4-9-2015

Franklinton HealthCare Committee

Devyn Hempy
*Otterbein University*, Devyn.Hempy@otterbein.edu

Logan Peterman
*Otterbein University*, Logan.Peterman@otterbein.edu

Nicole Kostiuk
*Otterbein University*, Nicole.Kostiuk@otterbein.edu

Ethan Wojciechowski
*Otterbein University*, Ethan.Wojciechowski@otterbein.edu

Matt McCollister
*Otterbein University*, matthew.mccollister@otterbein.edu

Follow this and additional works at: [http://digitalcommons.otterbein.edu/syest](http://digitalcommons.otterbein.edu/syest)

Part of the [Community-based Research Commons](http://digitalcommons.otterbein.edu/community-based-research), [Service Learning Commons](http://digitalcommons.otterbein.edu/service-learning), and the [Social Welfare Commons](http://digitalcommons.otterbein.edu/social-welfare)

Recommended Citation

Hempy, Devyn; Peterman, Logan; Kostiuk, Nicole; Wojciechowski, Ethan; and McCollister, Matt, "Franklinton HealthCare Committee" (2015). *SYE Legacies: Student Group Projects*. Paper 4.

This Project is brought to you for free and open access by the Student Research & Creative Work at Digital Commons @ Otterbein. It has been accepted for inclusion in SYE Legacies: Student Group Projects by an authorized administrator of Digital Commons @ Otterbein. For more information, please contact library@otterbein.edu.
Franklinton HealthCare Committee

By: Devyn Hempy, Logan Peterman, Nicole Kostiuk, Ethan Wojciechowski, Matt McCollister

April 9, 2015

SYE 4007
April 9, 2015

Trent E. Smith  
Executive Director  
Franklinton Board of Trustees  
924 W. Broad Street  
Columbus, OH 43222

Dear Mr. Smith:

We are the Franklinton HealthCare Committee, and we are contacting you today because we want to change the outlook of the city of Franklinton to trusting in the ability of our organization. We want to show the Franklinton community that Mr. Carmel’s moving is going to be a positive change. We can’t stress enough, as a group of hardworking leaders, how excited we are about this change and the opportunities we can bring into the community as a result.

FHCC has a list of plans in store to benefit the community by eliminating drug and alcohol addictions with a new rehabilitation center. We also want to add additional housing for the expansion of the Mt. Carmel College of Nursing. Another huge opportunity is going to be the wellness center and education about nutrition. FHCC thinks all of these things are going to ease the minds of the Franklinton community and allow them to realize how great an opportunity this is.

We have many strong people working behind us and would love to help the Franklinton community during this change. We look forward to hearing back from you with ideas and feedback. Thank you for your time and consideration.

Sincerely,

Logan Peterman  
Ethan Wojciechowski

Nicole Kostiuk  
Matthew McCollister  
Devyn Hempy

FHCC
Franklinton Healthcare Committee: Mount Carmel West Reinvention

In Franklinton, Mount Carmel established its original hospital, now called Mount Carmel West. Mount Carmel has now decided to move this hospital to Grove City, Ohio. Our project focuses on how we, the Franklinton Healthcare Committee, can make a positive change to this community to improve the residents’ overall health and improve the community. We have created a plan to reinvent Mount Carmel West to better suit the needs of the Franklinton Community.

In March of 2015, the Mount Carmel Health System announced the departure of the Mount Carmel West branch located in Franklinton, Ohio. We believe that this will be a positive move for the poverty stricken community of Franklinton. Ami Peacock, an employee of Mount Carmel, stated that the board decided that the move would take place because of the fact that only around 3% of Franklinton residents used the in-patient care facility yearly. They believe that taking the hospital to Grove City, where most of their patients reside, makes more sense. The citizens of Franklinton relied more heavily on the services provided by the emergency room. A Columbus news station, 10tv, quoted Franklinton’s Board of Trade Executive Director, Trent Smith as saying “I would never want to deny that the immediate pain is going to be there. But overall, in the optimistic point of view, this is going to be good for Franklinton in the long run” (McEntyre, 2015). Many people of the community, most notably business owners, have said that they believe the move will hurt their businesses, claiming that losing the staff of Mount Carmel West will cost them many regular customers. But the Franklinton Healthcare Committee sees this move as an opportunity to better serve Franklinton’s community. It will open up many opportunities for people to receive better and more effective healthcare. We believe that there is a way to reinvent Mount Carmel West to cater to the big picture needs of Franklinton.

In conducting research for this project, the Franklinton Healthcare Committee reached out to a variety of people in the Franklinton Community; we received the most information from Gale Gray and Ami Peacock. We also gathered most of our information from research articles that focused on Appalachian healthcare and health problems. What we found were some shocking statistic outlining the problems in the Urban Appalachian communities, which include health, crime, poverty, and low education.

The people of Franklinton are largely made up of Urban Appalachians. On average, Urban Appalachians tend to have higher rates of health disparities when compared to non-Appalachians. Franklinton has high rates of crime, poverty, unemployment, and drug and alcohol abuse. A study conducted by Morrone, Chadwick, and Kruse found that “Appalachian residents are poorer, less healthy, and exposed to worse environmental conditions than those who live elsewhere in Ohio. Statistically significant differences emerged between Appalachian and non-Appalachian Ohio in terms of demographic, environmental, and health factors, and since these conditions interact, Appalachian people are likely to be more vulnerable to disparate health outcomes than others” (Morrone, Chadwick, & Kruse, 2014). Other important differences that they discovered was that Urban Appalachians tended to have a higher cancer incidence and mortality rate, along with higher rates of self-identified obesity, higher rates of
cigarette smoking, higher rates of asthma, and are less likely to exercise than other non-Appalachian Ohioans (Morrone, Chadwick, & Kruse, 2014).

On top of the higher rate of health problems, Urban Appalachians face more adversity because they tend to live in poverty. Morrone, Chadwick, and Kruse also noted that “Appalachian Ohio has lower median household incomes, lower numbers of manufacturing jobs, lower per capita income, higher rates of unemployment, and higher poverty. Low income, poverty, unemployment and other socioeconomic indicators are associated with decreased access to health care” (Morrone, Chadwick, & Kruse, 2014). The fact that most Franklinton residents are unemployed and living in poverty explains why they do not tend to use the in-patient care facility of Mount Carmel West. They simply cannot afford it, so they wait until their illness or injury gets too bad and needs immediate attention, forcing them to use the emergency room, which is more affordable. Living in poverty means that a person cannot afford basic medical care; an in-patient care facility in Franklinton does not make sense, because its residents cannot utilize or pay for it. The residents of Franklinton are also undereducated, with the majority of people receiving less than a high school diploma. The higher than average health disparities and the high poverty rate coupled with drug and alcohol addiction, low education levels, and high crime rate, shows us that we need to do something that will benefit the lives and overall health of this community. The first graph below shows Franklinton’s educational attainment from below high school to a doctorate degree (City Data). The second graph demonstrates that Franklinton has higher crime rates than Columbus, Ohio, and the United States, outside of violent crime, where it is lower than the national average (Area Vibes, 2015). Finally, the third table compares demographic/economic indicators and environmental indicators in Appalachian and non-Appalachian counties (Morrone, Chadwick, & Kruse, 2014).
Table 3.
Comparisons of Means Between Appalachian and Non-Appalachian Counties in Ohio

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Appalachian Counties (32)</th>
<th>Non-Appalachian Counties (56)</th>
<th>t (df)†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic/Economic Indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total county population</td>
<td>63,813</td>
<td>169,544</td>
<td>-2.97 (64)***</td>
</tr>
<tr>
<td>Percent below poverty ☭</td>
<td>17.23</td>
<td>11.21</td>
<td>7.32 (86)***</td>
</tr>
<tr>
<td>Percent unemployed</td>
<td>9.09</td>
<td>7.70</td>
<td>4.05 (50)***</td>
</tr>
<tr>
<td>Median household income</td>
<td>$38,364</td>
<td>$48,061</td>
<td>-7.52 (85)***</td>
</tr>
<tr>
<td>Per capita income</td>
<td>$19,733</td>
<td>$24,276</td>
<td>-7.22 (86)***</td>
</tr>
<tr>
<td># of manufacturing jobs</td>
<td>4,565</td>
<td>12,740</td>
<td>-3.95 (73)***</td>
</tr>
<tr>
<td>Median manufacturing earnings ☭</td>
<td>$36,161</td>
<td>$40,496</td>
<td>-3.38 (86)***</td>
</tr>
<tr>
<td>Environmental Indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean TRI releases (lbs)</td>
<td>2,826,373</td>
<td>1,441,609</td>
<td>1.41 (38)</td>
</tr>
<tr>
<td>Mean number of permitted facilities</td>
<td>229</td>
<td>617</td>
<td>-2.99 (65)***</td>
</tr>
<tr>
<td>TRI releases per manufacturing job (lbs)</td>
<td>838</td>
<td>117</td>
<td>2.39 (28)*</td>
</tr>
<tr>
<td>Health Indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer incidence/100,000*</td>
<td>465.64</td>
<td>448.12</td>
<td>2.88 (86)***</td>
</tr>
<tr>
<td>Cancer mortality/ 100,000*</td>
<td>210.53</td>
<td>193.01</td>
<td>3.12 (86)***</td>
</tr>
<tr>
<td>Percent with asthma</td>
<td>5.78</td>
<td>6.92</td>
<td>-5.42 (49)***</td>
</tr>
<tr>
<td>Percent smoker</td>
<td>27.28</td>
<td>22.80</td>
<td>7.50 (35)***</td>
</tr>
<tr>
<td>Percent no physical activity</td>
<td>26.77</td>
<td>23.51</td>
<td>6.96 (37)***</td>
</tr>
<tr>
<td>Percent overweight</td>
<td>32.88</td>
<td>36.05</td>
<td>-5.89 (36)***</td>
</tr>
<tr>
<td>Percent obese</td>
<td>29.77</td>
<td>26.92</td>
<td>4.55 (36)***</td>
</tr>
</tbody>
</table>

Note. †All t values based on unequal variances, except items marked with an “a”

* p < .05, ** p < .01, *** p < .001
The Franklinton Healthcare Committee believes that Franklinton would greatly benefit from a walk-in clinic. This type of clinic can handle all basic medical needs, such as the flu, strep throat, small flesh wounds, sprains and things of that nature. This will help the residents get the cheaper and faster medical care that they want and need. Giving Franklinton a walk-in clinic will give them a way to prevent their illnesses from getting worse and spreading, and this in turn will hopefully lower some health problems for these Urban Appalachians.

The emergency room of Mount Carmel West is the department that the Franklinton community uses the most often. We believe that it is in the best interest of the residents to keep providing the emergency services. The emergency room is also vital to help with drug and alcohol overdoses. The residents of Franklinton have made it very clear that the emergency room is a much-needed source of medical care, so keeping it intact is a top priority. Another positive to keeping the emergency room is the possibility of job openings in the emergency room. Mount Carmel West plans on keeping all of its current employees, but moving the majority of them to the new Grove City location. This shift will give Franklinton residents an opportunity to work in the new hospital system.

We would also like to have a community wellness center. This Wellness Center will be a free informational resource for Franklinton’s citizens. One of the major health problems that Appalachians face is that they are not medically educated, and in turn cannot care for themselves or their families very well. Ludke, Obermiller, Jacobson, Shaw and Wells found that “Appalachians have poorer functional health literacy than their non-Appalachian counterparts” (Ludke, Obermiller, Jacobson Jr., Shaw, & Wells, 2006). We believe that we can help counteract such health illiteracy by providing this community with information on living a healthier lifestyle and other preventative classes. These classes will include cooking classes, so that people can learn how to easily cook healthy meals for their families, which will hopefully lower the obesity and diabetes rates. Also, the wellness center will be able to provide exercise plans, drug prevention, pregnancy education, CPR, and other classes focusing on disease prevention. Currently Mount Carmel West has a Community Health Resource Center that has cancer services, community meetings, a consumer health library, cooking classes, diabetes support group, tai chi, relaxation, stress management and mindfulness classes, pregnancy and parenting programs such as, Moms2B, childbirth education, and a breastfeeding support group (Gladden Community House, 2015). We are planning on keeping all of these programs and expanding to add more resources for the people of Franklinton. We are hopeful that integrating these free classes, programs, and support groups will result in a healthier community. We also are optimistic that holding community programs such as these will create a closer bond within the community.

The next step in Mount Carmel West’s reinvention is an expanded college of nursing. Mount Carmel is known for its excellent nursing program, so enrollment is getting bigger and bigger. We believe that there is room in the hospital to turn old hospital rooms into fully functional dorm rooms for potential new students. This would be a low-cost renovation, and it would allow the college a new source of revenue and allow for out-of-town or out-of-state students to attend. We see this as an opportunity to bring younger, college-aged students into the community. If these students were to live on the Franklinton campus it would bring more customers to the local businesses! This could help Franklinton’s economy shift into an upswing
and bring a lot more revenue to the city. Franklinton is trying to redevelop itself into a hip and upcoming neighborhood; we feel that the influx of a younger population will help that process. Another positive effect of expanding the college of nursing is that it will provide Franklinton residents with a convenient education and eventual job opportunity. With a nearby nursing college, it will be easier for those with a high school diploma to obtain a career in the medical field. This possible opportunity might even motivate some to get their high school diploma or GED. The nursing students will also be available to help out in the wellness center and the emergency room. This will help staff the hospital at a lower cost. We think that the expansion of the nursing program will do amazing things for Franklinton and its residents.

Our final change for Mount Carmel West is the addition of a drug and alcohol addiction rehabilitation center. After talking to a Franklinton narcotics officer, we realized that the drug problem is something that needs attention if the people in Franklinton are to improve their quality of life, community, and crime rates. Most of the crime is Franklinton is property crime, like theft. Theft is a result of drug addiction; people need to steal in order to pay for their drugs. If we can develop an effective rehabilitation center, the crime rates will lower and the city’s economy will gradually start to flourish. The lower crime rates and higher economy will in turn create a population increase, because Franklinton will become more attractive to potential homebuyers. This rehabilitation center will feature in-patient treatment for prolonged visits. Also, addiction counseling, mental and physical health care, substance abuse counseling, individual and group counseling, such as Alcoholics Anonymous, wellness management, and behavioral health services and counseling will all be available. Not only will it be available to Franklinton residents but also outsiders who wish to utilize its services. This will bring an additional outside revenue source to the hospital and city.

The Franklinton Healthcare Committee is sure that with all these changes, the new Mount Carmel will be better suited to serve the needs of the Franklinton Community. We feel as though the community will greatly improve in health and quality of life. With all of the changes combined, Franklinton stands to gain revenue, lower crime rates, raise the education levels, and be more welcoming to people thinking of moving into the neighborhood.

We propose that the Holy Cross and Angela Halls buildings be used for the rehabilitation center. We also believe that the old in-patient rooms that will no longer be in use can be renovated into new dorm rooms for the college. The Green Street Surgery Center can be transformed into a walk-in clinic, and 815 W Broad Street can be used for the community wellness center!
In conclusion, we believe that our plan to repurpose the old Mount Carmel West is much better suited to their community and their specific needs. We are excited to bring these new programs and services to Franklinton in hopes of making it a healthier place with a better economy and lower drug rates. Though it may seem as if Mount Carmel leaving is a scary and negative thing, it is not. It is an opportunity to enhance Franklinton, create a city where people want to live, and a community people want to be a part of.
Works Cited


