

KING'S DAUGHTERS

King's Daughters Medical Center
Community Health Needs Assessment
2016

Serving Boyd, Greenup, Carter Counties in Kentucky
and Lawrence County, Ohio

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Executive Summary

King's Daughters Medical Center is a locally controlled, not-for-profit, 465 bed regional referral center, covering a 150 mile radius that includes southern Ohio and eastern Kentucky. With more than 3,000 team members, King's Daughters offers comprehensive cardiac, medical, surgical, maternity, pediatric, rehabilitative, bariatric, psychiatric, cancer, neurological, pain care, wound care and home care services. KDMC operates more than 50 offices in eastern Kentucky and southern Ohio.

King's Daughters conducted a Community Health Needs Assessment (CHNA) with Bon Secours Kentucky, Our Lady of Bellefonte Hospital between September 2015 and March 2016. The CHNA included both primary data analysis and secondary data analysis. The primary data encompassed surveys and focus groups with key individuals in the community including those representatives of our community with knowledge of public health, the broad interests of the communities we serve, as well as individuals with special knowledge of the medically underserved, low-income and vulnerable populations and people with chronic diseases. The following were needs identified through the assessment process and will be areas of focus for King's Daughters moving forward.

1. Substance Abuse
2. Obesity
3. Access to Care
4. Poverty/Unemployment
5. Diabetes
6. Hypertension

King's Daughters will work in partnership with the Healthy Choices, Healthy Communities Coalition and its members; other healthcare providers; educational institutions; government agencies, businesses and internal departments and service lines to help provide services and resources to improve the health of Boyd, Carter and Greenup Counties in KY and Lawrence County in Ohio.

Facility Description

King's Daughters Medical Center is a locally controlled, not-for-profit, 465 bed regional referral center, covering a 150 mile radius that includes southern Ohio and eastern Kentucky. With more than 3,000 team members, King's Daughters offers comprehensive cardiac, medical, surgical, maternity, pediatric, rehabilitative, bariatric, psychiatric, cancer, neurological, pain care, wound care and home care services. KDMC operates more than 50 offices in eastern Kentucky and southern Ohio. KDMC's primary service area encompasses four counties in two states, Boyd, Carter and Greenup counties in Kentucky and Lawrence County in Ohio.

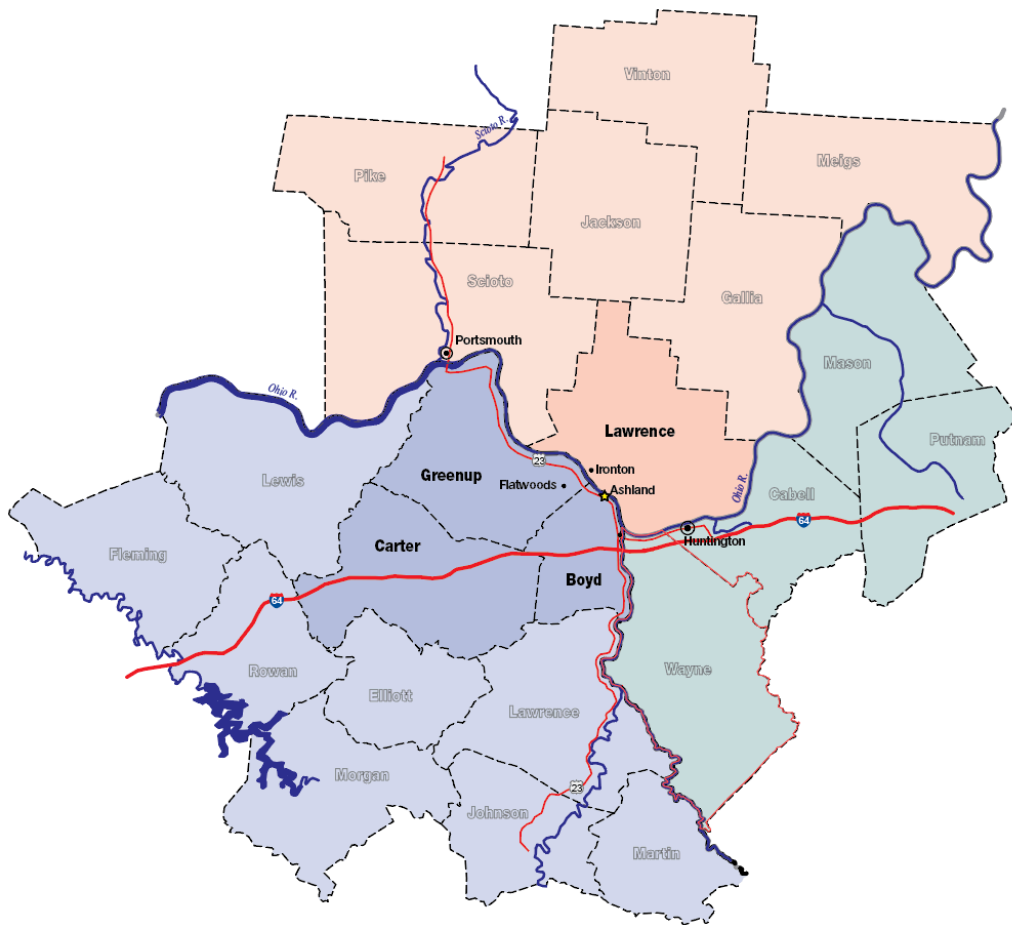
King's Daughters is the largest employer between Charleston, West Virginia and Lexington, Kentucky, with more than 3,000 team members. Other large employers include Our Lady of Bellefonte Hospital, Marathon Petroleum Refinery, AT&T Call Center, several banking firms, Ashland Community and Technical College, Ohio University Southern campus, Kentucky Christian College, Haverhill Chemicals, Sun Coke, Calgon Carbon, school districts and other smaller businesses and retail stores.

Mission and Vision

The mission of King's Daughters Medical Center is *To Care. To Serve. To Heal.*

Our vision is: *World Class Care in Our Communities*

KDMC's primary service area encompasses four counties in two states:



Description of Community Served:

The four counties of Boyd, Carter and Greenup in KY and Lawrence in OH reside along the KY, OH, WV border only to be separated by the Ohio River. Unfortunately, this area, located in the Appalachian Mountains, is known for unhealthy behaviors and poor health outcomes. In comparing statistics to state and national averages, the area fares far worse in the following:

- adult and youth smoking percentages
- adult and childhood obesity
- unemployment and poverty Levels
- uninsured adults and children
- teen birthrates
- adults with diabetes
- cancer deaths
- physical inactivity and poor diet

To give a more in depth look, a total of 173,986 people live in the four-county area. Approximately 19.92% of the total population is below federal poverty level and 28.05% of children live below the poverty level. Within the four county service area 56.81% students are eligible for Free/Reduced Price lunch out of 28,211 total students enrolled. The population is 96.35% white, 1.75% black and all other races 1.9% (U.S. Census Bureau 2010-14, Small Area Income Estimates 2013 and National Center for Education Statistics 2013-14).

According to the U.S. Census Bureau 2010-14, there are 67,910 households spanning the four county service area. Of these, approximately 31% are families with children under 18 years of age. Of the population, 5.82% are age 0-4; 16.55% age 5-17; 7.98% 18-24; 11.54% 25-34; 12.98% 35-44; 13.87% age 55-64 and 16.86% over the age of 65. The median age for Boyd County is 41.8, Carter County 39.7, Greenup County 42.7 and Lawrence County, OH 40.9. More than 20% of the population reports having some type of disability. In addition, veterans account for approximately 10.25% of the population over age 18 (U.S. Census Bureau 2010-14).

The median income for each county is: Boyd (\$41,443), Carter (\$34,767), Greenup (\$44,581) and Lawrence, OH (\$41,137). This is in comparison to state and national averages as Kentucky's median income is \$43,307 and Ohio is \$48,138 and the nation \$52,250. Approximately 2.86% of the households receive public assistance income, not including Social Security Income or noncash benefits such as food stamps, compared to Kentucky- 2.53%, Ohio- 3.33% and the United States-2.82%. More than 18% of households receive Supplemental Nutrition Assistance

Program (SNAP) benefits, compared to KY- 17.28% and Ohio-14.95% and United States- 12.98%. The average unemployment level for the four counties is 8.75%, compared to KY-8.3%, OH- 7.9% and the U.S.-7.4%.(Small Area Income and Poverty Estimates 2013, U.S. Census Bureau 2010-14 and Local Area Unemployment Statistics 2013).

Small Area Health Insurance Estimates 2013 show that 16.9% adults are uninsured in Greenup Co., 18.8% in Carter Co., 16% in Boyd Co. and 13.4% in Lawrence Co. This is in comparison to 16.8% in KY, 13% in OH and 16.8% in the U.S.

Process and Methodology

The purpose of the Community Health Needs Assessment (CHNA) is to document compliance with the Affordable Care Act, section 501(r) that requires not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the identified community health needs. The information from these assessments is used to guide the strategic and annual planning for the organization.

King's Daughters conducted a CHNA in partnership with Bon Secours Kentucky, Our Lady of Bellefonte Hospital and the Healthy Choices, Healthy Communities Coalition. The assessment was conducted from September 2015-March 2016. In addition, KDMC contracted with Dr. Angela Carman, assistant professor at the University Of Kentucky College Of Public Health, to facilitate the community forums, provide analysis of the survey results and to guide the prioritization process. Dr. Carman is also a trained facilitator with the Kentucky and Appalachia Public Health Training Center.

The goals of the assessment process were to:

- Determine what various agencies are doing to meet and/or improve healthcare needs in the communities King's Daughters serves.
- Learn more about what healthcare needs are not being met and why.
- Determine strengths and weakness of current resources.
- Investigate what else can be done to improve the health of the community.

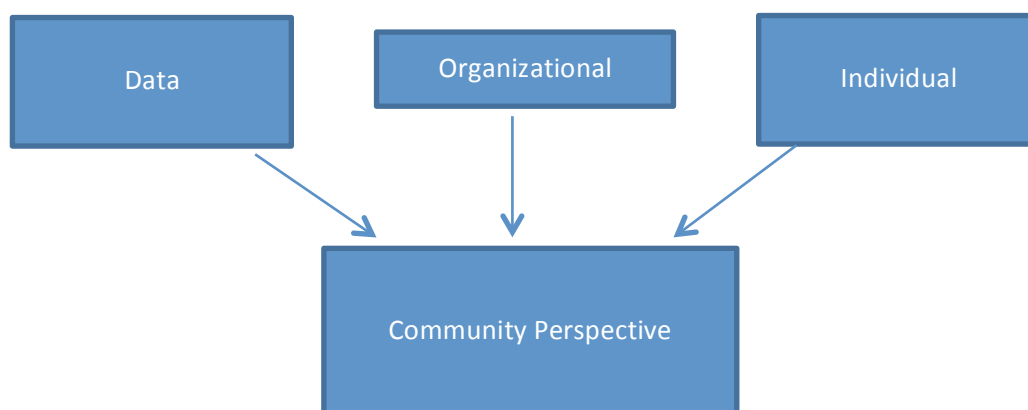
King's Daughters used the following to gather information for the assessment:

- community forums in all counties identified in the assessment
- web/print survey

- local, state and national data

Community partners, representing Boyd, Greenup, and Carter Counties in Kentucky and Lawrence County, Ohio were convened and guided through the Community Health Assessment process through a collaborative advisory group of leaders from both hospitals as well as leaders of public health departments for each county. The advisory 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 to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local health systems.

The advisory group augmented the MAPP process with a Three Perspective approach to gathering information. Statistical data gathered from secondary data sources provided the Data Perspective on the health of each community. Information gathered during Community Forums, primarily attended by representatives of community partner organizations, provided the Organizational Perspective. In an effort to add the perspective of individual citizens of each county, both paper and electronic surveys were distributed targeting low income populations. Surveys were also distributed via the websites of both hospitals and through the Healthy Choices, Healthy Communities coalition members. In addition, the group utilized social media, print media and public service announcements in trying to encourage participation from all citizens of the four-county service area. Information from these surveys provided the Individual Perspective.



Community Advisory Board

A Community Advisory Board (CAB) comprised of the following individuals and organizations provided oversight and guided the assessment process. The purpose of the CAB was to guide and support the process by engaging community members and provide feedback on findings. All the CAB members represent different segments of the community and have special knowledge of public health and underserved members of the population in the service area.

Table 1: The CHNA Advisory Board Members list

| <u>Person</u> | <u>Organization</u> | <u>Title</u> | <u>Email</u> |
|----------------------|---|---|--|
| Laura Brown | Ironton City Health Department | Health Commissioner | Laura.brown@odh.ohio.gov |
| Chuck Charles | Our Lady of Bellefonte Hospital; City of Ashland | VP Foundation and Organizational Development; Mayor | Chuck_charles@bshsi.org |
| Elaine Corbitt | King's Daughters Medical Center | Director | Elaine.corbitt@kdmc.kdhs.us |
| Chris Crum | Greenup County Health Department | Director | Chrisg.crum@ky.gov |
| Linda Firebaugh | Hillcrest Bruce Mission | Director | hillcrestbrucemission@windstream.net |
| Debbie Fisher | Lawrence County Health Department | Director | lawrcohd@odh.ohio.gov |
| Maria Hardy | Ashland-Boyd Co. Health Department | Director | Mariac.Hardy@ky.gov |
| Todd Jones | Lawrence Co. Ohio AFCFC | Coordinator | afcfc@lawrenceedd.org |
| Diva Justice | Our Lady of Bellefonte Hospital | Director | Diva_justice@bshsi.org |
| Laura Patrick | King's Daughters Medical Center | Coordinator | Laura.patrick@kdmc.kdhs.us |
| Ann Perkins | Safe Harbor | Executive Director | aperkins@safeharborky.org |
| Kristina Perry | Russell Independent Schools | Community Relations Specialist; Greenup Co. Community Ed | Kristina.perry@russellind.kyschools.us |

| | | | |
|------------------|--|-----------------------------|--|
| | | Coordinator | |
| Mollie Stevens | Ironton Lawrence Community Action Organization | Family Guidance Coordinator | Mfs_impact@gmail.com |
| Paula Thornberry | Carter Co. Health Dept. | Director | paulaL.Thornberry@ky.gov |
| Michelle Wilhoit | First National Bank of Grayson | VP | Mwilhoit@FNBG.com |

Primary Data Collection

Survey

The survey questions created were based on local, state and national data resources. A survey draft was taken to the Community Advisory Board for thorough review and assessment. The advisory board went through each question to evaluate readability and to ensure questions would provide adequate feedback and information regarding the health needs of our community. After thorough review and finalization, the group worked to disseminate the survey and gather as many responses as possible. The goal was to learn the health care needs of the community and to identify strengths and weakness in local community services. Survey monkey was utilized as the electronic method of distribution. Surveys were also available and distributed in print format for community residents that did not have computers or access to the internet. Information from the surveys provided the individual perspective. The survey was also distributed to low-income and senior populations.

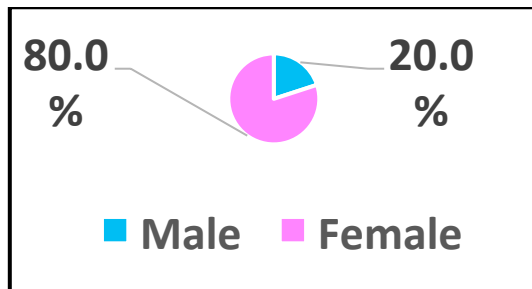
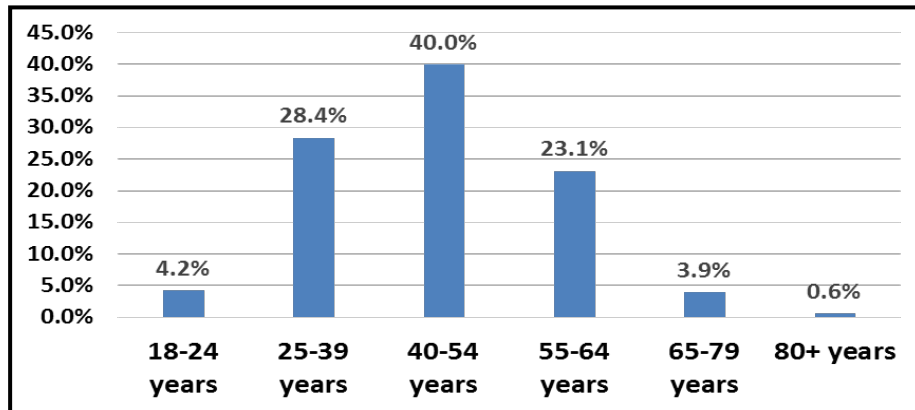
Methods of Survey Distribution

| | |
|---|--|
| Hospital Websites & Staff | Hospital screening events |
| Press Release in local newspaper | Senior Centers |
| The Neighborhood-a local resource for the low-income community; | Email distribution lists |
| Schools | Safe Harbor- domestic violence shelter |
| Hillcrest Bruce Mission- low-income housing | Community Forums |
| Healthy Choices, Healthy Communities Coalition | |

Survey Questions & Results

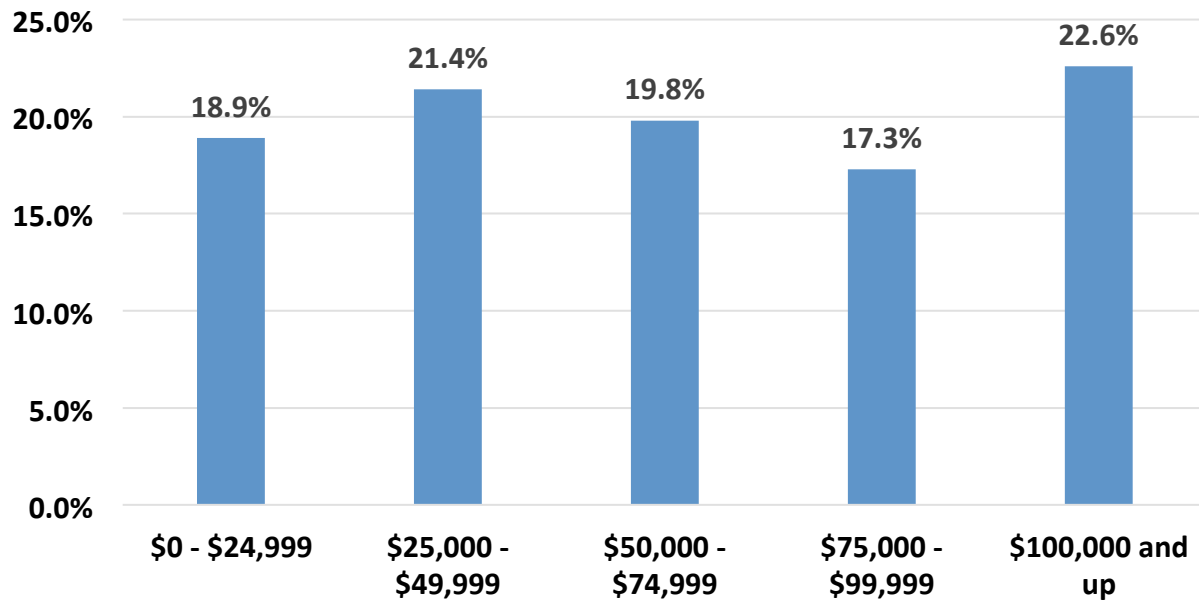
The online and paper version of the survey was taken by 951 individuals; of those completing the survey 96.9% were white, Non-Hispanic, 80% were female and 20% male.

Demographics of Survey Participants

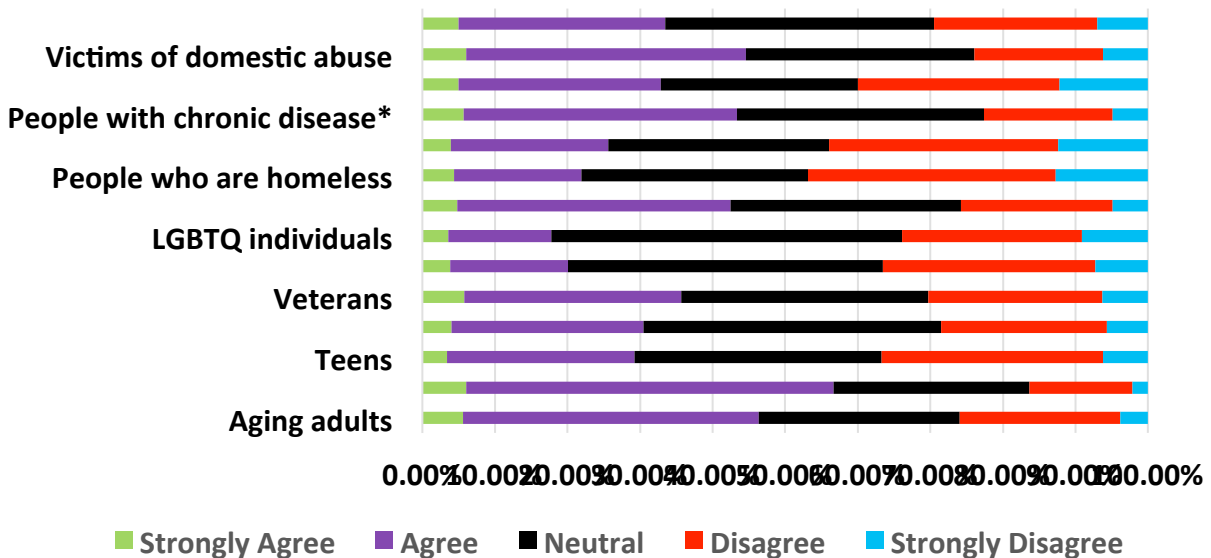


Race
96.9 % White, Non-Hispanic

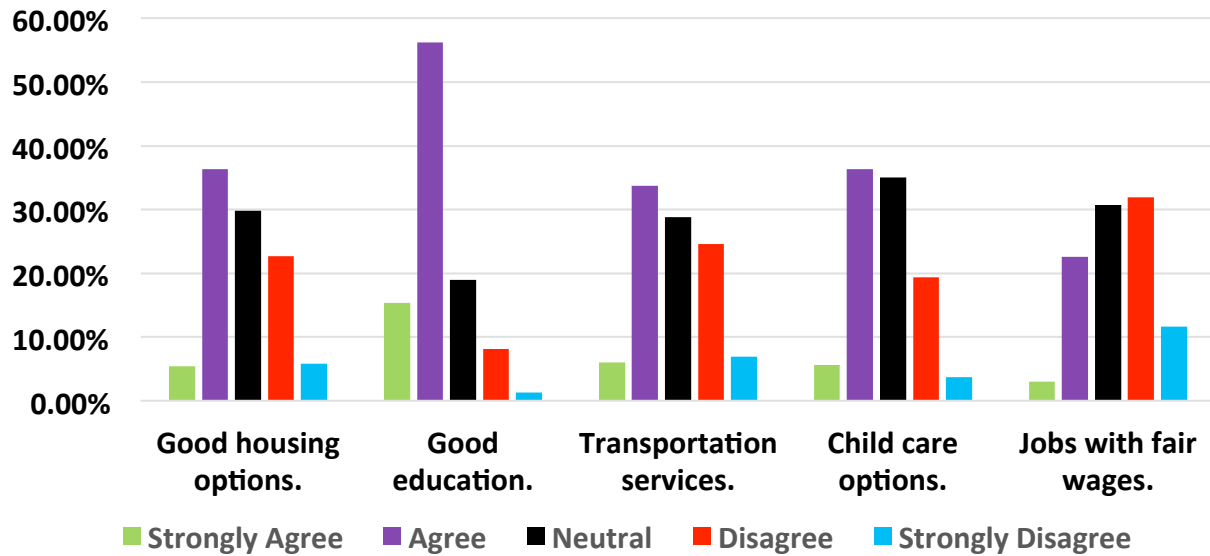
Average Household Income



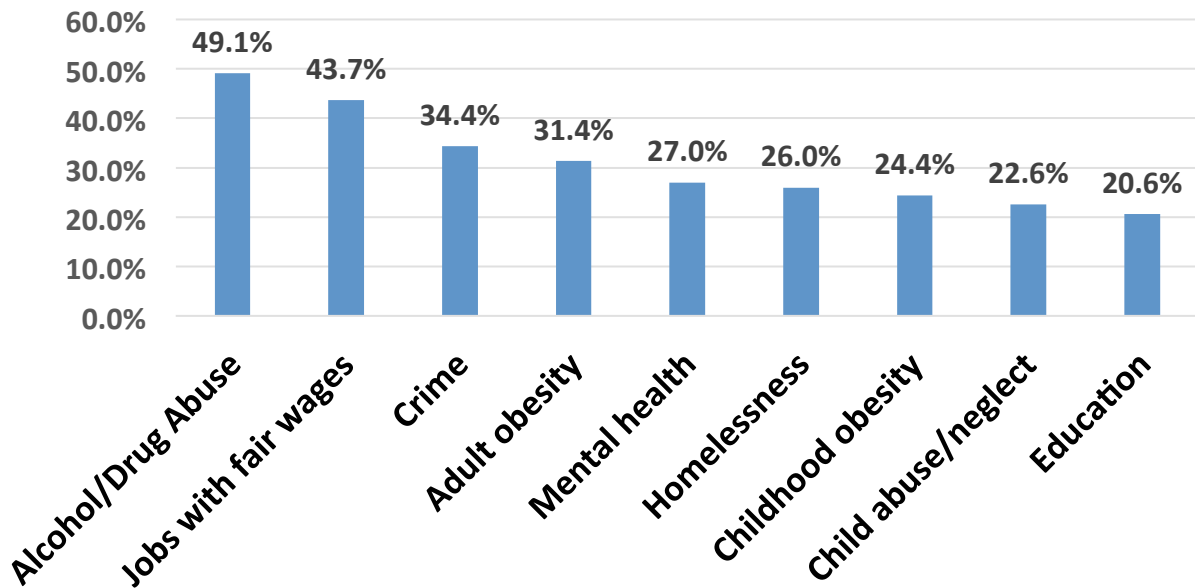
Community Has Good Support & Services for the following groups of people



Our Community is STRONG in Providing



Top 5 Priorities You Think Should Be Addressed in Your Community



Community Forums

Following the Mobilizing Action through Planning and Partnerships (MAPP) model, one community forum was held in each of the four counties: Boyd, Carter, Greenup in KY and Lawrence County in Ohio. Each county was provided with secondary data statistics on social, behavioral, and physical factors of each county, 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.

Various individuals attended the forums and the purpose was to elicit feedback from community members across four topics:

- The vision for the county- each session began with a discussion of the vision for the health in the county. A round-table method was used to allow all participants to voice their perspective.
- The strengths of the county- individuals were asked to identify elements that made their community strong.
- The risks of the county- individuals were asked to identify those elements that were a risk to health.
- Recent changes in the county, positive or negative, that could impact the health of the community.

Common Issues Among All Counties:

- Substance Abuse
- Childhood and Adult Obesity
- Lack of recreation opportunities/lack of exercise
- Poverty
- Cancer
- Diabetes
- Prenatal Care

Results from each individual exercise are provided in the Appendix.

Secondary Data Sources

U.S. Census Bureau, 2010-14

County Health Rankings & Roadmaps 2015 is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings show the rank of the health of nearly every county in the nation looking at a variety of measures that affect health. Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. The rankings are compiled using county-level measures from a variety of national and state data sources. Details about the methodology used for calculating ranks can be found at: www.countyhealthrankings.org.

Behavioral Risk Factor Surveillance System 2006-2012 (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health related risk behaviors, chronic health conditions & use of preventative services. The BRFSS completes more than 400,000 adult interviews each year making it the largest continuously conducted health survey system in the world. Details about BRFSS can be found at: <http://www.cdc.gov/brfss/>.

Community Commons is a website that houses the most recent statistical data from multiple sources and makes the data available to community organizations for use. The Community Commons site offers a report format to collect the data specific to Community Health Needs Assessment requirements.

Kentucky Health Facts 2011-2013 is sponsored by the Foundation for a Healthy Kentucky and its purpose is to provide ready access to key health data for Kentucky communities. In many cases, the data is presented as a multiple-year average. Details about Kentucky Health Facts can be found at: www.kentuckyhealthfacts.org.

Healthy People 2020 (HP2020) is a national health promotion and disease prevention initiative that provides science-based, 10-year national objectives for improving the health of all Americans. Details about HP2020 can be found www.healthypeople.gov.

Kids Count 2010-2012 is an online resource provided by the Annie E. Casey Foundation. The resource provides a detailed picture of how children are faring in the United State, ranking states on overall child well-being and domains. More information can be found at: www.aecf.org/work/kids-count/.

Other secondary data resources analyzed:

- Local Area Unemployment Statistics 2013; Small Area Income & Poverty Estimates

2013; Small Area Health Insurance Estimates 2013; STD Surveillance System 2012; King's Daughters top primary care diagnoses in outpatient setting 2015-2016; National Vital Statistics System 2013; County Business Partners 2013; CDC Wonder 2011; Area Health Resource Files 2011; Dartmouth Atlas of Health Care 2012; KY Cabinet for Health and Family Services 2009-2011; KY State Police 2014; KY Safety and Prevention Alignment Network (KSPAN); KY All Schedule Prescription Electronic Reporting System (KASPER) 2015; 2013 King's Daughters Community Health Needs Assessment and Improvement Plan

The following are data sheets created by Dr. Angela Carman, UK College of Public Health, to guide the Community Health Needs assessment process. The data represents social, behavioral, physical, access to care, maternal and child health, diabetes, cancers, respiratory illness and substance abuse. These data sheets were given to all forum participants and were also given to the larger advisory group.

County Level Community Health Data

| Indicators | Greenup | Carter | Boyd | Lawrence (OH) | Data Source |
|---|----------|----------|----------|---------------|--|
| Social Factors | | | | | |
| Population | 36,308 | 27,223 | 48,832 | 61,623 | US Census Bureau (2014) |
| Race Stats White(%) | 97.1% | 97.9% | 94.7% | 95.7% | US Census Bureau (2014) |
| African American (%) | 1.0% | 0.7% | 3.1% | 2.2% | US Census Bureau (2014) |
| Hispanic (%) | 1.1% | 1.2% | 1.6% | 0.9% | US Census Bureau (2014) |
| High School Graduation Rate (% of persons age 25+) | 82.9% | 75.5% | 87.6% | 85.0% | US Census Bureau (2009—2013) |
| Bachelors degree or higher (% of persons age 25+) | 15.7% | 10.4% | 16.3% | 14.9% | US Census Bureau (2009—2013) |
| Unemployed: persons 16+ (%) | 8.4% | 11.5% | 7.7% | 7.4% | Local Area Unemployment Statistics (2013) |
| Persons Below the Poverty Level (%) | 19.0% | 22.5% | 19.9% | 18.3% | US Census Bureau (2009—2013) |
| Children Living Below Poverty Level Under the age of 18 (%) | 25.7% | 31.4% | 26.6% | 28.5% | Small Area Income and Poverty Estimates (2013) |
| Self Rated Health Status (% of Adults who report fair or poor health) | 24.0% | 31.0% | 26.0% | 28.0% | County Health Rankings (2015) |
| Children in single parent households (%) | 33.0% | 26.0% | 34.0% | 37.0% | County Health Rankings (2015) |
| Median Household Income | \$44,581 | \$34,767 | \$41,443 | \$41,137 | Small Area Income and Poverty Estimates (2013) |
| Behavioral Factors | | | | | |
| Prevalance 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) |

| Indicators | Greenup | Carter | Boyd | Lawrence (OH) | Data Source |
|--|---------|--------|-------|---------------|---|
| 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) |
| 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 County Data Center (2010—2012) |
| Early Childhood Obesity (age 2-4 yrs; %) | 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) |
| Respiratory Illness | | | | | |
| Adults with Asthma (%) | 13.0% | 18.0% | 19.0% | - | Kentucky Health Facts (2011—2013) |
| Number of Inpatient Hospitalizations due to Asthma (0-17 yr olds) | 41 | 43 | 84 | - | 2009-2011 KY Cabinet for Health and Family Services |

| Indicators | Greenup | Carter | Boyd | Lawrence (OH) | Data Source |
|--|-----------|---------|-----------|---------------|--|
| 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) |
| Total # of Drug Overdose Hospitalizations | | | | | |
| All Drugs | 176 | 161 | 402 | - | KSPAN |
| Heroin | - | - | 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 Collision Involving Drunk Drivers | | | | | |
| Fatal Collision | 1 | 1 | 0 | - | Kentucky State Police (2014) |
| Injury Collision | 11 | 10 | 13 | - | Kentucky State Police (2014) |
| Property Damage Collision | 14 | 7 | 25 | - | Kentucky State Police (2014) |
| Total | 26 | 18 | 38 | - | Kentucky State Police (2014) |
| Total Number of Drivers Under Influence of Drugs | | | | | |
| Fatal Collision | 1 | 2 | 3 | - | Kentucky State Police (2014) |
| Injury Collision | 2 | 5 | 9 | - | Kentucky State Police (2014) |
| Property Damage Collision | 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 |

| 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) |
| Bachelors 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) |
| 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 County Data Center (2010—2012) |
| Third Graders Overweight and Obese (age 2-4 yrs; %) | 34.7% | 15.6% | - | Kids Count Data Center (2010) |
| 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 (0-17 yr 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 |
| Heroin | - | 610 | - | KSPAN |
| Pharmaceutical Opioids | - | 6,720 | - | KSPAN |

| | | | | |
|--|---|--------|---|------------------------------|
| Benzodiazepine | - | 8,239 | - | KSPAN |
| Total # of DUI Arrests | | | | |
| Adult | - | 22,427 | - | Kentucky State Police (2014) |
| Juvenile | - | 112 | - | Kentucky State Police (2014) |
| Male | - | 17,134 | - | Kentucky State Police (2014) |
| Female | - | 5,519 | - | Kentucky State Police (2014) |
| White | - | 20,491 | - | Kentucky State Police (2014) |
| African American | - | 1,943 | - | Kentucky State Police (2014) |
| Total | - | 22,553 | - | Kentucky State Police (2014) |
| Total Number of Arrests by Drug Type | | | | |
| Opium or Cocaine and Their Derivatives | - | 2,519 | - | Kentucky State Police (2014) |
| Marijuana | - | 15,131 | - | Kentucky State Police (2014) |
| Meth | - | 5,224 | - | Kentucky State Police (2014) |
| Heroin | - | 2,653 | - | Kentucky State Police (2014) |
| Other Drugs and Synthetic Narcotics | - | 32,808 | - | Kentucky State Police (2014) |
| Total | - | 58,335 | - | Kentucky State Police (2014) |
| Total Number of Collision 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 Druge Overdose Deaths | - | 4,931 | - | KSPAN |

Information Gaps:

The secondary data provided a great overall picture of the health needs of the community. However, there were some information gaps for Ohio. While information gaps exist, please note that every effort was made to compensate for these gaps in the community conversations and review of current research. This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.

Existing Community Resources

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

Local Health Departments:

- Ashland-Boyd Co. Health Department
- Little Sandy District- Carter Co.
- Greenup County
- Lawrence County Ohio
- City of Ironton

Local Hospitals:

- King's Daughters Health System
- Bon Secours Kentucky-Our Lady of Bellefonte Hospital
- Southern Ohio Medical Center
- Cabell Huntington Hospital
- Saint Mary's Medical Center
- VA- Huntington

Mental Health/Substance Abuse:

- King's Daughters Health System
- Bon Secours Kentucky-Our Lady of Bellefonte Hospital
- ILCAO- Family Guidance Center
- Mended Reeds
- Pathways, Inc.
- Presteria Mental Health
- Shawnee Mental Health
- Southern Ohio Behavioral Health
- River Park Hospital

Transportation to aid in Access to Care

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

Low-Income Assistance

- The Neighborhood
- Safe Harbor
- Shelter of Hope
- Hope's Place
- United Way
- Salvation Army
- Interagency/Community Action Councils

Community Assets Identified

The focus groups and surveys both collected data on what assets or strategies exist in the community that contribute to health. The following were identified:

- Local health departments and hospitals
- Good schools and colleges
- Strong faith-based population
- State parks
- Pathways
- Health coalitions
- Strong community pride
- Community Action Councils

Health Needs Identified:

Dr. Angela Carman, UK School of Public Health, shared the data sheets, the results of the survey and focus groups and presented the information to the Healthy Choices, Healthy Communities coalition that encompasses representatives from all four counties including the Community Advisory Board. The health needs were also shared with the hospital's internal leadership team.

Priorities:

The priorities developed by King's Daughters are based on the focus group findings; analysis of quantitative health and social indicators as presented in this community health needs assessment; the resources available within the communities served; and our experience working with King's Daughters patients and families. KDMC's CHNA is aligned with the efforts of other local agencies and takes into account Healthy People 2020 priorities. The priorities identified by the CHNA and ratified by the KDMC leadership team are:

- Substance Abuse
- Obesity
- Access to Care
- Poverty/Unemployment
- Diabetes
- Hypertension

| <u>Focus Groups</u> | <u>Survey</u> | <u>Secondary Data</u> | <u>Top Primary Care Diagnosis at KDMC</u> |
|--|--|--|---|
| <ul style="list-style-type: none">• Substance Abuse• Child/Adult Obesity• Lack of recreational opportunities/lack of exercise• Poverty• Cancer• Diabetes• Prenatal | <ul style="list-style-type: none">• Alcohol/drug abuse• Jobs with fair wages• Crime• Adult Obesity• Mental Health• Homelessness | <ul style="list-style-type: none">• Substance Abuse• Poverty• Unemployment• Moms who smoke during pregnancy• Access to Care• Diabetes | <ul style="list-style-type: none">• Obesity• Diabetes• Hypertension• Substance Abuse |

| | | | |
|---|--|--|--|
| Care <ul style="list-style-type: none"> Access to care for indigent population | | | |
|---|--|--|--|

Substance Abuse

The substance abuse epidemic is growing increasingly worse in Appalachia. The results from the focus groups and surveys placed substance abuse as the top health issue identified by the community. As you can see below, the youth smoking rates are increasing higher than that of the state and nation. According to the Center for Disease Control (CDC), nearly all tobacco use begins during youth and progresses into adulthood. The CDC also stated that 9 out of 10 smokers start before the age of 18 and if smoking continues at current rates, 5.6 million—or 1 out of every 13—of today’s children will ultimately die prematurely from a smoking-related illness. Tobacco use, especially smoking, leads to a number of chronic illnesses including cancer, heart disease, stroke, asthma, emphysema and COPD. Tobacco use, primarily cigarette smoking, continues to be the leading cause of preventable disease, disability, and death in the United States.

County

| <u>Indicator</u> | <u>Greenup</u> | <u>Carter</u> | <u>Boyd</u> | <u>Lawrence (OH)</u> | <u>Data Source</u> |
|-----------------------------|-----------------------|----------------------|--------------------|-----------------------------|--|
| Prevalence of Adult Smoking | 23.9% | 33.6% | 28% | 26.2% | BRFSS (2006-2012) |
| Prevalence of Youth Smoking | 21% | 27% | 20% | - | Kentucky Health Facts (2007); SAMHSA (2012-2013) |

State and National

| <u>Indicator</u> | <u>OH</u> | <u>KY</u> | <u>US</u> | <u>Data Source</u> |
|-----------------------------|-----------|-----------|-----------|--|
| Prevalence of Adult Smoking | 21.7% | 26.1% | 21.7% | BRFSS (2006-2012) |
| Prevalence of Youth Smoking | 7.4% | 9.5% | 6.1% | Kentucky Health Facts (2007); SAMHSA (2012-2013) |

The abuse of drugs such as heroin, pharmaceutical opioids and others were also of concern to the community. A greater proportion of people in Appalachia abuse prescription drugs and report mental health problems than the nation as a whole, according to a report by the Appalachian Regional Commission. The area's growing drug addiction problems put these individuals at risk for depression, suicides and health problems.

County

| <u>Indicator</u> | <u>Boyd Co.</u> | <u>Carter Co.</u> | <u>Greenup Co.</u> | <u>Lawrence Co.</u> <u>OH</u> | <u>Data Source</u> |
|------------------------------|-----------------|-------------------|--------------------|----------------------------------|-----------------------------|
| Drug Overdose Deaths | 21 | 16 | 24 | 15 | County Health Rankings 2015 |
| Drug overdose deaths-modeled | ≥20 | ≥20 | ≥20 | 18.1-20.0 | County Health Rankings 2015 |
| HIV Prevalence | 113 | 44 | 42 | 79 | County Health Rankings 2015 |
| Frequent Mental Distress | 12% | 13% | 12% | 13% | County Health Rankings 2015 |
| Excessive Drinking | 10% | 8% | 9% | 13% | County Health Rankings 2015 |

Obesity

Obesity was a common health need identified through the focus groups, survey and secondary data. Obesity is a contributing factor to many other health issues including cancer, diabetes, high blood pressure and heart disease. By focusing efforts on obesity, it is possible to also impact these other conditions. When considering obesity, it is important to look at the factors that contribute to people becoming overweight or obese. These include poor diet and exercise.

As you can see below, our Appalachian region fares far worse in both states and the nation in most categories.

County

| <u>Indicators</u> | <u>Boyd Co.</u> | <u>Carter Co.</u> | <u>Greenup Co.</u> | <u>Lawrence Co. OH</u> | <u>Data Source</u> |
|---------------------------|------------------------|--------------------------|---------------------------|-----------------------------------|-------------------------------|
| Adult Obesity | 35% | 34% | 38% | 36% | County Health Rankings 2015 |
| Physical inactivity | 33% | 37% | 32% | 37% | County Health Rankings 2015 |
| Poor Physical Health Days | 5.5 | 5.6 | 5.3 | 7.1 | County Health Rankings 2015 |
| Poor or fair health | 26% | 31% | 24% | 28% | County Health Rankings 2015 |
| Diabetes Prevalence | 13% | 12% | 13% | 12% | County Health Rankings 2015 |

State and National

| <u>Indicator</u> | <u>Kentucky</u> | <u>Ohio</u> | <u>US</u> | <u>Data Source</u> |
|---|------------------------|--------------------|------------------|---------------------------|
| Adult Prevalence of Obesity (%; age-adjusted) | 31% | 29.6% | 30.4% | BRFSS (2006-2012) |
| No exercise: adults (%; age- | 24.8% | 28.7% | 25.9% | BRFSS (2006-2012) |

| | | | | |
|--|-------|-------|--------|-----------------------------------|
| adjusted) | | | | |
| # of Recreational Facilities (per 100,000) | 328 | 1,099 | 30,393 | County Business Partners (2013) |
| Third graders overweight and obese | 15.6% | 34.7% | - | Kids Count Data Center (2010) |
| Recommended Fruit and Vegetable Intake | 11% | - | - | Kentucky Health Facts (2011-2013) |
| % of Adult Population with Diabetes | 9.4% | 8.4% | 8.1% | BRFSS (2005-2011) |

Access to Care

Access to care can be caused by several factors such as low-income, poor health insurance, no health insurance, geographic isolation, poor education and lack of transportation. Due to this lack of access, people may often go long periods of time without visiting a healthcare professional. Access to quality preventative care and disease management education is critical in minimizing future hospitalizations as well as the seriousness of these diseases. Kentucky participated in the Medicaid expansion providing health care to approximately 700,000 additional individuals. This expansion has been very beneficial for uninsured individuals across the state. Health insurance coverage is also a factor in determining whether patients will seek preventative care or wait for symptoms to become more severe, thus requiring extensive treatments, including hospitalization.

Our service area has a higher percentage of the population diagnosed with diabetes than that of the national average and above Healthy People 2020 targets. Community status reveals there are significant barriers in access to health care such as poverty, unemployment, low-educational attainment and social barriers. For example, the Center for Healthy Living at King's Daughters stresses the importance of medicine to their diabetic patients. Many can't afford the medicine but luckily have access to a medication assistance program through their providers. However, many can't afford the office visit in order to get the medication assistance.

Access to health care services is a key factor in the health of our community and something that the community feels needs to be included in our implementation plan.

County:

| <u>Indicators</u> | <u>Greenup Co.</u> | <u>Carter Co.</u> | <u>Boyd Co.</u> | <u>Lawrence Co.</u> <u>OH</u> | <u>Data Source</u> |
|--|---------------------------|--------------------------|------------------------|--|--|
| Primary Care Providers (Per 100,000) | 51.5 | 18.1 | 129.4 | 44.8 | Area Health Resources Files (2011) |
| Immunization Coverage for ages 19-25 months | 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) | 4.2 | 5.2 | 5.1 | 3.8 | BRFSS (2006-2012) |

State and National

| <u>Indicators</u> | <u>Ohio</u> | <u>Kentucky</u> | <u>US</u> | <u>Data Source</u> |
|--|--------------------|------------------------|------------------|--|
| Primary Care Providers (per 100,000) | 91.7 | 78.2 | 48 | Area Health Resources Files (2011) |
| Immunization Coverage for ages 19-35mo (%) | - | 80.0% | 81.0% | Kentucky Health Facts (2007) |
| Uninsured Adults (% under 65 years) | 13.0% | 16.8% | 16.8% | Small Area Health Insurance Estimates (2013) |
| Uninsured Children (% under 19 years) | 5.6% | 6.5% | 7.5% | Small Area Health Insurance Estimates (2013) |

| | | | | |
|---|-----|-----|---|--------------------|
| Mentally unhealthy days: adults (per person; Age-adjusted) | 6.1 | 4.3 | - | BRFSS (2006—2012); |
|---|-----|-----|---|--------------------|

Poverty/Unemployment

Research shows that poverty is linked to poor health outcomes. The U.S. Department of Health and Human Services conducted an analysis and found that

- low-income individuals are especially sensitive to even nominal increases in medical out-of-pocket costs, and modest copayments can have the effect of reducing access to necessary medical care.
- Medical fees, premiums, and copayments could contribute to the financial burden on poor adults who need to visit medical providers.
- The problem is even more pronounced for families living in the deepest levels of poverty, who effectively have no money available to cover out-of-pocket medical expenses including copays for medical visits.

Approximately 2.86% of the households in our service area receive public assistance income, not including Social Security Income or noncash benefits such as food stamps, compared to Kentucky- 2.53%, Ohio- 3.33% and the United States-2.82%. More than 18% of households receive Supplemental Nutrition Assistance Program (SNAP) benefits, compared to KY- 17.28% and Ohio-14.95% and United States- 12.98%. Within the four county service area 56.81% students are eligible for Free/Reduced Price lunch out of 28,211 total students enrolled.

County

| <u>Indicator</u> | <u>Greenup Co.</u> | <u>Carter Co.</u> | <u>Boyd Co.</u> | <u>Lawrence Co. OH</u> | <u>Data Source</u> |
|--|---------------------------|--------------------------|------------------------|-------------------------------|---|
| High School Graduation Rate (% of persons age 25+) | 82.9% | 75.5% | 87.6% | 85.0% | US Census Bureau (2009—2013) |
| Bachelors Degree or higher (% of persons age 25+) | 15.7% | 10.4% | 16.3% | 14.9% | US Census Bureau (2009—2013) |
| Unemployed: persons 16+ (%) | 8.4% | 11.5% | 7.7% | 7.4% | Local Area Unemployment Statistics (2013) |
| Persons below the Poverty Level | 19% | 22.5% | 19.9% | 18.3% | US Census Bureau (2009-2013) |
| Children Living Below Poverty Level Under the | 25.7% | 31.4% | 26.6% | 28.5% | Small Area Income and Poverty |

| | | | | | |
|---|----------|----------|----------|----------|--|
| Age of 18 | | | | | 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% | 26% | 34% | 37% | County Health Rankings (2015) |
| Median Household Income | \$44,581 | \$34,767 | \$41,443 | \$41,137 | Small Area Income and Poverty Estimates (2013) |
| Uninsured Adults (% under 65 years) | 16.9% | 18.8% | 16% | 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) |

State and National

| <u>Indicators</u> | <u>Ohio</u> | <u>Kentucky</u> | <u>US</u> | <u>Data Source</u> |
|---|-------------|-----------------|-----------|---|
| High School Graduation Rate (% of persons age 25+) | 88.5% | 83.0% | 85.9% | US Census Bureau (2009— 2013) |
| Bachelors Degree or higher (% of persons age 25+) | 25.2% | 21.5% | 28.8% | US Census Bureau (2009— 2013) |
| Unemployed: Persons 16+ (%) | 7.9% | 8.3% | 7.4% | Local Area Unemployment Statistics (2013) |
| Persons Below the Poverty Level (%) | 15.8% | 18.8% | 15.4% | US Census Bureau (2009— 2013) |
| Children Living Below Poverty Level Under the age of 18 (%) | 22.7% | 25.5% | 22.2% | Small Area Income and Poverty Estimates (2013) |
| Self-Rated Health Status (% of Adults who report fair or poor health) | 15.0% | 21.0% | 17.0% | County Health Rankings (2015) |
| Children in Single Parent Households (%) | 35.0% | 34.0% | 31.0% | County Health Rankings (2015) |
| Median Household Income | \$48,138 | \$43,307 | \$52,250 | Small Area Income and Poverty Estimates (2013) |
| Uninsured Adults (% under 65 years) | 13% | 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) |

Diabetes

Our service area of Boyd, Carter, Greenup Counties in Kentucky and Lawrence County in Ohio have a higher percentage of the population diagnosed with diabetes than that of the national average and above Healthy People 2020 targets. Diabetes is also more prevalent as people age. Therefore with an aging population Kentucky and Ohio (like the rest of the nation) can expect to continue seeing high rates of Diabetes.

County

| <u>Indicators</u> | <u>Boyd Co.</u> | <u>Carter Co.</u> | <u>Greenup Co.</u> | <u>Lawrence Co.</u> <u>OH</u> | <u>Data Source</u> |
|-------------------------------------|-----------------|-------------------|--------------------|----------------------------------|--------------------------------------|
| Diabetes Screenings | 84.6% | 85.29% | 86.5% | 79.4% | Dartmouth Atlas of Healthcare (2012) |
| % of Adult Population with Diabetes | 10.2% | 11.4% | 11.3% | 13.1% | BRFSS (2005-2011) |
| No exercise-adults(%; age-adjusted) | 30.9% | 38.7% | 29.8% | 34.6% | BRFSS (2005-2011) |
| Adult Prevalence of Obesity | 34.5% | 33.5% | 36.3% | 46.5% | BRFSS (2005-2011) |

State and National

| <u>Indicators</u> | <u>OH</u> | <u>KY</u> | <u>US</u> | <u>Data Source</u> |
|--|-----------|-----------|-----------|--------------------------------------|
| Diabetes Screenings (% of Medicare enrollees that receive screening) | 84.4% | 85.2% | 84.6% | Dartmouth Atlas of Healthcare (2012) |
| % of Population with Diabetes (Age-Adjusted) | 8.4% | 9.4% | 8.1% | BRFSS (2005-2011) |

| | | | | |
|--------------------------------------|-------|-------|-------|-------------------|
| No exercise-adults (%; age-adjusted) | 24.8% | 28.7% | 25.9% | BRFSS (2006-2012) |
| Adult prevalence of Obesity | 29.6% | 31.0% | 30.4% | BRFSS (2006-2012) |

Diabetes is known to contribute to many other life threatening conditions like cardiovascular disease, kidney disease and neuropathy. Many diabetics lose limbs or go blind due to the disease having a huge impact on quality of life. Diabetes was also one of the top four outpatient diagnoses in the primary care setting at King's Daughters.

Hypertension

Hypertension is another top outpatient diagnosis in the primary care setting at King's Daughters and something the leadership team would like to see addressed in the 2016-2018 implementation plan. According to the World Heart Federation, hypertension is the single biggest risk factor for stroke. It also plays a significant role in heart attacks. Our service area and the tristate region as a whole has a 56% higher mortality rate from cardiovascular disease than any other territory in the United States. This is caused by a number of risk factors all related to extraneous variables including lower socioeconomic status, smoking, obesity, lack of exercise and hypertension. The same lifestyle leads to other chronic diseases and comorbidities. It has also been reported that 17.8% of adults in our service area, or 24,287, self-reported that they are not taking medication for their high blood pressure according to the CDC's Behavioral Risk Factor Surveillance System (2006-2010).

County

| <u>Indicator</u> | <u>Greenup Co.</u> | <u>Carter Co.</u> | <u>Boyd Co.</u> | <u>Lawrence Co. OH</u> | <u>Data Source</u> |
|--|---------------------------|--------------------------|------------------------|-------------------------------|------------------------------------|
| Hypertension (prevalence among adults) | 38% | 47% | 52% | 25.4% | KYHealthFacts.org; Network of Care |
| Stroke Deaths (per 100,000) | 43 | 42 | 49 | 62.1 | KYHealthFacts.org; Network of Care |
| Heart disease deaths (per 100,000) | 202 | 242 | 242 | 300.7 | KYHealthFacts.org; Network of Care |

State and National

| Indicator | OH | KY | US | Data Source |
|--|-----------|-----------|-----------|---|
| Hypertension (prevalence among adults) | 28.8% | 39% | 29% | KYHealthFacts.org; Network of Care; BRFSS 2011-2014 |
| Stroke Deaths (per 100,000) | 51.9 | 42 | - | KYHealthFacts.org; Network of Care |
| Heart disease deaths (per 100,000) | 238.2 | 204 | - | KYHealthFacts.org; Network of Care |

APPENDIX

Community Forums

Visioning Process: What does a healthy county look like?

Each community forum began with a discussion of the vision for health in the county. A round-table method was used to allow all participants to voice their perspective on the vision for a healthier county. Participant responses were captured via the following tables:

Boyd County

| Visioning: What does a healthy Boyd County look like? | |
|---|-------------------------------------|
| Jobs | Diversity |
| Drug & Tobacco Free | Side walks |
| Affordable Housing | Good infrastructure; (Water lines) |
| Safe Neighborhoods | Communication/Coordination Services |
| Healthy Assessment | 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 |

Carter County

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

Greenup County

| Visioning: What does a healthy Greenup County look like? | |
|--|---------------------------------------|
| Decrease Obesity | Transportation |
| Sidewalks | Affordable Housing |
| Jobs | Use of Recreation Area |
| Drug Free | Decrease Chronic Disease |
| Increase Church Attendance | Decrease Poverty |
| Fun Community Activities | Access to Healthy Food |
| Good Schools | Senior Activities |
| Increase in Rehab Facilities | Education – Health Issues/Life Skills |

| | |
|------------------------------|-------------------------------------|
| Increase of Higher Education | Safety – Law Enforcement/EMS |
| Strong Family Unit | Emergency Shelters |
| Protect Children | Counseling |
| Clean Air and Water | Decrease Depression |
| Faith-Based Lifestyle | Decrease Screen Time |
| Increase Social Skills | Increase in Civic Minded Activities |
| Diverse Political Inclusion | |

Lawrence County

| Visioning: What does a healthy Lawrence County look like? | |
|---|--|
| Jobs – Productivity | Access to Mental Health Care |
| Education – Higher Ed | Training for a Trade – Job Skills |
| Drug Free | Access to Healthy Food Options |
| Transportation | Quality Parks and Recreation |
| Funding for Services | Access to Health Services |
| Accountability or Motivation for Personal Health | Decrease Teen Pregnancy |
| Decrease Smoking | Healthy Pregnancies |
| Affordable and Safe Housing – All Ages | Decrease Crime |
| Empowerment | Increased Corrections Services – Options – Treatment |
| Education on Healthy Living | Focus on Prevention – Start Early |
| Decrease Children in Poverty | Investment in Small Business |
| Care for the Homeless, Vets, and Teens | Mentoring |

Community Strengths and Risks

Following the MAPP model, forum participants were asked to identify the elements found in each county that are strong and could be utilized to build toward a stronger community. Participants were also asked to identify those elements that, if not addressed, could have a longer term increased risk to health.

Boyd County

| 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 |

| | |
|--|----------------------|
| | % Bachelors Degree |
| | % of Diabetes |
| | Tooth Loss |
| | Poverty Level |
| | Child Abuse |
| | Mental Healthy Days |
| | Education Statistics |

Carter County

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

Greenup County

| What is strong and what is risky with regard to health in Greenup County? | |
|--|--|
| Strengths | Risks |
| Teen Birth Rate | Tooth Loss |
| Poverty | Cancer Rates; Death Rates |
| Prenatal Care | Adult Obesity |
| Early Childhood | Recommended Fruit and Vegetable Intake |
| Recreational Facilities | % Of Higher Education |
| Children in Single Parent Homes | No exercise |
| Child Abuse | |

Lawrence County

| What is strong and what is risky with regard to health in Lawrence County? | |
|--|---|
| Strengths | Risks |
| Health Services | Not Enough Youth Sources and Programs |
| Health Access in City | Childhood Education |
| Recreation (Parks) | Lack of Education |
| Strong Disability Program | Outdated Infrastructure |
| Community Action | Wellness/Fitness |
| City of Ironton (Farmer's Market, Gardens, and Coalitions) | Communities Outside of Ironton (Infrastructure & Culture) |
| Strong Caring Community | Poor Health Culture |
| Higher Education Resources / Adult Career (2X) | Overabundance of Social Services |
| Ohio University | Mental Health Resources |
| Faith Based Organizations (2X) | Lack of Mental Health Providers |
| Workforce | Behavioral Health |
| | Public Transportation |
| | Underfunded Emergency Services and Public Safety |

Change Assessment

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

Boyd County

| 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 Coalition-Merging | Increase need – students mental counseling |
| Collaboration | Lack of substance abuse treatment |
| School Interaction- counseling | Bullying |
| Program Money | Lack of Physical Activity |
| Social Media- reach audiences | Apathy – Dependent generations |
| Community Services (The Neighborhood) | Affordability of Transportation |
| | Increase homeless and at risk |

| | |
|--|---------------------------|
| | Living conditions- hotels |
|--|---------------------------|

Carter County

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

Greenup County

| Change Assessment | |
|---|---|
| Positive | Negative |
| Increased Insured Population | AK Steel Closing |
| Behavioral Health | Chemical Plant |
| Walking Tracks | A Plant |
| Space for Fresh Produce Sales | Potential for Change – KYNECT |
| ACTCS – Expanding | Loss of Prenatal Providers |
| Partnerships – Adult Education | Increase Drug Use – Types |
| Nutrition Education – Extension | Alcohol Abuse – Young Men 20's and 30's |
| Collaboration of Schools | Student Acceptance of Healthy Meal Plan |
| Collaboration between Hospital | Increase % of Low Income – Qualify for Lunch Free Grant |
| All County Schools – Free Breakfast and Lunch | |
| Local – Coming Back to the Area | |
| Needle Exchange | |

Lawrence County

| Change Assessment | |
|-----------------------------------|---|
| Positive | Negative |
| Awareness of Nutrition Importance | Lost Employers/Jobs |
| Use of Natural Resources | ACA |
| Chemical Company – In Business | Increase Use of Drugs |
| ACA | Business Turnover – Benefit Impact |
| Hospital Outreach – Urgent Care | Decreased Educated People Working in the Area |
| Technical Degree Opportunities | |
| Bike Path | |
| Community Involvement | |
| New Bridge | |
| New Restaurants | |
| New Hotel | |
| Riverfront Development | |

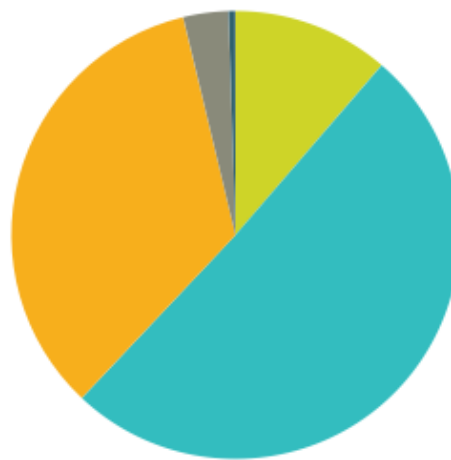
Survey Results

A community survey was made available in paper form and at the online site below.

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

A summary of response to each question follows

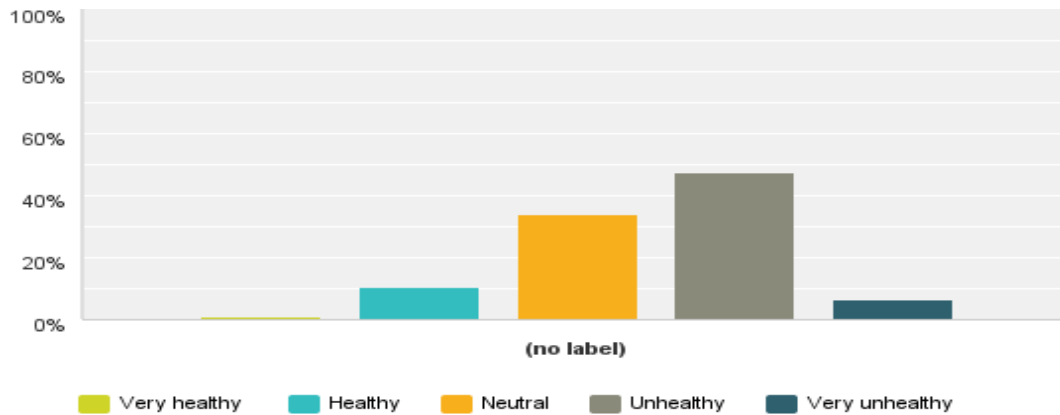
How would you rate your overall health?



Excellent Very Good Fair Poor Very Poor

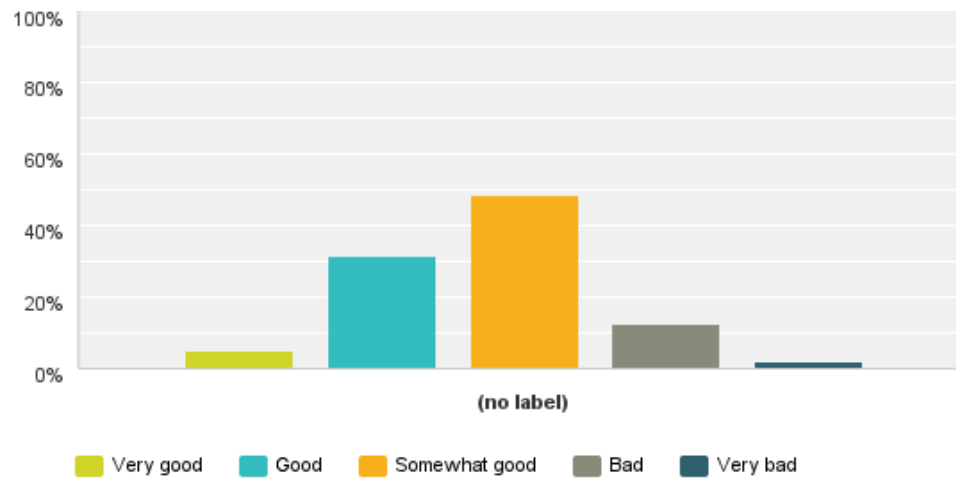
| | Excellent | Very Good | Fair | Poor | Very Poor | Total | Weighted Average |
|---------------|---------------|---------------|---------------|-------------|------------|-------|------------------|
| Health Rating | 11.32% 118 | 50.67% 528 | 34.26% 357 | 3.26% 34 | 0.48% 5 | 1,042 | 3.31 |

How would you rate the overall health of your community?



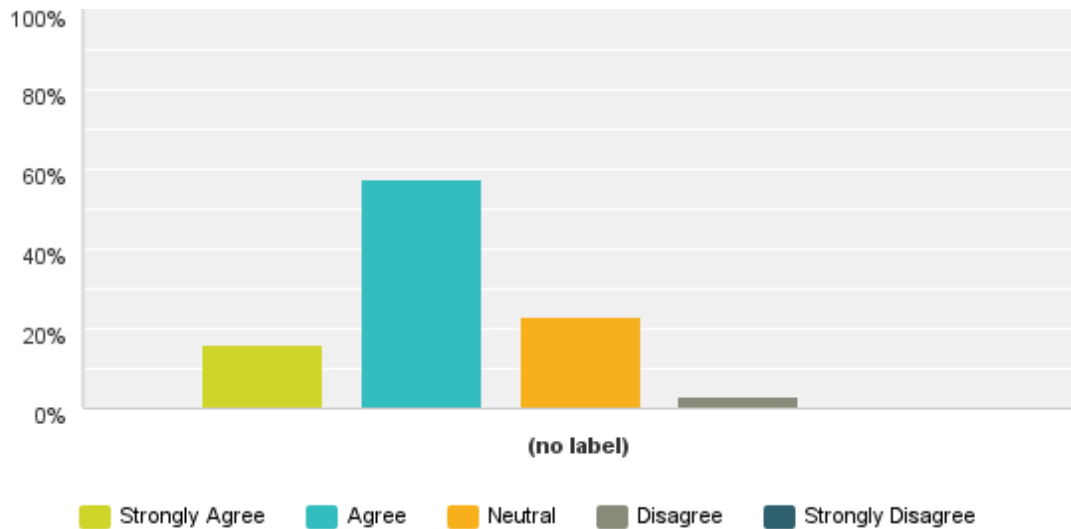
| | Very healthy | Healthy | Neutral | Unhealthy | Very unhealthy | Total | Weighted Average |
|------------|--------------|---------------|---------------|---------------|----------------|-------|------------------|
| (no label) | 1.25% 13 | 10.65% 111 | 33.88% 353 | 47.70% 497 | 6.53% 68 | 1,042 |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

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



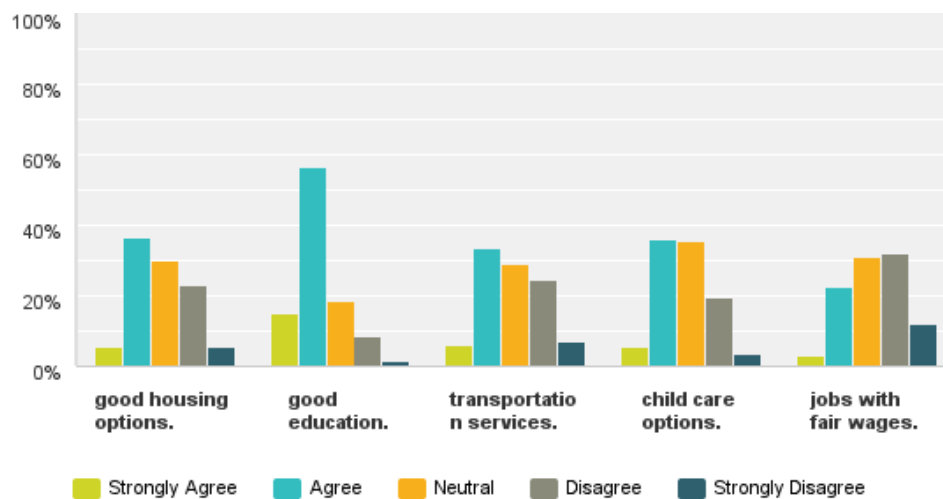
| | Very good | Good | Somewhat good | Bad | Very bad | Total | Weighted Average |
|------------|-------------|---------------|---------------|---------------|-------------|-------|------------------|
| (no label) | 4.89% 51 | 31.74% 331 | 48.51% 506 | 12.66% 132 | 2.21% 23 | 1,043 | 2.76 |

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



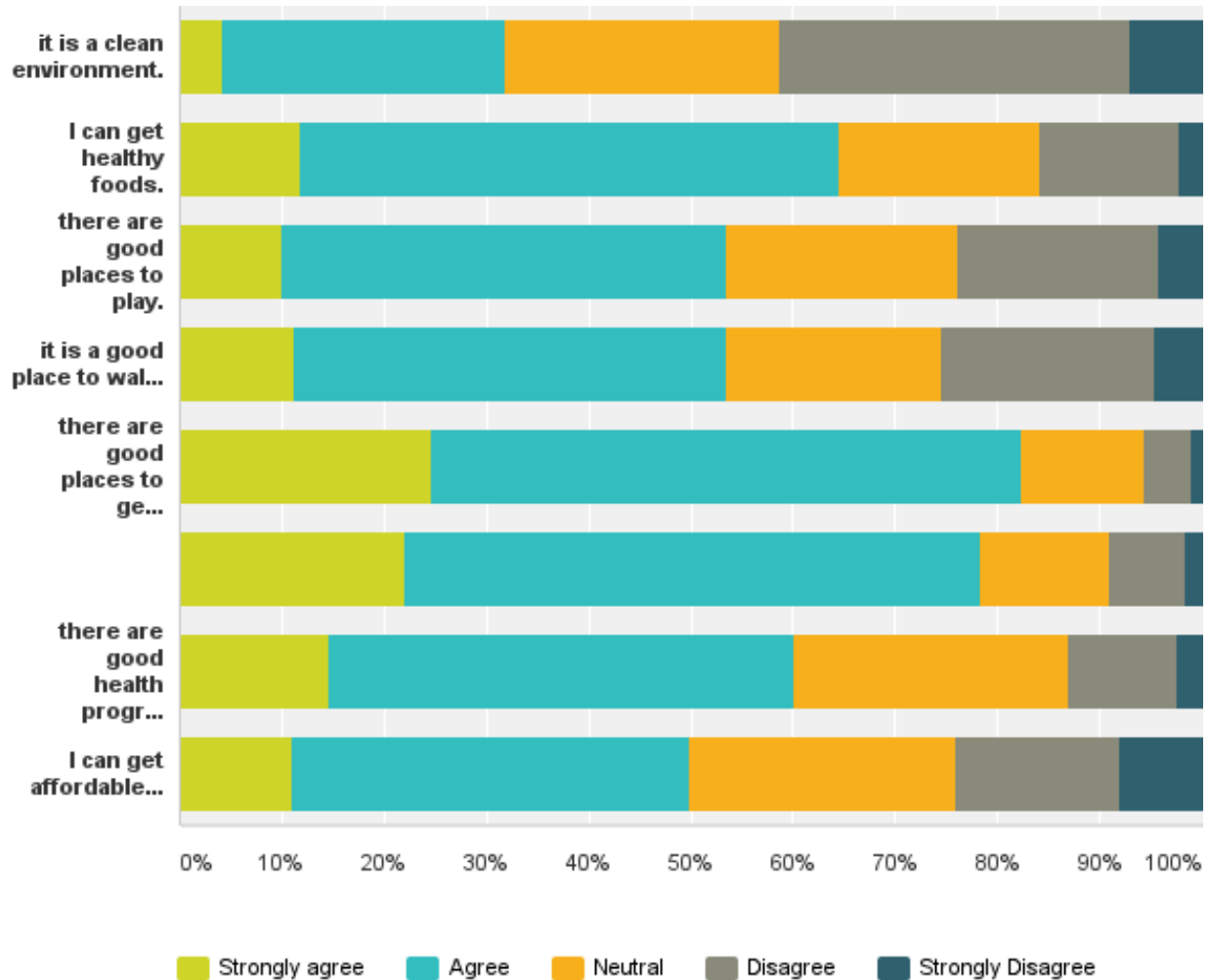
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Total | Weighted Average |
|------------|----------------|---------------|---------------|-------------|-------------------|-------|------------------|
| (no label) | 15.92% 166 | 57.53% 600 | 23.20% 242 | 2.88% 30 | 0.48% 5 | 1,043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

My community is STRONG in providing



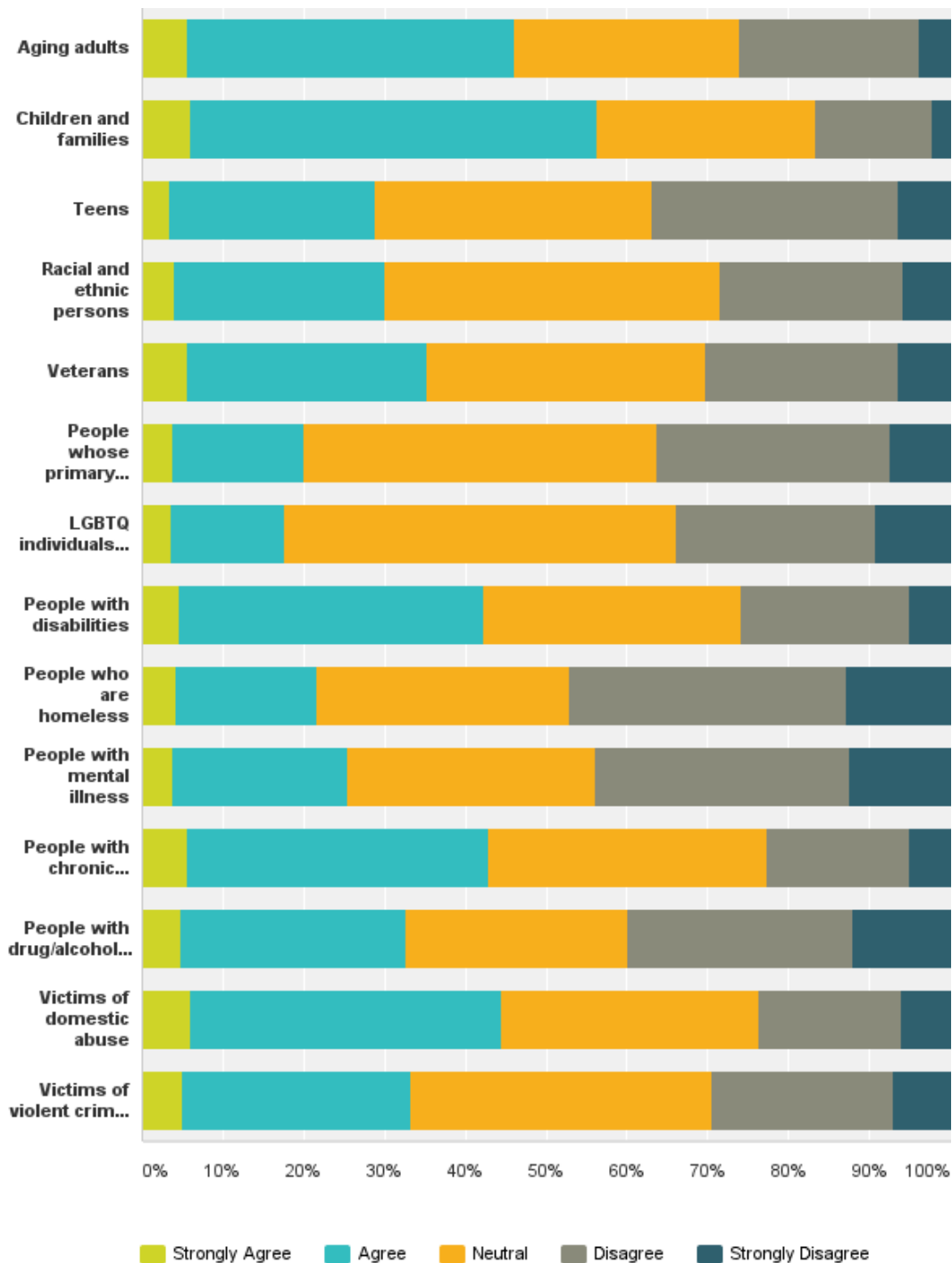
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Total | Weighted Average |
|--------------------------|-----------------------|----------------------|----------------------|----------------------|--------------------------|--------------|-------------------------|
| good housing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

My community is a HEALTHY place to live because



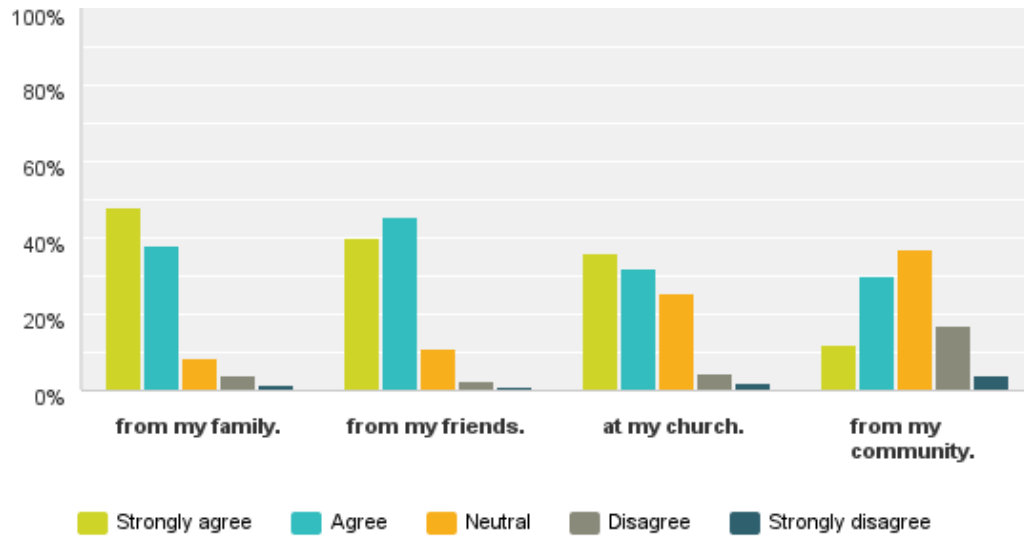
| | Strongly agree | Agree | Neutral | Disagree | Strongly Disagree | Total | Weighted Average |
|---|-----------------------|----------------------|----------------------|----------------------|--------------------------|--------------|-------------------------|
| it is a clean environment. | 4.19%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

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



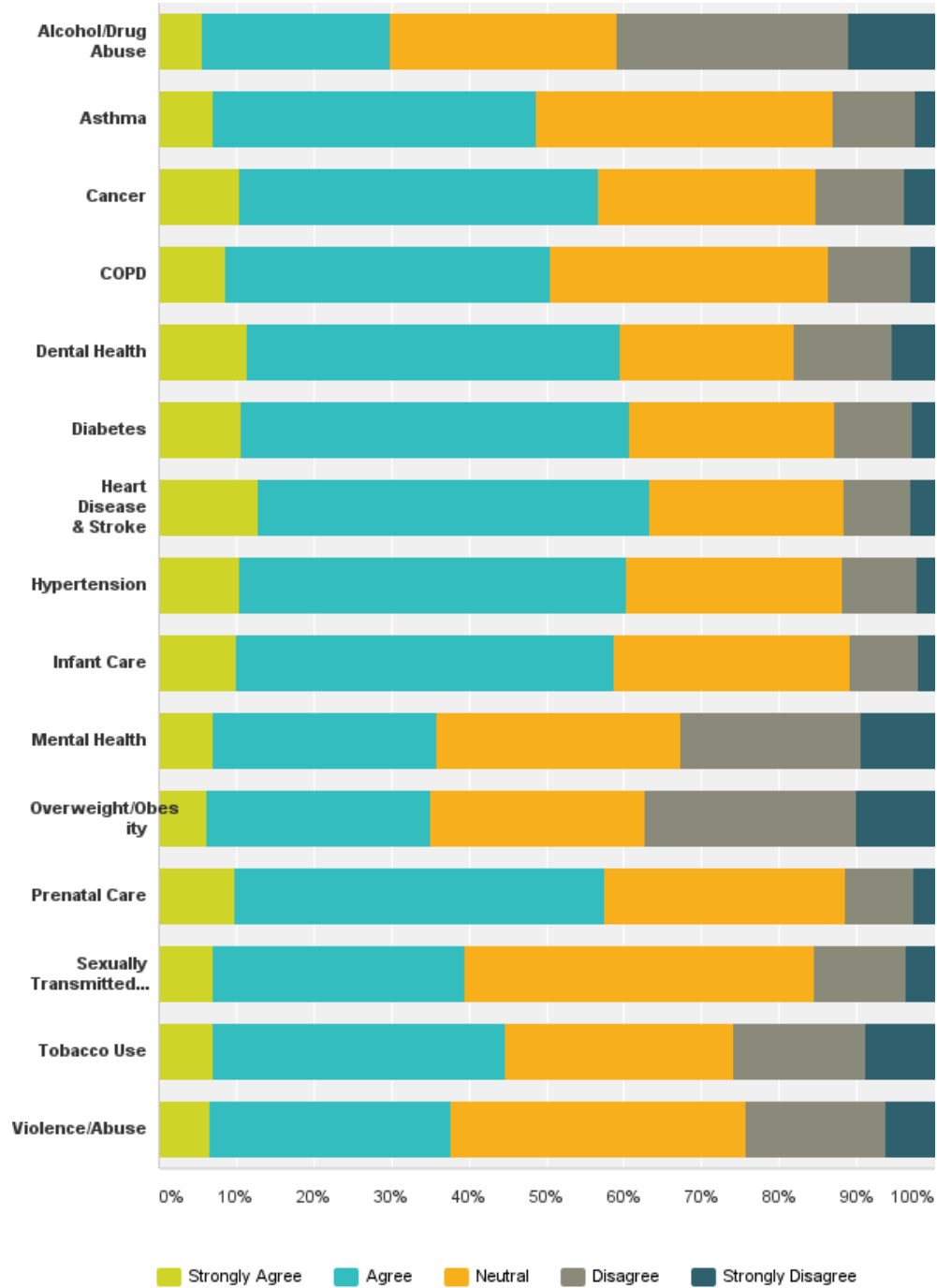
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Total |
|---|-----------------------|----------------------|----------------------|----------------------|--------------------------|--------------|
| Aging adults | 5.53% 53 | 40.61% 389 | 27.87% 267 | 22.13% 212 | 3.86% 37 | 958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

I get the social and emotional support I need



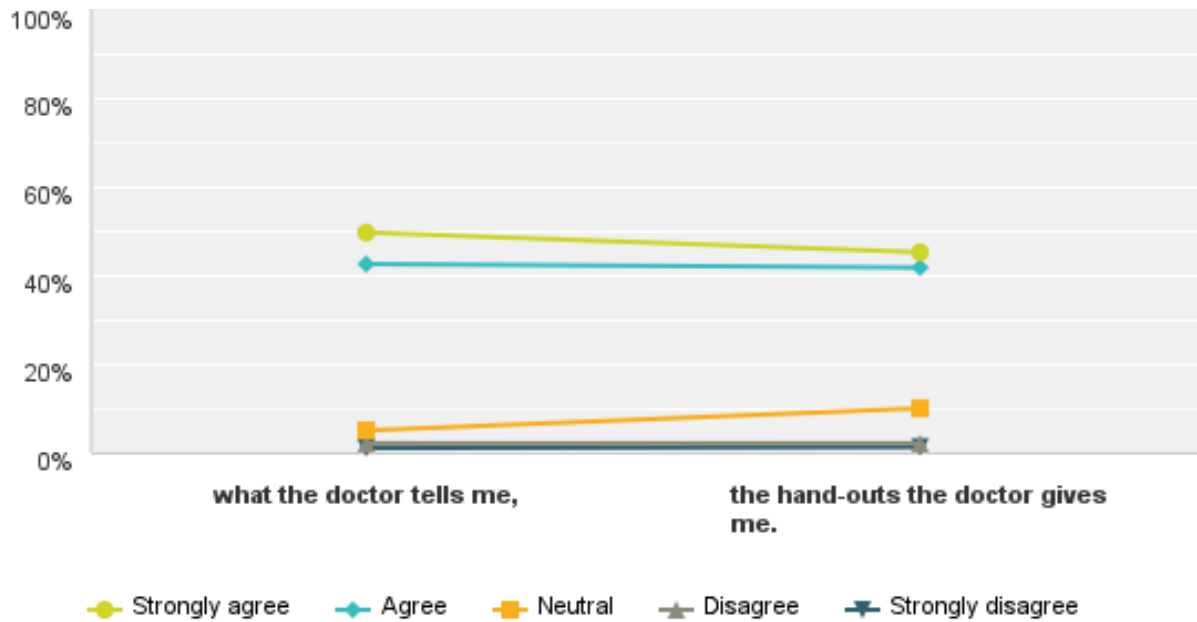
| | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Total | Weighted Average |
|--------------------|----------------|---------------|---------------|---------------|-------------------|-------|------------------|
| from my family. | 48.14% 452 | 38.02% 357 | 8.31% 78 | 3.83% 36 | 1.70%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

The following HEALTH PROGRAMS are meeting the needs of my community



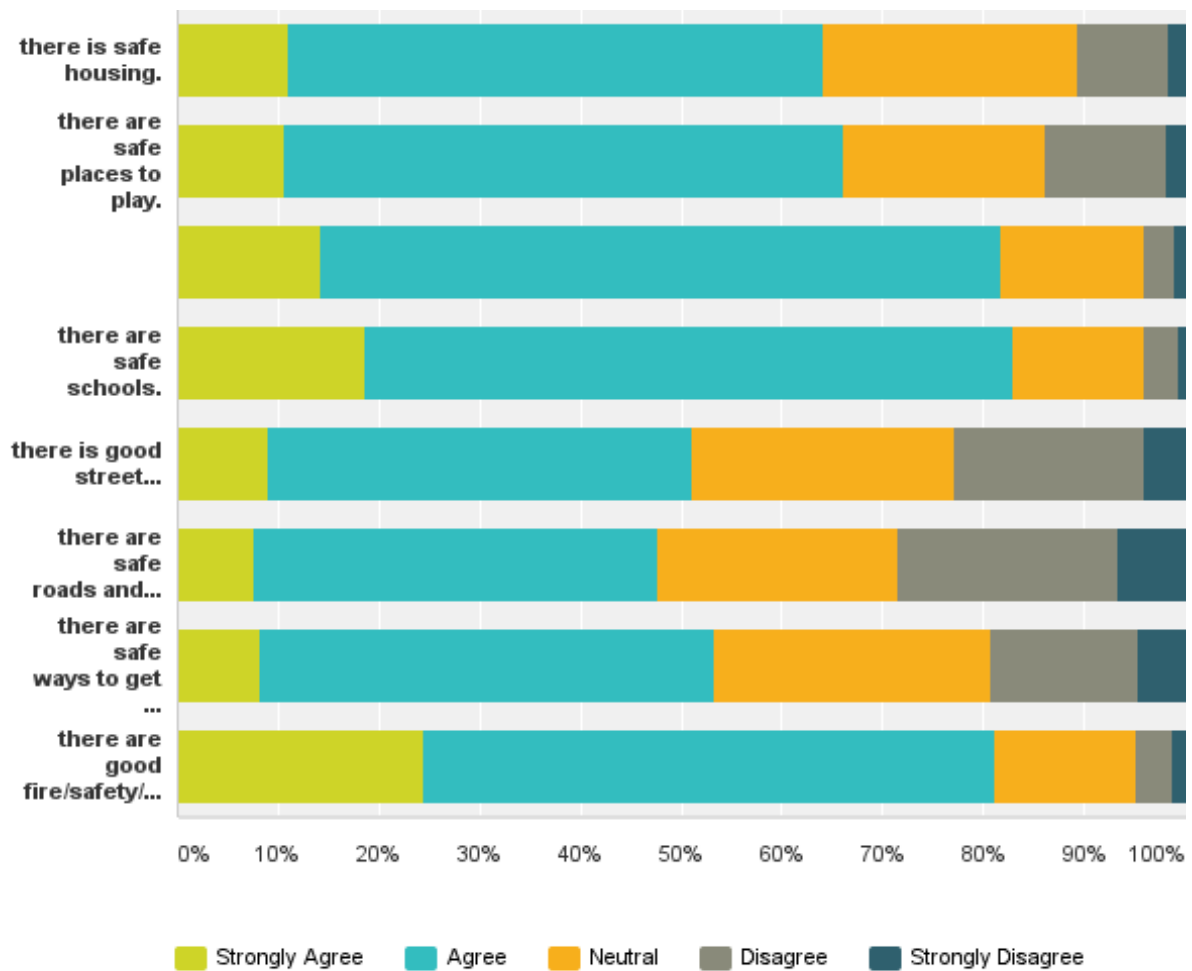
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Total | Weighted Average |
|--|-----------------------|----------------------|----------------------|----------------------|--------------------------|--------------|-------------------------|
| Alcohol/Drug Abuse | 5.56% 52 | 24.36%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

When I visit my doctor, I understand



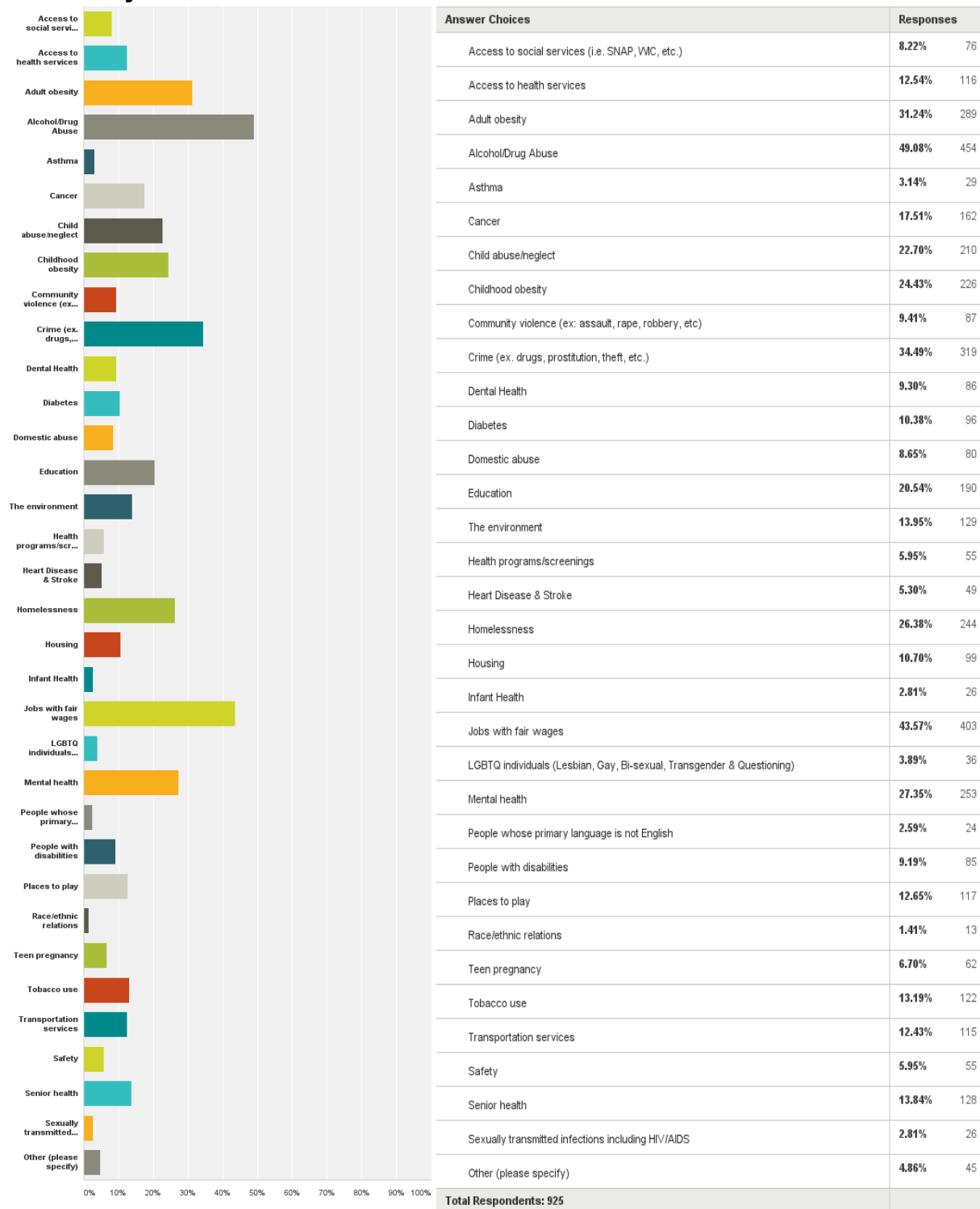
| | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Total | Weighted Average |
|------------------------------------|----------------|---------------|-------------|-------------|-------------------|-------|------------------|
| what the doctor tells me, | 49.57% 461 | 42.47% 395 | 4.95%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

My community is a safe place to live because

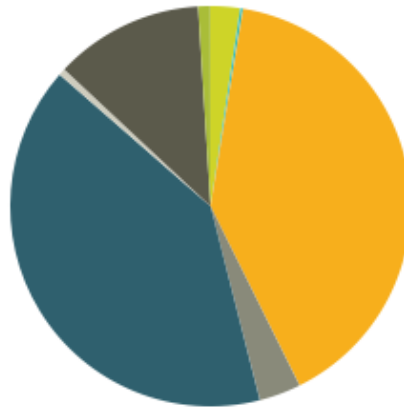


| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Total | Weighted Average |
|--|-----------------------|----------------------|----------------------|----------------------|--------------------------|--------------|-------------------------|
| there is safe housing. | 10.98% 102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

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



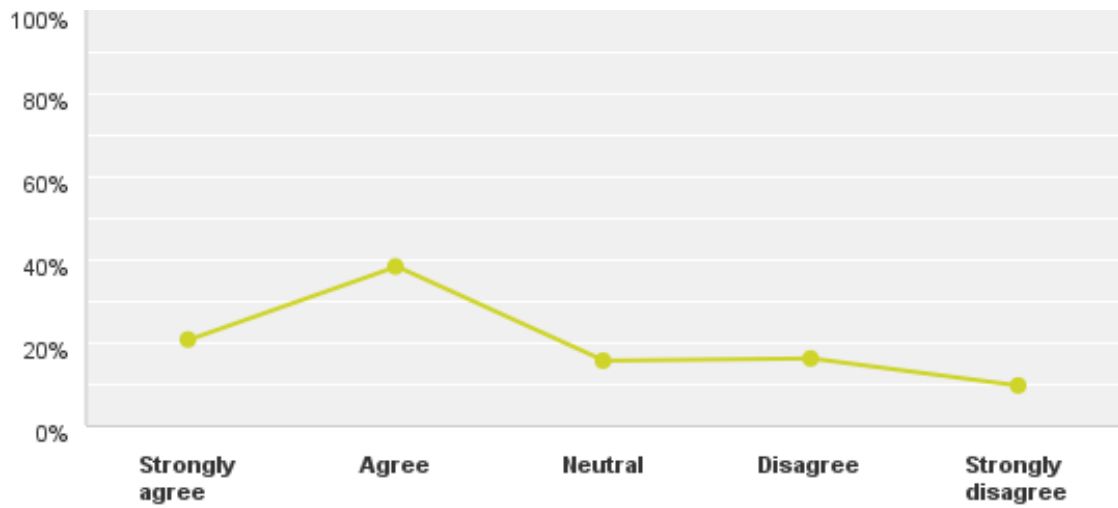
Where do you access the internet (ex. email, web, Facebook, etc.) most often?



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

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

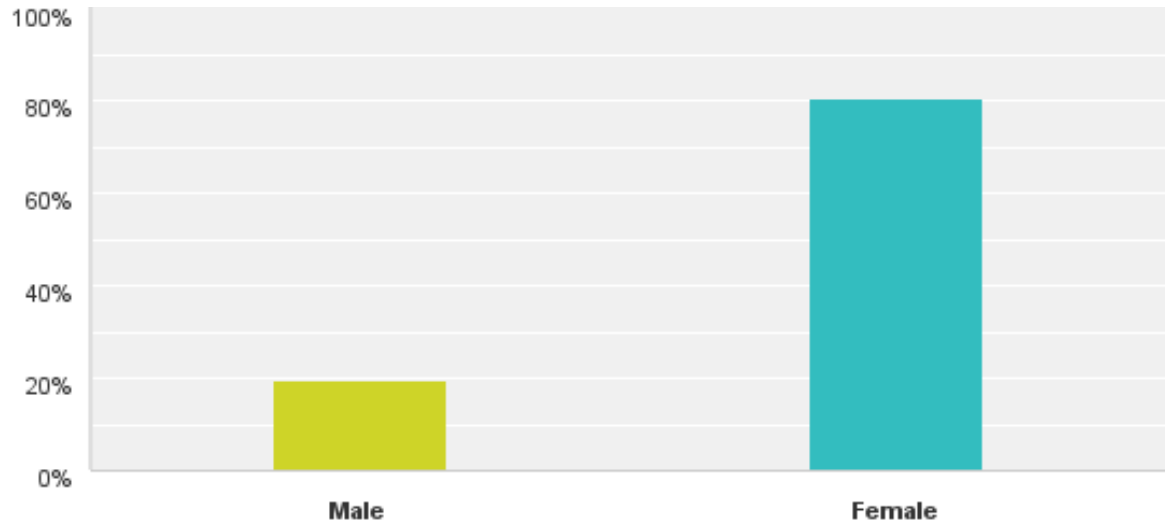
I would be OK talking face-to-face with my doctor using the internet.



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

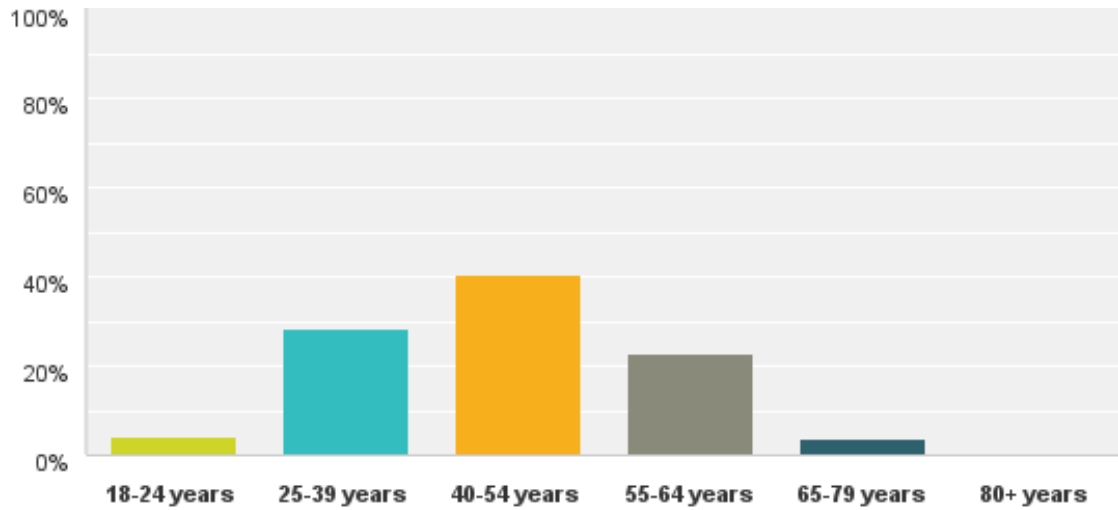
Technology has made it easier to use computers, mobile phones, laptops, and tablets to safely talk face-to-face with your doctor without a visit to the office.

Please choose your gender.



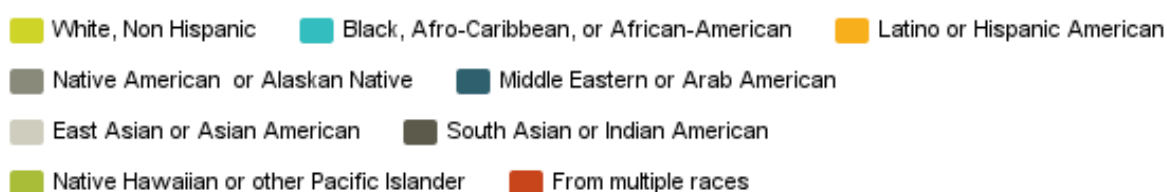
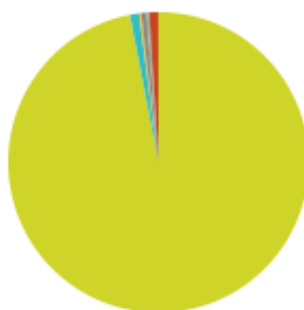
| Answer Choices | Responses | |
|----------------|-----------|-----|
| Male | 19.72% | 181 |
| Female | 80.28% | 737 |
| Total | | 918 |

Please choose your age group



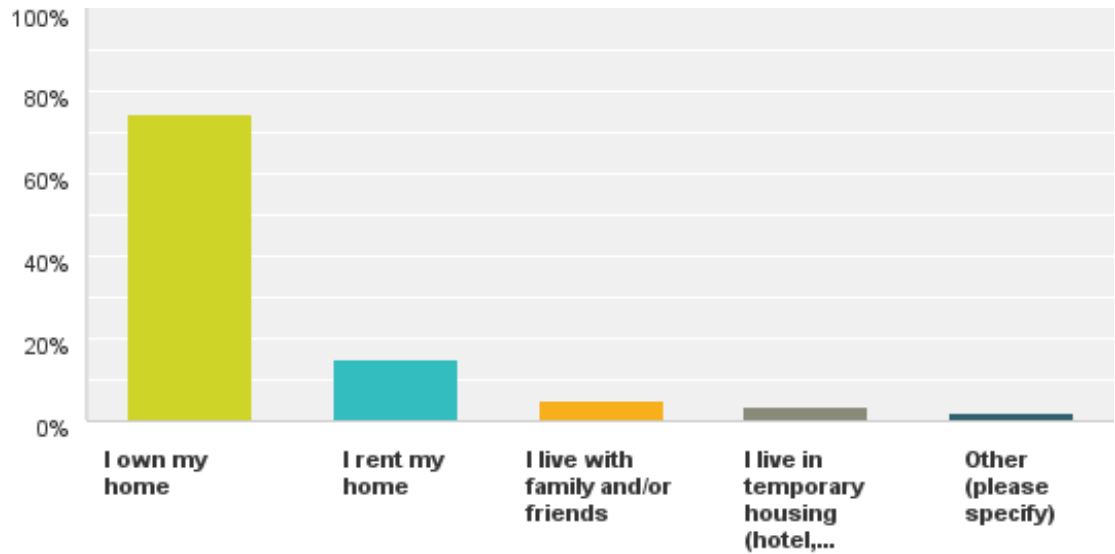
| Answer Choices | Responses | |
|----------------|-----------|------------|
| 18-24 years | 4.14% | 38 |
| 25-39 years | 28.35% | 260 |
| 40-54 years | 40.24% | 369 |
| 55-64 years | 22.79% | 209 |
| 65-79 years | 3.93% | 36 |
| 80+ years | 0.55% | 5 |
| Total | | 917 |

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



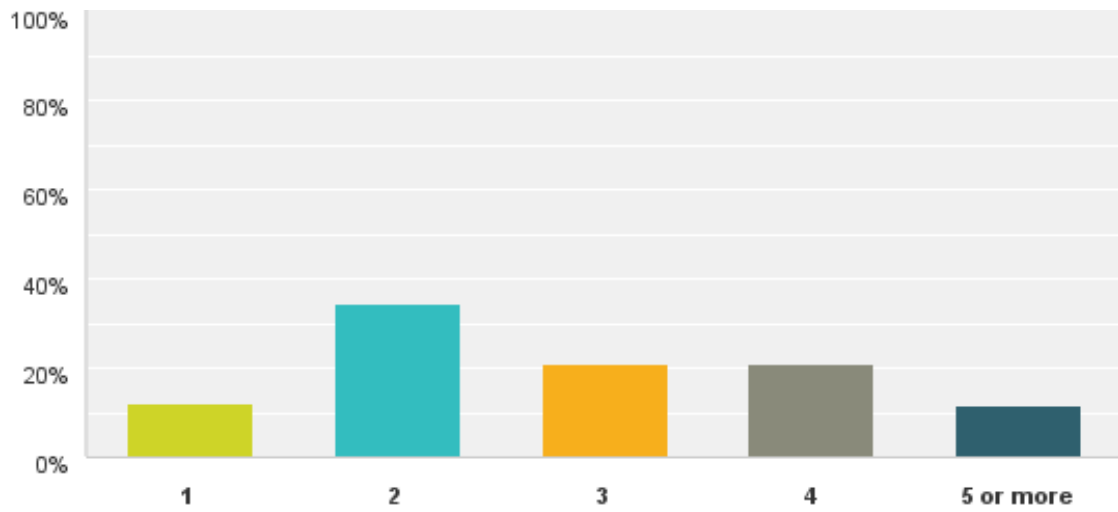
| Answer Choices | Responses | |
|--|-----------|------------|
| White, Non Hispanic | 96.96% | 892 |
| Black, Afro-Caribbean, or African-American | 0.98% | 9 |
| Latino or Hispanic American | 0.22% | 2 |
| Native American or Alaskan Native | 0.54% | 5 |
| Middle Eastern or Arab American | 0.11% | 1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

What is your living situation?



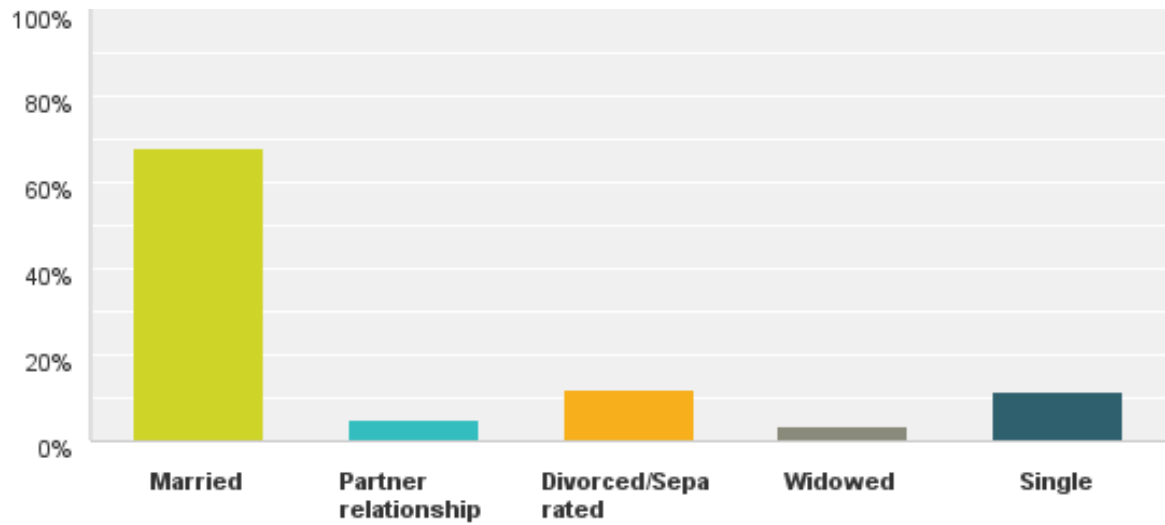
| Answer Choices | Responses | |
|---|-----------|------------|
| I own my home | 74.40% | 683 |
| I rent my home | 15.03% | 138 |
| I live with family and/or friends | 5.01% | 46 |
| I live in temporary housing (hotel, motel, shelter, transitional housing) | 3.38% | 31 |
| Other (please specify) | 2.18%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

Including you, how many people live in your home?



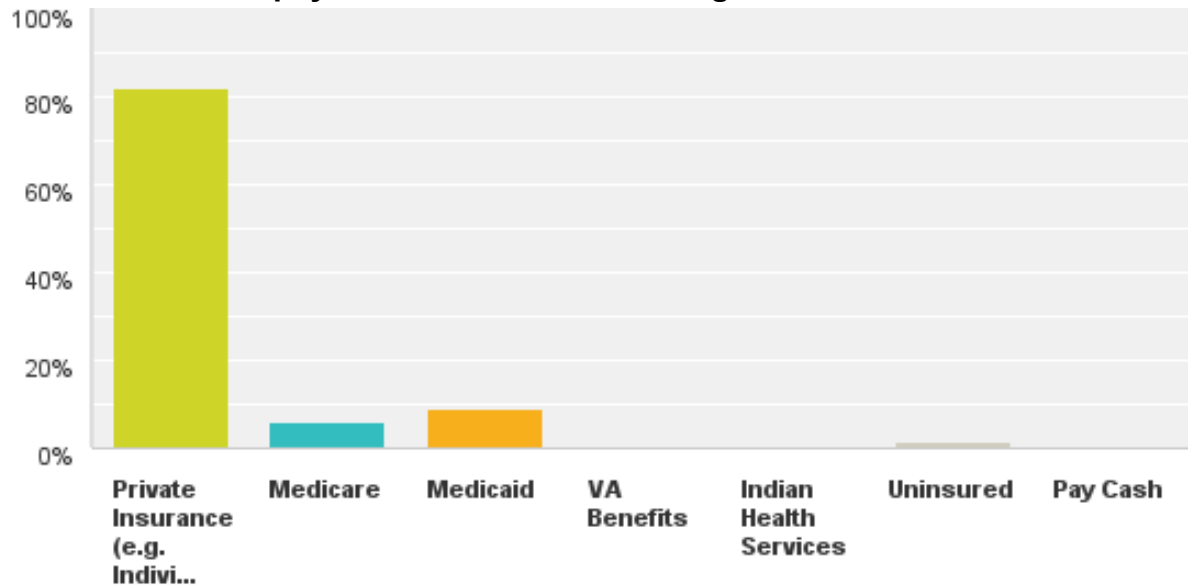
| Answer Choices | Responses | |
|----------------|-----------|------------|
| 1 | 12.31% | 113 |
| 2 | 34.20% | 314 |
| 3 | 21.13% | 194 |
| 4 | 20.92% | 192 |
| 5 or more | 11.44% | 105 |
| Total | | 918 |

I am:



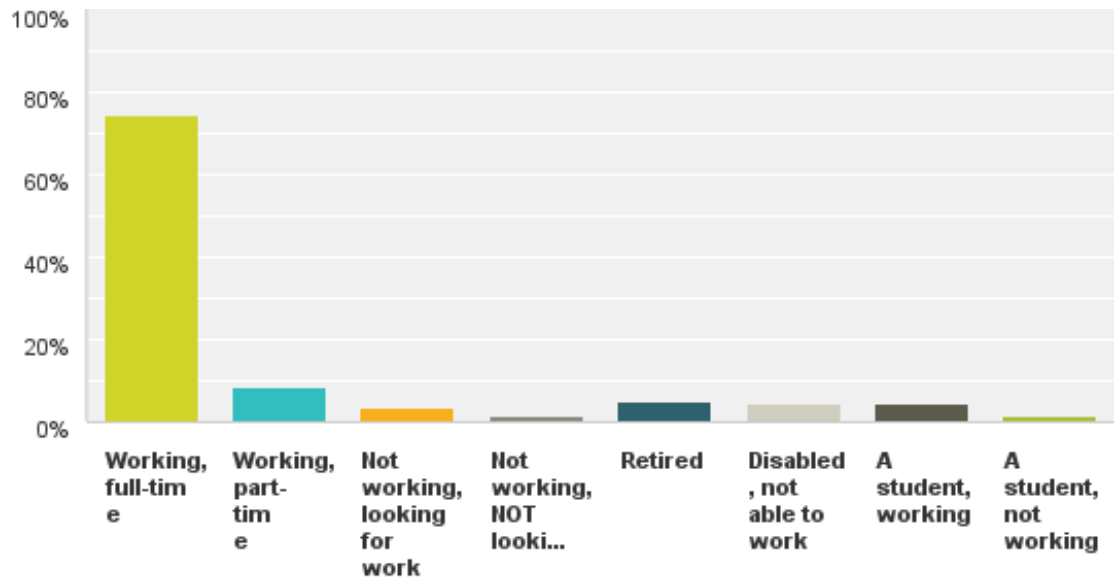
| Answer Choices | Responses | |
|----------------------|---------------|------------|
| Married | 68.04% | 626 |
| Partner relationship | 4.89% | 45 |
| Divorced/Separated | 12.07% | 111 |
| Widowed | 3.37% | 31 |
| Single | 11.63% | 107 |
| Total | | 920 |

I pay for health services through:



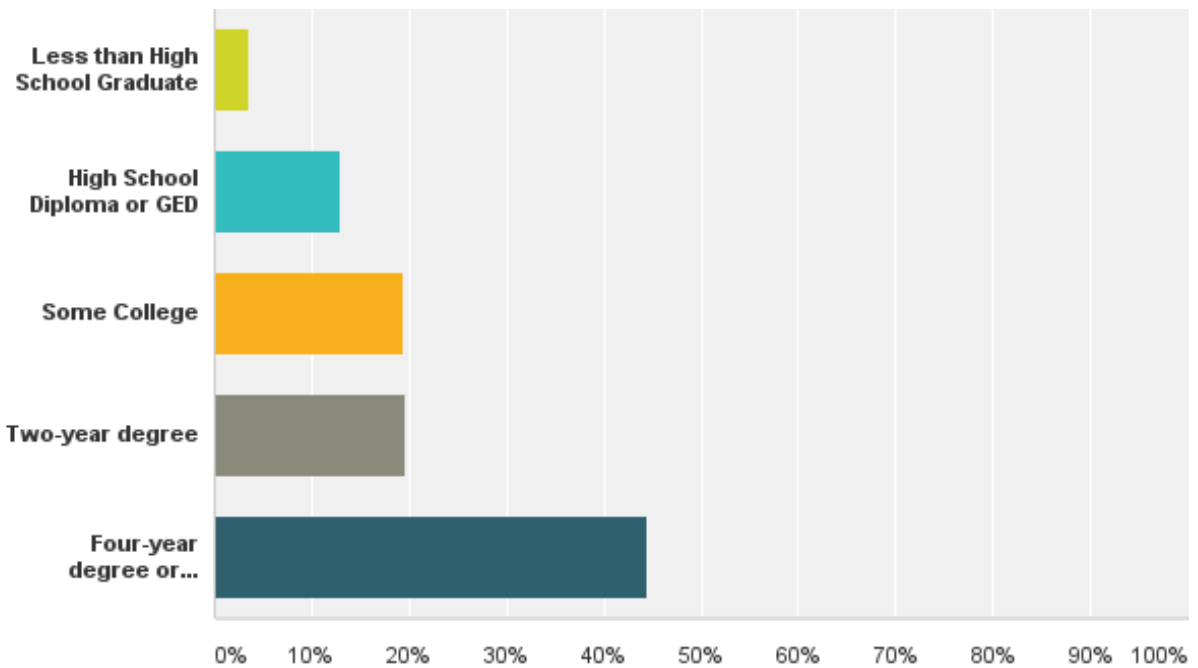
| Answer Choices | Responses | |
|---|-----------|------------|
| Private Insurance (e.g. Individual, exchange plan, or through employer) | 82.12% | 753 |
| Medicare | 6.22% | 57 |
| Medicaid | 8.94% | 82 |
| VA Benefits | 0.44% | 4 |
| Indian Health Services | 0.00% | 0 |
| Uninsured | 1.64% | 15 |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

I am



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

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



| Answer Choices | Responses |
|--------------------------------|-----------|
| Less than High School Graduate | 3.49% |
| High School Diploma or GED | 12.85% 1 |
| Some College | 19.50% 1 |
| Two-year degree | 19.72% 1 |
| Four-year degree or higher | 44.44% 4 |
| Total | 9 |

What is your average household income?



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

Appendix C



NEWS RELEASE

DATE: 2/1/16

CONTACT: Kevin Compton, Our Lady of Bellefonte Hospital, 606-833-3957
Tom Dearing, King's Daughters Medical Center, 606-408-9340

Health Coalition Requests Community Feedback

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

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

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

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

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

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

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

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

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

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



REPORT TO THE COMMUNITY 2016

Caring for and about our COMMUNITY



Caring for our community is much more than just providing high quality healthcare. It's also about being a good community partner. Since accepting the role of CEO more than two years ago, one of my primary focuses has been

reconnecting to the community. Like all businesses today we have limitations on our resources, but we are working hard to attend and participate in community events and activities.

One way we do this is encouraging and rewarding our team member's participation. And by working together they've accomplished incredible things for organizations both large and small. Our team raised and contributed over \$85,000 for the United Way of Northeast Kentucky, our most successful campaign in many years with a record number of physicians participating for the first time. Our team personally purchased and donated nearly 13,000 pounds of food for River Cities Harvest; purchased and donated bedding for Build-A-Bed; adopted families at Christmas; purchased backpacks and supplies for kids going back to school; delivered meals on wheels; provided free flu shots; taught thousands how to take better care of their health; provided baseline concussion testing to area athletes; hosted Red Cross blood drives; provided free screenings for heart disease, stroke, cancer, diabetes and much more.

We also began an internal "Keep it Local" campaign. I've encourage our departments who purchase items to look for local buying opportunities. For example, we partnered with Gibbs True Value Hardware and Pollock's Jewelry to provide the gifts for our team member "years of service" awards instead of an outside

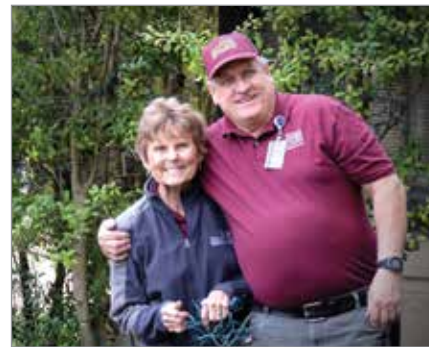
prepackaged service award company. For team giveaways we buy tickets to shows at the Paramount Arts Center and admission tickets to the Highland's Museum and Discovery Center and gift cards to local restaurants.

But part of our investment in our community is also trying to make sure you have access to local healthcare. This past year we've recruited 20 new physicians with more on the way. We've opened Walk-In clinics and Urgent Cares in an effort to help keep people out of expensive, unnecessary emergency room visits. We also developed a new partnership with the University of Kentucky College of Medicine to bring medical students to our campus this fall to help build our future medical staff.

We have also made a nearly impossible financial turnaround in two short years. And we've done this while adding jobs, not eliminating. Today, we employ about 3,300 people throughout the health system. According to the Kentucky Hospital Association's Economic Importance report it is estimated our team members spend \$67 million on local purchases annually and the Medical Center purchases another \$67 million in local goods and services.

Thank you for taking time to read our Community Annual Report for 2016 and seeing a glimpse into the many ways King's Daughters, its medical staff, team members and volunteers, contribute to the health, wealth and happiness of our communities. We are grateful to you for allowing us to be your community partner.

Kristie Whitlatch
President & CEO
King's Daughters Health System



TOGETHERNESS UNITY HOPE GROWTH

LOVE

FRIENDSHIP RELIEF DIVERSITY WORK FOOD GIVE GIVING MONEY HUMANITARIAN LOVE SUPPORT COMMUNITY

MONEY

LIFE HOPE COMMUNITY

A LOOK INSIDE

- 4-5** The impact of King's Daughters team members can be felt far and wide.
- 6** FAST STATS: Screenings, charity care.
- 7** Food Feud, a friendly competition among local hospitals, helps provide food security to many.
- 8-9** The local movement comes home to King's Daughters.
- 10** King's Daughters physicians William and Mayola Boykin are intimately involved in the community.
- 11** Our Team supports United Way ... in a big way.

12 SUSAN FRIED IS A BUSY WOMAN. THE WIFE OF CARDIOTHORACIC SURGEON ROBERT FRIED, M.D., SHE ALSO SERVES AS CHAIR OF THE BOARD OF SAFE HARBOR.

- 13** Working to ensure blood is always in supply.
- 14** King's Daughters Auxiliary supports healthy babies.
- 15** Volunteering gives a real sense of belonging to a community that is making a difference. You can volunteer, too!
- 16** Bone marrow donation saves child's life.

17 MEET ER NURSE TRACEY CRAWFORD, FLORENCE NIGHTINGALE AWARD WINNER.

18 MELISSA CONNELLY BEHNKE PRACTICALLY GREW UP AT KING'S DAUGHTERS. TODAY, SHE HELPS THE HOSPITAL BECOME MORE SENSITIVE TO THE NEEDS OF PATIENTS AND FAMILIES.

- 19** Become a Patient & Family Centered Care Adviser.
- 20** Raising awareness of breast cancer.
- 21** Choose to Lose helps kick start healthy changes.
- 22** Changing the game for high school, college athletes.

24 HELPING FLOOD VICTIMS, HOMELESS AND FAMILIES AT THE HOLIDAYS.

- 25** Palliative Care program offers comfort in the storm.
- 26** Prescription program simplifies medication regimens for many.
- 27** Labor and Delivery Nurse makes it her mission to help grieving parents.
- 28** FAST STATS: How King's Daughters contributes to the local economy.

PROUD to serve. Proud to care.

The impact of King’s Daughters team members can be felt far and wide, in communities throughout the region. Here’s a summary of all of their accomplishments last year:

- 3,280 free flu shots given to community by King’s Daughters Medical Center and King’s Daughters Ohio
- 400 children served at Halloween in the Park; King’s Daughters Medical Center provided 20 volunteers

9,500 POUNDS OF FOOD COLLECTED FOR THE RIVER CITIES HARVEST FOOD FEUD 2015

- 700 eyeglass collected for the Ashland Lion’s Club
- 1,875 coats, 300 pairs of socks, 100 toboggans and gloves, 250 snack bags and 250 hygiene bags collected for the Joe Stevens Memorial Coat Drive
- 200 team members donated items for the Johnson County Flood drive; 50 departments participated
- 312 team members donated to the monthly King’s Daughters Medical Center Red Cross blood drives

50 ELDERLY SERVED MEALS FIVE DAYS A WEEK THROUGH MEALS-ON-WHEELS; APPROX. 60 VOLUNTEERS EACH MONTH

- 50 departments filled 138 backpacks for the Ashland Alliance Backpack Program; serves children in Carter Boyd and Greenup counties; King’s Daughters Ohio filled 25 for Scioto County in conjunction with the Portsmouth Metropolitan Housing Authority

40 VOLUNTEERS ASSISTED WITH THE COLOR SPLASH 5K RUN/WALK; 1,100+ PARTICIPANTS IN 2015

- 1,536 sports physicals completed for students in Kentucky and Ohio and students at Kentucky Christian University

- King’s Daughters Ohio conducted a blanket and coat drive in partnership with The Broken Need a Healing Ministry
- King’s Daughters Ohio established a Type 1 Diabetes Support Group that meets bi-monthly at King’s Daughters Ohio
- City of Ashland Easter Egg Hunt (thousands of candy-filled eggs)

MEGA COLON DISPLAYED AT THE ASHLAND TOWN CENTER IN MARCH

- Fit for A Cure in partnership with Belk, WACOAL and Susan G. Komen
- American Cancer Society’s Relay for Life, Making Strides Walk and Chili Fest
- Cancer Survivor’s Day luncheons in Ashland and Portsmouth serving more than 800 survivors between the two locations

LOCAL HOLIDAY PARADES IN ASHLAND, IRONTON, PORTSMOUTH AND PAINTSVILLE

- Heart Chase in partnership with the American Heart Association

- Movie Night in the Park with the Boyd County Library

GO RED FOR GIRL SCOUTS IN ASHLAND AND PORTSMOUTH

- Health screenings and education at local fairs in Boyd, Greenup, Carter and Scioto counties and Ashland Summer Motion
- Faithworks, our faith-based ministry partnering with over 100 churches in our region

PORTSMOUTH RIVER DAYS COMMUNITY FESTIVAL PARADE WITH BATMAN IN HIS BAT MOBILE, SUPER HERO FRIENDS AND KING'S DAUGHTERS OHIO HEROES OF HEALTHCARE

- Annual King’s Daughters Ohio Chili Cook-Off for the Cure to benefit Susan G. Komen Foundation
- Provided a Celebrity Chef and support for The Counseling Center’s annual event that funds their Summer Outreach Program for children in Scioto County



MARCH OF DIMES MARCH FOR BABIES

- Dancing With Our Stars contestant and support for the Ohio River Valley Chapter of the Red Cross fundraiser
- In addition to coordinating Meals on Wheels, King's Daughters and Kingsbrook provide a hot meal, lunch and a snack to those in need when the Ashland Community Kitchen is closed. This includes snow days, Memorial Day, Thanksgiving, and Christmas

79 TEAM MEMBERS DONATED ITEMS TO BUILD-A-BED IN PARTNERSHIP WITH MOREHEAD STATE, SERVING CHILDREN IN CARTER, BOYD, GREENUP, ELLIOTT AND LAWRENCE COUNTIES

- Provided volunteers, sponsorship and speakers for Young Women Lead; a two-day conference for high school girls from all over the state
- Walk to End Alzheimer's
- More than 10 types of health screenings are provided in Kentucky and Ohio 10 to 15 times every month

- King's Daughters Ohio is the sole sponsor of the Healthy Bucks program at the Portsmouth Farmer's Market. These "bucks" provided fresh fruits and veggies to 300 children and adults

CO-LED THE HEALTHY CHOICES, HEALTHY COMMUNITIES COALITION

- 158 trips were made by the Mobile Mammography team to locations in Kentucky and Ohio; 1,650 women were provided mammograms; more than 150 women provided with free mammograms and/or diagnostic services through grant funding.
- Active member of the Scioto County Health Coalition

CO-HOSTED, THE NATIONAL DAY OF PRAYER SERVICE

- Each November, King's Daughters Ohio conducts a Food Drive for veterans in its area

- Sponsored Go Noodle Plus for Campbell Elementary School in Raceland; a pilot computer program to get kids up and moving during the school day

60 DEPARTMENTS ADOPTED 207 FAMILIES AND SPENT \$33,485 ON GIFTS FOR ADOPT-A-FAMILY, REACHING FAMILIES IN THE FIVE-COUNTY AREA; KING'S DAUGHTERS OHIO ADOPTED FOUR FAMILIES TO PROVIDE CHRISTMAS GIFTS AND MEALS IN SCIOTO COUNTY

- Last year, King's Daughters Regional CPR Training Center provided more than 5,000 certification cards for BLS/ACLS/PALS

- Provided regular sponsorships to help support area local non-profits through golf scrambles and other community events like Paramount Lip Sync Battle, Highland's Museum Dancing With Our Stars, Hope's Place Mystery Dinner Theatre, Safe Harbor, SSU President's Gala, Notre Dame Bid Your Heart Out Event, Pathways, Morehead University Small Business Awards, Jingle Bell Ball and many more

SUPPLIED 43 NARCAN DOSES TO FIVE POLICE DEPARTMENTS IN OHIO TO HELP COMBAT OPIOID OVERDOSES

We are proud to partner with and support our local community and again thank you for all you've done to help us succeed

LOVE GIVE LIFE VOLUNTEER TEAM MONEY FOOD
TOGETHER ASSISTANCE HAND HAPPY DIVERSITY COMMUNICATION
VOLUNTEERING TEAM
TEAMWORK DONATION SERVICE
FRIENDSHIP HUMANITARIAN
FRIENDSHIP LEISURE HAPPINESS UNITY SUCCESS TEAMWORK



1,169

babies were born here

176,536

visits to a primary care physician, nurse practitioner or physician assistant

99,780

visits to a specialist physician, nurse practitioner or physician assistant

129,274

Urgent Care visits

16,600

admissions to King's Daughters or King's Daughters Ohio

62,049

visits to our Emergency Department

369,932

outpatient visits

41,311

surgeries/procedures performed

14,539

visits to patients in their homes through our Home Health service

How we contributed

King's Daughters, its physicians and team members have a significant impact on the communities we serve. Throughout this report, we'll share how KDMC makes a difference, whether it's in the number of patients we serve, the free healthcare we provide, or our economic impact.

\$3.84 million

Charity care provided*

*does not include bad debt, unreimbursed care

\$193.7 million

Total salaries and wages for our Health System

\$56.5 million

Payroll taxes paid by our team members (federal state, local, Social Security & Medicare)

5,728

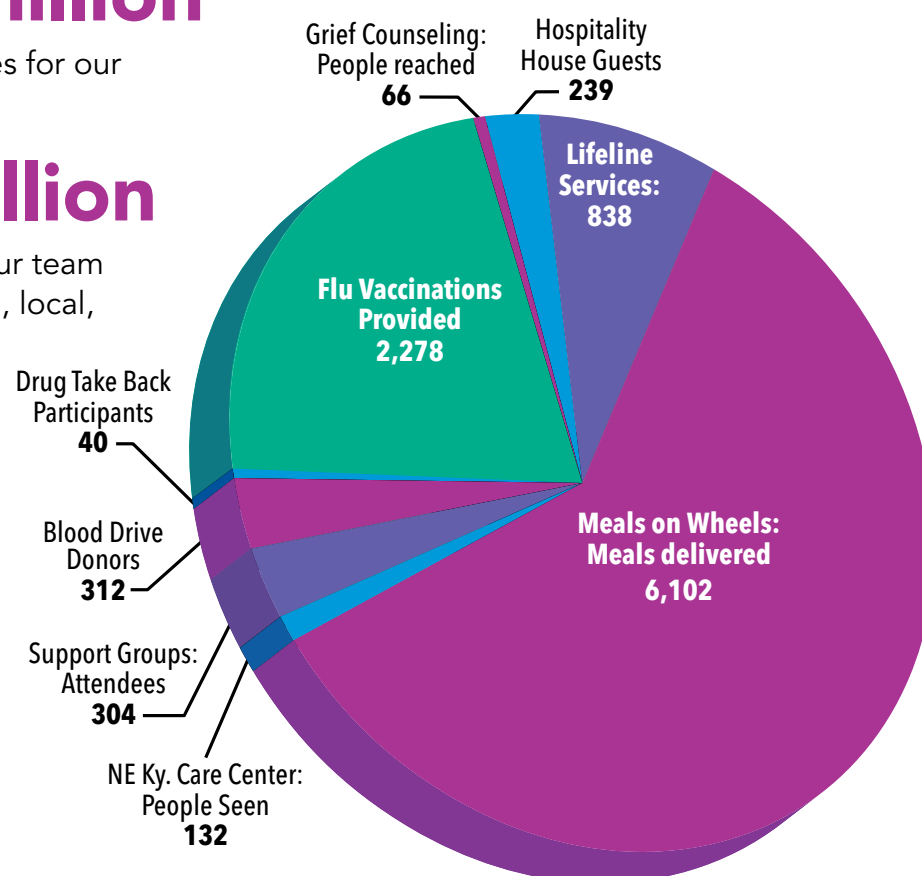
Number of hours our team members volunteered in the community

8,246

Individuals screened

PEOPLE SCREENED

| Screening (Adults & Children) | Total |
|-------------------------------|-------|
| Healthy Heart | 3,005 |
| Sports Physicals | 2,176 |
| General Health | 2,026 |
| Mobile Mammography | 887 |
| Derma Scan | 169 |
| Skin Cancer | 158 |
| Prostate Cancer | 92 |
| Carpal Tunnel | 57 |
| Low-Dose CT Scan | 22 |
| Varicose Vein | 17 |
| Hearing | 10 |



FAST STATS

FY2015 (Oct. 1, 2014-Sept. 30, 2015)

FOOD FEUD vital to feeding hungry

So many Kentuckians don't know where their next meal is coming from. Each year, more than 600,000 depend on food banks to feed their families.

The food banks in turn rely on the generosity and support of individuals, foundations and corporations to provide donations of money and food to meet the needs. Locally, River Cities Harvest provides food to 39 agencies that feed 20,000 people in Boyd, Greenup and Lawrence counties in Kentucky and Lawrence County in Ohio.

Since 2014, King's Daughters and Our Lady of Bellefonte Hospital employees have donated nearly 50,000 pounds of nonperishable food annually through Food Feud, a friendly competition between hospitals.

"Spring can be a lean time of year for us," said Brittnany Hoback, executive director at River Cities Harvest. "Conducted in March to coincide with March Madness, Food Feud provides those in need with a significant source of much needed canned food," she said. The timing of the food drive is vital. "Food Feud provides that boost after the giving season of Thanksgiving and Christmas."

Since 1991, River Cities Harvest and its volunteers have collected perishable food from local restaurants, grocery stores and bakeries — food that would otherwise go to waste. Non-perishable food is gleaned through food drives including Food Feud.

"We just have to keep it going," said Rita Burgess, a patient representative at King's Daughters who started the Food Feud three years ago. "The need is so great."

WE HOPE THAT THE KDMC-OLBH FOOD FEUD CONTINUES TO GROW AND INSPIRE SUPPORT FOR OUR ORGANIZATION THROUGHOUT THE YEAR.

BRITTNANY HOBACK

Without the donations received through River Cities, many of the hungry go without, are forced to buy low-nutrient foods or add fillers and extenders to stretch their food. The result is often an unhealthy diet high in sodium, fat and low in vitamins, minerals and fiber. This can lead to serious long-term health implications, including obesity, heart disease and diabetes.

Hoback said tackling hunger by providing a reliable source of healthy food may help combat or prevent some of these health concerns.

River Cities Harvest has successful partnerships with Walmart, Kroger and Panera Bread that provide fresh produce, meat and bakery items on a regular basis. Cafeterias at King's Daughters and Our Lady

of Bellefonte Hospital supply food each week. In addition to receiving regular donations from those in the food industry, River Cities Harvest partners with the Boyd County Extension Office and Federal Correctional Institution's Master Gardener program, where inmates grow and donate more than 60,000 pounds of fresh produce each year.

River Cities Harvest, once designed to meet emergency needs, no longer serves this function. Now, the nonprofit agency primarily serves those facing chronic, long-term hunger.

"Solving the hunger program in Kentucky will require strengthened partnerships within both public and private sectors," Hoback said.

"We hope that the KDMC-OLBH Food Feud continues to grow and inspire support for our organization throughout the year," she said.

"I know Food Feud is supposed to be a competition between the hospitals. The real winner is the community and the people we serve."

River Cities Harvest is located in The Neighborhood at 2516 Carter Ave. To learn more, call (606) 324-3663.



BRITTNANY HOBACK
Executive Director
at River Cities Harvest

KDMC Farmers Market allows residents to 'EAT FRESH, EAT LOCAL'

Last summer, farmers in Boyd County and all over the region had a new market for their products: King's Daughters Medical Center.

Established in cooperation with the Boyd County Cooperative Extension Service, the Farmers Market was located under a large white tent along Central Avenue and 24th Street, on the KDMC campus.

Keith Moore, a farmer who participated in the market, also happens to be a KDMC team member and one of the market's biggest proponents.

"My vision was that the Farmers Market would demonstrate King's Daughter's support of the community and local farmers and would also provide better access to fresh, healthy foods," Moore said.

Good nutrition is an important part of prevention, Moore noted, adding that the increased availability of locally grown, fresh produce helps support a healthier community overall.



MY VISION WAS THAT THE FARMERS MARKET WOULD DEMONSTRATE KING'S DAUGHTERS SUPPORT OF THE COMMUNITY AND LOCAL FARMERS.

KEITH MOORE

The market was well received by both King's Daughters team members and the community, Moore said. "We heard a lot of comments about how convenient the Market was, and how excited they were to be able to purchase fresh produce so close to home and work."

Although there's no way to know for sure who bought the most at the market, about 80 percent of sales were cash transactions – only 18 percent was payroll deducted, an option available to KDMC employees.

"That indicates to me a good number of customers were not King's Daughters team members,"

Moore said. "I would have thought it would be the other way around, but it does go to show you how popular the market was in the larger community and how hungry people are for locally grown products."

Moore, whose Savage Farms specializes in maple syrup products, has a vision of expanding the farm-to-table movement to include a farm-to-hospital component. He would like to see the bulk of food served to patients in the hospital be locally grown and processed. It would be good for the local economy, for local farmers and, ultimately, for patients, Moore said.

"There is a difference between locally grown foods and those shipped in from somewhere else," he noted. "There really is no comparison in terms of quality, taste and nutritional value."



It's a vision that requires a lot of ground work – literally. Farmers would have to ramp up production and invest in new technologies to ensure that patient needs could be met. A source for meat products – and processors – would need to be developed. It's not impossible, but it does require work.

But Moore, like all farmers, isn't afraid of hard work. At his own farm, he's putting in more maple sap runs, increasing strawberry production and his son is putting in vegetable fields to better meet the demand.

In the meantime, the Farmers Market at King's Daughters returned in June, overseen by the Extension Service. The market is open 2 to 9 p.m. Thursdays.

Last year, shoppers were presented with a wide array of in-season products, including:

- Asparagus
- Fresh herbs
- Heirloom tomatoes
- Green beans
- Half-runner beans
- Blueberries
- Peppers
- Carrots
- Greens
- Apple butter
- Squashes
- Cut flowers
- Apples
- Corn
- Cantaloupe
- Watermelon
- Maple syrup
- Maple butter

Farmers markets across Kentucky are part of the Department of Agriculture's Appalachia Proud: Mountains of Potential initiative. This Kentucky Proud regional brand celebrates the innovation and entrepreneurial spirit of the region while at the same time honoring its traditions.

The Boyd County Cooperative Extension is a part of the University of Kentucky's and Kentucky State University's off-campus information network.

Come in, we're LOCAL!

Across the country – and here at King's Daughters – there is an increased emphasis on supporting local business. Local business is the backbone of the economy – creating jobs, supporting local causes, paying taxes and building a strong future for the community.

Since our founding in 1899, King's Daughters has been – and continues to be – a local business. As such, we employ more than 3,000 people and contribute \$67 million to the local economy annually, according to statistics provided by the Kentucky Hospital Association. Further, our Team Members contribute another \$67 million to the local economy, buying groceries, getting cars repaired, making home renovations and more.

Recognizing that we all play a role in the success of the local community, we at King's Daughters have been paying particular attention to the local movement, purchasing hospital supplies and services from local vendors whenever possible; encouraging our team members to support local businesses; and helping to support local farmers and entrepreneurs in growing and succeeding.

The local movement is about more than just buying things local. It's about building and sustaining a strong, independent community with diversity, variety and uniqueness. Keeping it local has a million benefits, but here are some of the most important, according to the Institute for Local Self-Reliance:

It builds **local character and prosperity**. In an increasingly “generic” world, communities that preserve their one-of-a-kind businesses and distinctive character have an economic advantage.

Community well-being. Locally owned businesses build strong communities by sustaining vibrant town centers, linking neighbors in a web of economic and social relationships and supporting local causes.

Local decision making. Local ownership ensures that important decisions are made locally by people who live in the community and who will feel the impact of those decisions.

Keep dollars in the local economy. Compared to chain stores, locally owned businesses recycle a much larger share of their revenue back into the local economy, creating jobs and enriching the entire community.

Jobs and wages. Locally owned businesses create more jobs locally, and in some sectors, provide better wages and benefits than chains do.

Entrepreneurship. Entrepreneurship fuels America's economic innovation and prosperity and serves as a key means for families to move out of low-wage jobs and into the middle class – and to lift others up, too.

Public benefits and costs. Local stores in town centers require comparatively little infrastructure and make more efficient use of public services relative.

Environmental sustainability. Local stores help to sustain vibrant, compact, walkable town centers, which in turn are essential to reducing sprawl, auto use, habitat loss, air and water pollution.

Competition. A marketplace that includes hundreds of choices is the best way to ensure innovation and lower prices over the long run.

Product diversity. A multitude of small businesses, each selecting products based on the needs and the interests of their local customers, guarantees a broader range of product choices.



Physicians EMBRACE AND SUPPORT our community

As physicians, William and Mayola Boykin share a passion for helping people in need. Their concern for the welfare of others extends beyond healthcare and the basic necessities of food, clothing and shelter, to include hope and opportunity.

“If you look at Gallup polls and how our region scores in areas such as hope and expectation of having a good life — you have to ask, how can we work together to lift people up and make it so they don’t feel invisible?” said Mayola Boykin, M.D.

Working in medicine — she’s a radiologist, he’s a urologist — the Boykins see it as their job to serve. “As a doctor, there’s this desire to serve that extends into the greater community,” said William Boykin, M.D.

Over the years, the couple has given their time, talent and funds to support organizations that share their vision and concerns. These include the United Way of Northeast Kentucky, The Neighborhood and the American Cancer Society (ACS). William is currently serving as chairman-elect of the ACS Mid-South Division Board of Directors.

Each year, the Boykins sponsor fundraisers such as the Wine and Bourbon Ball for The Neighborhood and the White Party that benefits the Cancer Action Network — the arm of the American Cancer Society

that advocates to lawmakers to fund cancer screenings, smoke-free campaigns and quality of life initiatives. Last year’s White Party was hosted at the Ashland Train Depot. “It was the tenth highest fundraiser nationally for the organization,” said William. “That says a lot for our community!”

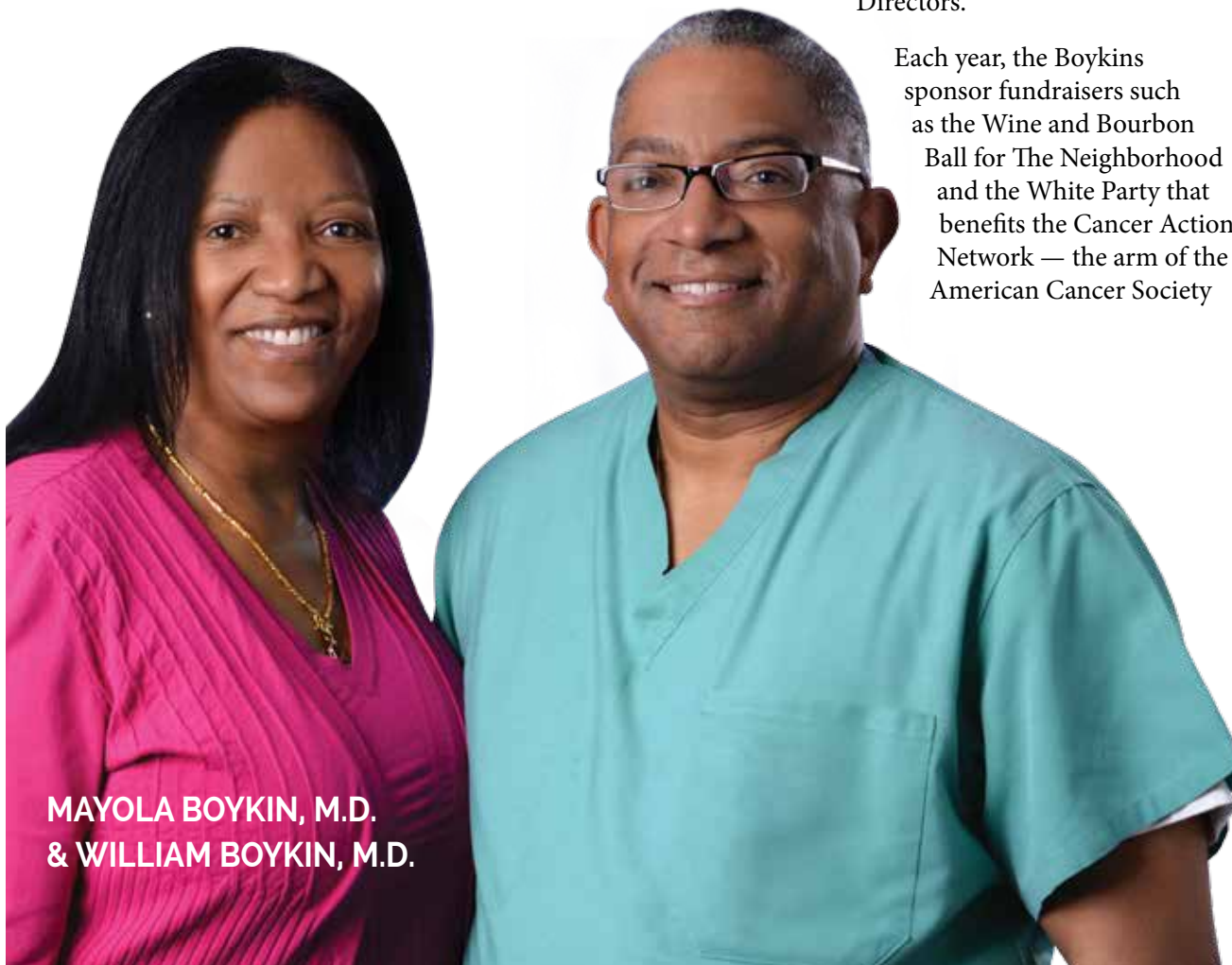
Originally from Georgia, the Boykins’ passion for serving others was evident long before they moved to Ashland. Both served in the Medical Corps of the U.S. Army. William served two years as general medical officer and flight surgeon taking him to posts in Korea, Germany and San Antonio. Mayola served as chief of radiology at Reynolds Army Community Hospital, Fort Sill, Okla. They met in medical school at Emory University in Atlanta.

It was ultimately their contacts in the Army that helped bring them to Ashland. William discovered physicians he had served with, including urologist Tim Dixon, M.D., cardiologist John Van Deren, M.D., and nephrologist Don Hammonds, D.O., were already practicing with King’s Daughters. These friends persuaded the couple to move here.

“We embraced moving our family to a small town,” said Mayola. “Our three sons loved growing up in Ashland and living close to Central Park. Being in a tightknit community allowed us to spend more time together as a family, and we’ve all made many close friends here.”

Living in Ashland has had other advantages, as well. “You can support your community anywhere you live, but in a smaller town you can actually see the impact,” William said. “In a big city, everything is much more diluted.”

The pair also is deeply committed to the arts and their impact on education and quality of life. Every year, they sponsor jazz performances at the Paramount



MAYOLA BOYKIN, M.D.
& WILLIAM BOYKIN, M.D.

Arts Center. “The Jazz Alley program just keeps growing,” Mayola said. “We’re seeing many more young people attending — it’s exciting!”

The arts have greatly influenced their own children — John, 25, is a theater production major at Marshall University and Billy, 27, is pursuing a master’s degree in recording engineering in Atlanta. Their youngest child Mark, 23, returns to the University of Chicago in the fall and is majoring in English, chemistry and technical writing. All three are musicians. Currently, John and Mark host a radio show from 6 to 9 a.m. every Wednesday on Marshall’s radio station, WMUL, 88.1 FM.

Last year, the Boykins had the unique

**YOU CAN SUPPORT YOUR
COMMUNITY ANYWHERE
YOU LIVE, BUT IN A SMALLER
TOWN YOU CAN ACTUALLY
SEE THE IMPACT.**

WILLIAM BOYKIN, M.D.

opportunity to support the production of a short HBO film written by their nephew’s wife, Gabrielle Fulton-Ponder. The film, *Ir/Reconcilable*, told the story of a drug addict trying to reconcile with the family she abandoned many years before. “The film’s message was very positive – full of hope,” Mayola said, adding discussions are taking place to film the story as a feature-length movie.

One thing is certain, William and Mayola don’t wait for opportunities to help others to come to them — they seek them out.

“As physicians and as a couple, they put their heart and soul into improving the lives of others,” said Jerri Compton, executive director of United Way of Northeast Kentucky. “They see people’s needs; they see people’s potential and generously support organizations that can affect change in our region. Our community is blessed to have them.”



Team Members MAKE A DIFFERENCE

There is, perhaps, no single public service initiative at King’s Daughters that involves more team members or is more impactful to the community than the medical center’s annual United Way campaign. Each fall, the call for pledges goes out throughout the entire organization, and several hundred team members and physicians make their contributions through checks, cash or payroll deduction.

Last season’s campaign generated \$80,000 in donations — up \$5,000 from the previous year’s gifts from team members. King’s Daughters’ contribution helps the local United Way support dozens of agencies that assist people and families throughout our region — in Boyd, Carter, Greenup, Elliott and Lawrence counties.

The campaign has changed and evolved to include online pledging and incentives (funded by King’s Daughters) to encourage participation.

Last year’s campaign placed a renewed focus on physician giving. As a result of medical staff participation, the medical center surpassed its fundraising goal.

Physicians participating in the leadership campaign included vascular surgeon Omran Abul-Khoudoud, M.D.; family physician Philip Fioret, M.D.; nephrologist Charbel Salem, M.D.; hematologist/oncologist Galena Salem, M.D. (pictured above, left to right); and urologist William Boykin, M.D. and radiologist Mayola Boykin, M.D. (pictured to the left).

“Every day, I see patients who really need help,” said Dr. Khoudoud, explaining why he supports the United Way. “Often, they are struggling with the basic necessities — food, clothing or shelter, and I want to do what I can to help them.”

Dr. Charbel Salem said supporting the United Way was a humbling experience. “This is so little, knowing how much suffering and pain there is,” he said. “Whatever Galena and I give is not enough to express our gratitude to this lovely community ... it is our pledge to keep the people of the region in our prayers ... the greatest gifts of all come from prayers.”

Dr. Fioret, a long-time supporter of the United Way, said contributions to the cause have far-

CONTINUED NEXT PAGE...

reaching effects. “Because United Way supports so many crucial service agencies for families in need, it gives us the unique opportunity to make gifts that will potentially impact the lives of thousands,” he said. “Making a pledge to the United Way extends our reach, and the reach of our health system, into the community to help those who really need it.”

UNITED WAY SUPPORTS SO MANY CRUCIAL SERVICE AGENCIES FOR FAMILIES IN NEED, IT GIVES US THE UNIQUE OPPORTUNITY TO MAKE GIFTS THAT WILL POTENTIALLY IMPACT THE LIVES OF THOUSANDS.

PHILIP FIORET, M.D.

Contributions support worthwhile organizations including:

- Ashland Community Kitchen
- Ashland Child Development Center
- Safe Harbor
- Shelter of Hope
- Hope's Place
- Two Hearts Pregnancy Center
- River Cities Harvest
- Big Brothers Big Sisters

“We cannot thank King’s Daughters, its team members and these physicians enough for all they’ve done to make such an impact on our community,” said Jerri Compton, United Way executive director. “Their prayers and their gifts really will make a difference for so many!”

For more information about the United Way of Northeast Kentucky, call (606) 325-1810 or visit their website at uwnek.org.

Working with Safe Harbor to give families NEW HOPE

Domestic violence is an epidemic that infects our society without discrimination. It spreads from generation to generation, cutting across age, socioeconomic status, gender, race, religion, sexual orientation and nationality. In the U.S., more than 10 million people are victims of domestic violence annually.*

For more than 35 years, Safe Harbor of Northeast Kentucky has helped families plagued by this disease, providing critical services such as emergency shelter, transitional housing, job training and legal advocacy.

“For years, King’s Daughters has provided emergency and other healthcare to women and children at Safe Harbor,” said Susan Fried, Safe Harbor board chair. The medical center also has been a major sponsor of the organization’s annual Lobster Fest fundraiser since its inception eight years ago.

Safe Harbor also benefits from the food drive conducted at King’s Daughters each spring. “We receive much of the non-perishable food donated to River Cities Harvest. It’s a huge help,” Fried said noting there are many mouths to feed with more than 160 residents being served by Safe Harbor at any given time.

Last year, team members from King’s Daughters Information Systems and Technology department helped set up a computer lab at Safe Harbor by installing computers donated by Ashland Community and Technical College. “It’s opened doors for our residents to access online education and search for jobs,” said Fried.

The desire to help people is at the heart of healthcare. Fried’s own ties to the medical community led her to involvement with Safe



BY SUPPORTING SAFE HARBOR, KING’S DAUGHTERS IS HELPING US END THIS VICIOUS CYCLE AND GIVE FAMILIES HOPE.

SUSAN FRIED

Harbor — she and her husband, cardiothoracic surgeon Robert Fried, M.D., learned about the organization through the Boyd County Medical Association when they moved here in 2003. “The association was considering causes to support. We toured Safe Harbor and just fell in love with the concept of giving these women and children a chance,” she said.

Domestic violence stunts the long-term health of a community as it takes its toll on generations of families. “Children in violent homes often grow up to be abusers or continued abuse victims,” Fried said. “By supporting Safe Harbor, King’s Daughters is helping us end this vicious cycle and give families hope.”

Safe Harbor accepts financial gifts as well as donations of hygiene items, undergarments and clothing. To learn more about the organization and how you can help, go online to safeharborky.org or call (606) 329-9304 or toll free: 1-800-926-2150.

*Source: National Coalition Against Domestic Violence

GIVING BLOOD, giving life

Blood donations save lives every day. In fact, just one donation has the potential to save three lives, according to the American Red Cross. Every two seconds someone in the U.S. needs blood, and although 38 percent of the U.S. population is eligible to donate at any given time, less than 10 percent of those eligible actually do.

King's Daughters recognizes the critical need for blood in our communities, and for more than 15 years, has hosted American Red Cross blood drives. These drives are open to the public as well as to King's Daughters team members.

Nurse practitioner Brian Davis, cardiology, has been with King's Daughters 13 years and donated blood at least four times a year for more than 10 years. "I've worked in emergency and critical care, and I've seen first-hand how important it is to have a good blood supply available at a moment's notice.

It can be a matter of life and death," he said. "I've been blessed with good health; I feel donating blood is the least I can do."

IV therapy nurse Teresa Griffith, a KDMC team member for more than 37 years, has been donating blood every 58 days for more than 10 years. During that time, she also has worked as a volunteer at the blood drives. "I've been on the receiving end of a blood transfusion myself and know the need," Griffith said. "A doctor once told me giving blood is the next closest thing to donating an organ. It really makes a difference for people."

Cheryl Bennett, KDMC blood bank supervisor, has helped manage the medical center's blood supply for

more than 34 years. Her profession, as well as experience with her own father, has made her acutely aware of the critical need for blood donations. "For many years my dad had a health condition that made him transfusion dependent. That really brought it home for me," she said. "Blood is precious. You never know when you or someone you love might desperately need it."

WHAT TO EXPECT WHEN DONATING BLOOD

Blood donation is a simple four-step process: registration, medical history review and mini-physical, donation and then refreshments.

To make giving blood more convenient for donors, the American Red Cross recently introduced an online tool called RapidPass. Donors complete pre-registration and donation questions online the day of the blood drive, then show the pass (paper or mobile device) at the drive. This process cuts donation time by as much as 15 minutes.

BLOOD IS PRECIOUS. YOU NEVER KNOW WHEN YOU OR SOMEONE YOU LOVE MIGHT DESPERATELY NEED IT.

CHERYL BENNETT

Blood donation typically takes 10-20 minutes. The entire process from arrival until recovery and departure is just over an hour.

HOW TO GET INVOLVED

The No. 1 reason donors give blood is because they want to help others. It's easy to donate blood and be someone's hero! Dates for upcoming monthly blood drives at King's Daughters can be found online at kdmc.com (click the Get Screened button at the top of the home page to see the calendar). Although walk-ins are welcome, appointments can be made online at redcrossblood.org or by calling 1-800-RED-CROSS.



**BRIAN DAVIS, APRN
& TERESA GRIFFITH, RN**

**American
Red Cross**

IN BRIEF

HEALTH FOUNDATION PROVIDES SCHOLARSHIPS

In 2015, King's Daughters Health Foundation provided \$12,500 in scholarship funding for eight area high school seniors. Foundation scholarships are awarded annually and include:

- King's Daughters Health Foundation Health Career Scholarship — a one-time \$2,500 award for a selected student who is pursuing a career in healthcare.
- The Boyd County Medical Society Scholarship — a \$1,500 scholarship awarded to one student from each of the following high schools: Boyd County, Russell, Paul G. Blazer and Fairview. Students pursuing any field of study are eligible.
- The Edna and Mildred Monk Memorial Nursing Scholarship — four \$1,000 scholarships awarded to selected dependents of King's Daughters team members pursuing a career in nursing.

Information can be found online at: kdhealthfoundation.com/scholarships.



Auxiliary SUPPORTS healthy babies, families

Each year, King's Daughters Auxiliary provides thousands of dollars in funding to support dozens of community programs and health initiatives that benefit underserved and at-risk individuals and families throughout the region.

Last October, the Auxiliary funded a new program at King's Daughters to provide Tdap immunizations to expectant mothers in their third trimester. Most of the 1,100 women who have babies at KDMC each year don't have healthcare coverage that will pay for the Tdap vaccination, according to Jennifer Sparks, director of Women's Health Services.

Tdap includes vaccines for tetanus, diphtheria and acellular pertussis, also called whooping cough. The most important aspect of this immunization is the protection it provides against pertussis.

According to the U.S. Centers for Disease Control and Prevention, there has been an increase in whooping cough in the U.S., with 10,000 to 50,000 cases occurring annually in each state. In recent years, 1,450 infants have been hospitalized for it, and 10 to 20 have died.

Unfortunately, babies cannot receive the Tdap vaccine until their 2-month birthday. However, the antibodies mom develops in her third trimester as a result of the immunization are passed to the fetus, providing protection until that time. Additionally, moms who have been vaccinated don't risk contracting the infection and passing it on to their newborns.

The Auxiliary awarded \$25,000 to fund the Tdap program. "KDMC's Auxiliary volunteers truly have the biggest hearts and support the health of our community," Sparks said.

ADDITIONAL SUPPORT

All told, King's Daughters Auxiliary awarded more \$185,000 in gifts to support 20 community projects for fiscal year 2016, including:

- \$10,500 to remotely monitor at-risk patients in their homes
- \$4,680 to provide meals to homebound individuals
- \$12,000 to provide assistance in the home as respite for regular caregivers
- \$2,145 to purchase new robes for women waiting on mammograms/breast ultrasounds at KDMC
- \$5,000 for smoking cessation nicotine patches to those who want to stop smoking and are not covered by insurance
- \$7,500 to fund celebrations locally for National Cancer Survivors Day



34,000

Number of hours King's Daughters volunteers gave in fiscal year 2015

LOVE FRIENDSHIP RELIEF DIVERSITY
LOVE SUPPORT COMMUNITY

Improve your health as you help the community — become a VOLUNTEER!

As we age, all of us want to know — how can we age well?

When thinking about living longer, healthier lives, we all know we should eat better and exercise, but did you know there are significant health benefits associated with volunteering?

VOLUNTEERING GIVES A REAL SENSE OF BELONGING TO A COMMUNITY THAT IS GIVING BACK

ANNE SLOAN

Helping others helps you! In fact, research from the past two decades suggests that seniors who volunteer live longer, experience less depression and even spend less time hospitalized than those who don't.

The Corporation for National and Community Service reports that:

- Older adults who volunteer have lower mortality rates than those who do not (even when controlling for socioeconomic status, education, marital status, age, gender and ethnicity).
- Volunteers have higher levels of happiness, life satisfaction, self-esteem and a sense of control over life.
- Seniors who volunteer have lower incidence of heart disease.
- Volunteering helps reduce stress and lowers blood pressure, as well as encourages social connectivity.
- Even individuals with chronic or serious illness who volunteer receive benefits beyond what they can achieve through medical care alone. Those suffering from chronic pain reported

declines in its intensity, and individuals post heart attack reported reductions in despair and depression.

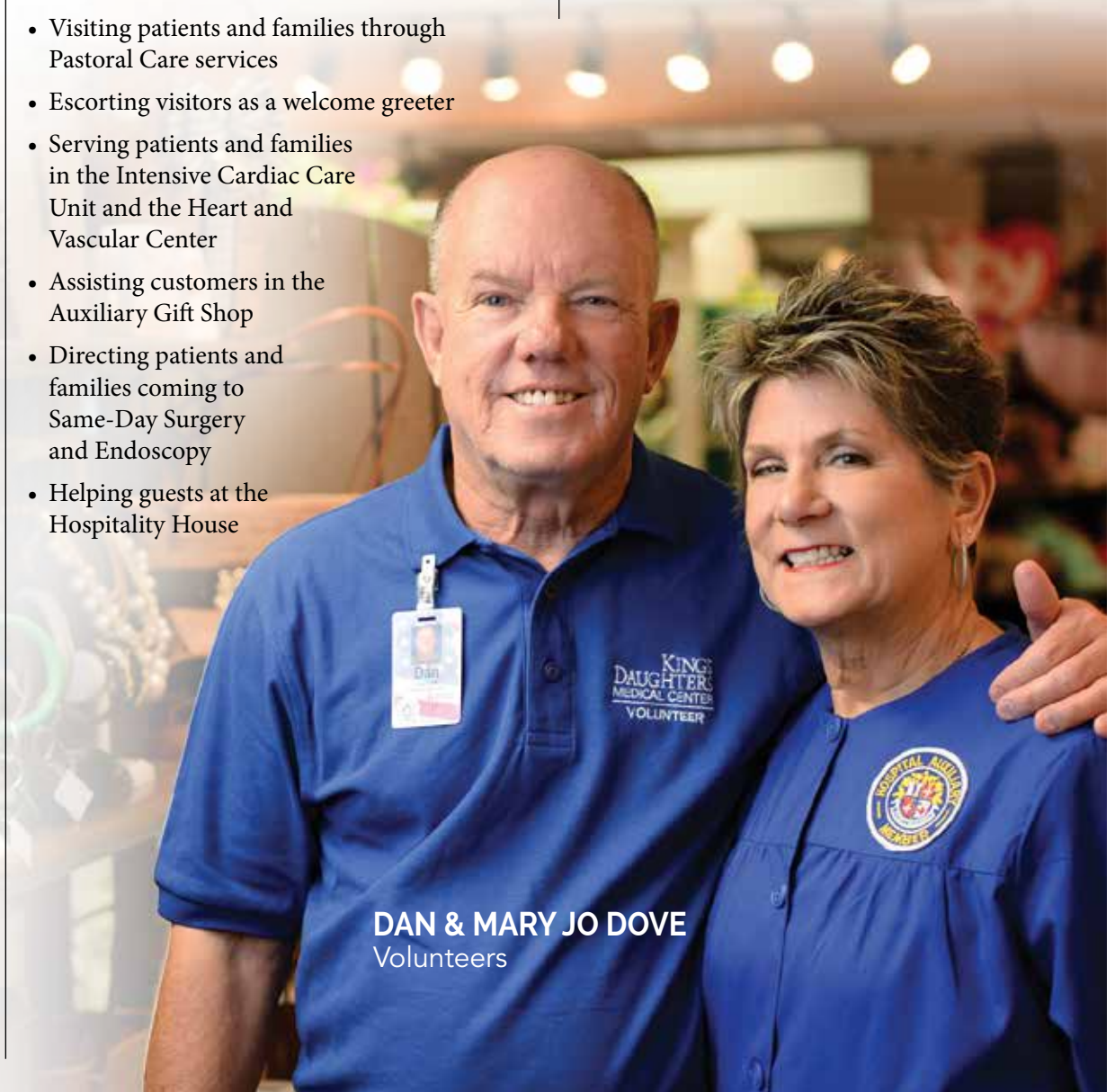
Volunteering is good for you and for the community! If you're looking for diverse and fulfilling volunteer opportunities, King's Daughters has many, including:

- Visiting patients and families through Pastoral Care services
- Escorting visitors as a welcome greeter
- Serving patients and families in the Intensive Cardiac Care Unit and the Heart and Vascular Center
- Assisting customers in the Auxiliary Gift Shop
- Directing patients and families coming to Same-Day Surgery and Endoscopy
- Helping guests at the Hospitality House

"There are so many great reasons people volunteer," said Anne Sloan, director of Volunteer Services at King's Daughters. "Whether its for social interaction and making new friends or for the expression of a deeply felt commitment to help others, volunteering gives a real sense of belonging to a community that is giving back."

There are nearly 200 volunteers at King's Daughters — dedicated individuals who served more than 34,000 hours last year.

If you'd like to learn more about joining this great group of people, visit kdmc.com or call (606) 408-0955.



DAN & MARY JO DOVE
Volunteers

IN BRIEF

HEARTCHASE BENEFITS AMERICAN HEART ASSOCIATION

King's Daughters and Our Lady of Bellefonte Hospital joined together in summer 2015 to co-sponsor the American Heart Association's HeartChase fundraising event in Ashland. The competition was a combination of ideas from popular television shows such as Amazing Race and Minute to Win It.

Teams were invited to compete in adventurous challenges and games throughout the town as they raised more than \$15,000 to support the AHA's research, education and mission to build healthier lives free of cardiovascular disease and stroke.

King's Daughters' team, Queens of Heart, was the top fundraiser. Team members included Autumn McFann, vice president and chief financial officer; Sara Marks, vice president/executive director of Integrated Practices; and Stacy Patrick, vice president/chief nursing officer, along with her daughter Camryn. Queens of Heart also finished in the top five teams for successfully completing all of the HeartChase challenges.

Other team members from King's Daughters volunteered their time to help with event coordination and set up to help make it an exciting day for all of the competitors.

MEALS ON WHEELS DELIVERS THROUGH THE STORM

When a big snowstorm hit the region in January 2015, King's Daughters Food Services and Transportation teams ensured Meals-on-Wheels were delivered to more than 50 residents over a four-day period.

When bad weather hits, and Ashland Community Kitchen closes, these King's Daughters team members take on the Meals-on-Wheels program with very little advance notice. Without their assistance, dozens of home-bound residents, would go without food during snowstorms.

We appreciate their great work and commitment to our community's welfare!

Bone marrow donation SAVES CHILD'S LIFE

Information Systems team member Tim Prout registered to be a potential bone marrow donor more than four years ago at a drive conducted at King's Daughters. Prout completed some paperwork, had a volunteer swab the inside of his mouth and went on his way, thinking little more about it.

His odds being a match for someone were only one in 540. In Spring 2015, Tim got the call. He was a match to a child with leukemia. Knowing he was most likely the only registered donor who could help, Prout agreed to the procedure.

"I would have done it for anyone, but when I found out it was a child, it did add perspective, he said. "I have children this age, and I cannot begin to imagine what things would be like if the situation were reversed," he said.

TIM PROUT
Information Systems



After agreeing to donate, Prout started a sequence of events for himself that included lab draws and a physical exam at Georgetown University Medical Center in Washington, D.C. On July 29, he returned to Georgetown to undergo a procedure to have marrow extracted from his pelvic bone.

Earlier this year, Prout received his first update on the recipient. "The marrow grafted, and the child has been able to resume most normal activities again," he said. "I will get another update in August. I'm really thankful the outcome has been good so far."

Though much is involved with making a bone marrow donation, Prout doesn't hesitate to encourage others to be tested. "All in all, it's just the right thing to do," he said. "As I am certain all donors do, I hope this helps the recipient lives a very long, very happy life."

To find out if you might qualify for bone marrow donation registry, visit bethematch.org. For more than 25 years, Be The Match, operated by the National Marrow Donor Program, has managed the largest and most diverse marrow registry in the world.

Join the bone marrow registry online at bethematch.org.



SUPPORT COMMUNITY TEAMWORK HOPE GROWTH **GIVING** **SOCIAL LIFE RELIEF TOGETHERNESS HOPE LIFE GROWTH**

Emergency nurse receives FLORENCE NIGHTINGALE AWARD

Everyone knows a nurse who has shown compassion in a time of need.

For 16 years, Tracey Crawford has been one of those nurses. Crawford has devoted herself to caring for patients and assisting healthcare professionals at King's Daughters and in the community.

In November 2015, Crawford was honored as one of the recipients of the University of Louisville's Florence Nightingale award, which recognizes nurses who have significantly impacted the lives of others, just as Florence Nightingale once did.

HER COMMITMENT TO CARING FOR PATIENTS AND FAMILIES WILL ALWAYS BE HER DRIVING FORCE IN NURSING.

JENNIFER SPARKS

Crawford, who earned her bachelor of science in nursing from Bowling Green State University in Ohio, was one of the six winners and three honorable mention recipients, along with more than 90 other nominees who were recognized at the second annual event.

"Each of the more than 100 nominees represent various aspects of the qualities and talents of

Florence Nightingale, the founder of modern nursing," said Marcia Hern, Ed.D., C.N.S., R.N., dean and professor at the U of L School of Nursing.

In the early 1850s, Nightingale devoted her nights giving care to the wounded, establishing her image as the "Lady with the Lamp." During the Crimean War, she and a team of nurses cared for soldiers, thus beginning her foray into the world of medical care and treatment.

Today, Crawford, a certified emergency nurse and emergency department educator, relishes the challenges of serving the critically ill as well as those with social and medical needs ... all while mentoring new emergency nurses.

Crawford also serves as a liaison for more than 20 EMS agencies and seven air transport bases in the region, providing continuing education opportunities, troubleshooting and ensuring these providers have what they need to continue to provide the best in pre-hospital care.

Crawford also assists with teaching a Kentucky Pediatric Head Trauma course; provides continuing education to King's Daughters

team members in 13 Family Care Centers and three Urgent Care Centers; and ensures her emergency department colleagues are up-to-date with their chest pain, heart failure, a-fib and stroke certifications.

"She has the ability to make learning fun," said patient care services director Jennifer Sparks, who nominated Crawford for the

Nightingale award. "While she has many obligations, she remains passionate about patient care," Sparks said, noting Crawford serves at least one day a week as a bedside caregiver.

"Her commitment to caring for patients and families will always be her driving force in nursing."



Her ROOTS RUN DEEP at King's Daughters

King's Daughters will always have a special place in Melissa Connelly Behnke's heart. After all, she practically grew up there.

A daughter of obstetrician and gynecologist Edward Connelly, Behnke came to Ashland at the tender age of 3. She has fond memories of accompanying her father to the hospital and helping fold laundry in housekeeping while her father made rounds. Sometimes, as a special treat, they enjoyed lunch at a deli near the hospital. She remembers menu items named for local physicians; her favorite being the Ray Burger, a tasty hamburger with cole slaw and ketchup. It was named for anesthesiologist Hugh Ray.

"My dad had his own dish: Connelly Eggs, which was scrambled eggs with bacon and cheese on buttered toast, but it wasn't as good as the burger," she says with a smile, reliving childhood memories.

Today, Behnke works to give back to a community she dearly loves. Serving on the Patient and Family Centered Care Committee at King's Daughters, she and other volunteers advise about specific projects that affect patients: hospital signs, parking, billing, safety and more.

She hopes her role as a patient adviser helps carry out what she learned early in her nursing career — to put the patient first and encourage them to be active participants in their care. In the last 30 years, Behnke says healthcare has shifted focus away from the patient as technology has advanced.

A registered nurse, clinical nurse specialist and nursing educator, Behnke says she has seen healthcare come full circle. "We are slowly seeing priorities placed back to the patient and their needs. A patient and their family's perspective is a key component in providing quality care."

Behnke vividly remembers how healthcare used to be. "My dad was always very busy, and patients loved him because of his kindness and compassion," she says, adding having a house with five daughters (and one son) probably helped. "He worked day and night delivering over 12,000 babies in Ashland during his 30-year career."

WE ARE SLOWLY SEEING PRIORITIES PLACED BACK TO THE PATIENT AND THEIR NEEDS. A PATIENT AND THEIR FAMILY'S PERSPECTIVE IS A KEY COMPONENT IN PROVIDING QUALITY CARE.

MELISSA CONNELLY BEHNKE, RN

Keeping the love of medicine in the family, she married ear, nose and throat surgeon Ernest Behnke, M.D., who practiced at King's Daughters for close to 25 years. The couple, who raised three children together, have made significant contributions to King's Daughters and the health of the entire community. When Dr. Behnke came to the medical center, only 50 physicians were on staff and he was the first physician in eastern Kentucky to perform endoscopic sinus surgery and major head



MELISSA CONNELLY
BEHNKE, RN

and neck surgery. Today, the retired surgeon travels all over Kentucky, providing care as a hearing specialist to children in underserved areas.

“I think my Ernie would still be a surgeon today if healthcare hadn’t changed so much,” she admits. “But he loves what he does.”

Remembering her mother’s role in the KDMC Auxiliary and as a volunteer Red Cross registered nurse, Behnke believes her example was a clarion call. Behnke volunteered at King’s Daughters during her college years at the University of Kentucky. Ultimately she became the only Connelly child to pursue a career in medicine. But still, her family tree is full of dentists, physicians and nurses.

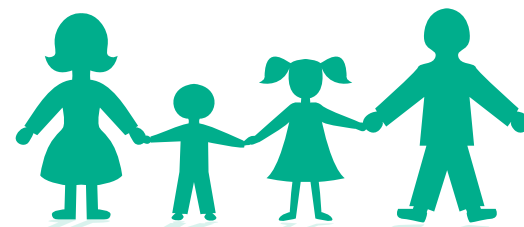
“My grandmother used to say, ‘There are 56 doctors in our family — that’s including you Bink!’ referring to Ernie,” Melissa says laughing.

Although she never worked in nursing at King’s Daughters, Behnke has been a patient.

“Through my advisory role, I am proud to have a forum where I can express ideas for improving care,” she says. “It is my job to see through the eyes of our most vulnerable.” She hopes to help King’s Daughters build on an already solid foundation so future generations can reap its benefits.

“I remember the hospital being so small as a child and now look at it,” she says. “It remains the center of our community and I am proud to be a part of its history and future.”

Patient & Family CENTERED CARE



Families are essential to every patient’s health and well-being and are important partners in ensuring high-quality care and patient safety. King’s Daughters Patient and Family Centered Care program gives family members a critical role in the care continuum and care-giving team.

Want to be a part of something that will improve the lives of everyone you know? We are seeking patients and families who want to share their perspectives and work with King’s Daughters leaders to make a lasting impact on communities.

In partnership with community members, King’s Daughters aims to increase our own team’s awareness of patients’ and families’ preferences; provide a place and time to develop creative, cost-effective solutions; and foster

a forum for open dialog and discussion on the patient and family experience of healthcare.

Advisers and council members serve voluntarily and participate in activities based on their interests and availability. Advisers are matched with a specific team based on experiences, interests and goals.

WHAT ARE THE QUALIFICATIONS FOR AN ADVISER?

No special experience or background required. King’s Daughters is seeking patients and families who are:

- Committed to improving care and service for all patients, families and community members
- Willing to listen and consider different points of view

- Able to share both positive and negative experiences in a constructive way
- Able to communicate with people from different backgrounds, experiences, lifestyles and points of view

IS SPECIAL TRAINING REQUIRED?

Advisers attend a training session in which teamwork, team roles and safety are covered. Sessions are held at convenient times and locations.

If you’re interested in being a Patient and Family Centered Care adviser, contact Jane McClelland at (606) 408-8055.

IN BRIEF



Kristen Newsom

CASH RYAN MEMORIAL RIDE FOR BABIES HELPS GRIEVING FAMILIES

Kristen Newsom, a registered nurse working in King’s Daughters Outpatient Surgery Center, knows the tremendous grief of losing a baby. Nearly four years ago, her son Cash was stillborn at 38 weeks.

In honor of him, Kristen and her family made it their mission to comfort grieving families who have suffered stillbirth or neonatal death. Together, they launched the Annual Cash Ryan Memorial Ride for Babies.

June 2016 marked the fourth annual run. Funds raised over the

past few years have been used to provide bereavement items, such as memorial baby books for parents and siblings, as well as to help families with medical and burial expenses.

“No one should ever lose a child,” said Newsom, “but the circumstances are beyond our control. Out of our loss, we want to be there to help other families and to offer comfort and support in any way we can in the memory of Cash Ryan.”

Raising BREAST CANCER awareness, survival



Robert Penkava, M.D.

Breast cancer is the second-most commonly diagnosed cancer among women.

Recognizing that a breast cancer diagnosis affects not just the woman, but her children, spouse,

parents and all those around her, King's Daughters works especially hard to promote breast cancer awareness, early detection and advanced treatment of the disease.

The King's Daughters mobile mammography unit travels throughout the region, bringing this life-saving test to women where they live and work. Our emphasis is on providing high quality screening and diagnostic exams, rapid followup and effective treatment.

Radiologist Robert Penkava, M.D., has been leading King's Daughters breast care center since 2006. As the specialist behind the nearly 16,000 mammograms read at King's Daughters every year, Dr. Penkava also is responsible for the breast ultrasound service, reading breast MRIs and performing breast biopsies.

He has a real passion for finding breast cancer and ensuring patients with abnormal findings

receive follow-up diagnostics and treatment as rapidly as possible.

Still, Dr. Penkava would like to see women take a more active role. "Getting a mammogram tends to fall below the radar," Dr. Penkava said. "That's understandable if you're worried about feeding your kids, putting gas in the car or taking care of older family members. But women really must take a little bit of time to care for themselves, too."

WOMEN REALLY MUST TAKE A LITTLE BIT OF TIME TO CARE OF THEMSELVES

ROBERT PENKAVA, M.D.

To encourage this, King's Daughters, in cooperation with King's Daughters Health Foundation, launched its Silhouettes of Courage program. Fifty life-size female silhouettes were placed around the community and those who had been affected by breast cancer—women, spouses, friends, cousins—were encouraged to write a message on the Silhouette. In October, the Silhouettes were unveiled at a public program on King's Daughters campus.

The silhouettes were then displayed throughout the region as a reminder that the fight against breast cancer is ongoing ... and important.

Silhouettes
of
Courage



TOGETHERNESS
UNITY HOPE
GROWTH

LOVE

FRIENDSHIP RELIEF DIVERSITY
WORK FOOD GIVE GIVING MONEY HUMANITARIAN
LOVE SUPPORT COMMUNITY

MONEY

LIFE
HOPE
COMMUNITY

Kick-starting HEALTHY CHANGES

While great strides have been made in the health (and healthcare) of Americans, significant disparities remain. Education, personal choices, family 'traditions,' and even access to basic necessities like fresh food and safe water have a detrimental impact on our health.

Nearly 32 percent of adults in Kentucky are considered obese, which means they are at a high risk for developing many serious diseases, including diabetes, heart disease, stroke and cancer. A 2012-2013 Gallup Survey of our region of the country — Ashland-Huntington-Ironton — rated the area as the worst in the nation for overall physical health based on measurements of physical and emotional health, job satisfaction and access to basic needs.

Clearly, there is a lot that needs to be done. There is help for those who are struggling to eat healthy and exercise: Choose to Lose, a 12-week clinical weight loss program that helps participants achieve and maintain a healthy weight through lifestyle changes. Nurse Kim Bayes, along with dietitians and health coaches, leads the comprehensive program that focuses on behavior modification, nutrition and exercise.

"Our objective is to help participants learn to make healthy food choices; increase their physical activity and ultimately live healthy," Bayes said.

For retired Ashland resident Jennifer Phelps, 56, the program helped her kick-start a healthy life. In addition to losing 40 pounds

and two dress sizes in five months, she said she has less joint pain and more energy to play tennis, a sport she has enjoyed since college.

"I have tried every diet — I would lose it and gain it right back," said Phelps, who struggled with her weight even as a basketball player at Boyd County High School. "I was skeptical at first about seeking help, but then I just decided to go for it and I am glad I did."

Choose to Lose gave Phelps the tools and group support she needed to be successful. Throughout the program she learned how to reduce fat and calorie intake by tracking food; the importance of healthy eating and meal planning; triggers of emotional eating; and how to manage stress and stay motivated.

"Jennifer has really embraced the program and understands the concept of healthy living," said Bayes.

Participants meet weekly as a group to encourage and support one another. A private weekly

weigh-in occurs at the beginning of the session followed by an education session on topics such as healthy eating, exercising, stress management and behavior modification. Bayes encourages participants to continue with weekly weigh-ins after the program concludes.

"Those who participate are most successful when they utilize the weekly food and activity trackers and attend each weekly session," said Bayes. "The group support from the other participants is huge!"

The group's encouragement helped Phelps withstand the temptations of Halloween candy, Thanksgiving feasts and Christmas parties.

"They encouraged us to eat in moderation and exercise to burn the calories," Phelps said. "Portion control and activity are key."

Participants meet with a health coach to tailor exercise programs to their homes, local gyms or King's Daughters community gym, a low-cost option for Choose to Lose participants. Another benefit is free use of the Ashland Area YMCA during the 12 weekly sessions.

"Now that I am retired and continue to lose weight, I can enjoy tennis once again with a group of friends," said Phelps who, along with her husband, has played tennis at the Ashland Tennis Center for more than 20 years.

"I love the way I feel now. I try on clothes and they fit," Phelps said. "I have a long way to go, but I know it's a journey. That's what the program teaches me — I am changing my lifestyle for the better, and it feels good."

For more information about Choose to Lose, call Kim Bayes at (606) 408-1560.

JENNIFER PHELPS



I AM CHANGING MY LIFESTYLE FOR THE BETTER, AND IT FEELS GOOD.

JENNIFER PHELPS



Creating a conversation: CUTTING-EDGE concussion management

Kentucky Christian University wide receiver Michael Gullatte doesn't know which "hit" caused his concussion last fall, but he admits now he should have let someone know right away. Instead, the 20-year-old sophomore suffered with a headache for three weeks and continued playing through the pain.

"If he had let us know he was experiencing problems, most likely he would only have had to sit out one game," said sports medicine physician Andy Gilliland, M.D., who also serves as KCU team physician. Instead, Gullatte became extremely sensitive to light and sound and was unable to attend classes and was forced to withdraw from school. "Michael was really ill," Dr. Gilliland noted. "His mental processing was slowed."

When Dr. Gilliland joined King's Daughters Orthopaedics and Sports Medicine practice five years ago, he brought with him a passion for education, prevention and timely treatment of sports-related concussions.

Today, Dr. Gilliland sees about 100 athletes annually who have suffered a head injury. "As an organization, King's Daughters is leading the way in concussion treatment," Gilliland noted.

It may seem that concussions among young athletes are on the rise, but experts disagree. Instead, they say people are just more aware of the condition – and its risks. A nationally distributed movie as well as autopsies performed on NFL players have helped raise awareness that concussion can lead to serious,

permanent brain damage. "Fear mongering should not affect players," Gilliland said. "There's a lot of misinformation out there and we're here to educate players so they in turn can educate peers."

"Management and diagnosis have changed significantly in the past 10 years," Dr. Gilliland said. And so have attitudes. By starting a dialogue about the dangers of concussion, young athletes have become more aware of the risks and more willing to speak up when they experience symptoms of a concussion. They are less likely to hide their symptoms – and their parents and coaches are less likely to encourage them to play through the pain – than ever before. "Athletes often ask me, 'what do I need to do, doc? I want to get better so I can play,'" said orthopaedic surgeon Charles Giangarra, M.D., noting most do not hide symptoms. "The concussion services offered by King's Daughters are truly phenomenal and reflect the dedication to provide the best medicine to our community," said orthopaedic oncologist Felix Cheung, M.D.

CONCUSSION SIGNS & SYMPTOMS

Although conversation usually focuses on football, concussions can occur in most every sport including track, swimming,

ANDY
GILLILAND, M.D.

diving, soccer, softball, baseball, hockey, wrestling and cheerleading. “They come in every size and shape,” said Dr. Giangarra, who has been practicing in orthopaedics and sports medicine for more than 30 years.

PROPER MANAGEMENT OF CONCUSSION IS THE BEST FORM OF PREVENTION OF SERIOUS INJURY.

ANDY GILLILAND, M.D.

Signs and symptoms of concussions vary, but children and teens report one or more of the following after a concussion: headache, nausea, balance problems, dizziness, double or fuzzy vision, sensitivity to light or noise, feeling sluggish, foggy, change in sleep patterns and concentration or memory problems.

Dr. Gilliland says changes in behavior can be a classic sign, which may be difficult to pinpoint in teenagers. “If we feel something is not right with a kid, we ask him or her to sit down for 10 minutes and let us monitor them,” he said. “Sometimes kids might be crying. This could be clue to a head injury.”

CONCUSSION MANAGEMENT

Concussion is one of the most serious and prevalent medical problems facing high school athletes. As part of its ImPACT Program, King’s Daughters offers free baseline testing to high school and college athletes, funded in part by the Color Splash 5K. The testing provides information regarding the severity of injury and a standard for evaluating recovery. Although concussion is a common injury, it is often difficult to diagnose and treat. Baseline testing allows physicians to establish a starting point for each

athlete, which changes to brain function, reaction time and changed vision, motor skills and balance.

ImPACT can help take the guesswork out of concussion management and promote safe return-to-play decisions. Testing is offered for high-impact athletes at universities and high schools including Paul G. Blazer, Russell Independent, Boyd County, Fairview, Elliott County, East Carter, West Carter, Ironton, South Point, Rock Hill, Dawson Bryant and Kentucky Christian University. During football season, King’s Daughters Sports Medicine offers Saturday morning sports injury clinics, which includes diagnostic imaging.

According to Dr. Gilliland, evidence suggests after two or three concussions, recoveries are more problematic and effect tend to last longer. “We have adopted a rule: Three concussions in a calendar year means the athlete should consider sports retirement,” he said. “It scares athletes, but it makes sense. Three concussions means something is wrong and we have to pay attention to it.”

“Proper management of concussion is the best form of prevention of serious injury,” Gilliland said. “Our ability to be aware on the sidelines is so important and could prevent an athlete from having long-term effects from a high school head injury.”

As for Gullatte, he was able to return to his classes at KCU last spring, but has since decided to transfer to another university to complete his studies. “I hated not playing,” he said, “but I didn’t want to suffer long-term effects.”

For more information, call (606) 327-0036.



Care 24/7 day or night

King’s Daughters Care 24/7 service makes it possible for patients and families to access primary care services at King’s Daughters any time, day or night!

The Care 24/7 team includes individuals specializing in nurse telephone triage, reception, registration, scheduling and financial assistance. The service is available – as the name implies – 24 hours a day, seven days a week.

Through Care 24/7, callers are able to:

- Find a primary care provider and schedule their first appointment based on personal and geographic preferences.
- Schedule an appointment with a King’s Daughters primary care provider with whom they already have a professional relationship.
- Cancel or reschedule an existing appointment.
- Request a prescription refill from their primary care provider.

One of the most appreciated aspects of the Care 24/7 service is Telephone Nurse Triage. Staffed by experienced registered nurses, Care 24/7 can provide advice to callers on current symptoms, self care or direction to the appropriate level of professional care.

The service is provided free of charge to all callers. You don’t have to be a King’s Daughters patient to use the Care 24/7 Nurse Triage system. Just call (606) 408-8999 or toll free at 1-844-324-2200.



IN BRIEF

HELPING JOHNSON COUNTY FLOOD VICTIMS

Last July, heavy rains from consecutive storms produced floods that devastated the people of Johnson County, Ky., destroying homes and sweeping away large buildings and vehicles.

When news of the flooding reached King's Daughters, more than 200 team members and 50 departments quickly joined together to collect donations and deliver truckloads of food and supplies to those in need.

"We knew the residents there needed immediate help," said Tracy Woods, Community Relations. "We put out a call, and our team members came through with supplies."

1,400 COATS FOR THOSE IN NEED

Last year, King's Daughters Joe Stevens Coat Drive continued giving warmth to those in need. Team members donated more than 1,400 coats, 650 pairs of socks, 400 toboggans and gloves and 300 hygiene bags.

The drive is conducted each year in memory of King's Daughters ED nurse Joe Stevens who was known for his great nursing care and his giving heart. Joe once gave the coat off his back – one that had belonged to his father- to a patient in need. Joe lost a courageous battle with cancer, but his team members honor his legacy with the annual coat drive.

"This is a project built from love and each year it grows bigger and bigger," said Rita Burgess, patient representative. "Remembering Joe and his compassion makes us want to honor his name through this project. Our team members are so giving and generous as we do this every year. They make me proud!"

TOGETHERNESS UNITY HOPE GROWTH

LOVE

FRIENDSHIP RELIEF DIVERSITY WORK FOOD GIVE GIVING MONEY HUMANITARIAN LOVE SUPPORT COMMUNITY



Making the HOLIDAY SEASON brighter for those in need

The care and concern that King's Daughters team members have for the community is never more evident than at Christmas. For the past 17 years, King's Daughters team members and physicians have "adopted" families, schoolchildren and seniors to help give them a brighter holiday through the medical center's annual Adopt-A-Family program.

In 2015, 60 KDMC departments adopted 207 families, schoolchildren and seniors in Boyd, Greenup and Carter counties, and spent more than \$33,000 to provide them with holiday gifts and non-perishable food. The initiative is conducted with help from CARES, a local community assistance resource.

"Adopt-A-Family allows us to search our hearts and provide for others what we take for granted every day," said Kim Howard, Community Relations, who oversees the program at King's Daughters.

The initiative runs from October through December each year and is one of the most time and labor-intensive of King's Daughters community service programs. It begins with the

collection and distribution of wish lists from those in need (identified by CARES). "Families don't just ask for toys," said Howard. "Wish lists often include items such as underwear, socks, bedding and household cleaning supplies. The need is great."

THEY ARE OFTEN SHOCKED AND OVERWHELMED THERE ARE FAR TOO MANY (GIFTS) TO CARRY. IT'S TRULY HUMBLING TO SEE HOW APPRECIATIVE THEY ARE. I'M PROUD TO BE A PART OF THIS TEAM.

KIM HOWARD

Once wish lists are distributed to departments, KDMC team members and physicians spend weeks shopping and wrapping hundreds of gifts to get them ready for collection day.

Though coordinating the event can be physically and emotionally exhausting, Howard said it's worth every minute, adding that team

members always give above and beyond the requests on the wish lists. "Some families walk in thinking they won't need a car to transport their gifts," she said. "They are often shocked and overwhelmed there are far too many (gifts) to carry. It's truly humbling to see how appreciative they are. I'm proud to be a part of this team."



PALLIATIVE CARE offers comfort in the storm

The experience of illness can be something like weathering a storm. You can see the front coming and, sometimes, even feel the impending change. Once the storm arrives, you shelter, trying to outlast the devastation. Afterward, you slowly emerge, take stock, repair the damage insofar as possible ... and continue moving forward.

Most times, we make it through the storm battered, but not broken. Recovery may take a few days, or a few weeks. But for those with a serious, chronic, life-limiting condition, recovery may not be possible. When this is the case, help can be found in the form of King's Daughters Palliative Care Program.

The program provides hope and comfort to patients and families faced with conditions such as chronic obstructive pulmonary disease (COPD), heart failure, renal failure and liver disease. The goals of palliative care are to manage symptoms, reduce hospitalization, provide comfort and ease the burden of serious illness.

Palliative care isn't hospice, said Shannon Runnels, palliative care nurse practitioner at King's Daughters. "All hospice is palliative care, but not all palliative care is hospice." The distinction is

important: Hospice patients are no longer seeking aggressive, curative treatment. Palliative care patients may be.

"Many people hear palliative care and think cancer," Runnels said. "But cancer patients comprise only about a third of the patients I see."

The Palliative Care team can assist with complex medical decisions, such as whether to continue curative treatment or to focus elsewhere. The primary goals of palliative care are to:

- Keep acutely ill or terminal patients as comfortable as possible
- Keep patients as pain free as possible
- Help patients and their families make the best possible medical decisions

"In palliative care, we provide hope for what can be, despite all that cannot be. We achieve this by communicating clearly and directly with patients, families, caregivers and physicians. We ensure that both patient and family know what the prognosis is; exactly what it means; and the steps that are available to them," Runnels said.

"What we know about serious, chronic conditions is that they get

worse. As these conditions worsen, patients and families are faced with decisions that they may not have anticipated," Runnels said. By working together in the earlier stages of the disease, patients and families can discuss how they want to approach treatment during the inevitable changes.

"When my family faced a devastating situation, my husband and son were in denial and didn't want any help," said Joy Tackett, whose son, Joe, received care through the program in 2014.

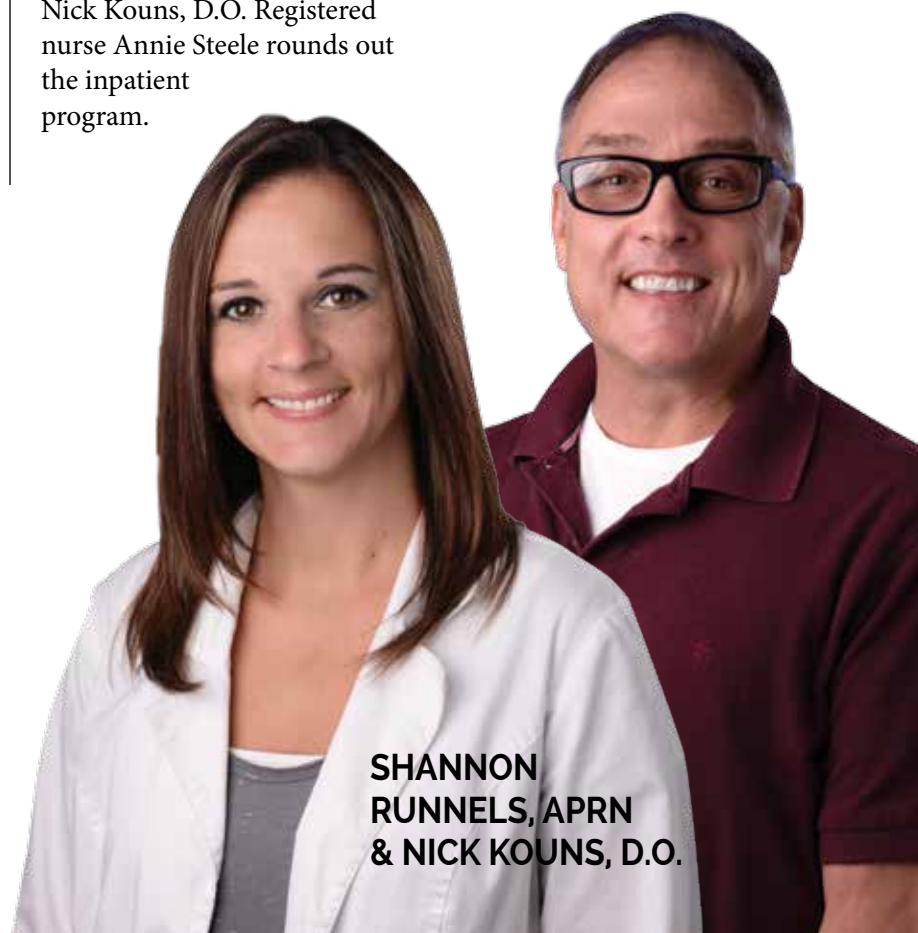
"Yet Shannon persisted and later in my son's illness all came to appreciate the compassion and comfort she brought to our family. Shannon was my rock," Tackett said.

The Palliative Care Program at King's Daughters provides care for inpatients under medical director Nick Kouns, D.O. Registered nurse Annie Steele rounds out the inpatient program.

This summer, King's Daughters will open a new, 12-bed short-stay unit to serve this patient population. The Advanced Illness Management Service, or AIMS, will be located on the fourth floor of the medical center and is designed specifically to address worsening symptoms in those with chronic, life-limiting conditions. The goal is to return patients to a stable condition quickly so as to avoid hospitalization.

For more information about King's Daughters Palliative Care Program, please contact Runnels at (606) 408-1643. Patients are accepted into the palliative care program by physician referral only.

"If we can change the life of one person or improve their quality of life, we've achieved our purpose," Runnels said.



**SHANNON
RUNNELS, APRN
& NICK KOUNS, D.O.**

**IN PALLIATIVE CARE, WE PROVIDE HOPE FOR WHAT
CAN BE, DESPITE ALL THAT CANNOT BE.**

SHANNON RUNNELS, APRN



Let us take care of your PRESCRIPTIONS

King's Daughters Family Pharmacy has three locations to serve you — Ashland, Ironton and Portsmouth. Our services are available to all; you don't have to be a King's Daughters patient or team member to use the pharmacy. Prescriptions can be brought in, faxed or transmitted electronically by your provider. Most prescriptions are ready for pick up within 15 minutes of drop-off. If you are receiving a 90-day prescription, it will be available the next day.



JASON BAIER
Ironton Family Pharmacist

LOCATIONS

613 23rd St., Ashland, (606) 324-0092

7 a.m. – 7 p.m. Monday – Friday
9 a.m. – 2 p.m. Saturday

912 Park Ave., Ironton, (740) 237-4922

10 a.m. – 6 p.m. Monday – Friday

2001 Scioto Trail, Portsmouth, (740) 991-1201

9 a.m. – 5:30 p.m. Monday – Friday

HOME DELIVERY

Delivery is available on a limited basis to patients of King's Daughters providers. Please call your nearest King's Daughters Family Pharmacy to inquire.

MEDICATION PACKS AVAILABLE IN IRLTON

Prescriptions and over-the-counter medication, including vitamins and nutritional supplements, can be filled using weekly medication packs. Morning, noon, evening/dinner and bedtime medications are packaged together into one bubble according to time of the day to be taken. Packs are filled in seven-day sheets in cycles of 28 days. The service is free; normal charges for medications apply.

Patients meet with a pharmacist who provides a free consultation about the program and can arrange for prescriptions at other pharmacies to be transferred to King's Daughters.

TEXT ALERTS

Sign up to receive text messaging to alert you when your prescriptions are ready for pickup. It's easy to sign up — just ask any of our family pharmacies!

DRUG PLANS ACCEPTED

King's Daughters Family Pharmacy accepts most health insurance drug plans. If you're not certain the Family Pharmacy is on your plan, please ask. We are happy to check!

IN BRIEF FIGHTING OPIOID OVERDOSES

Abuse of opioid drugs (such as prescription pain medicine and heroin) is a growing problem in our region — as is death by overdose from these drugs. The Centers for Disease Control and Prevention reports lethal drug overdoses are the leading cause of accidental deaths in the U.S. — 47,055 in 2014 with more than 62 percent of those opioid-related.

- Overdose rates are highest among people age 25-54
- Opioids killed more than 28,000 Americans in 2014, at least half of these involved an opioid prescription
- 78 americans every day die from an opioid overdose

In 2015, King's Daughters provided agencies in Lawrence County, Ohio, with naloxone (Narcan), a medication to reverse an opioid overdose. Lawrence County Prosecuting Attorney Brigham Anderson sought King's Daughters' help because of budgetary restrictions in the agencies.

Naloxone works by attaching to the same parts of the brain that receive heroin and other opioids, blocking the drugs for 30 to 90 minutes, reversing the respiratory effects that cause death.

"There is no doubt that drug abuse is a growing problem in our region," said Kristie Whitlatch, president/CEO, King's Daughters Medical Center. "We are proud to partner with law enforcement to make naloxone available, knowing this program has tremendous potential to save many lives that might otherwise be lost."

MISSION POSSIBLE: Help grieving parents

The loss of a child is devastating. Parents who lose a baby during pregnancy or shortly after the birth may not always know where to seek support in their grief. Thanks to special programs coordinated by labor and delivery nurse Cathie Whitt, King's Daughters has been able to provide much needed comfort to grieving parents for more than 10 years.

On Oct. 15 each year, National Pregnancy and Infant Loss Remembrance Day, Whitt organizes a candlelight ceremony and prayer service in Ashland's Central Park. In addition, she conducts an annual butterfly release in the park the Saturday before Mother's Day.

"These memorial ceremonies are important. So many parents who have suffered these losses, especially early ones, don't have a physical place to visit or a way to remember the short, precious lives of their babies," said Whitt.

Whitt has herself experienced such loss, and her work with mothers in the labor and delivery unit gives her special passion for the cause. She has made it her mission to help these families honor and remember the brief lives of their little ones.

Other programs Whitt lovingly coordinates include:

- Pregnancy and infant loss support group, which meets at 7 p.m. on the second Thursday of every month in King's Daughters Health Education Center

- Memories Tree displayed in the hospital chapel during the Christmas season where parents can hang snowflake ornaments in memory of their lost little ones
- Memory boxes with special mementos given to help grieving families remember their babies.

Whitt said members of the community also can help support grieving parents by donating items to the pregnancy and infant loss program, such as small stuffed animals, receiving blankets, inspirational books for children and adults and handmade memorial crafts.

"She was such a blessing to me during my grief journey," said one mom. "These parents are going through one of the most difficult things in their lives, and she offers such empathy and provides resources to help."

For more information about pregnancy and infant loss programs available at King's Daughters, contact Whitt at (606) 408-2152.



CATHIE WHITT, RN
Labor & Delivery

EDUCATION: Health & Safety

Education is essential to good health. Helping you understand how disease happens and the steps you can take to reduce your risk is one of King's Daughters most important responsibilities.

In fiscal year 2015, we provided free education to 25,319 adults and 8,876 children across our region.

The chart below shows the areas of emphasis as well as the breadth of the education we provided.

| Subject | Adults | Children | TOTAL |
|--------------------------------|--------|----------|--------|
| CPR training (BLS, ACLS, PALS) | 4,353 | – | 4,353 |
| Nutrition | 722 | 2,824 | 3,546 |
| General Health | 2,240 | 976 | 3,216 |
| Tobacco | 1,651 | 1,399 | 3,050 |
| Heart | 1,541 | 1,454 | 2,995 |
| Diabetes | 2,416 | 262 | 2,678 |
| Breast Cancer | 1,912 | 236 | 2,148 |
| Stroke | 1,803 | 60 | 1,863 |
| Exercise | 1,423 | 300 | 1,723 |
| Hand Washing | 1,097 | 439 | 1,536 |
| Flu | 1,501 | 22 | 1,523 |
| Bone Health | 988 | 36 | 1,024 |
| Skin Cancer | 562 | 432 | 994 |
| Hypertension | 980 | – | 980 |
| General Safety | 478 | 81 | 559 |
| Congestive Heart Failure | 485 | – | 485 |
| Prostate Cancer | 328 | 10 | 338 |
| Colon Cancer | 328 | – | 328 |
| All Others* | 511 | 345 | 856 |
| Total Education | 25,319 | 8,876 | 34,195 |

* Includes school bus safety, summer safety, dental health, lung cancer, testicular cancer, poison prevention, bicycle safety, hydration, first aid, fire safety and vehicle safety.
FY2015 (Oct. 1, 2014-Sept. 30, 2015)

FAST STATS

Economic Importance of KING'S DAUGHTERS

In many communities, the local hospital is a major community asset, providing not only healthcare for residents, but also steady employment, educational opportunities, and ensuring the availability of physicians and other healthcare providers.

Hospitals are major economic engines, purchasing goods and services from local businesses, using utilities, employing contractors and professional services, serving on community

boards, working in service organizations and supporting worthwhile causes.

The wages earned by healthcare workers ripple throughout the community, as they purchase homes, send children to school, buy cars, take vacations, attend public events, eat at restaurants, and save for retirement.

The charts below illustrate the economic impact King's Daughters and its employees have on the local economy.



Data was provided by the Kentucky Hospital Association and is derived from the 2014 Medicare cost reports, state Utilization Reports and from Disproportionate Share Reports. We thank the KHA for allowing us to present this data.

| TOTAL KING'S DAUGHTERS LOCAL PURCHASES | | TOTAL KING'S DAUGHTERS TEAM MEMBER LOCAL PURCHASES | |
|---|--------------|---|--------------|
| | | | |
| Real estate | \$13,864,648 | Rental services of owner-occupied dwellings | \$11,967,520 |
| Commodities not shown | \$11,257,077 | Sum of commodities not shown | \$11,184,892 |
| Medical/diagnostic labs & ancillaries | \$9,089,123 | Private hospital services | \$9,255,893 |
| Electricity | \$3,710,186 | Offices of physicians, dentists & others | \$5,730,130 |
| Employment services | \$2,953,210 | Restaurant services | \$4,368,879 |
| Telecommunications | \$2,522,668 | Banking | \$2,791,571 |
| Wholesale trade distribution services | \$2,101,852 | Wholesale trade distribution services | \$2,755,986 |
| Securities, investments & related services | \$1,978,544 | Refined petroleum products | \$2,388,245 |
| Restaurant services | \$1,813,762 | Nursing & residential care services | \$2,972,028 |
| Management of companies & enterprises | \$1,796,612 | Retail services – general merchandise | \$1,466,067 |
| Services to buildings & dwellings | \$1,782,173 | Real estate | \$1,455,869 |
| Office administrative services | \$1,718,205 | Telecommunications | \$1,411,225 |
| Commercial/industrial machinery rental | \$1,688,490 | Retail services – motor vehicle and parts | \$1,286,292 |
| U.S. Postal Service delivery services | \$1,422,757 | Medical/diagnostic labs & ancillaries | \$1,260,137 |
| Accounting, tax preparation & payroll | \$1,304,346 | Electricity | \$1,223,402 |
| Refined petroleum products | \$1,172,371 | Retail services – food & beverage | \$944,231 |
| Automotive repair & maintenance | \$1,062,947 | Other private educational services | \$727,524 |
| Management & technical consulting | \$1,004,882 | Retail services – health & personal care | \$661,128 |
| Nonresidential structure repair/replacement | \$938,207 | Retail services – gasoline stations | \$650,153 |
| Truck transportation services | \$888,172 | Securities, investments & related | \$649,782 |
| Dry-cleaning & laundry services | \$771,497 | Retail services – miscellaneous | \$632,915 |