

Pike County Community Health Needs Assessment and  
Community Health Improvement Plan  
2024 - 2028

Serving – Pike County

# Pike's Ride



# TABLE OF CONTENTS

<b>Letter from the Director</b>	<b>3</b>
<b>County Demographics</b>	<b>4</b>
<b>Community Status Assessment Process</b>	<b>5</b>
Methodology	5
Our Community Partners	6
Local Public Health Systems	8
<b>Phase 1: Past Assessment and Improvement Plan</b>	<b>9</b>
Community Health Assessment: 2016-2021	9
Community Health Improvement: 2016-2021	9
<b>Phase 2: Tell the Community Story</b>	<b>10</b>
Community Status Assessment	10
Pike County Secondary Data	10
Maternal Child Health	14
Health Outcomes	14
Access to Care	15
Physical Factors	15
<b>Organizational Perspective After Secondary Data Review</b>	<b>16</b>
Community Themes and Strengths Assessment- Organizational Perspective	19
Community Themes and Strengths Assessment- Individual Perspective	21
Community Partner Assessment	25
Community Context Assessment	29
Barriers to a Healthy Pike County	30
<b>Phase 3: Continuously Improve the Community</b>	<b>31</b>
Pike’s RIDE Coalition	32
Strategic Issue Identification/Goals and Objectives	33
Wellness and Obesity	33
Access to Care and Coordination of Services	36
Basic Needs and Emergency Response	39
Mental Health and Substance Abuse Disorder (SUD)	42
Job Readiness and Workforce Development	45
<b>Communication and Distribution Plan</b>	<b>47</b>
<b>Appendix A</b>	<b>48</b>
A1	48
A2	55
<b>Appendix B</b>	<b>72</b>
B1	72
B2	75

## Pikeville Clinic

119 River Drive  
Pikeville, KY 41501

Phone: 606-437-5500  
Fax: 606-437-0873

[www.pikecountyhealth.com](http://www.pikecountyhealth.com)



## Belfry Clinic

25320 U.S. Highway 119 N.,  
Suite 101  
P.O. Box 854  
Belfry, KY 41514

Phone: 606-353-7210  
Fax: 606-353-6818



### LETTER FROM THE DIRECTOR

The Pike County Health Department has become more committed than ever to identifying public health issues and addressing those issues with policies to increase the quality of life in our communities. Due to many changes in our health care systems, the environment, and society, public health faces greater challenges than ever. By utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) model, we were able to prioritize public health issues for Pike County and identify the resources needed to address them. We are pleased to present our Community Health Assessment (CHA), a combined effort by the Pike County Health Department and our many community partners.

This process has led to the formation of a health coalition, Pike's Ride, comprised of partners who represent a cross section of service agencies and individuals committed to the health of their communities. Naming our coalition Pike's RIDE was representative of the journey that is necessary to continue with developing goals, objectives, and strategies to mobilize partnerships and improve the health of Pike County.

We would like to thank our community partners for all their dedication to this assessment of Pike County. These dedicated individuals participated in two different community health forums to lay the groundwork for our CHA and Community Health Improvement Plan (CHIP). We would also like to thank the nearly 1,200 residents of Pike County who completed surveys for the CHA. Without the input of all these individuals, this project would not have been possible.

We welcome your feedback on our CHA. You may visit us at [www.pikecountyhealth.com](http://www.pikecountyhealth.com) to learn how the Pike County Health Department is working to protect and improve the health of Pike County residents.

Sincerely,

Tammy Riley, MA, BS  
Public Health Director  
Pike County Health Department

*"Leading our Community in Prevention"*

# COUNTY DEMOGRAPHICS

**Table 1:**

Indicators	Pike	Kentucky	US	Data Source
Population	57,876	4,467,673	328,239,523	United States Census Bureau (2019)
<b>Race Stats (%)</b>				
White (%)	96.80%	84.1%	76.30%	United States Census Bureau (2019)
African American (%)	0.70%	8.20%	13.40%	United States Census Bureau (2019)
Hispanic (%)	1.00%	3.90%	18.50%	United States Census Bureau (2019)
High School Graduation Rate (% of persons age 25+)	77%	86%	88%	American Community Survey (2015-2019)
Bachelor's Degree or higher (% of persons age 25+)	13%	24.20%	32.10%	United States Census Bureau (2015-2019)
Unemployed Persons (% of persons 16+)	5.80%	4.30%	5.20%	Local Area Unemployment Statistics (2019)
Languages other than English spoken in the home (% of persons age 5+)	1%	5.9%	21.7%	United States Census Bureau (2017-2021)
Persons in Poverty (%)	24%	16.30%	11.40%	United States Census Bureau (2015-2019)
Children living below Poverty Level (% of persons aged 18)	30%	21%	16%	Small Area Income and Poverty Estimates (2019)
Self-rated Health Status (% of adults who report fair or poor health)	30%	22%	17%	Behavioral Risk Factor Surveillance System (2018)
Children in single parent households (%)	30%	26%	32%	American Community Survey (2015-2019)
Median Household Income	\$36,900	\$52,300	\$62,843	Small Area Income and Poverty Estimates (2019)

# COMMUNITY STATUS ASSESSMENT PROCESS

## METHODOLOGY

The Pike County Health Department (PCHD) steering committee and coalition members utilized a community health assessment process based on the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP is a community-driven strategic planning process which helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The assessments used in the MAPP process include Community Themes and Strengths: Individual Perspective, Community Partner Assessment, and Community Context Assessment. It is important to note that the MAPP model was updated to MAPP 2.0 during the health assessment planning process, and coalition efforts throughout the document reflect a hybrid approach.

The PCHD augmented the MAPP process with a three-perspective approach to gathering information. Data gathered in conjunction with the Community Health Status Assessment provided a **Data Perspective** on the health of each community within Pike County. Information gathered during Community Forums, primarily attended by representatives of community partner organizations, provided the **Organizational Perspective**. To add the perspective of individual citizens of each community, both paper and electronic surveys were distributed; information from these surveys provided the **Individual Perspective**. In addition, the Local Public Health System Assessment was completed in each community, utilizing the asset mapping approach.

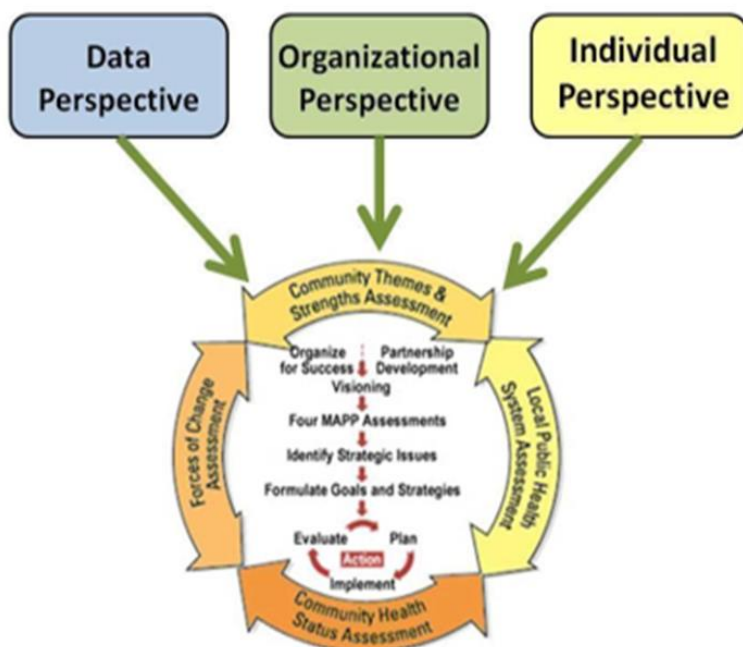


Figure 1: Diagram of the MAPP model with the Three Perspective approaches for gathering data and information.

## OUR COMMUNITY PARTNERS

**Table 2:** Lists the PCHD community partners, organizations and individuals, represented at the Community Forums that helped to provide the Organizational and Individual Perspective of our MAPP process.

American National University

Appalachian News Express

ARH Tug Valley

Big Sandy Community and Technical College

Cedar Creek Assisted Living

City of Pikeville

EM GIS & Mapping - Pike 911

Home Core Health

Kentucky Department of Public Health

Kentucky Home Place

Millard Fire Department

Pediatric Associates of Pikeville

Pike County Deputy Judge Executive

Pike County Extension Office

Paula Jones, MD

---

Pike County Seniors Center

Pike County Emergency Relief Services

Pike County Tourism

Pikeville City Hall

Pikeville EMS & Fire

Pikeville Medical Center

Shelby Valley Clinic

Truist Bank

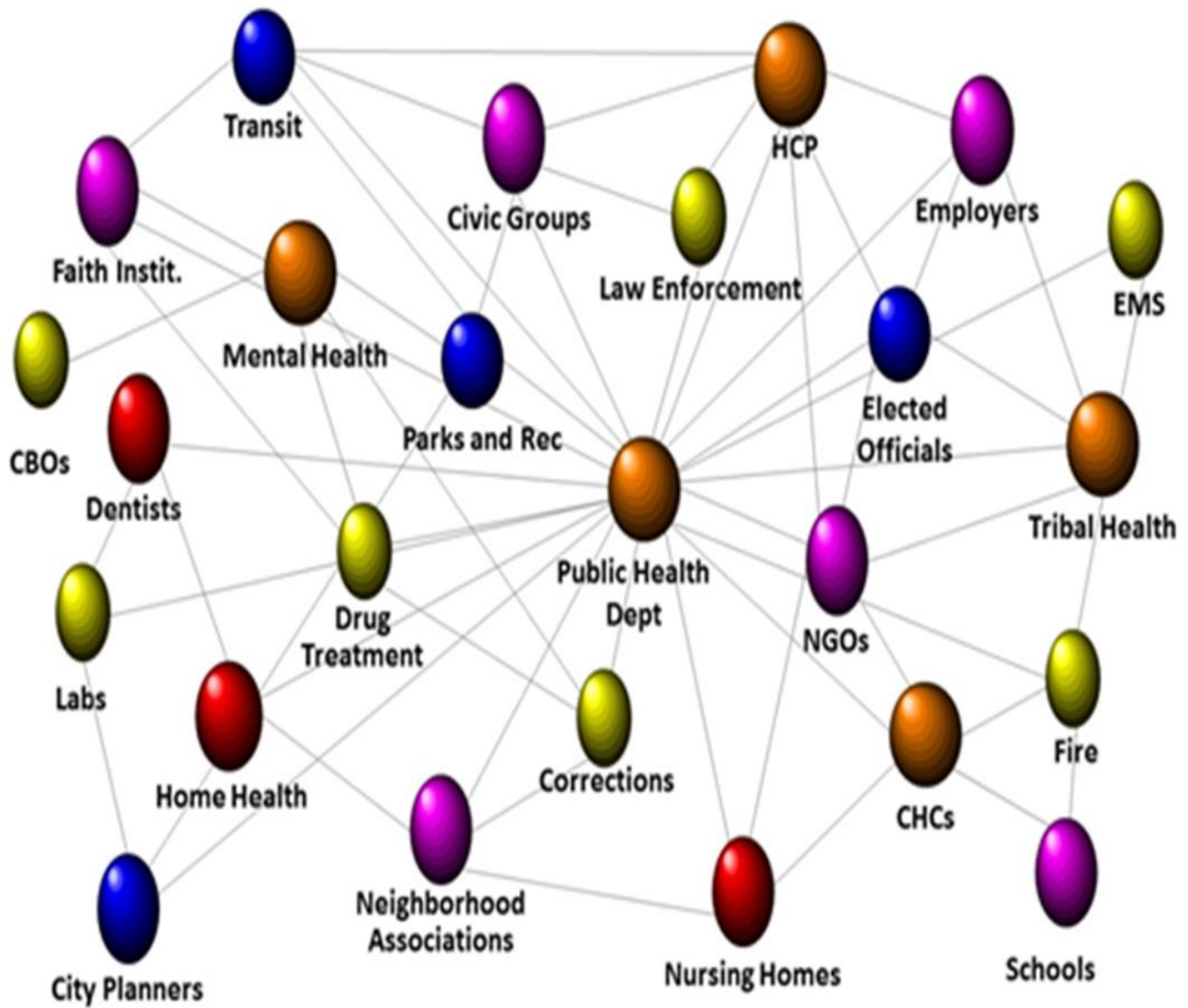
University of Kentucky

University of Pikeville School of Dentistry

WestCare

---

## LOCAL PUBLIC HEALTH SYSTEMS



**Figure 2:** The “Jellybean Diagram” depicts a sample of people and organizations that comprise the local public health system.

# PHASE 1: PAST ASSESSMENT AND IMPROVEMENT PLAN

(Organize for Success; Visioning – Previous MAPP steps)

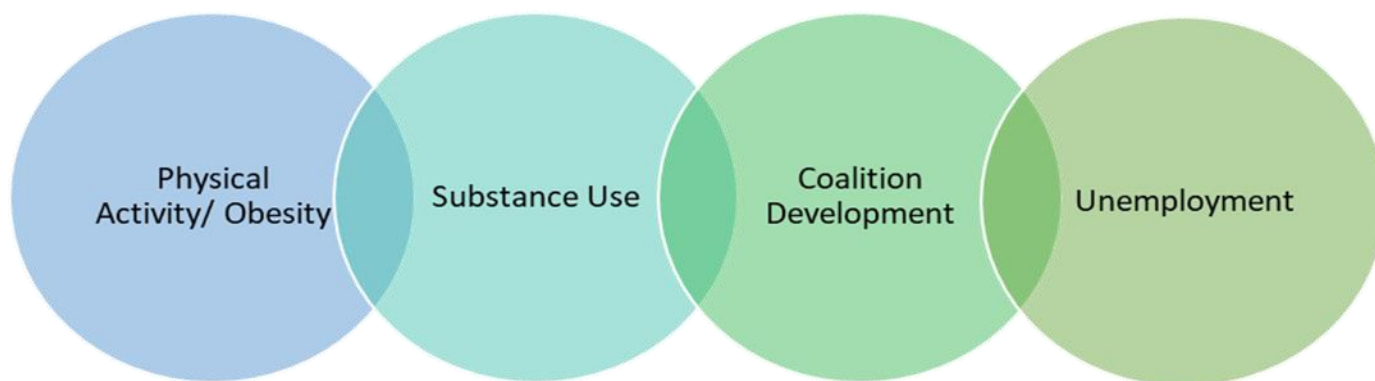
## COMMUNITY HEALTH ASSESSMENT: 2016-2021

In spring and fall 2015, PCHD utilized the community health assessment process based on Mobilizing for Action through Planning and Partnerships (MAPP). PCHD considered three perspectives in assessing the health of our communities. This contribution of community data perspective, organizational perspective, and individual/household perspective of the Community Health Assessment served to identify top health issues in our county.

## COMMUNITY HEALTH IMPROVEMENT PLAN: 2016-2021

Our local community partners utilized the results of the Community Health Assessment as a guide to establish priorities and develop strategic planning efforts to effectively improve the health of our community through the Community Health Improvement Plan. The 2016-2021 CHA/CHIP used a three-pronged approach to identifying strategies to improve the community's health outcomes. The Community Health Improvement Plan identified four strategic initiatives. The first initiative involved the creation of a health coalition and a related workgroup for each initiative. Individual work groups would identify a workgroup leader. The additional key health priorities identified in the strategic initiatives were improving obesity/physical activity, reduction of substance abuse, and reduction of unemployment. This process led to the formation of a health coalition composed of partners who represent a cross section of service agencies and individuals committed to the health of their communities.

### Previous CHIP Cycle Initiatives:



**Figure 3:** The circle figure depicts the health priorities identified in the 2016-2021 CHA-CHIP.

## PHASE 2: TELL THE COMMUNITY STORY

### COMMUNITY STATUS ASSESSMENT

Led by the Mobilizing for Action through Planning and Partnerships (MAPP) Assessment Design Team (ADT), the Community Status Assessment (CSA) informs MAPP and collects quantitative data on the status of your community such as demographics, health status, and health inequities. The CSA helps a community move “upstream” and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression. The CSA is a community-driven assessment to help tell the community’s story.

### PIKE COUNTY SECONDARY DATA

The Pike County Health Department partnered with the University of Kentucky School of Public Health. The data was collected prior to the first Community Health Assessment forum to facilitate discussion with stakeholders in the community including individuals and organizations.

**Table 3a:** Depicts the social, physical, and behavioral factors influencing the population that PCHD serves. It also depicts residents’ access to care and maternal/child health, along with certain health conditions affecting the population at large.

Indicators	Pike	Kentucky	US	Data Source
County Health Rankings out of 120	100			County Health Rankings & Roadmaps (2020)
<b>Social Factors</b>				
Population	57,876	4,467,673	328,239,523	United States Census Bureau (2019)
<b>Race Stats %</b>				
White (%)	96.80%	84.1	76.30%	United States Census Bureau (2019)
African American (%)	0.70%	8.20%	13.40%	United States Census Bureau (2019)
Hispanic (%)	1.00%	3.90%	18.50%	United States Census Bureau (2019)
High School Graduation Rate (% of persons age 25+)	77%	86%	88%	American Community Survey (2015-2019)
Bachelor’s Degree or higher (% of persons age 25+)	13%	24.20%	32.10%	United States Census Bureau (2015-2019)
Unemployed: Persons 16+ (%)	5.80%	4.30%	5.20%	Local Area Unemployment Statistics (2019)

Persons in Poverty (%)	24%	16.30%	11.40%	United States Census Bureau (2015-2019)
Children Living Below Poverty Level Under the age of 18 (%)	30%	21%	16%	Small Area Income and Poverty Estimates (2019)
Self-Rated Health Status (% of adults who report fair or poor health)	30%	22%	17%	Behavioral Risk Factor Surveillance System (2018)
Children in Single Parent Households (%)	30%	26%	32%	American Community Survey (2015-2019)
Median Household Income	\$36,900	\$52,300	\$62,843	Small Area Income and Poverty Estimates (2019)
<b>Behavioral Factors</b>				
Prevalence of Adult Smoking (%; Age-adjusted)	29%	24%	14%	Behavioral Risk Factor Surveillance System (2018)
Prevalence of Youth Smoking (% of 10th Grade Students who have smoked one or more times in the past 30 days in ADD District)	12%	-	-	Kentucky Incentives for Prevention (2018)
Adult Prevalence of Obesity (%; Age-adjusted)	40%	35%	42.40%	United States Diabetes Surveillance System (2017)
Sexually Transmitted Infection (Chlamydia rate per 100,000)	144.4	436.4	552.8	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2018)
Binge drinking: adults (%; Age-adjusted)	13%	17%	16%	Behavioral Risk Factor Surveillance System (2018)
No exercise: adults (%; Age-Adjusted)	38%	29%	25.40%	United States Diabetes Surveillance System (2017)
Recommended Fruit and Vegetable Intake (% adults)	10%	9%	9%	Kentucky Health Facts (2015-2017)
Flu Vaccination in the Past Year (% adults)	40%	46%	48.40%	Mapping Medicare Disparities Tool (2018)
Tooth Loss (% of adults missing 6 or more teeth)	35%	23%	-	Kentucky Health Facts (2016-2018)
<b>Access to Care</b>				
Health Professional Shortage Area?	Yes	Partial	Partial	Rural Information Hub (2021)
Uninsured Adults (% under 65 years)	7%	8%	10.20%	Small Area Health Insurance Estimates (2018)
Uninsured Children (% under 19 years)	4%	4%	5.70%	Small Area Health Insurance Estimates (2018)

Mentally unhealthy days: adults (per person; Age-adjusted)	6.1	5	4.3	Behavioral Risk Factor Surveillance System (2018)
<b>Physical Factors</b>				
Air Pollution - particulate matter days	7.8	8.7	11.18	Environmental Public Health Tracking Network (2016)
<b>Respiratory Illness</b>				
Adults with Asthma (%)	21%	16%	8%	Kentucky Health Facts (2016-2018)
Number of Inpatient Hospitalizations due to Asthma (0-17 yr. olds)	61	5,311	-	Kentucky Cabinet for Health and Family Services (2019)
<b>Maternal &amp; Child Health</b>				
Teen Birth Rate (ages 15-19; rate per 1,000)	41	31	16.7	National Vital Statistics Systems (2013-2019)
Pregnant Women Receiving Adequate Prenatal Care (%)	71%	66%	75%	Kentucky Health Facts (2014-2018)
Number of Child Victims of Substantiated Abuse	279	20,130	678,000	KIDS Count Data Center (2013)
Low birth weight deliveries (%)	11%	11%	8.31%	National Vital Statistics Systems (2013-2019)
Moms Who Smoked During Pregnancy (%)	31.60%	15.00%	6.00%	KIDS Count Data Center (2010-2016)
Early Childhood Obesity (age 2-4 yrs.; %)	15.80%	15.60%	13.40%	KIDS Count Data Center (2010)
<b>Diabetes Indicators</b>				
Diabetes Screenings (% of Medicare enrollees that receive screening)	82.30%	85.20%	84.60%	Dartmouth Atlas of Health Care (2012-2014)
% of adult population with diabetes (Age-adjusted)	18%	13%	10.50%	Behavioral Risk Factor Surveillance System (2017)
<b>Cancers</b>				
Cancer Deaths (rate per 100,000; Age-adjusted)	222	193	146.2	Kentucky Health Facts (2013-2017)
Lung, trachea, and bronchus cancer deaths (rate per 100,000; Age-adjusted)	78	63	36.7	Kentucky Health Facts (2013-2017)
Colorectal Cancer Deaths (rate per 100,000; Age-adjusted)	24	17	13.4	Kentucky Health Facts (2013-2017)
Breast Cancer Deaths (rate per 100,000; Age-adjusted)	18	21	19.9	Kentucky Health Facts (2013-2017)

Lung, trachea, and bronchus cancer Incidence (rate per 100,000; Age-adjusted)	97.8	91	53.1	National Cancer Institute (2014-2018)
Colorectal Cancer Incidence (rate per 100,000; Age-adjusted)	52.9	48.3	37.8	National Cancer Institute (2014-2018)
Breast Cancer Incidence (rate per 100,000; Age-adjusted)	115.7	126.7	129.1	National Cancer Institute (2014-2018)
<b>Total Number of Collisions Involving Drunk Drivers</b>				
Fatal Collision	1	112	-	Kentucky State Police (2019)
Injury Collision	25	1,550	-	Kentucky State Police (2019)
Property Damage Collision	21	3,041	-	Kentucky State Police (2019)
Total	46	4,703	-	Kentucky State Police (2019)
<b>Total Number of Drivers Under Influence of Drugs</b>				
Fatal Collision	0	233	-	Kentucky State Police (2019)
Injury Collision	30	678	-	Kentucky State Police (2019)
Property Damage Collision	24	927	-	Kentucky State Police (2019)
Total	54	1,838	-	Kentucky State Police (2019)
<b>Total Number of Arrests by Drug Type</b>				
Opium or Cocaine	18	3,393	-	Kentucky State Police (2018)
Marijuana	92	12,759	-	Kentucky State Police (2018)
Meth	198	20,956	-	Kentucky State Police (2018)
Heroin	11	3,825	-	Kentucky State Police (2018)
Other Drugs and Synthetic Narcotics	335	10,507	-	Kentucky State Police (2018)
Total	3,486	77,296	-	Kentucky Health Facts (2018)
<b>Total # of DUI Arrests</b>				
Adult	432	22,884	-	Kentucky State Police (2018)
Juvenile	3	112	-	Kentucky State Police (2018)
Male	327	17,318	-	Kentucky State Police (2018)
Female	111	5,696	-	Kentucky State Police (2018)
White	426	20,322	-	Kentucky State Police (2018)
African American	8	2,279	-	Kentucky State Police (2018)
Total	439	23,024	-	Kentucky State Police (2018)
<b>Race Stats %</b>				
All Drugs	558	29,683	-	KSPAN (2000-2013)
Heroin	-	610	-	KSPAN (2000-2013)
Pharmaceutical Opioids	209	6,720	-	KSPAN (2000-2013)
Benzodiazepine	203	8,239	-	KSPAN (2000-2013)
Total # of Drug Overdose Deaths (per 100,000)	29	32	-	National Vital Statistics Systems (2017-2019)
Data Collected: 9/28/2021				

## MATERNAL CHILD HEALTH

**Table 3b:**

Indicators	Pike	Kentucky	US	Source
Teen Birth Rate (ages 15-19; rate per 1,000)	41	31	16.7	National Vital Statistics Systems (2013-2019)
Pregnant Women Receiving Adequate Prenatal Care (%)	71%	66%	75%	Kentucky Health Facts (2014-2018)
Number of Child Victims of Substantiated Abuse	279	20,130	678,000	KIDS Count Data Center (2013)
Low birth weight deliveries (%)	11%	11%	8.31%	National Vital Statistics Systems (2013-2019)
Births to Mothers Who Smoked During Pregnancy (%)	31.60%	15.00	6.00%	KIDS Count Data Center (2010-2016)

## HEALTH OUTCOMES

**Table 3c:**

Indicators	Pike	Kentucky	US	Source
Adults with Asthma (%)	21%	16%	8%	Kentucky Health Facts (2016-2018)
Number of Inpatient Hospitalizations due to Asthma (ages 0-17)	61	5,311	-	Kentucky Cabinet for Health and Family Services (2019)
% of adult population with diabetes (Age-adjusted)	18%	13%	10.5%	Behavioral Risk Factor Surveillance System (2017)
Cancer Deaths (rate per 100,000; Age- adjusted)	222	193	146.2	Kentucky Health Facts (2013-2017)
Lung, trachea, and bronchus cancer deaths (rate per 100,000; Age-adjusted)	78	63	36.7	Kentucky Health Facts (2013-2017)
Colorectal Cancer Deaths (rate per 100,000; Age-adjusted)	24	17	13.4	Kentucky Health Facts (2013- 2017)

Breast Cancer Deaths (rate per 100,000; Age-adjusted)	18	21	19.9	Kentucky Health Facts (2013-2017)
Lung, trachea, and bronchus cancer Incidence (rate per 100,000; Age-adjusted) Colorectal Cancer Incidence (rate per 100,000; Age-adjusted)	97.8	91	53.1	National Cancer Institute (2014-2018)
Breast Cancer Incidence (rate per 100,000; Age-adjusted)	18	21	19.9	Kentucky Health Facts (2013-2017)

## ACCESS TO CARE

**Table 3d:**

Indicators	Pike	Kentucky	US	Source
Health Professional Shortage Area?	Yes	Partial	Partial	Rural Information Hub (2021)
Uninsured Adults (% under 65 years)	7%	8%	10.2%	Small Area Health Insurance Estimates (2018)
Uninsured Children (% under 19 years)	4%	4%	11.185	Small Area Health Insurance Estimates (2018)
Mentally unhealthy days: adults (per person; Age-adjusted)	6.1	5	4.3	Behavioral Risk Factor Surveillance System (2018)

## PHYSICAL FACTORS

**Table 3e:**

Indicators	Pike	Kentucky	US	Source
Air Pollution - particulate matter days	7.8	8.7	11.18	Environmental Public Health Tracking Network (2016)

## ORGANIZATIONAL PRESPECTIVE AFTER SECONDARY DATA REVIEW

On May 12, 2022, a robust community of stakeholders representing organizations throughout the local public health systems assembled at the Appalachian Wireless Arena to reflect upon past, current, and future health issues impacting the county. The forum was facilitated by Dr. Angela Carman, Associate Professor with the University of Kentucky College of Public Health. The theme throughout the meeting was *Pike's Ride*, signifying a community approach to addressing and improving health outcomes. During the forum Dr. Carman facilitated discussions encompassing key health priorities facing Pike County. She asked stakeholders what their vision of a healthy Pike County would look like and what existing resources could be utilized to achieve that vision. The chart below titled, "Visioning: What does a healthy Pike County look like?" reflects the stakeholder's visions for a healthy Pike County. After stakeholders identified their vision for a healthy Pike County a variety of concerns were generated during the forum's brainstorming session. To achieve the vision for a healthy Pike County, stakeholders were asked to list their key concerns on the 20"X30" easel pad sheets provided on the wall. (See photos below)

**Figure 4a:**



**Figures 4a & b:** Photos show Dr. Carman discussing key health priorities facing Pike County during the forum on May 12, 2022.

**Figure 4b:**



**Table 4a:**

Visioning: What does a healthy Pike County look like?	
Broadband	Educated youth
Healthy Food	Jobs/benefits
Transportation	Active things to do
Fitness Center	Water
Pools	Pediatric dentistry
Electric infrastructure – Affordable	Dental Education
Parks	

**Table 4b:**

Concerns	
<ul style="list-style-type: none"> <li>● Jobs and income level                             <ul style="list-style-type: none"> <li>▪ More and better paying jobs with benefits to increase median income</li> <li>▪ Opportunities for more jobs</li> <li>▪ Poverty</li> <li>▪ Children living below poverty level</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>● Drugs and substance abuse                             <ul style="list-style-type: none"> <li>▪ Drug education/rehabilitation/intervention</li> <li>▪ Drug and substance abuse education for free</li> <li>▪ More Drug awareness</li> <li>▪ Health education</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>● Tobacco and vaping education                             <ul style="list-style-type: none"> <li>▪ Moms who smoke during pregnancy</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>● Decrease cancer rates via better screening and environmental factors</li> </ul>	
<ul style="list-style-type: none"> <li>● Education                             <ul style="list-style-type: none"> <li>▪ For moms who smoke during pregnancy</li> <li>▪ General population</li> <li>▪ Regarding health benefits of regular exercise</li> <li>▪ Increase high school graduation rate</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>● Affordable health care and medicine                             <ul style="list-style-type: none"> <li>▪ Comparable screening</li> <li>▪ Access to health care</li> <li>▪ Access to preventable screenings</li> </ul> </li> </ul>	

**Table 4c:**

What significant changes have occurred that have impacted health outcomes in your community?	
Cut through	UPIKE
PMC Growth	LTC Acute Care Hospital
School of Dentistry	Restaurants
Downturn of the coal industry	Medicaid expansion
AVA Center	Trail System

**Table 4d:**

What did we learn about our community by going through COVID-19 together?	
People don't like to be told what to do	Followed directions
Consistent messaging	Helping community
Respect opinions	Health department guidance and importance
Healthcare agencies	Creativity
Teaching	Broadband
Tech savvy	Antisocial
Social media as a tool	Mental Health
Educators	Most adjusted over time to changes
Inconsistent messaging caused confusion	Community division
Monetary gain	Different way to do our jobs
Appreciation for health care	Poor living conditions
Became more dependent on technology/telemedicine	Shocked about number of anti-vaccine supporters

## COMMUNITY THEMES AND STRENGTHS ASSESSMENT – ORGANIZATIONAL PERSPECTIVE

The Community Themes and Strengths Assessment helps identify what is important to our community stakeholders and how quality of life is perceived by those organizations. Including an organizational perspective allows members to become vested in the process and understand how solutions to needs are eventually identified.

**Table 4e:**

Strengths
Ingenuity
Hospitality/welcoming
Strong government leaders
Kinship
Increase in farmers
Independent
Access to healthcare
Pride in healthcare and education
Trail system
Health Department
City bikes; Downtown
Law enforcement and community support
School system; UPIKE
Churches

**Table 4f:**

Barriers
<p>Barriers to Substance Use Disorder and Risks for SUD</p> <ul style="list-style-type: none"><li>▪ Few services for kids</li><li>▪ Home issues</li><li>▪ Bullying</li><li>▪ Chronic pain</li><li>▪ Lack of mental health services</li><li>▪ ACEs-trauma</li><li>▪ Faith-based community</li><li>▪ No detox centers</li></ul>
<p>Barriers – Lack of Jobs:</p> <ul style="list-style-type: none"><li>▪ Transportation</li><li>▪ Childcare</li><li>▪ Benefits</li><li>▪ Low pay scale</li><li>▪ Incentives</li><li>▪ Knowledge of different types of jobs</li><li>▪ Cell service</li><li>▪ Tuition cost</li><li>▪ Loss of Population</li><li>▪ Opportunities for “careers”</li><li>▪ Infrastructure</li></ul>
<p>Barriers – Low High School Graduation/Education</p> <ul style="list-style-type: none"><li>▪ Socially acceptable</li><li>▪ Teen birth rates</li><li>▪ Having to work</li><li>▪ Support for school</li><li>▪ Money to go to school</li><li>▪ Bullying</li><li>▪ Product of their environment mentality</li><li>▪ Home issues</li><li>▪ Culture and lack of emphasis from parents</li><li>▪ Funding</li></ul>
<p>Barriers – Accessing Needed Healthcare</p> <ul style="list-style-type: none"><li>▪ Needed services – providers can’t afford to offer</li><li>▪ Dental services</li><li>▪ Out of pocket money</li><li>▪ Insurance differences</li><li>▪ Navigating healthcare system</li><li>▪ Inability to pay for medication</li><li>▪ Transportation issues</li></ul>

## COMMUNITY THEMES AND STRENGTHS ASSESSMENT- INDIVIDUAL PERSPECTIVE

The individual survey requests were widely distributed throughout the community by utilizing a range of techniques. A hard copy survey was available at the Pike County Health Department and all visitors were asked to complete the survey for summer 2022. A link to the survey was posted on PCHD’s social media outlets, and a digital link was launched in July 2022. The survey was paused in late-July and redistributed in October 2022 in consideration of the historical floods in Eastern Kentucky in late-July 2022. In October 2022, a survey link was distributed to Appalachian Wireless users, the leading wireless service provider in Pike County, via cell phones. Organizations serving a range of the county’s populations assisted with survey distribution. The local health department, Senior Citizen Centers, churches, recovery centers, Harm Reduction Mobile Units, hospitals, school district personnel, and post-secondary organizations assisted with distribution of the survey to ensure a wide range of demographics obtained access to the survey. The survey campaign received nearly 1200 responses (see Appendix A).

Many respondents fell in the 56-to-65-year age category. Primary townships identified by the respondents included Belfry, Elkhorn City, Phelps, and Pikeville. Our household level employment status reflected nearly half of the respondents were working part- or full-time. Nearly 26 percent were disabled or unable to work due to health issues. The disability percentage was higher than anticipated at 25.9 percent. Over 70 percent of the respondents had some college or a college degree or higher in educational status. The greatest impacts on health were indicated as substance use disorder and the economy followed by access to health care, obesity, and high school completion rates.

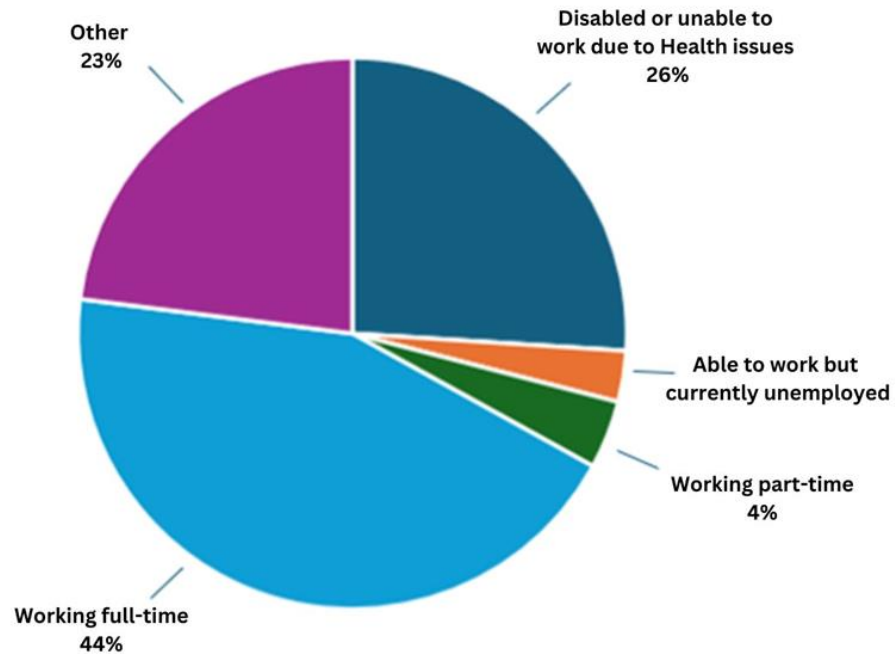
**Table 5a:**

Respondent Demographics								
<b>Gender</b>	Male: 207			Female: 834		Prefer not to say		Total: 1,057
<b>Age</b>	Under 18: 4	19-25: 19	26-35: 103	36-45: 176	46-55: 235	56-65: 313	Over 65: 207	Total: 1, 057
<b>Race</b>	White: 1,026		Black: 4		Prefer not to say: 27			Total: 1,057

**Table 5b:**

Respondent Locations	
Locations	Count
<b>Belfry</b>	135
<b>Elkhorn City</b>	136
<b>Phelps</b>	76
<b>Pikeville</b>	501

## Respondents Demographics- Employment Status

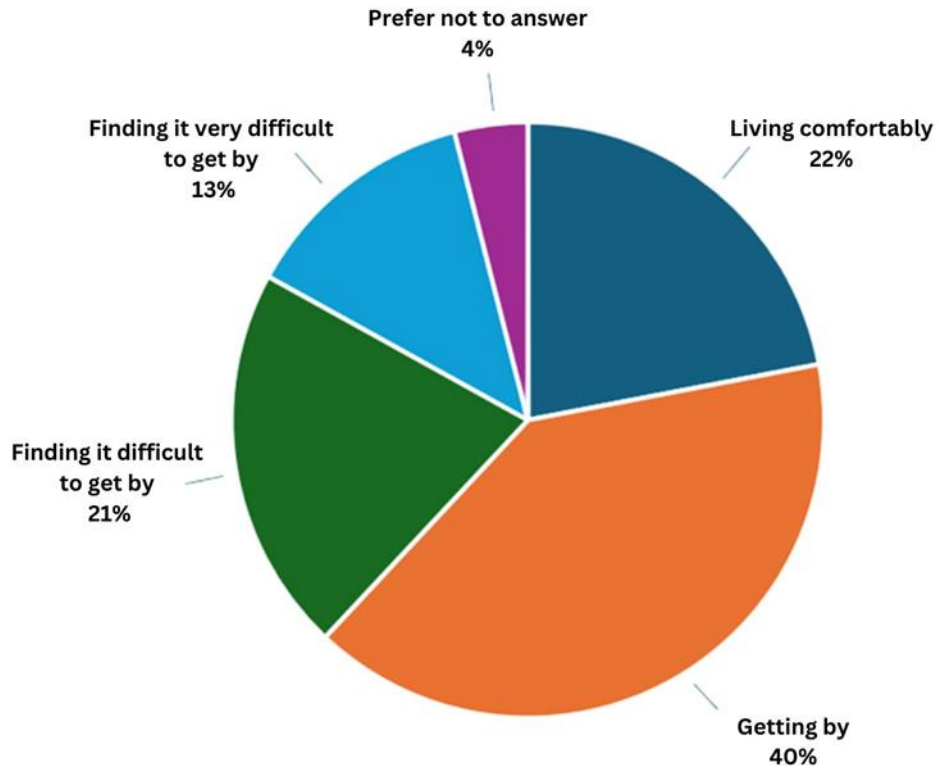


**Figure 5:** The chart above depicts employment demographics for the survey respondents.

**Table 5c:**

Respondents Employment Status (n=1049)		
Status	Count	Percentage
Disabled or unable to work due to health issues	272	25.92%
Able to work but currently unemployed	32	3.05%
Working part-time	45	4.28%
Working full time	465	44.32%
Other	235	22.40%

## Respondents Demographics- Financial Well-being

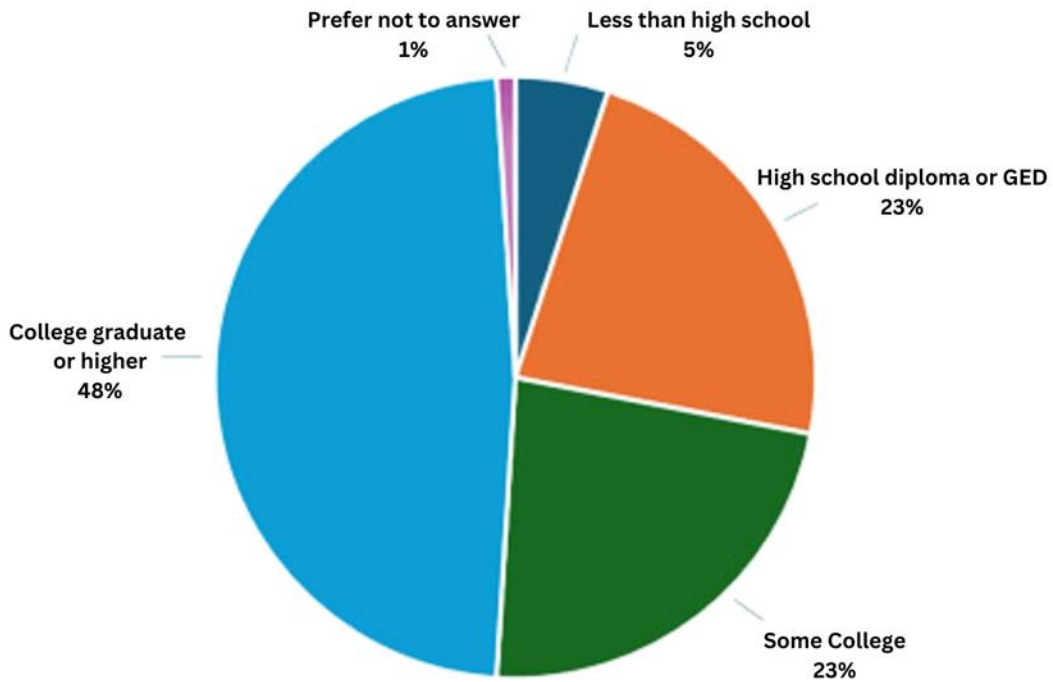


**Figure 6:** The chart above depicts employment demographics for the survey respondents.

**Table 5e:**

Respondents Demographics- Financial Well-being (n=1056)		
Financial well-being	Count	Percentage
Living comfortably	237	22.44%
Getting by	425	40.24%
Finding it difficult to get by	220	20.83%
Finding it very difficult to get by	136	12.87%
Prefer not to answer	38	3.59%

## Respondents Demographics- Employment Status



**Figure 7:** The chart above depicts education demographics for the survey respondents.

**Table 5g:**

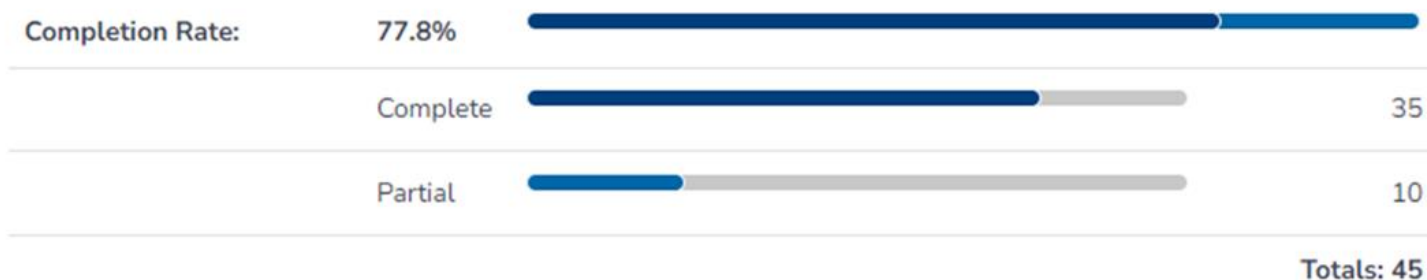
Respondents Demographics- Education (n=577)		
Educational Attainment	Count	Percentage
Less than high school	27	4.67%
High school diploma or GED	133	23.05%
Some college	133	23.05%
College graduate or higher	279	48.35%
Prefer not to say	5	0.86%

## COMMUNITY PARTNER ASSESSMENT

Throughout February, March, and April 2023, coalition members were provided with a survey to communicate their preferences, strengths, and access to resources. The survey consisted of seven questions, was distributed digitally, and yielded 45 unique respondents. The survey returned a 77.8% completion rate with 35 responders answering all survey questions (see Table 6a). Question one indicated which workgroup the respondent preferred and allowed for more than one response. Question one yielded 37 responses (see Table 6b). The first two questions of the survey provided an opportunity for community partners to share which health coalition workgroup would be preferred based on professional skills or personal interest (see Appendix B-2) as well as the opportunity to provide a description of resources available to any specific workgroup to enhance Pike County's Community Health Improvement Plan over the next five years (see Appendix B-3).

**Table 6a:**

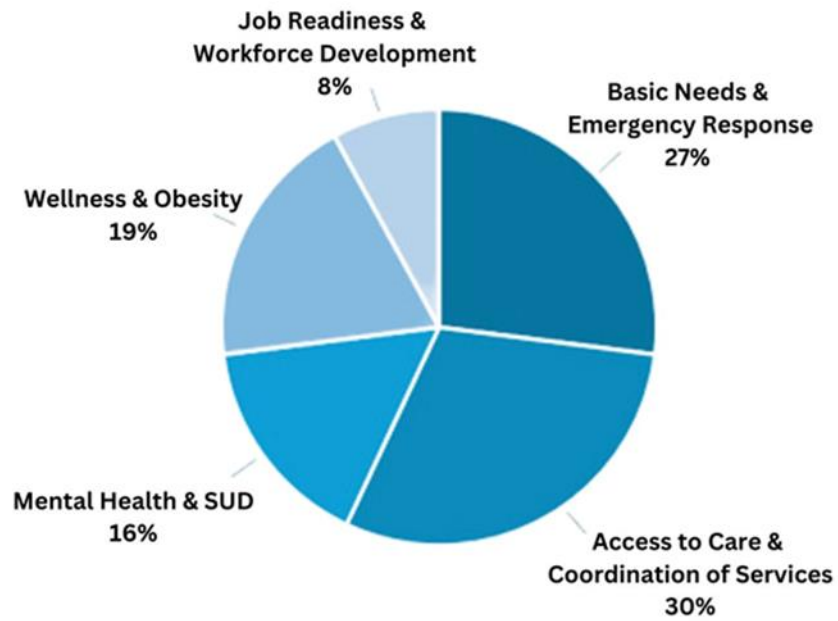
### Response Counts



Workgroup preferences identified were Basic Needs & Emergency Response closely followed by the next category, Access to Care & Coordination of Services, with 10 and 11 respondents, respectively. Mental Health & SUD closely followed Wellness & Obesity with 6 and 7 respondents, respectively, indicating interest. Job Readiness & Workforce development reflected 3 individuals or organizations indicating interest in the workgroup. The narrative section for question 2 of the survey reflected a variety of responses for resources available for a particular workgroup. There were 33 respondents who provided additional narrative for resources. Table 5 reflects a variety of resources and strengths from the respondents including mental health, oral health, wellness promotion, and access to tobacco cessation supplies as a few examples.

**Table 6b:**

1. Which health coalition work group is your preference based on your professional skills or personal interest?



Value	Percent	Responses
Basic Needs & Emergency Response	27.0%	10
Access to Care and Coordination of Services	29.7%	11
Mental Health and SUD	16.2%	6
Wellness & Obesity	18.9%	7
Job Readiness and Workforce Development	8.1%	3

Totals: 37

**Table 6c:**

2. Is there a specific category (Basic Needs & Emergency Response, Access to Care and Services, Mental Health & SUD, Wellness & Obesity or Job Readiness) which you already are involved or have resources available to enhance Pike County’s Community Health Improvement Plan over the next five years? If yes, please describe.

Response ID	Response
13	I am actively involved with wellness through PCHD’s educational and clinic efforts.
14	Access to Care and Collaboration of Services
16	Yes, emergency response being from the emergency management part of the equation.
17	General knowledge of local services available to Pike County residents, collaborate with various community partners to narrow gaps in services & link residents with much needed services. Increased knowledge of tobacco use disorder as well as tobacco prevention education and cessation resources.
18	With my clinical background and Freedom from Smoking facilitator experience, I’m aware of the importance of Access to Care and what a difference it can make in someone’s life.
19	Emergency Response (Fire, EMS, Haz-Mat, Rescue, etc.)
20	I feel we need bio-suits for protection against airborne or bloodborne pathogens.
21	FRYSC performs activities in these categories on a daily basis and networks with available resources as needed.
22	None at this time.
23	I can work in any category that’s needed.
24	None.
25	Dental school.
26	Wellness and Obesity.
27	Healthcare
28	Mental Health & SUD.
29	Wellness.
30	Appalachian Regional Healthcare is kicking off numerous initiatives in Pike County and the Big Sandy Region to promote wellness through diabetes coalitions, healthy cooking classes, youth education and more.
31	No.
32	I work as an Operations Manager for United Helping Hands, and we serve as a community resource for Basic Needs and Emergency Response as part of our overall mission. Currently, we take applications for utilities assistance one day a month and from there we are able to offer assistance to anywhere between 10 to 25 Pike County households in a month. At the moment, we are working on a better system of helping individual basic needs such as clothing and household items. We hope to have a more standard and cohesive referral system in place to help us better assess individual needs.
33	N/A

Response ID	Response
34	I am a Coal Run City Commissioner- Have served my community in this position for 10 years.
35	Resources for clients to be able to get help with paying for small things like a birth certificate or an ID.
36	I am the secretary of Pike County Relief Services, a Rotarian, a Women's Club member and retired Extension Agent.
37	SUD and MH.
38	N/A
39	I am the dean of the new UPIKE dental school and we plan to be part of the solution to help improve Access to Care and Services for the dental needs of the community.
40	As a community health educator, I already wear numerous hats and serve in many capacities at the Pike County Health department. With this community health experience, and fostered relationships, I could provide input/enhance Pike County's improvement plan by being a team member who helps coordinate services throughout the county. I could also help identify barriers in Access to Care, as well as health equity. With many tobacco prevention and cessation certificates I could also provide up to date tobacco education and prevention resources as well as cessation methods.
41	Access to EMS.
42	Just started meeting with Pike County Childcare Task Force.
43	Pike County's fire departments, emergency management and emergency services community.
44	Partnership with the YMCA.
45	I am a physician board certified in addiction and can help with mental health and SUD.
46	None.
47	I am a vice president of the Tug Valley Road Runner's Club.

## COMMUNITY CONTEXT ASSESSMENT

Pike County residents are proud of their community and many families have lived in the area for generations passing property on to the next and taking pride in their culture and background. Residents proudly describe the area as a place where family and neighbors take care of one another. However, the county has experienced hardship. The 1970's, 80's and early 90's were considered the coal boom era for the area; however, the decline of the coal industry has impacted many residents over the last two decades. The opioid epidemic has been widely studied and discussed throughout the nation. Most local families have directly or indirectly suffered from the plague inflicted by substance use disorder. The COVID-19 pandemic was devastating for the area. Considering existing comorbidities and challenges with access to care, pandemic burdens were exacerbated. As society was adjusting to a post-pandemic renewal, a historical and devastating flood ravaged portions of the county in the summer of 2022 destroying gardens, property, bridges, and homes. While there are challenges to life in Pike County, like other rural communities across the nation, advantages outweigh the obstacles allowing residents the benefit of an overall safe, clean, and friendly community in which to work, play, and raise a family.

As part of the community context assessment, a community survey was widely distributed through hard copy, digital copy, and a local cell phone carrier text messaging campaign with nearly 1200 individual responses (See Appendix A). Many of the respondents fell in the 56-to-65-year age category. Primary townships identified by the respondents included Belfry, Elkhorn City, Phelps, and Pikeville. Our household level employment status reflected nearly half of the respondents were working part- or full-time. Nearly 26 percent were disabled or unable to work due to health issues. The disability percentage was higher than anticipated at 25.9 percent. Over 70 percent of the respondents had some college or a college degree or higher in educational status. The greatest impacts on health were indicated as substance use disorder and the economy followed by access to health care, obesity, and high school completion rates.

The individual respondents indicated the cost of health-related services as the biggest barrier preventing a healthy Pike County followed by lack of mental health services and opportunities for kids. The Pike County Health Department was listed as the most trusted source for health-related information followed by the Centers for Disease Control and Prevention and a regional medical center, Pikeville Medical Center. Respondents were concerned about the impact of lack of services, homelife, and chronic pain and the significance of their contributions to the substance use disorder issue in the county. Transportation and childcare issues were considered barriers for employment. The impact of social acceptance and teen birth rates towards high school dropout rates was also indicated as a barrier. Two significant barriers to access to care were listed as dental service deficits and out-of-pocket monetary requirements. Specialty services like dermatology and oral health are difficult to locate for the Medicaid population, worsening access to care. Additionally, navigating the healthcare system was seen as frustrating and a significant contributor. Frequent flash flooding and harsh winters require emergency response and create deficits with basic needs in the community especially amongst the lower socioeconomic population.

## BARRIERS TO A HEALTHY PIKE COUNTY



**Figure 8:** Depicts key health priorities in the Community Health Needs Assessment.

Respondents felt that ingenuity, kinship, and government leadership were strengths. Forces of change in Pike County were attributed to the professional schools of medicine and dentistry, the cut through project from 1980's, growth of Pikeville Medical Center, and the downturn of the coal industry. Recent expansion of existing trail systems was indicated as a potential tourism resource to boost employment opportunities and restaurant expansion. The AVA Center was highlighted as an asset to the community and an additional significant force of change that occurred in recent years. With two hospitals located in Pike County, ARH Tug Valley and Pikeville Medical Center, acute care was expressed as a strength for our community.



**Figure 9:** Depicts significant forces of change in Pike County.

## PHASE 3: CONTINUOUSLY IMPROVE THE COMMUNITY

### COMMUNITY HEALTH IMPROVEMENT PLAN PROCESS

On January 23, 2023, a robust community of stakeholders representing organizations throughout local public health systems reassembled at the Appalachian Wireless Arena engaging in the Community Health Improvement Plan Process. During the forum Dr. Carman facilitated discussions guiding attendees in identifying five key areas to improve health outcomes through community involvement, policy change, and health inequity reduction. The assessment determined that basic needs and emergency response; job readiness and workforce development; mental health and substance use disorder; wellness and obesity; and access to care and coordination of services could be categorized with focus from strategic workgroups. Each workgroup's members were identified by areas of expertise. The coalition workgroups communicated a preference for quarterly meetings to assess progress within each identified health priority area. Additionally, the coalition communicated a desire for the full coalition membership to meet on an annual basis to provide an update on progress made and barriers encountered (See Appendix B). (See photos below)



**Figure 10:** Photo shows key stakeholders assembling for the second forum on January 23, 2023, at the Appalachian Wireless Arena to discuss the five areas of health improvement.

# Pike's RIDE Coalition



**Figure 11:** Depicts the five key health priorities identified during the community forums.

# STRATEGIC ISSUE IDENTIFICATION/ GOALS AND OBJECTIVES

## Wellness and Obesity

### Goals and Objectives

#### Goal:

**Reduce overall adult and childhood obesity rates.**

**Objective:**  
Increase knowledge of Medicaid covered health programs available in the county.

- Provide outreach of Medicaid reimbursed health programs through social media, local events, and direct flyers to work group consumer base.

**Objective:**  
Work group will participate in 3 or more annual health-related community events.

- The work group will collaborate on 3 or more wellness events, including local events promoting exercise, that will be open to the public.

**Objective:**  
Expand access to weight loss, diabetes prevention, and wellness programs.

- Establish 2 or more employers to adopt wellness and/or gym memberships as fringe benefit for employees through company policy.
- Expand DPP.
- Promote and refer to DSMES.
- Work with FRYSC's to address K-12 obesity and wellness issues.

# Wellness and Obesity

## About this Priority:

Per the community health assessment, our community faces higher rates of obesity, diabetes, and other health issues than our state and national averages, making wellness and obesity a major health priority to be addressed in our community health improvement plan. It has been determined that the Pike County Health Department will act as the coordinating agency to address wellness and obesity. The Pike County Health Department is vital to spreading awareness regarding general health maintenance and lifestyle changes, as well as providing services to monitor and improve health outcomes. The agency will work to spread awareness of the effects that lifestyle choices have on an individual’s general health, as well as providing tools to help monitor and improve health outcomes.

**Table 7a:**

## Implementation Plan:

	Measure	Strategy or Action Step	Baseline (2023)	Target	2024	2025	Source
<b>Objective 1:</b>	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
<b>Objective 2:</b>	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
<b>Objective 3:</b>	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
<b>Objective 3:</b>	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						

**Evaluation:**

2024	Q1	Q2	Q3	Q4	Who is Responsible?
<b>Objective 1:</b> Increase knowledge of Medicaid covered health programs available in the county.					
<b>Strategy A:</b> Provide outreach of Medicaid reimbursed health programs through social media, local events, and direct flyers to work group consumer base.					
<b>Strategy B:</b>					
<b>Objective 2:</b> Work group will participate in 3 or more annual health-related community events.					
<b>Strategy A:</b> The work group will collaborate on 3 or more wellness events, including local events promoting exercise that will be open to the public.					
<b>Strategy B:</b>					
<b>Objective 3:</b> Expand access to weight loss, diabetes prevention and wellness programs.					
<b>Strategy A:</b> Establish 2 or more employers to adopt wellness and/or gym memberships as fringe benefits for employees through company policy					
<b>Strategy B:</b>					
<b>Objective 4:</b>					
<b>Strategy A:</b>					
<b>Strategy B:</b>					

**Progress:**

- TBD: To be determined at the next convening of the assigned workgroup. This document will be updated periodically with progress updates and an established timeline.

# Access to Care and Coordination of Services

## Goals and Objectives

### Goal:

**Increase access to care for all Pike County residents.**

**Objective:**  
Partner with Sandy Valley Transportation and other related health focused transportation service providers to increase access to care.

- Meet twice a year with transportation provider(s) and advertise Medicaid and other funding sources for medical related transportation.

**Objective:**  
Partner with local providers on available telehealth services offered.

- Distribute a directory of telehealth services throughout the community through the coalition.

**Objective:**  
Partner with local hospitals, university professional programs, and health providers to promote available transportation and access to care services available to residents.

- Expand partnerships and programs for the underinsured and uninsured population with a focus on specialty care (e.g., oral health, dermatology, vision)
- Continue to increase awareness of how to access medical, dental, and behavioral health services by updating multiple resources for the community.

# Access to Care and Coordination of Services

## About this Priority:

Access to care is defined as an individual’s ability to obtain services to address the prevention, diagnosis, treatment, and management of health-impacting conditions. Coordination of services is defined as multiple resources that may need to work together to make access to care easy and accessible. Within our community, many obstacles exist that may make access to care difficult to obtain. The workgroup to address access to care issues will consist of local hospitals and private healthcare providers. This will include citizens most familiar with both organizational and community obstacles. Together, they will best address these obstacles and their primary focus will be to identify the resources needed for citizens and coordinate care among agencies.

**Table 7c:**

## Implementation Plan:

	Measure	Strategy or Action Step	Baseline (2023)	Target	2024	2025	Source
Objective 1:	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
Objective 2:	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
Objective 3:	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
Objective 3:	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						

**Table 7d:**

**Evaluation:**

2024	Q1	Q2	Q3	Q4	Who is Responsible?
<b>Objective 1:</b> Partner with Sandy Valley Transportation and other related health focused transportation service providers to increase access to care.					
<b>Strategy A:</b> Meet twice a year with transportation provider(s) and advertise Medicaid and other funding sources for medical related transportation					
<b>Strategy B:</b>					
<b>Objective 2:</b> Partner with local providers on available telehealth services offered					
<b>Strategy A:</b> Distribute a directory of telehealth services throughout the community through the coalition.					
<b>Strategy B:</b>					
<b>Objective 3:</b> Partner with local hospitals, university professional programs and health providers to promote available transportation and access to care services available to residents.					
<b>Strategy A:</b> Expand partnerships and programs for the underinsured and uninsured population with a focus on specialty care (e.g.: oral health, dermatology, vision).  Continue to increase awareness of how to access medical, dental, and behavioral health services by updating multiple resources for the community.					
<b>Strategy B:</b>					
<b>Objective 4:</b>					
<b>Strategy A:</b>					
<b>Strategy B:</b>					

**Progress:**

- TBD: To be determined at the next convening of the assigned workgroup. This document will be updated periodically with progress updates and an established timeline.

# Basic Needs and Emergency Response

## Goals and Objectives

### Goal:

**Sustain a long-term workgroup to address basic personal needs and emergency response assistance.**

#### Objective:

**Pike County Relief Services, acting workgroup for this key priority, will remain an active organization promoting basic needs and relief services to the community.**

- **Hold Monthly Meetings.**

#### Objective:

**Partner with Pike County Emergency Management and other related community organizations.**

- **Pike County Emergency Management will be an active member of the workgroup.**
- **Pike County Health Department will be an active member of the workgroup.**

#### Objective:

**Expand case management and funding resources for Pike County residents.**

- **Submit application for applicable grants.**

# Basic Needs and Emergency Response

**About this Priority:**

When discussing general health and well-being, the first step is to ensure that an individual’s basic needs are addressed- food, shelter, water, clothing, etc. For many within Pike County, it can be a struggle to obtain such necessities. By addressing basic needs and emergency responses to shortages in these areas, citizens are given the tools they need for basic survival, allowing them to focus on their own health and quality of life. Pike County Relief Services is an agency whose mission is to find sanitary and affordable housing for citizens. This agency will work to identify residents who may need improved infrastructure or those who are without a home entirely. This will ensure that citizens are able to obtain safe and affordable housing and utilities and, in turn, improve their own health outcomes and quality of life.

**Table 7e:**

**Implementation Plan:**

	Measure	Strategy or Action Step	Baseline (2023)	Target	2024	2025	Source
<b>Objective 1:</b>	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
<b>Objective 2:</b>	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
<b>Objective 3:</b>	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
<b>Objective 3:</b>	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						

**Table 7f:**

**Evaluation:**

2024	Q1	Q2	Q3	Q4	Who is Responsible?
<b>Objective 1:</b> Pike County Relief Services, acting workgroup for this key priority will remain an active organization promoting basic needs and relief services to the community.					
<b>Strategy A:</b> Hold monthly meetings.					
<b>Strategy B:</b>					
<b>Objective 2:</b> Partner with Pike County Emergency Management and other related community organizations.					
<b>Strategy A:</b> Pike County Emergency Management will be an active member of the workgroup. Pike County Health Department will be an active member of the workgroup.					
<b>Strategy B:</b>					
<b>Objective 3:</b> Expand Case Management and Funding Resources for Pike County Residents.					
<b>Strategy A:</b> Submit application for applicable grants.					
<b>Strategy B:</b>					
<b>Objective 4:</b>					
<b>Strategy A:</b>					
<b>Strategy B:</b>					

**Progress:**

- TBD: To be determined at the next convening of the assigned workgroup. This document will be updated periodically with progress updates and an established timeline.

# Mental Health and Substance Abuse Disorder (SUD)

## Goals and Objectives

### Goal:

**Decrease deaths related to overdose and contributing mental health issues.**

**Objective:**  
UNITE Pike, acting workgroup for this key priority, will work to expand SUD Services.

- Utilize existing SUD Workgroup and combine Mental Health Leadership to create a Mental Health/SUD Workgroup.
- Hold UNITE Meetings September through May with Keynote SUD Speakers.
- Participate with ASAP and other SUD related organizations.
- Provide support for annual Unite Camps.

**Objective:**  
Support Mental Health providers and expansion of services.

- FQHC Partnerships Expanded.
- Create Local Domestic Violence and Grief Support Groups.
- Establish local policy for EPO approvals to include mandatory safety training for potential domestic violence victims.

**Objective:**  
Support Local AmeriCorps and Family Resource and Youth Service Centers (FRYSC) Efforts.

- Coordinate with AmeriCorps and FRYSC Programs for K-12.
- Provide Support to Local Harm Reduction Activities.

# Mental Health and Substance Abuse Disorder (SUD)

## About this Priority:

In Pike County, many individuals suffer due to a lack of mental health providers as well as treatment for substance use disorder (SUD). As a result, our community displays high numbers of individuals who partake in drugs, alcohol, and other forms of self-harming behaviors, which in turn leads to increased rates of criminal arrests, hospitalizations, and other negative social outcomes. UNITE Pike, which provides intervention and counseling services to those affected by substance abuse disorder, will lead this workgroup’s efforts. Federally Qualified Health Centers (FQHC), leading providers of mental health services in the community, will be invited to join the workgroup. These organizations will work together to identify and address patterns and areas of concern in the community that contribute to high rates of mental health and substance abuse disorders.

**Table 7g:**

## Implementation Plan:

	Measure	Strategy or Action Step	Baseline (2023)	Target	2024	2025	Source
<b>Objective 1:</b>	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
<b>Objective 2:</b>	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
<b>Objective 3:</b>	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
<b>Objective 3:</b>	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						

**Table 7h:**

**Evaluation:**

2024	Q1	Q2	Q3	Q4	Who is Responsible?
<b>Objective 1:</b> UNITE Pike, acting workgroup for this key priority, will work to expand SUD services					
<b>Strategy A:</b> : Utilize existing SUD workgroup and combine Mental Health Leadership to create a Mental Health/SUD workgroup Hold UNITE meetings September through May with Keynote SUD speakers Participate with ASAP and other SUD related organizations Provide support for annual UNITE camps					
<b>Strategy B:</b>					
<b>Objective 2:</b> Support Mental Health providers and expansion of services					
<b>Strategy A: FQHC Partnerships Expanded</b> Create local Domestic Violence and Grief Support Groups Establish local policy for EPO approvals to include mandatory safety training for potential domestic violence victims promoting exercise that will be open to the public.					
<b>Strategy B:</b>					
<b>Objective 3:</b> Support local AmeriCorps and Family Resource and Youth Service Centers (FRYSC) efforts					
<b>Strategy A:</b> Coordinate with AmeriCorps and FRYSC programs for K-12 Provide support to local Harm Reduction activities					
<b>Strategy B:</b>					
<b>Objective 4:</b>					
<b>Strategy A:</b>					
<b>Strategy B:</b>					

**Progress:**

- TBD: To be determined at the next convening of the assigned workgroup. This document will be updated periodically with progress updates and an established timeline.

# Job Readiness and Workforce Development

## Goals and Objectives

### Goal:

**Increase the community's confidence in the importance for education.**

**Objective: Establish a Multi-sector Workgroup**

- **Strategies are to be determined by the assigned work group.**

**Objective: Define Key Strategies**

- **Strategies are to be determined by the assigned work group.**

**Objective: Identify Work Group Leadership, Begin Work, and Applicable Activities**

- **Strategies are to be determined by the assigned work group.**

# Job Readiness and Workforce Development

## About this Priority:

As a rural community, Pike County has limited access to jobs and opportunities. As a result, some individuals in the community struggle to find employment, which heavily affects their ability to access basic care needs and medical coverage. With education being a primary obstacle for obtaining employment, the workgroup will be working to provide opportunities and training for future employment to citizens. Potential members would include personnel from local organizations such as the school districts, postsecondary education, and the public library system. The workgroup will help citizens- both in and out of school- obtain skills needed to obtain employment. These include resume building, information on vocational/ trade school options, and general training in job readiness. They will also work to connect interested individuals to fields of interest and work to diversify the work fields within the region as our area continues to grow and bring in new opportunities.

**Table 7i:**

## Implementation Plan:

	Measure	Strategy or Action Step	Baseline (2023)	Target	2024	2025	Source
Objective 1:	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
Objective 2:	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
Objective 3:	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						
Objective 3:	Key Outcome Measure						
	Other Outcome Measures						
	Process Measures						

**Table 7j:**

**Evaluation:**

2024	Q1	Q2	Q3	Q4	Who is Responsible?
<b>Objective 1:</b> Establish a Multi-sector Workgroup					
<b>Strategy A:</b> Strategies are to be determined by the assigned work group					
<b>Strategy B:</b>					
<b>Objective 2:</b> Define Key Strategies					
<b>Strategy A:</b> Strategies are to be determined by the assigned work group					
<b>Strategy B:</b>					
<b>Objective 3:</b> Identify work group leadership, begin work and applicable activities					
<b>Strategy A:</b> Strategies are to be determined by the assigned work group					
<b>Strategy B:</b>					
<b>Objective 4:</b>					
<b>Strategy A:</b>					
<b>Strategy B:</b>					

**Progress:**

- TBD: To be determined at the next convening of the assigned workgroup. This document will be updated periodically with progress updates and an established timeline.

## COMMUNICATION AND DISTRIBUTION PLAN

The Pike County Community Health Assessment and Community Health Improvement Plan will be published on PCHD’s website, ([www.pikecountyhealth.com](http://www.pikecountyhealth.com)), for public access and shared digitally with all community individuals and organizations involved in the Community Health Assessment and Community Health Improvement Plan process. Hard copies will be provided to all Board of Health members and PCHD staff for reference during the strategic planning process.

# APPENDIX A

## A-1

### INDIVIDUAL PERSPECTIVE SURVEY RESPONSE



#### Pike County Community Health Questionnaire

*By answering these questions, you are helping the community partners of Pike County better understand and address the needs of our local area. We do not ask for your name, so please answer the question truthfully. We thank you for your cooperation.*

Gender

Male	Female	Prefer not to Answer
------	--------	----------------------

Age:

Under 18	19-25	26-35	36-45	46-55	56-65	66-75	75+
----------	-------	-------	-------	-------	-------	-------	-----

From the list below, please select the area in Pike County closest to where you live:

Belfry

Elkhorn City

Phelps

Pikeville

Virgie/Dorton

What is your race?

White

American Indian or Alaskan Native

Hispanic

Native Hawaiian/ Pacific Islander

Black/African American

Other: (Please Specify)

Asian

Prefer not to answer

Please select your employment status from the list below:

Disabled or unable to work due to health issues

Able to work but currently unemployed

Working part-time

Working full-time

Other - please explain

How would you describe your financial well-being?

Living comfortably

Getting by

Finding it difficult to get by

Finding it very difficult to get by

Prefer not to answer

---

From the list below, select the top three health issues you feel must be addressed in our community:

Economy (Jobs and Income)

Substance Use Disorder (drugs/alcohol)

Tobacco Use - Smoking, Vaping

Health Education - How to be healthy

Education - Importance of education; completing high school, etc

Affordable health care and medicines (Access to health care, health screenings, preventive care)

Diabetes

Cancer

Obesity

Other (Please explain)

---

What are the strengths of our community that can help our citizens be healthier (Select all that apply)?

Primary Care Providers

Pike County Health Department services

Hospital

Schools, Colleges

Strong Family Ties

Churches

Natural Resources/Tourism

Other: (Please Specify)

Many people face barriers that prevent them from being their healthiest. What barriers do you see in Pike County? (Select all that apply)?

Lack of mental health services

Lack of services or opportunities for kids

Lack of transportation to work or other services

Lack of access to healthy foods

Lack of dental services

Lack of access to affordable or safe exercise opportunities

Issues navigating the healthcare system

Cost of health-related services

Other: (Please Specify)

---

Where do you get trusted information about health issues?

Pike County Health Department

Pikeville Medical Center

Newspaper

Center for Disease Control and Prevention (CDC)

Facebook (Please Specify which Facebook page)

Other: (Please Specify)

---

If you have any other comments, regarding the health of our community, please share in the space provided:

# APPENDIX

## A-2

**Table 5a:**

Respondent Demographics								
<b>Gender</b>	Male: 207			Female: 834		Prefer not to say		Total: 1,057
<b>Age</b>	Under 18: 4	19-25: 19	26-35: 103	36-45: 176	46-55: 235	56-65: 313	Over 65: 207	Total: 1,057
<b>Race</b>	White: 1,026		Black: 4		Prefer not to say: 27			Total: 1,057

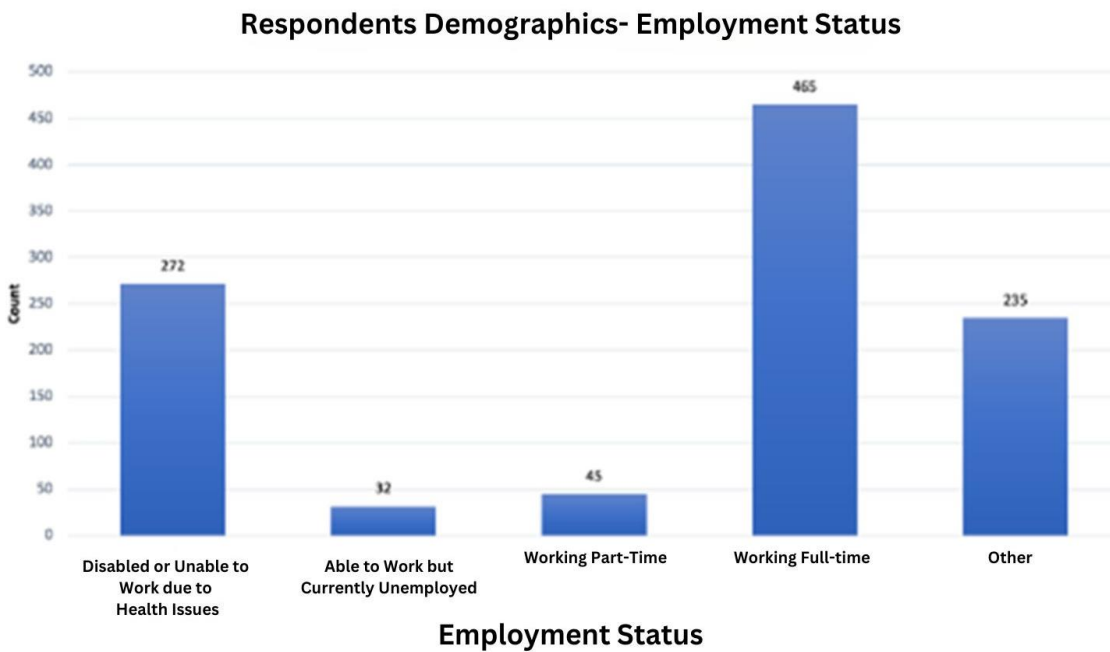
**Table 5b:**

Respondent Locations	
Locations	Count
Belfry	135
Elkhorn City	136
Phelps	76
Pikeville	501

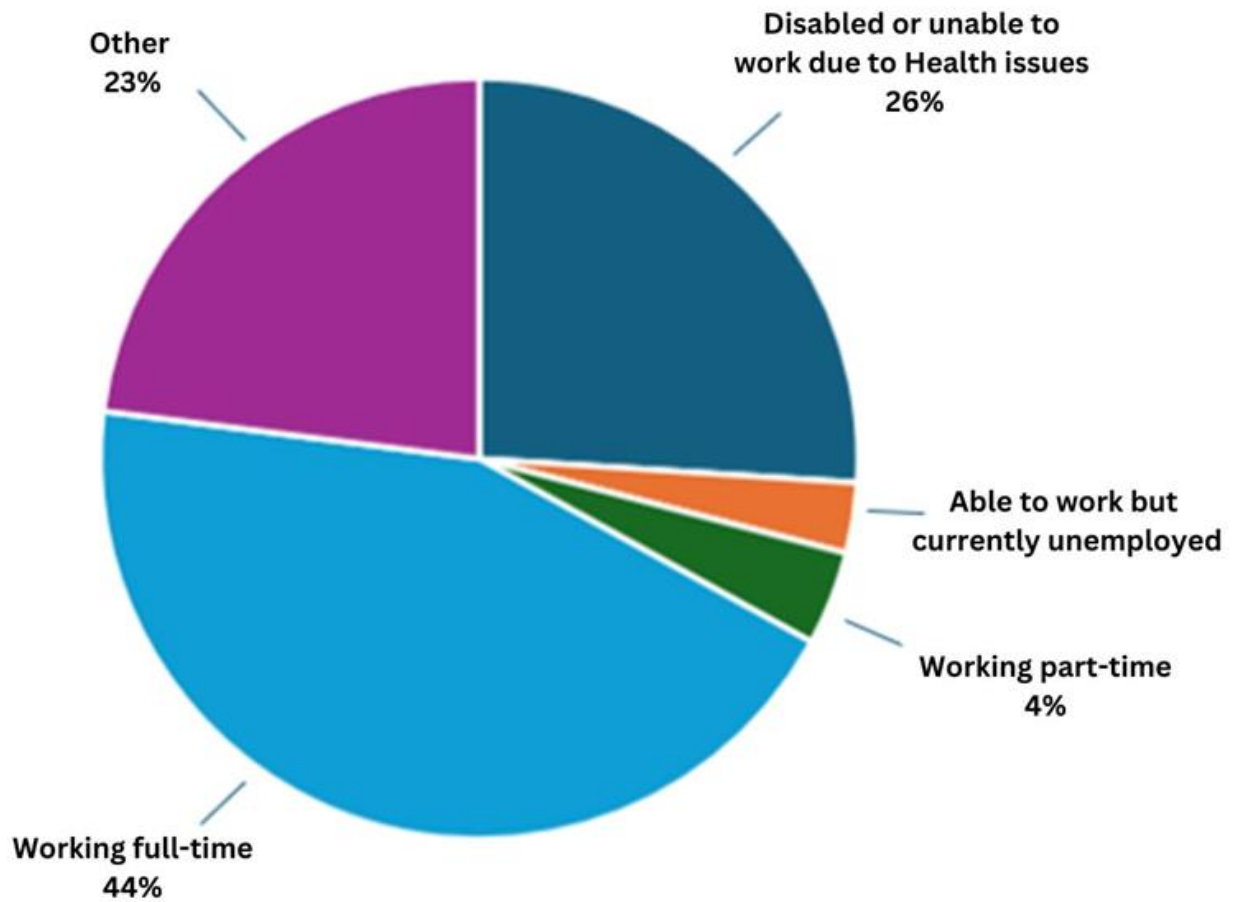
**Table 5c:**

Respondents Employment Status (n=1049)		
Status	Count	Percentage
Disabled or unable to work due to health issues	272	25.92%
Able to work but currently unemployed	32	3.05%
Working part-time	45	4.28%
Working full time	465	44.32%
Other	235	22.40%

**Table 5d:**



## Respondents Demographics- Employment Status

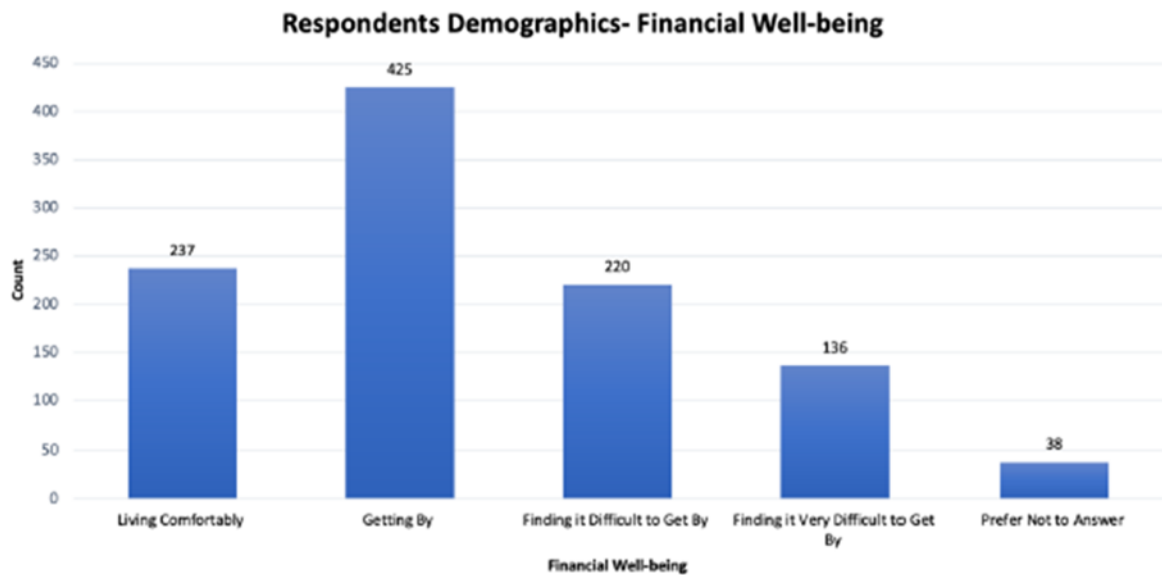


**Figure 5:** Depicts the data for the employment status of the survey respondents.

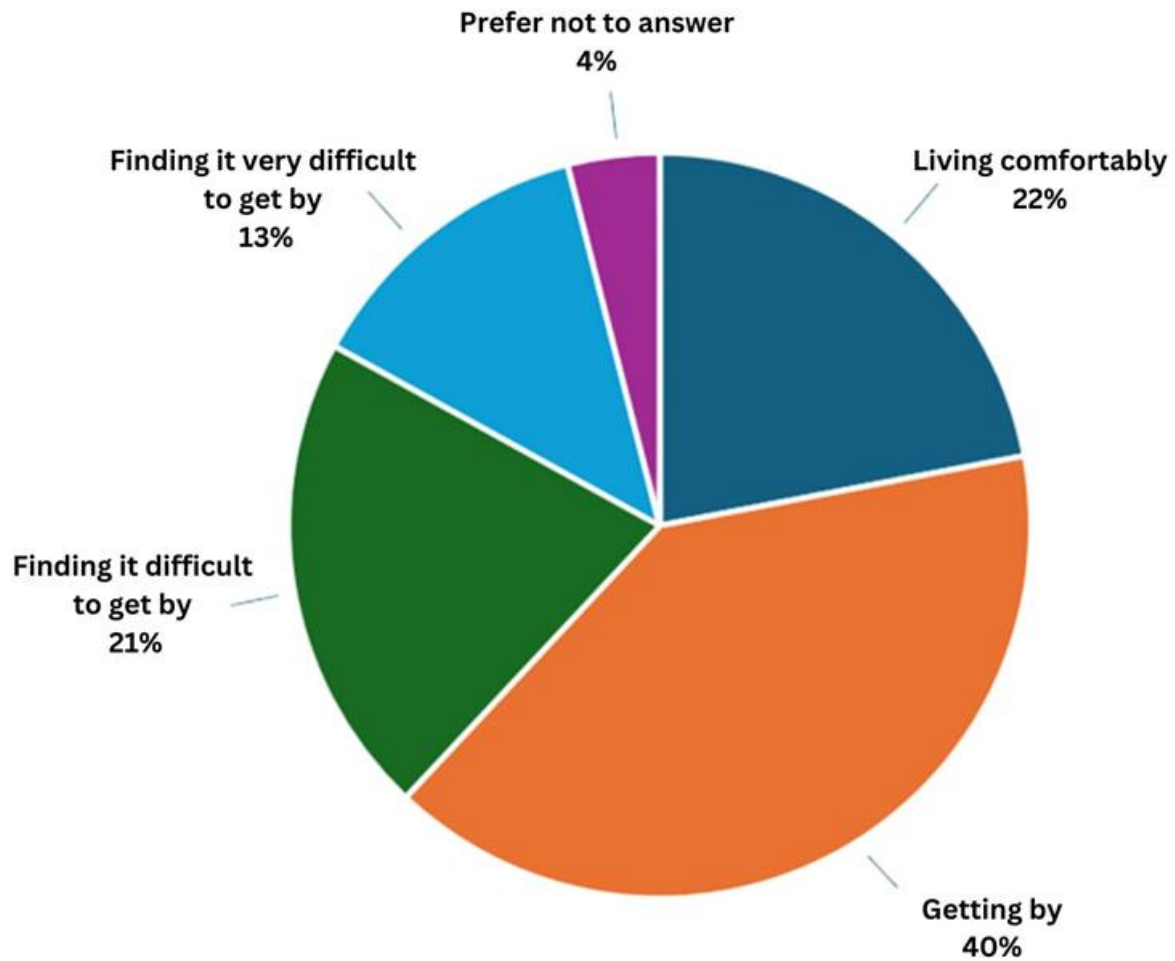
**Table 5e:**

Respondents Demographics- Financial Well-being (n=1056)		
Financial well-being	Count	Percentage
Living comfortably	237	22.44%
Getting by	425	40.24%
Finding it difficult to get by	220	20.83%
Finding it very difficult to get by	136	12.87%
Prefer not to answer	38	3.59%

**Table 5f:**



## Respondents Demographics- Financial Well-being

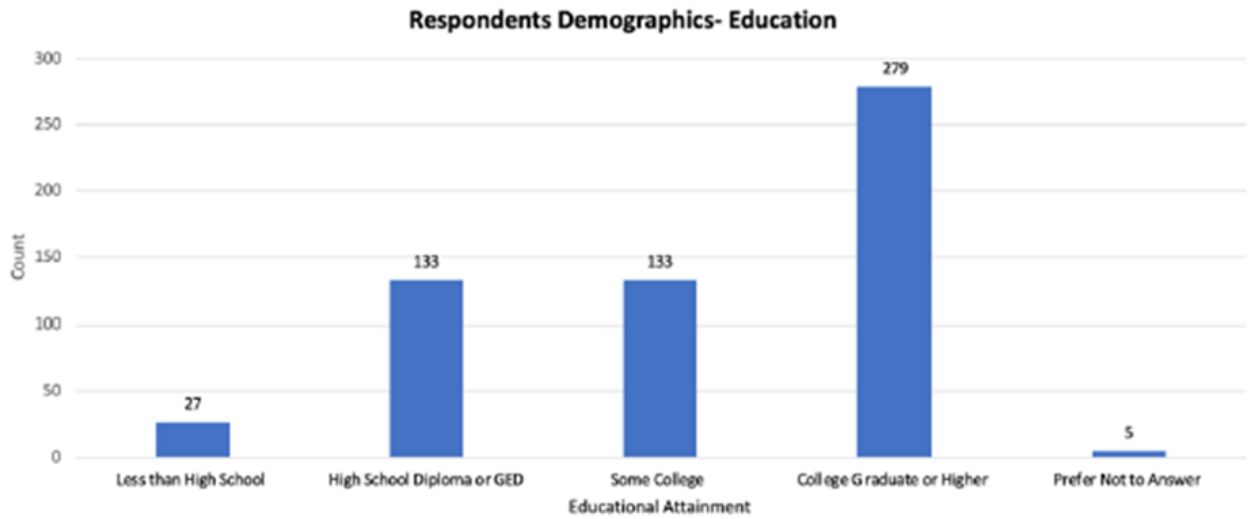


**Figure 6:** Depicts the data for the financial well-being status of the survey respondents.

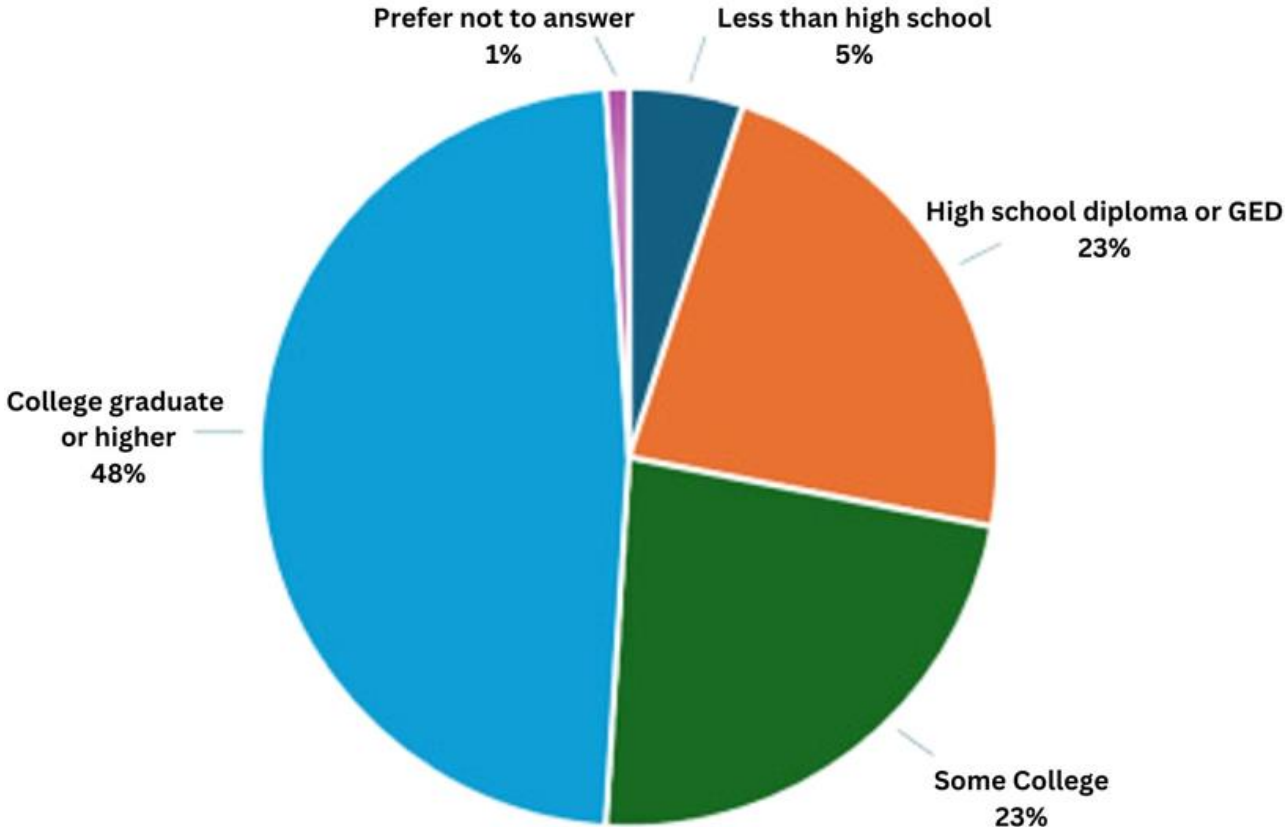
**Table 5g:**

Respondents Demographics- Education (n=577)		
	Count	Percentage
Less than high school	27	4.67%
High school diploma or GED	133	23.05%
Some college	133	23.05%
College graduate or higher	279	48.35%
Prefer not to say	5	0.86%

**Table 5h:**



# Respondents Demographics- Education

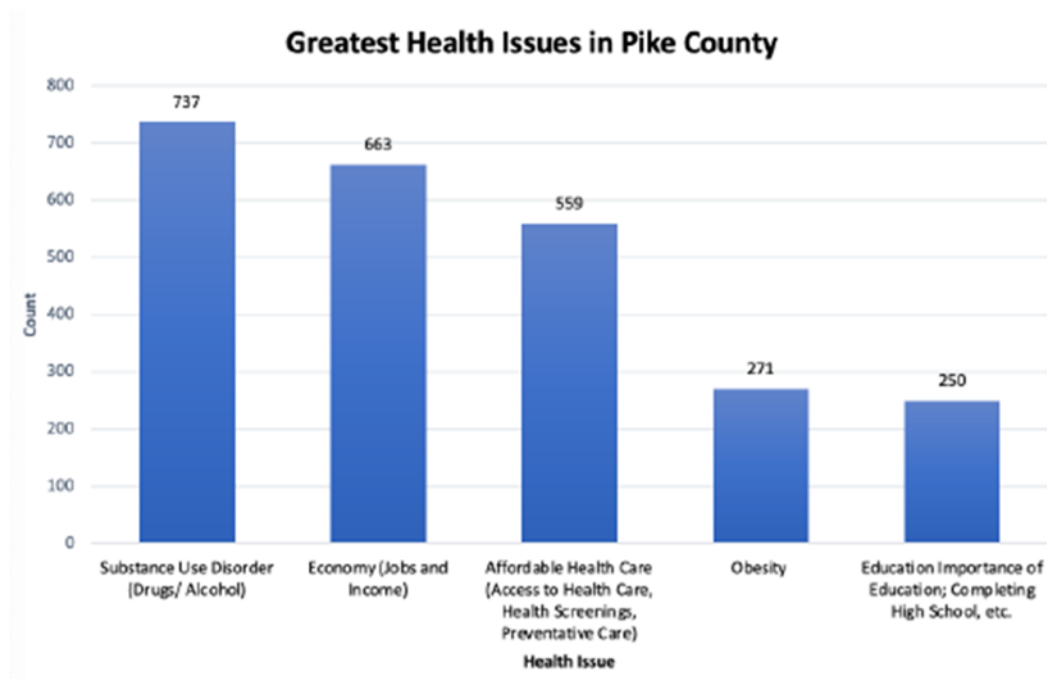


**Figure 7:** Depicts the data for the education status of the survey respondents.

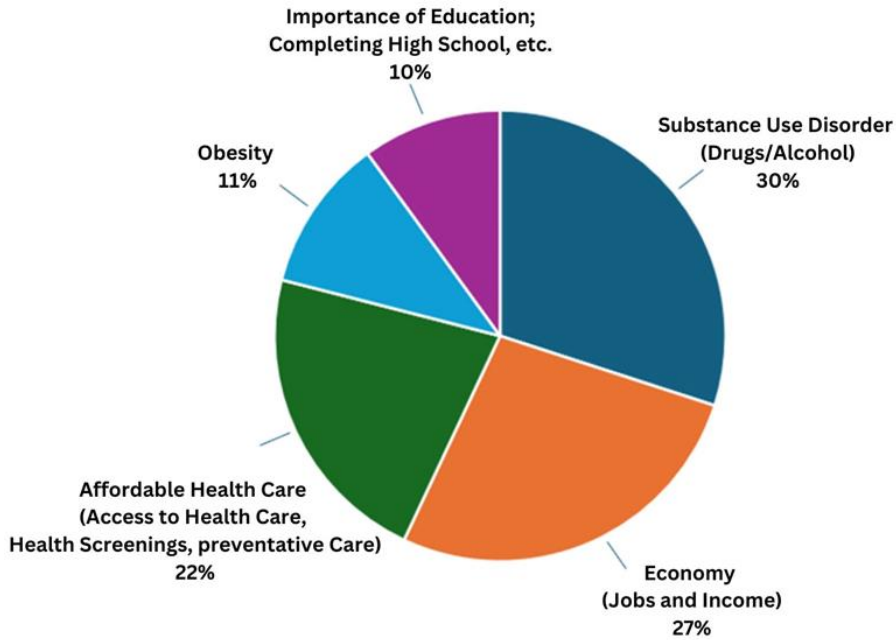
**Table 5i:**

Greatest Health Issues in Pike County (n=2480)		
Health issues	Count	Percentage
Substance use disorder (drugs/alcohol)	737	28.71%
Economy (jobs and income)	663	26.73%
Affordable health care	559	22.54%
Obesity	271	10.92%
Importance of education; Completing high school, etc	250	10.08%

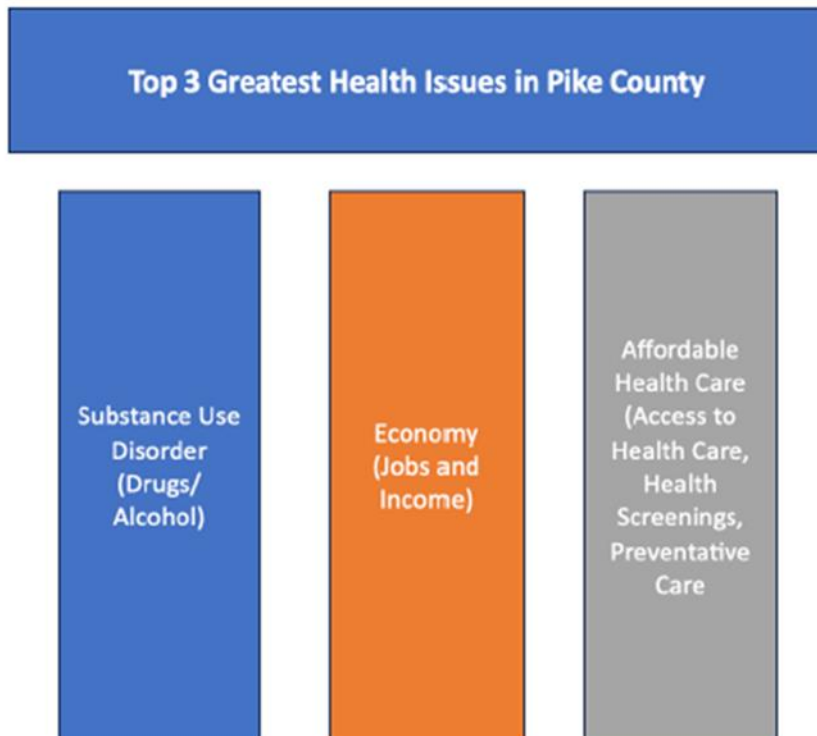
**Table 5j:**



# Greatest Health Issues in Pike County



**Figure 12:** Depicts the data for the greatest health issues identified by the survey respondents.

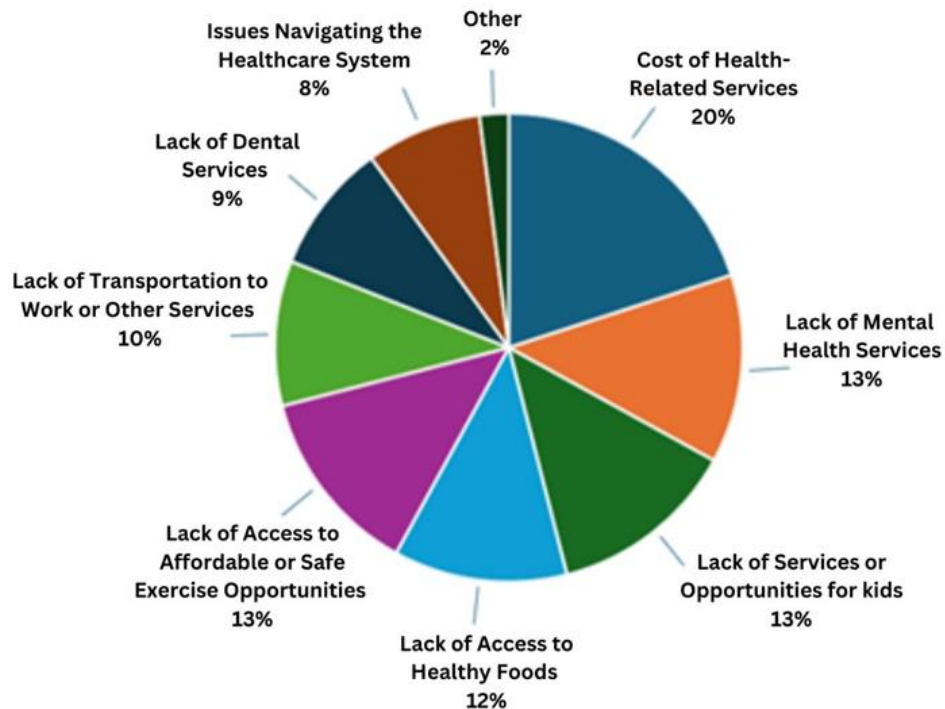


**Figure 13:** List the three greatest health issues as identified by the survey respondents.

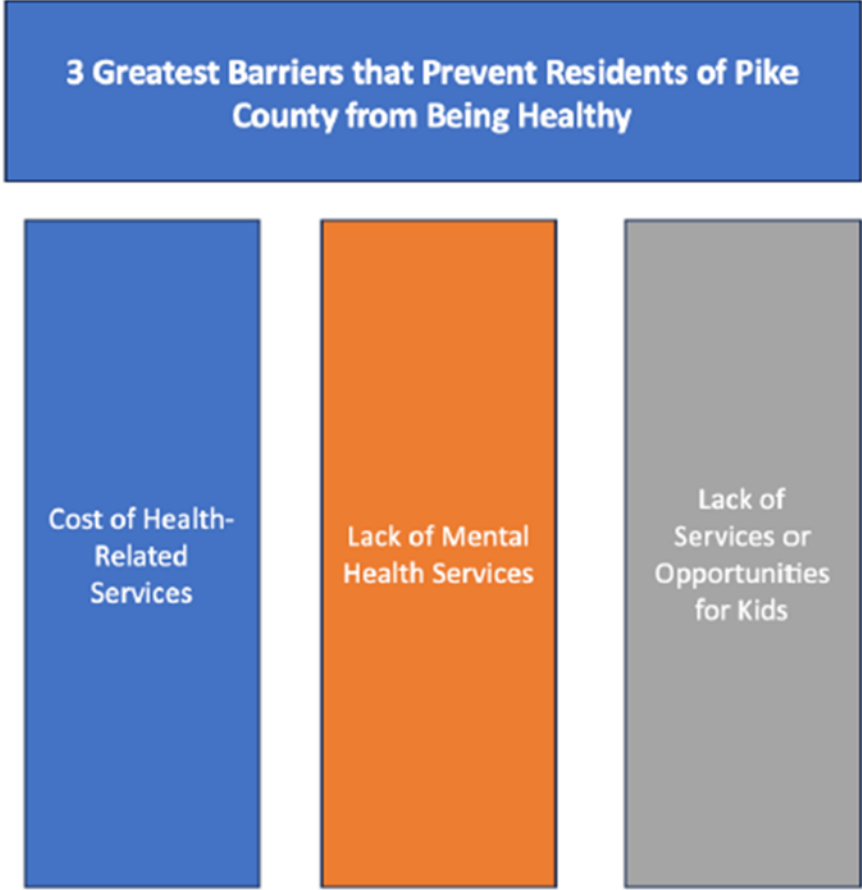
**Table 5k:**

Greatest Barriers that Prevent Residents of Pike County from Being Healthy (n=3852)		
Barrier	Count	Percentage
Cost of health-related services	766	19.88%
Lack of mental health services	515	13.36%
Lack of services or opportunities for kids	502	13.03
Lack of access to healthy foods	474	12.30%
Lack of access to affordable or safe exercise opportunities	448	12.56%
Lack of transportation to work or other services	392	10.17%
Lack of dental services	353	9.16%
Issues navigating the healthcare system	325	8.43%
Other	77	1.99%

## Greatest Barriers that Prevent Pike County Residents from Being Healthy



**Figure 14:** Depicts the data for the greatest barriers that prevent Pike County residents from being healthy as identified by the survey respondents.

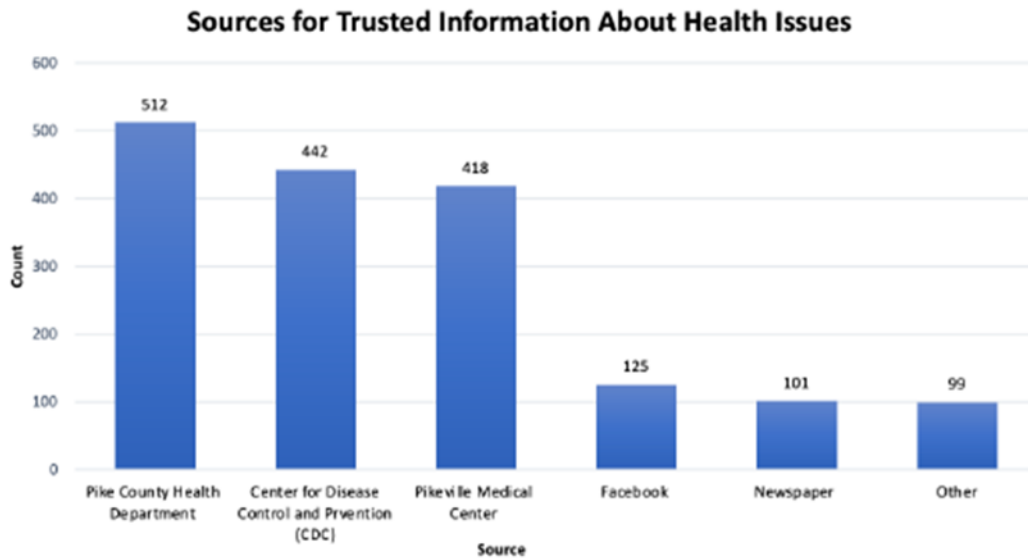


**Figure 15:** List the three greatest barriers as identified by the survey respondents.

**Table 5l:**

Sources for Trusted Information about Health Issues (n=1697)		
Source	Count	Percentage
Pike County Health Department	512	30.17%
Center for Disease Control and Prevention	442	26.04%
Pikeville Medical Center	418	24.63%
Facebook	125	7.36%
Newspaper	101	5.95%
Other	99	5.83%

**Table 5m:**



# Sources for Trusted Information About Health Issues

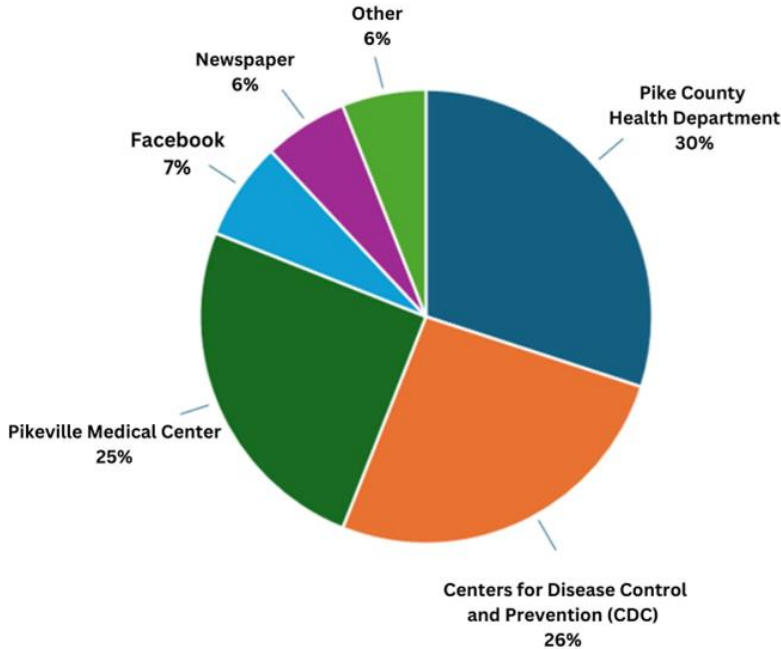


Figure 16: Depicts the data for trusted sources of information as identified by the survey respondents.

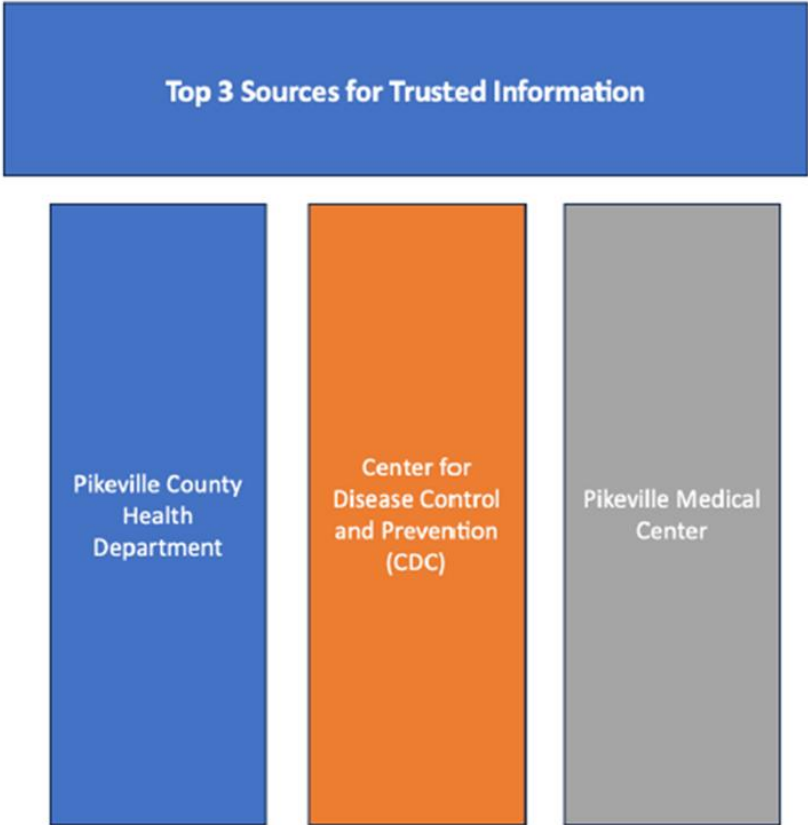


Figure 17: List the three sources for trusted information as identified by the survey respondents.

# Pike's Ride



## We Need Your Insight

Pike County Community Health Assessment Survey

### In this short survey we ask about

Health issues and barriers in your community

Access to healthcare and human service programs

Challenges you may face getting the healthcare services you need



Scan this code to be taken to the survey

### Things you need to know about this survey

This survey will help your community come together to address our needs

It is brief and anonymous

You can also complete a paper copy by visiting the Pike County Health Department Monday-Friday 8 a.m.-4:30 p.m.

**Your Input Matters!**  
**Share your opinion; Shape the plan**



# Necesitamos Su Conocimiento

Encuesta de Evaluación de Salud Comunitaria del Condado de Pike

## En esta breve encuesta preguntamos sobre

Problemas de salud y barreras en su comunidad programas de servicio

Acceso a atención médica y servicios humanos.

Desafíos que puede enfrentar para obtener los servicios de atención médica que necesita



Escanea este código para ser llevado a la encuesta

## Cosas que debes saber sobre esta encuesta

Esta encuesta ayudará a su comunidad a unirse para abordar nuestras necesidades.

Es breve y anonimo

También puede completar una copia impresa visitando el Departamento de Salud del Condado de Pike de lunes a viernes de 8 a. m. a 4:30 p. m.

**¡Tu opinión importa!**  
**Comparte tu opinion; Da forma al plan**

## DIGITAL

Using a social and SMS platform ANI Digital Media will leave no stone unturned in presenting the opportunity to fill out the Pike County Health Department Survey and conveying its value to end users.

Most families are already on Facebook, whether for sharing photos, doing informal research or browsing content. We combine Facebook's rich data for demographic targeting with their myriad options for dynamic, interactive ads that can tell your story more fully than banners and drive engagement from users, both to fill out your survey and share it more broadly.



The average person checks their phone 96 times a day. Many of those are for texts. SMS/MMS is a fantastic way to get your message across. ANI Digital Media has access to a leading data provider in compiling a cell phone list for specific geographies, demographics, and interests. Our compiled list shows over 8,000 cell phone numbers for Pike County Kentucky. In many cases this list can be used both for audience targeting on Facebook and for an SMS/MMS campaign.

## COMMUNITY SURVEY: INDIVIDUAL PERSPECTIVE

[https://uky.az1.qualtrics.com/jfe/form/SV\\_a3OvvlQncy10q5U](https://uky.az1.qualtrics.com/jfe/form/SV_a3OvvlQncy10q5U)



# APPENDIX B

## B-1

### COMMUNITY PARTNERS SURVEY RESPONSE



#### Pike's RIDE Health Coalition Poll

##### Work Group Preference

---

1. Which health coalition work group is your preference based on your professional skills or personal interest?

- Basic Needs & Emergency Response
- Access to Care and Coordination of Services
- Mental Health and SUD
- Wellness & Obesity
- Job Readiness and Workforce Development

2. Is there a specific category (basic needs & emergency response, access to care and services, mental health & SUD, wellness & obesity, or job readiness) which you already are involved or have resources available to enhance Pike County's Community Health Improvement Plan over the next five years? If yes, please describe. \*

3. Under which format would you like to see work group meetings organized?

- In person
- Online Video Conference (e.g., Zoom, Teams, etc...)
- Hybrid (both in person and video conference)

4. How frequently would you prefer individual work group meetings to be held?

- Monthly
- Quarterly
- Bi-Annually

5. How should the full coalition group meet?

- In-person
- Online via Video Conference (e.g., Zoom, Teams, etc...)
- Hybrid

6. How frequently should the coalition meet?

- Monthly
- Quarterly
- Bi-Annually
- Annually

7. Please elaborate on any suggestions you have regarding the formation of Pike's RIDE and the efforts to improve the health outcomes of Pike County residents.

## Report for Pike's RIDE Health Coalition Poll

### Response Counts

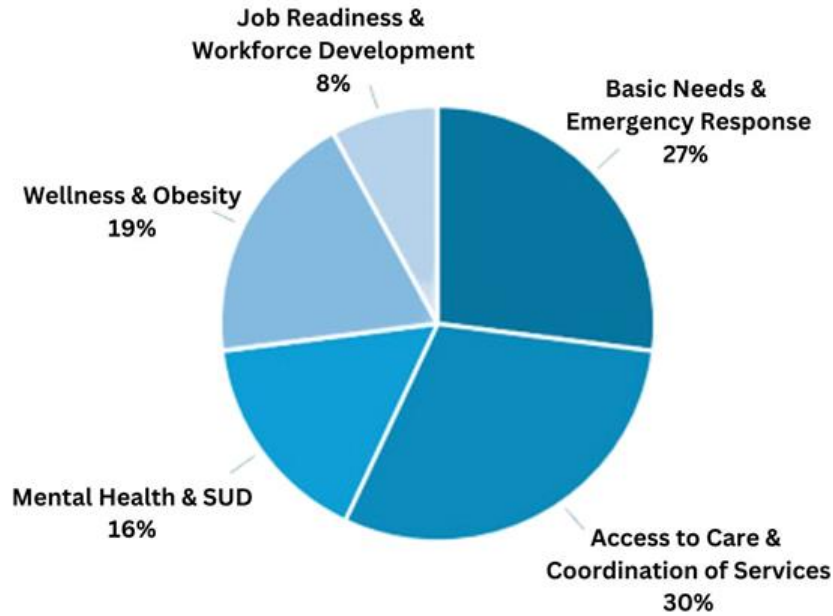


Totals: 45

## B-2

**Table 6b:**

1. Which health coalition work group is your preference based on your professional skills or personal interest?



Value	Percent	Responses
Basic Needs & Emergency Response	27.0%	10
Access to Care and Coordination of Services	29.7%	11
Mental Health and SUD	16.2%	6
Wellness & Obesity	18.9%	7
Job Readiness and Workforce Development	8.1%	3

Totals: 37

**Table 6c:**

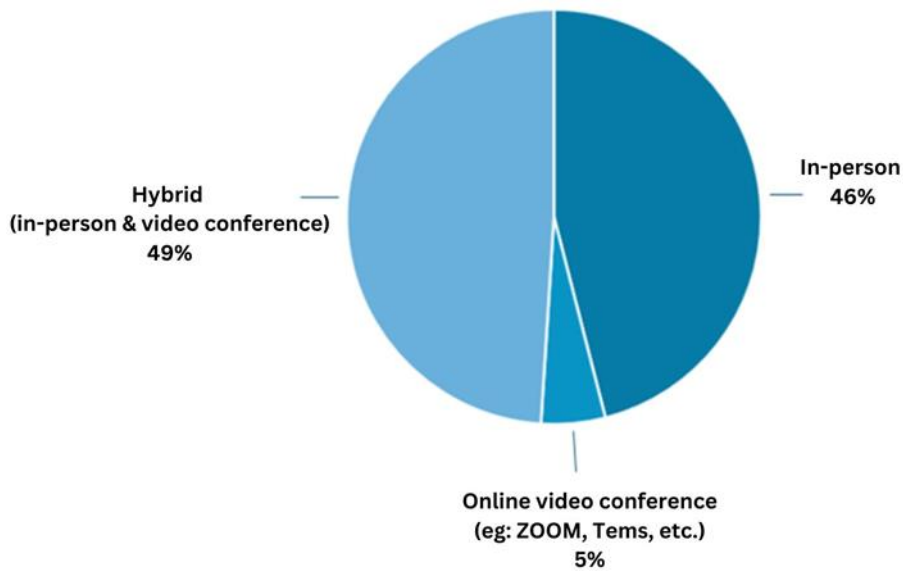
2. Is there a specific category (Basic Needs & Emergency Response, Access to Care and Services, Mental Health & SUD, Wellness & Obesity or Job Readiness) which you already are involved or have resources available to enhance Pike County’s Community Health Improvement Plan over the next five years? If yes, please describe.

Response ID	Response
13	I am actively involved with wellness through PCHD’s educational and clinic efforts.
14	Access to Care and Collaboration of Services
16	Yes, emergency response being from the emergency management part of the equation.
17	General knowledge of local services available to Pike County residents, collaborate with various community partners to narrow gaps in services & link residents with much needed services. Increased knowledge of tobacco use disorder as well as tobacco prevention education and cessation resources.
18	With my clinical background and Freedom from Smoking facilitator experience, I’m aware of the importance of Access to Care and what a difference it can make in someone’s life.
19	Emergency Response (Fire, EMS, Haz-Mat, Rescue, etc.)
20	I feel we need bio-suits for protection against airborne or bloodborne pathogens.
21	FRYSC performs activities in these categories on a daily basis and networks with available resources as needed.
22	None at this time.
23	I can work in any category that’s needed.
24	None.
25	Dental school.
26	Wellness and Obesity.
27	Healthcare
28	Mental Health & SUD.
29	Wellness.
30	Appalachian Regional Healthcare is kicking off numerous initiatives in Pike County and the Big Sandy Region to promote wellness through diabetes coalitions, healthy cooking classes, youth education and more.
31	No.
32	I work as an Operations Manager for United Helping Hands, and we serve as a community resource for Basic Needs and Emergency Response as part of our overall mission. Currently, we take applications for utilities assistance one day a month and from there we are able to offer assistance to anywhere between 10 to 25 Pike County households in a month. At the moment, we are working on a better system of helping individual basic needs such as clothing and household items. We hope to have a more standard and cohesive referral system in place to help us better assess individual needs.
33	N/A

34	I am a Coal Run City Commissioner- Have served my community in this position for 10 years.
35	Resources for clients to be able to get help with paying for small things like a birth certificate or an ID.
36	I am the secretary of Pike County Relief Services, a Rotarian, a Women's Club member and retired Extension Agent.
37	SUD and MH.
38	N/A
39	I am the dean of the new UPIKE dental school, and we plan to be part of the solution to help improve Access to Care and Services for the dental needs of the community.
40	As a community health educator, I already wear numerous hats and serve in many capacities at the Pike County Health department. With this community health experience, and fostered relationships, I could provide input/enhance Pike County's improvement plan by being a team member who helps coordinate services throughout the county. I could also help identify barriers in Access to Care, as well as health equity. With many tobacco prevention and cessation certificates I could also provide up to date tobacco education and prevention resources as well as cessation methods.
41	Access to EMS.
42	Just started meeting with Pike County Childcare Task Force.
43	Pike County's fire departments, emergency management and emergency services community.
44	Partnership with the YMCA.
45	I am a physician board certified in addiction and can help with mental health and SUD.
46	None.
47	I am a vice president of the Tug Valley Road Runner's Club.

**Table 6d:**

3. Under which format would you like to see work group meetings organized?

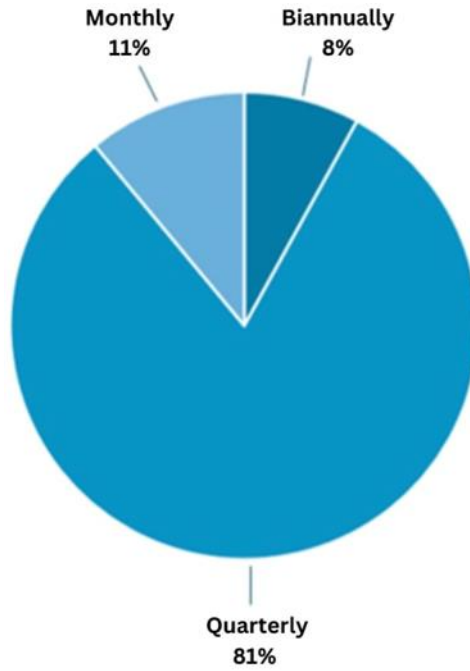


Value	Percent	Responses
In person	45.9%	17
Online Video Conference (e.g., Zoom, Teams, etc...)	5.4%	2
Hybrid (both in person and video conference)	48.6%	18

Totals: 37

**Table 6e:**

4. How frequently would you prefer individual work group meetings to be held?

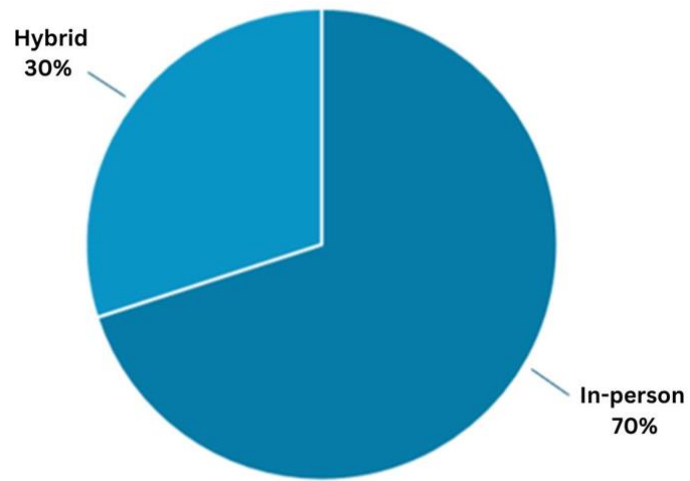


Value	Percent	Responses
Monthly	10.8%	4
Quarterly	81.1%	30
Bi-Annually	8.1%	3

**Totals: 37**

**Table 6f:**

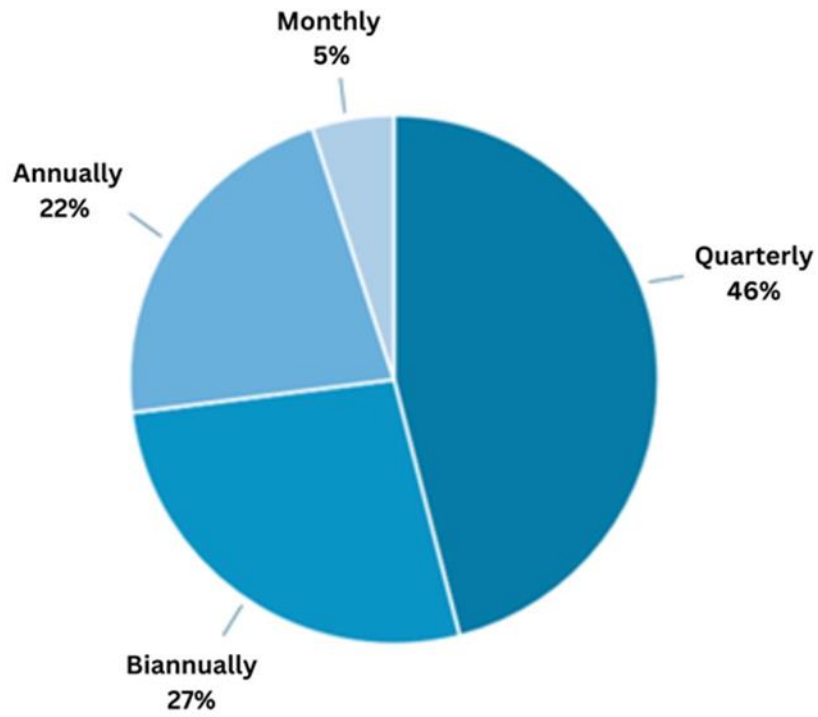
5. How should the full coalition group meet?



Value	Percent	Responses
In-person	70.3% 	26
Hybrid	29.7% 	11
		<b>Totals: 37</b>

**Table 6g:**

6. How frequently should the coalition meet?



Value	Percent	Responses
Monthly	5.4%	2
Quarterly	45.9%	17
Bi-Annually	27.0%	10
Annually	21.6%	8

Totals: 37

**Table 6h:**

7. Please elaborate on any suggestions you have regarding the formation of Pike’s RIDE and the efforts to improve the health of Pike County residents.

Response ID	Response
13	N/A
16	Very informative and we need to try to get as much input as possible and utilize as many organizations as possible that are already in place to help us better move the bar towards our goals of being a healthier and better county going forward.
19	On question 4 it is marked quarterly but based on topics and or research could be assembled monthly based on the need.
20	No suggestions.
24	Continue working as a TEAM.
25	Nothing that wasn’t already discussed.
30	Tug Valley ARH CEO Paula Vaughan would be well suited to sit on the Access to Care work group. ARH is happy to assist in the forming of this coalition in any way possible.
31	Nutrition classes.
35	Finding ways to get available local resources out to community members.
36	?
41	Monitor and report from first responders to groups.
42	This will be a very helpful and appreciated way to get important information out to the public and make them more aware of things going on in their community.
44	The YMCA could be used for monthly community awareness outreach efforts.