



2020-2022 COMMUNITY HEALTH NEEDS ASSESSMENT

APPENDIX D: INFORMATION REGARDING ONGOING & PAST GWC INITIATIVES & IMPLEMENTATION STRATEGIES

For Immediate Release

August 17, 2020

For More Information Contact:

Amy Riddle

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St. Claire HealthCare Now Offering Drive-Thru COVID-19 Testing Without an Appointment

St. Claire HealthCare is excited to announce free drive-thru COVID-19 testing is now available without an appointment! Testing is open to everyone, regardless of whether or not you may be experiencing symptoms of the coronavirus.

“As the demand for COVID-19 testing continues to grow, we are committed to making testing even more accessible to our community,” said Donald H. Lloyd, II SCH President/CEO. “We’ve removed the prescreening and appointment requirements to make the process as easy as possible for the residents of our service region.”

Drive-thru specimen collection is being conducted just outside the St. Claire Medical Pavilion in Morehead Monday, Tuesday, Thursday, and Friday, from 7 AM to 2 PM, and Noon to 7 PM on Wednesdays. To access the drive-thru testing center, enter the St. Claire HealthCare campus from KY-32 (Flemingsburg Road) near McDonald’s. Signs will guide you to the testing center beyond that point.

You will be able to view test results on your St. Claire HealthCare MyHealth patient portal as soon as they are available. You will also receive a courtesy call with your results. The turnaround time for test results is dependent on the testing volume at St. Claire HealthCare and across the state. SCH has staff working seven days a week to process incoming lab results so patients can be notified of their results as soon as possible.

“We can’t stress enough how important it is that everyone continues to wear a face covering and practice social distancing at home, work, and school,” Lloyd added. “It sounds so simple, but by following these recommendations, along with washing our hands often and disinfecting frequently touched surfaces, we can slow the spread of illness.”

To learn more, call 606.780.5227 or visit www.st-claire.org/covidtesting.

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For Immediate Release

December 14, 2020

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St. Claire HealthCare Launches Innovative COVID Care at Home Program

Every day there are reports in the news about the growing number of COVID-19 patients requiring hospitalization to manage their symptoms and the declining number of hospital beds available. Our community has been fortunate ... while St. Claire Regional Medical Center has come close to capacity, no patients have been turned away due to lack of beds during the pandemic.

As reports of positive COVID-19 cases spiked in the area, clinical leaders at St. Claire HealthCare (SCH) began developing a creative approach to care that would not only increase capacity for critically ill patients but would also reduce stress on hospital staff and preserve valuable personal protective equipment (PPE).

“When we looked at the COVID-19 patients that were being admitted to the hospital, we saw that while they were experiencing moderate symptoms, most were not critically ill. We were treating them with medications and oxygen, both of which could be administered at home,” said Philip Overall, MD, SCH Emergency Physician and Medical Director for Pandemic Response.

Leaders from SCH’s emergency, post-acute care, and respiratory therapy departments, along with other clinic leaders, worked together to develop St. Claire HealthCare’s COVID Care at Home program.

This innovative program was designed to offer patients who present to St. Claire’s emergency department with moderate symptoms of COVID-19, but not considered to be seriously or critically ill, an alternative to hospitalization. Patients who may have previously required treatment in an inpatient setting are now being discharged from the emergency department with all the tools they need to manage their condition from the comfort of their own homes.

“We send the patients home with appropriate medications, education on how to care for themselves at home, and the tools they need to monitor their symptoms including a thermometer and pulse-oximeter, and if necessary an oxygen concentrator,” Dr. Overall said. “Then our post-acute care team steps in with follow-up care for those patients.”

Through the COVID Care at Home program, patients are monitored through virtual appointments and/or phone calls at least twice a day by members of SCH’s home health team. Patients also have 24/7 access to SCH’s on-call COVID healthcare provider. These patients are closely monitored and if at any time a patient’s condition worsens, they are advised to return to the emergency department for additional medical care.

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“Our goal is to take care of as many patients as we can in a safe and effective manner,” said Jennifer Hardin, PA-C, SCH Director, Home Care Services. “COVID Care at Home is an innovative way to expand capacity while ensuring our patients receive the support they need to manage their condition from the comfort of their homes.”

Since the program launched early in December, it has averaged 10-12 patients at any given time, and is currently providing care for 20 COVID positive patients. While the program has successfully achieved its goal of freeing up hospital beds and allowing hospital staff to focus on critically ill patients, the patients in the program are also seeing the benefits.

“When patients are admitted to the hospital, there are restrictions due to the pandemic, especially regarding restricted visitation for COVID positive patients,” Hardin added. “This program is wonderful for our patients because it allows them to remain in their home, surrounded by their loved ones who can care for them and provide the support they need to get better.”

If you are experiencing mild to moderate symptoms of COVID-19, St. Claire HealthCare recommends a virtual appointment with one of its primary care physicians. You can request an appointment by calling 606.784.6641 or online at www.st-claire.org/appointment. Existing patients can self-schedule with their primary care provider using St. Claire’s MyHealth Patient Portal.

If you are experiencing more serious symptoms, go to the nearest emergency department so your treatment can be started as soon as possible.

For Immediate Release

January 7, 2021

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St. Claire HealthCare Begins Community COVID-19 Vaccinations

St. Claire HealthCare's (SCH) limited allocation of COVID-19 vaccines was quickly depleted Thursday as the health system began its first community vaccinations.

"Members of the community were lined up starting at 5:30 AM waiting to get in the door," said Donald H. Lloyd, II, SCH President/CEO. "The community's quick adoption of the vaccine is a welcome signal of hope in our fight against COVID-19."

SCH announced late Wednesday that it would begin administering vaccines to residents of Bath, Carter, Elliott, Fleming, Morgan, and Rowan Counties who were community healthcare workers, first responders, or anyone age 70 or above. There was so much demand for the vaccine the health system depleted its limited allocation within only five hours.

"We wish we had been able to provide vaccines to everyone who showed up, but today was just the beginning," said Lloyd. "Additional doses will be coming soon and we will make sure they are administered to the public as quickly as possible."

SCH expects to receive an additional allocation of the vaccine next week and will announce dates and times vaccinations will be available, and how to schedule an appointment, as soon as that information becomes available.

For the most recent information on vaccine availability, visit www.st-claire.org/COVIDvaccine or follow St. Claire HealthCare on social media.

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For Immediate Release

March 16, 2021

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St. Claire HealthCare Improves Access to COVID-19 Vaccines

St. Claire HealthCare (SCH) is making it even easier to get access to the COVID-19 vaccine.

Over the last three months, SCH has vaccinated nearly 10,000 Kentucky residents who had requested the vaccine through the health system's website. SCH announced Monday they have eliminated their online waitlist and eligible patients can now schedule their appointments by phone.

"St. Claire is committed to making the COVID-19 vaccine available to as many Kentucky residents as possible, as soon as possible," said Will Melahn, MD, VP for Medical Affairs/Chief Medical Officer. "This change will allow us to better serve our patients by providing easier access to vaccination appointments."

SCH's vaccine scheduling team will be available from 8 AM to 6 PM, Monday through Friday by calling 606.783.7539. Any Kentucky resident who meets the criteria below, as determined by the Kentucky Department of Public Health, is eligible to schedule an appointment.

- Healthcare workers
- First responders
- Staff or residents of long-term care or assisted living facilities
- Anyone age 60 or older
- Essential employees
- Anyone age 16 or older with CDC highest risk C19 risk conditions

"By the end of this week, our team will have reached out to everyone on our vaccine waitlist. If you or someone you know believes they are on our waitlist but have not been contacted, please advise them to contact our scheduling team at 606.783.7539 for assistance," added Melahn.

For more information, visit www.st-claire.org/covidvaccine.

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For Immediate Release

June 12, 2020

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amy.riddle@st-claire.org**St. Claire HealthCare to Receive \$900,000 to Combat Opioid Crisis**

WASHINGTON, D.C. – U.S. Senate Majority Leader Mitch McConnell (R-KY) announced June 11, 2020, St. Claire HealthCare was awarded a \$900,000 competitive federal grant from the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA). St. Claire plans to use the federal funding in coordination with the Northeast Kentucky Substance Use Response Coalition to provide medication-assisted treatment services, which are lacking in the region. It also plans to use the funding to address the growing rate of Hepatitis C infections, which are believed to be increasing through intravenous drug use.

Senator McConnell contacted HRSA on behalf of his constituents' grant application and their mission to help save lives from addiction.

"During the coronavirus pandemic, we cannot lose focus on combating the scourge of addiction in our communities. Kentucky sadly remains one of the hardest hit states by opioid and substance abuse, but we are also home to many of the leaders of the national recovery," said Senator McConnell. "St. Claire continues to make a great positive impact for Northeastern Kentucky families, and I was proud to help them secure these much-needed federal funds. As Senate Majority Leader, I'll continue mobilizing the federal government to deliver for Kentucky's fight against the addiction crisis."

"St. Claire HealthCare is proud to announce our next step in the fight against the opioid epidemic," said Donald H. Lloyd, II, St. Claire HealthCare President/CEO. "This grant will assist us in improving access to medication-assisted treatment for opioid use disorder throughout Northeastern Kentucky. We are tremendously grateful to Sen. McConnell for his support."

"St. Claire HealthCare is thrilled to receive this award on behalf of the Northeast Kentucky Substance Use Response Coalition, as it will allow us to expand prevention and treatment efforts across the region," said David A. Gross, St. Claire's administrative director for education and research, who will co-direct the project. "Senator McConnell's support was instrumental to St. Claire and the Coalition being selected for this funding, and we look forward to continued collaborations with his office in our ongoing efforts to combat the opioid epidemic."

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According to the National Center for Health Statistics, 2018 saw the first nationwide decline in drug overdose deaths since 1990. Kentucky's overdose fatalities fell by nearly 15% -- the largest drop in more than a decade -- and the rate declined by 5% nationwide.

For the full announcement from Sen. McConnell's office, visit

<https://www.mcconnell.senate.gov/public/index.cfm/2020/6/st-claire-to-receive-900-000-to-combat-opioid-crisis>.

For Immediate Release

August 4, 2020

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St. Claire HealthCare and NE KY Substance Use Response Coalition Awarded \$1 Million Grant Project

St. Claire HealthCare, on behalf of the Northeast Kentucky Substance Use Response Coalition, was recently awarded a three-year, \$1 million, Rural Communities Opioid Response Program (RCORP) – Implementation grant from the U.S. Department of Health and Human Services’ Health Resources and Services Administration (HRSA).

The coalition, which includes representatives from Achieving Recovery Together, the Clark County Health Department, Comprehend Inc., the Gateway District Health Department, the Northeast Kentucky Regional Health Information Organization, the Northeast Kentucky Area Health Education Center, Pathways Inc., St. Claire HealthCare, and Tri-State Primary Care, is one of six Kentucky organizations awarded this competitive federal grant.

This funding will allow the coalition to establish “First Day Forward,” a jail re-entry program that will connect recently released individuals who struggle with substance use disorder to vital community resources in an attempt to give them a true “First Day Forward” following incarceration.

“We’re thrilled to have been selected,” said David A. Gross, St. Claire HealthCare’s Administrative Director for Education and Research, who will oversee the project. “St. Claire and its partners in the Northeast Kentucky Substance Use Response Coalition have done amazing work in addressing the region’s opioid epidemic since 2017, and we’re grateful to be able to continue those efforts. The topic of jail re-entry has truly become a passion project for me, my staff, and the coalition.”

This concept of changing jail re-entry for those who struggle with addiction was created by the coalition after interviewing inmates within local detention centers as a part of an RCORP – Planning II grant project.

Other focuses for the project include youth prevention education to be presented within the school systems, training for medical professionals surrounding medication-assisted treatment (MAT) and HIV/Hepatitis C treatment, and other broader community education initiatives such as stigma reduction, naloxone distribution, and drug take-back programs.

Amazing. Medicine. Close to Home.

The service area for this project will include Clark, Mason, and Powell counties and begins September 1, 2020.

"Through the First Day Forward initiative, many of our most vulnerable rural residents will have access to the treatment and recovery services they so desperately need," said Donald H. Lloyd, II, St. Claire HealthCare President/CEO. "We are tremendously grateful for U.S. Senate Majority Leader Mitch McConnell (R-KY) for his assistance in securing this competitive federal grant and his continued support in the fight against the opioid epidemic in Northeastern Kentucky."

U.S. Senate Majority Leader Mitch McConnell (R-KY) contacted HRSA in support of his constituents' grant applications and their life-saving missions.

"In the midst of the coronavirus pandemic, Kentucky remains focused on treating those suffering from substance abuse. I was proud to help these programs receive vital federal funding to serve rural communities around our Commonwealth," said Senator McConnell. "Since I became Senate Majority Leader, I've worked to mobilize the federal government to respond to the scourge of addiction with prevention, treatment, and enforcement efforts. Kentucky is leading the fight against addiction, and it's a privilege to join these devoted professionals to help us win."

Since May 2019, St. Claire has been awarded nearly \$3 million in federal grants to address the opioid epidemic. This includes a \$900,000 competitive federal grant Senator McConnell helped secure from HRSA in June 2020 to provide MAT services in collaboration with the Northeast Kentucky Substance Use Response Coalition.

For more information, contact KaLeigh Underwood at 606.783.6506 or Kaleigh.underwood@st-claire.org.

For Immediate Release

September 24, 2020

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St. Claire HealthCare and NE KY Substance Use Response Coalition Awarded \$200,000 Planning Grant Project

The Northeast Kentucky Substance Use Response Coalition was recently awarded a \$200,000 planning grant from the Health Resources and Services Administration. This Rural Communities Opioid Response Program-Planning III project will target Carter, Lewis, Montgomery, and Rowan counties for 18 months of planning and assessment concerning substance use disorder, community resources, and possible jail re-entry programming.

The Coalition includes representatives from: Achieving Recovery Together, the Clark County Health Department, Comprehend Inc., the Gateway District Health Department, the Kentucky Rural Healthcare Information Organization, the Northeast Kentucky Area Health Education Center, Pathways Inc., St. Claire HealthCare, and Tri-State Primary Care. The project, which began Sept. 1, is one of 50 that was selected for funding, and the only Kentucky project that was chosen.

Beginning Sept. 1, 2020, project staff will conduct focus groups with community stakeholders in each county, including representatives from: law enforcement, health care, education, elected officials, employers/chamber of commerce, faith-based groups, and so forth in an attempt to gather information about what resources each county already has, or would like to have to help combat the opioid and substance use epidemic in their county. Project staff will also meet with jailers and jail staff to determine interest and readiness for possibly establishing a jail re-entry program for individuals leaving incarceration with opioid and substance use disorder. Lastly, project staff will attempt to interview county inmates in local detention centers who were arrested on drug-related charges at each of the four county jails to learn about what resources these individuals would most benefit from up on their release.

“Although so much attention has shifted to the coronavirus pandemic, the opioid epidemic still rages in our region – and in some cases is getting worse due to recent events,” said David A. Gross, St. Claire HealthCare’s Administrative Director for Education and Research, who will administer the project. “This planning project will be an important first step toward potentially implementing longer-term solutions to the opioid crisis in Carter, Lewis, Montgomery, and Rowan counties.”

For more information, contact Kaleigh Underwood at 606.783.6506 or kaleigh.underwood@st-claire.org.

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FOR IMMEDIATE RELEASE
March 15, 2021

NORTHEAST KENTUCKY SUBSTANCE USE RESPONSE COALITION WINS NATIONAL AWARD

MOREHEAD – The Northeast Kentucky Substance Use Response Coalition has been selected as the National Rural Health Association’s “Outstanding Rural Health Program” for 2021.

This competitive, national award recognizes a community, regional, or statewide program that promotes or facilitates the development of rural health delivery systems. Factors considered include coordination of services with other health care agencies to avoid duplication of services; networking and collaboration with other health care entities to achieve common goals; innovation in development and implementation; and lasting impact on populations and areas served. The award will be formally presented during NRHA’s virtual annual conference in May.

The Coalition was selected because of its grant-funded projects and partnerships focused on addressing substance use disorders within 18 northeastern Kentucky counties. Coalition members include St. Claire HealthCare and its hosted Northeast Kentucky Area Health Education Center (AHEC), based in Morehead; Achieving Recovery Together, a recovery community organization based in Winchester; the Clark County Health Department; Comprehend, Inc., a community mental health center based in Maysville; Pathways, Inc., a community mental health center based in Ashland; Tri-State Primary Care, which has clinics in Boyd and Carter counties; the Kentucky Rural Healthcare Information Organization, based in Morehead; and the Gateway District Health Department, based in Owingsville.

Formed in 2018, this group came together because the region’s substance use epidemic was too large for any one organization to tackle on its own. By organizing multiple community partners to work together, it allowed for better coordination of services and reduced any duplication of effort.

"Our Coalition is honored to be recognized by the NRHA as their 2021 Outstanding Rural Health Program," said Pamela Vaught, President/CEO of Comprehend, Inc., and Chair of the Coalition’s governing board. "As part of the Coalition since its inception, I’ve seen firsthand that both the Coalition members and the staff who provide direction and oversight are committed to providing solutions to the substance use challenges in the communities

we serve. I am excited that the Coalition is being recognized for its contributions to making a difference."

Between the Coalition's six federally funded grant projects, it has brought more than \$3.4 million into northeastern Kentucky. Much more importantly, this funding has enabled the Coalition to facilitate meaningful projects, gather data, and establish much-needed interventions within local communities.

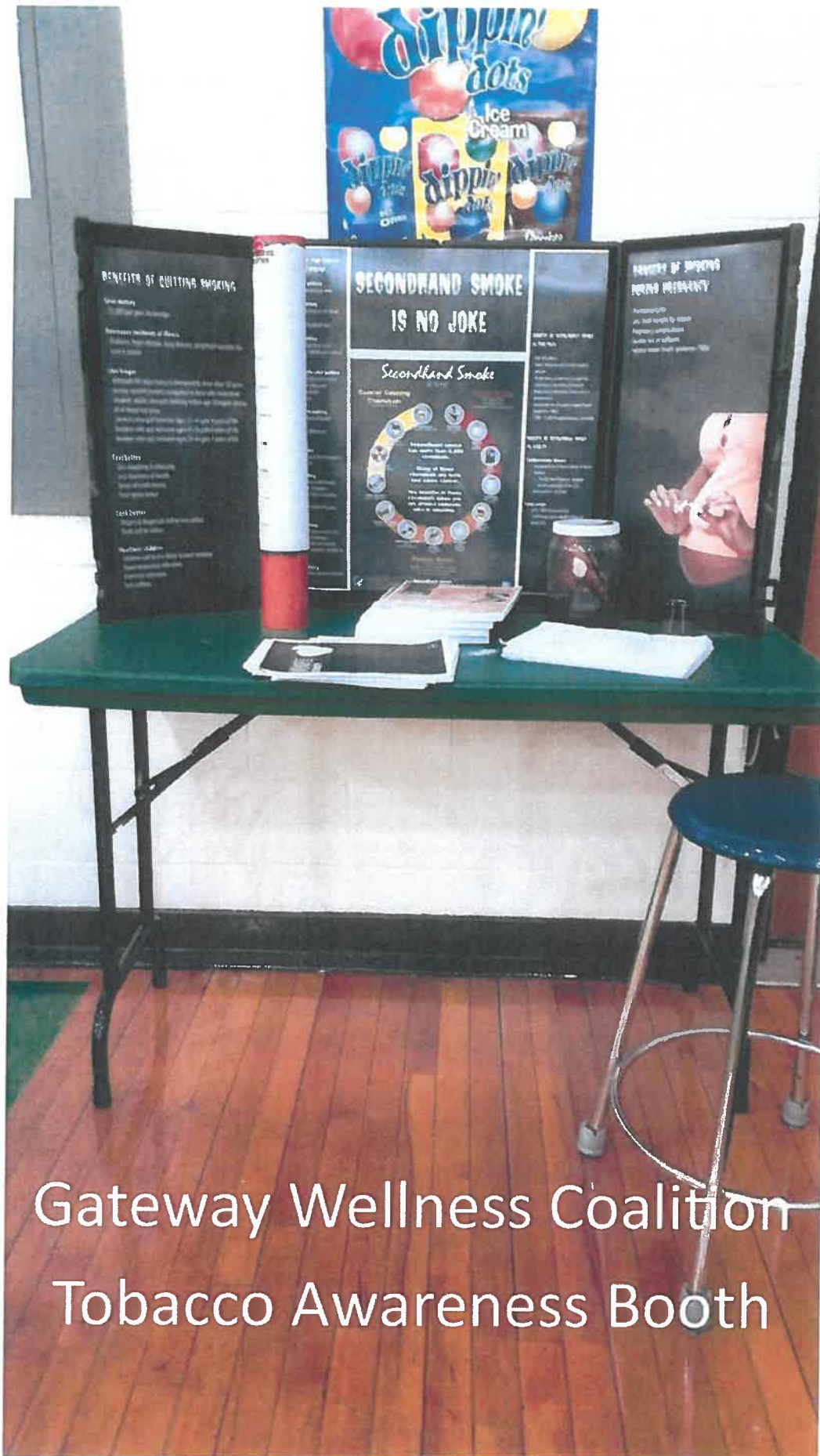
Some of the Coalition's activities have included: conducting interviews with incarcerated individuals concerning addiction, treatment, and recovery; administering a medication-assisted treatment (MAT) of opioid use disorder survey to more than 100 health care providers and administrators; expanding/implementing MAT within four rural health clinics; establishing a series of MAT trainings and an MAT mentorship program for local health care providers; delivering prevention education presentations to hundreds of young students; distributing naloxone (an opioid overdose-reversing medication) and training community members on its use; and creating a jail reentry program called First Day Forward, which pairs incarcerated individuals with a trusted peer recovery support specialist for in-jail programming and post-release linkages to treatment and recovery resources.

While the Coalition's work has always been important, it is more critical now than ever. As COVID-19 has wreaked havoc across northeastern Kentucky, there has also been a spike in overdoses (including overdose deaths). It is the Coalition's ongoing mission to create educational, clinical, and preventive interventions that provide help and hope for those who struggle with substance use disorder.

"We are extremely honored to accept this award," said KaLeigh Hemminger, Northeast Kentucky AHEC's Outreach Services Coordinator and Director of the Coalition. "When it comes to the work we do, we have a saying within our Coalition: 'if we can reach just one person, help one person, this is all worth it.' To know our efforts are now being recognized on a national scale, and that other healthcare organizations may observe and model the types of programming we do, that adds another level to the impact we can have in addressing this epidemic. "

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For more information, please contact KaLeigh Hemminger at 606.783.6506 or kaleigh.hemminger@st-claire.org.



Gateway Wellness Coalition
Tobacco Awareness Booth

Gateway Wellness Coalition Tobacco Awareness Booth

BENEFITS OF QUITTING SMOKING

- Save money**
 - \$1,500 per year on average
- Decreases incidents of illness**
 - Decreases heart disease, lung disease, peripheral vascular disease & cancer
- Live longer**
 - Although life expectancy is shortened by more than 10 years among current smokers (compared to those who have never smoked), adults who quit smoking before age 40 regain almost all of those lost years
 - Smokers who quit between ages 35-44 gain 8 years of life
 - Smokers who quit between ages 45-54 gain 6 years of life
 - Smokers who quit between ages 55-64 gain 4 years of life
- Feel better**
 - Less coughing & wheezing
 - Less shortness of breath
 - Sense of smell returns
 - Food tastes better
- Look better**
 - Fingers & fingernails will be less yellow
 - Teeth will be whiter
- Healthier children**
 - Children will be less likely to start smoking
 - Fewer respiratory infections
 - Fewer ear infections
 - Less asthma

QUIT AND LIVE LONGER HEALTHIER WHEN YOU STOP SMOKING

- 24 hours after quitting**
 - Heart rate & blood pressure drop
- 31 hours after quitting**
 - Carbon dioxide levels in the blood drop
 - Dyspnea (shortness of breath) less
- 48 hours after quitting**
 - Smoking-related changes in the lungs begin to reverse
 - Swelling of the airways begins to subside
 - Coughing & wheezing less
- 1 to 4 months after quitting**
 - Chronic bronchitis symptoms (coughing, wheezing, chest pain) improve
 - Ability to exercise improves
 - Stroke risk drops
- 1 year after quitting**
 - Coronary heart disease risk drops 50%
 - Stroke risk drops 50%
- 3 years after quitting**
 - Stroke risk drops 60%
 - Coronary heart disease risk drops 60%
 - Stroke risk drops 60%
- 10 years after quitting**
 - Stroke risk drops 70%
 - Coronary heart disease risk drops 70%
 - Stroke risk drops 70%
- 15 years after quitting**
 - Stroke risk drops 80%
 - Coronary heart disease risk drops 80%
 - Stroke risk drops 80%

SECONDHAND SMOKE IS NO JOKE

Secondhand Smoke IS TOXIC

Cancer Causing Chemicals

Secondhand smoke has more than 4,000 chemicals. Many of these chemicals are toxic and cause cancer. You breathe in these chemicals when you are around someone who is smoking.

Poison Cases

Each year, thousands of children are hospitalized or die from secondhand smoke. In fact, secondhand smoke is the leading cause of lung cancer deaths in non-smokers.

Effects of Secondhand Smoke

- Heart disease
- Stroke
- Lung cancer
- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Thirdhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Fourthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Fifthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Sixthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Seventhhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Eighthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Ninthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Tenthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Eleventhhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Twelfthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Thirteenthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Fourteenthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Fifteenthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Sixteenthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Seventeenthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Eighteenthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Nineteenthhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

Effects of Twentiethhand Smoke

- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

EFFECTS OF SECONDHAND SMOKE

CHILDREN

- Low birth weight (for infants)
- Pregnancy complications
- Greater risk of stillbirth
- Sudden Infant Death Syndrome (SIDS)

ADULTS

- Heart disease
- Stroke
- Lung cancer
- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

EFFECTS OF THIRDHAND SMOKE

CHILDREN

- Low birth weight (for infants)
- Pregnancy complications
- Greater risk of stillbirth
- Sudden Infant Death Syndrome (SIDS)

ADULTS

- Heart disease
- Stroke
- Lung cancer
- Respiratory illness
- Ear, nose, and throat problems
- Eye irritation
- Wheezing and asthma
- Infant and child deaths
- Sudden Infant Death Syndrome (SIDS)

DANGERS OF SMOKING DURING PREGNANCY

- Premature birth
- Low birth weight (for infants)
- Pregnancy complications
- Greater risk of stillbirth
- Sudden Infant Death Syndrome (SIDS)

Walking for Wellness: An Elementary School Based Intervention to Promote Exercise and Health Education in Rural Kentucky



College of Medicine



Rural Physician Leadership Program
Morehead Regional Site

K. Jayne, C. Jayne, S. Sharber, M.D., A. Nix, M.D.,
D. Hudson, P. Seyffrit, P. Arnett, MBA, DrPH

University of Kentucky, College of Medicine, Rural Physician Leadership Program, Lexington, KY, U.S.A.

INTRODUCTION

The ever increasing prevalence of obesity in the U.S. seems to be even more pervasive in rural areas. In Kentucky the obesity rates are close to or surpass 30% in most counties. The statistics for Pediatric Obesity and Health and wellness are not far behind.

- 17% of children in the United States ages 2-19 years are obese
- Prevalence of obesity in rural children 16.5% compared to urban children at 14.4%
- Rural children are 25% more likely to be overweight or obese
- Childhood obesity → increased likelihood of adult obesity

Since obesity is associated with numerous health conditions including high blood pressure, high cholesterol, and diabetes many communities have started to embark upon preventative measures. In the 2014 Community Health Needs Assessment completed for Rowan and surrounding counties, pediatric obesity was listed as one of the 5 main target areas for improvement. In an effort to prevent and reduce the prevalence of childhood obesity in Rowan County, the Walking for Wellness Program was created in 2014.

The goal of this program was to increase daily number of steps taken by 4th and 5th grade students in Rowan County. In addition, student awareness of the health benefits of physical activity, and to encourage teachers to incorporate W4W Program into lesson plans.

While meeting these goals it was possible to assess the effectiveness of classroom based interventions including set exercise, cardiovascular health, and nutrition curriculum along with in school pedometer use. The pedometer step counts provided a means to quantify the effects of the exercise and nutritional workshop presented to each of ten 4th and 5th grade classes.

Workshops were presented by third and fourth year Medical Students in the Rural Physician Leadership Program from the University of Kentucky College of Medicine. 10 classrooms participated in the Walking for Wellness Competition and Educational Program including classes from McBrayer Elementary, Rotburn Elementary, and Clearfield Elementary.



DEMOGRAPHICS

243 4th and 5th grade students in rural designated Rowan county participated in the program. 96.0% of the Rowan county population is Caucasian, 1.5% African American, 0.8% Asian, 0.2% American Indian.



METHODS

In previous years the Walking for Wellness program had up to 4 classrooms. This year, the number of participants doubled with increased advertising and prizes. Previous year quality surveys were used to improve the current program for 2015-2016.

Flyers depicting the program were sent via email to all 4th and 5th grade teachers in Rowan County. With funding from the CCTS Grant Kroger gift cards were distributed to 10 participating teachers. Instruction sheets for the Competition portion of the program was supplied as well as recording sheets for each specific week of the competition.

10 Rowan county 4th and 5th grade classrooms participated in the program (Nov. 2015-Jan. 2016). Initially pedometers were distributed in classrooms to be worn by 5-6 different students daily. Each student's step counts were recorded at the end of the school day for 5 days. These were used to calculate a weekly and daily average. A medical student from the University of Kentucky presented a standardized exercise, cardiovascular health, and nutrition workshop to the classrooms. Step counting resumed for 4 weeks after the workshop. Various strategies to increase their daily number of steps, examples of such strategies included taking longer routes to get to the class's next destination, walking laps around the school, and taking "brain breaks" between lessons. The logs were collected after the five weeks to be used for data analysis. Students were also competing for prizes for the most improved class average step counts and greatest average step counts overall.



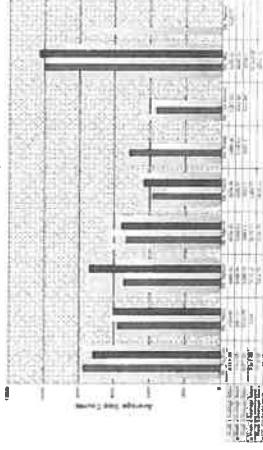
In addition to the physical activity component of the program, the importance of developing healthy eating habits during childhood was addressed. Each class received an interactive lesson, by a University of Kentucky Medical Student, on the basics of nutrition. The 5-2-1-0 rule which was a very successful statewide campaign in Maine was taught to each class.

RESULTS



Average step counts from 8 classes were compared from before and after the educational intervention/workshop. Paired t-test was performed for which T statistic was 2.09 and p value < 0.05 (n=8). This shows that there is statistical significance in step count improvement from before to after the educational intervention even sustained over a 4-week period. Future goals will be to study the impact of a longer curriculum spanning multiple years. The competition element of the program may also be a confounding variable to the data. Unfortunately the baseline measurement of steps could not be conducted without the distribution of pedometers. This added excitement may have falsely elevated the baseline steps during week 1.

Average Step Counts Each Week By Classroom



CONCLUSIONS

Overall the data suggests a significant improvement in step counts after providing exercise, cardiovascular health, and nutrition education to the 4th and 5th grade students. Increasing the medical student presentations provided and offering them throughout the year may increase the effectiveness of the program. Follow up studies to see if students are still able to apply cardiovascular and nutrition concepts would be encouraged for future implementation of this program. Adding in portion sizing workshops plus meal planning and prep is another area that could be included in this program.

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