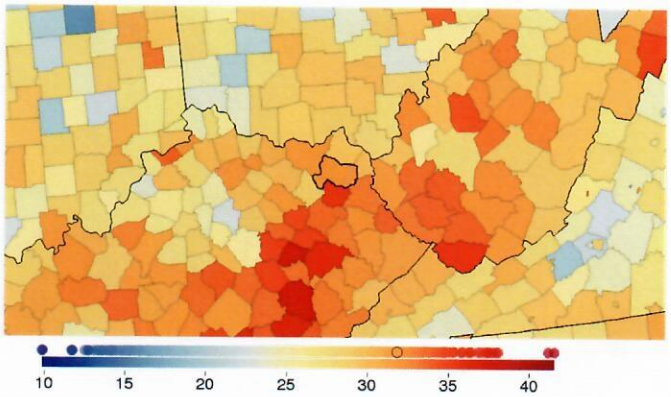


Fig. 30: Male smoking, 2012



FINDINGS: OBESITY

Sex	Carter County	Kentucky	National	National rank	% change 2001-2011
Female	40.8	39.3	36.1	2081	+6.2
Male	42.5	37.5	33.8	3016	+40.7

prevalence (%), age-standardized, 2011

Fig. 31: Female obesity, 2011

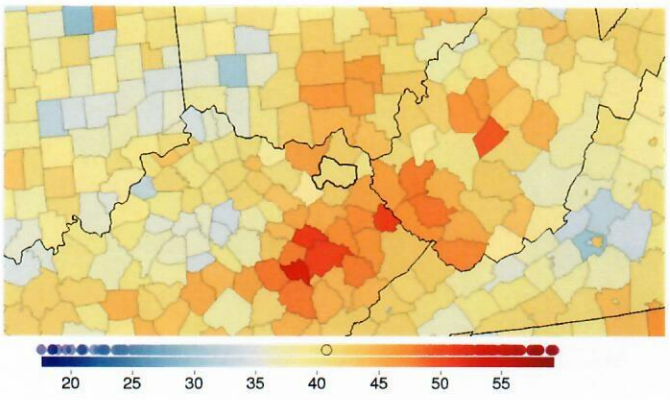
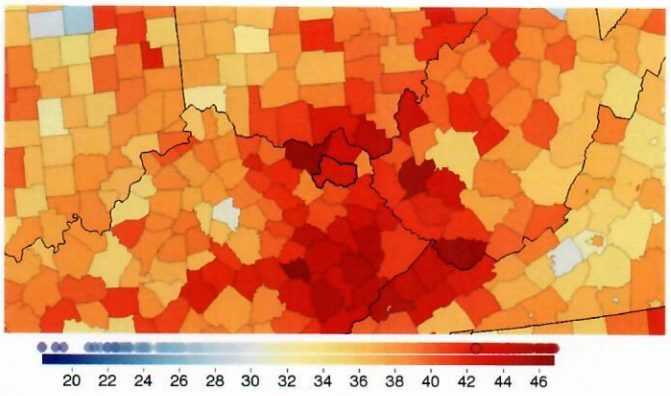


Fig. 32: Male obesity, 2011



FINDINGS: RECOMMENDED PHYSICAL ACTIVITY

Sex	Carter County	Kentucky	National	National rank	% change 2001-2011
Female	37.2	45.8	52.6	2998	+29.0
Male	45.2	49.9	56.3	2825	+26.3

prevalence (%), age-standardized, 2011

Fig. 33: Female recommended physical activity, 2011

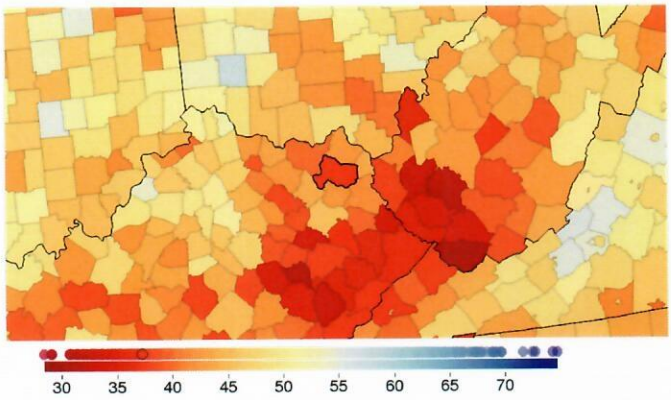
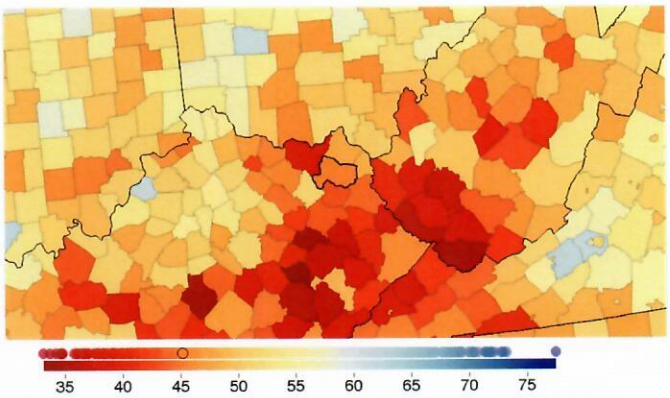


Fig. 34: Male recommended physical activity, 2011



CITATION:

Institute for Health Metrics and Evaluation (IHME),
US County Profile: Carter County, Kentucky.
Seattle, WA: IHME, 2016.

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IHME

COUNTY PROFILE: Lawrence County, Ohio

US COUNTY PERFORMANCE

The Institute for Health Metrics and Evaluation (IHME) at the University of Washington analyzed the performance of all 3,142 US counties or county-equivalents in terms of life expectancy at birth, mortality rates for select causes, alcohol use, smoking prevalence, obesity prevalence, and recommended physical activity using novel small area estimation techniques and the most up-to-date county-level information.

Explore more results using the interactive US Health Map data visualization (http://vizhub.healthdata.org/subnational/usa).

FINDINGS: LIFE EXPECTANCY

Sex	Lawrence County	Ohio	National	National rank	% change 1980-2014
Female	77.8	80.1	81.5	2713	+2.5
Male	72.7	75.6	76.7	2590	+6.7

life expectancy at birth (years), 2014

Fig. 1: Female life expectancy, 2014

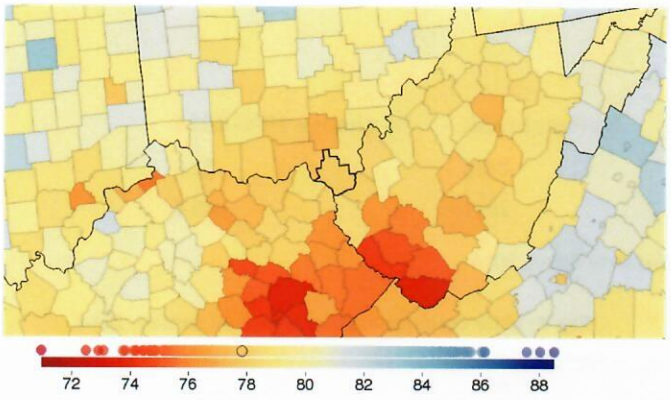
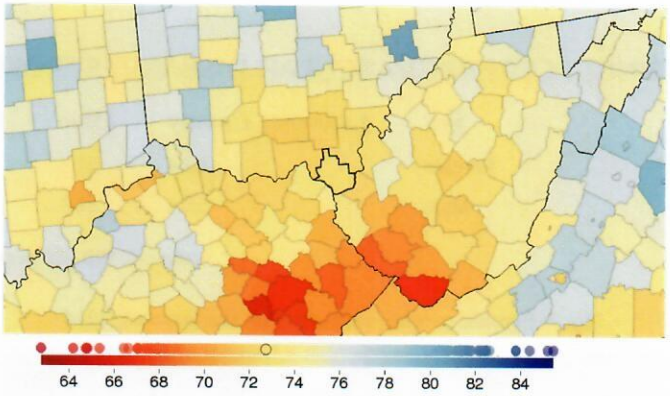


Fig. 2: Male life expectancy, 2014



FINDINGS: ALL-CAUSE MORTALITY

Sex	Lawrence County	Ohio	National	National rank	% change 1980-2014
Female	905.7	740.0	667.8	2836	-6.8
Male	1267.1	1030.4	930.1	2757	-23.7

rate per 100,000 population, age-standardized, 2014

Fig. 3: Female all-cause mortality, 2014

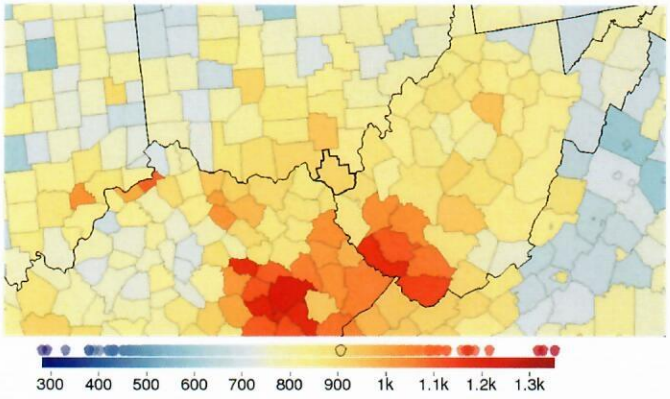
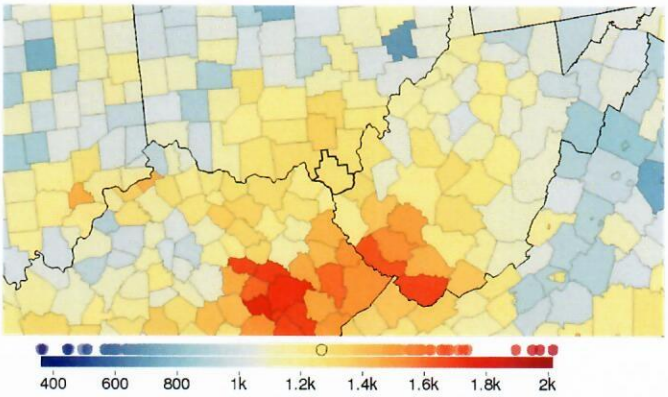


Fig. 4: Male all-cause mortality, 2014



FINDINGS: ISCHEMIC HEART DISEASE

Sex	Lawrence County	Ohio	National	National rank	% change 1980-2014
Female	172.4	135.6	124.9	2534	-49.4
Male	259.8	210.7	191.5	2534	-60.4

rate per 100,000 population, age-standardized, 2014

Fig. 5: Female ischemic heart disease, 2014

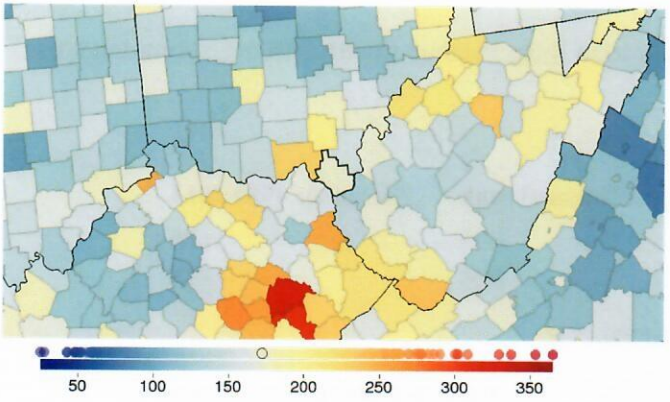
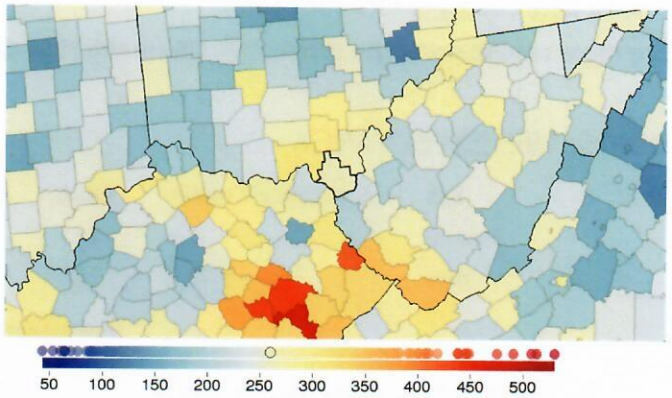


Fig. 6: Male ischemic heart disease, 2014



FINDINGS: CEREBROVASCULAR DISEASE (STROKE)

Sex	Lawrence County	Ohio	National	National rank	% change 1980-2014
Female	60.4	51.4	47.4	2445	-32.0
Male	56.4	53.1	48.8	2041	-46.4

rate per 100,000 population, age-standardized, 2014

Fig. 7: Female cerebrovascular disease (stroke), 2014

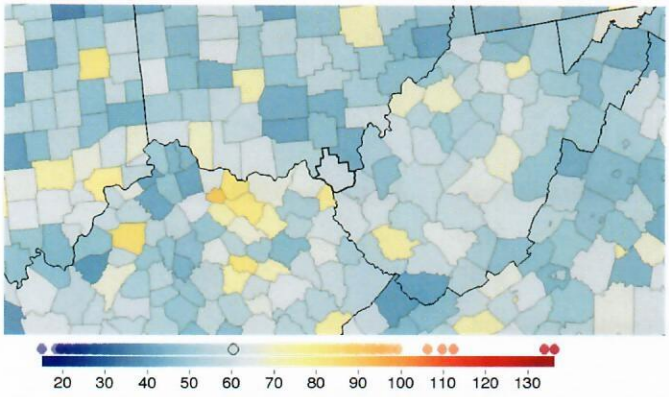
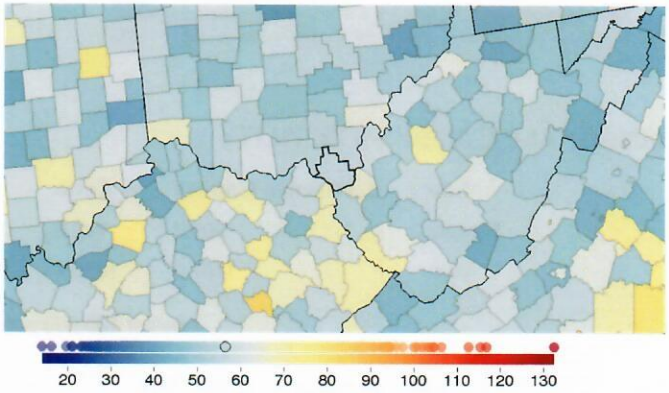


Fig. 8: Male cerebrovascular disease (stroke), 2014



FINDINGS: TRACHEAL, BRONCHUS, AND LUNG CANCER

Sex	Lawrence County	Ohio	National	National rank	% change 1980-2014
Female	64.8	50.8	43.8	2885	+50.5
Male	113.4	80.8	67.6	2793	-12.8

rate per 100,000 population, age-standardized, 2014

Fig. 9: Female tracheal, bronchus, and lung cancer, 2014

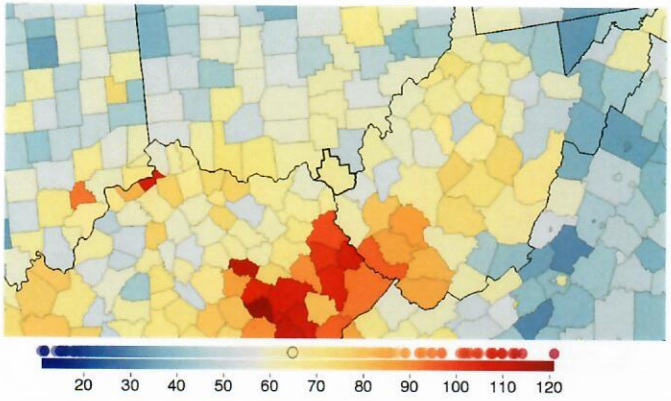
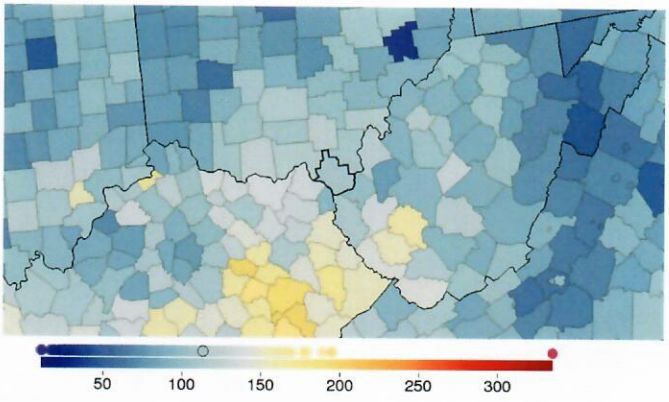


Fig. 10: Male tracheal, bronchus, and lung cancer, 2014



FINDINGS: BREAST CANCER

Sex	Lawrence County	Ohio	National	National rank	% change 1980-2014
Female	31.9	28.2	25.9	2866	-13.3
Male	0.4	0.4	0.3	2296	-9.0

rate per 100,000 population, age-standardized, 2014

Fig. 11: Female breast cancer, 2014

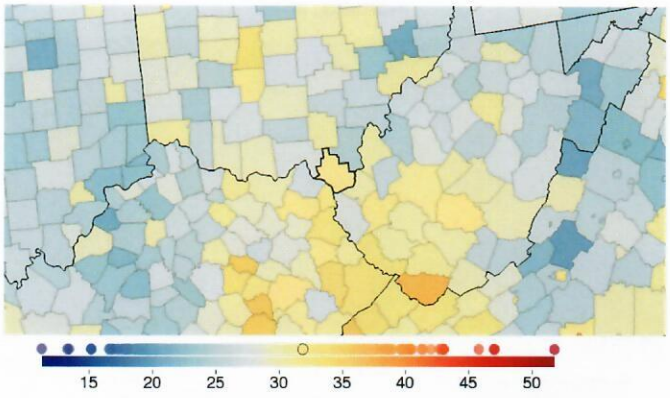
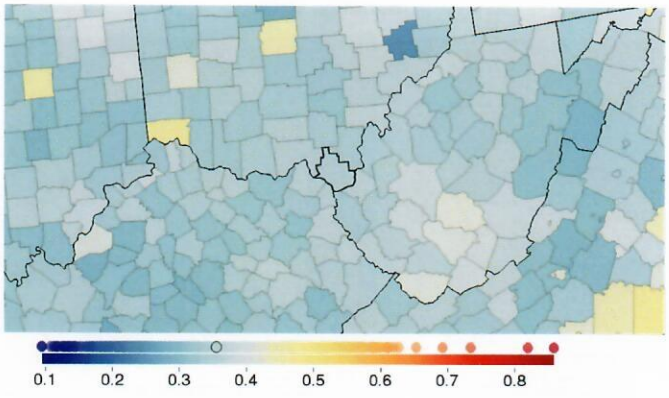


Fig. 12: Male breast cancer, 2014



FINDINGS: SELF-HARM AND INTERPERSONAL VIOLENCE MORTALITY

Sex	Lawrence County	Ohio	National	National rank	% change 1980-2014
Female	8.0	8.4	9.0	887	-5.1
Male	29.7	30.0	30.9	1186	+1.8

rate per 100,000 population, age-standardized, 2014

Fig. 17: Female self-harm and interpersonal violence mortality, 2014

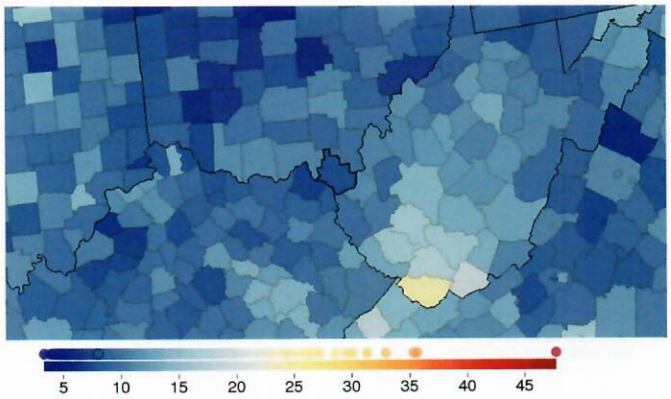
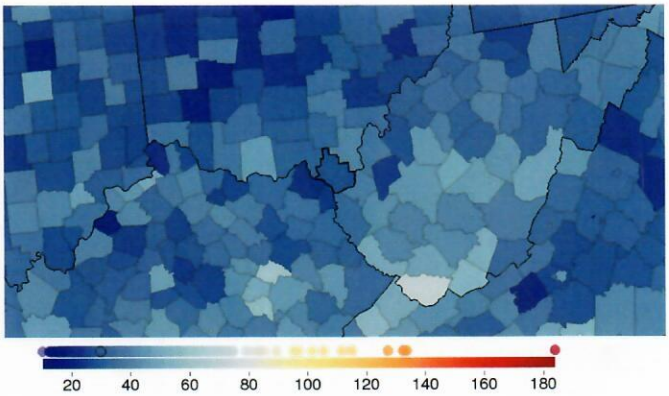


Fig. 18: Male self-harm and interpersonal violence mortality, 2014



FINDINGS: TRANSPORT INJURIES MORTALITY

Sex	Lawrence County	Ohio	National	National rank	% change 1980-2014
Female	11.6	7.4	8.1	1165	-8.0
Male	23.5	16.7	19.8	862	-33.2

rate per 100,000 population, age-standardized, 2014

Fig. 19: Female transport injuries mortality, 2014

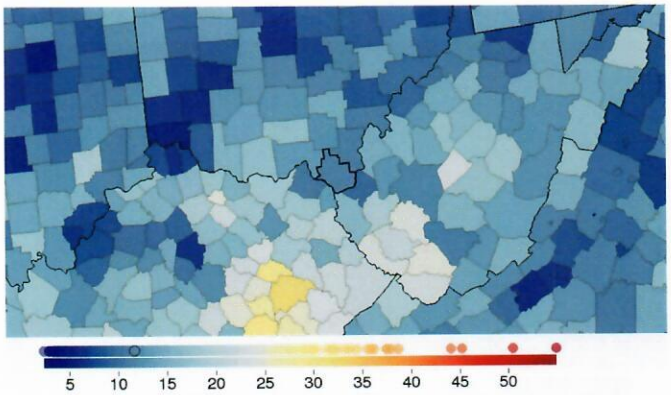
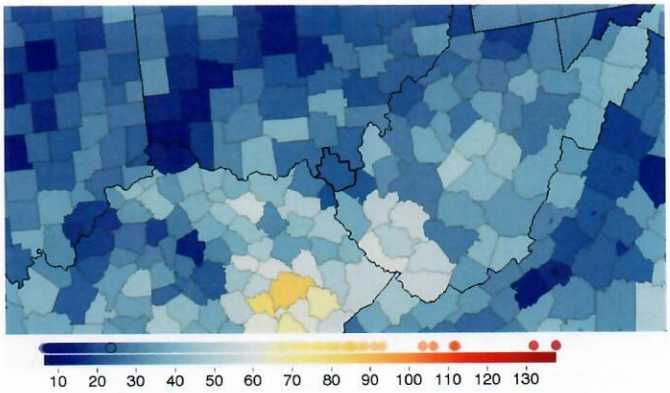


Fig. 20: Male transport injuries mortality, 2014



FINDINGS: MENTAL AND SUBSTANCE USE DISORDERS MORTALITY

Sex	Lawrence County	Ohio	National	National rank	% change 1980-2014
Female	13.2	11.3	8.2	2644	+1729.3
Male	24.3	25.3	18.7	2607	+912.3

rate per 100,000 population, age-standardized, 2014

Fig. 21: Female mental and substance use disorders mortality, 2014

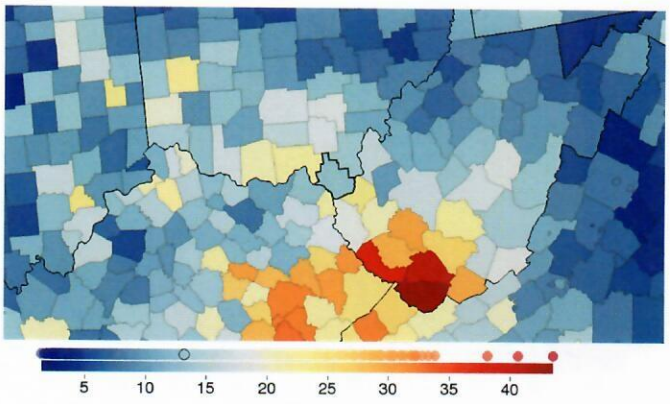
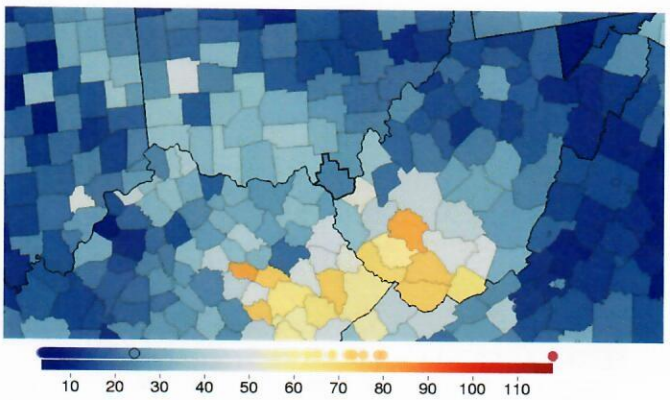


Fig. 22: Male mental and substance use disorders mortality, 2014



FINDINGS: CIRRHOSIS AND OTHER CHRONIC LIVER DISEASES MORTALITY

Sex	Lawrence County	Ohio	National	National rank	% change 1980-2014
Female	14.2	11.6	11.8	2122	+40.5
Male	32.0	20.5	22.2	2720	+32.9

rate per 100,000 population, age-standardized, 2014

Fig. 23: Female cirrhosis and other chronic liver diseases mortality, 2014

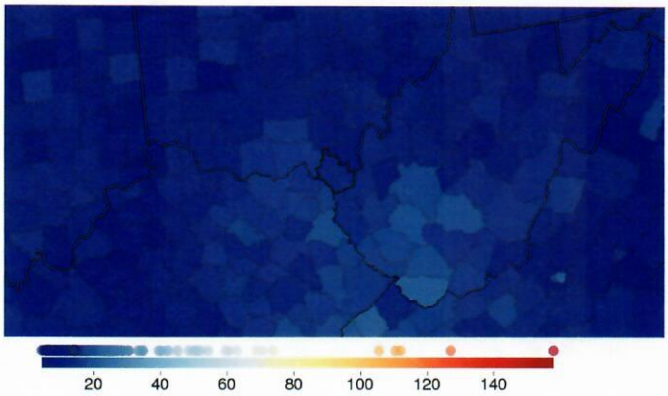
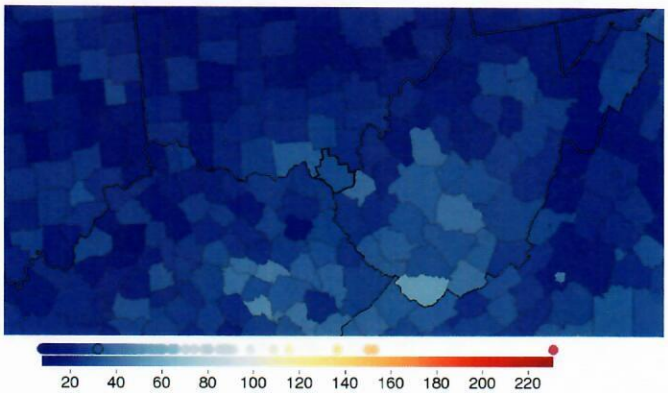


Fig. 24: Male cirrhosis and other chronic liver diseases mortality, 2014



FINDINGS: HEAVY DRINKING

Sex	Lawrence County	Ohio	National	National rank	% change 2005-2012
Female	4.6	7.0	6.7	1304	+49.4
Male	8.9	10.6	9.9	953	+15.7

prevalence (%), age-standardized, 2012

Fig. 25: Female heavy drinking, 2012

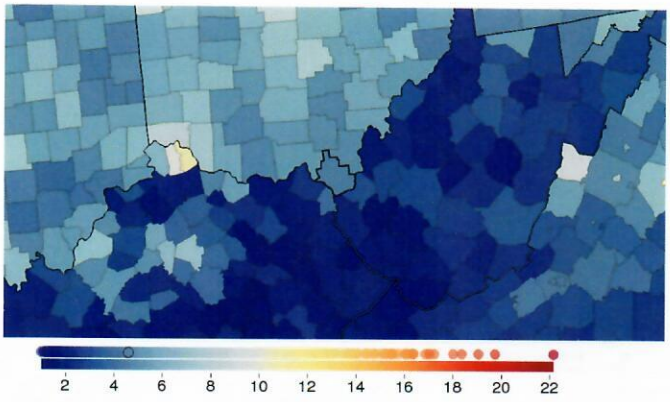
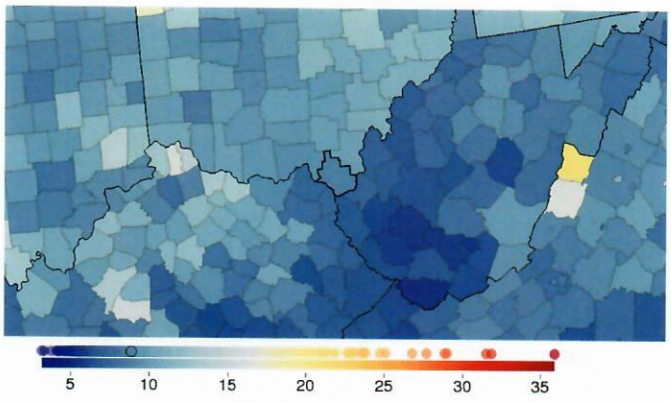


Fig. 26: Male heavy drinking, 2012



FINDINGS: BINGE DRINKING

Sex	Lawrence County	Ohio	National	National rank	% change 2002-2012
Female	10.7	14.0	12.4	1504	+21.4
Male	23.4	25.8	24.5	1407	+3.7

prevalence (%), age-standardized, 2012

Fig. 27: Female binge drinking, 2012

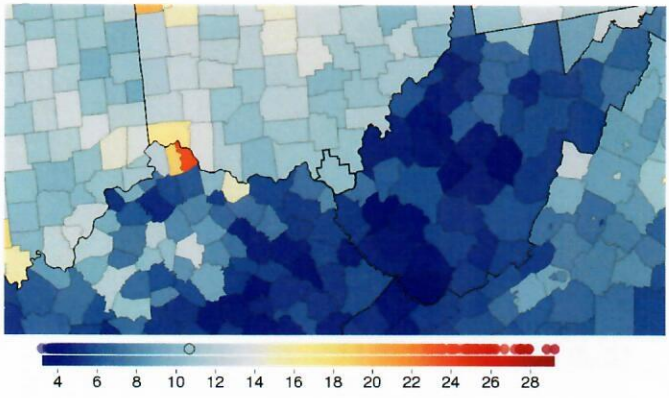
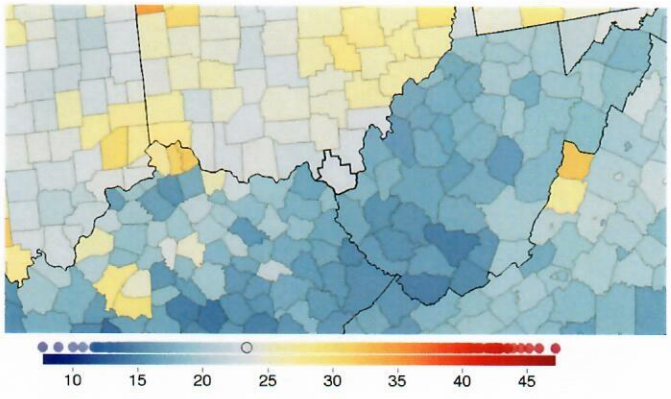


Fig. 28: Male binge drinking, 2012



FINDINGS: SMOKING

Sex	Lawrence County	Ohio	National	National rank	% change 1996-2012
Female	26.8	22.5	17.9	2781	-7.1
Male	28.1	25.1	22.2	2240	-14.1

prevalence (%), age-standardized, 2012

Fig. 29: Female smoking, 2012

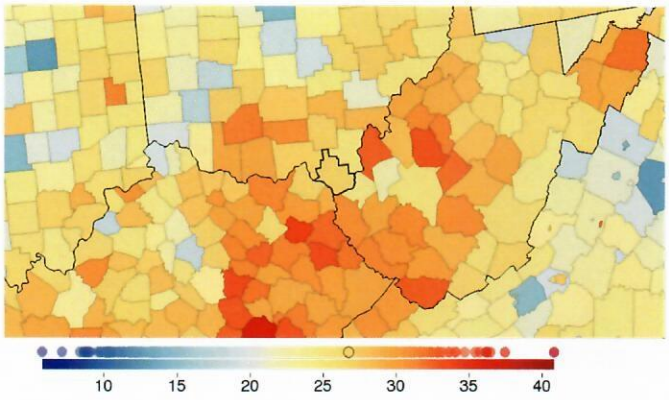
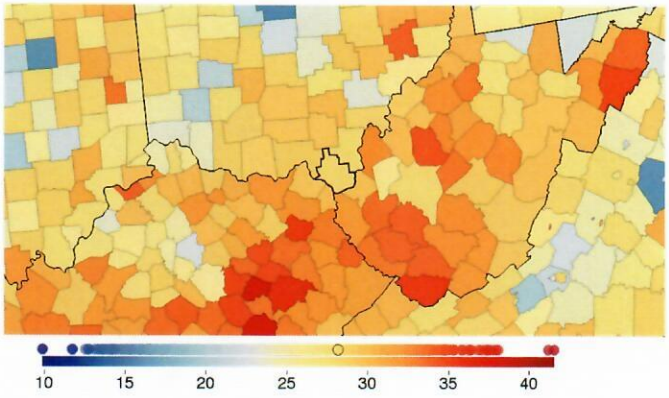


Fig. 30: Male smoking, 2012



FINDINGS: OBESITY

Sex	Lawrence County	Ohio	National	National rank	% change 2001-2011
Female	43.7	38.5	36.1	2615	+24.9
Male	44.6	36.7	33.8	3119	+34.7

prevalence (%), age-standardized, 2011

Fig. 31: Female obesity, 2011

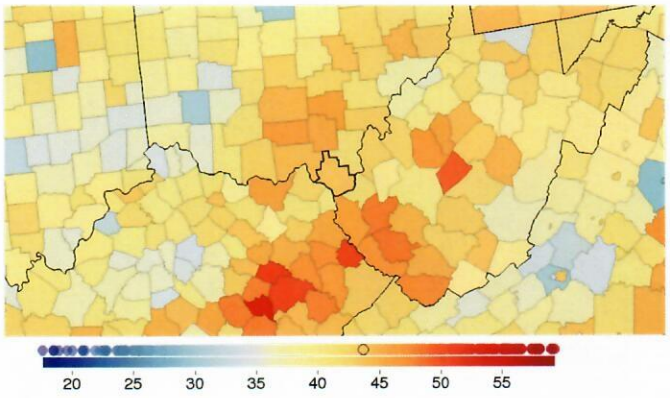
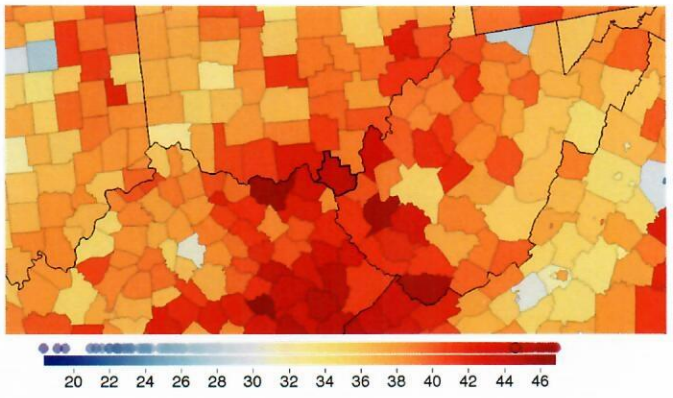


Fig. 32: Male obesity, 2011



FINDINGS: RECOMMENDED PHYSICAL ACTIVITY

Sex	Lawrence County	Ohio	National	National rank	% change 2001-2011
Female	44.6	50.9	52.6	2379	+18.4
Male	50.5	55.4	56.3	2140	+8.0

prevalence (%), age-standardized, 2011

Fig. 33: Female recommended physical activity, 2011

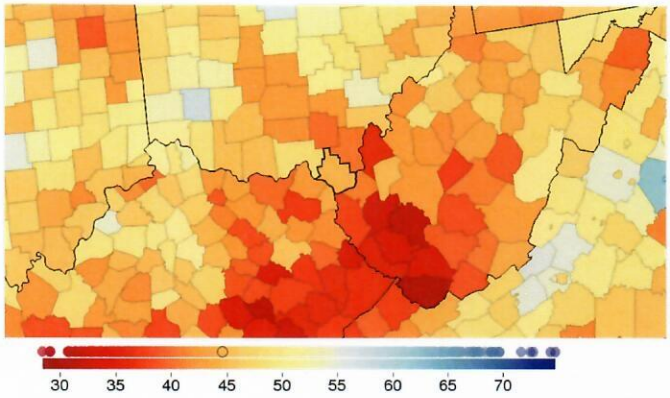
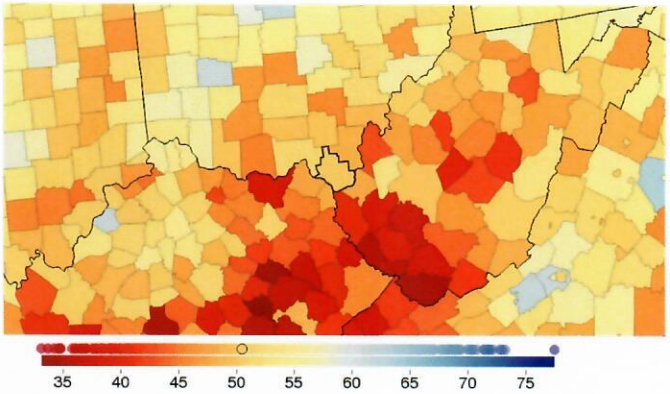


Fig. 34: Male recommended physical activity, 2011



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Institute for Health Metrics and Evaluation (IHME),
US County Profile: Lawrence County, Ohio.
Seattle, WA: IHME, 2016.

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IHME

United States Census Bureau

QuickFacts

UNITED STATES; Lawrence County, Ohio; Carter County, Kentucky; Greenup County, Kentucky; Boyd County, Kentucky; Kentucky

QuickFacts provides statistics for all states and counties, and for cities and towns with a ***population of 5,000 or more***.

Table

All Topics	UNITED STATES	Lawrence County, Ohio	Carter County, Kentucky	Greenup County, Kentucky	Boyd County, Kentucky	Kentucky
Population estimates, July 1, 2016, (V2016)	**323,127,513**	**60,872**	**27,046**	**35,893**	**48,132**	**4,436,974**
PEOPLE						
Population						
Population estimates, July 1, 2017, (V2017)	325,719,178	NA	NA	NA	NA	4,454,189
Population estimates, July 1, 2016, (V2016)	**323,127,513**	**60,872**	**27,046**	**35,893**	**48,132**	**4,436,974**
Population estimates base, April 1, 2010, (V2017)	308,758,105	NA	NA	NA	NA	4,339,340
Population estimates base, April 1, 2010, (V2016)	308,758,105	62,448	27,718	36,914	49,538	4,339,344
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	5.5%	NA	NA	NA	NA	2.6%
Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	4.7%	-2.5%	-2.4%	-2.8%	-2.8%	2.2%
Population, Census, April 1, 2010	308,745,538	62,450	27,720	36,910	49,542	4,339,367
Age and Sex						
Persons under 5 years, percent, July 1, 2016, (V2016)	6.2%	5.8%	6.4%	5.4%	6.1%	6.2%
Persons under 5 years, percent, April 1, 2010	6.5%	6.2%	6.3%	5.8%	5.9%	6.5%
Persons under 18 years, percent, July 1, 2016, (V2016)	22.8%	22.1%	22.6%	21.8%	21.5%	22.8%
Persons under 18 years, percent, April 1, 2010	24.0%	23.5%	23.5%	22.6%	21.4%	23.6%
Persons 65 years and over, percent, July 1, 2016, (V2016)	15.2%	17.9%	17.3%	20.0%	18.5%	15.6%
Persons 65 years and over, percent, April 1, 2010	13.0%	15.6%	14.9%	17.0%	16.6%	13.3%
Female persons, percent, July 1, 2016, (V2016)	50.8%	51.2%	50.6%	51.3%	50.2%	50.7%
Female persons, percent, April 1, 2010	50.8%	51.4%	50.2%	51.6%	50.3%	50.8%
Race and Hispanic Origin						
White alone, percent, July 1, 2016, (V2016) (a)	76.9%	95.6%	97.9%	97.2%	94.6%	88.0%
Black or African American alone, percent, July 1, 2016, (V2016) (a)	13.3%	2.2%	0.6%	0.8%	2.8%	8.3%
American Indian and Alaska Native alone, percent, July 1, 2016, (V2016) (a)	1.3%	0.2%	0.3%	0.3%	0.4%	0.3%
Asian alone, percent, July 1, 2016, (V2016) (a)	5.7%	0.4%	0.2%	0.5%	0.6%	1.5%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016, (V2016) (a)	0.2%	Z	Z	Z	Z	0.1%
Two or More Races, percent, July 1, 2016, (V2016)	2.6%	1.6%	0.9%	1.1%	1.6%	1.9%
Hispanic or Latino, percent, July 1, 2016, (V2016) (b)	17.8%	0.9%	1.2%	1.1%	1.7%	3.5%
White alone, not Hispanic or Latino, percent, July 1, 2016, (V2016)	61.3%	94.8%	96.8%	96.3%	93.2%	85.0%
Population Characteristics						
Veterans, 2012-2016	19,535,341	4,523	1,325	2,587	4,224	289,837
Foreign born persons, percent, 2012-2016	13.2%	0.6%	0.5%	0.8%	0.9%	3.5%
Housing						
Housing units, July 1, 2016, (V2016)	135,697,926	27,210	12,282	16,259	21,657	1,965,556
Housing units, April 1, 2010	131,704,730	27,603	12,311	16,330	21,803	1,927,164
Owner-occupied housing unit rate, 2012-2016	63.6%	73.6%	77.1%	76.8%	69.6%	66.8%
Median value of owner-occupied housing units, 2012-2016	$184,700	$101,600	$81,000	$99,700	$100,700	$126,100
Median selected monthly owner costs -with a mortgage, 2012-2016	$1,491	$1,005	$851	$1,034	$982	$1,116
Median selected monthly owner costs -without a mortgage, 2012-2016	$462	$382	$317	$348	$346	$343
Median gross rent, 2012-2016	$949	$664	$563	$642	$624	$690
Building permits, 2016	1,206,642	12	6	15	0	12,714
Families & Living Arrangements						
Households, 2012-2016	117,716,237	23,243	10,647	14,289	19,386	1,718,217
Persons per household, 2012-2016	2.64	2.62	2.50	2.51	2.40	2.49
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	85.2%	88.2%	87.3%	88.4%	85.6%	84.5%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	21.1%	1.6%	0.9%	1.5%	1.5%	5.2%
Education						
High school graduate or higher, percent of persons age 25 years+, 2012-2016	87.0%	85.7%	79.5%	86.8%	89.2%	84.6%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	30.3%	14.1%	13.1%	16.8%	19.1%	22.7%

Health						
With a disability, under age 65 years, percent, 2012-2016	8.6%	16.7%	14.4%	13.6%	15.4%	13.0%
Persons without health insurance, under age 65 years, percent	▲ 10.1%	▲ 8.0%	▲ 7.1%	▲ 6.7%	▲ 6.4%	▲ 6.0%
Economy						
In civilian labor force, total, percent of population age 16 years+, 2012-2016	63.1%	53.8%	50.8%	51.7%	51.0%	59.0%
In civilian labor force, female, percent of population age 16 years+, 2012-2016	58.3%	50.2%	45.5%	46.7%	49.0%	54.8%
Total accommodation and food services sales, 2012 ($1,000) (c)	708,138,598	58,931	28,067	30,400	129,446	7,500,115
Total health care and social assistance receipts/revenue, 2012 ($1,000) (c)	2,040,441,203	D	38,792	D	992,979	26,264,745
Total manufacturers shipments, 2012 ($1,000) (c)	5,696,729,632	D	253,467	D	D	129,284,438
Total merchant wholesaler sales, 2012 ($1,000) (c)	5,208,023,478	100,262	209,608	D	1,288,635	71,745,899
Total retail sales, 2012 ($1,000) (c)	4,219,821,871	553,826	272,826	211,710	1,010,396	54,869,978
Total retail sales per capita, 2012 (c)	$13,443	$8,917	$9,976	$5,768	$20,552	$12,526
Transportation						
Mean travel time to work (minutes), workers age 16 years+, 2012-2016	26.1	23.1	30.9	24.4	21.0	23.0
Income & Poverty						
Median household income (in 2016 dollars), 2012-2016	$55,322	$44,256	$37,367	$46,771	$44,140	$44,811
Per capita income in past 12 months (in 2016 dollars), 2012-2016	$29,829	$22,567	$19,170	$24,446	$25,939	$24,802
Persons in poverty, percent	▲ 12.7%	▲ 17.9%	▲ 22.6%	▲ 17.4%	▲ 18.2%	▲ 18.5%
BUSINESSES						
Businesses						
Total employer establishments, 2015	7,663,938	794	433	497	1,361	91,845[1]
Total employment, 2015	124,085,947	10,486	5,063	4,961	22,814	1,579,477[1]
Total annual payroll, 2015 ($1,000)	6,253,488,252	341,929	129,542	178,559	1,051,443	63,741,066[1]
Total employment, percent change, 2014-2015	2.5%	2.0%	1.6%	-1.5%	1.6%	2.9%[1]
Total nonemployer establishments, 2015	24,331,403	2,773	1,765	1,902	2,545	280,835
All firms, 2012	27,626,360	3,658	2,331	2,143	3,284	331,546
Men-owned firms, 2012	14,844,597	2,109	1,313	1,233	1,876	184,154
Women-owned firms, 2012	9,878,397	1,137	780	687	916	106,011
Minority-owned firms, 2012	7,952,386	111	F	33	84	27,258
Nonminority-owned firms, 2012	18,987,918	3,375	2,263	2,018	2,973	296,155
Veteran-owned firms, 2012	2,521,682	365	171	244	298	33,208
Nonveteran-owned firms, 2012	24,070,685	3,081	2,111	1,798	2,731	282,704
GEOGRAPHY						
Geography						
Population per square mile, 2010	87.4	137.7	67.7	107.2	309.9	109.9
Land area in square miles, 2010	3,531,905.43	453.37	409.50	344.40	159.86	39,486.34
FIPS Code	00	39087	21043	21089	21019	21

Value Notes

1. Includes data not distributed by county.

▲ This geographic level of poverty and health estimates is not comparable to other geographic levels of these estimates

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info ⓘ icon to the left of each row in TABLE view to learn about sampling error.

The vintage year (e.g., V2017) refers to the final year of the series (2010 thru 2017). *Different vintage years of estimates are not comparable.*

Fact Notes

- **(a)** Includes persons reporting only one race
- **(b)** Hispanics may be of any race, so also are included in applicable race categories
- **(c)** Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

Value Flags

- **-** Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper interval of an open ended distribution.
- **D** Suppressed to avoid disclosure of confidential information
- **F** Fewer than 25 firms
- **FN** Footnote on this item in place of data
- **NA** Not available
- **S** Suppressed; does not meet publication standards
- **X** Not applicable
- **Z** Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	Boyd (BY), KY X	Carter (CT), KY X	Greenup (GU), KY X	Lawrence (LW), OH X
Length of Life				
Premature age-adjusted mortality	490	500	470	520
Child mortality	70	60	40	60
Infant mortality	8			9
Quality of Life				
Frequent physical distress	14%	14%	14%	13%
Frequent mental distress	13%	13%	12%	13%
Diabetes prevalence**	16%	14%	14%	16%
HIV prevalence	107	48	39	81
Health Behaviors				
Food insecurity**	16%	17%	15%	15%
Limited access to healthy foods	11%	2%	8%	6%
Drug overdose deaths	29	25	31	23
Motor vehicle crash deaths	11	31	16	13
Insufficient sleep	37%	38%	39%	37%
Clinical Care				
Uninsured adults	11%	13%	12%	12%
Uninsured children	4%	4%	4%	5%
Health care costs**	$11,432	$10,068	$11,573	$11,283
Other primary care providers	439:1	1,509:1	1,718:1	2,910:1
Social & Economic Factors				
Disconnected youth	25%	21%	23%	14%

	Boyd (BY), KY X	Carter (CT), KY X	Greenup (GU), KY X	Lawrence (LW), OH X
Median household income	$43,400	$37,200	$45,700	$39,700
Children eligible for free or reduced price lunch	59%	63%	52%	59%
Residential segregation - black/white	68		70	61
Residential segregation - non-white/white	36	49	29	39
Homicides	3	7		3
Firearm fatalities	13	15	9	16
Physical Environment				
Demographics				
Population	48,325	27,158	36,068	61,109
% below 18 years of age	21.1%	22.5%	21.8%	22.2%
% 65 and older	18.3%	17.0%	19.5%	17.6%
% Non-Hispanic African American	2.9%	0.7%	0.9%	2.2%
% American Indian and Alaskan Native	0.3%	0.3%	0.3%	0.2%
% Asian	0.5%	0.3%	0.5%	0.4%
% Native Hawaiian/Other Pacific Islander	0.0%	0.0%	0.0%	0.0%
% Hispanic	1.5%	1.2%	1.1%	0.9%
% Non-Hispanic white	93.4%	96.7%	96.1%	94.9%
% not proficient in English	0%	0%	0%	0%
% Females	50.2%	50.8%	51.5%	51.1%
% Rural	25.3%	79.4%	39.3%	45.9%

** Compare across states with caution
Note: Blank values reflect unreliable or missing data

2017

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	Boyd (BY), KY X	Carter (CT), KY X	Greenup (GU), KY X	Lawrence (LW), OH X
Health Outcomes				
Length of Life				
Premature death	9,200	9,100	8,900	9,600
Quality of Life				
Poor or fair health	20%	20%	21%	21%
Poor physical health days	4.6	4.8	4.8	4.4
Poor mental health days	4.2	4.2	3.9	4.3
Low birthweight	11%	10%	9%	9%
Health Factors				
Health Behaviors				
Adult smoking	21%	24%	19%	22%
Adult obesity**	39%	39%	40%	39%
Food environment index**	6.5	7.3	6.9	7.2
Physical inactivity**	28%	36%	32%	36%
Access to exercise opportunities	68%	69%	66%	96%
Excessive drinking	13%	13%	13%	15%
Alcohol-impaired driving deaths	19%	44%	19%	33%
Sexually transmitted infections**	290.5	117.6	106.8	239.0
Teen births	52	51	43	47
Clinical Care				
Uninsured	9%	10%	10%	10%
Primary care physicians	960:1	5,440:1	1,340:1	1,930:1

	Boyd (BY), KY X	Carter (CT), KY X	Greenup (GU), KY X	Lawrence (LW), OH X
Dentists	1,510:1	3,390:1	2,400:1	3,060:1
Mental health providers	200:1	660:1	840:1	1,750:1
Preventable hospital stays	105	90	89	81
Diabetes monitoring	86%	89%	88%	83%
Mammography screening	64%	53%	61%	57%
Social & Economic Factors				
High school graduation**	92%	100%	95%	95%
Some college	64%	52%	64%	50%
Unemployment	7.0%	10.0%	7.8%	5.8%
Children in poverty	29%	29%	24%	30%
Income inequality	5.3	4.0	5.0	5.0
Children in single-parent households	38%	31%	32%	36%
Social associations	17.8	6.6	11.0	10.7
Violent crime**	148	46	52	155
Injury deaths	80	86	81	82
Physical Environment				
Air pollution - particulate matter	10.6	9.4	10.8	11.0
Drinking water violations	No	Yes	No	No
Severe housing problems	12%	11%	14%	13%
Driving alone to work	82%	78%	87%	88%
Long commute - driving alone	23%	46%	32%	28%

** Compare across states with caution
Note: Blank values reflect unreliable or missing data

2017