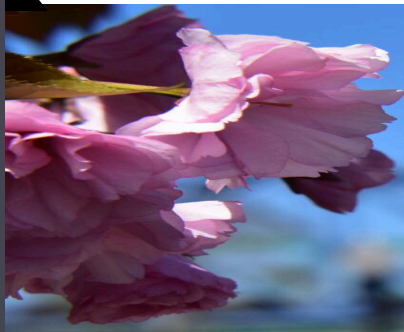




Public Health  
Prevent. Promote. Protect.

## Boyd County 2019 Community Health Assessment



# WELCOME



Located along the Ohio River, Boyd County is home to just over 47,000 residents. Known for our healthcare, hospitality, and rich Appalachian history, we are a community with a proud past and a bright future. To preserve this future, Boyd County community partners looked to its residents for help to identify concerns and what can be done to improve our community where we live, work, and play..

## HOW DO WE COMPARE?

Find Boyd County drug overdose statistics compared to neighboring counties and larger counties in the state

FINISH READING ON PG.13



## COMMUNITY CONVERSATIONS

Members of two segments of the population: low-income and Hispanic/Latino share concerns from their perspective.

CONTINUE READING ON PG.33



## THE ROOT OF IT ALL

Find out what our Community Health Assessment Survey revealed to be the common denominator amongst 89% of substance abusers.

FINISH READING ON PG. 21



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## INTRODUCTION

In April 2015 the Boyd County community completed a community health assessment and community health improvement planning process that led to the identification of four areas of most concern in the community: Need for Jobs, Access to Care, Substance Abuse, Physical Activity/Nutrition, and Teen Pregnancy.

As part of this process, the individual perspective of Boyd County citizens was gathered via survey. A 44.08% of respondents identified Substance Abuse as the top health concern in our community and 39.06% of respondents identified Substance Abuse as the most important future event that could have a negative effect on health.

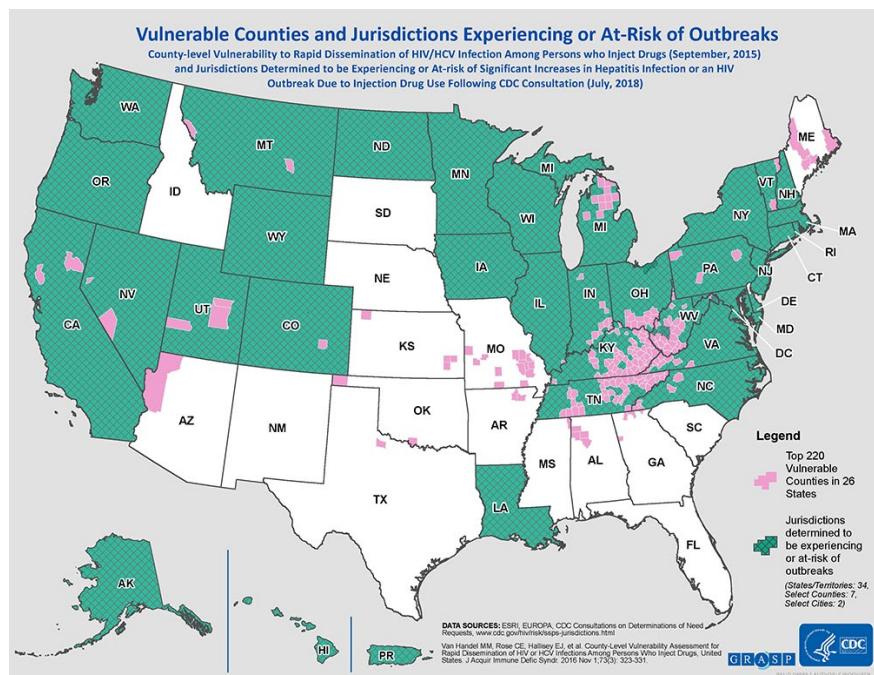
Beginning in November 2015, King's Daughters Medical Center and Our Lady of Bellefonte Hospital in a joined effort completed a Community Health Needs Assessment process of their four counties service area, including Boyd County, which resulted in the identification of the same four areas of concern. The additional data confirmed what Boyd County citizens see as most pressing concerns in their community.

Community partners from the four counties organized under the Healthy Choices Healthy Communities Coalition came together to develop a Community Health Improvement Plan (CHIP) to address four areas of concern.

Strategies focused on **prevention, education and safe disposal** have been implemented through partnerships of members from the Healthy Choices Healthy Communities Coalition Substance Use Disorder Group, since the implementation of the CHIP.

Boyd County is located in the center of the greatest concentration of vulnerable counties and jurisdictions in the United States identified by the Center for Disease Control as experiencing or At-Risk of HIV/HCV Outbreaks.

Eight counties in Kentucky ranked in the top 10 in the list of 220 vulnerable counties. Boyd County ranks 187. <https://www.cdc.gov/pwido/opioid-use.html>



This assessment is focused on substance use disorder. Data gathered for this assessment will be used to identify strategies to address the direct connection between injection drug use and the risk of rapid dissemination of HIV and Hepatitis C in Boyd County. In addition, the assessment provides a foundation for the development of Boyd County Substance Use Disorder Response plan.

The 2019-2022 Community Health Assessment community conversations were aimed at providing an opportunity for low-income individuals and those with a language barrier, to voice concerns and priorities for improvement in the community from these segments of the population perspectives.

## OVERVIEW OF THE PROCESSES

Community Health Assessments are the foundation for evaluating and improving communities. The collaborative process promotes the creation of new partnerships, as well as strengthening established partnerships between organizations and members of the community. These partnerships come together to utilize assets and resources in the community to maximize the positive impact on health outcomes.

Two assessment processes were completed in 2019. A Community Health Needs Assessment (CHNA) conducted jointly by King’s Daughter Medical Center and Our Lady of Bellefonte Hospital, and a Community Health Assessment (CHA) lead by Ashland-Boyd County Health Department.

The CHNA process Advisory Committee met in January 2019. The committee reviewed the 2016 CHNA and the proposed 2019 CHNA process. The committee also reviewed a community survey for the process, with opportunity for comments and feedback. Community conversations at the hospitals’ four counties service area were planned and facilitators identified for each conversation.

Concurrently, the community survey was distributed in electronic and paper versions and facilitators carried out community conversations, from February to April. Preliminary survey results were shared with the Advisory Committee via e-mail and with the Healthy Choices Healthy Communities coalition at the June quarterly meeting.

The first 2019 CHNA draft was distributed to the Advisory Committee via e-mail for review, and a meeting was conducted on July 24 for the committee to provide feedback and share recommendations. The CHNA was finalized in August 2019.

The Community Health Assessment was a single county assessment of Boyd County. The organizing community partners were King’s Daughters Medical Center, United Way of Northeast Kentucky, Pathways Inc. and the Healthy Choices Healthy Communities coalition.

CHA organizing partners met via conference call on January 24, 2019 to coordinate efforts, avoid duplication of data collection, and clarify each process focus areas. Each organizing partner provided a summary of accomplishments from the previous 2016 CHA/CHIP cycle. The organizing partners continued to work together via e-mails to develop a survey and share the results. The survey was distributed to the targeted segment of the population from March to May 2019. A Community Conversations Facilitation training and community conversations with two segments of the population were completed.

Findings from the CHNA and from Pathways, Inc. Regional Prevention Center’s Needs Assessment are included in this document. A draft of this assessment was shared with the organizing partners for review and feedback in October 2019. The Boyd County Community Health Assessment was finalized on October 10, 2019.



## \* Organizing Partners:

An effective community health assessment necessitates the collaboration of community partners. A special thank you goes to the following organizations for their assistance and support in the development of this Community Health Assessment (CHA) process and document.

Agency	Name	Title
Our Lady of Bellefonte Hospital	Joseph Mazzawi	Vice President of Mission
* King's Daughters Medical Center	Elaine Corbitt	Executive Director of Community Relations
King's Daughters Medical Center	Scott Hill	Director of Security & Environmental Services
* Ramey-Estep Homes, Inc.	Scott Murphy	Director of Quality & Innovations and HCHC Coalition Substance Use Disorder Group Lead
* United Way of Northeast Kentucky	Jerri Compton	Director and HCHC Coalition Socioeconomic Challenges Group Lead
* Pathways	Amy Jeffers	Director
Pathways	Sam Castle	Certified Prevention Specialist
* Boyd County Health Department	Maria Hardy	Public Health Director
Boyd County Health Department	Melitza Sowley	Public Health Program Specialist
Boyd County Health Department	Beth Qualls	Health Access Nurturing Development Services Coordinator
Boyd County Drug Court	Nikki Reynolds	Program Supervisor
Boyd County Coroner's Office	Mark Hammond	Boyd County Coroner
Boyd County Coroner's Office	Laci Hammond	Data Collection
NE KY AHEC Intern at Boyd County Health Department	Dru H. Elliott	Community Health Assessment Co-Author & Data Analyst

In addition, thanks to Pathways, Inc. and Boyd County Drug Court for the distribution and collection of the assessment's survey; and the Boyd County Coroner's office for providing valuable insight from their perspective.

King's Daughters Medical Center and Our Lady of Bellefonte Hospital are to be recognized and commended for their joint effort gathering community feedback via their Community Health Needs Assessment (CHNA) process that included a community survey and conversations in their four county service area. This data was also to compare and contrast data collected for the Boyd County CHA.

## COMMUNITY STRENGTHS & RISK ASSESSMENT

As a community, thoughtful and concise decisions must be made addressing community health improvement plans. A SWOT analysis was conducted as part of the 2019 CHNA process. Below are Boyd County's strengths and opportunities to improve the community, as well as weakness and threats that need addressed. The areas identified by the group are listed in the order that they were ranked. Substance abuse was identified as a top threat for Boyd County.

<b>Boyd County CHNA – Forum – Tuesday May 21, 2019</b>	
This forum was moderated by Diva Justice - OLBH, and Scott Hill - KDMC in conjunction with Hope Central-Renee Parsons, and Debbie Sivis – Shelter of Hope, all members of the Interagency Council. The meeting was well attended by residents and leaders in Boyd County.	
<b>Strengths</b>	Collaboration, Faith Community, Family Resource Centers at Schools and Non Profit Community Services tied for third, Community Events.
<b>Weaknesses</b>	Lack of Affordable Housing, Transportation, Good paying jobs, Youth Activity, Obesity and Lifestyle tied for fifth.
<b>Opportunities</b>	Trades/skills/job ready, better funding kids for activities, mentorship, engage faith community, clean environment and embrace technology tied for fifth.
<b>Threats</b>	Drugs, mental health, family structure along with grandparents raising kids & loss of jobs tied for third.

## DENTAL CARE

Further threats identified outside of the SWOT analysis was dental care. In 2015, Ashland-Boyd County Health Department conducted a survey in sub-groups of the population who are at higher health risks (i.e. senior citizens, college students, high-school students, domestic violence shelter residents, and uninsured residents with chronic disease) within Boyd County.

Of the 141 surveys received, the third top concern was income based **medical/dental services**.

In 2019, the CHNA surveyed Boyd County with accessible dental care as priority number two in the open response concerns list. Appendix A, page 38 provides quotes from survey participants.

In addition, the 2019 CHA process identified **dental health** as the second most pressing health /wellbeing related need in the community at a community conversation. Community Conversation 2: Hillcrest-Bruce Mission on page 36.

<b>2015 ABCHD Survey</b>	<b>Threat Level</b>	<b>2019 CHNA</b>	<b>Threat Level</b>
Affordable/accessible dental care	3 <sup>rd</sup> top concern	Affordable/accessible dental care	2 <sup>nd</sup> top concern

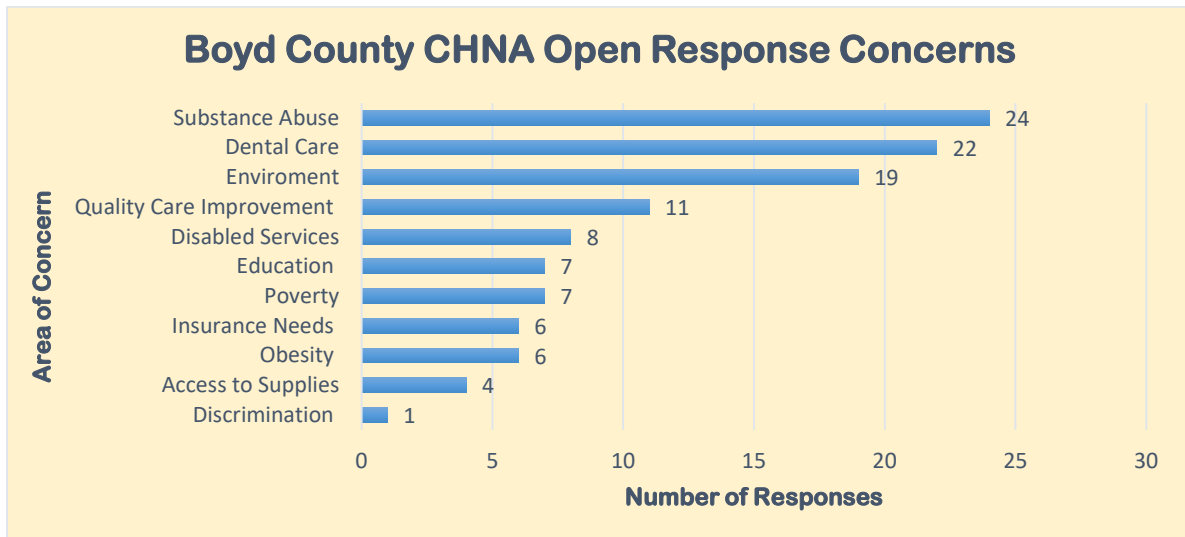
## 2019 CHNA BOYD COUNTY DATA

In the 2019 Community Health Needs Assessment (CHNA) survey, participants were given two opportunities to give open ended response.

*Q6. "Do you have any other comments, questions, or concerns?"*

*Q21. "Please use the space below to share additional ideas with OLBH & KDMC. Your comments will help our mission to improve community health."*

Of the 132 open responses received, eight were blank and nine were positive comments about the improvements that community partners have implemented with success identified. Thus, leaving 115 responses discussing concerns within the community that are displayed and explained below:



Concerns listed from greatest to lowest

Concern	Comprises
<b>Substance Abuse</b>	Not enough treatment facilities, syringe dangers, children displaced, and drug policy.
<b>Dental Care</b>	More Medicaid/Medicare providers for a variety of dental services.
<b>Environment</b>	Citizens would like more trails, bike routes, improvements to parks, increased awareness about recycling, community gardens, and outdoor experiences. Cleaner air and water were also top concerns.
<b>Quality Care Improvement</b>	Decreased wait time, improved bedside manner, staff friendliness, improved facilities, and more readily available practitioners.
<b>Disabled Services</b>	Activities for disabled persons, transportation, current transportation wait times, and housing
<b>Poverty</b>	Unaffordable housing, medical expenses, access to affordable healthy food, unemployment, and multiple families living together.
<b>Education</b>	Opportunities for literary programs, GEDs, tutoring, education against drugs for youth in classrooms, awareness of health services available, workforce skills groups.
<b>Obesity</b>	Obesity in youth and adults linked to many other concerns such as poverty and environmental factors.
<b>Insurance Needs</b>	More open enrollment, education on plans and affordability options, services (especially mental health) not being covered.
<b>Access to Supplies</b>	Access to purchase medical supplies/equipment, free laundromats, inexpensive food.
<b>Discrimination</b>	Religion, age, disability, race, socioeconomic status, and sexual orientation.



## BOYD COUNTY DATA

The table below provides estimated changes in Boyd County’s population during the last two community health assessments for comparison.

Boyd County Demographic Profile 2013-2018 Comparison (Estimates)			
Demographic	2013 Data	2018 Data	Change
Population:	48,886	47,240	↓3.4%
Race: White	94.8%	94.5%	↓.3%
Race: African-American	3.0%	3.1%	↑.1%
Race: Two or more races	1.4%	1.5%	↑.1%
Ethnicity: White alone, not Hispanic or Latino	93.5 %	93.0%	↓.5%
Ethnicity: Hispanic or Latino	1.6%	1.9%	↑.3%
Socioeconomic: Residents below poverty level	19.9%	20.1%	↑.2%

Data obtained from [www.census.gov](http://www.census.gov) March 2015 and June 2018

Below are statistics and demographic information retrieved from the United States Census Bureau. The data indicates Boyd County specific data compared to Kentucky state data.

Fact	Boyd County Kentucky	Kentucky
Population estimates, July 1, 2018, (V2018)	47,240	4,468,402
Population estimates base, April 1, 2010, (V2018)	49,538	4,339,333
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	-4.60%	3.00%
Population, Census, April 1, 2010	49,542	4,339,367
Persons under 5 years, percent	6.00%	6.20%
Persons under 18 years, percent	21.50%	22.70%
Persons 65 years and over, percent	19.10%	16.00%
Female persons, percent	50.20%	50.70%
White alone, percent	94.50%	87.80%
Black or African American alone, percent	3.10%	8.40%
American Indian and Alaska Native alone, percent	0.30%	0.30%
Asian alone, percent	0.60%	1.60%
Native Hawaiian and Other Pacific Islander alone, percent	Z	0.10%
Two or More Races, percent	1.50%	1.90%
Hispanic or Latino, percent	1.90%	3.70%
White alone, not Hispanic or Latino, percent	93.00%	84.60%
Veterans, 2013-2017	3,999	279,153
Foreign born persons, percent, 2013-2017	0.90%	3.60%
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	1.60%	5.30%

Fact	Boyd County Kentucky	Kentucky
High school graduate or higher, percent of persons age 25 years+, 2013-2017	88.80%	85.20%
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	19.40%	23.20%
With a disability, under age 65 years, percent, 2013-2017	16.50%	13.00%
Persons without health insurance, under age 65 years, percent	5.40%	6.30%
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	21.6	23.1
Median household income (in 2017 dollars), 2013-2017	\$45,543	\$46,535
Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$26,420	\$25,888
Persons in poverty, percent	20.10%	17.20%

## 2017 LEADING CAUSES OF DEATH

Leading causes of death are defined as underlying cause of death categories or major ICD (International Cause of Death) groupings that usually account for large numbers of deaths within a specific population group and time period.

The leading causes of death in Boyd County for 2017 are listed below.

UCD	Deaths	Crude Rate per 100,000
Heart diseases	162	337.6
Cancer Malignant neoplasms	134	279.3
Accidents unintentional injuries	47	98.0
Chronic lower respiratory diseases	40	83.4
Alzheimer's disease	34	70.9
Stroke Cerebrovascular diseases	27	56.3
Kidney Disease Nephritis, nephrotic syndrome and nephrosis	22	45.9
Diabetes	17	Unreliable
Chronic liver disease and cirrhosis	12	Unreliable

Source: CDC Wonder Query Date: Aug 5, 2019

# 2018 KENTUCKY YOUTH ADVOCATES REPORT



## BOYD COUNTY PROFILE

	KENTUCKY			BOYD			
	BASELINE DATA	LATEST DATA	CHANGE SINCE BASELINE*	BASELINE DATA	LATEST DATA	CHANGE SINCE BASELINE*	RANKING**
<b>ECONOMIC SECURITY</b> 	<b>CHILDREN IN DEEP POVERTY</b> (below 50% of the federal poverty level)	12% 2007-11	12% 2012-16	=	15% 2007-11	12% 2012-16	✓ 40 of 105
	<b>CHILDREN IN POVERTY</b> (below 100% of the federal poverty level)	27.2% 2011	24.4% 2016	✓	29.9% 2011	26.1% 2016	✓ 50 of 120
	<b>CHILDREN IN LOW-INCOME FAMILIES</b> (below 200% of the federal poverty level)	48% 2007-11	48% 2012-16	=	49% 2007-11	49% 2012-16	= 41 of 120
	<b>CHILDREN LIVING IN FOOD INSECURE HOUSEHOLDS</b>	22.4% 2011	19.2% 2016	✓	21.8% 2011	21.8% 2016	= 76 of 120

School district level data & rankings		BASELINE DATA	LATEST DATA	CHANGE SINCE BASELINE*	RANKING**
<b>EDUCATION</b> 	<b>KINDERGARTENERS READY TO LEARN</b>	49.0% SY 2013-2014	51.4% SY 2017-2018	✓	107 of 171
	<b>ELEMENTARY SCHOOL STUDENTS PROFICIENT IN READING</b>	47.8% SY 2012-2013	54.6% SY 2017-2018	✓	80 of 173
	<b>MIDDLE SCHOOL STUDENTS PROFICIENT IN MATH</b>	40.7% SY 2012-2013	47.0% SY 2017-2018	✓	114 of 173
	<b>HIGH SCHOOL STUDENTS GRADUATING ON TIME</b>	86.1% SY 2012-2013	90.3% SY 2017-2018	✓	101 of 167
	<b>Boyd County</b>	41.4% SY 2013-2014	45.5% SY 2017-2018	✓	107 of 171
	<b>Ashland Ind.</b>	39.1% SY 2013-2014	47.8% SY 2017-2018	✓	93 of 171
	<b>Fairview Ind.</b>	39.3% SY 2013-2014	22.5% SY 2017-2018	✗	170 of 171
	<b>Boyd County</b>	54.3% SY 2012-2013	55.1% SY 2017-2018	✓	80 of 173
	<b>Ashland Ind.</b>	58.6% SY 2012-2013	60.7% SY 2017-2018	✓	44 of 173
	<b>Fairview Ind.</b>	46.5% SY 2012-2013	38.8% SY 2017-2018	✗	161 of 173
	<b>Boyd County</b>	40.0% SY 2012-2013	40.9% SY 2017-2018	✓	114 of 173
	<b>Ashland Ind.</b>	45.2% SY 2012-2013	42.6% SY 2017-2018	✗	103 of 173
	<b>Fairview Ind.</b>	20.4% SY 2012-2013	18.5% SY 2017-2018	✗	173 of 173
	<b>Boyd County</b>	93.8% SY 2012-2013	93.6% SY 2017-2018	✗	101 of 167
	<b>Ashland Ind.</b>	94.0% SY 2012-2013	92.4% SY 2017-2018	✗	116 of 167
	<b>Fairview Ind.</b>	93.0% SY 2012-2013	87.8% SY 2017-2018	✗	154 of 167

✓ Better  
 = No Change  
 ✗ Worse  
 — Baseline data not available for this indicator.

\*Changes were not tested for statistical significance

\*\*Some counties and school districts not included in rankings due to data suppression or unavailable data

# 2018 KENTUCKY YOUTH ADVOCATES REPORT



## BOYD COUNTY PROFILE

	KENTUCKY			BOYD				
	BASELINE DATA	LATEST DATA	CHANGE SINCE BASELINE*	BASELINE DATA	LATEST DATA	CHANGE SINCE BASELINE*	RANKING**	
<b>HEALTH</b>	SMOKING DURING PREGNANCY	21.3% 2009-2011	18.1% 2014-2016	✓	27.9% 2009-2011	26.7% 2014-2016	✓	82 of 120
	LOW-BIRTHWEIGHT BABIES	9.0% 2009-2011	8.8% 2014-2016	✓	11.1% 2009-2011	10.0% 2014-2016	✓	93 of 120
	CHILDREN UNDER 19 WITH HEALTH INSURANCE	93.5% 2011	96.7% 2016	✓	94.7% 2011	97.3% 2016	✓	5 of 120
	YOUNG ADULTS (AGES 19-25) WITH HEALTH INSURANCE	—	82% 2012-2016	—	—	78% 2012-2016	—	61 of 120
	TEEN BIRTHS (rate per 1,000 females ages 15-19)	45.9 2009-2011	31.7 2014-2016	✓	51.8 2009-2011	42.8 2014-2016	✓	75 of 120
<b>FAMILY &amp; COMMUNITY</b>	BIRTHS TO MOTHERS WITHOUT A HIGH SCHOOL DEGREE	18.7% 2009-2011	14.3% 2014-2016	✓	14.6% 2009-2011	10.5% 2014-2016	✓	18 of 120
	CHILDREN IN OUT-OF-HOME CARE (rate per 1,000 children ages 0-17)	35.3 2011-2013	43.7 2015-2017	✗	86.6 2011-2013	102.9 2015-2017	✗	116 of 119
	YOUTH INCARCERATED IN THE JUVENILE JUSTICE SYSTEM (rate per 1,000 children ages 10-17)	51.9 2010-2012	25.6 2015-2017	✓	49.4 2010-2012	18.2 2015-2017	✓	48 of 114
	CHILDREN LIVING IN HIGH-POVERTY AREAS	38% 2007-2011	40% 2012-2016	✗	25% 2007-2011	38% 2012-2016	✗	45 of 120

✓ Better  
 — No Change  
 ✗ Worse  
 — Baseline data not available for this indicator.

\*Changes were not tested for statistical significance

\*\*Some counties and school districts not included in rankings due to data suppression or unavailable data

## SOCIAL DETERMINANTS OF HEALTH

Per the 2019 Community Health Needs Assessment, there are three most critical social and economic indicators of poverty, unemployment, and educational achievement. The percentage of poverty and unemployment in Boyd County is higher than the state and the nation.

According to the January 2018 edition of the *Annual Review of Public Health* “Adults with higher educational attainment live healthier and longer lives compared to their less educated peers.” Boyd County’s percentage of adults with no high school diploma more than doubles the state but it is almost 3% less than the nation’s.

Below are summary tables from the CHNA data regarding social determinants of health. The complete assessment document is available at the King’s Daughters Medical Center and Our Lady of Bellefonte Hospital websites.

Total Population in Poverty		Unemployment Rate		Adults with No High School Diploma	
County	Percentage	County	Percentage	County	Percentage
<b>Boyd, KY</b>	<b>19.0%</b>	<b>Boyd, KY</b>	<b>5.9%</b>	<b>Boyd, KY</b>	<b>10.8%</b>
Greenup, KY	17.6%	Greenup, KY	6.7%	Greenup, KY	13.2%
Kentucky	18.8%	Kentucky	4.0%	Kentucky	4.0%
United States	15.1%	United States	3.6%	United States	13.0%

**Physical Environment:** “A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.” – 2019 CHNA. When compared to surrounding counties, Boyd County leads the area in fast food access, and food deserts (table below).

Area	Boyd County	Greenup County	Carter County	Kentucky	United States
Food Access Rate Fast Food Restaurants (per 100,000 residents)	<b>131.2</b>	62.31	64.94	73.26	77.06
Food deserts (% of population impacted)	<b>51.8%</b>	40.3%	15.6%	33.6%	42.1%
Recreation Facilities rate (per 100,000 residents)	<b>6.06</b>	2.71	10.82	7.95	11.01

The 2019 Community Health Needs Assessment priorities identified are:

1. Substance Use Disorder
2. Cancer
3. Obesity
4. Poverty
5. Mental Health

## DRUG OVERDOSE:

Lethal amounts of Heroin,  
Fentanyl and Carfentanil  
(Photo: Kensington Police Service website)



Recent data indicates that Heroin and Meth are the two primary substances used in Boyd County.

*Fentanyl* is a synthetic opioid 50 times more potent than heroin and 100 times more potent than morphine.

There are two types of fentanyl:

*Pharmaceutical fentanyl* is primarily prescribed to manage severe pain, typically advanced cancer pain.

*Non-pharmaceutical fentanyl* is frequently referred to as illicitly manufactured fentanyl (IMF). IMF is often mixed with heroin and/or cocaine or pressed into counterfeit pills – with or without the user’s knowledge.

The Boyd County Coroner’s office reports a total of 14 Fentanyl overdose deaths from January to June 2019.

*Carfentanil*, the most potent fentanyl analog detected in the U.S., is estimated to be 10,000 more potent than morphine. Carfentanil is not routinely detected because a specialized toxicology testing is required. <http://www.cdc.gov/drugoverdose/data/fentanyl.html>

The following table provides overdose deaths from 2015-2017 for Boyd County and neighboring Kentucky counties.

Drug Overdose Deaths that Occurred in Kentucky (Kentucky and non-Kentucky Residents Who Died in Kentucky)					
Kentucky County of Death	Year			Total Death's	Deaths per 100,000 Residents
	2015	2016	2017		
<b>Boyd</b>	<b>24</b>	<b>30</b>	<b>31</b>	<b>85</b>	<b>64.60</b>
Greenup	8	9	14	31	39.41
Carter	<5	<5	15	-	55.27

Source: Kentucky Office of Drug Control Policy Report

In 2017, Boyd County was ranked **4th** in the top five counties per capita for drug overdose. Thus, exceeding the largest populated counties in the state such as Jefferson County (Louisville) and Fayette County (Lexington).

Population Comparison			Rate Per 100,00 Residents Comparison		
<b>Boyd County</b>	Fayette County (Lexington)	Jefferson County (Louisville)	Fayette County (Lexington)	Jefferson County (Louisville)	<b>Boyd County</b>
47,240	323,780	770,517	38.20	45.6	64.60

2017 Top five counties for overdose deaths by county, per capita, were:	
1. Estill County	77.00
2. Kenton County	69.50
3. Campbell County	66.00
<b>4. Boyd County</b>	<b>64.60</b>
5. Mason County	58.20

Source: Kentucky Office of Drug Control Policy Report

In 2018, nearly a quarter of the Coroner investigated deaths were related to drug overdose. The Boyd County Coroner’s Office reported the below data:

Total Deaths (Boyd County)	Drug Related Deaths (Boyd County)	Percentage
<b>190</b>	<b>40</b>	<b>21.05%</b>
Drug Related Death Statistics		
<b>40 deaths</b> were related to drug use		
Of those, 5 were related to <b>chronic drug abuse</b> .		
The age range was from 20-79, with the average being 47		
Of the deaths: 13 were females and 27 were males		
Every <b>9.125 days</b> a drug related death is investigated		

From January to June 2019, a drug overdose death occurred every 7.9 days in Boyd County, and the average age is 48 years old. Within this timeframe 15 drug overdose deaths occurred at the place of residence and 6 at a hospital.

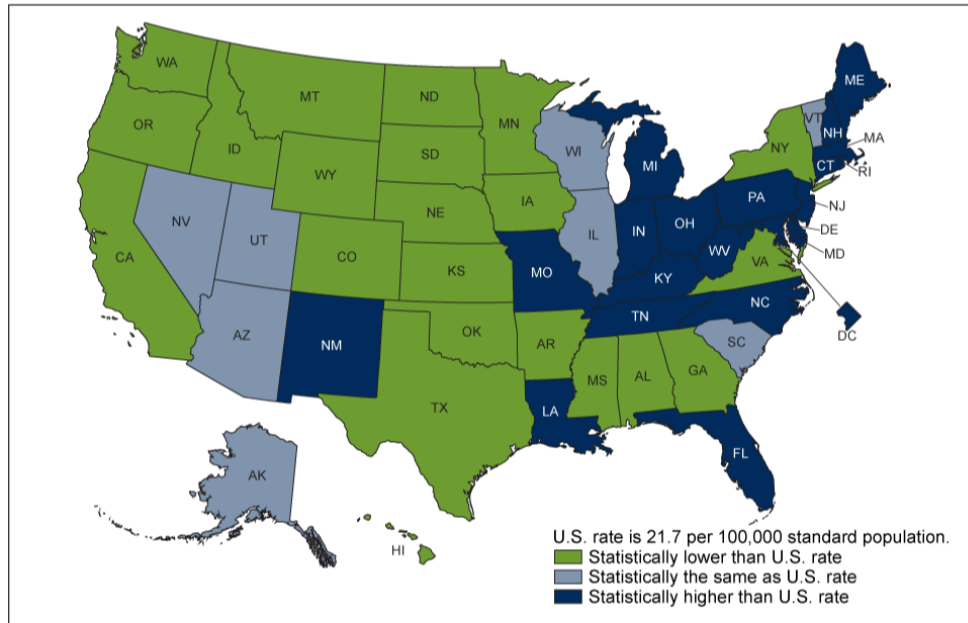
For the first time in U.S. history, a leading cause of deaths—vehicle crashes—has been surpassed in likelihood by opioid overdoses. Americans now have a 1 in 96 chance of dying from an opioid overdose, with more than 130 Americans dying from opioid overdoses each day. Among the 70,237 drug overdose deaths in 2017, 67.8% involved an opioid. The rate of drug overdose deaths involving synthetic opioids other than methadone (drugs such as fentanyl, fentanyl analogs, and tramadol) increased by 45% between 2016 and 2017.

Poly-drug use introduces an additional challenge to the overdose crisis as it may place individuals at an increased risk of overdose, particularly with the introduction of fentanyl into the cocaine and methamphetamine supply. In 2016, most overdose deaths involve more than one drug, with individuals who overdosed on benzodiazepines having other drugs in their

system 96% of the time. Nearly 70% of fatal fentanyl-related overdoses involved more than one drug, as did 71% of fatal heroin overdoses.

[http://www.ubalt.edu/about-ub/offices-and-services/provost/reporting-units/sponsored-research/ondcp\\_nofa.cfm](http://www.ubalt.edu/about-ub/offices-and-services/provost/reporting-units/sponsored-research/ondcp_nofa.cfm)

**FIGURE 1: AGE-ADJUSTED DRUG OVERDOSE RATES, BY STATE: UNITED STATES, 2017**



NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 3 at: [https://www.cdc.gov/nchs/data/databriefs/db329\\_tables-508.pdf#3](https://www.cdc.gov/nchs/data/databriefs/db329_tables-508.pdf#3). SOURCE: NCHS, National Vital Statistics System, Mortality.

**Drug-related inpatient hospitalizations and emergency department visits among Boyd residents: 2014-2018**



Category	Indicator	Year				
		2014	2015	2016	2017	2018
Nondependent abuse of drugs (excluding overdoses)	<b>Any substance</b>	426	478	502	712	<b>938</b>
	<b>Amphetamine abuse</b>	18	26	40	170	<b>279</b>
	<b>Cannabis abuse</b>	175	199	232	254	<b>327</b>
	Cocaine abuse	20	44	44	47	42
	Hallucinogen abuse	*	*	*	0	*
	<b>Opioid abuse</b>	74	114	134	176	<b>186</b>
	Sedative, hypnotic or anxiolytic abuse	25	34	29	31	30
Comorbid infectious disease and drug overdose, abuse or dependence	<b>Drug overdose, abuse or dependence with Endocarditis</b>	5	5	7	13	<b>33</b>
	<b>Drug overdose, abuse or dependence with Hepatitis A</b>	*	0	0	*	<b>60</b>
	<b>Drug overdose, abuse or dependence with Hepatitis C</b>	159	169	188	281	<b>405</b>
	Drug overdose, abuse or dependence with HIV	*	*	*	*	*
Infectious disease (with or without comorbid drug overdose, abuse or dependence)	<b>Endocarditis</b>	15	16	21	25	<b>49</b>
	<b>Hepatitis A</b>	*	*	5	8	<b>171</b>
	<b>Hepatitis C</b>	651	658	635	833	<b>1,104</b>
	HIV	28	40	16	20	18

An asterisk (\*) indicates that a count of at least one but fewer than five was suppressed. A plus sign (+) indicates that neonatal syndrome birth data is not yet available for 2018. Data source: Kentucky Outpatient Services Database and Kentucky Inpatient Hospitalization Claims Files, Frankfort, KY; Cabinet for Health and Family Services, Office of Health Data and Analytics.

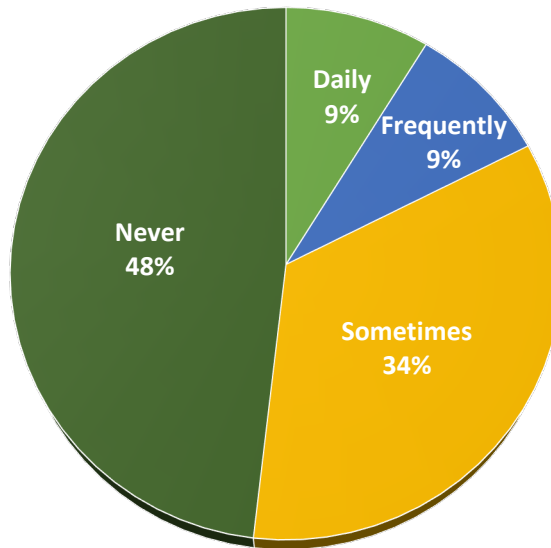


## CHA SURVEY RESULTS

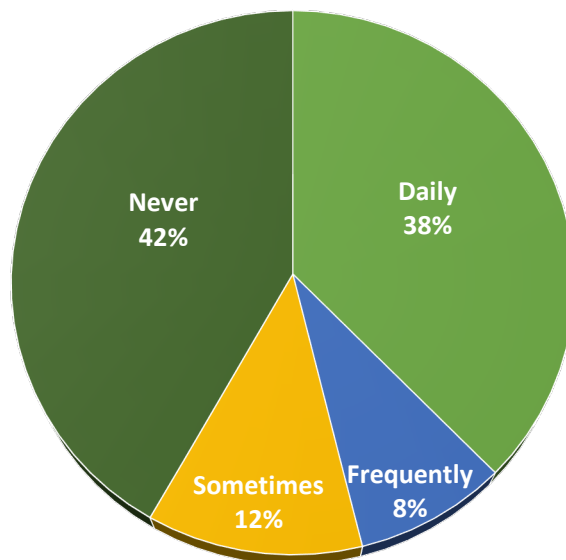
The 2019 Community Health Assessment (CHA) survey was targeted to a specific segment of Boyd County's population. The survey was distributed between March and May, 2019. The target population for this survey was substance users at various stages of rehabilitation, from current daily user to self-reported two years sober (approximately). The survey was distributed to businesses, agencies and organizations in Boyd County that provide services to this segment of the population. 193 surveys were returned.

### Q1: Do you use:

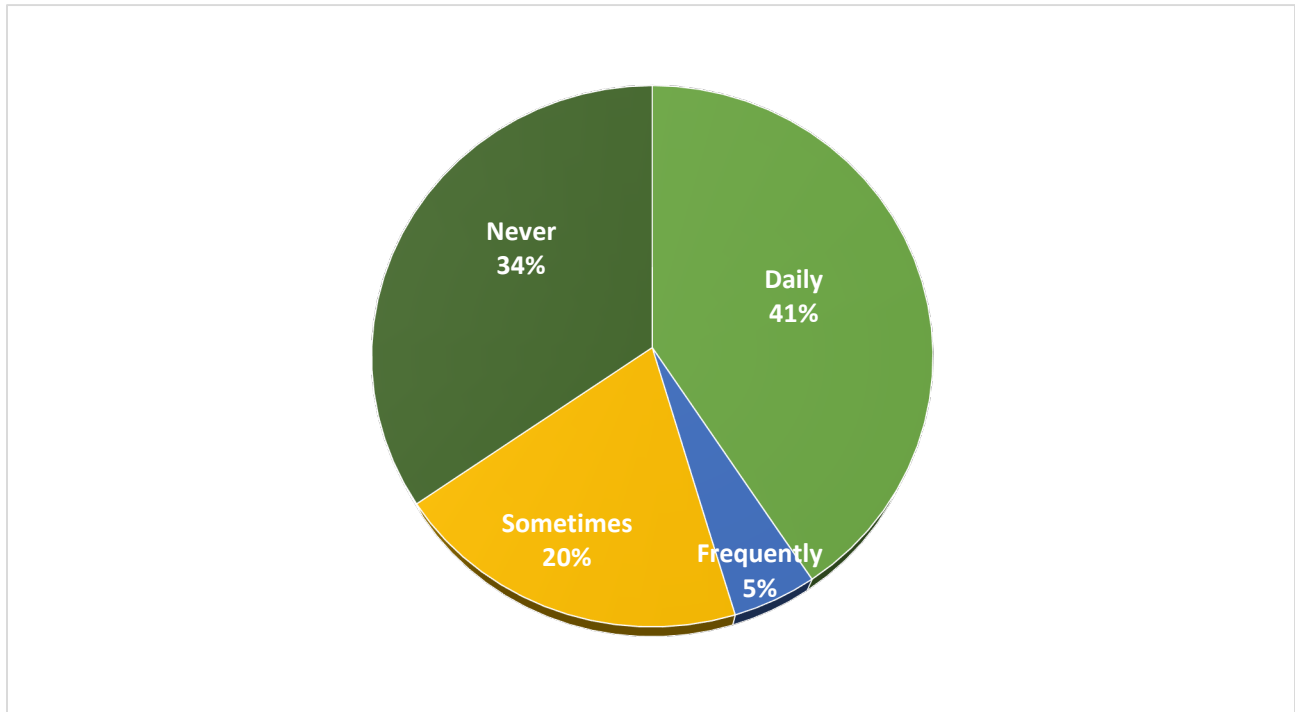
#### Alcohol



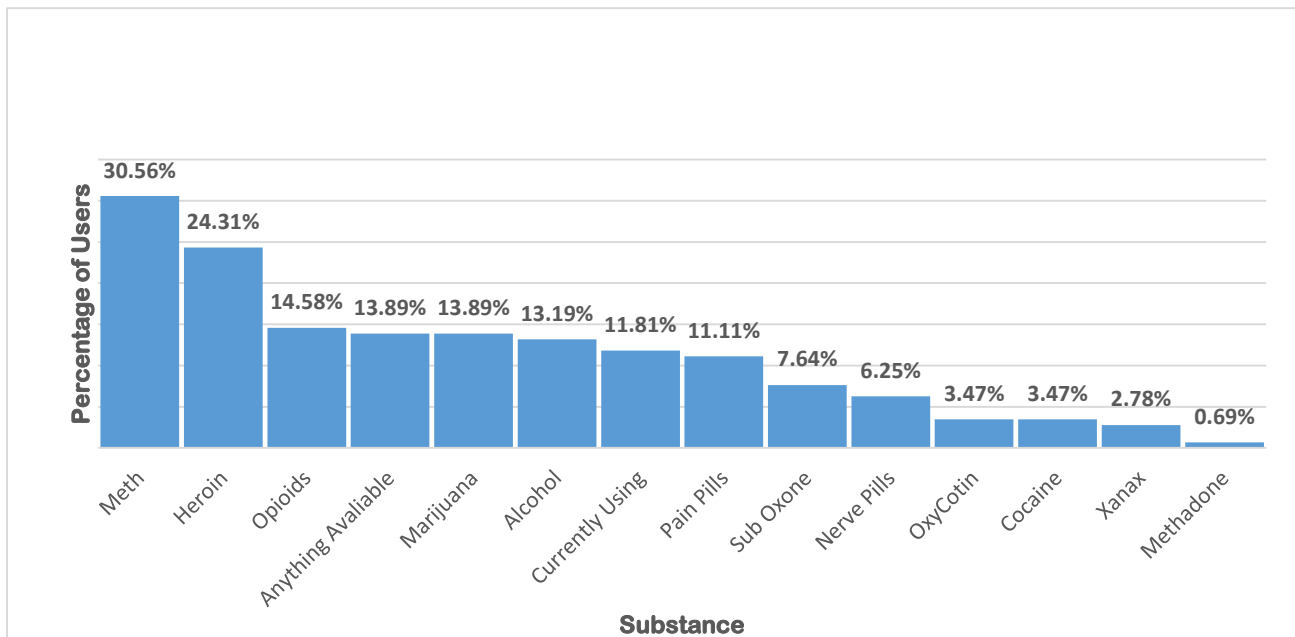
#### Drugs



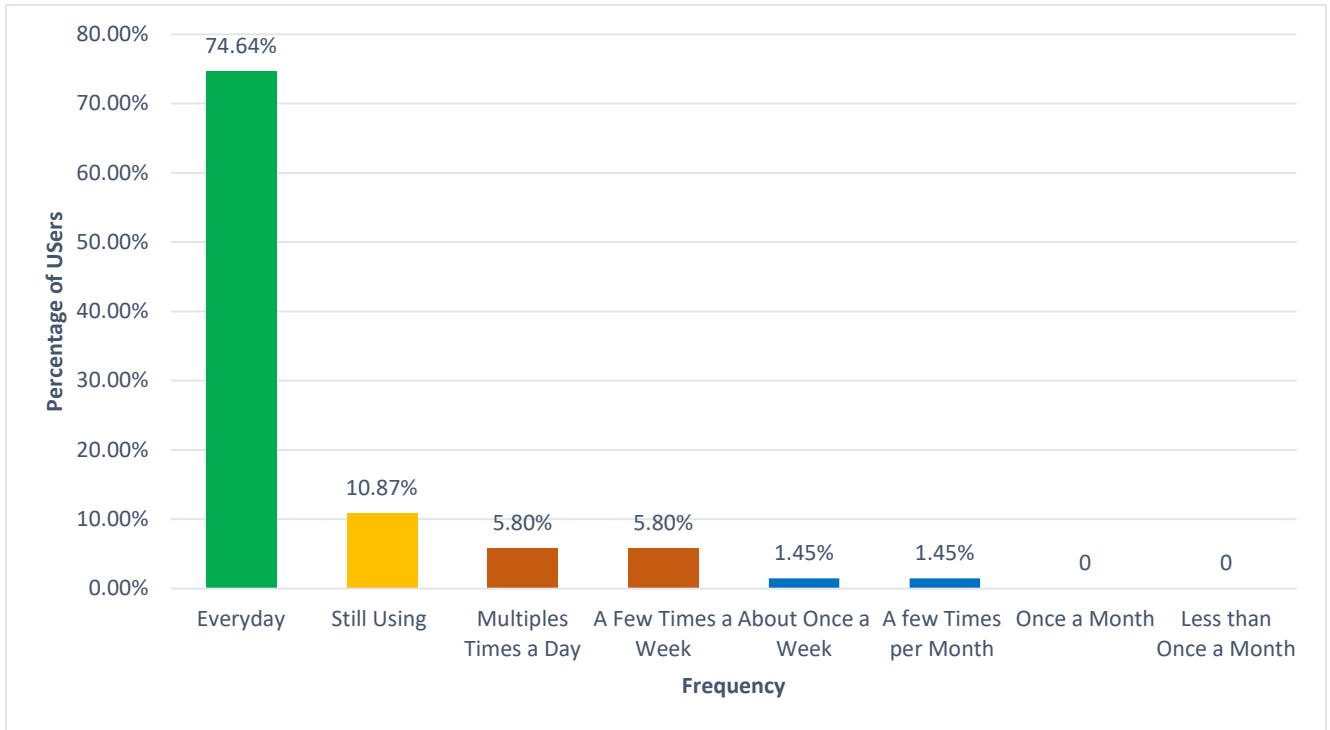
## Prescription medication (i.e. pain, anxiety, ADHD medication)



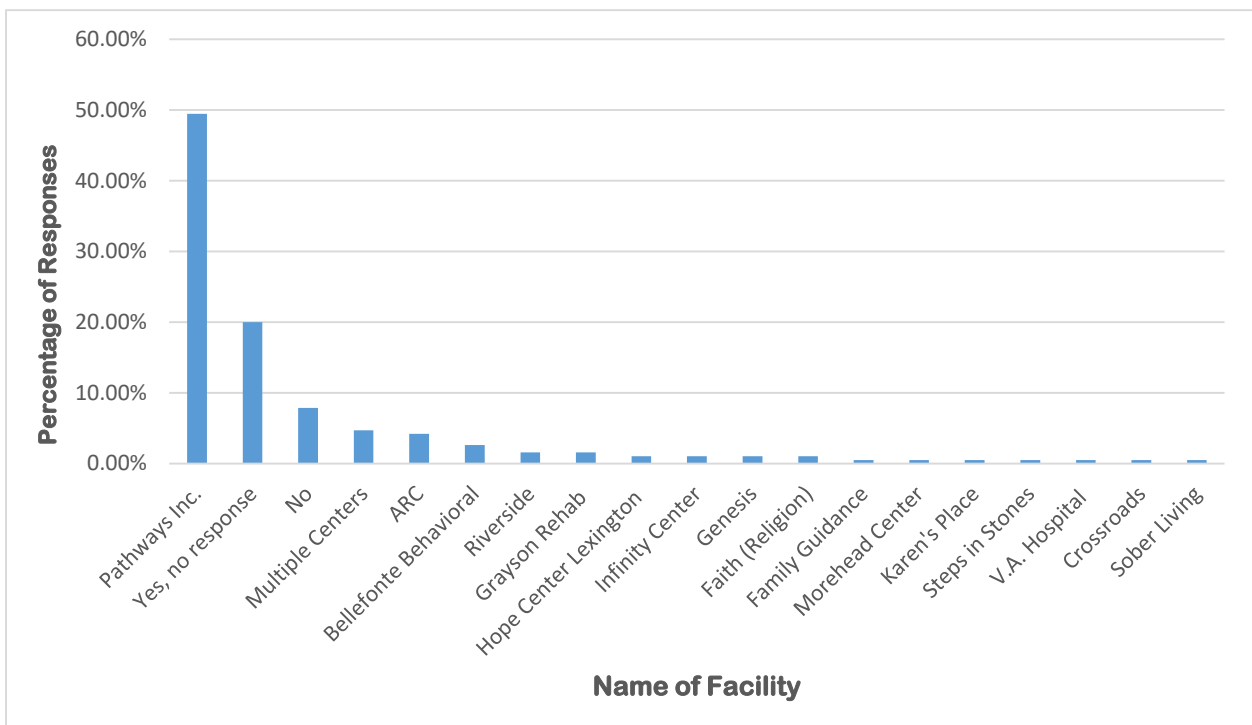
## Q2: If you are not currently taking/using alcohol or drugs, what did you take /use in the past?



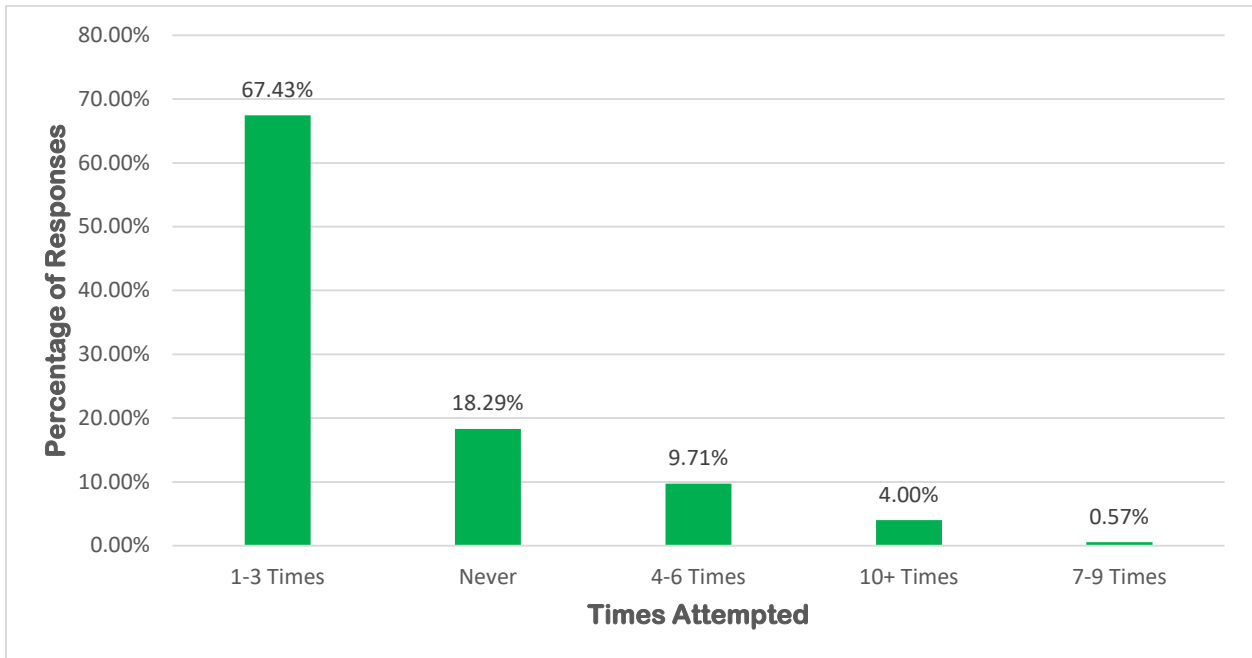
## How often?



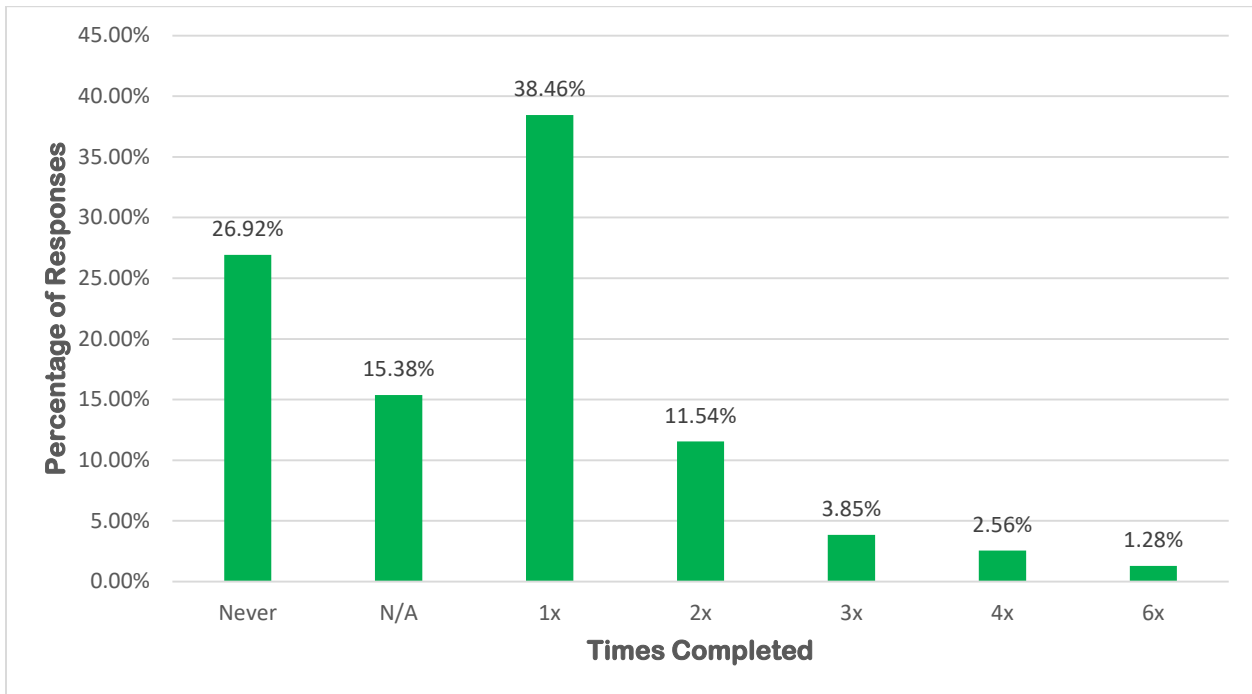
## Q3: Do you know where to go for rehabilitation/recovery help?



### Q5: How many times have you attempted treatment/rehabilitation?

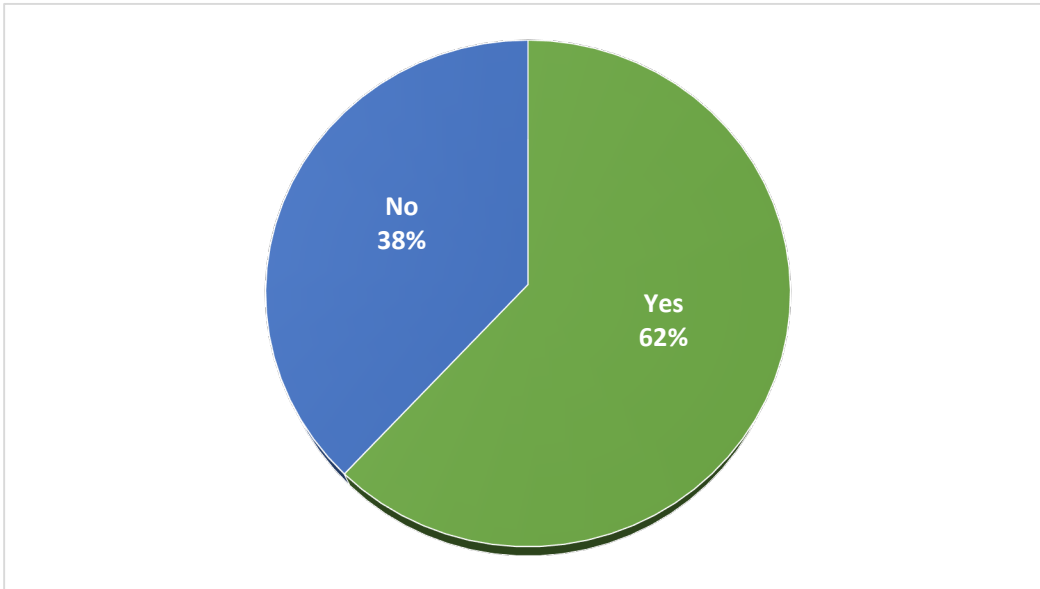


### Q5: How many times have you completed treatment/rehabilitation?

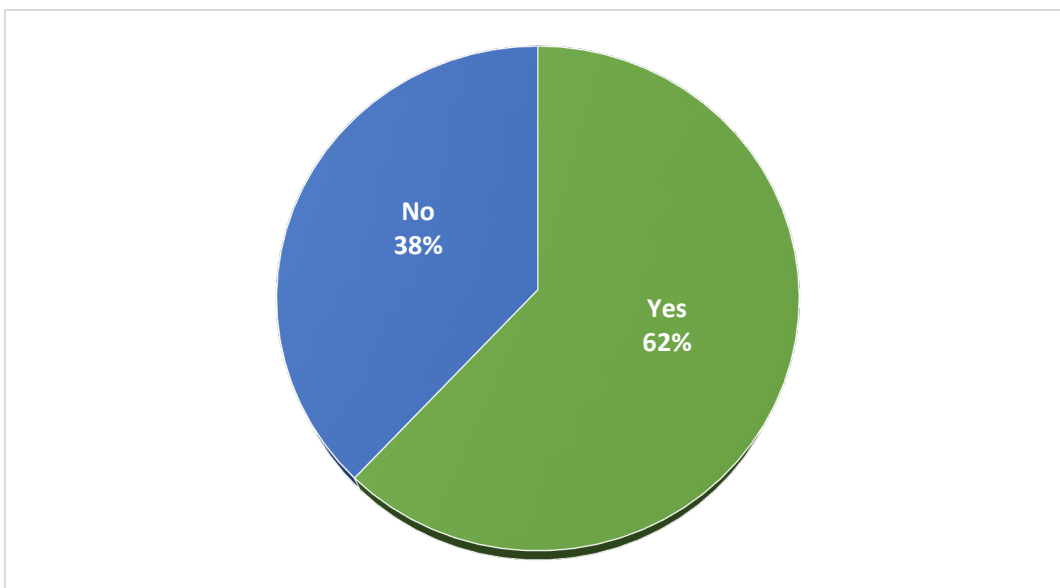


The following two tables are not in the order that the questions were presented in the assessment survey. The tables are presented together to compare data results.

**Q4: Was there a trauma or event that caused you to begin using alcohol or other drugs?**



**Q6: Were you exposed to alcohol, drugs or prescription drug users in the younger years of your life?**



## 2019 CHA SURVEY COMMON DENOMINATOR

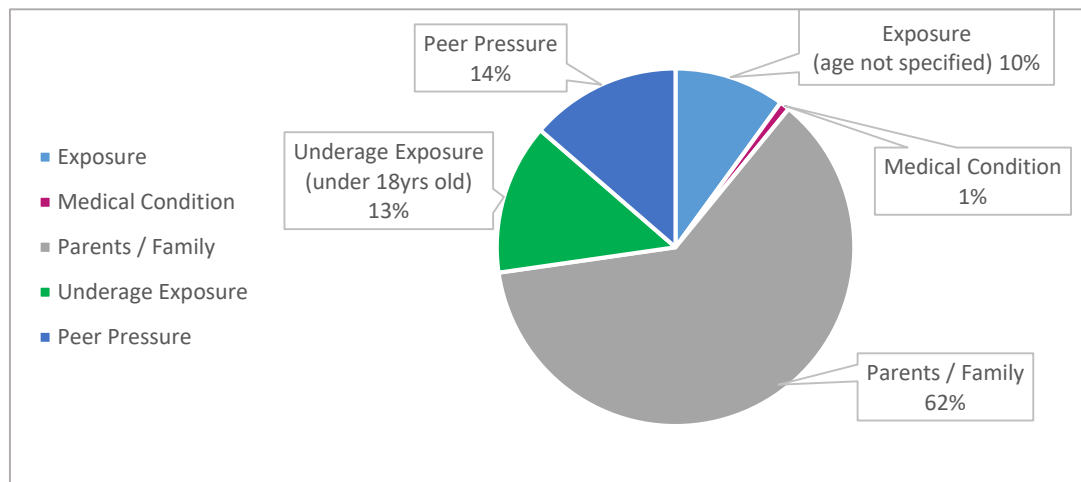
The Boyd County 2019 Community Health Assessment survey was distributed among a targeted group of the population. The survey was completed by substance users at various levels of rehabilitation (from daily users to approximately two years sober).

The survey was created to:

- provide follow-up with additional information after the Boyd County 2015 CHA results and
- provide better understanding about substance use disorder

Question 6 asked “Were you exposed to alcohol, drugs or prescription drug users in the younger years of your life?”. If the answer was “yes”, there was an opportunity for an open response.

*Please explain:*



**“Children who witness drug abuse are more likely to use drugs as adults, which can prevent them from achieving their full potential.”**

(Tiley, John C., and Van Ingram. “2018 Drug Use Prevention Resource Guide)

The responses to this survey question painted a clear picture of what demographic could be an outlet for relief. Of 114 responses,

- **62%** -> Parents/Family
- **14%**-> Peer Pressure
- **13%** -> Underage Exposure

Thus, totaling **89%** that fall into the age range of the target audience- teenagers; specifically, high school students grades 9-12.

**Target:** Teens & young adults [15-18]

**Where:** School districts within Boyd Co.

- Boyd County High School
- Paul G. Blazer High School
- Fairview Independent High School

## 2019 CHA SURVEY COMMON DENOMINATOR cont.

Initiating substance use during childhood or adolescence is linked to substantial long-term health risks. Early (aged 12 to 14) to late (aged 15 to 17) adolescence is generally regarded as a critical risk period for the initiation of alcohol use, with multiple studies showing associations between age at first alcohol use and the occurrence of alcohol abuse or dependence. Moreover, there is evidence across a range of other substances—including marijuana, cocaine, other psychostimulants, and inhalants—that the risk of developing dependence or abuse is greater for individuals who initiate use of these substances in adolescence or early adolescence than for those who initiate use during adulthood. Samhsa, July 17, 2014 The TEDS (Treatment Episode Data Set) Report. <https://www.samhsa.gov/data/report/age-substance-use-initiation-among-treatment-admissions-aged-18-30>

Reaching this demographic would allow substance abuse education and resources be brought to the students, who are at the highest risk to become substance abusers.

The General Assembly passed two bills focusing on drug abuse prevention education, during the 2018 Legislative Session. A new section of KRS Chapter 158 was created, requiring the 2019-2020 school year to provide essential skills curriculum to students about drug and prevention awareness.

The Kentucky Office of Drug Control Policy has developed a recommendation guide for educators and leaders on effective ways to educate at risk youth. The following statements are strong indication that a targeted improvement strategy could align with state's goals.

**“Each local school board shall design and adopt a diploma seal, certificate, card, or other identifiable symbol to award students deemed as having minimally demonstrated attainment of the local board's essential workplace ethics indicators.”**

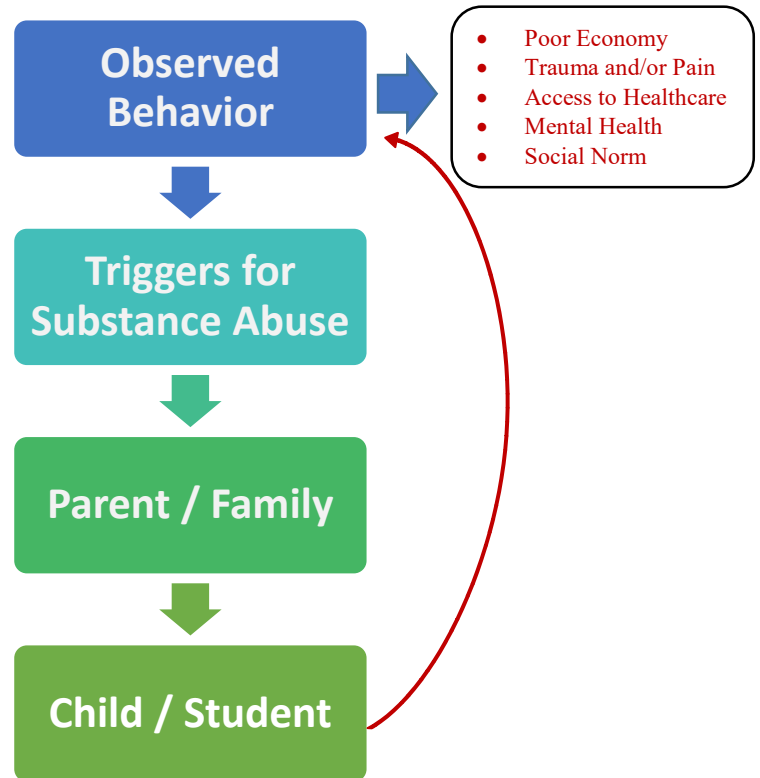
**“The academic standards in practical living skills for elementary, middle, and high school levels shall include a focus on drug abuse prevention, with an emphasis on the prescription drug epidemic and the connection between prescription opioid abuse and addiction to other drugs, such as heroin and synthetic drugs.”**

Tilley, John C., and Van Ingram. “2018 Drug Use Prevention Resource Guide .” *Odcg.ky.gov*, Kentucky Office of Drug Control Policy , [odcg.ky.gov/Reports/KY-ODCP Drug Prevention Program in the Schools Recommendation final \(ADA\)\\_asm.pdf](https://odcg.ky.gov/Reports/KY-ODCP%20Drug%20Prevention%20Program%20in%20the%20Schools%20Recommendation%20final%20(ADA)_asm.pdf).

## 2019 CHA SURVEY COMMON DENOMINATOR cont.

A relationship between parental substance abuse and subsequent alcohol problems in their children has been documented extensively. Children of alcoholics (COAs) are considered to be at high risk because there is a greater likelihood that they will develop alcoholism compared with a randomly selected child from the same community. COAs and children of other drug-abusing parents are especially vulnerable to the risk for maladaptive behavior because they have combinations of many risk factors present in their lives. The single most potent risk factor is their parent's substance-abusing behavior. This single risk factor can place children of substance abusers at biologic, psychologic, and environmental risk.

US National Library of Medicine National Institutes of Health. Children of substance abusers: overview of research findings.  
<https://www.ncbi.nlm.nih.gov/pubmed/10224196>





## REGIONAL PREVENTION CENTER – NEEDS ASSESSMENT

Regional Prevention Centers across the state including Pathways, Inc., Boyd County’s Regional Prevention Center, completed in 2018 a year long process to gather and analyze substance use data for their service area by county. Utilizing the most recent data available, the Regional Prevention Center then completed a Needs Assessment per county. The following information is partial representation of the complete Needs Assessment. Please refer to Appendix D page 39 for data sources information.

The table below presents a problem statement per substance, in Boyd County.

SUBSTANCE	PROBLEM STATEMENT
DRUGS (General)	Higher drug overdose death rates per capita than the state – 30.79 per 100,000 vs. 25.81 per 100,000.
OPIATES AND HEROIN	Past 30-day use at two of the three school districts (5.1% of Boyd County and 4.9% of Ashland) is higher than the state 4.3% and higher over time 2% at Ashland. There were 109 arrests for <i>Heroin</i> . Half of the intakes for substance use is for opiates and heroin.
METHAMPHETAMINE	7.3% of Ashland, 1.9% of Boyd County and 4.2% of Fairview 10 <sup>th</sup> grade youth reported 30-day past use of Meth
PRESCRIPTION DRUGS	7% of Boyd County 10 <sup>th</sup> graders reported past 30-day use of narcotics – which is higher than 4% in 2014 and higher than the state rate of 2.7%. There were 552 total arrests for <i>Drug/Narcotics</i> in Adults which when divided by the population is a rate over three times higher than the state rate.
ALCOHOL	21% of Ashland, 19% of Boyd County, and 29.2% of Fairview 10 <sup>th</sup> grade your reported past 30 day use of alcohol.
SUICIDE	13% of Ashland, 11% of Boyd County, and 14% of Fairview 10 <sup>th</sup> graders have attempted suicide in the past 12 months at rates significantly higher than the state 8%.

## ***DRUGS (general)***

Patterns which are of concern in the community youth and adult population:

- 70.8% of child victims of Abuse/Neglect with risk of substance abuse.  
Higher than the state 57.1% and higher since 58.8% in 2009.
- 449 reported drug/narcotics offenses.  
Higher than 431 in 2015.
- 297 Adult total arrests Driving Under the Influence.  
Higher than 257 in 2015.
- 30 drug overdose deaths – Kentucky and non-Kentucky residents.  
Higher since 9 in 2013.
- 30.79 per 100,000 drug overdose deaths per capita.  
Higher than the state at 25.81 per 100,000

<b>INTERVENING VARIABLES</b>	
Enforcement	<ul style="list-style-type: none"> <li>• Enforcement is not easy when users use both legal and illegal substances.</li> </ul>
Retail Access/Availability	<ul style="list-style-type: none"> <li>• Online availability of legal and illegal substances.</li> <li>• Community borders Ohio and West Virginia so there is a greater retail access to substances.</li> </ul>
Social Access/Availability	<ul style="list-style-type: none"> <li>• Sharing of medications among family and friends.</li> <li>• Availability in the home or in the community.</li> <li>• Community borders Ohio and West Virginia so there is greater social access to substances.</li> </ul>
Social Norms	<ul style="list-style-type: none"> <li>• Saving unused prescriptions for future use.</li> <li>• Sharing prescriptions with family members.</li> <li>• Expecting a prescription at every doctor visit.</li> </ul>
Community Norms	<ul style="list-style-type: none"> <li>• Many large plants with mostly physical labor jobs that can lead to injury.</li> <li>• Self-medication of illegal and legal drugs to deal with physical and emotional pain.</li> </ul>
Family Norms	<ul style="list-style-type: none"> <li>• Multi-generational use.</li> </ul>
Perception of Risk and Harm	<ul style="list-style-type: none"> <li>• Perception that a substance prescribed by a doctor is safer than an illegal drug.</li> </ul>

## OPIATES AND HEROIN

Patterns which are of concern in the community youth and adult population:

- 89 arrests for Heroin – almost doubled from 48 arrests in 2015.
- Past 30-day use of Painkillers at two of the three school districts 5.1% Boyd County and 4.9% Ashland, is higher than the state 4.3% and higher over time 2% Ashland.
- 52.1% Adults reported Opioids used at intake in 2017.  
Higher than 41.5% in 2016.
- 27.7% Adults reported Heroin used at intake in 2017.  
Three times higher than 7% in 2016.
- 80 overdoses on heroin.  
Higher than 22 in 2015. At 1.7% per 1,000 is higher than the state at 0.74% per 1,000.

INTERVENING VARIABLES	
Enforcement	<ul style="list-style-type: none"> <li>• Arrests for heroin is increasing because law enforcement is encountering more individuals who are under the influence of heroin in the community.</li> </ul>
Price and Promotion of Substances/Means	<ul style="list-style-type: none"> <li>• Heroin is cheaper than other illegal substances and is easier to obtain.</li> </ul>
Social Access/Availability	<ul style="list-style-type: none"> <li>• With the passing of SB1 it is more difficult to obtain prescription drugs for abuse. There is higher use of heroin with the decrease in prescription drug availability.</li> </ul>
Social Norms	<ul style="list-style-type: none"> <li>• Prescription opioid use has become more acceptable than heroin use but heroin use is rising because of availability and it is cheaper than prescription opioids.</li> </ul>
Community Norms	<ul style="list-style-type: none"> <li>• Prescription opioid use has become more acceptable than heroin use but heroin use is rising because of availability and it is cheaper than prescription opioids.</li> </ul>
Family Norms	<ul style="list-style-type: none"> <li>• Sharing painkillers (prescription opioids) is an acceptable family norm in this county.</li> </ul>
Perception of Risk and Harm	<ul style="list-style-type: none"> <li>• Perception of risk of prescription opioids is that there is not much harm if a doctor prescribed it.</li> </ul>

## ***METHAMPHETAMINE***

Patterns which are of concern in the community youth and adult population:

- **41** Meth arrests in 2016.  
Higher than **23** Meth arrest in 2015.
- **40** nondependent abuse of drugs (excluding overdoses) in 2016.  
Higher than **26** in 2015.
- 10<sup>th</sup> graders past 30-day use:
  - **1.2%** Ashland 2014, is higher than **1.5%** state 2016 and lower than **3%** Ashland 2010.
  - **1.8%** Boyd Co 2014, is higher than **0.5%** state 2016 and is slightly higher than **1%** Boyd Co 2012
  - **0%** Fairview 2016, is slightly lower than **0.5%** state and the same as **0%** Fairview 2014.
- Use of Meth by friends:
  - **7.3%** Ashland 2014, is higher than **4.1%** state 2016 and lower than **9%** Ashland 2010.
  - **1.9%** Boyd Co 2014, is lower than **4.1%** state 2016 and lower than **9%** Boyd Co 2012.
  - **4.2%** Fairview 2016 is about the same as **4.1%** state 2016 and the same as **4.2%** Fairview 2014.

<b>INTERVENING VARIABLES</b>	
Enforcement	• N/A
Retail Access/Availability	• Youth believe that meth is available.
Social Access/Availability	• Youth believe that their peers are using meth.
Social Norms	• Youth believe that their peers are using meth.
Community Norms	• N/A
Family Norms	• N/A
Perception of Risk and Harm	• The county has done a good job of educating youth about the perception of risk and harm when they use meth.

## PRESCRIPTION DRUGS

Patterns which are of concern in the community youth and adult population:

- 2.5% Ashland, 7% Boyd Co and 4.1% Fairview 10<sup>th</sup> graders reported past 30-day use of narcotic drugs. This is higher over time.
- Two school systems are higher than the 2.7% state rate.
- 31.1% reported use of CNS Depressants at intake. Higher than 19.9% in 2016.
- 552 arrests for drug/narcotics. Four times higher than 123 arrests in 2015. Over three times higher 11.5% per 1,000 than the state 3.5% per 1,000.

INTERVENING VARIABLES	
Enforcement	<ul style="list-style-type: none"> <li>• Arrests for prescription drugs have increased over the past few years and is almost four times the state rate per 1,000 residents.</li> <li>• Prescription drug use has decreased dramatically since SB1 passed; while other illegal drugs that are cheaper and more available have increased.</li> </ul>
Retail Access/Availability	<ul style="list-style-type: none"> <li>• CNS depressants are higher 31.1% at intake.</li> </ul>
Social Access/Availability	<ul style="list-style-type: none"> <li>• Prescription drugs are easy to get. Students in the KIP student survey say they get it in their medicine cabinet or from friends.</li> </ul>
Social Norms	<ul style="list-style-type: none"> <li>• Sharing prescriptions is common in this area.</li> </ul>
Community Norms	<ul style="list-style-type: none"> <li>• It is believed that prescription drugs that come from a doctor are not harmful and are shared openly. Other than opioids, prescription drugs are safer than illicit drugs.</li> </ul>
Family Norms	<ul style="list-style-type: none"> <li>• Sharing prescription drugs is an acceptable family norm.</li> </ul>
Perception of Risk and Harm	<ul style="list-style-type: none"> <li>• Perception of risk/harm is that if it is prescribed by a doctor it should be safe.</li> </ul>

## ALCOHOL

INTERVENING VARIABLES	
Enforcement	<ul style="list-style-type: none"> <li>• Few “party patrols” available.</li> </ul>
Retail Access/Availability	<ul style="list-style-type: none"> <li>• High retail availability. Neighboring county/state has legal sales.</li> </ul>
Social Access/Availability	<ul style="list-style-type: none"> <li>• Adults provide alcohol to youth.</li> <li>• Peers are providing alcohol to youth.</li> </ul>
Social Norms	<ul style="list-style-type: none"> <li>• Binge drinking has become a form of entertainment among youth.</li> <li>• Parents see underage drinking as a rite of passage.</li> </ul>
Community Norms	<ul style="list-style-type: none"> <li>• Youth believe that their peers are using alcohol.</li> <li>• Seen as a rite of passage.</li> <li>• Local beer festivals are promoted within the community.</li> </ul>
Family Norms	<ul style="list-style-type: none"> <li>• Family members (other than parents or sibling) are providing alcohol.</li> <li>• Other family member model alcohol use.</li> </ul>
Perception of Risk and Harm	<ul style="list-style-type: none"> <li>• There is a lack of community education on the dangers of binge drinking among 10<sup>th</sup> grade youth.</li> </ul>

## SUICIDE

Patterns which are of concern in the community **youth** population:

- 28% Ashland, 24% Fairview 10<sup>th</sup> grade youth reported *Cut or Harmed Yourself of Purpose* in the past 12 months. Higher than 21% state rate.
- 13% Ashland, 11% Boyd Co, 14% Fairview 10<sup>th</sup> grade youth reported *Actually Attempted Suicide 1 or More Times* in the past 12 months. Higher than 8% state rate.
- 10<sup>th</sup> grade youth reported *Feeling Hopeless* “all the time” or “most of the time” in the past 30-days.
  - 18% Ashland, higher than 14% state and higher than 9% Ashland 2012.
  - 20% Boyd Co, higher than 14% state and higher than 12% Boyd Co 2012.
  - 22% Fairview, higher than 14% state and higher than 16% Fairview 2012.
- 10<sup>th</sup> grade youth reported *Feeling Depressed* “all the time” or “most of the time” in the past 30-days.
  - 18% Ashland, higher than 13% state and higher than 11% Ashland 2012.
  - 17% Boyd Co, higher than 13% state and higher than 11% Boyd Co 2012.
  - 25% Fairview, higher than 13% state and higher than 19% Fairview 2012.
- 10<sup>th</sup> grade youth reported *Feeling Worthless* “all the time” or “most of the time” in the past 30-days.
  - 22% Ashland, higher than 15% state and higher than 13% Ashland 2012.
  - 17% Boyd Co, higher than 15% state and higher than 13% Boyd Co 2012.
  - 24% Fairview, higher than 15% state and higher than 16% Fairview 2012.
- 21% Ashland, 17% Boyd Co, 27% Fairview 10<sup>th</sup> grade youth reported *Seriously Considering Attempting Suicide* in the past 12 months. Higher than 15% state rate.
- 18% Ashland, 22% Fairview 10<sup>th</sup> grade youth reported *Making a Plan About How They Would Attempt Suicide* in the past 12 months. Higher than 13% state rate.

INTERVENING VARIABLES	
Enforcement	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Retail Access/Availability	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Social Access/Availability	<ul style="list-style-type: none"> <li>• High access to lethal means such as guns and prescription medication.</li> <li>• High access to alcohol and other drugs.</li> </ul>
Social Norms	<ul style="list-style-type: none"> <li>• Lack of school bonding.</li> <li>• Stigma around mental health issues and seeking care.</li> <li>• Use of alcohol and other drugs to numb emotional pain.</li> <li>• Digital stress – 24/7 access to social media.</li> <li>• Cutting or self-harm as a way to relieve emotional pain.</li> </ul>
Community Norms	<ul style="list-style-type: none"> <li>• Bullying and cyber bullying.</li> <li>• Lack of community connectedness.</li> <li>• Limited access to mental health care.</li> </ul>
Family Norms	<ul style="list-style-type: none"> <li>• Separated families due to divorce, drug use, incarceration, etc.</li> <li>• Trauma in the home.</li> <li>• Loss</li> <li>• Lack of family connection.</li> </ul>
Perception of Risk and Harm	<ul style="list-style-type: none"> <li>• Fear that mentioning the word “suicide” will plant the idea in someone’s head.</li> </ul>

## SYRINGE EXCHANGE PROGRAM

During the 2016-2019 Community Health Improvement Plan cycle, Ashland-Boyd County Health Department implemented a *Syringe Exchange Program*, an Evidence-Based Strategy described as a key component of overdose prevention strategies. The health department's Syringe Exchange Program main focus is disease mitigation, prevention and counseling. Through a partnership with Addiction Recovery Care and Pathways Inc.; counseling, peer support and rehabilitation assistance is readily available to program participants.

Currently a *Target Naloxone Distribution* is also available at the health department's Syringe Exchange Program. *Centers for Disease Control and Prevention, Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2018. Accessed from <http://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>*

Clients at the exchange receive:

- A sharps container
- 3 latex condoms
- Educational material
- Clean syringes
  - Visits 1-2 = 40 syringes (if 0 used syringes are brought in)
  - Visits 3+ client receives the same number of syringes as he/she returns (1:1 exchange)

These efforts are to help reduce the spread of HIV, Hepatitis (A, B, C), STD's, and other environmental disease. The mission of the exchange is to provide sanitary resources to those who are at risk for re-using or sharing needles. Thus, protecting the greater public health of the community. Many existing SEP clients return extra syringes each week boosting the return rate to over 100%".

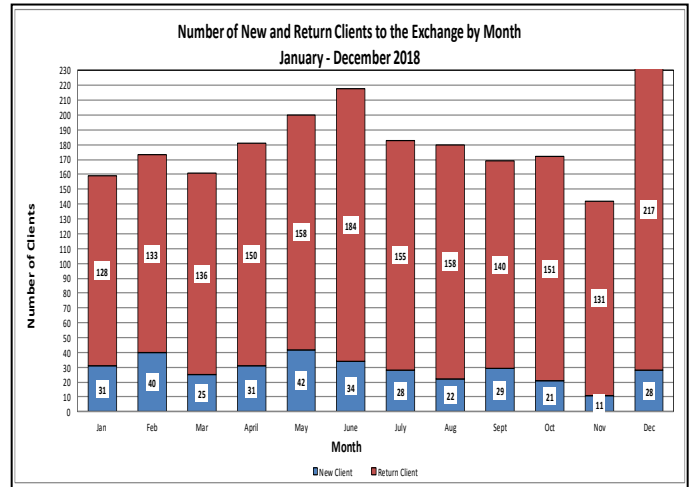
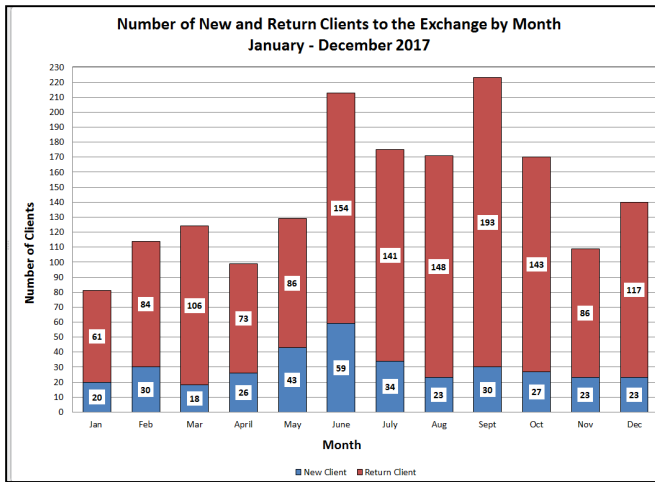
In 2017 final report, the Syringe Exchange Program served an average of 34 clients per week compared to 2019 were they have grown to service an average of 53.1 clients. The success in the program shows as it grows in clients, it's also growing in number of syringes returned. Thus, more clients equal more members looking for more dirty syringes in the community to return.

Ashland-Boyd County Health Department Syringe Exchange Program data reports are available at <https://www.abchdkentucky.com/>

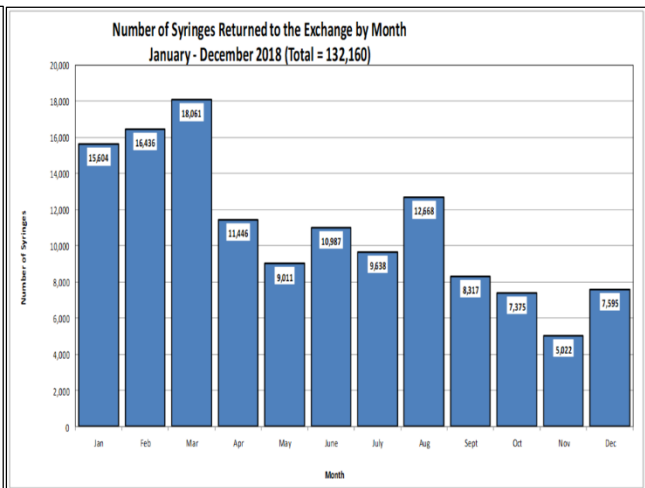
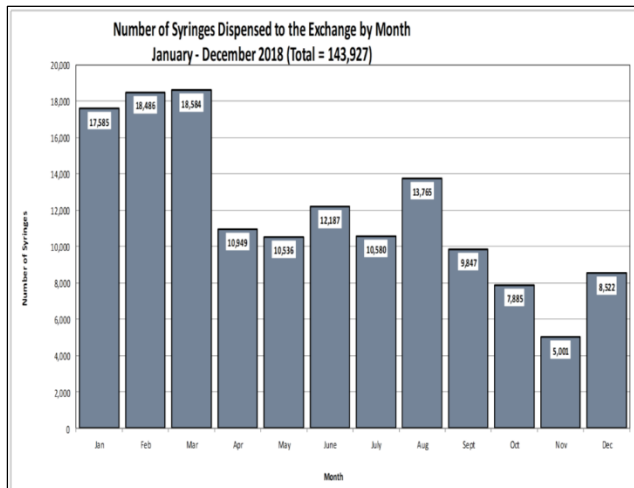
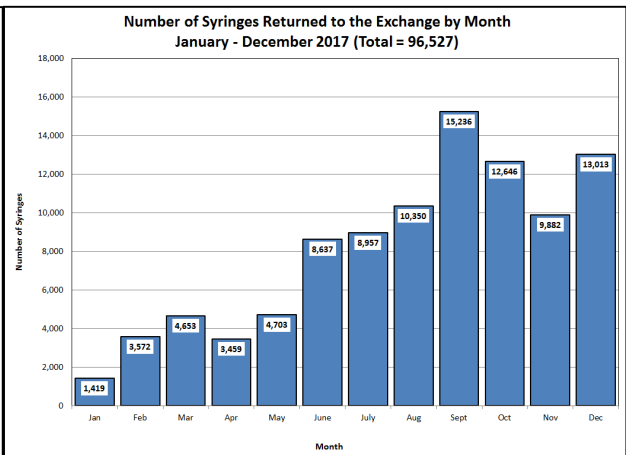
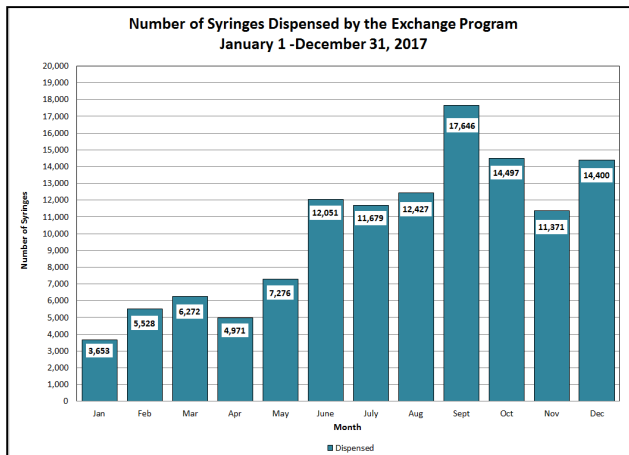
Below is a statistical comparison from 2017 to 2018.

2017 Statistics (January-December)		2018 Statistics (January- December)	
Clients per week	34	Clients per week	42.8
Syringe Return rate	79.3%	Syringe Return rate	91.82%
Total Syringes returned	96,527	Total Syringes returned	132,160
Primary Substance Used	Heroin: 34.3%	Primary Substance Used	Heroin: 37.7%

Below are the 2017 new and returning clients V. 2018 new and returning clients comparison:



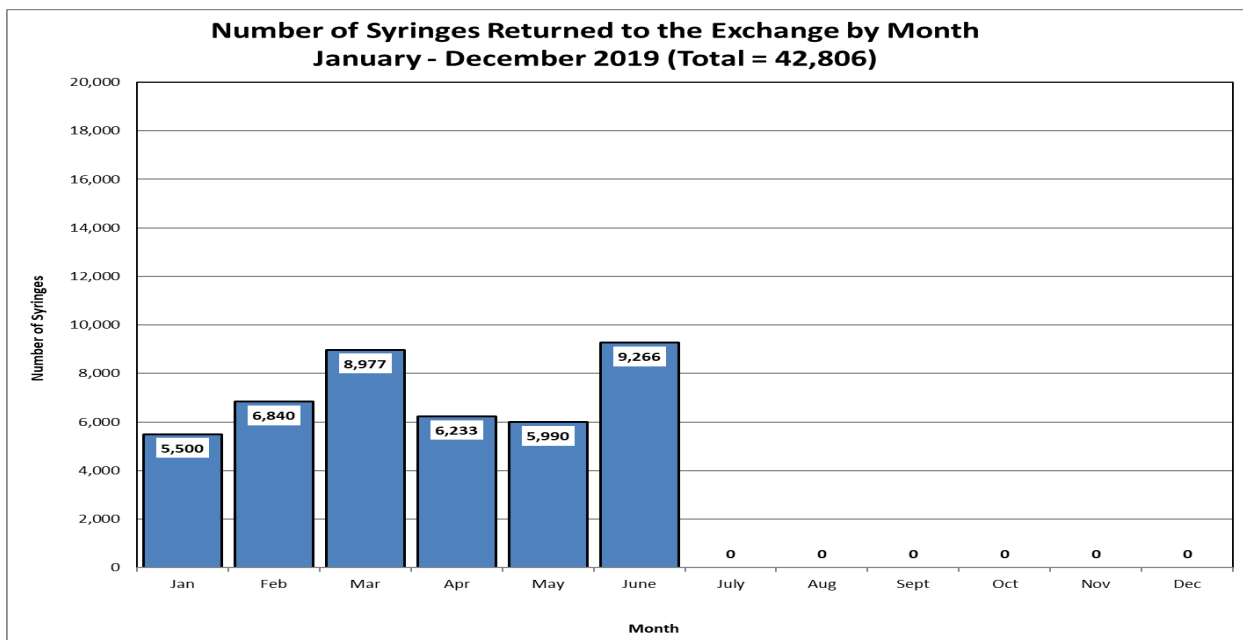
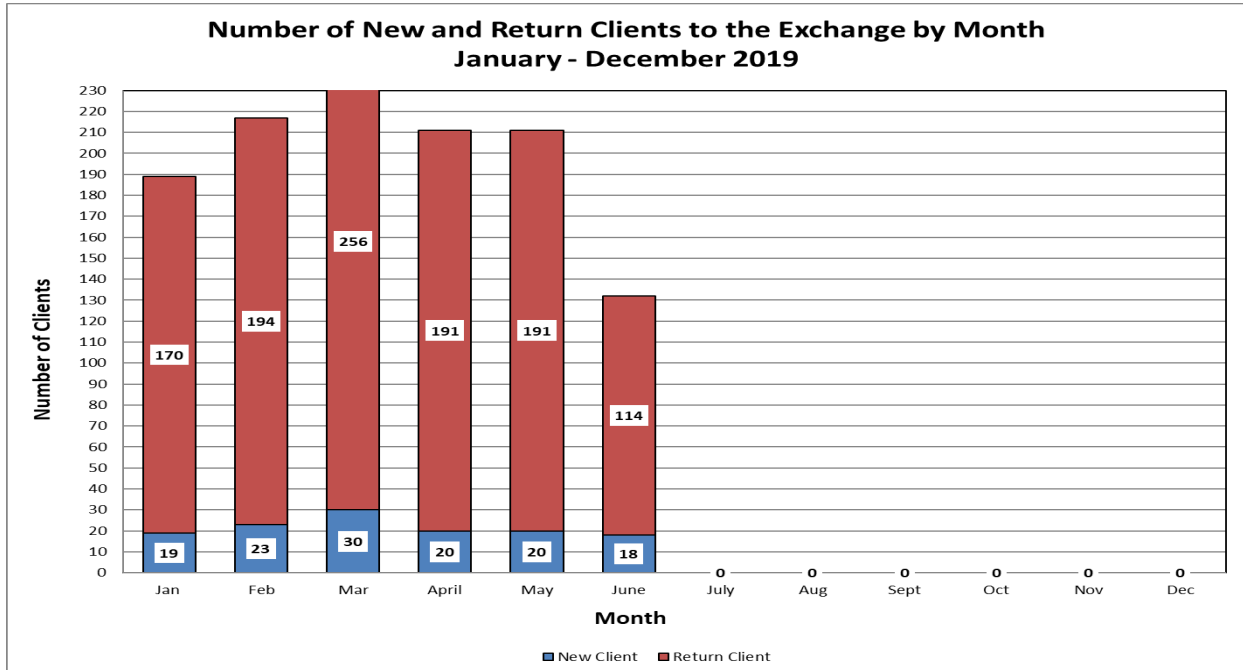
Below are the 2017 and 2018 syringes dispense and returned comparisons.





The tables below present January to June 2019 Syringe Exchange Program data.

2019 Statistics (January- June)	
Clients per week	55
Syringe Return rate	100.5% (88.5% of those dispensed)
Total Syringes returned	35,517
Primary Substance Used	Heroin: 42%



# COMMUNITY CONVERSATION 1

## Hispanic/Latino community

On April 20, 2019 a roundtable method was used to assess the needs/concerns of the Hispanic population in Boyd County. Facilitator, Melitza Sowley, and scribe, George Sowley gathered the following information.

Question	Responses
What is Community to You?	<ol style="list-style-type: none"> <li>1. As a group of people united or that get together to help each other.</li> <li>2. United, providing support.</li> <li>3. Being united.</li> <li>4. Provide support to each other as family.</li> <li>5. All Hispanics being together, united.</li> <li>6. My community is a group of people united.</li> <li>7. Community is unity and cooperation.</li> <li>8. Being present, all the Hispanic community</li> </ol>
Thinking about everyone in this community what is the most pressing health/wellbeing related need in our community?	<ul style="list-style-type: none"> <li>• In Boyd County:               <ul style="list-style-type: none"> <li>○ Substance abuse help, resources, and information.</li> </ul> </li> <li>• In the Hispanic Community:               <ul style="list-style-type: none"> <li>○ There is a need to have someone available to listen to the problems and provide guidance, instructions, solutions, information, and to be a voice/ a connection to the right entity (agency, program, authority, service).</li> <li>○ Mostly assistance with health related resources that are available and that Hispanics are eligible for.</li> <li>○ Children’s health – Referred to a program that all in the family are enrolled. Hospital in Lexington offered this program to the family after one of the children was delivered at this hospital. The program provides individual case management for all members in the family, offer discounted preventative services, appointments and health reminders.</li> </ul> </li> </ul> <p>So if we look at each of those issues, what ideas do you have for what could be done?</p> <ol style="list-style-type: none"> <li>1. A bilingual resource person.</li> </ol> <p>Are there resources that are underutilized?</p> <ol style="list-style-type: none"> <li>1. Unable to research resources due to language barrier</li> <li>2. Doesn’t know resource is available and/or eligible.</li> </ol>
What services/resources do you or your family have or not have access to that could help improve your lifestyle?	<ul style="list-style-type: none"> <li>• Do not know if there are services/resources that they do not have access to.</li> <li>• I do not know if I qualify for it.</li> <li>• I don’t have a way of finding out/how to.</li> <li>• Language barrier</li> </ul> <p><b>Have – What are we doing right? These are things that are helpful and you might need more of.</b></p> <ol style="list-style-type: none"> <li>1) CARES – Special Formulas (baby formula)</li> <li>2) Bellefonte Hospital process to apply for sliding scale fees/payment plans and discounted services.</li> <li>3) Post Office – passport application</li> </ol> <p><b>Not Have / Needs to Change – What is missing? There are things that need to change (ideas on what to change, what to add).</b></p> <ol style="list-style-type: none"> <li>1) First Steps:           <ul style="list-style-type: none"> <li>• I don’t know how to contact them.</li> <li>• I am unable to explain to them what my child needs.</li> </ul> </li> <li>2) Interested in being involved in the school:</li> </ol>

Question	Responses
	<ul style="list-style-type: none"> <li>•My child is left handed and I wanted to ask for a desk for a left handed.</li> <li>•I am often unaware of what is going on in the school. I want to participate but I can't read the information sent. My child can't explain or doesn't explain.</li> <li>•I would like for my child to be involved in extracurricular activities and/or sports in school.</li> <li>•My child is in middle school. I would like to know more about the school and the activities going on.</li> <li>•A school orientation for the parent.</li> </ul> <p>3)Pathways services:</p> <ul style="list-style-type: none"> <li>•I was never contacted after I was referred there for services.</li> <li>•I could not get services because they did not have an interpreter</li> </ul>
<p>What are some of the biggest health and wellbeing related issues you face today?</p> <p>Would you have suggestions to help with these issues?</p>	<ul style="list-style-type: none"> <li>•Health services and medication costs <ul style="list-style-type: none"> <li>○ I would like to meet with Primary Plus regarding cost of services. To request for the doctor to limit tests, labs, follow-up visits to a minimum cost necessary for treatment.</li> <li>○ (referring to Primary Plus) We can make payments for medical treatment but the cost quickly gets very high even with the sliding scale fees. There are things that I am charged for that I feel is unnecessary.</li> <li>○ Medication cost assistance/program – Is there a program available that Hispanics are eligible to apply?</li> <li>○ If I call or go there (refers to any agency), I am unable to communicate what I need.</li> </ul> </li> </ul>
<p>What concerns do you have about our community seeking to be healthier? Are there things that keep you up at night or are on your mind most days?</p>	<p>If you could change one thing about our community that would support better health, what would that be?</p> <ul style="list-style-type: none"> <li>• A bilingual resource person</li> </ul>
<p>What haven't I asked you or what would you like to share before we finish?</p>	<ol style="list-style-type: none"> <li>1. Diabetes medication assistance.</li> <li>2. Breast cancer information.</li> <li>3. Autism information.</li> <li>4. Drug addiction resources/help.</li> <li>5. High Cholesterol information.</li> <li>6. Rheumatism information.</li> <li>7. High blood pressure information.</li> <li>8. Dental and eye health services.</li> </ol>
<p>Thinking back on our conversation today, what are the 3 – 5 things you want us to share with the Healthy Choices Healthy Communities Coalition? Are there things you would like to work on right here in our community?</p>	<p><b>Would you be interested in meeting once a month to exchange community resources information?</b></p> <ul style="list-style-type: none"> <li>• There was no interest at this time.</li> </ul> <p><b>Would anyone present would be interested in becoming a resource person for the Hispanic community?</b></p> <ul style="list-style-type: none"> <li>• No one present expressed interest.</li> </ul> <p><b>One thing was shared to communicate to the HCHC coalition:</b></p> <ul style="list-style-type: none"> <li>• A resource person for the Hispanic community in Boyd Co.</li> </ul>

## COMMUNITY CONVERSATION 2

**Hillcrest-Bruce Mission**

**Facilitator: Mike Maynard**

**Scribe: Dru Elliott**

**Date: June 27, 2019    Time: 11:08 AM – 12:17 PM**

Question	Responses
What is Community to You?	<ol style="list-style-type: none"> <li>1. "Watching out for each other."</li> <li>2. "I live in East Ashland, and our street is the best because our half of the block watches out for each other... I'm not sure how it happened but it did."</li> <li>3. My neighbor was in her 80's and she would just sit outside and talk on the porch. We would watch fireworks, and when her daughter moved in they all just sat out on the porch.</li> <li>4. Asking if anyone needs anything. (Due to the lack of transportation, identified multiple times in the conversation).</li> <li>5. Lives are a lot better for those looking out for each other.</li> <li>6. Trust, and our trust is broken. To our fault we judge new faces that we do not know through other people. Because they will most likely steal, or have drug issues, and families are broken over drug related thefts.</li> </ol>
Is there a feeling of belonging around here?	"Yes, this is where I am supposed to be." Implying she can help others.
Thinking about everyone in this community what is the most pressing health/wellbeing related need in our community?	<p><b>#1 Obesity</b></p> <ul style="list-style-type: none"> <li>• Due to many unhealthy restaurants and delivery services.</li> <li>• "We don't want to go outside of the house because of the community not being safe."</li> <li>• "The prices differences, between healthy choices and cheap filling meals."</li> <li>• No walking trails that are safe in their area of town. (Again no transportation to travel to other trails in town.)</li> <li>• "You eat all at once in the beginning of the month and starve the rest of the time."</li> <li>• "When you are poor or your income is low, you eat once a day. Then we reward our self for suffering the last half of the month, by eating unhealthy in the beginning of the month."</li> <li>• "Fresh produce only stay good for a couple of days and we can't go back to the store or we do not have money later in the month."</li> <li>• Lifestyle and diet fads (manipulation) in the media.</li> </ul> <p><b>#2 Dental Health</b></p> <ul style="list-style-type: none"> <li>• "There is nowhere to go for it, so no one uses it."</li> <li>• "Out of 40 dentists, 4 accept Medicaid."</li> <li>• No oral surgeon that accepts this insurance, the closest is Morehead (1-hour drive)</li> <li>• Vision and hearing care problems that are very similar to dental.</li> </ul> <p><b>#3 Diabetes</b></p> <ul style="list-style-type: none"> <li>• Due to obesity</li> <li>• "When the jobs were good, everyone had money and were happy and be good. When jobs left, depression set in and they get fat and lazy."</li> <li>• Hopelessness that is driving all of this. A downward spiral.</li> <li>• Have to be 60 (age), to get produce from the farmer's market for up to \$50.00</li> </ul>

Question	Responses
<p><b>Have</b> – What are we doing right? These are things that are helpful and you might need more of.</p>	<ul style="list-style-type: none"> <li>• Produce, sweets, and business center at the mission</li> <li>• Library <ul style="list-style-type: none"> <li>○ However, not advertised</li> </ul> </li> <li>• Pathways Services</li> <li>• Summer lunch Program</li> <li>• Meals on Wheels <ul style="list-style-type: none"> <li>○ However, “Boyd county can charge up to \$80.00 while Greenup County is free.”</li> </ul> </li> </ul>
<p><b>Not Have / Needs to Change</b> – What is missing? There are things that need to change (ideas on what to change, what to add).</p>	<ul style="list-style-type: none"> <li>• “Carts that you don’t have to steal.”</li> <li>• No knowledge of 211 service</li> <li>• We don’t have, churches that are willing and open to everyone. No half way houses. No shelters, just to provide basic survival needs.</li> <li>• Not enough support places for women, that are safe from repercussions.</li> <li>• “Not enough rehabs in Ashland but there is enough help.” Not organized and collaborative.</li> <li>• “...More stages through these church programs. Step 1 (is all we have) but we need more. Up to 84 days to ‘Graduate’.”</li> <li>• “No women specific facility.”</li> <li>• Feeling judged</li> </ul>
<p>In an effort to becoming a healthier community, what are some of the largest roadblocks that the community faces?</p>	<ul style="list-style-type: none"> <li>• TOP PRIOTIRY- Transportation <ul style="list-style-type: none"> <li>○ Uncertainty of the service, and very unreliable.</li> <li>○ “Effects school, work, doctors’ appointments, shopping, and other activities.”</li> <li>○ “Dr. appointments with the bus, you have to leave 2-3 hours early and the whole trip is exhausting and 5+ hours long.”</li> <li>○ Missing lots of Dr. Appointments because rides fall through, and medi-cab requires a 3-day notice. And this does not allow last minute appointments. Some services charge, and lot of gray area in the usage.</li> <li>○ “I don’t charge people for a ride, but most of the time when you ask for a ride, they will want money for it.”</li> </ul> </li> <li>• Access to Food</li> <li>• Education <ul style="list-style-type: none"> <li>○ The struggles with gaining education and getting started.</li> </ul> </li> <li>• Patients with the system and employment</li> <li>• And no transition between government benefits and employment paycheck thus causing to go back to “living on the system”</li> </ul>
<p>If ONE thing could change about the community to make it better/healthier what would that be?</p>	<ul style="list-style-type: none"> <li>• Understanding insurance- completely different plans and benefits. The confusion adds to holding in the same “old” plan.</li> <li>• “Educating people that they have a bad understanding of our ‘free’ insurance. It is not insurance. It is far from real insurance.”</li> <li>• A community garden <ul style="list-style-type: none"> <li>○ Recommended growing own produce. They want a garden that is accessible to them, not elsewhere in Ashland where they would have to arrange transportation.</li> </ul> </li> <li>• “Mom and pop stores.”</li> <li>• “Access to food or an in-between grocery store or pop up store that doesn’t overcharge like gas stations for basic supplies.”</li> </ul>
<p>Concerning the health and wellbeing of the community, is there anything else that I should know about or that should be shared before we finish?</p>	<ul style="list-style-type: none"> <li>• “The police attitude!”</li> <li>• “... the police took over two hours to show up to take a report after my wallet was stolen.”</li> <li>• “No follow up and we are left helpless.”</li> <li>• “I feel that you would have to be dead, for them to show up. They judge the poor communities to no extent.”</li> <li>• “I called from South Ashland (the good part) and they came straight there.”</li> <li>• “Made to feel it is our fault if we get stolen from because of where we live at.”</li> <li>• “Everyone has their own stage for recovery. Everyone’s bottom is different.”</li> </ul>

## APPENDIX A

The responses below from Boyd County residents cited **dental care** as a concern in the 2019 CHNA open response questions 6 and 21:

Q6. "Do you have any other comments, questions, or concerns?"
Q21. "Please use the space below to share additional ideas with OLBH & KDMC. Your comments will help our mission to improve community health."
"Affordable dental care for adults on Medicaid is needed desperately."
"Affordable dental/denture care is needed very much. And more community involvement for kids to have new clothes and shoes."
"As far as dental health I don't believe enough people have access to insurance coverage and cannot afford to visit a dentist."
"Dental care is good for those with insurance and means."
"Dental care only if insurance and with only a few Medicaid providers."
"Good places for dental care but so much of the cost is out of pocket and is not affordable and I work at KDMC and have a good job."
"HELPING SENIORS WITH DENTURES!"
"I would love to be able to get new glasses and teeth"
"My concerns are that you have to drive an hour or more for a dental surgeon if you have Medicaid."
"NO PLACES FOR DENTAL CARE FOR PEOPLE ON MEDICARE."
"Other than fillings or extractions, there are no covered alternatives for people on Medicaid."
"Personally, I have a problem getting dental care. My Medicare doesn't pay. I can't afford supplemental insurance."
"There is a lack of oral surgeons who take Medicaid unless you travel to Mt. Sterling."
"There is dental care at the Hillcrest Bruce mission, but a long waiting list. They cannot see everyone."
"There's dentists if you have the correct insurance so most people do not. Zero safe places to bike. Better walking options. We should have bike paths all along the Ohio."
"We do need some more dentists in the area."
"WE NEED DENTAL CARE IN THE WORST WAY, SOMETHNG FIXED INCOME PEOPLE CAN AFFORD!"
"We need more community access programs for medical needs affecting the low income community such as dental assistance."
"We need reasonable dental care that we can afford to pay and ear, ie: hearing aids."
"A community dental clinic that offered crowns, root canals and other services for adults that Medicaid doesn't cover is greatly needed. After all a person's smile is very important to them. Many times people won't talk openly because of their poor dental care and necessary work needed, but unaffordable."
"BETTER HEALTH FOR DENTAL CARE."
"Vision and dental care are not affordable in our area. Especially for adult patients on Medicaid."

## APPENDIX B

### Pathways Inc. Needs Assessment Data Sources:

Needs Assessment – Data Sources			
Archival/Preexisting Data Sources – Substance: Boyd County -- <b>Drugs</b>			
Identify <b>data sources</b> utilized in your community’s assessment	When was data collected?	Who collected the data?	What <b>type of data</b> was collected?
School report Card	2016-2017	KY Department of Education District Report Cards	Safety- Behavior Events (Youth)
Kids Count Data Center	2009-2013		% of child victims of abuse/neglect with risk factors of substance abuse
Traffic Collisions in Kentucky Annual Report	2014,2015,2016	Kentucky State Police	Juvenile DUI Arrests
Traffic Collisions in Kentucky Annual Report	2014,2015,2016	Kentucky State Police	Adult DUI Arrests
Crime in Kentucky Annual Report	2016	Kentucky State Police	Total Arrests Drug/Narcotics Offenses (Juvenile)
Crime in Kentucky Annual Report	2016	Kentucky State Police	Total Arrests Driving Under the Influence (Juvenile)
Traffic Collisions in Kentucky Annual Report	2014,2015,2016	Kentucky State Police	DUI Convictions
Crime in Kentucky Annual Report	2016	Kentucky State Police	Total Reported Drug/Narcotics Offenses (Adult)
Crime in Kentucky Annual Report	2016	Kentucky State Police	Total Arrests Drug/Narcotics Offenses (Adult)
Crime in Kentucky Annual Report	2016	Kentucky State Police	Total Arrests Driving Under the Influence (Adult)
KY Health Facts	2016	BRFSS	Drug Arrests per 100,000 Population (Adult)
KY ODCP Overdose Fatality Report	2012,2013,2014 2015,2016	Kentucky Injury Prevention and Research Center	KY Resident Drug Overdose Deaths

Needs Assessment – Data Sources			
Archival/Preexisting Data Sources – Substance: Boyd County – <b>Meth</b>			
Identify data sources utilized in your community’s assessment	When was data collected?	Who collected the data?	What type of data was collected?
KIP Survey	Fall of 2016 & 2018	Reach of Louisville	Past 30 Day Use
KIP Survey	Fall of 2016 & 2018	Reach of Louisville	Ease of Getting Meth
KIP Survey	Fall of 2016 & 2018	Reach of Louisville	Use of Meth by Friends
Kentucky State Police	09/01/2017	Kentucky State Police	Meth Arrests

Needs Assessment – Data Sources			
Archival/Preexisting Data Sources – Substance: Boyd County – <b>Heroin/Opiates</b>			
Identify data sources utilized in your community’s assessment	When was data collected?	Who collected the data?	What type of data was collected?
KIP Survey	Fall 2014,2016,2018	Reach of Louisville	Youth Past 30 Day use of Painkillers
KIP Survey	Fall 2014,2016,2018	Reach of Louisville	Youth Past 30 Day use of Heroin
KASPER Quarterly Trend Reports	Qtrly Reports 2016,2017	KASPER	Oxycodone Doses per 1,000 Residents
KASPER Quarterly Trend Reports	Qtrly Reports 2016,2017	KASPER	Hydrocodone doses per 1,000 Residents
Kentucky State Police Yearly Crime Report	2014,2015,2016	Kentucky State Police	Drug Arrest – Heroin
Drug Related Inpatient Hospitalizations and ER Visits – KIPRC	2012,2013,2014 2015,2016	University of Kentucky	Acute Drug Poisonings (Overdose) – Heroin
Drug Related Inpatient Hospitalizations and ER Visits – KIPRC	2012,2013,2014, 2015,2016	University of Kentucky	Acute Drug Poisonings (Overdose) – Opioids other than Heroin
Drug Related Inpatient Hospitalizations and ER Visits – KIPRC	2012,2013,2014, 2015,2016	University of Kentucky	Nondependent abuse of drugs (excluding overdose) Opioid Abuse
Drug Related Inpatient Hospitalizations and ER Visits – KIPRC	2012,2013,2014 2015,2016	University of Kentucky	Drug Dependence (excluding overdose) Opioid – Type Dependence

Needs Assessment – Data Sources			
Archival/Preexisting Data Sources – Substance: Boyd County – <b>Prescription Drugs</b>			
Identify data sources utilized in your community’s assessment	When was data collected?	Who collected the data?	What type of data was collected?
KIP Survey	10/2018	School Personnel	Youth Past 30 Day Narcotic (Prescription Drug) Use
KIPRC	5/2017	Kentucky Hospitals	Overdose Rates
Kentucky Department of Education School Report Card	2016-2017	Kentucky Department of Education	Safety-Behavior Events Prescription Drug
KASPER Quarterly Trend Report	Qtrly Reports 2016,2017	KASPER	Diazepam Doses per 1,000 Residents
KASPER Quarterly Trend Report	Qtrly Reports 2016,2017	KASPER	Alprazolam Doses per 1,000 Residents
KASPER Quarterly Trend Report	Qtrly Reports 2016,2017	KASPER	Tramadol Doses per 1,000 Residents



Needs Assessment – Data Sources			
Archival/Preexisting Data Sources – Substance: Boyd County – <b>Alcohol</b>			
Identify data sources utilized in your community’s assessment	When was data collected?	Who collected the data?	What type of data was collected?
KIP Survey	Fall 2016 & 2018	Reach of Louisville	Youth Past 30 Day of Use
KIP Survey	Fall 2016 & 2018	Reach of Louisville	Youth Frequency of Binge Drinking in the Past 2 weeks
Kentucky State Police Yearly Collision Report	2016	Kentucky State Police	Drunk Driving Collisions – Persons Injured
Kentucky State Police Yearly Crime Report	9/4/2017	Kentucky State Police	DUI Convictions for 2016
Kentucky State Police Yearly Crime Report	9/4/2017	Kentucky State Police	Juvenile DUI Arrest for 2016
Kentucky State Police Yearly Crime Report	9/1/2017	Kentucky State Police	Adult DUI Arrest for 2016
Kentucky State Police	10/25/2015	Kentucky State Police	Total DUI Arrest Adult & Juvenile for 2014
KIP Survey	Fall 2016 & 2018	Reach of Louisville	Has your drinking and/or drug use caused any of the following problems?
KIP Survey	Fall 2016 & 2018	Reach of Louisville	Ease of Getting Alcohol
KIP Survey	Fall 2016 & 2018	Reach of Louisville	Perceived Risk of Occasional Binge Drinking

Needs Assessment – Data Sources			
Archival/Preexisting Data Sources – Substance: Boyd County – <b>Suicide</b>			
Identify data sources utilized in your community’s assessment	When was data collected?	Who collected the data?	What type of data was collected?
Kentucky Death Certificates	2016	KIPRC	Self-Inflicted Injuries (Suicide) by Age Group
KIP Survey	2014,2016,2018	Reach of Louisville	Feeling Hopeless “all the time” or “most of the time” in the past 30-days.
KIP Survey	2014,2016,2018	Reach of Louisville	Feeling Depressed “all the time” or “most of the time” in the past 30-days.
KIP Survey	2014,2016,2018	Reach of Louisville	Feeling Worthless “all the time” or “most of the time” in the past 30-days.
KIP Survey	2014,2016,2018	Reach of Louisville	During the past 12 months, seriously considered attempting suicide
KIP Survey	2014,2016,2018	Reach of Louisville	During the past 12 months, make a plan about how you would attempt suicide
KIP Survey	2014,2016,2018	Reach of Louisville	Cut or Harmed yourself on Purpose
KIP Survey	2014,2016,2018	Reach of Louisville	During the past 12 months, actually attempted suicide 1 or more times

KIP Survey: Kentucky Incentives for Prevention Student Survey.  
KIPRC: Kentucky Injury Prevention and Research Center