



2020-2022 COMMUNITY HEALTH NEEDS ASSESSMENT

INTRODUCTION

As a committed community resource in northeastern Kentucky, St. Claire HealthCare is dedicated to our mission to proclaim God's goodness through a healing ministry to the people of eastern Kentucky. Our mission remains the same after more than a half century of care, and we are driven to improve the lives of the people in the region. We constantly strive to reach this goal by making healthcare more accessible and convenient, while providing critical services. The creation of family medicine clinics in five rural counties, an eight-county home health and hospice staff that has been known to cover more than a million miles in a year to provide service and expansion to 32 medical specialties serve as evidence of our growth. We have also opened a new 81,000-square-foot medical services pavilion since our last needs assessment.

Our mission and values have been enhanced through community benefit programs, and those activities have centered on education, collaboration and improving the health and well-being of the communities we serve. The education and development of health professionals has been one of our primary focus areas for community benefit, because we believe that their training is vital to improving community health. Another target area is our engagement in community support and partnerships. This engagement is realized through participation in health fairs and screenings, providing support groups, as well as coalition-building initiatives.

A leading example of our focus on coalition building is through the creation of the Gateway Wellness Coalition (GWC). This coalition was formed in 2011 by leaders at St. Claire HealthCare (SCH), Morehead State University (MSU) and the Gateway District Health Department (GDHD) to conduct regular community health needs assessments in the Gateway area counties and to identify and implement strategies and programs to address the most significant needs identified in those assessments.

Our coalition leaders utilized the Mobilizing for Action through Planning and Partnerships (MAPP) assessment tool to guide us through the initial Community Health Needs Assessment (CHNA) process. The MAPP toolkit provided our coalition with a framework for assembling organizations, groups and other key stakeholders that comprise the local public health system to create and implement a community health improvement plan that targets services and education programs.

This comprehensive process proved critical for our leaders, and the data-driven evidence it produced increased our understanding of the complex healthcare needs and concerns of our communities. It also provided our leadership with the knowledge necessary to implement successful strategies to address the identified needs. Beyond increasing our own understanding and knowledge of the issues, the CHNA efforts have strengthened community partnerships with many organizations.

Often times, the importance of collaboration and coalition-building can be overlooked. But this process has fostered better communication and relationships in our communities. In accordance with the Internal Revenue Code (IRC) requirements set forth in the Patient Protection and Affordable Care Act (ACA), the assessment process must be conducted every three years. From the genesis of the Gateway Wellness Coalition, our leaders' vision has been that our assessments will be ongoing, and we will constantly engage in data renewal/review and strive for improvement. The consensus has been that it is

more effective, efficient and productive to base the updated assessment on the GWC's ongoing, collaborative work and data analysis, rather than starting again from "square one" every three years. Most of all, this ongoing process is intricately linked with the SCH mission that has guided us for the past half century.

OUR VALUES

- Dignity – We treat each person with courtesy and respect
- Compassion – We serve with heartfelt care and concern
- Excellence – We provide care with sensitivity and professionalism
- Commitment – We are dedicated to quality, integrity, and responsible use of our resources
- Collaboration – We cultivate a spirit of cooperation and teamwork

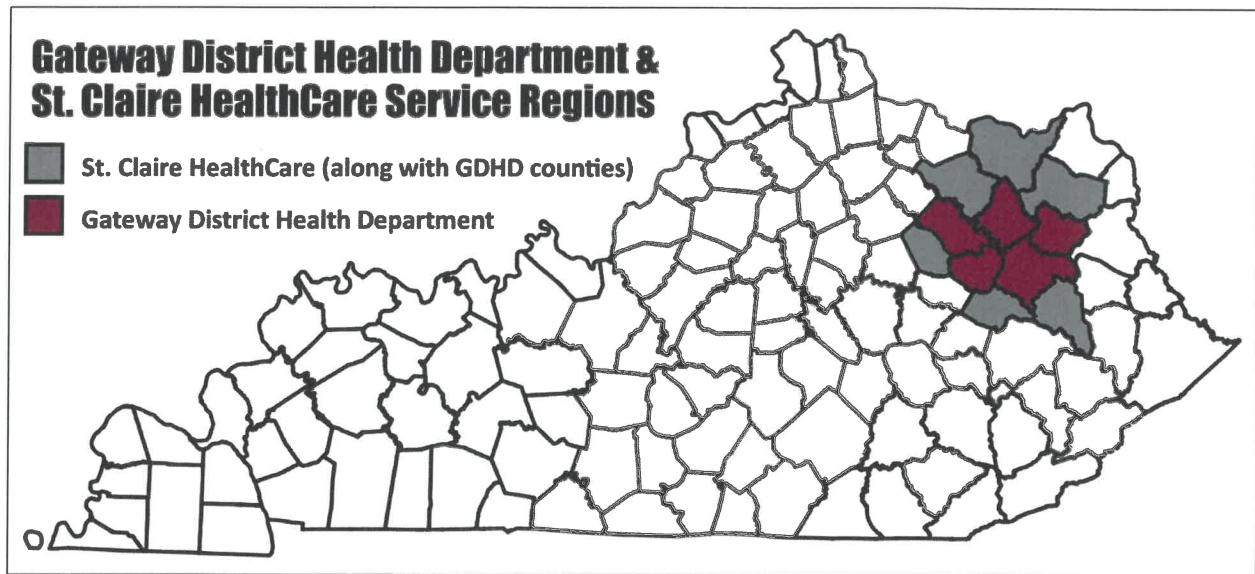
OUR PHILOSOPHY

The philosophy of St. Claire HealthCare, which flows from the conviction that God is the giver of life, is expressed through the hearts and hands of those who minister at St. Claire HealthCare.

- **We believe that life is a sacred gift from God.** Every facet of human life from conception to natural death is to be valued. Quality service and loving care are provided in support of life and death.
- **We believe that the needs of the whole person, physical, spiritual and psychosocial, are to be responded to according to professional standards and justice.** Quality services are rendered in a professional, compassionate manner with respect for the dignity of all. Sensitivity and support for the total needs of the person are integral parts of the system of care.
- **Support for the poor and disadvantaged is pursued in all aspects of the operation of the Medical Center.**
- **We believe that the task entrusted to us brings responsibilities to share and develop.** Technological resources and knowledge are applied and shared to promote health. Opportunities for growth through education and research are promoted. Personal and technological resources are used in an efficient manner for the benefit of all.

DEFINING THE COMMUNITY SERVED

St. Claire HealthCare's service region is comprised of 11 counties. The Gateway District Health Department's service region includes the majority of SCH's primary service counties (approximately 70-75 percent of SCH's patient population), including Rowan County, where SCH is headquartered. For this reason, the Gateway Wellness Coalition has decided to focus its assessment efforts on the Gateway District Health Department service region counties of Bath, Elliott, Menifee, Morgan and Rowan. That said, many of the initiatives/strategies that will be included in this CHNA's Implementation Plan may also positively impact residents and patients from other counties in the SCH service region.



INPUT REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY

Local organizations and community assets identified by Gateway Wellness Coalition participants include:

- St. Claire HealthCare
- Morehead State University
- Gateway District Health Department
- Northeast Kentucky Area Health Education Center (AHEC)
- Gateway Area Development District
- Elected Officials
- Local School District Officials, Teachers and Family Resource Centers
- Kentucky Department of Education
- University of Kentucky
- UK Extension Service
- Maysville Community and Technical College
- Morehead-Rowan County Chamber of Commerce
- Morehead-Rowan County Economic Development Council
- Physicians
- Pharmacists
- Optometrists
- Dentists
- Kentucky Healthcare Collaborative
- Kentucky Cancer Program
- Kentucky Homeplace
- Local Farmers Markets
- Pathways Community Mental Health Center
- Gateway Community Action
- Sustainable Morehead
- Veterans Administration Clinic
- The People's Clinic – Free Clinic
- New Hope Free Clinic
- Morehead Police Department
- Emergency Medical Services
- Faith-Based Organizations
- Parks and Recreation
- U.S. Forest Service
- Habitat for Humanity
- Frontier Housing
- Civic Groups and Clubs
- Local Businesses
- Grocery Stores

FOUNDING STAKEHOLDERS



St. Claire HealthCare

St. Claire HealthCare is a medical hub serving 11 counties located in the northeastern Kentucky city of Morehead. Founded on July 1, 1963, St. Claire Medical Center was created through the efforts of many people in the community, led by Dr. Louise Caudill.

- The largest rural hospital in northeastern Kentucky
- 159-bed regional referral center
- Sponsored by the Sisters of Notre Dame USA
- Over 100 physicians and surgeons representing 32 medical and surgical specialties
- More than 1,000 employees
- One of the two largest employers in the region
- An established training site for college and university students in healthcare/medical programs at the University of Kentucky, Morehead State University, the University of Pikeville College of Osteopathic Medicine, Maysville Community and Technical College and other institutions
- 11-county service region serving a population over 160,000 in Bath, Carter, Elliott, Fleming, Lewis, Magoffin, Menifee, Montgomery, Morgan, Rowan and Wolfe counties

In addition to providing services at the Medical Center's main campus in Morehead, SCH's operations consist of a St. Claire Regional Outpatient Center, six comprehensive family medicine clinics in five counties, a regional telemedicine system, and an eight-county home care service region comprised of home health, hospice and palliative care, and home medical equipment. Additionally, St. Claire HealthCare partners with the University of Kentucky HealthCare to offer services through the UK Markey Cancer Treatment Center in Morehead and the UK Women's Center. SCH also serves as a home for the University of Kentucky's Rural Physician Leadership Program, a satellite medical school designed to train the next generation of rural physicians for the region.



Gateway District Health Department

The Gateway District Health Department exists to protect people's health and well-being. Through its programs and services, the GDHD seeks to prevent injury and illness, promote good health practices, keep the environment safe and clean, and help area residents enjoy a long, high quality, and healthy life. The GDHD offers a number of important public health services at each of its health center locations in Bath, Elliott, Menifee, Morgan and Rowan Counties.

Services for Infant and Children's Services include:

- Physicals and development assessments (no sports physicals)
- Women, Infants, and Children Nutrition Services (WIC)
- Healthy Start
- Immunizations
- Fluoride
- Lead screening
- Infectious disease
- School health units

In terms of Adult Services, the GDHD's offerings include:

- Family planning
- First Steps
- Cancer Screening
- Screening mammography referral
- Breast cancer program
- Diabetes services
- Physical activity program
- Prenatal services
- Preconception risk assessment
- Counseling, preparedness planning and readiness assessment
- Tobacco education programs
- Immunizations
- Health Education
- Needle/Syringe Exchange



Morehead State University

Morehead State University has been an active partner with the Gateway Wellness Coalition. MSU strives to identify regional needs and provide services, resources and partnerships with external agencies to help improve the quality of life throughout MSU's service region related to community building, economic/entrepreneurial development, education, and health and wellness.

- 141 undergraduate degree programs
- 71 graduate degree programs
- Master's degree for physician assistants, social workers, and a cooperative doctoral program, in partnership with the University of Kentucky
- Doctoral degree in Education
- SACS accredited
- Center for Health Education and Research
- Consistently recognized by US News and World Report as one of the top public universities in the South in its "America's Best Colleges" editions
- Driven by the goal to become the number one public university in the South

EXECUTIVE SUMMARY

Requirements for the Community Health Needs Assessment

The assessment must:

- Take into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health
- Be made widely available to the public
- Be completed every three years with the first being completed no later than fiscal year 2012

The assessment may:

- Be based on information collected by other organizations, such as public health agencies or nonprofit organizations
- Be conducted in collaboration with other organizations, including related organizations, other hospitals, and state and local agencies, such as public health departments

To address the provisions set forth in the Affordable Care Act (ACA), St. Claire HealthCare has conducted the required Community Health Needs Assessments.

Our Process

Rather than starting from “square one” and repeating/duplicating work that was done over the past few years, SCH and Gateway Wellness Coalition participants determined that it would be more efficient and beneficial to build on the solid foundation already laid by the GWC, which has included ongoing assessment of community health needs and relevant data review/analysis. The GWC structure has bolstered existing partnerships and been a strong impetus for new ones to efficiently meet the needs and requirements of the assessment process on an ongoing basis.

GWC leaders have produced an updated Community Health Status Report for the GWC region and each of the counties, providing a snapshot of what our communities look like.

During the initial CHNA process, the Gateway Wellness Coalition’s committees and subcommittees conducted county-level quality of life surveys and detailed health assessments – utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) assessment tool – compiled and reviewed data reports, and then identified crucial health needs and established goals and implementation strategies to address the most important health issues for each of the counties.

Since completion of the initial process, the GWC and its partners have remained active in efforts to continuously assess the community health status and needs, to implement strategies to address those needs and to consider new strategies. The GWC Executive Team generated and reviewed an updated, comprehensive data set as part of the process for this most recent updated CHNA.

Our Findings

Based on ongoing data analyses, community input, available resources and the effectiveness of GWC initiatives already in place, the GWC and SCH have identified the following community health needs as critical focus areas over the next three years:

- COVID-19/Pandemic Management and Preparedness
- Mental/Behavioral Health and Drug Abuse/Addiction
- Health Behaviors (Community Nutrition, Recreation/Physical Activity, Tobacco Use/Smoking Cessation, Immunizations and Radon Mitigation)
- Access to Quality Medical/Dental Care – Both Geographic and for At-Risk and Marginalized Groups (e.g. Those in Poverty, the Uninsured/Underinsured, the LGBTQ+ Community, etc.)

The updated Community Health Needs Assessment will be shared with as many members of the community as possible. Findings will be shared with key stakeholders. The CHNA report will be available on the SCH website (st-claire.org,) and paper copies will be offered at each of the following locations: SCH Marketing/PR, the St. Claire Foundation and SCH Administration. In addition, links to the Community Wellness Assessment survey will be maintained on the SCH website.

ASSESSING THE COMMUNITY'S HEALTH NEEDS

To better understand the health needs and concerns of our communities, the collection of primary and secondary data was essential to our process. After forming the Gateway Wellness Coalition, we conducted quality of life surveys and then county-level health assessments utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) assessment tool. The MAPP tool provided the framework for assembling organizations, groups and individuals that comprise the local public health system to create and implement a community health improvement plan that targets services and education programs. We also consulted the Catholic Health Association's (CHA) Assessing and Addressing Community Health Needs workbook as a guide for the methods that we implemented.

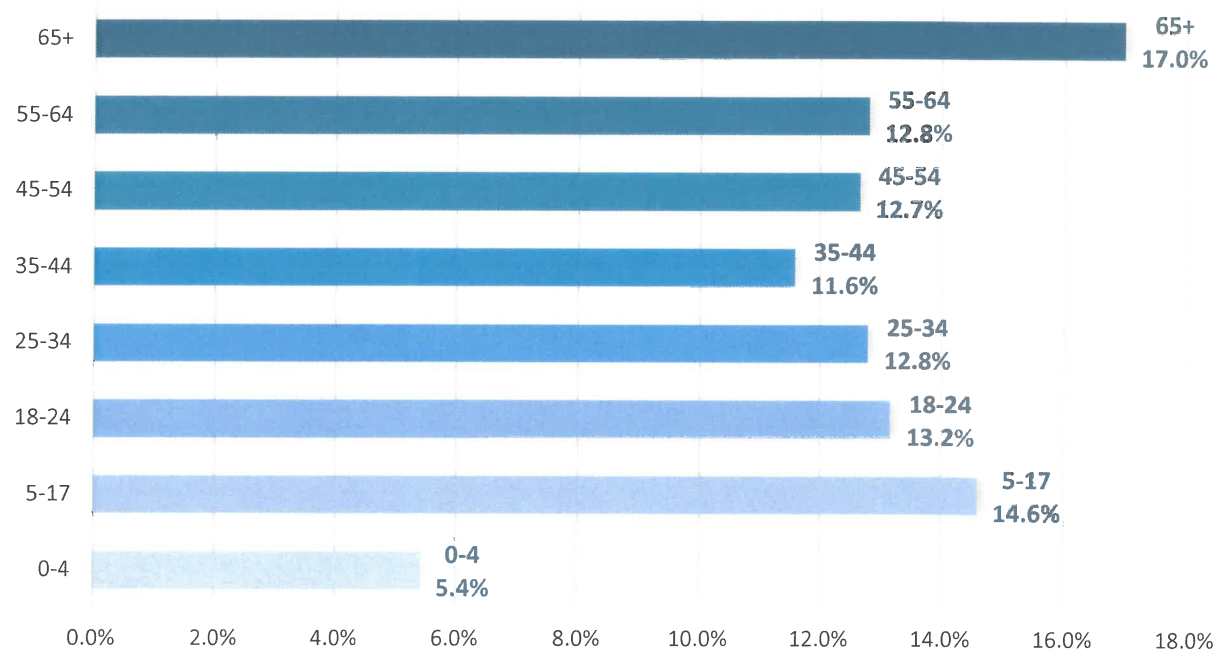
Another crucial element in conducting our Community Health Needs Assessment was to identify secondary information/data sources relevant to our service region that aligned with the Catholic Health Association's recommendations found in their workbook, Assessing and Addressing Community Health Needs. The vast majority of the data included in this updated CHNA was generated from the Community Action Partnership Report's American Community Survey. The data – both a comprehensive report and a "Quick Facts" version – along with information on source(s) and methodology are included in the appendices of this assessment.

Part of the original data collection process included the creation of a Community Wellness Assessment Survey to sample large numbers of community constituents. This survey featured two parts, community need and quality of life. The community need portion focused on the most critical health problems and areas most crucial to making the community healthier. The quality of life section asked respondents to rate their community on a scale of one to five, including questions like, "Is there economic opportunity in your county?" This survey is an efficient and effective assessment instrument, providing firsthand knowledge of our communities from key stakeholders and other community members. The survey remains available on St. Claire HealthCare's website.

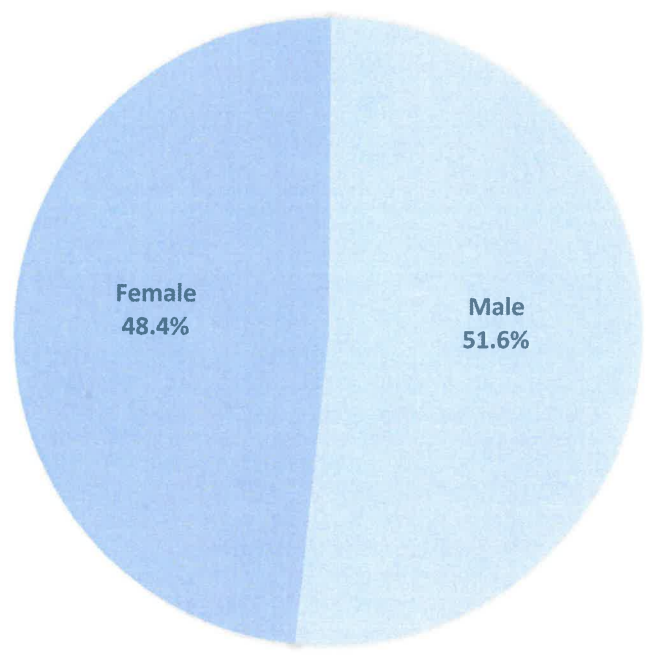
The results of those initial MAPP assessments and the collection and review of information/data from secondary sources laid the groundwork for our initial comprehensive Community Health Needs Assessment and set a course that we have followed over the ensuing years in our efforts to continually assess and address community health needs.

Population			
	2000	2010	2019 estimate
Bath	11,085	11,591	12,500
Elliott	6,748	7,852	7,517
Menifee	6,556	6,306	6,489
Morgan	13,948	13,923	13,309
Rowan	22,094	23,333	24,460
GWC Region	60,431	63,005	64,275
United States	281,421,906	309,321,666	328,239,523
Kentucky	4,041,769	4,339,367	4,467,673

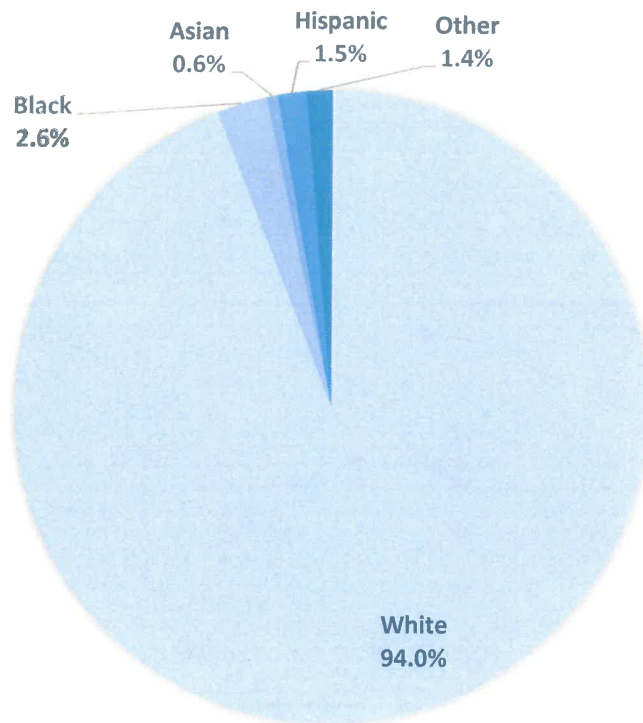
GWC REGION POPULATION BY AGE



GWC REGION POPULATION BY SEX



GWC REGION POPULATION BY RACE



PRIORITIZING COMMUNITY HEALTH NEEDS

The Gateway Wellness Coalition continues to serve as a “focus group” of sorts to address critical health issues and identify common community themes and strengths. The Coalition is key to the ongoing efforts of the Community Health Needs assessment process, monitoring and evaluating the most critical areas of concern, largely supported by data and member input from a diverse cross-section of the community’s public health network.

The COVID-19 pandemic has logistically complicated the GWC’s efforts to stay engaged on the community level and to update the Community Health Needs Assessment. In-person meetings were rendered potentially unsafe and impractical. Furthermore, the economic toll of the pandemic led to the temporary furloughs of some key members of the CHNA team for a significant period of time, delaying our CHNA update.

Members of the GWC Executive Planning Team include:

- Phelan Bailey – Administrative Director of Ambulatory Nursing Practice, St. Claire HealthCare
- KaSandra Hensley – Assistant Director/Education Coordinator, Northeast Kentucky Area Health Education Center

- Seigfred Jalalon, MD – Primary Care Physician and Pediatrician
- Tom Lewis – Executive Director, St. Claire Foundation
- Dr. Lucy Mays, NDP, APRN, FNP-BC – Coordinator of Online Nursing Programs, Morehead State University
- Lee O'Bryan – Vice President and Chief Ancillary Officer, St. Claire HealthCare
- Bob Ratliff – Director, Gateway District Health Department
- Mark Rhodes – Executive Director, St. Claire Medical Group
- Amy Riddle – Director of Marketing and PR, St. Claire HealthCare
- Matt Watts – Business Analyst, St. Claire HealthCare

In lieu of face-to-face gatherings, the GWC Executive Planning Team has done the lion's share of coordination of this updated CHNA via videoconferencing, emailing and telephone conversations. **Based on this coordination and related data analyses, the GWC has identified the following as the most critical health issues and areas of concern to be addressed over the next three years:**

- COVID-19/Pandemic Management and Preparedness
- Mental/Behavioral Health and Drug Abuse/Addiction
- Health Behaviors (Community Nutrition, Recreation/Physical Activity, Tobacco Use/Smoking Cessation, Immunizations and Radon Mitigation)
- Access to Quality Medical/Dental Care – Both Geographic and for At-Risk and Marginalized Groups (e.g. Those in Poverty, the Uninsured/Underinsured, the LGBTQ+ Community, etc.)

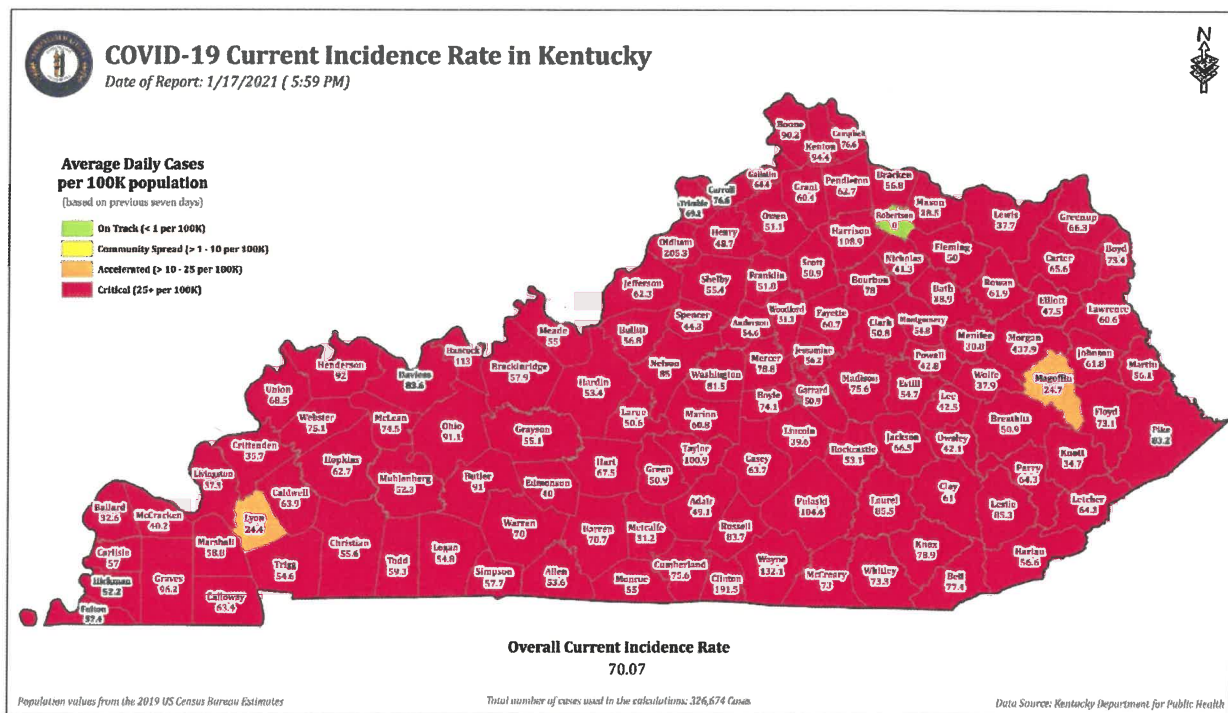
Other areas of concern were identified in Gateway Wellness Coalition activities. But in an effort to maximize available resources for the priority areas listed above, the GWC participants determined that they would not be explicitly included in the companion Community Health Improvement Strategy. Those areas of concern include:

- Chronic Diseases (Heart, Stroke, Hypertension, Diabetes, Asthma) and Cancer
- Health Literacy
- Violence and Safety
- Infant/Child Health
- Senior Health and Well-Being
- Sexual Health
- Emergency Department Usage/Preventable Hospitalization
- Socio-Economic Factors (e.g. Employment, Adequate and Affordable Housing, Availability of Nutritious Foods, Food Insecurity, Education, etc.)

COVID-19/Pandemic Management and Preparedness

No health issue has garnered more time or attention in recent months than COVID-19. Since it began, the pandemic has, in many ways, dictated and shaped the approach that St. Claire HealthCare and other hospitals have taken. It has required resources and manpower to be redirected and has been a financial and clinical struggle unlike any in decades. Every county in the GWC service region has been significantly

impacted by COVID-19, as illustrated by this daily snapshot map from the Kentucky Department for Public Health:



Source: Kentucky Department for Public Health

HEALTH FACTORS/BEHAVIORS						
	STATE	BATH	ELLIOTT	MENIFEE	MORGAN	ROWAN
COVID-19 Deaths	6,031	20	2	15	3	17
COVID-19 Cases	425,024	818	943	418	2,101	2,087
Daily Rate per 100,000 People	11.0	8.0	9.5	6.6	16.1	14.0

Source: Kentucky Department of Public Health (Data for 03/29/2021)

In the year since St. Claire began administering COVID-19 tests in March 2020, we have performed more than 49,500 tests, both drive-through and inpatient. As part of our response to minimize the risk of spreading the virus in the course of our clinical endeavors, we have conducted more than 35,000 virtual and curbside patient visits. And more than 11,000 patients on the SCH registry have received COVID-19 vaccines.

GWC participants determined that even once the worst of the pandemic has passed, COVID-19 will continue to be a chronic health matter requiring significant attention and resources for the foreseeable future, with the ongoing rollout of vaccines, continued treatment of those who get infected, potential variant strains of the virus and adjustments as we learn more about the disease.

Mental/Behavioral Health and Drug Abuse/Addiction

Mental health issues – including depression and anxiety – and substance abuse are major concerns in the community, according to GWC participants. These issues have only become greater during the COVID-19 crisis.

According to the World Health Organization, “Mental health is defined as a state of well-being in which every individual realized their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” Mental health affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make choices.

Mental illness and substance abuse are often co-occurring. People with serious mental illness and/or substance use disorders often face higher rates of cardiovascular disease, diabetes, respiratory disease and infectious disease; increased vulnerability due to poverty, social isolation, trauma, violence and incarceration; lack of coordination between mental and primary healthcare providers; prejudice and discrimination; side effects from psychotropic medications; and an overall lack of access to healthcare, particularly preventive care.

Opioid addiction was mentioned as a major problem by participants.

OPIOID OVERDOSE AND DEPENDENCE RATES			
	Heroin Overdose	Other Opioid Overdose	Drug Dependence, Opioid Type
Service Area	24%	25%	27%
Kentucky	34%	37%	36%
United States	27%	35%	34%

Source: Kentucky Injury Prevention and Research Center 2018 County Profiles

The CDC recently compiled a list of counties across the nation that are at increased risk for Hepatitis C and HIV due to high rates of injection drug use and limited access to needle exchange programs. Fifty-four of Kentucky’s counties were ranked in the top 220 counties nationally at risk of a Hepatitis C or HIV outbreak. Among them were Bath (125), Elliott (56) and Menifee (31) in the Gateway District Health Department service area, along with Carter (154), Lewis (178), Magoffin (23) and Wolfe (1) in the SCH service region. Kentucky now has the highest Hepatitis C infection rate in the country.

The scope of this health issue is reflected in the number of people who have utilized the Needle/Syringe Exchange Program administered through the Gateway District Health Department in Bath, Elliott and Rowan counties as part of a partnership with St. Claire, the University of Kentucky and Pathways.

GDHD NEEDLE/SYRINGE EXCHANGE (SEPT 2019-AUG 2020)				
	SYRINGES RECEIVED	SYRINGES DISTRIBUTED	UNDUPLICATED PARTICIPANTS	VISITS (NEW & RETURNING)
Bath	34,867	38,951	98	468
Elliott	55,450	56,007	236	576
Rowan	85,579	95,394	991	1,483

Source: Gateway District Health Department

Health Behaviors (Community Nutrition, Recreation/Physical Activity, Tobacco Use/Smoking Cessation, Immunizations and Radon Mitigation)

Northeast Kentucky has higher mortality rates due to cancer, coronary heart disease and stroke compared to both the state and country. As GWC participants discussed health issues and conditions that are prevalent in the community and region (e.g. certain cancers, cardiovascular disease, hypertension, diabetes, obesity, etc.), it was determined that it would be appropriate to take a more proactive approach moving forward and focus on improving health behaviors that contribute to many of those issues.

HEALTH FACTORS/BEHAVIORS						
	STATE	BATH	ELLIOTT	MENIFEE	MORGAN	ROWAN
Adult Smoking	24%	25%	27%	24%	28%	24%
Adult Obesity	34%	37%	36%	33%	37%	36%
Physical Inactivity	27%	35%	34%	31%	35%	26%
Exercise Opportunity Access	71%	40%	42%	84%	57%	98%
Poor or Fair Health	21%	24%	29%	22%	27%	24%
Free/Reduced Lunch Eligibility	59%	64%	70%	71%	71%	64%
Life Expectancy	75.4	73.3	78.1	71.6	74.9	74.2

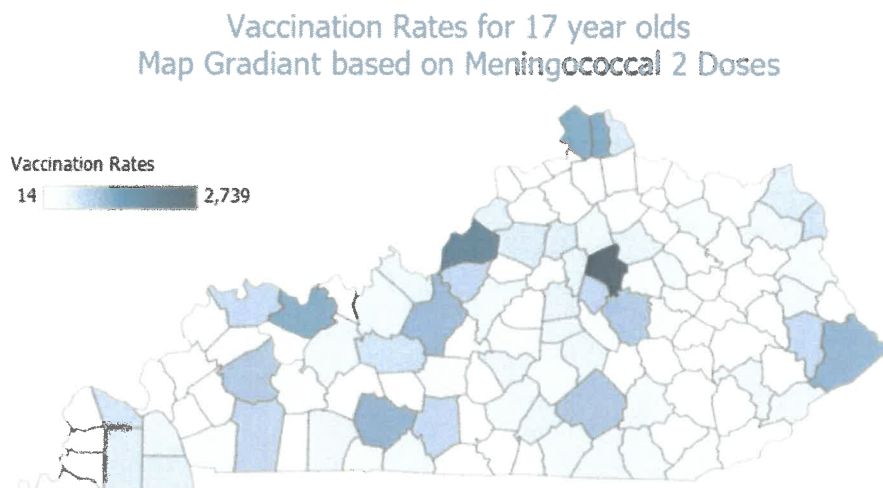
Source: County Health Rankings & Roadmaps / University of Wisconsin Population Health Institute

HEALTH OUTCOMES						
	STATE	BATH	ELLIOTT	MENIFEE	MORGAN	ROWAN
Premature Death (Years Lost per 100,000 Population) 2014-2018	9,034	11,149	9,237	10,664	9,065	9,408
Prevalence of Asthma (% Adults) 2016-2018	16%	17%	15%	10%	18%	10%
Prevalence of Diabetes (% Adults) 2016-2018	13%	20%	9%	21%	13%	7%
Prevalence of Hypertension (% Adults) 2005-2009	39%	32%	34%	49%	35%	39%

Cancer Deaths (Age-Adjusted Rate per 100,000 Population) 2013-2017	193	223	199	242	239	226
Heart Disease Deaths (Per 100,000 Population) 2014-2018	195	249	156	241	186	197
Stroke Deaths (Per 100,000 Population) 2014-2018	39	70	16	34	40	68

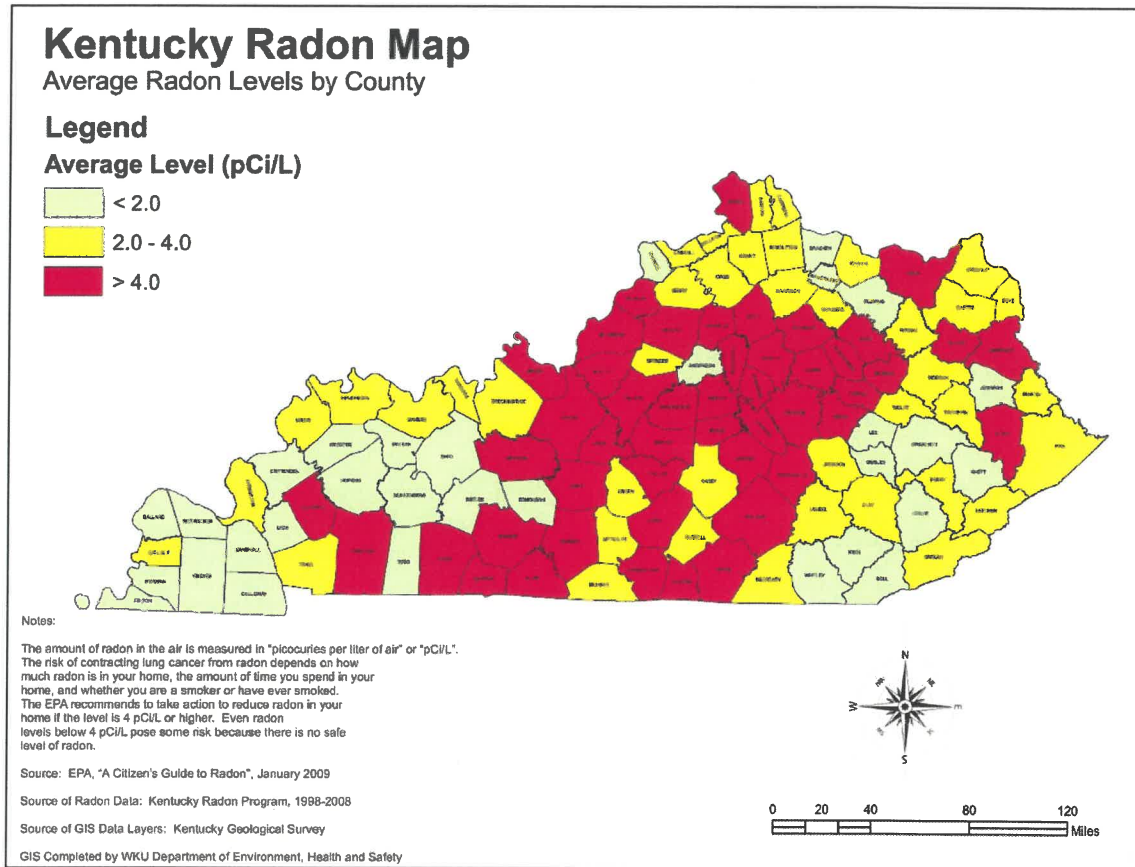
Source: KentuckyHealthFacts.org / Foundation for a Healthy Kentucky

Another community health concern raised by GWC participants related to vaccination rates in the region. The “anti-vaxxer” movement has become more vocal in recent years. There has also been a sharp decline in vaccination rates among Kentucky children since the onset of the coronavirus. The state’s Department of Medicaid Services reports among Medicaid recipients, from March through June of 2020, immunization rates fell by 28% among children younger than 2 years old and dropped by 46% among children 4-6 years old. Even before the COVID-19 crisis, less than half of infants and toddlers in some Kentucky counties were immunized against chicken pox, polio, rubella and meningitis.



Source: Kentucky Cabinet for Health and Family Services Division of Epidemiology and Health Planning

GWC participants identified promotion of radon awareness as another proactive measure to improve health behaviors in the region. Radon is a cancer-causing, radioactive gas that comes from the natural breakdown of uranium in soil, rock and water. Radon gets into the air through cracks, crevices and openings in a home’s foundation. Radon gas is not visible and has no odor or taste. It is the second-leading cause of lung cancer in the United States, estimated to cause thousands of deaths annually. Only smoking causes more lung cancer deaths. Lung cancer is inordinately prevalent in the GWC region. The Kentucky Radon Program provides radon test kits free of charge to Kentucky residents through grant funding from the EPA State Indoor Radon Grant. But GWC participants believe awareness of this program needs to be raised in the region.



Source: *Western Kentucky University Department of Environment, Health and Safety*

Any home not constructed to be radon resistant may have a radon problem. Nearly one in 15 homes in the U.S. has elevated radon levels. Testing the home is the only way to determine the radon level.

The hope of participants is that the GWC can build and strengthen community partnerships to address and improve community nutrition, increase recreation and physical activity, decrease tobacco use, raise vaccination awareness and rates, and more effectively mitigate Radon risks.

For instance, the Robert Wood Johnson Foundation Health Group has commented on the decline of childhood obesity in some cities, and those that have experienced measurable decreases have credited an emphasis on "multiple, comprehensive programs that target both schools and communities."

Access to Quality Medical/Dental Care – Geographic and for At-Risk and Marginalized Groups (e.g. Those in Poverty, the Uninsured/Underinsured, the LGBTQ+ Community, etc.)

Access to healthcare is an indisputable determinant of health. The Institute of Medicine has defined access as the "timely use of personal health services to achieve the best health outcomes." Healthy People 2020 states that "access to comprehensive quality healthcare services is important to the

achievement of health equity,” and asserts that access encompasses not only health insurance coverage, but availability and quality of services, timeliness and sufficient numbers of healthcare providers within the workforce.

ACCESS TO MEDICAL/DENTAL CARE						
	STATE	BATH	ELLIOTT	MENIFEE	MORGAN	ROWAN
Primary Care Physicians	1,520:1	12,330:1	7,590:1	2,140:1	3,320:1	1,290:1
Dentists	1,530:1	12,380:1	2,510:1	3,230:1	3,300:1	1,630:1
Mental Health Providers	490:1	380:1	630:1	360:1	490:1	200:1
Mammography Screening	38%	32%	29%	31%	23%	35%
Flu Vaccinations	43%	37%	35%	32%	32%	46%
Uninsured Adults	7%	9%	7%	10%	9%	7%
Uninsured Children	3%	5%	4%	5%	5%	3%
Median Household Income	\$48,300	\$40,500	\$32,800	\$36,600	\$34,100	\$41,100
2020 Annual Unemployment	6.6%	6.5%	9.5%	8.9%	6.9%	5.8%
Families Below Poverty Level	11.8%	13.9%	26.4%	14.9%	19.8%	19.9%

Source: County Health Rankings & Roadmaps / University of Wisconsin Population Health Institute

GWC participants agreed the existence of SCH Family Medicine clinics in five counties and the completion of the SCH Medical Pavilion to house specialty services – as well as the presence of GDHD offices in each of the district’s counties – are strengths when it comes to facilitating access to care.

In spite of the range of healthcare options, participants indicated that affordability and transportation limitations are deterrents to access. This is reflected in the fact that it isn’t uncommon for St. Claire’s Home Health and Hospice staff members to drive more than a million miles a year to care for their patients in just an eight-county area.

Participants agreed that geographic and financial barriers are not the only ones impacting access and that more effort should be made to address societal access issues for at-risk and marginalized groups, such as those in poverty and the LGBTQ+ community.

According to the American Cancer Society, studies have found that lesbians and bisexual women have higher rates of breast cancer than heterosexual women. They also get less routine health care than other women, including colorectal, breast, and cervical cancer screening. Gay and bisexual men also face a number of barriers to getting the routine health care and cancer screening tests they need.

Reasons for this include:

- **Low rates of health insurance:** Many health insurance policies still do not cover unmarried or domestic partners. Until the Supreme Court ruled in favor of same-sex marriage, it was harder for many LGBTQ+ people to get quality health care.

- **Fear of discrimination:** Many people do not tell their doctors about their sexual orientation, because they don't want discrimination to affect the quality of health care they receive. This can make it harder to have a comfortable relationship with a provider.
- **Negative experiences with health care providers:** Past negative experiences with a health care provider can lead some people to delay or avoid medical care, especially routine care such as early detection tests. Missing routine cancer screenings can lead to the disease being diagnosed at a later stage, when it's harder to treat.