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**Kentucky River Health Consortium**

Community Health Needs Assessment and

Community Health Improvement Plan

2024 – 2027

Serving – Breathitt, Knott, Lee, Leslie, Letcher,

Owsley, Perry, and Wolfe Counties

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**Introduction**

The Kentucky River Health Consortium (KRHC) serves the 8-county Kentucky River region. These 8 counties include: Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry, and Wolfe. The KRHC is a collaborative initiative dedicated to understanding and addressing the unique health needs of our rural communities. Our consortium is comprised of health care providers, health departments, community organizations, and local stakeholders. Understanding that our health challenges are compounded by geographic isolation, socioeconomic disparities, and limited access to healthcare services necessitates a comprehensive and collaborative approach to our community health assessment. The KRHC community health assessment is not just a project but a catalyst for ongoing partnership and progress to build healthier, more resilient communities that thrive despite the challenges of rural living.

The Kentucky River Health Consortium was formed in 2017 under the direction of the University of Kentucky Center of Excellence in Rural Health (UK CERH). The 2024-2027 Community Health Assessment was conducted by the consortium by the coalition to guide the community health improvement process for multiple organizations across the KRHC. The UK CERH, Kentucky River District Health Department (KRDHD), Breathitt County Health Department, and LKLP Community Action, Inc. being the backbone organizations for completion of the assessment.

KRHC Mission

Use our collective expertise and resources to address the health burdens in our eight-county rural communities.

**Map

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**Kentucky River Demographics**

The eight Kentucky River Counties are each characterized by rich cultural heritage, natural beauty, and tight-knit communities. They also face significant challenges including economic decline, high poverty rates, and limited access to healthcare and education. However, the counties also hold substantial opportunities for development through tourism, workforce development, and investment in healthcare and education infrastructure.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breathitt | Knott | Lee | Leslie | Letcher | Owsley | Perry | Wolfe |
| Population \* | 12,630 | 14,806 | 7,413 | 9,877 | 21,553 | 4,415 | 25,758 | 7,157 |
| White (%) \* | 96.3% | 96.8% | 94.2% | 97.3% | 97.4% | 96.2% | 94.9% | 91.1% |
| African American (%) \* | 0.6% | 0.9% | 2.8% | 0.4% | 0.6% | 0.5% | 1.6% | 0.3% |
| Hispanic (%) \* | 1.2% | 1.1% | 1.4% | 0.8% | 0.8% | 1.7% | 1.1% | 1.0% |
| High School Graduation Rate  (% of persons age 25+) \*\* | 76% | 75% | 68% | 71% | 76% | 69% | 77% | 72% |
| Bachelor’s degree or higher  (% of persons age 25+) \*\* | 15.19% | 14.86% | 8.26% | 8.69% | 12.14% | 16.15% | 14.40% | 8.66% |
| Unemployed: Persons 16+ (%) \*\*\* | 7.5% | 6.9% | 5.7% | 8.2% | 7.4% | 7.0% | 6.1% | 7.1% |
| Persons in Poverty (%) \*\*\*\* | 31% | 32% | 33.5% | 29.8% | 29.1% | 35.6% | 29.9% | 29% |
| Children Living Below Poverty  Level Under the age of 18 (%) \*\*\*\* | 38% | 34% | 44% | 39% | 35% | 44% | 32% | 44% |
| Children in Single Parent  Households (%) \*\* | 29% | 30% | 34% | 20% | 32% | 47% | 32% | 26% |
| Median Household Income \*\*\*\*\* | $33,400 | $32,600 | $30,900 | $32,200 | $32,400 | $28,700 | $38,000 | $32,800 |

Sources: \*United States Census Bureau (2019), \*\*American Community Survey (2015-2019), \*\*\*Local Area Unemployment Statistics (2019),

\*\*\*\*Kentucky Family Planning Interactive Map, \*\*\*\*\*Small Area Income and Poverty Estimates (2019),

**Community Health Assessment Process**

**Methodology**

The Kentucky River Health Consortium (KRHC) 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 apply 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 public health systems.

With assistance from the University of Kentucky College of Public Health quantitative data was collected on the status of the counties. This included demographics, health status, health inequities, and social determinants of health.

The KRHC utilized the three-perspective approach of the MAPP process to gather information. To gain the Organizational Perspective for the counties an electronic survey was distributed by several of the key KRHC agency partners to other agency partners throughout the counties. These surveys sought to collect information of the social determinants of health agencies were focused on, strengths and needs within our communities, level of emergency preparedness within the agency, and interest in partnering to enhance service delivery and emergency preparedness.

To add the perspective of individual citizens of each county, both paper and electronic surveys were distributed with particular emphasis on reaching all populations within our counties. Information from these surveys provided the Individual Perspective. These surveys sought to collect information on individual’s perspectives on personal health, community health, health risk factors, health problems, healthcare access, and community strengths.

**Community Health Status Assessment – Secondary Data Review**

**Behavioral Factors**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breathitt | Knott | Lee | Leslie | Letcher | Owsley | Perry | Wolfe |
| Prevalence of Adult Smoking (%; Age-adjusted) \* | 31% | 29% | 32% | 30% | 30% | 31% | 29% | 34% |
| Prevalence of Youth Smoking (percent of high school students) \*\* | 18% | 29% | 26% | 30% | 22% | 30% | 25% | 23% |
| Prevalence of Youth Smoking (% of 10th Grade Students who have smoked one or more times in the past 30 days in Regional Prevention Districts) \*\*\* | 6.6% | 6.6% | 6.6% | 6.6% | 6.6% | 6.6% | 6.6% | 6.6% |
| Adult Prevalence of Obesity  (%; Age-adjusted) \*\*\*\* | 40% | 43% | 42% | 41% | 39% | 47% | 43% | 38% |
| Sexually Transmitted Infection (Chlamydia rate per 100,000) \*\*\*\*\* | 154.5 | 65.4 | 106.5 | 77.4 | 111.9 | 22.5 | 143.1 | 289.1 |
| Binge drinking: adults  (%; Age-adjusted) \* | 13% | 13% | 14% | 14% | 13% | 14% | 12% | 14% |
| No exercise: adults  (%; Age-Adjusted) \*\*\*\* | 36% | 41% | 40% | 30% | 37% | 27% | 37% | 39% |
| Recommended Fruit and Vegetable Intake (% adults) \* | 6% | 8% | 7% | 7% | 7% | 5% | 9% | 3% |
| Flu Vaccination in the Past Year (% adults) \* | 36% | 44% | 34% | 29% | 50% | 42% | 40% | 38% |
| Tooth Loss (% of adults missing 6 or more teeth) \* | 38% | 40% | 56% | 34% | 44% | 31% | 34% | 48% |

\*Behavioral Risk Factor Surveillance System (2018), \*\*Youth Tobacco Survey and Youth Risk Behavior Survey (2007), \*\*\*Rayens, et.al (2022), \*\*\*\*United States Diabetes Surveillance System (2017), \*\*\*\*\*National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2018)

**Access to Care**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breathitt | Knott | Lee | Leslie | Letcher | Owsley | Perry | Wolfe |
| Health Professional Shortage Area? \* | Partial | Partial | Yes | Partial | Yes | Yes | Yes | Yes |
| Uninsured Adults (% under 65 years) \*\* | 8% | 8% | 7% | 8% | 8% | 7% | 8% | 8% |
| Uninsured Children (% under 19 years) \*\* | 3% | 4% | 3% | 4% | 4% | 3% | 3% | 4% |
| Mentally unhealthy days: adults (per person; Age-adjusted) \*\*\* | 6.4 | 6.2 | 6.2 | 6.1 | 6.3 | 6 | 6.2 | 6.4 |

\*Rural Information Hub (2021), \*\*Small Area Health Insurance Estimates (2018), \*\*\*County Health Rankings.

**Maternal Child Health**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breathitt | Knott | Lee | Leslie | Letcher | Owsley | Perry | Wolfe |
| Teen Birth Rate (ages 15-19; rate per 1,000) \* | 56 | 36 | 43 | 44 | 48 | 43 | 55 | 63 |
| Pregnant Women Receiving Adequate Prenatal Care (%) \*\* | 57% | 52% | 66% | 57% | 58% | 64% | 56% | 59% |
| Number of Child Victims of Substantiated Abuse \*\*\* | 90 | 133 | 27 | 62 | 147 | 60 | 300 | 32 |
| Low birth weight deliveries (%) \* | 12% | 10% | 9% | 11% | 11% | 10% | 10% | 9% |
| Births to Mothers Who Smoked During Pregnancy (%) \*\*\* | 33.1% | 28.6% | 30.7% | 34.5% | 23.9% | 39.8% | 34.5% | 33.2% |

\*National Vital Statistics Systems (2013-2019), \*\*Kentucky State Data Center- Vital Statistics, \*\*\*KIDS Count

Data Center

**Breastfeeding**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2018-2019 | Breathitt | Knott | Lee | Leslie | Letcher | Owsley | Perry | Wolfe | State |
| Total # Infants | 323 | 272 | 147 | 199 | 457 | 104 | 637 | 165 | 103,878 |
| Breastfeeding Initiation Rate | 51.7% | 34.6% | 56.5% | 47.7% | 44.2% | 44.2% | 41.4% | 54.5% | 72.5% |

CDC- Breastfeeding

**Substance Use Disorder**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breathitt | Knott | Lee | Leslie | Letcher | Owsley | Perry | Wolfe | State | Nation |
| Drug Overdose Mortality per 100k \* | 77.8 | 114.8 | 102.4 | 63.2 | 67.8 | 104.6 | 102.4 | 104.3 | 59.4 | 36.8 |
| Total Overdose Deaths\* | 26 | 43 | 20 | 16 | 36 | 11 | 68 | 18 | -- | -- |
| Estimated Opioid Use Disorder Prevalence (age 18-64) \*\* | 9.27-17.69% | 9.27-17.69% | 6.08-9.26% | 9.27-17.69% | 9.27-17.69% | 9.27-17.69% | 9.27-17.69% | 6.08-9.26% | 5.87% | -- |

**\*** <https://opioidmisusetool.norc.org/>, \*\*[Thompson et al., 2022](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9772240/)

Substance use disorder (SUD) in the Kentucky River Health Consortium counties is a significant public health issue. This crisis has greatly impacted the communities as there are high rates of overdose deaths, hepatitis C, and HIV due to needle sharing among injection drug users. Family disruption, increased crime rates, strained community resources, and increased healthcare costs are additional community impacts.

**Home Health Services**

Data is on all Providers in County

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breathitt | Knott | Lee | Leslie | Letcher | Owsley | Perry | Wolfe |
| Number of Patients Serviced – Ending Census 12/2020 | 296 | 23 | 20 | 54 | 138 | 30 | 65 | 42 |
| Discipline Data 2020- Skilled Nursing Visits | 2,786 | 1,802 | 735 | 1,929 | 6,229 | 694 | 735 | 1,379 |
| Discipline Data 2020-Home Health Aide Visits | 1,905 | 139 | 576 | 213 | 1,176 | 304 | 570 | 694 |
| Discipline Data 2020- Physical Therapy Visits | 2,240 | 1,358 | 922 | 1,201 | 2,798 | 663 | 2,306 | 1,182 |
| Discipline Data 2020- Occupational Therapy Visits | 315 | 398 | 221 | 33 | 34 | 84 | 721 | 217 |
| Discipline Data 2020- Speech Therapy Visits | 0 | 0 | 0 | 0 | 0 | 4 | 7 | 7 |

[2020 Kentucky Annual Home Health Services Report](https://www.chfs.ky.gov/agencies/os/oig/dcn/surveyreports/2020FinalHHAReport.pdf)

The Health Departments provide services in 4 of the Kentucky River Counties. The Kentucky River District Home Health (KRDHH) is the only service provider in Lee and Owsley Counties. In Wolfe County Morgan County ARH Home Health also provides services in addition to KRDHH. Breathitt County Home Health and Hazard are the two providers in Breathitt County. ARH is the primary home health provider in the eight-county service area. The age of patients served ranges from 6 years to over 85. The majority of patients served are in the 45-65 age range.

**School Health**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breathitt | Knott | Lee | Leslie | Letcher | Owsley | Perry | Wolfe |
| Student to Nurse Ratio 2022-2023 | 335:1 | 2071:1 | 920:0 | 1535:0 | 1289:1 | 661:1 | 314:1 | 118:1 |
| Nurses by County 2022-2023 | 5 | 1 | 0 | 0 | 2 | 1 | 11 | 10 |

[Kentucky Department of Education](https://www.education.ky.gov/districts/SHS/Pages/Student-Health-Data.aspx)

[The National Association of School Nurses](https://scienceforgeorgia.org/knowledge-base1/appropriate-school-nurse-and-counselor-ratios/) recommends a minimum ratio of nurses-to-students as 1:750 for the general population, and 1:225 for populations with complete health care needs. Wolfe is the only county in our service area meeting this recommended ratio.

**Dental Services**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breathitt | Knott | Lee | Leslie | Letcher | Owsley | Perry | Wolfe |
| Dentist Ratio (Dentist: Population) | 1:6777 | 1:4684 | 1:1863 | 1:3426 | 1:7084 | 1:3953 | 1:3330 | 1:3253 |

[Kentucky Dental Workforce Report 2023](https://medicine.uky.edu/sites/default/files/inline-files/2023%20Dental%20Report%20Final%20Aug%2017%202023.pdf)

The cost of care, fear of the dentist, and inconvenience were cited as reasons for delaying a dental visit (American Dental Association, 2015 as cited in the Kentucky Dental Workforce Report). The Kentucky Oral Health Coalition reports that 4 in 10 Kentucky adults have not visited a dental provider in the past year and that Kentucky has more adults over 65 with no natural teeth than any other state. Kentucky also has the highest rate of oral cancer in the United States, and the high smoking rate is a major contributor.



All counties in the Kentucky River District are Health Resources and Services Administration (HRSA) Dental Health Professional Shortage Areas (HPSA)

Number of Dentist per County

1

4

2

2

3

21

3

3

[Kentucky Dental Workforce Report 2023](https://medicine.uky.edu/sites/default/files/inline-files/2023%20Dental%20Report%20Final%20Aug%2017%202023.pdf)

**Cancer Screening**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breathitt | Knott | Lee | Leslie | Letcher | Owsley | Perry | Wolfe | State | Nation |
| Colorectal: Adults aged 50-75 reporting colonoscopy in past 10 years | 54% | 65.7% | 56.5% | 53.3% | 53.5% | 49.8% | 56% | 49.9% |  |  |
| Cervical: % Women aged 21-65 who had a pap test in the past 3 years | 73.2% | 72.8% | 75.6% | 73.5% | 61.8% | 72.6% | 73.9% | 64.6% | 80.5% | 77.7% |
| Breast: % Women aged 40+ who had a mammogram in past 2 years | 71.0% | 62.4% | 71.2% | 75.1% | 61.5% | 64.1% | 63.4% | 62.9% | 68.2% | 70.2% |

[State Cancer Profiles](https://statecancerprofiles.cancer.gov/map/map.withimage.php?21&county&172&998&00&0&302&0&1&5&0)

**Cancer Rates**

(Age-adjusted Incidence per 100,000)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breathitt | Knott | Lee | Leslie | Letcher | Owsley | Perry | Wolfe | State | Nation |
| Cancer Rates (All Sites, All Stages) | 545.3 | 479 | 574.7 | 509.9 | 520.9 | 574.9 | 578.1 | 538.5 | 506.8 | 442.3 |
| Colorectal | 71.3 | 48.9 | 70.4 | 50.3 | 47.6 | 49.3 | 65.1 | 56.3 | 45.9 | 36.5 |
| Breast | 81.4 | 128.1 | 103.9 | 103.5 | 114 | 143 | 128.1 | 120 | 126.7 | 127 |
| Lung | 116.7 | 87.4 | 89.7 | 115.7 | 91.9 | 149.9 | 127.7 | 106.5 | 84.4 | 54 |

[State Cancer Profiles](https://statecancerprofiles.cancer.gov/map/map.withimage.php?21&county&172&998&00&0&302&0&1&5&0)

Data is not available on the county level for lung cancer screening in Kentucky. According to the American Lung Association, the national rate for screening is 4.5%, in Kentucky 10.6% of high-risk individuals were screened. Kentucky ranks 2nd among all states in screening rates. Owsley County has the highest rate of all Kentucky Counites for age-adjusted lung and bronchus cancer incidence per 100,000.

Percentage of current smokers 18 and older in each of the counties is almost twice as high as the national rate (14%). Breathitt has the lowest current smokers’ rate at 23.6%, then the counties progressive increase- Owsley (23.7%), Leslie (24.4%), Knott (24.7%), Letcher (24.9), Perry (25.5%), Lee (26.8%), and Wolfe (30.1%). Wolfe County has the highest percentage of current smokers age 18+ in the state.

**Map

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Community Action Partnership

**Family Planning and Sexual Health**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breathitt | Knott | Lee | Leslie | Letcher | Owsley | Perry | Wolfe | State | Nation |
| Teen Birth Rate per 1,000 Females | 53.41 | 27.96 | 51.43 | 29.30 | 29.46 | N/A | 37.04 | 24.75 | 22 | 14 |
| Chlamydia Rate per 100,000 Persons | 125.4 | 121 | 147.6 | 136.2 | 122.3 | 151.8 | 146.8 | 338.1 | 410 | 496 |
| Gonorrhea Rate per 100,000 Persons | 29.5 | 42.7 | 26.8 | 87.6 | 56.5 | 50.6 | 107.4 | 46.1 | 182 | 214 |
| Syphilis Rate per 100,000 | 0 | 35.6 | 53.7 | 0 | 23.5 | 25.3 | 10.7 | 46.1 | 34.60 | 53.20 |
| # Uninsured Males (age 18-44 < 250% FPL) | 401 | 434 | 179 | 286 | 609 | 116 | 729 | 212 | 125,130 | 13,408,267 |
| # Uninsured Females (age 18-44 < 250% FPL) | 258 | 314 | 126 | 198 | 445 | 91 | 508 | 158 | 83,780 | 10,470,238 |

[Kentucky Family Planning Interactive Map](https://www.chfs.ky.gov/agencies/dph/dwh/Pages/familyplanning.aspx)

[Title X Clinic Directory](https://opa.hhs.gov/sites/default/files/2022-02/title-x-family-planning-directory-January2022.pdf) states that funds are provided by KDPH so these services can be provided to low-income groups. Title X Family Planning clinics provide contraceptive services, pregnancy tests, counseling, optimal family spacing, basic infertility services, STD services, prenatal services, and other related preventive health services. In the 8 Kentucky River Counties Title X family planning is provided at each of the local health departments.

**Diabetes**





**Nutrition**

State: 12.9%

Nation: 8.5%

Community Action Partnership

The Kentucky River Area Development Counties have the highest rate of all Kentucky ADDs- crude rate of 8.56 per 1,000 population for having at least one hospitalization with diabetes as the primary cause. According to the 2023 Diabetes Report, in 2021 emergency department encounters with diabetes coded as the primary reason for admission cost over 24 million dollars.

**Nutrition**

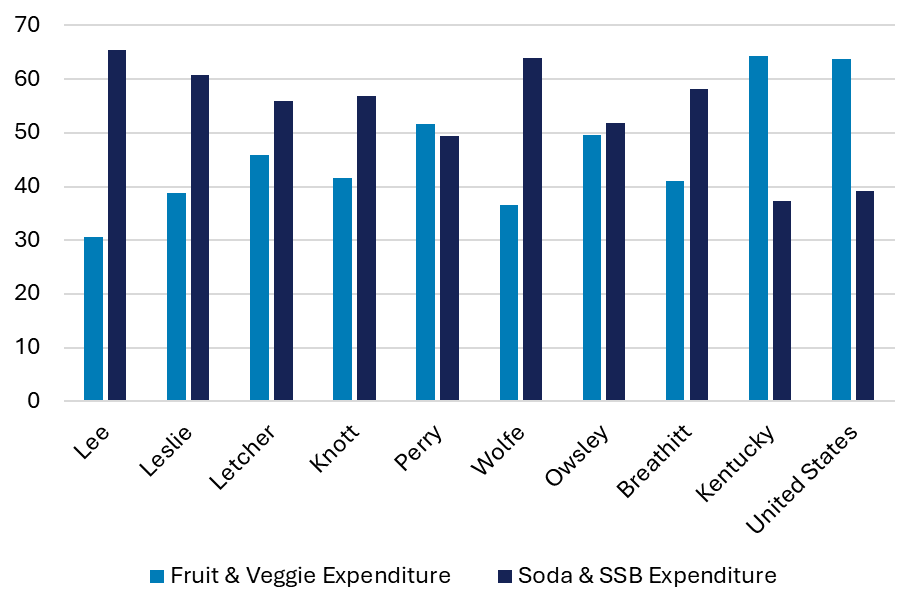
|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breathitt | Knott | Lee | Leslie | Letcher | Owsley | Perry | Wolfe | State | Nation |
| Adult Obesity Rates (2021) | 39% | 40% | 41% | 44% | 42% | 44% | 42% | 43% | 41% | 34% |
| Food Environment Index\* | 4.8 | 6.4 | 6.6 | 5.8 | N/A | 6.0 | 6.9 | 5.4 | 6.8 | 7.7 |
| Food Insecurity | 23% | 21% | 20% | 21% | 21% | 22% | 18% | 24% | 13% | 10% |

County Health Rankings

\*Food Environment Index considers access to healthy foods as well as food insecurity. Scores range from 0 (worst) to 10 (best).

In the Kentucky River Counties, soda and sugar sweetened beverages (SSB) outweigh fruit and veggie expenditures. Fruit and veggie expenditures are much higher at the national and state level. Values range from 0-100, higher values indicate higher expenditures.

*Fruit & Veggie vs. Soda and SSB Expenditure*

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[US News Healthiest Communities](https://www.usnews.com/news/healthiest-communities/kentucky/lee-county)

**Community Partner Assessment- Partner Agency Survey**

The KRDHD, UK CERH, and LKLP leadership sent emails containing the survey link out to partner agencies. The emails and survey introduction shared that their input would help in identifying how we improve our community’s health and emergency preparedness together. Emails stressed the vital role each organization has in our community’s local public health system and how their input would help in identifying the strengths we have as a community and our opportunities for making positive change.

**Community Themes and Strengths Assessment – Organizational Perspective**

**Organization Type**

|  |  |
| --- | --- |
| Public Hospital | 5% |
| Schools (PK-12) | 30% |
| Non-profit Organization | 55% |
| Social Services Provider | 5% |
| Housing Provider | 5% |
| Mental Health Provider | 10% |
| For-Profit /Private Business | 5% |
| Faith-based Organization | 5% |
| Other- FQHC, non-profit government agency, patient advocates, grassroots community collaborative | 20% |

**Position or Role in the Organization**

**Focus Area of Organizations**

Organizations were asked to select the amount of time they focused on each of the areas of the social determinants of health topics from Healthy People 2030 listed below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | A lot | A little | Not at All | Unsure |
| Economic Stability: The connection between people’s financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability. | 50% | 44% | 0 | 5.6% |
| Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development. | 55.6% | 27.8% | 11.1% | 5.6% |
| Healthcare Access and Quality: The connection between people’s access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy. | 66.7% | 33.3% | 0 | 0 |
| Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety. | 55.6% | 44.4% | 0 | 0 |
| Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration. | 50% | 27.8% | 16.7% | 5.6% |

Respondents were asked if their organization had access to interpretation and translation services as we have seen an increase in need for this in our counties- 52% stated they had access, 10.5% stated no, 21.1% were unsure, and 15.8% reported this was not applicable to their organization.

**Emergency Preparedness**

The majority of respondents stated their agency had an emergency preparedness plan in place (87.5%). Of those responding they had a plan in place 60% stated their emergency plan covered situations related to natural disasters, fires, active shooters, pandemic/disease outbreak, and more. Others responding stated they had plans for one or two of the areas but not all emergency situations. When asked if our community was prepared for emergency situations (41.2%) said yes, 29.4% no, and 29.4% were unsure. Respondents were asked if their agency would be willing to participate in a community coalition workgroup to address community preparedness- 58% responded they would and 41.2% maybe. Sixteen agencies provided a contact person who would be willing to participate in the workgroup.

**Assessments and Communication**

Of the organizations responding 75% stated they conducted some type of assessment in their work. The types reported included basic needs assessments conducted by FRYSCs, community health needs assessments, KIP assessments, intake assessments, assessment of the social determinants of health, etc. When asked if their organization had ever participated in or facilitated a community-led decision-making meeting around policies, data, actions, or programs 74% stated they had, 5% stated no, and 21% were unsure. Almost 80% of the representatives stated their organizations would be interested in working collaboratively on a community health improvement project.

Each organization was asked to consider the following regarding communication within their organization.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Disagree | Strongly disagree | Unsure |
| Our organization has a strong presence in local earned media (print/radio/TV). | 18.8% | 50.0% | 18.8% | 0 | 12.5% |
| Our organization has strong communications infrastructure and capacity. | 37.5% | 50.0% | 6.3% | 0 | 6.3% |
| Our organization has a clear communications strategy. | 31.3% | 56.3% | 6.3% | 0 | 6.3% |
| Our organization has good relationships with other organizations who can help share information. | 56.3% | 43.8% | 0 | 0 | 0 |
| Our organization has a clear equity lens that we use for our external communications and engagement work. | 18.8% | 62.5% | 6.3% | 0 | 12.5% |

**Community Lessons from COVID-19 and Natural Disasters**

Dr. Angela Carman and Dr. Melissa Slone implemented a research study titled *COVID-19 and Natural Disasters: What Times of Crisis Teach Communities about Themselves- A Comparison of Appalachian and Delta Region Communities in Kentucky.* The Appalachian focus group was made up of members from the Kentucky River Health Consortium thus the findings from this study provide an insight into what we learned about our community during COVID-19 and the flooding in July 2022. Below are some of the key responses to what participants felt were learned during each event.

|  |  |
| --- | --- |
| What we learned about the community having gone through COVID-19 together: | What we learned about the community having gone through the natural disaster (flooding) together: |
| Collaboration occurred between organizations who typically did not work together | Kindness of people |
| Information is critical | People outside the area willing to come and help |
| Trusted leaders emerged | FEMA process is cumbersome |
| Importance of health department | People staying to protect what they had left |
| Differing belief systems about the disease | Others leaving – loss of home, job, transportation |

The final question asked of the focus group was *What lessons that were captured from either the COVID-19 pandemic or the natural disaster will be most important to remember for the future?* Responses to this included *a need to work together, a need for a way to tract people and available resources in real time, planning before future disasters with local input, communication strategies, alert systems as not all counties have them.*

**Community Context Assessment- Community Survey**

KRDHD, UK CERH and LKLP shared that the community survey was being conducted by the Kentucky River Health Consortium on behalf of organizations who serve the community. The link and QR code for the survey was shared on social media sites for the agencies. Hardcopies were also made available as needed if participants preferred to complete that way. Each agency also had the option to send the link out by email for additional distribution by staff or to other community partners.

**Community Themes and Strengths – Individual Perspective**

Kentucky River Health Consortium received 278 responses to the survey. However, not all respondents answered every question. As such the number of responses on each topic will vary. Breathitt County Health Department conducted a separate individual perspective survey prior to our decision to collaborate as a consortium to complete one. As a result, our feedback from Breathitt was low (only 2% of responses). To allow for better understanding of the two distinct health departments in the consortium results in some sections will be separated out by the Kentucky River District as a whole and then results specific to Breathitt County. Females completed both surveys at a much higher percentage- KRHC 78%, Breathitt County 88%.

**Respondent Demographics**

458 responses were recorded on the KRHC survey. Leslie and Knott County residents accounted for nearly half of the responses. Breathitt, Wolfe, and Owsley had the least participation in the KRHC survey. However, Breathitt had 481 responses from the survey they did independently.

*KRHC Responses by County of Residence*

Ages 17 and under accounted for 30% of the responses received from the KRHC survey. Those age 45-54 were the next highest percentage of respondents (19%). Breathitt County’s individual survey received the highest percentage of respondents from the 55-64 age range (26%).

*KRHC Age Range of Respondents*

Completion of grades 1-8 was the highest percentage in the KRHC survey (25%). This most likely was due to the number of 17 and under completing the survey. Twenty percent of the respondents reported a master’s degree or higher. The Breathitt County respondent’s highest percentages were high school graduates (22%) and some college but not degree (22%).

*KRHC Highest Level of Education Completed*

**Health, Financial Wellbeing, and Housing**

Those responding to the KRHC survey stated that their health was good overall (43%), followed by 25% who said it was very good, and 23% responding fair. Breathitt County results also had most respondents reporting their overall health was good (38%), followed by 34% responding fair and 14% very good. Breathitt respondents had 12% respond poor, compared to KRHC’s 2% at poor. The age of the majority of respondents for each survey may account for this difference.

*In general, would you say YOUR health is….*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Good | Fair | Poor | Prefer not to answer |
| KRHC | 6.6% | 25.2% | 42.7% | 22.8% | 2.4% | <1% |
| Breathitt | 1% | 14% | 38% | 34% | 12% | <1% |

Many respondents from both surveys reported that financially they were living comfortably or getting by. However, 11.7% in the KRHC survey and 29% in the Breathitt County survey reported that they were finding it difficult or very difficult to get by.

*How would you describe your financial well-being?*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Living Comfortably | Getting by | Finding it difficult to get by | Finding it very difficult to get by | Prefer not to answer |
| KRHC | 45.5% | 41% | 8.6% | 3.1% | 1.8% |
| Breathitt | 24% | 45% | 18% | 11% | 2% |

The majority of respondents in both surveys reported having housing. More respondents in Breathitt County expressed worries about losing housing in the future.

*What is your housing situation today?*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Have housing | Do not have permanent housing | Have housing today but worried about losing in the future | Prefer not to answer |
| KRHC | 95.6% | 1.1% | 2.6% | <1% |
| Breathitt | 86% | 3% | 9% | 2% |

**Access to Needed Services**

When ask about health care coverage, 85% of respondents in the KRHC survey and 92% in the Breathitt County survey stated they had some type of health insurance. Breathitt’s survey asks respondents what barriers existed that prevented them from receiving health services. The majority reported no barriers existed (29%), out of pocket cost was 16%, lack of providers (including specialists) was 10%, and lack of convenient appointment times was 10%.

In the KRHC survey individuals were asked if they had received mental health counseling, treatment, or medication in the past 12 months- 70.1% responded no, 29.9% yes. Those responding no were asked if they wanted to receive counseling, treatment or medicine but were unable to access- 88.8% of those stated no and 11.2% yes. Of the 11.2% responding yes to this question barriers they listed included cost, lack of providers, transportation, and inability to take off work. However, the majority, 54%, preferred not to answer.

Respondents were then asked to select items they or a family member had needed but been unable to access. The prepopulated list and responses were:

|  |  |  |
| --- | --- | --- |
|  | KRHC | Breathitt |
| Addiction Services | 3.3% | -- |
| Mental Health Care Services | 10.2% | -- |
| Childcare | 11.6% | -- |
| Clothing | 5.2% | -- |
| Domestic Violence Assistance | 1.7% | -- |
| Elder Care | 7.1% | -- |
| Employment | 11.8% | 8% |
| Food | 9.0% | 8% |
| Health Care | 10.4% | -- |
| Housing | 9.5% | 9% |
| Adult Educational Services | 0.7% | -- |
| Transportation | 10.9% | -- |
| Utilities | 8.8% | 7% |
| Prefer not to answer | 208% | -- |
| None of the above | 60.7% | 32% |

--Breathitt had 35% as other entries.

**Community Health and Health Issues**

When asked how healthy or unhealthy individuals felt their community was the majority from both surveys felt they were somewhat unhealthy – 39% KRHC and 42% Breathitt County.

*KRHC Community Health Status*

Respondents were asked to select the top risk factors in the community having the greatest impact on our health. Substance misuse (for example, alcohol, opioids, meth) was identified in both surveys as the top risk factor. This was followed by poor eating habits and lack of a livable wage.

*KRHC Community Risk Factors*

The KRHC survey responses ranked overdose, cancer, obesity, mental health problems, and diabetes as the most important health problems. Heart disease and stroke, high blook pressure, and lung disease were also identified as top health concerns. The Breathitt County responses were similar. However, their top 5, ranked by percentage of responses were- obesity, overdose, heart disease and stroke, high blood pressure, and diabetes.

*KRHC 5 Most Selected Important Health Problems in our Community*

*KRHC Respondents Ranking of Community Strengths* (highest to lowest)

Religious or spiritual values \*

Strong family life \*

Access to health care (e.g., family doctor) \*

Good schools

Sense of community belonging

Good place to raise children \*

Safe neighborhoods

Good jobs and healthy economy

Healthy behaviors and lifestyles

Clean environment

Affordable housing

Parks and recreation \*

Local leaders (such as government or school leaders) who prioritize health

Arts and cultural events

Excellent race relations

\*Breathitt County’s top 5

When asked “where do you get trusted information about health issues” the majority of respondents stated their healthcare provider. This was followed, in by surveys, by the internet (37.9% KRHC/17% Breathitt) and friends and family (35.3% KRHC/10% Breathitt).

**KRHC Trusted Sources for Health Information**

**Community Health Improvement Plan Process**

**Methodology**

Continuing the methodology described under the Community Health Assessment Process, the Kentucky River Health Consortium (KRHC) will convene a community forum in each of the eight counties to synthesize the information obtained during the community health assessment process into strategic initiatives, goals, and objectives. For each community forum participants will be given information organized into three perspectives- data, organizational and individual, and participate in a consensus building activity to create a plan for addressing identified needs. To build the community health improvement foundation the forum will utilize the information collected to organize for success and create a vision for improving the health and wellbeing of Kentucky River community members.

**Communication and Distribution Plan**

KRHC partners and other stakeholders attending the forum will be provided with a copy of the community health assessment and once completed, the community health improvement plan (CHIP). KRHC partners will share the plan on their websites, provide updates on social media, and discuss updates on the CHIP at KRHC quarterly meetings.

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