

# GREEN RIVER COMMUNITY HEALTH IMPROVEMENT PLAN 2015 ~ 2018



Daviess, Hancock, Henderson, McLean, Ohio,  
Union and Webster Counties  
[www.healthdepartment.org](http://www.healthdepartment.org)





# ACKNOWLEDGEMENTS

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## WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)?

A Community Health Improvement Plan (CHIP) is a long term strategic plan to address priority health issues identified within a community. The CHIP was created through a community-wide collaborative process involving partners and the public to assess strengths, weaknesses, challenges and opportunities within our community and identify the overarching goals necessary to improve the health of the community. It is intended to serve as a vision and framework for guiding the development of policies and implementation of actions that promote health. Through sustained, focused efforts, community members can align and leverage resources and engage partners to assess, plan, develop, support and implement strategies which will directly impact community health outcomes and indicators.

We encourage community members individually, within your organizations, and collectively as a community to become involved and commit to improve the health and well-being of Kentuckians living in Green River District

## PLANNING AND PROCESS

Green River District utilized Mobilizing for Action through Planning and Partnerships (MAPP) to conduct the 2015-2018 Community Health Assessment/Community Health Improvement Plan (CHA/CHIP). MAPP is a community driven strategic planning process developed by NACCHO and the CDC to assist communities in organizing partners, collecting comprehensive data and implementing an action plan. The MAPP process includes six phases including partnership development, visioning, assessment, identifying priority issues, formulating goals and strategies and taking action.

1. **PARTNERSHIPS:** Drawing on the broad participation of partners during the previous cycle (2012-2015), representatives from local coalitions, hospitals, healthcare providers, governance and education as well as concerned citizens came together to participate in the MAPP process. In addition, partner agencies from the preparedness sector focused on building community resilience through MAPP.
2. **VISIONING:** Each county selected a vision statement to guide Community Health Improvement Plan decisions. Visions were created through consideration of MAPP assessments and the four perspectives; these visions describe an idyllic community.
3. **ASSESSMENT:** The assessment portion of the MAPP process includes four different assessments; Themes and Strengths Assessment, Forces of Change Assessment, Local Public Health System Assessment, and the Community Health Status Assessment. Perceptions about quality of life, local assets and issues that interest the community contributed to the Themes and Strengths Assessment. The Forces of Change Assessment identified trends and other issues that could impact the community. To measure partnership involvement and delivery of services, the Local Public Health System assessment was conducted. The Community Health Status Assessment provided primary and secondary data on the community's health conditions.

Green River District considered four perspectives in assessing the health of our communities:

**Data Perspective:** Quantitative data was used to develop a social, economic and health portrait for each county. Data were drawn from state, county and local sources including Kentucky Health Facts, US Census Bureau Data, County Health Rankings, Kentucky Department for Public Health and the Kentucky Health Benefit Exchange. For current health status details,

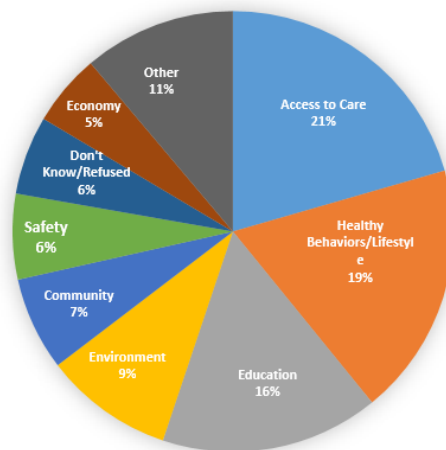
please see the GRDHD 2015 Community Health Assessment available through [www.healthdepartment.org](http://www.healthdepartment.org).

**Organizational Perspective:** Qualitative data was derived from forums and focus groups conducted in each county throughout the district. A wide range of organizations, community stakeholders and residents shared their perceptions of community, health concerns, and services, programs and events necessary to address those concerns. During each of the forums, local health indicators were presented along with the community survey and previous cycle initiatives; attendees participated in a dialogue around the health and their community. The organizational perspective explored current health priorities, identified strengths and local resources, noted potential forces of change and gaps in services. The organizational perspective is key to informing funding and program priorities.

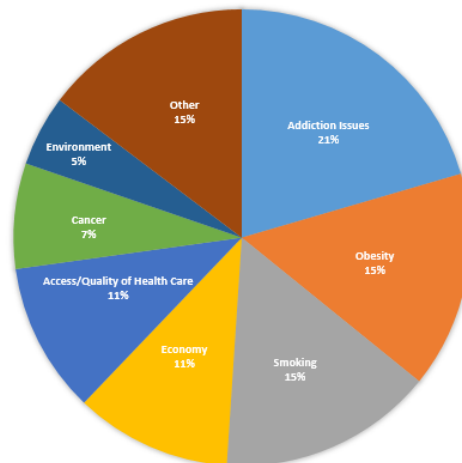
**Individual/Household Perspective:** To gather information about its population, GRDHD conducted a Community Assessment for Public Health Emergency Response (CASPER). This community survey supplied answers to questions regarding perceived health of the community, strengths, weaknesses, specific health diagnoses, environmental issues and level of “preparedness” in the case of an emergency or natural disaster. For more info see the CASPER (Community Survey) Data Sheet available at [www.healthdepartment.org](http://www.healthdepartment.org)

## Community Survey Top Responses (CASPER)

What's needed to create a "Healthy Community"	
Access to Care	20.54%
Healthy Behaviors/Lifestyle	18.59%
Education	16.02%
Environment	9.48%
Community	6.86%
Safety	6.27%
Don't Know/Refused	5.78%
Economy	5.29%
Other	11.17%

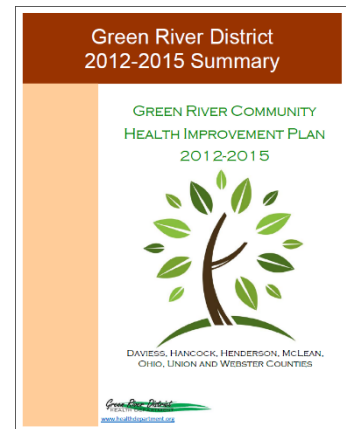


What is the greatest challenge to health in your community?	
Addiction Issues	20.48%
Obesity	15.34%
Smoking	15.22%
Economy	11.09%
Access/Quality of Health Care	10.66%
Cancer	7.47%
Environment	5.03%
Other	14.07%



**Focus groups and Surveys:** Although the Community Survey captured opinions from a representative sample, the needs of disparate populations may not have been adequately covered. Focus groups were scheduled for each of the seven counties to elicit input from low income, transient and minority populations. A lack of interest and participation confined the results to Daviess County. Discussions explored participants' perceptions of their communities, priority health concerns and perceptions of health, prevention and healthcare services as well as suggestions for services and programming to address these issues. Please see the (Daviess County Special Populations Addendum to the Green River Community Health Assessment) for more information.

**Historical Perspective / 2012-2015 CHA/CHIP:** Green River District initiated the MAPP process in January 2012. Local partners in each of the seven counties came together to assess their respective community's health using input gathered using a three prong approach of health data, public opinion (community survey) and partnership contributions (in-depth conversation in county-specific focus groups). This information was used to develop the 2012-2015 CHIP. Each county selected three-four strategic initiatives to address over the three year cycle. Local partners met monthly and pursued objectives to impact their communities directly. District wide reports were completed semi-annually; a public health forum each spring and annual summary document each fall. The CHA is available at [www.healthdepartment.org](http://www.healthdepartment.org). Flash drives with 2012-2015 information as well as the 2015 CHA was made available to public and community partners throughout the cycle. Postcards announcing availability of CHA results through the health department website were provided to local businesses throughout the district.



4. **IDENTIFYING STRATEGIC ISSUES:** A summary of the visioning, assessments and perspectives was presented at each of the seven county Community Health Improvement Plan forums in May 2015. With priority issues established, live audience voting facilitated dialog and selection of the strategic initiatives selected in each county. Common themes emerged across the Green River District: Obesity/Nutrition/Physical Activity (lifestyle factors), Tobacco/Substance Abuse, Access to Care, Mental Health and Teen Issues. Dental Health and environmental factors were also noted.
5. **FORMULATING GOALS AND STRATEGIES:** During the coming months, local coalitions (accountability groups) will review data from the Community Health Assessment and work to establish specific goals and objectives to address each of the selected strategic initiatives.
6. **TAKING ACTION:** Action teams in each county will plan, implement and evaluate activities related to their assigned initiatives. Monitoring progress and collecting data will be conducted on an ongoing basis and reported through local coalitions, the Regional Health Council and Green River District Health Department.

## PRIORITY ISSUES / IDENTIFYING STRATEGIC ISSUES

Development of the CHIP involved issue prioritization and strategy formulation. An in depth analysis of primary data (community survey, health forums) and secondary data (local, state and national sources) and the use of Healthy People 2020 and Kentucky Health Now provided guidance. Choosing to address these issues commits community health partners to improve health of local communities but also aligns outcome objectives with state and national priorities. The initial priority issues that emerged are listed here.

- Addiction Issues / Tobacco & Substance Abuse
- Obesity
- Access to / Quality of Health Care
- Community
- Healthy Behaviors / Lifestyles (Physical Activity, Nutrition)
- Education
- Environment
- Safety / Abuse / Violence / Crime
- Non-Traditional Households
- Cultural Diversity
- Economy / Industry
- Cancer
- Mental Health
- Diabetes
- Teenage Pregnancy
- Chronic Disease
- Infectious Disease
- Oral/Dental Health
- Sexually transmitted diseases

Priority issues were presented to communities through CHIP Forums in each of the seven counties throughout May 2015. Participants reviewed the four prong perspectives (survey results, CHA forum results, data and previous CHA CHIP cycle) MAPP assessment results, conducted open discussion and voted for county specific strategic initiatives for the 2015-2018 cycle. Forums were attended by primarily health coalition members and area healthcare providers. All attendees received preliminary copies of the information and voting results by email.

### SWOT ANALYSIS

District

<b>S</b> <b>Strengths</b> <ul style="list-style-type: none"> <li>• Strong Faith based communities</li> <li>• Close knit communities</li> <li>• Quality school systems</li> <li>• Farmer's Markets</li> <li>• Safety</li> <li>• General access to fitness, recreational and athletic activities.</li> <li>• Largely interested in Green River District Health Departments programs and community involvement.</li> <li>• Low wage towns with low costs of living.</li> <li>• General access to HealthCare</li> <li>• Low crime rate on violent crimes</li> <li>• Strong and effective community coalitions.</li> </ul>	<b>W</b> <b>Weaknesses</b> <ul style="list-style-type: none"> <li>• Substance and alcohol abuse</li> <li>• Brain Drain</li> <li>• Little to no presence of mental health providers.</li> <li>• Increase in unemployment due to mine closures.</li> <li>• Fear of communication barriers due to the diversifying population.</li> <li>• Lack of knowledge on how to access healthcare services.</li> <li>• A rise in single parent families</li> <li>• Fear that E-cigarettes are enticing new smoking habits and hindering the smoke-free process.</li> </ul>
<b>O</b> <b>Opportunities</b> <ul style="list-style-type: none"> <li>• Cultural Diversity</li> <li>• Personal and Community Health Education</li> <li>• More mental health providers for the addiction population and their families</li> <li>• Higher Education</li> <li>• Higher income</li> <li>• Safer workplace</li> <li>• Diverse workforce</li> <li>• More people covered through the Affordable Care Act</li> <li>• More people seeking preventative care</li> </ul>	<b>T</b> <b>Threats</b> <ul style="list-style-type: none"> <li>• Language Barriers</li> <li>• Increased stress on local resources</li> <li>• Potential health issues</li> <li>• Weakening smoke free efforts</li> <li>• Decreased quality of life</li> <li>• Unplanned pregnancies</li> <li>• Youth narcotic use</li> <li>• Neglect</li> <li>• Homelessness</li> <li>• Safety concerns while under the influence</li> <li>• Loss of mining jobs</li> <li>• Loss of coal severance and tax</li> <li>• Depression</li> <li>• Family relocation</li> <li>• Unknown future of coal</li> <li>• Brain Drain</li> <li>• High Premiums, Deductibles and Co-pays</li> <li>• New challenges in family budgets</li> <li>• Overwhelmed healthcare</li> </ul>



## KEY FINDINGS / IDENTIFYING STRATEGIC ISSUES

Common themes among all seven county Community Health Assessments/Community Health Improvement objectives included:

- Obesity/Nutrition/Physical Activity (lifestyle factors)
- Tobacco/Substance Abuse
- Access to Care
- Teen Issues
- Mental Health
- Dental Health

**OBESITY:** Closely intertwined with the high rates of obesity throughout the district are nutrition, physical activity and chronic diseases such as diabetes. MAPP participants noted that the built environment (parks, recreational facilities) affect physical activity rates as do minimal healthy food options, such as high numbers of fast food restaurants. While many counties initiated community gardens and increased participation in Farmers Markets during the last CHA-CHIP cycle, convenience and cost often play a role in choice of foods. Establishing “walkable communities” which are more accessible communities where citizens can safely walk, may provide additional opportunities for physical activity.

**TOBACCO / SUBSTANCE ABUSE:** Tobacco and substance abuse continue to be a concern for residents of the seven counties. Substance abuse includes alcohol, tobacco and other drugs; all of which are commonly known to adversely affect the health of the user. MAPP Assessment participants celebrated the efforts toward tobacco and smoke free policy change. However, there are unknown dangers that accompany increased use of e-cigarettes/vapor smoking in local schools and throughout the community. E-cigarettes may lead to experimentation and new addictions. Some areas are seeing upward trends of narcotic and alcohol use, which affects crime levels and overall quality of life; often straining the family structure and system through courts and rehabilitation, cost of care and a spiral of unplanned pregnancies, youth use, neglect, homelessness as well as safety concerns.

**HEALTHCARE ACCESS AND AFFORDABILITY:** Access to health care was reported as a challenge in nearly every county. For some, access to healthcare was considered a primary issue facing low income residents, aging and minority populations. MAPP Assessment participants recognized the presence of substantial facilities, resources and services. However, in some rural areas, healthcare resources are lacking. Transportation to health care was also noted as an obstacle. Health insurance and costs continue to be a barrier to care; premiums are rising and the healthcare system is overwhelmed. Although the Affordable Care Act has reduced some economic barriers to care, it has also resulted in a shift from “access to care” to “how to access care.” Emergency room use for non-emergencies or in

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*Obesity - How can we create a community where everyone can attain and maintain a healthy weight? How can we increase access to healthy foods and physical activity opportunities?*

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*Tobacco - How are e-cigarettes effecting our community? How we can offer cessation support that is successful? How can we target adolescents and teens with prevention? What can be done to assist communities with smoking bans and policy change?*

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*Access to Care - How can we promote awareness of and connections to community resources, programs, and supportive services? How can we identify and fill gaps in services and resources? How can we build a community system of care so that everyone has affordable, timely, and reliable access to high quality primary and specialty healthcare services?*

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place of regular preventive care persists in some counties. Navigating the healthcare system remains an issue. Health literacy levels and lack of knowledge add to the challenge of navigating a complex health system; including comprehension of paperwork, medical bills, connecting with providers, and taking responsibility for one's own health and healthcare needs.

**TEEN ISSUES:** Teen issues such as bullying, teen pregnancy and sexually transmitted diseases (STD) are a concern for some counties within the district. These issues can alter the lives of our young people in a negative way. Focusing specifically on the teen population can allow for targeted interventions that have been proven successful for the teens. Reducing teen pregnancies could increase overall quality of life for a community. MAPP Assessment participants advocated for a youth health improvement focus to address lifestyle behaviors and coping mechanisms to assist the next generation in leading happy healthy lives.

**MENTAL HEALTH:** Mental health challenges were cited as an increasing health concern in the region. The rise in mental health issues in some counties relates to a loss of jobs and economic challenges as well as insufficient services to address these needs, especially for lower income individuals. MAPP participants noted the connection between poor lifestyle choices such as overeating, alcohol, tobacco and substance abuse which are often symptoms of underlying issues. Addressing the gap in mental health services could inadvertently improve other health issues.

**DENTAL HEALTH:** Gaps in dental services have plagued our community and the nation. Often community members do not have access to dental insurance or do not know how to access dental services. Community members have also voiced a concern that dental offices are not taking new patients or do not accept certain insurances. There are not enough providers to serve the population in need. Dental health is a larger issue than we see on the surface. Overlooked dental issues could lead to larger more serious issues such as heart disease; while some chronic diseases may deteriorate teeth and gums.

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*Teen Issues - How can we encourage and assure good health among adolescents? Is bullying causing an increase in teen issues? How has teen pregnancy data changed over the past 10 years?*

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*Mental Health - How can we attract more mental health providers to the area? What methods can communities utilize for early intervention, education, awareness and treatment programs? How do we provide support for families and friends?*

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*Dental Health - Are dental issues causing other chronic health issues? How can we educate about proper preventive dental care and the connection between oral health and overall wellness? Are people able to access dental care when needed? How can we address gaps in dental care?*

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## EVALUATION AND NEXT STEPS / ACTION CYCLE

Between 2015-2018, county health coalitions will continue to develop and work toward community goals with support from the Regional Health Council, the Green River District Health Department and other community partners. Each accountability group will develop specific goals, objectives and actions to implement over the next few years. Groups are encouraged to consider the strategies outlined in the Governor's Health Initiative, "kyhealthnow" and the US Office of Disease Prevention and Health Promotion's "Healthy People 2020" to help achieve the goals set forth in the Community Health Improvement Plan.

	Access To Care	Obesity	Tobacco / Substance Abuse	Teen Issues
Daviess	✓	✓	✓	
Hancock	✓	✓	✓	
Henderson		✓	✓	✓
McLean	✓	✓	✓	
Ohio		✓	✓	
Union	✓	✓	✓	
Webster	✓	✓	✓	✓
State: kyhealthnow	✓	✓	✓	
Federal: Healthy People 2020	✓	✓	✓	✓

The health status of communities will be monitored through on-going review of leading health indicators. Accountability groups are encouraged to collect primary data to offset the "lag time" effects of standardized data collection.

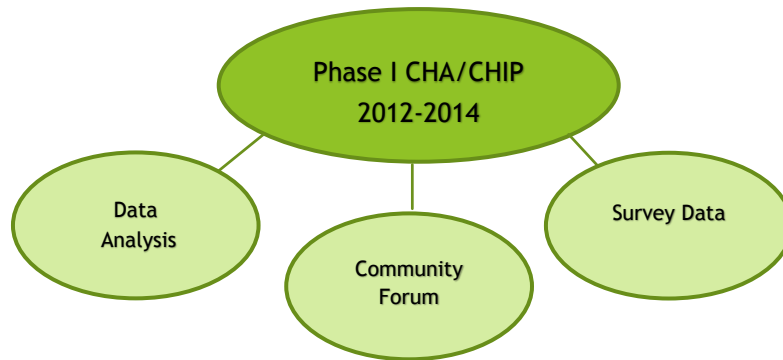
Implementation of the CHIP will be evaluated based on strategic objectives and performance measures identified by local accountability groups. Progress reports will be issued quarterly. In addition, an annual district wide event to share successes and draw support from surrounding counties will be conducted. Priority issues and goals will be re-visited in 2018 with next CHA-CHIP cycle.



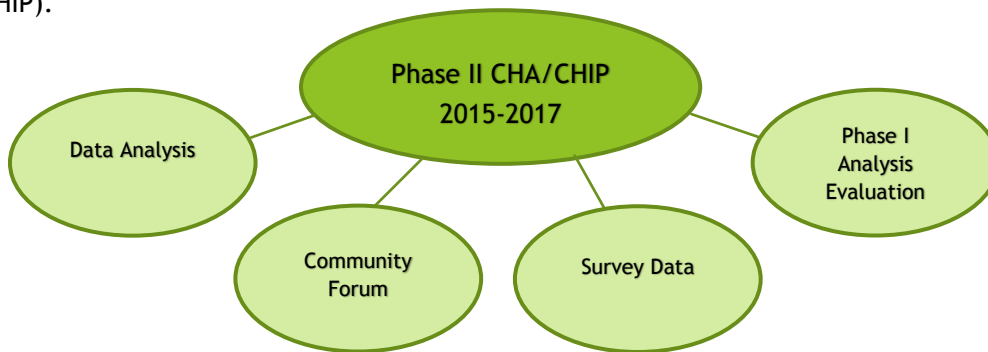
## SUSTAINABILITY

The 2015-2017 Green River District CHIP created by community members and key stakeholders broadens and builds upon successful local health initiatives. Sustainability of the CHIP is a key strategy to building a resilient community. Two (3 year) phases of CHA/CHIPs have been undertaken in the Green River District Community Health Improvement Plan. Each phase included two components: a CHIP which was built upon a Community Health Assessment (CHA). Improvements in the process occurred during Phase II by adding a review of the CHA/CHIP Cycle and implementing necessary adjustments. Phase III (2018-2021) will continue to review the cycle and add improvements and adjustments as necessary.

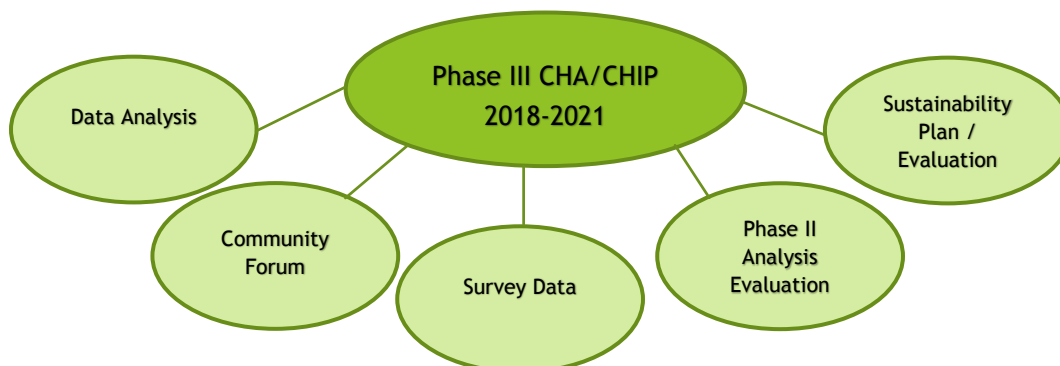
The 2012-2014 CHA/CHIP (Phase I) used a three pronged approach to identify strategies in each community to lead to improved health outcomes (Data Analysis/Surveys/Community Forums).



The 2015-2017 CHA/CHIP (Phase II) used a four pronged approach to identify strategies to lead to improved health outcomes (Data Analysis/Surveys/Community Forums/Analysis of the 2012-2014 CHA/CHIP).

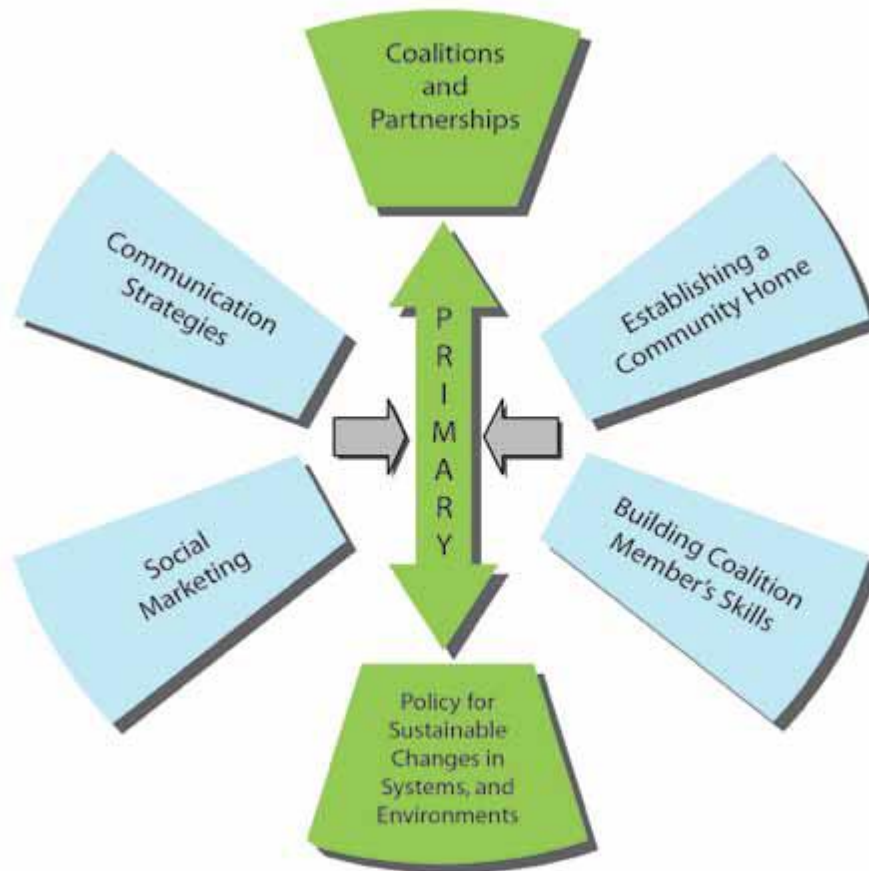


Planning is underway for the 2018-2021 CHA/CHIP (Phase III) which will use a five pronged approach (Data Analysis/Surveys/Community Forums/Analysis of the 2015-2017 CHA/CHIP and will include Evaluation of the Sustainability Plan created during the 2015-2017 CHA/CHIP cycle).



The goal for the 2015-2017 CHA/CHIP cycle is to develop a sustainability plan that includes a timeline for completion, review of community/coalition strategies and activities, prioritization, an implementation plan and evaluation plan.

The CDC's Healthy Communities Program Sustainability Planning Guide outlines several approaches which may be used in improving a community's sustainability efforts. Six commonly used approaches are outlined in this graphic:



Key Stakeholders and Community Partners will be instrumental in the development of the Sustainability Plan.

# USING MAPP TO BUILD COMMUNITY RESILIENCE

## PARTNER: REGION 3 HEALTH CARE PREPAREDNESS COALITION

During this current MAPP cycle, GRDHD partnered with the National Association of County & City Health Officials (NACCHO) in a pilot project to assess if the MAPP process could be used to positively impact community resiliency. Loosely defined, community resilience relies on the premise that healthy communities are strong communities -- better equipped to adapt and recover from adversity. Aspects of resilient communities include improved social and economic well-being, physical and psychological health of population(s), risk communication, social connectedness and the integration and involvement of organizations involved in planning, response and recovery. Green River District is one of three MAPP Communities working with NACCHO to investigate if MAPP can be used to improve community resilience. This initiative was funded by the Office of the Assistant Secretary for Preparedness and Response (ASPR) within the U.S. Department of Health and Human Services (DHHS).

The pilot project in the Green River District involved the implementation of two action items: 1) the organization of a networking group aimed at building partnerships with community infection control professionals - "The Green River Infection Control Network"; and 2) the hosting of a community health improvement plan forum with established healthcare preparedness partners. These action steps aimed to bring exposure to the MAPP planning framework to important community partners that were not actively involved in developing the community health improvement plan in the 2012 cycle. The specific goal of the development of the Infection Control Network was to strengthen some partnerships, but also to create new relationships with infection control partners to improve communications and response to infectious disease issues in the region. The first meeting of this group was held on June 30, 2015. Regular trainings and meetings are planned and development of this network continues on. The remainder of this section of the community health improvement plan reports on the second action step, the CHIP forum that was held with health care, mental health, and other emergency preparedness partners on May 27, 2015. The forum provided background information on the MAPP process and the concepts of community health resilience as well as provided for opportunities to give input and identify strategic initiatives to include in the Community Health Improvement Plan.

The Green River District Health Department has been an active participant of the regional Health Care Preparedness Coalition (formally known as the Hospital Preparedness Program) for well over a decade. The region 3 partnership is very active and GRDHD currently provides staffing to help coordinate the

## PARTICIPATING ORGANIZATIONS:

- Wendell Foster Center
- GRDHD
- Methodist Hospital-Henderson
- Methodist Hospital-Union
- McLean County EMS
- Union County EMS
- Yellow EMS
- Webster County EMS
- Owensboro Health Regional Hospital
- Amateur Radio
- Wellington Park
- Yellow Ambulance
- River Valley Behavioral Health
- Kentucky Emergency Management

coalition. The CHIP forum focusing on Community Resilience was held in conjunction with a regular monthly meeting of the regional partnership. Although most participants represent organizations which are involved in implementation and support of local Community Health Improvement initiatives, only 36% of meeting attendees had participated in some aspect of the 2012-2015 CHA/CHIP cycle.

During the session, participants received information on community resilience, the MAPP process, and how it had been utilized in the Green River District. Data that had been collected as part of the Community Health Assessment was presented. This included a data review that had been compiled by the district's epidemiologists, top health issues that had been identified during the community forums held in each of the district's seven counties, and data that had been collected from a representative sample of residents using a Community Assessment for Public Health Emergency Response (CASPER) to gather information about its population. CASPER is a tool and methodology promoted by the Centers for Disease Control and Prevention for conducting a post-disaster rapid needs and health assessment. Using the CASPER in a non-emergency event provided an opportunity to train GRDHD and outside volunteers about the CASPER methodology and further enhanced the agency's ability to conduct post-disaster assessments with the goal to improve community resilience. The primary objectives of the CASPER assessment were to measure the perceptions of residents of the Green River District about their communities' health and to collect data to inform the Community Themes & Strengths and Community Health Status assessments from the MAPP framework. The CASPER also collected self-reported health data and information on individual and family emergency preparedness plans.

After a review of the data collected as part of the community health assessment, participants were asked to provide input to community health priorities from an emergency preparedness perspective using anonymous electronic polling conducted through a web-based service (Poll Everywhere). Top issues impacting health in the region identified were health behaviors/ lifestyle and obesity. Of the threats to the community's health that were cited in the CASPER survey, emergency preparedness partners ranked obesity, addiction issues, and economy as the most important.

#### *Top Concerns and Threats:*

- Obesity
- Addiction Issues
- Economy

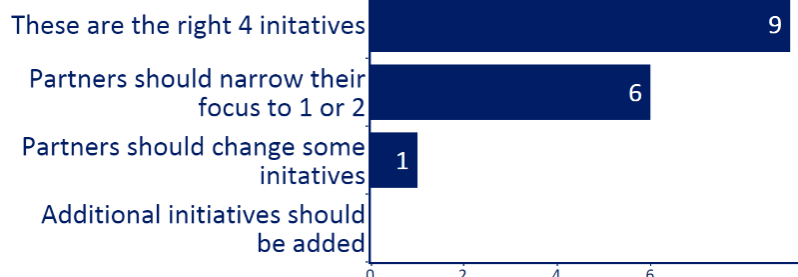
#### *Top Issues Impacting Health:*

- Health Behaviors / Lifestyle
- Obesity

Information about the strategic initiatives that had been adopted during the last MAPP cycle that covered the four topics Obesity/Diabetes and Chronic Disease, Substance Abuse/Tobacco, Access to Health Care, and Teen Issues were presented to the forum attendees. Attendees were polled to ask if they believed if these were the right priorities for the community's community health improvement plan. The majority of the emergency preparedness partners felt the four initiatives were the correct direction for health priorities of the region, although some participants felt that it would be better to narrow the focus of the strategic initiatives.

County health initiatives focused on four common themes: Obesity/Diabetes and Chronic Diseases, Substance Abuse/Tobacco, Access to Health Care, and Teen Issues.

Do you believe:





An opportunity exists for the Region 3 Healthcare Preparedness Coalition to provide meaningful input into the Community Health Improvement Plan. Options include expanding current county initiatives to address certain preparedness aspects associated with each topic or develop a preparedness specific initiative and implement it district wide. Discussion among the forum participants seemed to favor the latter option. From a preparedness and emergency response perspective, this group noted that disparate populations and those with special medical health needs may be smaller in number but often require larger quantities of resources during an event. Participants also discussed the need to place an emphasis on safe communities - homes, parks, streets, etc.

**What initiatives need to be changed? From an emergency preparedness and community health resilience perspective what strategic initiatives and issues are important?**

"Personal responsibility for health"

"Teen issues - doesn't fit into the community health resilience to me. I think Communication, whether it be news, inclement weather, or other issues could be a good initiative"

**"Personal ownership of health"**

"Safe communities"

"Working on"

"Participation"

"Public education"

"Education"

"Incorporate top health issues into preparedness plans"

"What to do post disaster"

"Early age education and prevention"

## STRATEGIC INITIATIVE: TO BE DECIDED

The next health care preparedness coalition meeting is scheduled for August 26, 2015. Summary information from 5-27-15 forum will be presented and group will be asked to adopt a community resilience focused initiative to include in the CHIP.

**GOALS:** By November 30, 2015, set an area of focus (Strategic Initiative) and clearly identified goal and objectives to address this Strategic Initiative over the next 1-3 years.

**STRATEGIES:** Designate an accountability group. Add membership or join other partners and engage them in the process of achieving goals. Consider data analysis and evidence based practices in focus areas.

**MEASURES:** Establish an action plan and evaluation measures.



# DAVISS COUNTY

## Vision

*A common recognition that the connection between Environmental health such as clean air and water have a direct correlation with our Personal, Community and Mental health. To not take for granted the natural resources that are present but to respect them and the environment.*

*And... A community that not only has access to affordable healthcare but where the individuals are educated on the how to access the healthcare.*

### PARTNERS:

Partners included the International Center, GRDHD, City of Owensboro, Owensboro Healthpark, River Valley Behavioral Health, Community Dental Clinic, One Health, Owensboro Health, student (WKU), Daviess County Extension Office, Junior League, Daviess County Schools, Child Care Aware, Coventry Cares, United Way, Cliff Hagan Boys & Girls Club, Puzzle Pieces, YMCA, Bluegrass Family Allergy, Kentucky Cancer Program, Student (UK), and Wellcare Health.

Approximately 56% of the CHIP forum attendees also attended the Daviess County Community Health Assessment forum in January 2015. Eighty four percent of attendees participated in some aspect of the 2012-2015 CHA/CHIP cycle.

### Top Concerns and Threats:

- Access to Healthy Foods
- Access to Healthcare/Affordable Healthcare
- Tobacco/E-cigarettes/vapor

### Top Issues Impacting Health:

- Healthy Behaviors & Lifestyle
- Addiction
- Obesity

<b>Tobacco</b>	<b>Daviess Co.</b>
Adult Smoking	24%
<b>Access to Health Services</b>	
Primary Care Providers <small>(MD's specializing in general practice, family, internal, or pediatric medicine)</small>	56
Adults with Health Insurance	82.3%
*Mental Health Providers <small>(psychiatrists, psychologists, clinical social worker, counselors, therapists, and mental health APRN's)</small>	197
Dentist Rate	57
<b>Obesity</b>	
Adult Obesity	26.6%
Source: Owensboro Health Community Data Dashboard, *2015 County Health Rankings	

# DAVISS COUNTY

Daviess County selected a vision that encompassed both equitable access to healthcare and the link between an improved built environment including policy change and strategic city/county planning to increase personal well being. Mental health and oral health were also identified as growing concerns. Although Daviess County has the capacity to address these as separate strategic initiatives, it was decided to incorporate them into current initiatives.



## STRATEGIC INITIATIVE 1: REDUCE SUBSTANCE ABUSE

**ACCOUNTABILITY GROUP:** Healthy Horizons Substance Abuse Committee and the Alliance for Drug Free Owensboro and Daviess County

## STRATEGIC INITIATIVE 2: REDUCE OBESITY

**ACCOUNTABILITY GROUP:** Healthy Horizons Obesity Committee

## DAVISS COUNTY STRATEGIC INITIATIVE 3: ACCESS TO CARE

**ACCOUNTABILITY GROUP:** Healthy Horizons Access to Care Committee led by United Way of the Ohio Valley.

**GOALS:** By November 30, 2015, set a clearly identified goal and objectives to address each Strategic Initiative.

**STRATEGIES:** Integrate mental health and oral health into objectives. Consider built environment, economy and policy factors which may influence outcomes.

**MEASURES:** Establish an action plan and evaluation measures.

# HANCOCK COUNTY

## Vision

*A county that prides itself on the sense of community it has created on a daily basis. Where residents create an entertaining atmosphere while enjoying the presence of their peers at community events.*

### PARTNERS

The Hancock County Health Coalition, University of Kentucky, Hancock County Cooperative Extension, Hancock County 4H, Audobon Area, Hancock County Chamber, GRDHD, Coventry Cares, Hancock Senior Services, Hancock Public Library, Hancock County EMS, Hancock County Child Support.

Approximately 43% of CHIP forum attendees also attended the Hancock County Community Health Assessment forum in January 2015. More than 70% of attendees participated in some aspect of the 2012-2015 CHA/CHIP cycle.

### Access to Health Services

0 Physicians
3 Dentists
10 Mental Health Providers

Source: 2012 KY Health Benefit Exchange & Deloitte 2015 County Health Rankings

### Top Concerns and Threats:

- Healthcare Opportunities
- Lack of Pride / Need for New Leadership

### Obesity

	Adult obesity				Physical inactivity			
	2012	2013	2014	2015	2012	2013	2014	2015
Kentucky	33%	33%	33%	32%	31%	31%	31%	29%
Hancock	35%	35%	36%	34%	32%	32%	30%	30%

### Access to Care

	Uninsured				Uninsured adults				Uninsured children		
	2012	2013	2014	2015	2012	2013	2014	2015	2013	2014	2015
Kentucky	17%	18%	17%	16%	20%	22%	21%	20%	7%	7%	6%
Hancock	14%	15%	15%	14%	18%	19%	18%	18%	7%	7%	5%

### Substance Abuse

	Adult Smoking				Excessive Drinking			
	2012	2013	2014	2015	2012	2013	2014	2015
Kentucky	27%	26%	26%	26%	11%	12%	12%	12%
Hancock	21%	21%	20%	20%	7%	10%		

### Top Issues Impacting Health:

- Healthy Behaviors & Lifestyle
- Access to Care
- Addiction Issues & Substance Abuse

# HANCOCK COUNTY

Hancock County displayed a keen awareness that public and community members are not active participants in health coalitions. Activities promoted by partners to improve the health of the community are not well attended. In addition to the three primary initiatives, members discussed

## What initiative are we missing?

"Physician recruitment"

"Cooperative collaboration"

"Interest and involvement"

"Money"

"Coalition participation"

"Money"

"Motivation"

**"Involvement"**

"Increase early childhood development root causes"

"Moderation"

incorporating goals to increase participation as well as focusing upcoming events toward community needs identified in the CHA/CHIP.

**STRATEGIC INITIATIVE 1: REDUCE OBESITY WITH A FOCUS ON DIET AND PHYSICAL ACTIVITY (INCREASE HEALTHY BEHAVIORS/LIFESTYLES)**

**ACCOUNTABILITY GROUP:** Hancock County Health Coalition

**STRATEGIC INITIATIVE 2: REDUCE SUBSTANCE ABUSE/TOBACCO USE**

**ACCOUNTABILITY GROUP:** Hancock County Partners Coalition/ Agency for Substance Abuse Policy (ASAP)

**STRATEGIC INITIATIVE 3: IMPROVE ACCESS TO CARE**

**ACCOUNTABILITY GROUP** Hancock County Health Coalition

**GOAL:** By November 30, 2015, set a clearly identified goal and objectives to address each strategic initiative.

**STRATEGIES:** Add membership from other community partners and engage them in the process of achieving goals. Consider data analysis and evidence-based practices in focus areas.

**MEASURES:** Establish an action plan and evaluation measures.

# HENDERSON COUNTY

## PARTNERS:

Methodist Hospital, Matthew 25 AIDS Services, United Way, Henderson Community College, PAWS, Henderson County Schools, Henderson County Public Library, American Lung Association, Kentucky Cancer Program, Passport Health Plan, university students, GRDHD and the Henderson County EMA participated in the CHIP forum.

Approximately 80% of CHIP forum attendees also attended the Henderson County Community Health Assessment forum in January 2015. Roughly 89% of attendees participated in some aspect of the 2012-2015 CHA/CHIP cycle.

### *Top Concerns and Threats:*

- Addiction
- Mental Health
- Tobacco

### *Top Issues Impacting Health:*

- Substance Abuse
- Access/Quality of Care
- Mental Health

## Vision

*Maintaining access and resources to healthcare and specialized healthcare such as mental health to the community.*

<b>Tobacco</b>	<b>Henderson Co.</b>	<b>Kentucky</b>
Adult Smoking	23%	26%
<b>Substance Abuse</b>		
Drug Poisoning Deaths	14	20
<b>Social Determinants</b>		
Population living in Poverty	16.30%	18.8%
<b>Reproductive/Sexual Health</b>		
Teen Birth Rate (per 1000 girls age 15-19)	63	48
<b>Mental Health</b>		
Ratio of Mental Health Providers	2215:1	852:1
Average Poor Mental Health Days (in past 30 days)	4.3 days	4.3 days

Source: 2012 KY Health Benefit Exchange & Deloitte  
2015 County Health Rankings

# HENDERSON COUNTY

A key point noted during the Henderson County session was the need to address mental health and wellness aspects associated with each of the three initiatives. Often, poor lifestyle choices such as overeating, alcohol, tobacco and substance

abuse are symptoms of underlying issues. It was also noted that safety and preparedness related events occurring around the country are often due to undiagnosed or inappropriately managed mental health. It is clear that Mental Health is a concern for Henderson County. A recommendation was made for sub-committees to consider healthy coping skills and other mental health issues with the current three strategic initiatives.

## What initiative are we missing?



## STRATEGIC INITIATIVE 1: REDUCE OBESITY AND DIABETES

**ACCOUNTABILITY GROUP:** Healthy Henderson and the Henderson County Diabetes Coalition

## STRATEGIC INITIATIVE 2: REDUCE SUBSTANCE ABUSE/TOBACCO USE

**ACCOUNTABILITY GROUP:** Healthy Henderson Coalition Tobacco Committee

## STRATEGIC INITIATIVE 3: TEEN ISSUES

**ACCOUNTABILITY GROUP:** Healthy Henderson and Collaborative Partners

**GOAL:** By December 2015, set a clearly identified goal and objectives to address each strategic initiative over the next 1-3 years.

**STRATEGIES:** Integrate aspects of mental health into goals and objectives. Utilize Kentucky Health Facts as benchmark. Consider additional data analysis and evidence-based practices in focus areas.

**MEASURES:** Establish an action plan and evaluation measures.

# MCLEAN COUNTY

## PARTNERS

Partnership for a Healthy McLean, GRDHD, West AHEC, McLean County Schools, McLean County FRYSC, Coventry Cares, Green River Area Development District, and the McLean County News/Messenger Inquirer participated in the CHIP forum.

Approximately 71% of forum attendees also attended the McLean County Community Health Assessment forum in January 2015. Roughly 87% of attendees participated in some aspect of the 2012-2015 CHA/CHIP cycle.

## Vision:

*A community that not only has access to affordable healthcare but where the individuals are educated on the how to access the healthcare.*

Access to Care											
	Uninsured				Uninsured adults				Uninsured children		
	2012	2013	2014	2015	2012	2013	2014	2015	2013	2014	2015
<b>Kentucky</b>	17%	18%	17%	16%	20%	22%	21%	20%	7%	7%	6%
<b>McLean</b>	18%	18%	17%	17%	21%	22%	21%	21%	8%	9%	8%

Obesity												
	Adult obesity				Diabetes				Physical inactivity			
	2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
Kentucky	33%	33%	33%	32%	12%	12%	12%	12%	31%	31%	31%	29%
McLean	31%	31%	32%	32%	13%	13%	13%	14%	36%	36%	36%	31%

Smoking				
	Adult Smoking			
	2012	2013	2014	2015
<b>Kentucky</b>	27%	26%	26%	26%
<b>McLean</b>	23%	25%	25%	25%

### Top Concerns and Threats:

- Access to Healthcare
- Addiction Issues

### Top Issues Impacting Health:

- Healthy Behaviors/Lifestyle
- Access to Healthcare

# MCLEAN COUNTY

McLean County has recently pursued grant funding through Owensboro Health and the Foundation for a Healthy Kentucky to support efforts to reduce child and adult obesity through improved nutritional choices and increased physical activity. In addition, great progress has been made to address substance abuse (encompassing alcohol, tobacco and other drugs) and addiction issues. A challenge for McLean County is how to partner with other organizations, agencies and groups to collaboratively address these areas while maximizing the resources of the partners involved.

## What initiative(s) are we missing?

"More community involvement"

"Educating."

"Community"

**"Community participation"**

### STRATEGIC INITIATIVE 1: REDUCE OBESITY AND INCREASE PHYSICAL ACTIVITY

**ACCOUNTABILITY GROUP:** Partnership for a Healthy McLean County

### STRATEGIC INITIATIVE 2: IMPROVE ACCESS TO CARE THROUGH COLLABORATION OF HEALTH SERVICE PARTNERS

**ACCOUNTABILITY GROUP:** Partnership for a Healthy McLean County

### STRATEGIC INITIATIVE 3: REDUCE TOBACCO USE AND SMOKING

**ACCOUNTABILITY GROUP:**

McLean County Community Health Coalition & McLean County Agency for Substance Abuse Policy (ASAP)

**GOALS:** By November 30, 2015 set a clearly identified goal and objectives to address each Strategic Initiative.

**STRATEGIES:** Add membership from other community partners and the public; engage them in the process of achieving goals.

**MEASURES:** Establish an action plan and evaluation measures.



# OHIO COUNTY

## PARTNERS:

Partners include Anthem Medicaid, Together We Care, GRDHD, Ohio County Senior Services, Coventry Cares, Ohio County Health Coalition, Ohio County Schools (FRC), Ohio County Hospital, Owensboro Health, CASA of Ohio Valley and Ohio County.

Approximately 67% of participants attended the Ohio County Community Health Assessment forum in January 2015. Roughly 83% of attendees participated in some aspect of the 2012-2015 CHA/CHIP cycle.

## Vision

*An Ohio County that visiting the Farmer's Market leads to better lifestyle choices while improving access to food amongst the community.*

### Lifestyle Choices

	Adult obesity				Diabetes				Physical inactivity			
	2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
<b>Kentucky</b>	33%	33%	33%	32%	12%	12%	12%	12%	31%	31%	31%	29%
<b>Ohio Co.</b>	33%	33%	35%	38%	14%	14%	14%	14%	37%	37%	36%	34%

### Substance Abuse

	Adult Smoking				Excessive Drinking			
	2012	2013	2014	2015	2012	2013	2014	2015
<b>Kentucky</b>	27%	26%	26%	26%	11%	12%	12%	12%
<b>Ohio Co.</b>	28%	29%	27%	27%	8%	8%	8%	8%

### Top Concerns and Threats:

- Substance Abuse
- Tobacco
- Industry/Plant Closures

### Top Issues Impacting Health:

- Healthy Community/Healthy Behaviors
- Tobacco/Smoking/Substance Abuse/Addiction
- Social Determinants/Population living in Poverty

# OHIO COUNTY

## What initiative are we missing?

"Self worth"

"Early childhood"

"Education about health care"

"Mental health"

"None"

"None"

"Supporting children in court system due to being abused or neglected. Encouraging volunteer advocating"

"Access to mental healthcare"

"Mental health"

"Mental health"

"Self esteem and fitness"

"Access to Care - Mental Health"

Issues deemed important to Ohio County included mental health, education and lifestyle/behavioral choices. There is a need to include mental health/self esteem as well as education and support into the lifestyle/behavioral choices objectives; increasing the focus on the emotional aspects of changing behaviors and understanding barriers to change.

### STRATEGIC INITIATIVE 1: IMPROVE COMMUNITY LIFESTYLE CHOICES

**ACCOUNTABILITY GROUP:** Ohio County Health Coalition

### STRATEGIC INITIATIVE 2: REDUCE SUBSTANCE ABUSE/TOBACCO USE

**ACCOUNTABILITY GROUP:** Together We Care

**GOALS:** By November 30, 2015, set a clearly identified goal and objectives to address each Strategic Initiative.

**STRATEGIES:** Incorporate mental health/self-esteem, education and support into the lifestyle/behavioral choices objectives.

**MEASURES:** Establish an action plan and evaluation measures.

# UNION COUNTY

## PARTNERS:

Health First, Methodist Hospital, Earl C. Clements Job Corp, GRDHD, River View Coal, Baker Chiropractic, Ben's Place Adult Day Health, Union County Health Coalition, Morganfield Nursing and Rehab, Tri-county Special Olympics

Approximately 55% of forum participants also attended the Union County Community Health Assessment forum in January 2015. Roughly 90% of attendees participated in some aspect of the 2012-2015 CHA/CHIP cycle.

Obesity												
	Adult obesity				Diabetes				Physical inactivity			
	2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
	Kentucky	Union	Kentucky	Union	Kentucky	Union	Kentucky	Union	Kentucky	Union	Kentucky	Union
	33%	33%	33%	32%	12%	12%	12%	12%	31%	31%	31%	29%
	36%	36%	36%	34%	11%	11%	12%	11%	34%	34%	34%	30%

Substance Abuse								
	Adult Smoking				Excessive Drinking			
	2012	2013	2014	2015	2012	2013	2014	2015
	Kentucky	Union	Kentucky	Union	Kentucky	Union	Kentucky	Union
	27%	26%	26%	26%	11%	12%	12%	12%
	26%	23%	21%	21%	10%	10%	12%	12%

Access to Care												
	Uninsured				Uninsured adults				Uninsured children			
	2012	2013	2014	2015	2012	2013	2014	2015	2013	2014	2015	
	Kentucky	Union	Kentucky	Union	Kentucky	Union	Kentucky	Union	Kentucky	Union	Kentucky	Union
	17%	18%	17%	16%	20%	22%	21%	20%	7%	7%	6%	
	17%	19%	17%	17%	20%	24%	22%	21%	7%	7%	6%	

## Vision

*When being aware of the substance and prescription drug abuse issues does not interfere with the everyday lives or present harmful circumstances to the community, rather to enlighten and foster hope to those afflicted with the disease. When children of the neglected are taken in elsewhere have a safe and secure bond free of emotional and physical distress.*

### Top Concerns and Threats:

- Access to Healthcare
- Chronic Diseases,

### Top Issues Impacting Health:

- Healthy Behaviors/Lifestyle
- Access to Healthcare
- Tobacco/Smoking

		Union County	Kentucky
Access to Care			
9 Physicians	5 Dentists	10 Mental Health Providers	
Uninsured Adults		21%	20%
Mental Health			
Avg. Poor Mental Health Days		4.3	4.3
Environmental Quality			
Drinking Water Violations		0%	9%
Tobacco			
Adult Smoking		21%	26%
Child Health			
Child Mortality per 100,000		87.7	61.3

Source: 2012 KY Health Benefit Exchange & Deloitte, 2015 County Health Rankings

# UNION COUNTY

## What initiative are we missing?

"Substance abuse prevention"

"Cooking classes for healthy meal planning"

"Incentives"

"Consumer awareness"

"Educate and promote activities"

"Consumer awareness"

"Education on healthy eating for kids."

"More public activities"

"Education on how to use healthcare"

Union County MAPP participants recognized the impact of employment and economic changes occurring in the area as well as the resulting need to educate individuals and promote personal responsibility for health.

**STRATEGIC INITIATIVE 1: REDUCE OBESITY, INCREASE PHYSICAL ACTIVITY, IMPROVE NUTRITION**

**ACCOUNTABILITY GROUP:** Union County Health Coalition

**STRATEGIC INITIATIVE 2: REDUCE TOBACCO USE AND SMOKING**

**ACCOUNTABILITY GROUP:** Union County ASAP and Union County ADAPT

**STRATEGIC INITIATIVE 3: INCREASE HEALTHCARE ACCESS**

**ACCOUNTABILITY GROUP:** Union County Health Coalition

**GOALS:** By November 30, 2015, set a clearly identified goal and objectives to address each Strategic Initiative.

**STRATEGIES:** Incorporate educational themes into activities.

**MEASURES:** Establish an action plan and evaluation measures.

# WEBSTER COUNTY

## PARTNERS

Webster County Schools, Webster County FRYSC, GRDHD, Health First CHC, community volunteers, Webster County Health Coalition, Webster County Clerk.

Approximately 46% of forum participants also attended the Webster County Community Health Assessment forum in January 2015.

## Vision

*A community that not only has access to affordable healthcare but where the individuals are educated on the how to access the healthcare.*

		Webster County	Kentucky
<b>Access to Care</b>			
5 Physicians	2 Dentists	7 Mental Health Providers	
Uninsured Adults		21%	20%
<b>Mental Health</b>			
Avg. Poor Mental Health Days		3.1	4.3
<b>Substance Abuse</b>			
Drug Poisoning Deaths per 100,000 pop.		12	20
<b>Tobacco</b>			
Adult Smoking		27%	26%
<b>Child Health</b>			
Children in Single-parent homes		22%	34%

Source: 2012 KY Health Benefit Exchange & Deloitte, 2015 County Health Rankings

### Top Concerns and Threats:

- Access to and Quality of Healthcare

### Top Issues Impacting Health:

- Access to Healthcare
- Substance Abuse

## Obesity

		Adult obesity				Diabetes				Physical inactivity			
		2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
<b>Kentucky</b>		33%	33%	33%	32%	12%	12%	12%	12%	31%	31%	31%	29%
<b>Webster</b>		37%	37%	34%	33%	13%	13%	13%	13%	35%	35%	33%	31%

## Teen Issues

		Teen Births			
		2012	2013	2014	2015
<b>Kentucky</b>		52	50	49	48
<b>Webster</b>		63	62	63	64

## Substance Abuse

		Adult Smoking				Excessive Drinking			
		2012	2013	2014	2015	2012	2013	2014	2015
<b>Kentucky</b>		27%	26%	26%	26%	11%	12%	12%	12%
<b>Webster</b>		31%	29%	27%	27%	18%	17%		

# WEBSTER COUNTY

Webster County participants noted that after hours care and transportation are challenges within the Access to Care initiative.

## STRATEGIC INITIATIVE 1: REDUCE TEEN PREGNANCY

**ACCOUNTABILITY GROUP:** Webster County Health Coalition

## STRATEGIC INITIATIVE 2: INCREASE COMMUNITY RESOURCE AWARENESS

**ACCOUNTABILITY GROUP:** Webster County Health Coalition

## STRATEGIC INITIATIVE 3: REDUCE OBESITY

**ACCOUNTABILITY GROUP:** Webster County Health Coalition

## STRATEGIC INITIATIVE 4: REDUCE SUBSTANCE ABUSE

**ACCOUNTABILITY GROUP:** Webster County Health Coalition and the Webster County Agency for Substance Abuse Policy (ASAP)

**GOALS:** By November 30, 2015, set a clearly identified goal and objectives to address each Strategic Initiative.

**STRATEGIES:** Add membership from other community partners and engage them in the process of achieving goals. Consider data analysis and evidence-based practices in focus areas.

**MEASURES:** Establish an action plan and evaluation measures.

## APPENDIX A: DAVIESS COUNTY

# Green River District Daviness County

Community Health Improvement Plan Forum  
May 11, 2015



## What is your favorite food?

Respond at [PollEv.com/grdhealth](http://PollEv.com/grdhealth) Text **GRDHEALTH** to **22333** once to join, then text your message

Just for Fun -  
A Polleverywhere "test" question.

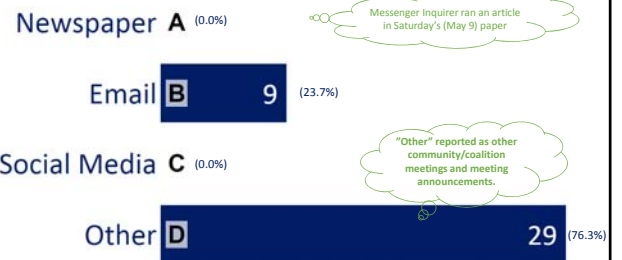


## Today's Objectives

- ✓ Review information gained from the 4 prongs of the Community Health Assessment
- ✓ Choose 1-3 Strategic Initiatives to focus on in the next 2-3 years
  - Vote using Polleverywhere
- ✓ Assign workgroups to focus on the chosen Initiatives



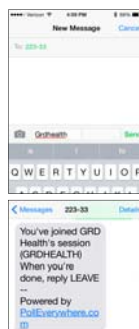
## 1. Where did you hear about the CHA/CHIP forums?



## Polleverywhere Instructions

- 1) Get out your cellphone
- 2) Send a text to **22333** with **grdhealth** as the message
- 3) You will receive a confirmation message
- 4) If you don't text you can respond via the web at [pollev.com/grdhealth](http://pollev.com/grdhealth)

\*Standard text messaging rates apply.



## 2. Did you attend the Community Health Assessment Forum held in January 2015?





## The History

- 2012-2015 CHA-CHIP
  - CHA Forum January 26, 2012 (WKU– Owensboro Campus)
  - CHA Forum January 27, 2012 (Kentucky Wesleyan College)
  - CHIP Forum April 2, 2012 (WKU– Owensboro Campus)
  - CHIP Forum May 9, 2012 (WKU– Owensboro Campus)
  - CHIP Forum January 18, 2013 (WKU-Owensboro Campus)
  - CHIP Forum February 12, 2014 (Owensboro Health Regional Hospital)
- 2015-2018 CHA-CHIP
  - CHA Forum January 12, 2015 (WKU-Owensboro Campus)



Employment Status		Industry	
Employed	56.5%	Agriculture	2.3%
Unemployed	4.5%	Construction	7.1%
Not in labor force	39.0%	Manufacturing	16.0%
Travel time to work	18.1 minutes	Wholesale trade	2.0%
Median household income	\$46,555	Retail trade	12.0%
Mean household income	\$57,533	Transportation, warehousing, utilities	5.8%
		Information	1.2%
		Finance, insurance, real estate	5.9%
		Professional, scientific, management, administrative, waste management	6.2%
		Education, healthcare, social assistance	24.8%
		Arts, entertainment, recreation, food service	8.7%
		Other services	4.7%
		Public administration	3.1%

Household Data	
Housing units	41,991
Homeownership rate	70.2%
Persons below poverty level	15.2%
Children living in single-parent households	10.1%

Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey



### 3. Which activities did you attend/participate in during the 2012-2015 Community Health Assessment/Community Health Improvement cycle?

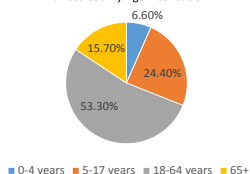


## Daviess County's Local Public Health Vision

- A county where children's education is not only valued but of the utmost importance in schools that are safe and promise as well as deliver a quality education.
- A community that not only has access to affordable healthcare but where the individuals are educated on the how to access the healthcare.
- A community that does not feel threatened or unsafe day to day and can actually rely on the community in times of need and disparity.



Daviess County Age Distribution



Health Insurance	
With health insurance	88.4%
-Private coverage	69.2%
-Public coverage	32.5%
Without health insurance	11.6%

Disability Status	
Total population with a disability	14.5%
Under 18 with a disability	4.7%
18-64 with a disability	12.7%
65+ with a disability	38.5%

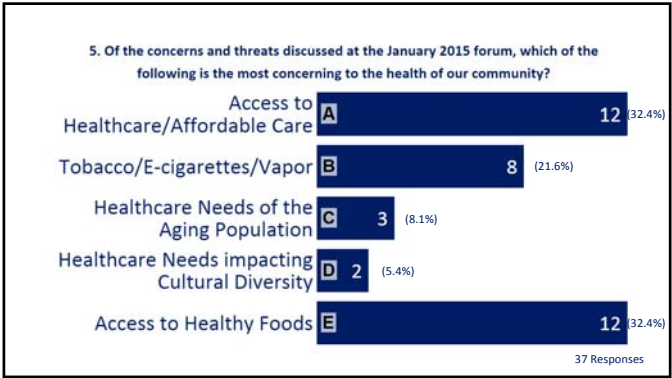
Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey



## Daviess County's Local Public Health Vision

- A common recognition that the connection between Environmental health such as clean air and water have a direct correlation with our Personal, Community and Mental health. To not take for granted the natural resources that are present but to respect them and the environment.
- Where there is expansion there is a chance of profit. Bringing in new businesses and/or events will add to the overall quality of life as well as the hope of economic development.
- Partnerships created will only further the development of the community and economy as well as provide more networks and career prospects.





### Daviess County Forum Information

**Health Concerns Identified:**

- Affordable Care Act
- E-cigarette trends
- Retirement
- Cultural Diversity
- Access to healthy foods

### SWOT ANALYSIS

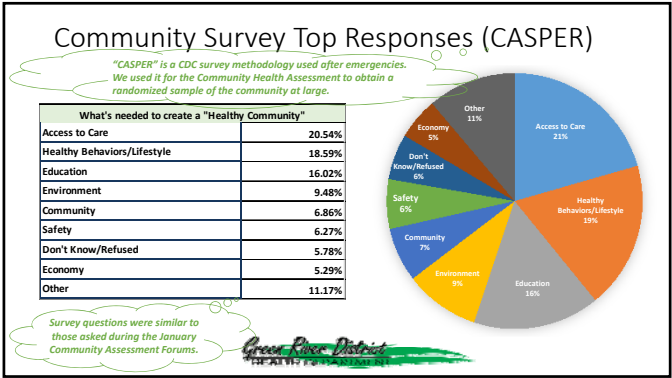
Daviess County

S	Strengths	W	Weaknesses
	<ul style="list-style-type: none"> <li>Accredited Health Department (Health Forums)</li> <li>Hospital</li> <li>Dental Care (Free dental clinics)</li> <li>Faith-Based community and physical activities</li> <li>Parks and Recreation</li> <li>Wendell Foster Center</li> </ul>		<ul style="list-style-type: none"> <li>Fast food town</li> <li>Difficult for newcomers to mesh</li> </ul>
O	Opportunities	T	Threats
	<ul style="list-style-type: none"> <li>Economic opportunity with new businesses</li> <li>Job opportunities</li> <li>Access to care</li> <li>More people are covered through Affordable Care Act</li> <li>Partnerships</li> <li>Resources</li> <li>Increase study</li> </ul>		<ul style="list-style-type: none"> <li>Language barriers</li> <li>Lack of access to education due to cultural differences</li> <li>Growing poverty base</li> <li>Increase in homelessness</li> <li>Housing challenges</li> <li>New challenges in family budgets</li> <li>Rising Premium costs</li> <li>Loss of coal severance/tax</li> </ul>

*"meaning a cliquey community – it is sometimes difficult to blend in and get acquainted"*

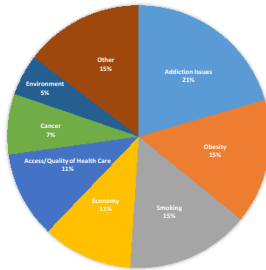
### Daviess County Forum – Risks Identified

<p><b>Access to healthcare:</b></p> <ul style="list-style-type: none"> <li>Short Term Federal Support</li> <li>Funding</li> <li>Budget</li> <li>Rise in Premiums</li> </ul> <p><b>Tobacco:</b></p> <ul style="list-style-type: none"> <li>E-Cigarettes</li> <li>New Addictions</li> <li>Unknown Dangers</li> <li>Smoke Free Ordinance Barriers</li> </ul>	<p><b>Aging Population</b></p> <ul style="list-style-type: none"> <li>Social Security</li> <li>Medical Expenses</li> <li>Baby Boomers</li> </ul> <p><b>Cultural Diversity</b></p> <ul style="list-style-type: none"> <li>Language Barriers</li> <li>Translator(s) Needed</li> </ul> <p><b>Access to Healthy Foods</b></p> <ul style="list-style-type: none"> <li>Fast Food Town</li> </ul>
---	--



## Community Survey Top Responses (CASPER)

What is the greatest challenge to health in your community?	
Addiction Issues	20.48%
Obesity	15.34%
Smoking	15.22%
Economy	11.09%
Access/Quality of Health Care	10.66%
Cancer	7.47%
Environment	5.03%
Other	14.07%



## 2012-2015 CHA-CHIP

- Strategic Initiative 1: Reduce Substance Abuse** including prescription drugs, alcohol, illicit drugs, access to care and tobacco use.
- Strategic Initiative 2: Reduce Obesity** in children and adults by promoting physical activity.
- Strategic Initiative 3: Access to Care** addressing service accessibility and education for the uninsured and the underinsured.

	Substance Abuse				Excessive Drinking			
	2012	2013	2014	2015	2012	2013	2014	2015
Kentucky	27%	26%	26%	26%	11%	12%	12%	12%
Daviess	27%	26%	24%	24%	14%	14%	13%	13%

	Obesity				Diabetes			
	2012	2013	2014	2015	2012	2013	2014	2015
Kentucky	33%	33%	33%	32%	12%	12%	12%	12%
Daviess	31%	31%	30%	29%	11%	11%	11%	10%

	Access to Care				Uninsured adults			
	2012	2013	2014	2015	2012	2013	2014	2015
Kentucky	17%	18%	17%	16%	20%	22%	21%	20%
Daviess	15%	15%	15%	14%	18%	19%	18%	18%

## DATA

Tobacco	Daviess Co.
Adult Smoking	24%
Access to Health Services	
Primary Care Providers (MD's specializing in general practice, family, internal, or pediatric medicine)	56
Adults with Health Insurance	82.3%
*Mental Health Providers (psychiatrists, psychologists, clinical social workers, counselors, therapists, and mental health APRN's)	197
Dentist Rate	57
Obesity	
Adult Obesity	26.6%

Source: Owensboro Health Community Data Dashboard,  
\*2015 County Health Rankings



7. Access to Care, Obesity and Reduce Substance abuse were the strategic initiatives chosen as the 2012-2015 Community Health Improvement Plan for Daviess County. Which of the following statements best describes the work towards the 2012-2015

Strategic Initiatives:

Keep these 3 initiatives **A** 21 (56.8%)

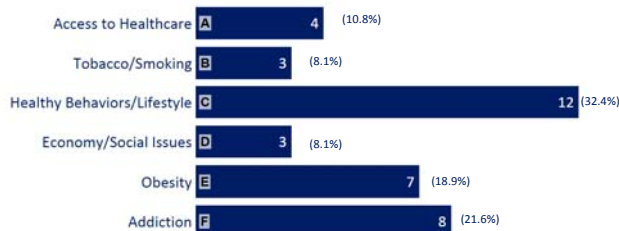
Narrow initiatives to 1 or 2 **B** 2 (5.4%)

Change some initiatives **C** 10 (27.0%)

Add more initiatives **D** 4 (10.8%)

37 Responses

6. The Community Survey (CASPER) results and the data review indicate the following top issues in Daviess County. Which issue do you think is the number one issue to impact the health of Daviess County?



37 Responses

## 8. What initiative(s) are we missing?

"Mental health" "Homelessness" "Mental health" "Healthy eating" "Accessing preventive care for the insured"

"Early childhood" "Focus more on lifestyle change and forming healthy habits instead of just decreasing obesity" "Mental health"

"Include eating disorders of all kind to obesity, long term care for women in recovery" "Food insecurity" "Food allergies" "IG"

"Eating disorders" "Mental health" "Mental health" "Cultural diversity" "Diversity" "Mental health"

"Eating disorders" "Early childhood care" "Physical education" "Mental Health"

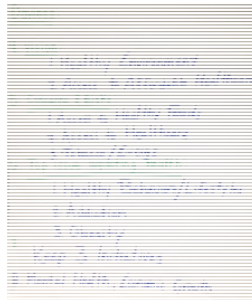
"Economic growth"



23 Responses

## Summary

- Daviess County Vision
- Top Concerns and Threats
- Top Issues Impacting Health
- Strategic Initiatives



## 2015-2018 CHIP Daviess County

- Strategic Initiatives
  - Keep the original 3 strategic initiatives
    - Reduce Obesity
    - Access to Care
    - Reduce Substance Abuse
  - Integrate mental health and environmental health into goals and objectives



## Summary of Forum Responses

- Daviess County Vision:
  - A common recognition that the connection between Environmental health such as clean air and water have a direct correlation with our Personal, Community and Mental health. To not take for granted the natural resources that are present but to respect them and the environment.*
  - A community that not only has access to affordable healthcare but where the individuals are educated on the how to access the healthcare.*
- Top Concerns and Threats
  1. Access to Healthy Foods
  2. Access to Healthcare/Affordable Healthcare
  3. Tobacco/E-cigarettes/vapor
- Top Issues Impacting Health
  1. Healthy Behaviors/Lifestyle
  2. Addiction
  3. Obesity
- Strategic Initiatives
  - Keep the 3 initiatives from 2012-2015 cycle
  - Change some initiatives

## Next Steps

- Assign workgroups
  - Healthy Horizons Obesity Committee (Obesity)
  - Healthy Horizons Access to Care Committee (Access to Care)
  - Healthy Horizons Substance Abuse Committee and the Alliance for Drug Free Owensboro and Daviess County (Substance Abuse)
- Set Measurable Goals and Objectives (SMART)
- Reporting process



## Discussion

- Mental Health Needs
  - Daviess County has the capacity to address mental health as an additional (fourth) strategic initiative.
  - An alternative would be to incorporate the mental health aspect into current initiatives.
- Environmental Health Vision
  - Selection of the Environmental Health vision requires consideration for economic growth and development of an environmentally healthy community initiatives.



## APPENDIX B: HANCOCK COUNTY

# Green River District Hancock County

Community Health Improvement Plan Forum  
May 8, 2015



## What is your favorite food?

Respond at [PollEv.com/grdhealth](http://PollEv.com/grdhealth) Text **GRDHEALTH** to **22333** once to join, then text your message

Just for Fun -  
A Polleverywhere "test" question.

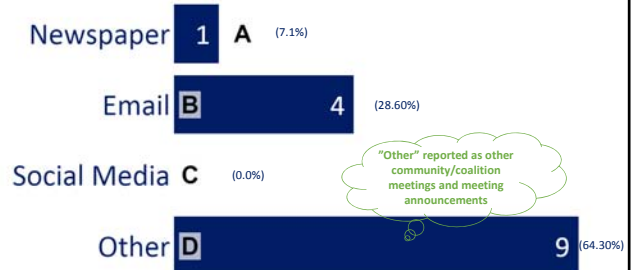


## Today's Objectives

- ✓ Review information gained from the 4 prongs of the Community Health Assessment
- ✓ Choose 1-3 Strategic Initiatives to focus on in the next 2-3 years
  - Vote using Polleverywhere
- ✓ Assign workgroups to focus on the chosen Initiatives



## 1. Where did you hear about the CHA/CHIP forums?

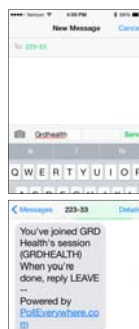


14 Responses

## Polleverywhere Instructions

- 1) Get out your cellphone
- 2) Send a text to **22333** with **grdhealth** as the subject
- 3) You will receive a confirmation message
- 4) If you don't text you can respond via the web at [pollev.com/grdhealth](http://pollev.com/grdhealth)

\*Standard text messaging rates apply.



## 2. Did you attend the Community Health Assessment Forum held in January 2015?



14 Responses

## The History:

- 2012-2015 CHA-CHIP:
  - CHA Forum - January 18, 2012 (Hancock County Career Center)
  - CHIP Forum - May 8, 2012 (Hancock County Extension Office)
  - CHIP Forum - February 22, 2013 (Hancock County Career Center)
  - CHIP Forum - February 12, 2014 (Owensboro Health Regional Hospital)
- 2015-2018 CHA-CHIP
  - CHA Forum - January 12, 2015 (Hancock County Public Library)

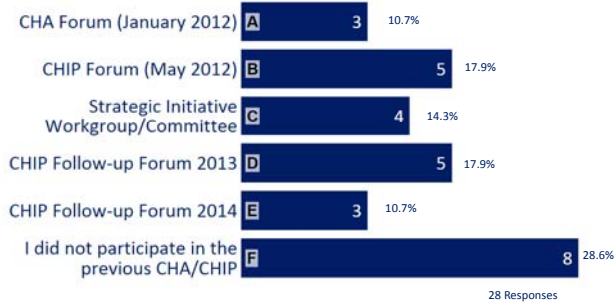


Employment Status		Industry	
Housing units	3,719	Agriculture	2.8%
Homeownership rate	80.3%	Construction	5.3%
Persons below poverty level	14.2%	Manufacturing	36.8%
Children living in single-parent households	18.1%	Wholesale trade	0.2%
		Retail trade	8.2%
		Transportation, warehousing, utilities	3.9%
		Information	0.1%
		Finance, insurance, real estate	4.2%
		Professional, scientific, management, administrative, waste management	4.7%
		Education, healthcare, social assistance	19.3%
		Arts, entertainment, recreation, food service	6.5%
		Other services	5.6%
		Public administration	2.5%

Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey



### 3. Which activities did you participate in during the 2012-2015 CHA/CHIP cycle?

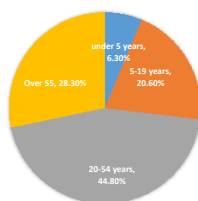


## Hancock County's Local Public Health Vision

- A county where children's education is not only valued but of the utmost importance in schools that are safe and promise as well as deliver a quality education.
- A community where families are close knit, strong, a support system and encouraged to live life to his or her fullest potential. Where everyone in the family feels comfortable and loved unconditionally.
- Partaking and watching sports is seen as a fun past time activity and a chance to build a family and community bond.



### HANCOCK COUNTY AGE DISTRIBUTION



Health Insurance	
With health insurance	88.6%
-Private coverage	69.2%
-Public coverage	33.2%
Without health insurance	11.4%

Disability Status	
Total population with a disability	16.4%
Under 18 with a disability	4.0%
18-64 with a disability	16.7%
65+ with a disability	37.2%

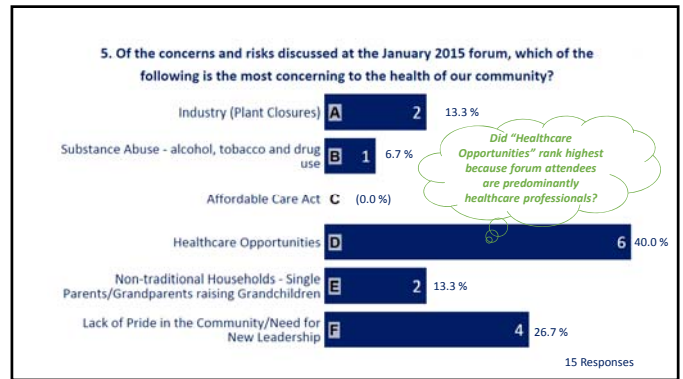
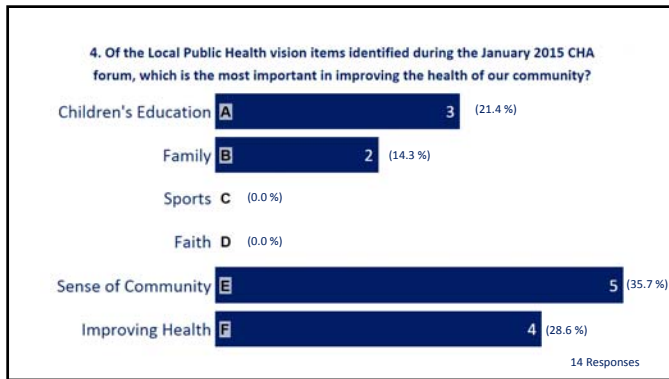
Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey



## Hancock County's Local Public Health Vision

- Building a family of faith that not only shares beliefs but supports decisions. An understanding in the community that respect for opposing beliefs creates and expands the neighborhoods.
- A county that prides itself on the sense of community it has created on a daily basis. Where residents create an entertaining atmosphere while enjoying the presence of their peers at community events.
- Where quality and improving health are valued from beginning to end of lifespan. Being careful not to take preventative care including nutrition, fitness and screenings for granted.





### Hancock County Forum Information

**Health Status Concerns:**

- Industry (Plant Closures)
- Addiction Issues
- Affordable Care Act
- Non-traditional Households
- Community
- Tobacco Use

### SWOT ANALYSIS

Hancock County

S	Strengths	W	Weaknesses
	<ul style="list-style-type: none"> <li>• Law Enforcement</li> <li>• Health Professionals</li> <li>• Parks</li> <li>• Roads</li> <li>• Industries</li> <li>• Partnerships: Churches, local health providers (dentists and the Health Department)</li> </ul>		<ul style="list-style-type: none"> <li>• Not much to do</li> <li>• Smoking</li> <li>• Possibility of needing new leaders</li> <li>• Lack of pride for the county/community</li> <li>• Perception of "haves vs have-nots"</li> <li>• Bullying concerns</li> <li>• Rise in single parent families</li> </ul>
O	Opportunities	T	Threats
	<ul style="list-style-type: none"> <li>• Economic growth</li> <li>• Grant opportunities</li> <li>• Increase access to care</li> <li>• Incentive for community growth</li> <li>• Greater quality of life</li> <li>• Find new grants and services</li> <li>• Partnerships</li> <li>• Sense of community</li> </ul>		<ul style="list-style-type: none"> <li>• Strikes</li> <li>• Layoffs</li> <li>• Low median income</li> <li>• Loss of money and jobs</li> <li>• No hospital</li> <li>• Hardships for families</li> <li>• Generational poverty</li> <li>• Grandparents raising kids</li> <li>• Increased premiums</li> <li>• Neglect</li> </ul>

### Hancock County Forum - Risks

**Industry (Plant Closures):**

- Strikes
- Low median income
- Loss of money and jobs
- Hard on families (stress, depression, anxiety)
- Loss of services (Medical Insurance)

**Addiction Issues:**

- Youth use
- Neglect
- Increased need for services (rehabilitation, hospitalization and court)

**Access to Healthcare:**

- Increase in premiums
- Medicaid isn't paying for some services
- No Hospital

**Nontraditional Households**

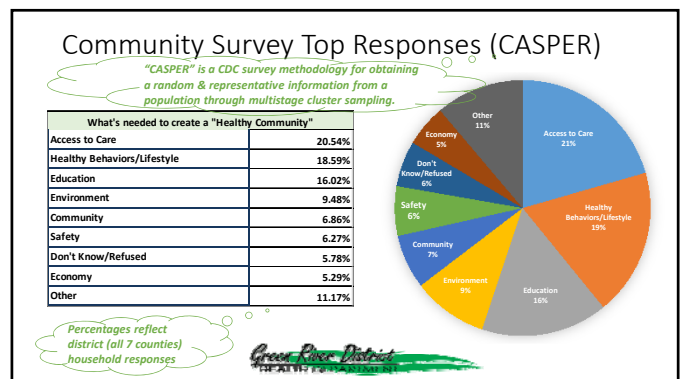
- Need for resources
- Generational Poverty
- Poverty

**Community**

- Not much to do
- Lack of pride for the community
- Perception of the "have's vs have not's"
- Bullying concerns
- Possibility of needing new leaders

**Tobacco Use**

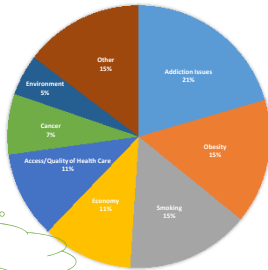
- Smoking





## Community Survey Top Responses (CASPER)

What is the greatest challenge to health in your community?	
Addiction Issues	20.48%
Obesity	15.34%
Smoking	15.22%
Economy	11.09%
Access/Quality of Health Care	10.66%
Cancer	7.47%
Environment	5.03%
Other	14.07%



Please see the CASPER Data Sheet or the 2015 Community Health Assessment for more information about the Community Survey Responses.

## 2012-2015 CHA-CHIP

- Strategic Initiative 1: Increase Access to Care for Uninsured and Underinsured.

		Access to Care				Uninsured adults				Uninsured children			
		2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
Kentucky		17%	18%	17%	16%	20%	22%	21%	20%	7%	7%	6%	
Hancock		14%	15%	15%	14%	18%	19%	18%	18%	7%	7%	5%	

- Strategic Initiative 2: Reduce Obesity with a focus on diet and physical activity.

		Obesity				Physical inactivity			
		Adult obesity							
		2012	2013	2014	2015	2012	2013	2014	2015
Kentucky		33%	33%	33%	32%	31%	31%	31%	29%
Hancock		35%	35%	36%	34%	32%	32%	30%	30%

- Strategic Initiative 3: Reduce Substance Abuse including tobacco prevention and cessation, and youth education regarding alcohol, tobacco and other drugs.

		Substance Abuse				Excessive Drinking			
		Adult Smoking							
		2012	2013	2014	2015	2012	2013	2014	2015
Kentucky		27%	26%	26%	26%	11%	12%	12%	12%
Hancock		21%	21%	20%	20%	7%	10%		

Green River District Health Department

## DATA

	Hancock Co.	Kentucky
<b>Substance Abuse</b>		
Driving Deaths with Alcohol Involvement	18%	28%
<b>Social Determinants</b>		
Population living in Poverty	12.8%	18.8%
<b>Access to Health Services</b>		
0 Physicians		
3 Dentists		
10 Mental Health Providers		

Source: 2012 KY Health Benefit Exchange & Deloitte 2015 County Health Rankings

Hancock County now has a chiropractor.

Green River District Health Department

7. Access to Care, Obesity and Reduce Substance abuse were the strategic initiatives chosen as the 2012-2015 Community Health Improvement Plan for Hancock County. During the 3 year cycle, it was narrowed to 1 initiative, "Reduce Substance Abuse". Which of the following statements best describes the work towards the 2012-2015

Strategic Initiatives:

Go back to the original 3 initiatives	A	10	76.9 %
Continue to work and focus on the one initiative: Reduce Substance Abuse	1 B	7.7 %	
Keep Reduce Substance Abuse, but choose another initiative (not in the original 3) in addition to this one.	C	0.00 %	
Only work on one initiative, but change the initiative to something different from Reduce Substance Abuse.	D 2	15.4 %	

13 Responses

6. The Community Survey (CASPER) results and the data review indicate the following top issues in Hancock County. Which issue do you think is the number one issue to impact the health of Hancock County?

Access to Care	A	2	13.3 %
Addiction Issues/Substance Abuse	B	2	13.3 %
Healthy Behaviors/Lifestyle	C	10	66.7 %
Education	D	0.00 %	
Economy/Poverty	1 E	6.7 %	

15 Responses

## 8. What initiative are we missing?

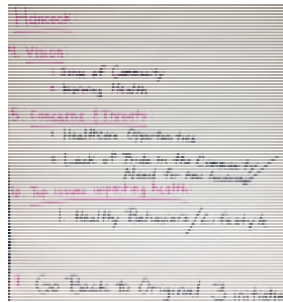
"Physician recruitment"	"Cooperative collaboration"	"Interest and involvement"	"Money"	"Coalition participation"
"Money"	"Motivation"	"Involvement"	"Increase early childhood development root causes"	
"Moderation"				

Increasing participation, collaboration and involvement needs to be a priority for each work group.

10 Responses

## Summary

- Hancock County Vision
- Top Concerns and Threats
- Top Issues Impacting Health
- Strategic Initiatives



## Next Steps

- Assign workgroups
  - Hancock County Health Coalition (Obesity & Access to Care)
  - Hancock County Partners/ASAP (Reduce Substance Abuse/Tobacco Use)
- Set Measurable Goals and Objectives (SMART)
- Reporting process



## Summary of Forum Responses

- Hancock County Vision:
 

*A county that prides itself on the sense of community it has created on a daily basis. Where residents create an entertaining atmosphere while enjoying the presence of their peers at community events. Where quality and improving health are valued from beginning to end of lifespan. Being careful not to take preventative care including nutrition, fitness and screenings for granted.*
- Top Concerns and Threats
  1. Healthcare Opportunities
  2. Lack of Pride / Need for New Leadership
- Top Issues Impacting Health
  1. Healthy Behaviors/Lifestyle
  2. Access to Care
  3. Addiction Issues/Substance Abuse
- Strategic Initiatives
  - Keep the 3 initiatives from 2012-2015 cycle

## 2015-2018 CHIP Hancock County

- Strategic Initiatives
  - Keep the original 3 strategic initiatives:
    - Reduce Obesity with a focus on diet and physical activity (increase healthy behaviors/lifestyles)
    - Reduce Substance Abuse/Tobacco Use
    - Improve Access to Care



## APPENDIX C: HENDERSON COUNTY

*Green River District*  
FIRE DEPARTMENT

## A word cloud of food items. The word 'pizza' is the largest and most prominent in the center. Other large words include 'shrimp', 'bacon', 'spaghetti', and 'pasta'. Smaller words scattered around include 'strawberries', 'avocados', 'cream', 'cookies', 'mexican', 'watermelon', 'chicken', 'oranges', 'mangoes', 'bbq', 'lasagna', 'chip', 'potatoe', 'ice', 'can't', 'meat', 'tuna', 'mom's', 'avacado', 'sushi', 'mandarin', 'hamburger', 'chocolate', 'elope', 'asparagus', and 'mangos'. The words are in various shades of blue and grey, with different orientations.

*Green River District*  
HEALTH DEPARTMENT

## 37 Responses

New Message Cancel

To: 225-33

GridHealth Send

Q W E R T Y U I O P

< Messages 225-33 Details

You've joined GRID Health's session (GRIDHEALTH) When you're done, reply LEAVE

Powered by PollEverywhere.com

## 35 Responses

## The History:

- 2012-2015 CHA-CHIP
  - CHA Youth Forum- January 9, 2012 (Methodist Hospital)
  - CHA Forum – January 10, 2012 (Methodist Hospital)
  - CHIP Forum- April 2, 2012 (Methodist Hospital)
  - CHIP Forum- January 17, 2013 (Methodist Hospital)
  - CHIP Forum- February 13, 2014 (Methodist Hospital)
- 2015-2018 CHA-CHIP
  - CHA Forum –January 12, 2015 (Methodist Hospital)



### Employment Status

Housing units	20,337
Homeownership rate	68.0%
Median household income	\$41,940
Persons below poverty level	17.7%
Children living in single-parent households	16.8%

### Household Data

Employed	55.5%
Unemployed	6.2%
Not in labor force	38.2%
Travel time to work	21.4 minutes
Median household income	\$41,940
Mean household income	\$54,966

"Not in labor force" = retired, disabled or not actively seeking work as opposed to "Unemployed" who want to work but cannot find a job.

### Industry

Agriculture	4.7%
Construction	4.6%
Manufacturing	18.0%
Wholesale trade	3.0%
Retail trade	11.9%
Transportation, warehousing, utilities	5.6%
Information	1.3%
Finance, insurance, real estate	4.1%
Professional, scientific, management, administrative, waste management	5.9%
Education, healthcare, social assistance	25.4%
Arts, entertainment, recreation, food service	6.9%
Other services	5.3%
Public administration	3.4%

Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey



### 3. In which activities did you participate during the 2012-2015 CHA/CHIP cycle?

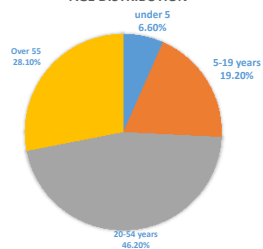


## Henderson County's Public Health Vision

- A county where children's education is not only valued but of the upmost importance in schools that are safe and promise as well as deliver a quality education.
- Where there is expansion there is a chance of profit. When one industry closes there is a chance for a new one to begin. Bringing in new businesses and/or events will add to the overall quality of life as well as the hope of economic development.
- Maintaining access and resources to healthcare and specialized healthcare such as mental health to the community.
- Easily accessible transportation where individuals can maintain a daily routine that does not hinder opportunities but rather creates them so that they can live life to their fullest potential.
- A Henderson County that makes resources available such as affordable housing and food to families in need.



### AGE DISTRIBUTION



Health Insurance	
With health insurance coverage	85.5%
Private insurance	65.1%
Public coverage	33.8%
Without health insurance coverage	14.5%

Disability Status	
Total population with a disability	17.9%
Under 18 with a disability	9.1%
18-64 with a disability	16.6%
65+ with a disability	37.9%

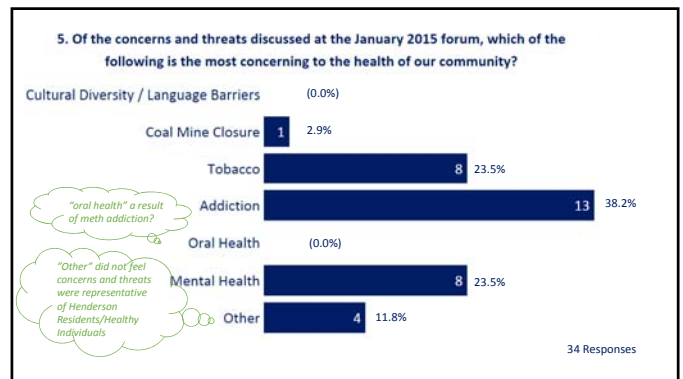
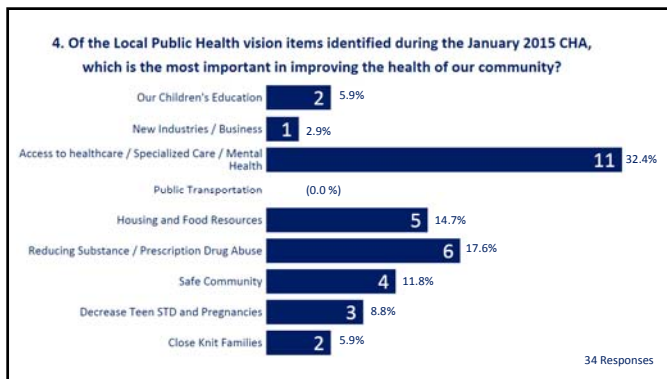
Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey



## Henderson County's Public Health Vision

- When being aware of the substance and prescription drug abuse issues does not interfere with the everyday lives or present harmful circumstances to the community, rather to enlighten and foster hope to those afflicted with the disease.
- A community that does not feel threatened or unsafe day to day and can actually rely on the community in times of need and disparity.
- Decreasing the teen STD and pregnancy rates due to offering specialized care and prevention/education resources to the younger population of the community.
- A community where families are close knit, strong, a support system and encouraged to live life to his or her fullest potential. Where everyone in the family feels comfortable and loved unconditionally.





## Henderson County Forum Information

**Health Concerns:**

- Growth of the ethnic population
- Coal Mine Closure
- Smoking Ban
- Drug Addiction
- Oral Health
- Mental Health

## SWOT ANALYSIS Henderson County

S	Strengths	W	Weaknesses
	<ul style="list-style-type: none"> <li>• Riverwalk</li> <li>• Recreational Activities</li> <li>• Accredited Health Department</li> <li>• Methodist Hospital</li> <li>• Diabetes Coalition</li> <li>• YMCA (Silver Smokers Program)</li> <li>• State Park</li> <li>• CATCH Program</li> </ul>		<ul style="list-style-type: none"> <li>• Low income wages</li> <li>• Slow night life</li> <li>• Dental providers will not accept Medicaid Insurance</li> <li>• No access to mental health providers</li> <li>• Drug Abuse problem</li> <li>• Pockets of deterioration</li> </ul>
O	Opportunities	T	Threats
	<ul style="list-style-type: none"> <li>• City and county have to work together</li> <li>• Bilingual health professionals</li> <li>• Multi cultural community</li> <li>• Culture exchange</li> <li>• New businesses</li> <li>• WARM Center</li> <li>• Early intervention education opportunities</li> <li>• GRAD</li> <li>• Healthy Henderson Group</li> </ul>		<ul style="list-style-type: none"> <li>• Opposition to legislation (smoking ban)</li> <li>• Language barriers</li> <li>• Housing</li> <li>• Healthcare needs</li> <li>• Decrease in quality of life</li> <li>• Increase in unplanned pregnancies</li> <li>• Increase in mental health issues</li> <li>• Job Loss</li> <li>• Coal Severeance</li> <li>• Loss of home</li> </ul>

## Risks

**Cultural Diversity:**

- Language barrier
- additional resources (housing)

**Coal Mine/Industry Closure:**

- Loss of coal severance and tax
- Decrease in quality of life
- Loss of home
- Relocation
- Loss of community partnerships

**Tobacco:**

- Opposition to legislation
- City and County are not in agreement

**Addiction Issues:**

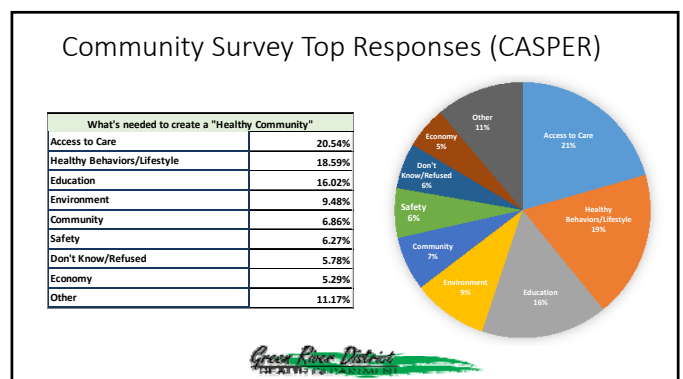
- No program/rehab
- Increase in unplanned pregnancies
- Increase in mental health issues
- Low income wages

**Oral Health:**

- Insurance

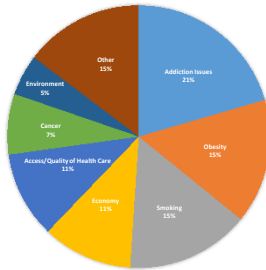
**Mental Health:**

- No access to Mental Health Providers



## Community Survey Top Responses (CASPER)

What is the greatest challenge to health in your community?	
Addiction Issues	20.48%
Obesity	15.34%
Smoking	15.22%
Economy	11.09%
Access/Quality of Health Care	10.66%
Cancer	7.47%
Environment	5.03%
Other	14.07%



## 2012-2015 CHA-CHIP

- Strategic Initiative 1: Reduce Obesity and Diabetes focusing efforts on Diabetes Prevention.
- Strategic Initiative 2: Reduce Substance Abuse/Tobacco Use
- Strategic Initiative 3: Define Teen Issues

Obesity											
Adult obesity				Diabetes							
2012	2013	2014	2015	2012	2013	2014	2015				
Kentucky	33%	33%	33%	32%	12%	12%	12%				
Henderson	33%	33%	33%	33%	12%	12%	11%				

Substance Abuse											
Adult Smoking				Excessive Drinking							
2012	2013	2014	2015	2012	2013	2014	2015				
Kentucky	27%	26%	26%	26%	11%	12%	12%				
Henderson	27%	26%	23%	23%	9%	9%	9%				

Teen Issues				
Teen Births (per 1000)				
2012	2013	2014	2015	
Kentucky	52	50	49	48
Henderson	65	65	63	63

Green River District  
HEALTH IMPROVEMENT PLAN

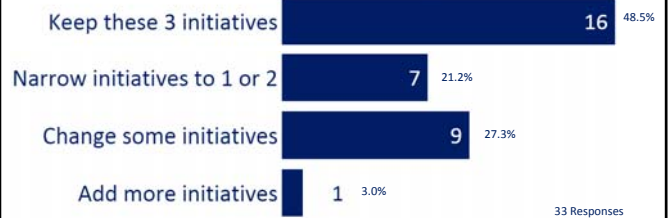
## DATA

Tobacco	Henderson Co.	Kentucky
Adult Smoking	23%	26%
Substance Abuse		
Drug Poisoning Deaths	14	20
Social Determinants		
Population living in Poverty	16.30%	18.8%
Reproductive/Sexual Health		
Teen Birth Rate (per 1000 girls age 15-19)	63	48
Mental Health		
Ratio of Mental Health Providers	2215:1	852:1
Average Poor Mental Health Days (in past 30 days)	4.3 days	4.3 days

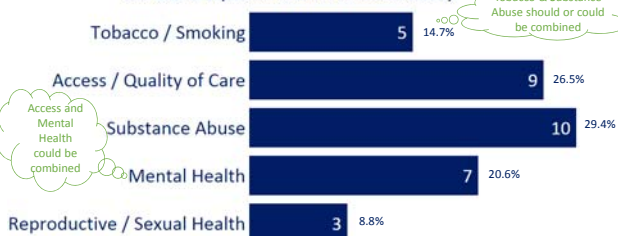
Source: 2012 KY Health Benefit Exchange & Deloitte  
2015 County Health Rankings

Green River District  
HEALTH IMPROVEMENT PLAN

7. Reduce Obesity and Diabetes, Define Teen Issues and Reduce Substance/Tobacco Abuse were the strategic initiatives chosen as the 2012-2015 Community Health Improvement Plan for Henderson County. Which of the following statements best describes the work towards the 2012-2015 Strategic Initiatives:



6. The Community Survey (CASPER) results and the data review indicate the following top issues in Henderson County. Which issue do you think is the number one issue to impact the health of Henderson County?



34 Responses

## What initiative are we missing?

"Pursuing"	"Mental health providers"	"Substance abuse/access to healthcare"
"Expansion of the elements included in Teen Issues"	"Mental health"	"Sex ed"
"Bullying"	"Mental health"	"Access to healthcare"
"Substance abuse"	"Mental health services"	"Mental Health Providers"
"Sex education to children and adults"	"Mental health possibly in connection with other initiatives."	"Access to health and mental health"
"Mental health / substance abuse"	"Poverty/homelessness"	"Mental health/substance abuse"
"Mental health/substance"	"What we can do to decrease teen issues"	"Mental health"

## Summary of Forum Responses

- Henderson Vision:
  1. Access to Healthcare/Specialized Care/Mental Healthcare
  2. Reducing Substance & Prescription Abuse
- Top Concerns and Threats
  1. Addiction
  2. Mental Health
  3. Tobacco
- Top Issues Impacting Health
  1. Substance Abuse
  2. Access/Quality of Care
  3. Mental Health
- Strategic Initiatives
  - Keep the 3 initiatives from 2012-2015 cycle
  - Change some initiatives

## Next Steps

- Assign workgroups
  - Healthy Henderson and the Henderson County Diabetes Coalition (Obesity & Diabetes)
  - Healthy Henderson and Collaborative Partners (Teen Issues)
  - Healthy Henderson and Methodist Hospital Doctor of Osteopathy (DO) Residency Program – Substance/Tobacco Abuse)
- Set Measurable Goals and Objectives (SMART)
- Reporting process



## Discussion

- Teen Issues
  - 2012-2015 CHIP Goal was to "define" teen issues, which has been accomplished. Would like to keep this initiative and move forward addressing those issues.
  - Would be beneficial to have teenage pregnancy statistics subdivided by age (marked difference between 19 year old and 15 year old teen pregnancy)
- Mental Health
  - Safety and preparedness events across the country stemming from mental health, mental health needs to be addressed
  - Alcohol/substance abuse is a form of self medication/coping mechanism – Cooper Clayton and other cessation programs work with participants to develop healthy coping skills
  - Working with community partners to offer training on how to recognize mental health issues in children
  - It is clear that Mental Health is a concern for Henderson County. A recommendation was made for the to address Mental Health issues associated with the current 3 strategic initiatives.



## 2015-2018 CHIP Henderson County

- Strategic Initiatives
  - Keep the original 3 strategic initiatives
    - Reduce Obesity and Diabetes
    - Teen Issues
    - Reduce Substance Abuse/Tobacco Use
  - Integrate Mental Health as a focal point for each initiative and revisit mental health data and discussion throughout the cycle.





## APPENDIX D: MCLEAN COUNTY

# Green River District McLean County

Community Health Improvement Plan Forum  
May 18, 2015



What is your favorite food?

Respond at [PollEv.com/grdhealth](http://PollEv.com/grdhealth) Text GRDHEALTH to 22333 once to join, then text your message

Just for Fun -  
A Polleverywhere "test" question.

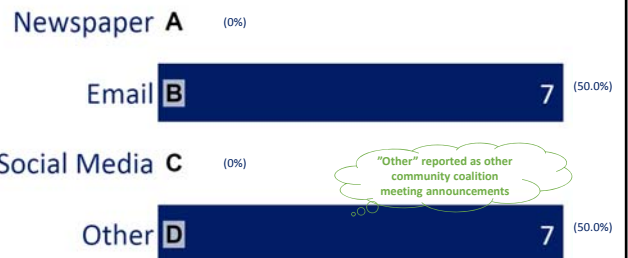
steak  
pizza

## Today's Objectives

- ✓ Review information gained from the 4 prongs of the Community Health Assessment
- ✓ Choose 1-3 Strategic Initiatives to focus on in the next 2-3 years
  - Vote using Polleverywhere
- ✓ Assign workgroups to focus on the chosen Initiatives



1. Where did you hear about the CHA/CHIP forums?

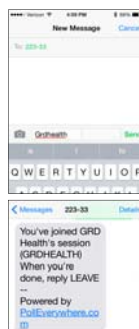


14 Responses

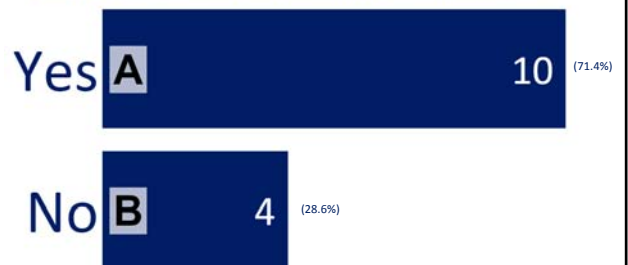
## Polleverywhere Instructions

- 1) Get out your cellphone
- 2) Send a text to **22333** with **grdhealth** as the message
- 3) You will receive a confirmation message
- 4) If you don't text you can respond via the web at [pollev.com/grdhealth](http://pollev.com/grdhealth)

\*Standard text messaging rates apply.



2. Did you attend the Community Health Assessment Forum held in January 2015?



14 Responses

## The History:

- 2012-2015 CHA-CHIP:
  - CHA Forum - January 18, 2012 (McLean County Extension Office)
  - CHIP Forum - May 8, 2012 (McLean County Senior Center)
  - CHIP Forum - January 18, 2013 (McLean County Extension Office)
  - CHIP Forum - February 12, 2014 (Owensboro Health Regional Hospital)
  - CHIP Forum - February 13, 2014 (Methodist Hospital, Henderson)
- 2015-2018 CHA-CHIP:
  - CHA Forum - January 21, 2015 (McLean Chamber Office)

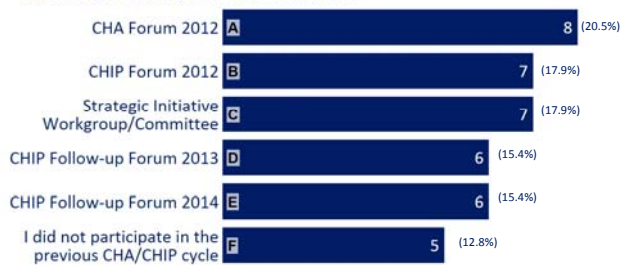


Employment Status		Industry	
Housing units	4,261	Agriculture	7.3%
Homeownership rate	78.4%	Construction	10.0%
Persons below poverty level	18.8%	Manufacturing	16.6%
Children living in single-parent households	14.9%	Wholesale trade	0.9%
		Retail trade	10.0%
		Transportation, warehousing, utilities	7.6%
		Information	0.4%
		Finance, insurance, real estate	4.2%
		Professional, scientific, management, administrative, waste management	3.7%
		Education, healthcare, social assistance	23.7%
		Arts, entertainment, recreation, food service	4.9%
		Other services	5.9%
		Public administration	4.7%

Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey



### 3. Which activities did you participate in during the 2012-2015 Community Health Assessment/Community Health Improvement cycle?

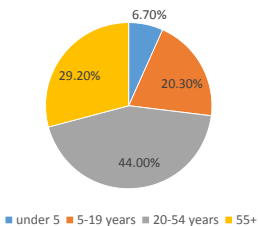


## McLean County's Public Health Vision

- A community that not only has access to affordable healthcare but where the individuals are educated on the how to access the healthcare.
- Community envision of a variety of healthcare services, a 24 hour Hospital where residents can go to meet their healthcare needs such as Emergency Services, Rehabilitation Services, Long-Term and Short-Term care. The facility will include a sufficient number of high skilled local physicians that can assist the patients.
- A county where children's education is not only valued but of the utmost importance in schools that are safe and hold promise as well as deliver a quality education.



### McLean County Age Distribution



Health Insurance	
With health insurance coverage	87.8%
Private insurance	64.7%
Public coverage	38.0%
Without health insurance coverage	12.2%

Disability Status	
Total population with a disability	18.5%
Under 18 with a disability	3.4%
18-64 with a disability	15.9%
65+ with a disability	49.3%

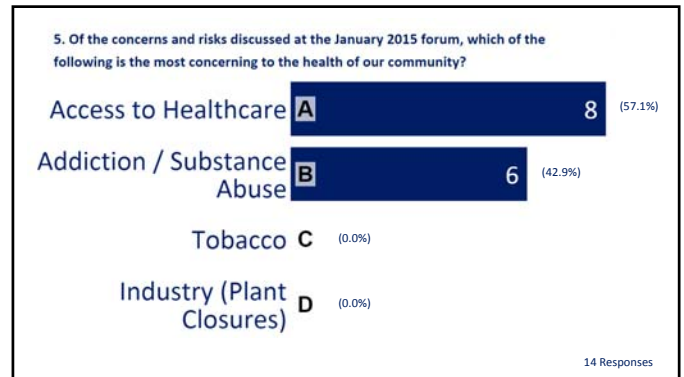
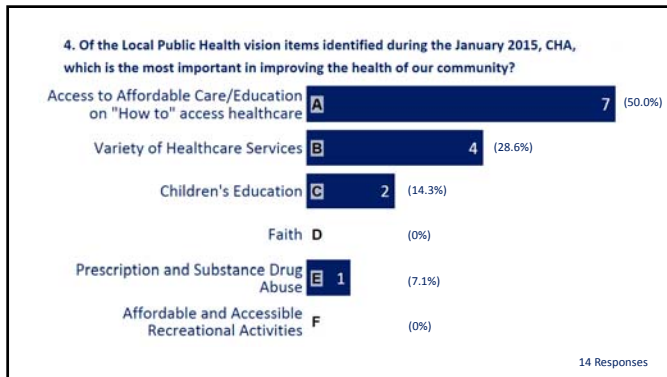
Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey



## McLean County's Public Health Vision

- Building a family of faith that not only shares beliefs but supports decisions. An understanding in the community that respect for opposing beliefs creates and expands the neighborhoods.
- When being aware of the substance and prescription drug abuse issues does not interfere with the everyday lives or present harmful circumstances to the community, rather to enlighten and foster hope to those afflicted with the disease.
- A McLean County that offers recreational activities and facilities that are easy to access and affordable so that the community has a chance to make healthy lifestyle choices, along with activities directed towards the youth to promote a healthy younger generation.





### McLean County Forum Information

**Health Concerns Identified**

- Moving of the hospital
- Loss of school nurses
- Substance Abuse
- Tobacco

SWOT ANALYSIS  
McLean County

S Strengths	W Weaknesses
<ul style="list-style-type: none"> <li>• Farmer's Market</li> <li>• Walking Trails</li> <li>• Faith-Based Community</li> <li>• Senior Centers</li> <li>• Good Schools</li> <li>• Exercise Facilities</li> </ul>	<ul style="list-style-type: none"> <li>• High prisoner rates</li> <li>• Poverty Level</li> <li>• High substance abuse rates</li> </ul>
O Opportunities	T Threats
<ul style="list-style-type: none"> <li>• Community Education</li> <li>• Better jobs to enhance lifestyle</li> <li>• Higher Wages</li> <li>• Community support and resources</li> <li>• Healthier activities and options for the community</li> <li>• Education opportunities for the youth</li> </ul>	<ul style="list-style-type: none"> <li>• Economic Impact</li> <li>• Limited time and resources</li> <li>• Complacency</li> <li>• Potential health issues</li> <li>• Loss of coal severance and tax</li> <li>• Future of coal</li> <li>• Additional commute to the hospital</li> <li>• Decreased health management of school age children</li> </ul>

### McLean County Forum - Risks Identified

**Access to Healthcare:**

- Additional 7 miles
- EMS bills
- Decreased health management

**Addiction Issues:**

- High substance abuse rates
- Treatment
- Substance abuse awareness
- High prisoner rates

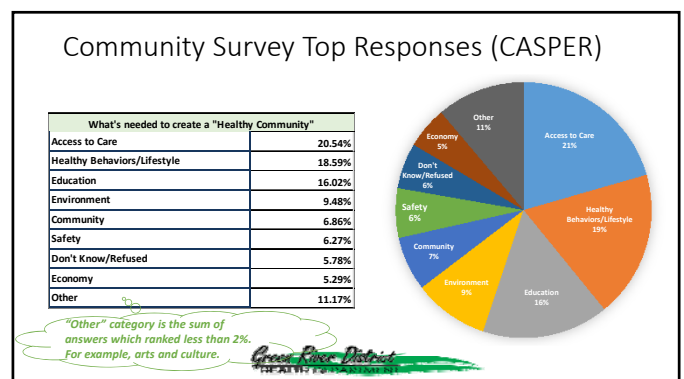
**Tobacco:**

- main source of income

**Industry (plant closures):**

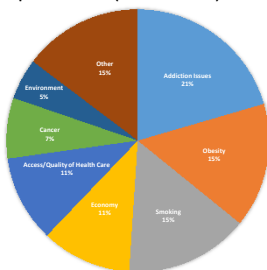
- Coal severance and tax
- Future

Increasing arrests and incarceration for intoxication and drug related charges



## Community Survey Top Responses (CASPER)

What is the greatest challenge to health in your community?	
Addiction Issues	20.48%
Obesity	15.34%
Smoking	15.22%
Economy	11.09%
Access/Quality of Health Care	10.66%
Cancer	7.47%
Environment	5.03%
Other	14.07%



## 2012-2015 CHA-CHIP

- Strategic Initiative 1:  
**Increase Collaboration of Health Services Partners**
- Strategic Initiative 2:  
**Reduce Obesity and Increase Physical Activity**
- Strategic Initiative 3:  
**Reduce Tobacco Use and Smoking**

		Access to Care											
		Uninsured				Uninsured adults				Uninsured children			
		2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
Kentucky		17%	18%	17%	16%	20%	22%	21%	20%	7%	7%	6%	
McLean		18%	18%	17%	17%	21%	22%	21%	21%	8%	9%	8%	

		Obesity											
		Adult obesity				Diabetes				Physical inactivity			
		2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
Kentucky		33%	33%	33%	32%	12%	12%	12%	12%	31%	31%	31%	29%
McLean		31%	31%	32%	32%	13%	13%	13%	14%	36%	36%	36%	31%

		Smoking				
		Adult Smoking				
		2012	2013	2014	2015	
Kentucky		27%	26%	26%	26%	
McLean		23%	25%	25%	25%	

Green River District  
HEALTH PARTNERS

## DATA

Tobacco		
Adult Smoking		22%
Access to Health Services		
Primary Care Providers (MD's specializing in general practice, family, internal, or pediatric medicine)	11	per 100,000 pop.
Adults with Health Insurance		79.1%
*Mental Health Providers (psychiatrists, psychologists, clinical social worker, counselors, therapists, and mental health APRN's)	1	
Dentist	11	per 100,000 pop.
Obesity		
Adult Obesity		29.8%

Source: Owensboro Health Community Data Dashboard,  
\*2015 County Health Rankings

Green River District  
HEALTH PARTNERS

Data for health services is "per 100,000 population". In McLean County, a population of approximately 9000, this equates to approximately 1 doctor.

7. Increase Collaboration of Health Services Partners, Reduce Obesity and Increase Physical Activity, Reduce Tobacco Use and Smoking were chosen as the 2012-2015 Community Health Improvement Plan for McLean County. Which of the following statements best describes the work towards the 2012-2015 Strategic Initiatives:

Keep these 3 initiatives	A	8	(57.1%)
Narrow initiatives to 1 or 2	B	4	(28.6%)
Change some initiatives	1 C		(7.1%)
Add more initiatives	1 D		(7.1%)

14 Responses

6. The Community Survey (CASPER) results and the data review indicate the following top issues in McLean County. Which issue do you think is the number one issue to impact the health of McLean County?

Access to Healthcare	A	5	(35.7%)
Healthy Behaviors / Lifestyles	B	6	(42.9%)
Tobacco / Smoking	C	1	(7.1%)
Substance Abuse / Addiction	D	1	(7.1%)
Health Education	E	1	(7.1%)

14 Responses

## 8. What initiative(s) are we missing?

Respond at [PollEv.com/grdhealth](https://www.polltv.com/grdhealth) Text: GRDHEALTH to 22333 once to join, then text your message

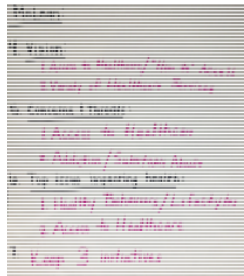
"Community participation"

"More community involvement" "Educating" "Community"

4 Responses

## Summary

- McLean County Vision
- Top Concerns and Threats
- Top Issues Impacting Health
- Strategic Initiatives



## Discussion

- Obesity and Lifestyle
  - The Kentucky Foundation grant provides an opportunity to focus on obesity and lifestyle influences
- Substance Abuse vs. Tobacco Use
  - "Substance Abuse" and addiction issues were identified separate from "tobacco use" throughout the Community Health Assessment. Would it be possible for the Community Coalition to address both substance abuse and tobacco?
  - The ASAP/Community Coalition subgroup selected a "tobacco" focus during the previous cycle. They have been addressing both economic and health impacts of tobacco use and are making good progress. They would like to continue these efforts.
  - Seeing an increase in vapor use in schools and throughout the community, the ASAP/Community Coalition is working to educate the public that this is not a healthy substitute for smoking.
  - The McLean ASAP/Community Coalition has and continues to address ATOD, not only alcohol, tobacco and e-cigs, but prescription drugs, heroin, meth and synthetics.



## Summary of Forum Responses

- McLean County Vision:
 

*A community that not only has access to affordable healthcare but where the individuals are educated on how to access the healthcare. Community envision of a variety of healthcare services; a 24 hour Hospital where residents can go to meet their healthcare needs such as Emergency Services, Rehabilitation Services, Long-Term and Short-Term care. The facility will include a sufficient number of high skilled local physicians that can assist the patients.*
- Top Concerns and Threats
  1. Access to Healthcare
  2. Addiction Issues
- Top Issues Impacting Health
  1. Healthy Behaviors/Lifestyle
  2. Access to Healthcare
- Strategic Initiatives
  - Keep the 3 initiatives from 2012-2015 cycle

## Next Steps

- Assign workgroups
  - Partnership for a Healthy McLean County (Access to Care, Reduce Obesity and Increase Physical Activity)
  - McLean County Community Health Coalition & ASAP (Tobacco/Smoking cessation and Substance Abuse)
- Set Measurable Goals and Objectives (SMART)
- Reporting process



## 2015-2018 CHIP McLean County

- Strategic Initiatives
  - Keep the original 3 strategic initiatives:
    - Increase Collaboration of Health Services Partners
    - Reduce Obesity and Increase Physical Activity
    - Reduce Tobacco Use and Smoking



## APPENDIX E: OHIO COUNTY

# Green River District Ohio County

Community Health Improvement Plan Forum  
May 21, 2015



## What is your favorite food?

Respond at [PollEv.com/grdhealth](http://PollEv.com/grdhealth) Text **GRDHEALTH** to **22333** once to join, then text your message

tomato chocolate  
cake tacos bacon banana  
catfish steak taco  
lobster pizza corn  
hot cream chips  
pudding strawberries

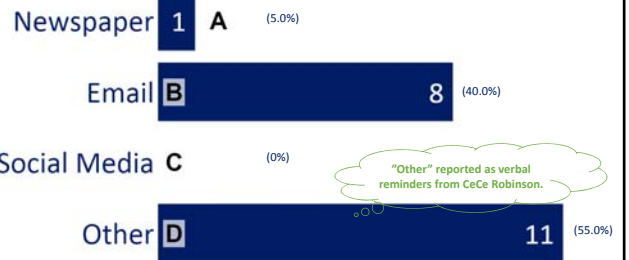
Just for Fun -  
A Polleverywhere "test" question.

## Today's Objectives

- ✓ Review information gained from the 4 prongs of the Community Health Assessment
- ✓ Choose 1-3 Strategic Initiatives to focus on in the next 2-3 years
  - Vote using Polleverywhere
- ✓ Assign workgroups to focus on the chosen Initiatives



## 1. Where did you hear about the CHA/CHIP forum(s)?

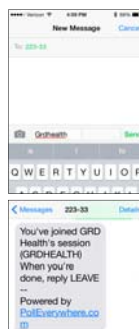


20 Responses

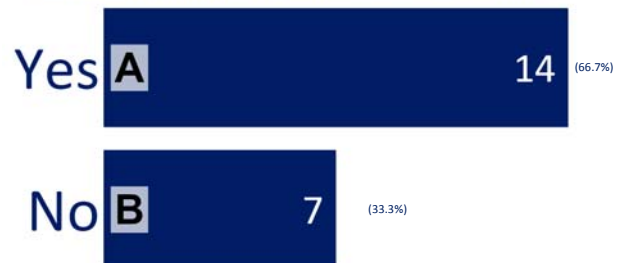
## Polleverywhere Instructions

- 1) Get out your cellphone
- 2) Send a text to **22333** with **grdhealth** as the message
- 3) You will receive a confirmation message
- 4) If you don't text you can respond via the web at [pollev.com/grdhealth](http://pollev.com/grdhealth)

\*Standard text messaging rates apply.



## 2. Did you attend the Community Health Assessment Forum held in January 2015?



21 Responses



## The History:

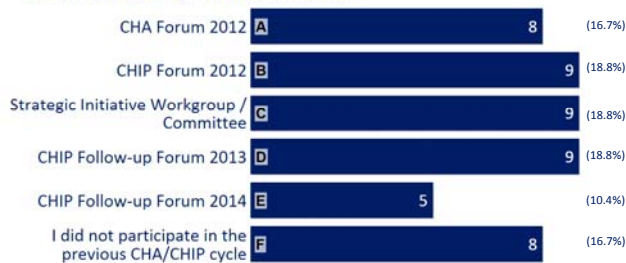
- 2012-2015 CHA-CHIP
  - CHA Forum - January 18, 2012 (Ohio County Hospital)
  - CHIP Forum - May 8, 2012 (Ohio County Extension Office)
  - CHIP Forum - January 17, 2013 (Ohio County Extension Office)
  - CHIP Forum - February 12, 2014 (Owensboro Health Regional Hospital)
  - CHIP Forum - February 13, 2014 (Methodist Hospital)
- 2015-2018 CHA-CHIP
  - CHA Forum- January 21, 2015 (Ohio County Hospital)



Employment Status		Industry	
Housing units	10,186	Agriculture	7.0%
Homeownership rate	80.0%	Construction	7.2%
Persons below poverty level	19.7%	Manufacturing	23.1%
Children living in single-parent households	16.4%	Wholesale trade	1.3%
		Retail trade	12.5%
		Transportation, warehousing, utilities	5.9%
		Information	0.3%
		Finance, insurance, real estate	2.9%
		Professional, scientific, management, administrative, waste management	4.0%
		Education, healthcare, social assistance	20.6%
		Arts, entertainment, recreation, food service	4.7%
		Other services	5.8%
		Public administration	4.6%
		Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey	



### 3. In which activities did you participate during the 2012-2015 Community Health Assessment/Community Health Improvement cycle?



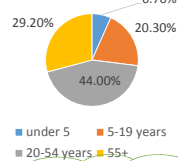
48 Responses

## Ohio County's Local Public Health Vision

- An Ohio County that visiting the Farmer's Market leads to better lifestyle choices while improving access to food amongst the community.
- Easily accessible transportation where individuals can maintain a daily routine that does not hinder opportunities but rather creates them so that they can live life to their fullest potential.
- A community that does not feel threatened or unsafe day to day and can actually rely on the community in times of need and disparity.
- Partaking and watching sports is seen as a fun past time activity and a chance to build a family and community bond.



### Ohio County Age Distribution



Those who reported having a sensory, physical, cognitive, self-care, hindered independence and employment disability – it is not indicating those that are drawing disability benefits



### Health Insurance

With health insurance coverage	87.5%
Private insurance	61.3%
Public coverage	39.1%
Without health insurance coverage	12.5%

### Disability Status

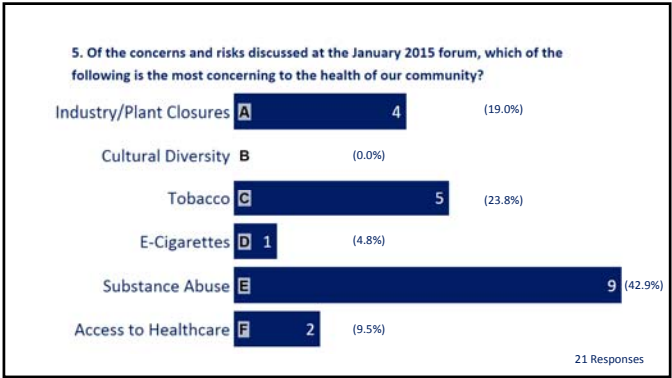
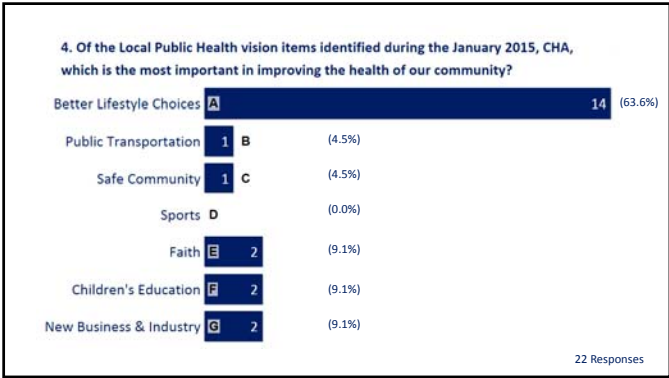
Total population with a disability	19.5%
Under 18 with a disability	5.8%
18-64 with a disability	18.6%
65+ with a disability	45.8%

Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey

## Ohio County's Local Public Health Vision

- Building a family of faith that not only shares beliefs but supports decisions. An understanding in the community that respect for opposing beliefs creates and expands the neighborhoods.
- A county where children's education is not only valued but of the upmost importance in schools that are safe and promise as well as deliver a quality education.
- Where there is expansion there is a chance of profit. Bringing in new businesses and/or events will add to the overall quality of life as well as the hope of economic development.





### Ohio County Forum Information

**Health Concerns Identified**

- Mine Closure
- Ethnic Diversity
- Smoking Ban
- E-Cigs
- Substance Abuse
- Affordable Care Act

### SWOT ANALYSIS

Ohio County

S	Strengths	W	Weaknesses
	<ul style="list-style-type: none"> <li>• Backpack Program</li> <li>• Trail Town</li> <li>• Family Wellness Center</li> <li>• "Longest Day of Play"</li> <li>• Economic Advancements</li> <li>• Health Care Council</li> <li>• Active Health Coalition</li> </ul>		<ul style="list-style-type: none"> <li>• Younger generation is not as content as the older generation</li> </ul>
O	Opportunities	T	Threats
	<ul style="list-style-type: none"> <li>• Diverse workforce through different cultures</li> <li>• Cultural diversity</li> <li>• Healthier workplace and community</li> <li>• Creating a healthier community and workplace along with a decrease in addiction and diseases through the smoking ban.</li> <li>• Awareness opportunities with the upward trend in narcotic use abuse</li> <li>• Peace and solitude in the rural community</li> <li>• Outdoor recreation</li> </ul>		<ul style="list-style-type: none"> <li>• Increase in unemployment</li> <li>• Safety and violence concerns with the growing abuse of narcotics.</li> <li>• Increased stress on local resources</li> <li>• Job loss</li> <li>• Poverty</li> <li>• Brain Drain</li> <li>• Government dependency</li> <li>• Overwhelmed healthcare</li> <li>• Increased premiums</li> </ul>

*"Brain Drain" = youth not returning to the area after graduating from college*

### Ohio County Forum Risks Identified

**Industry (Plant Closures):**

- Decrease in financial security
- Job Loss/Poverty
- Less Money for the county

**Cultural Diversity:**

- Local resources
- Communication barriers
- Lack of community acceptance

**Tobacco:**

- Smoking Ban

**E-Cigs:**

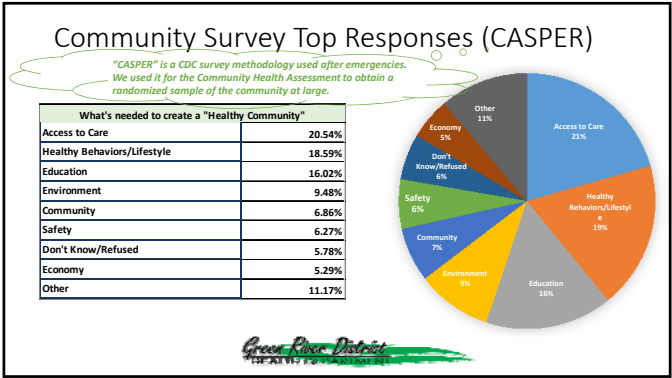
- Unknown dangers
- More addiction

**Substance abuse:**

- Safety concerns
- Resources
- Cost of care

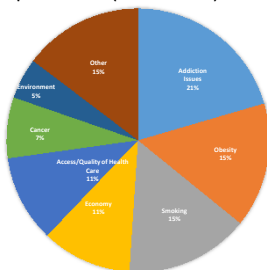
**Access to Healthcare:**

- Dependency *"dependency" reference to prescription drugs*
- Overwhelmed healthcare
- Increased premiums
- Access



## Community Survey Top Responses (CASPER)

What is the greatest challenge to health in your community?	
Addiction Issues	20.48%
Obesity	15.34%
Smoking	15.22%
Economy	11.09%
Access/Quality of Health Care	10.66%
Cancer	7.47%
Environment	5.03%
Other	14.07%



All 7 counties were represented in the survey. Isolating only Ohio County responses would not yield statistically significant results.

## 2012-2015 CHA-CHIP

### Strategic Initiative 1: Improve Community Lifestyle Choices

		Lifestyle Choices				Physical inactivity			
		Adult obesity				Diabetes			
		2012	2013	2014	2015	2012	2013	2014	2015
Kentucky		33%	33%	33%	32%	12%	12%	12%	12%
Ohio Co.		33%	33%	35%	38%	14%	14%	14%	14%

### Strategic Initiative 2: Increase Healthcare Access

		Access to Care				Uninsured adults				Uninsured children			
		Uninsured											
		2012	2013	2014	2015	2012	2013	2014	2015	2013	2014	2015	
Kentucky		17%	18%	17%	16%	20%	22%	21%	20%	7%	7%	6%	
Ohio Co.		18%	18%	17%	16%	22%	22%	22%	21%	7%	6%	6%	

### Strategic Initiative 3: Reduce Substance Abuse

		Substance Abuse				Excessive Drinking			
		Adult Smoking							
		2012	2013	2014	2015	2012	2013	2014	2015
Kentucky		27%	26%	26%	26%	11%	12%	12%	12%
Ohio Co.		28%	29%	27%	27%	8%	8%	8%	8%

Green River District  
HEALTH IMPROVEMENT PLAN

Source: 2015 County Health Rankings

## DATA

Primary Care Physicians only, the National Standard (top 90<sup>th</sup> percentile) are communities with 1045:1 ratio of PC Physicians to the population of community.

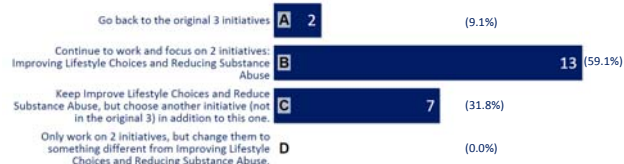
	Ohio Co.	Kentucky
<b>Social Determinants</b>		
Children Living in Poverty	27%	26%
Unemployment	7.50%	8.30%
<b>Access to Care</b>		
Primary Care Providers (MD's specializing in general practice, family, internal, or pediatric medicine)	6019:1	1551:1
Other primary care providers (NP's, PA's, and clinical nurse specialists)	1499:1	1025:1
Mental Health Providers (psychiatrists, psychologists, clinical social worker, counselors, therapists, and mental health APRNs)	7996:1	621:1
Dentist Rate	3427:1	1683:1
<b>Substance Abuse</b>		
Adult Smoking	27%	26%
Drug poisoning deaths	16	20

Source: 2015 County Health Rankings

Per 100,000 population, based on ICD-10 Coding.

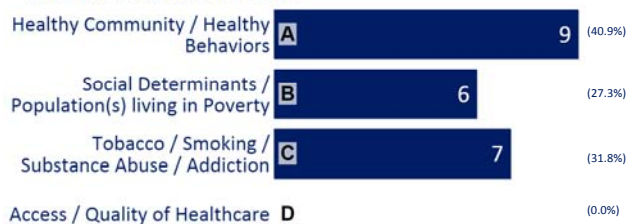
Green River District  
HEALTH IMPROVEMENT PLAN

7. Improve Community Lifestyle Choices, Increase Healthcare Access and Reduce Substance Abuse were the strategic initiatives chosen as the 2012-2015 Community Health Improvement Plan for Ohio County. During the 3 year cycle, it was narrowed to 2 initiatives (improve community lifestyle choices and reduce substance abuse). Which of the following statements best describes the work towards the 2012-2015 Strategic Initiatives:



22 Responses

6. The Community Survey (CASPER) results and the data review indicate the following top issues in Ohio County. Which issue do you think is the number one issue to impact the health of Ohio County?



22 Responses

## 8. What initiative are we missing?

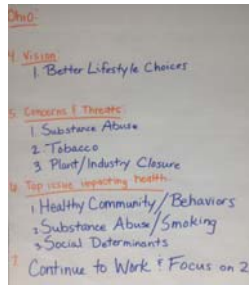
Respond at [PollEv.com/grdhealth](https://www.poll-ev.com/grdhealth) or Text GRDHEALTH to 22333 once to join, then text your message



12 Responses

## Summary

- Ohio County Vision
- Top Concerns and Threats
- Top Issues Impacting Health
- Strategic Initiatives



## Discussion

- Mental Health
  - Possibly address mental health as an additional (third) strategic initiative.
  - An alternative would be to incorporate the mental health aspect into current initiatives.
- Access to Care
  - Trend of patients who do not have an established doctor or insurance coverage using ER. How does Ohio County Hospital Emergency Room usage rate compare to other (comparable sized) hospitals?
  - Ohio County is seeing a downward trend in ER use over last few years with increased access to other providers.
- Lifestyle/Behavioral Choices
  - There is a need to include mental health/self esteem as well as education and support into the lifestyle/behavioral choices objectives; increasing the focus on the emotional aspects of changing behaviors and understanding barriers to change.



## Summary of Forum Responses

- Ohio County Vision:  
*An Ohio County that visiting the Farmer's Market leads to better lifestyle choices while improving access to food amongst the community.*
- Top Concerns and Threats
  1. Substance Abuse
  2. Tobacco
  3. Industry/Plant Closures
- Top Issues Impacting Health
  1. Healthy Community/Healthy Behaviors
  2. Tobacco/Smoking/Substance Abuse / Addiction
  3. Social Determinants/ Population living in Poverty
- Strategic Initiatives
  - Continue to work and focus on two initiatives: Improving Lifestyle Choices and Reducing Substance Abuse

## Next Steps

- Assign workgroups
  - Ohio County Health Coalition (Improve Community Lifestyle Choices/Healthcare Access)
  - Together We Care (Reduce Substance Abuse)
- Set Measurable Goals and Objectives (SMART)
  - July or August meetings – review Ohio County CHA data in detail and establish goals/objectives.
- Reporting process



## 2015-2018 CHIP Ohio County

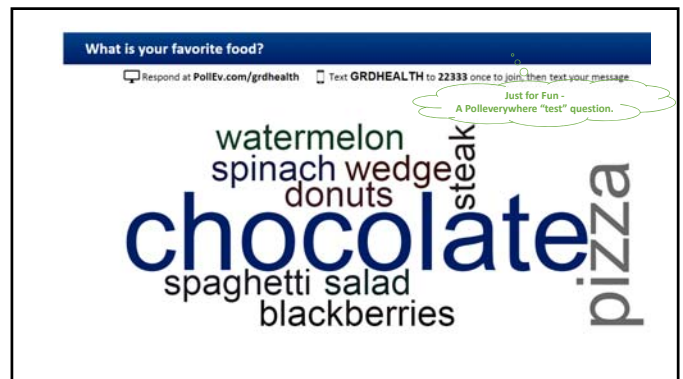
- Strategic Initiatives
  - Continue to work and focus on two initiatives:
    - Improving Lifestyle Choices
    - Reducing Substance Abuse



## APPENDIX F: UNION COUNTY

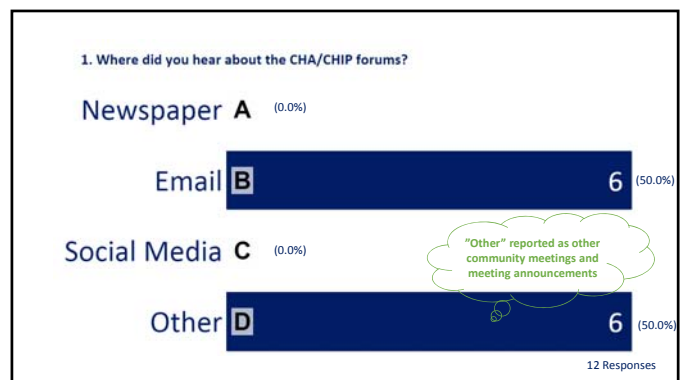
## Green River District Union County

Community Health Improvement Plan Forum  
May 28, 2015



### Today's Objectives

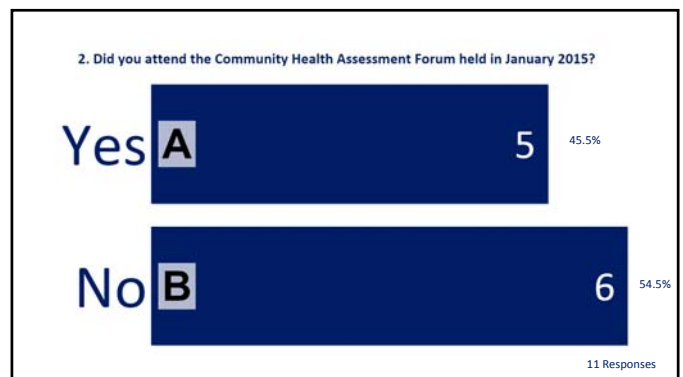
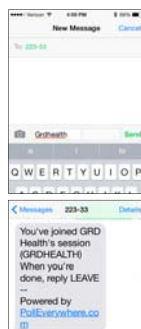
- ✓ Review information gained from the 4 prongs of the Community Health Assessment
- ✓ Choose 1-3 Strategic Initiatives to focus on in the next 2-3 years
  - Vote using Polleverywhere
- ✓ Assign workgroups to focus on the chosen Initiatives



### Polleverywhere Instructions

- 1) Get out your cellphone
- 2) Send a text to **22333** with **grdhealth** as the message
- 3) You will receive a confirmation message
- 4) If you don't text you can respond via the web at [pollev.com/grdhealth](http://pollev.com/grdhealth)

\*Standard text messaging rates apply.



## The History:

- 2012-2015 CHA-CHIP
  - CHA Forum - January 10, 2012 (John A. Arnold Arena Convention Center)
  - CHIP Forum - May 9, 2012 (Herron Technology Center at Union County High School)
  - CHIP Forum - February 21, 2013 (Union County Cooperative Extension Office)
  - CHIP Forum - February 12, 2014 (Owensboro Health Regional Hospital)
  - CHIP Forum - February 13, 2014 (Methodist Hospital, Henderson)
- 2015-2018 CHA-CHIP
  - CHA Forum- January 13, 2015 (United Community Bank)



Employment Status		Industry	
Housing units	6,155	Agriculture	18.4%
Homeownership rate	73.7%	Construction	2.5%
Persons below poverty level	25.7%	Manufacturing	14.1%
Children living in single-parent households	20.7	Wholesale trade	0.9%
		Retail trade	13.1%
		Transportation, warehousing, utilities	5.7%
		Information	0.7%
		Finance, insurance, real estate	3.8%
		Professional, scientific, management, administrative, waste management	5.3%
		Education, healthcare, social assistance	21.7%
		Arts, entertainment, recreation, food service	5.1%
		Other services	4.8%
		Public administration	3.7%

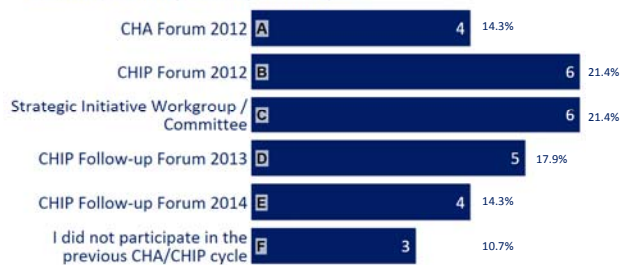
Household Data	
Employed	52.1%
Unemployed	4.6%
Not in labor force	47.9%
Travel time to work	19.8 minutes
Median household income	\$39,125
Mean household income	\$51,168

"Travel time to work" averages about 23 minutes within the 7 counties of Green River District; the range is 18.1 minutes to 27.8 minutes.

Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey



### 3. In which activities did you participate during the 2012-2015 Community Health Assessment/Community Health Improvement cycle?



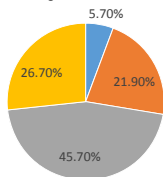
## Union County's Local Public Health Vision

- Partaking and watching sports is seen as a fun past time activity and a chance to build a family and community bond.
- When being aware of the substance and prescription drug abuse issues does not interfere with the everyday lives or present harmful circumstances to the community, rather to enlighten and foster hope to those afflicted with the disease. When children of the neglected are taken in elsewhere have a safe and secure bond free of emotional and physical distress.
- Community envision of a variety of healthcare services, a 24 hour Hospital where residents can go to meet their healthcare needs such as Emergency Services, Rehabilitation Services, Long-Term and Short-Term care. The facility will include a sufficient number of high skilled local physicians that can assist the patients.

Reflects a "keep what we have" response to rumors that Union Methodist Hospital may close and a need to recruit physicians to the area so travel outside of the county is not necessary.



### Union County Age Distribution



Health Insurance	
With health insurance coverage	81.9%
Private insurance	59.6%
Public coverage	35.9%
Without health insurance coverage	18.1%

Disability Status	
Total population with a disability	18.1%
Under 18 with a disability	6.9%
18-64 with a disability	16.8%
65+ with a disability	41.9%

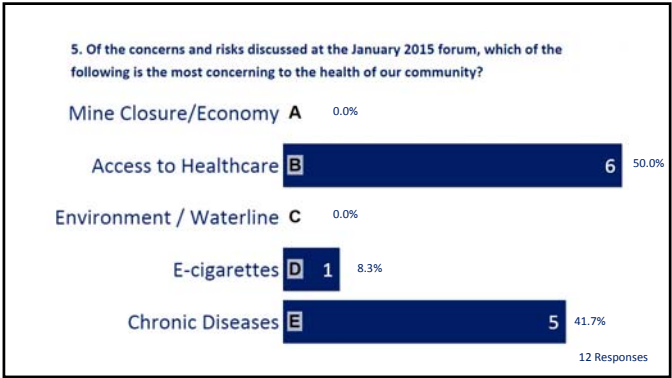
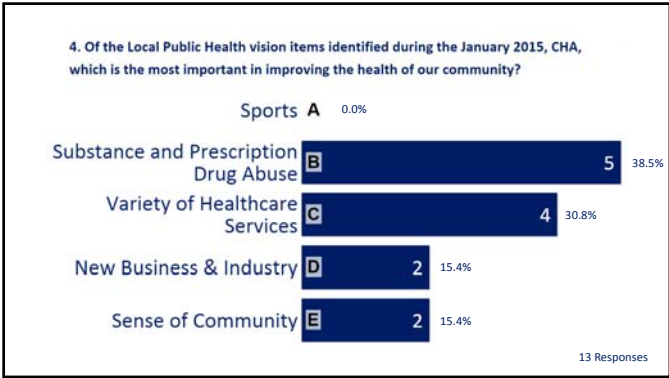
Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey



## Union County's Local Public Health Vision

- Where there is expansion there is a chance of profit. When one industry closes there is a chance for a new one to begin. Bringing in new businesses and/or events will add to the overall quality of life as well as the hope of economic development.
- A county that prides itself on the sense of community it has created on a daily basis. Where residents create an entertaining atmosphere while enjoying the presence of their peers at community events.





### Union County Forum Information

**Health Concerns Identified:**

- Mine Closure
- Affordable Care Act
- Waterline construction (debate)
- E-Cigarettes
- Chronic Diseases

*Frequent boil water advisories and concerns regarding water quality. Should Sturgis hook onto county water lines?*

### SWOT ANALYSIS Union County

S Strengths	W Weaknesses
<ul style="list-style-type: none"> <li>• Health Department</li> <li>• Faith Community</li> <li>• Community Garden</li> <li>• Health Coalition</li> <li>• Crisis Pregnancy Center</li> <li>• Farmer's Market</li> <li>• Mexican Village</li> <li>• Core Festival</li> <li>• Family Resource Center</li> </ul>	<ul style="list-style-type: none"> <li>• Recent loss of jobs</li> <li>• Over diagnosis of medication in youth for disorders such as ADHD</li> <li>• Diabetes</li> <li>• Obesity</li> <li>• Addiction issues</li> </ul>
O Opportunities	T Threats
<ul style="list-style-type: none"> <li>• Advanced Education</li> <li>• Recruitment of physician</li> <li>• Better water quality</li> <li>• More preventative care</li> <li>• Education on vaccination trends</li> <li>• Fresh food for those with limited budgets</li> <li>• Businesses have a positive push to go smoke free</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in unemployment</li> <li>• Decrease in coal severance and tax money</li> <li>• Decrease in access to care</li> <li>• Increase in ER visits</li> <li>• Burden on economy</li> <li>• Poor drinking water</li> <li>• College students not returning home to work "Brain Drain"</li> <li>• Unaware consumers</li> <li>• Weakening smoke free efforts</li> </ul>

### Union County Forum – Risks Identified

**Industry (Plant Closures):**

- Loss of insurance
- Mental Health issues (depression)
- Relocation
- Increase in unemployment
- Decrease in coal severance and tax

**Access to Healthcare:**

- Decrease in access to care
- Put off care for illness
- Increase in ER visits
- Burden Economy
- Slow reimbursement
- Unaware consumers

**Environment:**

- Increase in water violations
- Poor drinking water

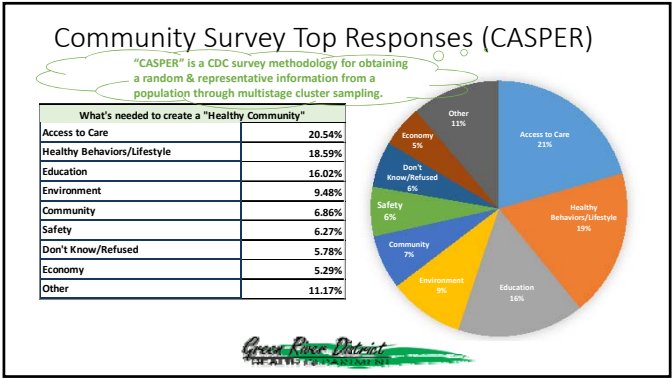
**E-Cigarettes:**

- Weakening smoke free efforts
- Enticing non-smokers to begin

**Chronic Diseases:**

- Diabetes
- Obesity

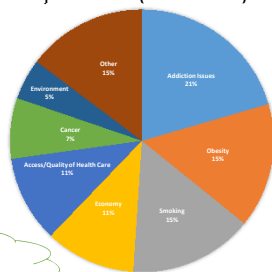
*Use of Emergency Room for general healthcare needs when do not have an established physician.*





## Community Survey Top Responses (CASPER)

What is the greatest challenge to health in your community?	
Addiction Issues	20.48%
Obesity	15.34%
Smoking	15.22%
Economy	11.09%
Access/Quality of Health Care	10.66%
Cancer	7.47%
Environment	5.03%
Other	14.07%



The economy is a challenge, recruiting physicians to rural America is difficult; business and industry play a considerable role.

## 2012-2015 CHA-CHIP

- **Strategic Initiative 1:**  
Reduce Obesity and Increase Physical Activity and Improve Nutrition
- **Strategic Initiative 2:**  
Reduce Smoking
- **Strategic Initiative 3:**  
Increase Healthcare Access

		Obesity											
		Adult obesity				Diabetes				Physical inactivity			
		2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
Kentucky		33%	33%	33%	32%	12%	12%	12%	12%	31%	31%	31%	29%
Union		36%	36%	36%	34%	11%	11%	12%	11%	34%	34%	34%	30%

		Substance Abuse							
		Adult Smoking				Excessive Drinking			
		2012	2013	2014	2015	2012	2013	2014	2015
Kentucky		27%	26%	26%	26%	11%	12%	12%	12%
Union		26%	23%	21%	21%	10%	10%	12%	12%

		Access to Care							
		Uninsured				Uninsured adults			
		2012	2013	2014	2015	2012	2013	2014	2015
Kentucky		17%	18%	17%	16%	20%	22%	21%	20%
Union		17%	19%	17%	17%	20%	24%	22%	21%

Green River District  
HEALTH IMPROVEMENT PLAN

## DATA

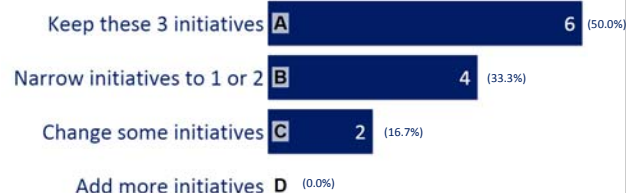
Physicians are defined as primary care only, not specialists. Mental Health Providers includes psychologists, psychiatrists, nurse practitioners, counselors and other professionals specializing in mental health practice.

		Union County	Kentucky
<b>Access to Care</b>			
9 Physicians	5 Dentists	10 Mental Health Providers	
Uninsured Adults		21%	20%
<b>Mental Health</b>			
Avg. Poor Mental Health Days		4.3	4.3
<b>Environmental Quality</b>			
Drinking Water Violations		0%	9%
<b>Tobacco</b>			
Adult Smoking		21%	26%
<b>Child Health</b>			
Child Mortality per 100,000		87.7	61.3

Source: 2012 KY Health Benefit Exchange & Deloitte, 2015 County Health Rankings

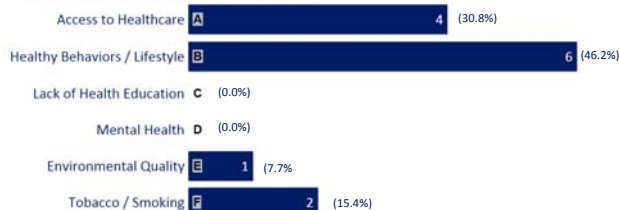
Green River District  
HEALTH IMPROVEMENT PLAN

7. Reduce Obesity and Increase Physical Activity, Reduce Smoking and Increase Healthcare Access were the strategic initiatives chosen as the 2012-2015 Community Health Improvement Plan for Union County. Which of the following statements best describes the work towards the 2012-2015 Strategic Initiatives:



12 Responses

6. The Community Survey (CASPER) results and the data review indicate the following top issues in Union County. Which issue do you think is the number one issue to impact the health of Union County?



13 Responses

## 8. What initiative are we missing?

Respond at [PollEv.com/grdhealth](https://www.polltv.com/grdhealth) or Text GRDHEALTH to 22333 once to join, then text your message

"Substance abuse prevention" "Cooking classes for healthy meal planning" "Incentives"

"Consumer awareness" "Educate and promote activities" "Consumer awareness"

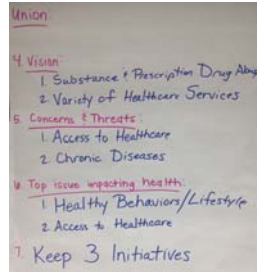
"Education on healthy eating for kids." "More public activities" "Education on how to use healthcare"

Substance Abuse could be included with the Healthy Lifestyle initiative

Incentives and consumer awareness – reflect new wellness model for healthcare.

## Summary

- Union County Vision
- Top Concerns and Threats
- Top Issues Impacting Health
- Strategic Initiatives



## Next Steps

- Assign workgroups
  - Union County Health Coalition (Lifestyle Behaviors and Access to Care)
  - Union County ASAP and Union County ADAPT (Reduce Tobacco Use and Smoking)
- Set Measurable Goals and Objectives (SMART)
  - During the next few meetings, coalitions should review data in detail and establish goals & objectives to "move the needle" in Union County.
- Reporting process
  - Documenting activities and progress



## Summary

- Union County Vision

*When being aware of the substance and prescription drug abuse issues does not interfere with the everyday lives or present harmful circumstances to the community, rather to enlighten and foster hope to those afflicted with the disease. When children of the neglected are taken in elsewhere have a safe and secure bond free of emotional and physical distress.*

*Community envision of a variety of healthcare services, a 24 hour Hospital where residents can go to meet their healthcare needs such as Emergency Services, Rehabilitation Services, Long-Term and Short-Term care. The facility will include a sufficient number of high skilled local physicians that can assist the patients.*



## Summary

- Top Concerns and Threats
  1. Access to Healthcare
  2. Chronic Diseases
- Top Issues Impacting Health
  1. Healthy Behaviors/Lifestyle
  2. Access to Healthcare
  3. Tobacco/Smoking
- Strategic Initiatives
  - Keep these 3 initiatives
    1. Reduce Obesity and Increase Physical Activity and Improve Nutrition
    2. Increase Healthcare Access
    3. Reduce Substance Abuse

## APPENDIX G: WEBSTER COUNTY

# Green River District Webster County

Community Health Improvement Plan Forum  
May 26, 2015



## What is your favorite food?

Respond at [PollEv.com/grdhealth](http://PollEv.com/grdhealth) Text: GRDHEALTH to 22333 once to join, then text your message

Just for Fun -  
A Polleverywhere "test" question.

crab pie banana  
talco italian sushi  
gyros pizza stake  
legs seafood  
steak pecan

## Today's Objectives

- ✓ Review information gained from the 4 prongs of the Community Health Assessment
- ✓ Choose 1-3 Strategic Initiatives to focus on in the next 2-3 years
  - Vote using Polleverywhere
- ✓ Assign workgroups to focus on the chosen Initiatives



## 1. Where did you hear about the CHA/CHIP forums?

Newspaper A (0.0%)

Email B 5 (33.3%)

Social Media C (0.0%)

Other D 10 (66.7%)

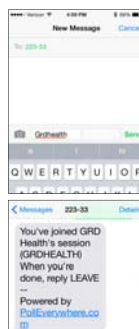
"Other" reported as other  
community meetings and  
meeting announcements

15 Responses

## Polleverywhere Instructions

- 1) Get out your cellphone
- 2) Send a text to **22333** with **grdhealth** as the message
- 3) You will receive a confirmation message
- 4) If you don't text you can respond via the web at [pollev.com/grdhealth](http://pollev.com/grdhealth)

\*Standard text messaging rates apply.



## 2. Did you attend the Community Health Assessment Forum held in January 2015?

Yes A 7 46.7%

No B 8 53.3%

15 Responses

## The History:

- 2012-2015 CHA-CHIP
  - CHA Forum - January 10, 2012 (Webster County Cooperative Extension Office)
  - CHIP Forum - May 9, 2012 (Webster County Cooperative Extension Office)
  - CHIP Forum - February 22, 2013 (Webster County Cooperative Extension Office)
  - CHIP Forum - February 12, 2014 (Owensboro Health Regional Hospital)
  - CHIP Forum - February 13, 2014 (Methodist Hospital, Henderson)
- 2015-2018 CHA-CHIP
  - CHA Forum- January 22, 2015 (Webster County Cooperative Extension Office)

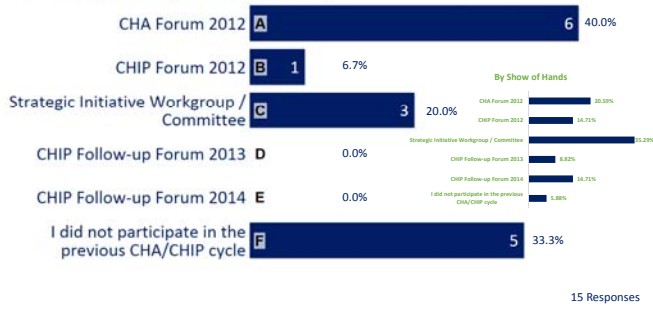


Employment Status		Industry	
Housing units	5,890	Agriculture	12.9%
Homeownership rate	71.9%	Construction	6.2%
Persons below poverty level	14.8%	Manufacturing	18.9%
Children living in single-parent households	13.4%	Wholesale trade	2.3%
		Retail trade	12.3%
		Transportation, warehousing, utilities	7.5%
		Information	0.2%
		Finance, insurance, real estate	2.7%
		Professional, scientific, management, administrative, waste management	4.0%
		Education, healthcare, social assistance	21.3%
		Arts, entertainment, recreation, food service	3.6%
		Other services	4.7%
		Public administration	3.6%

Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey

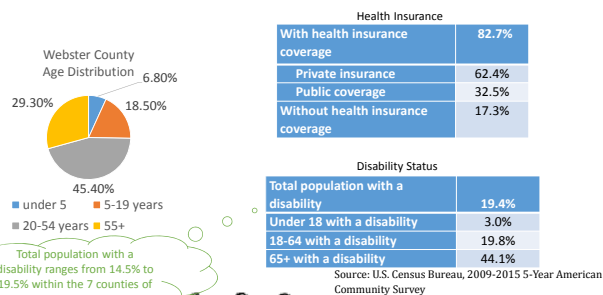


### 3. In which activities did you participate during the 2012-2015 Community Health Assessment/Community Health Improvement cycle?



## Webster County's Local Public Health Vision

- A community that not only has access to affordable healthcare but where the individuals are educated on the how to access the healthcare.
- A common recognition that the connection between environmental health, such as clean air and water, have a direct correlation with our personal, community and mental health. To not take for granted the natural resources that are present but to respect them and the environment.
- Where good health is valued from beginning to end of lifespan. Being careful not to take preventative care including nutrition, fitness and screenings for granted.
- When being aware of the substance and prescription drug abuse issues does not interfere with the everyday lives or present harmful circumstances to the community, rather to enlighten and foster hope to those afflicted with the disease.



Health Insurance	
With health insurance coverage	82.7%
Private insurance	62.4%
Public coverage	32.5%
Without health insurance coverage	17.3%

Disability Status	
Total population with a disability	19.4%
Under 18 with a disability	3.0%
18-64 with a disability	19.8%
65+ with a disability	44.1%

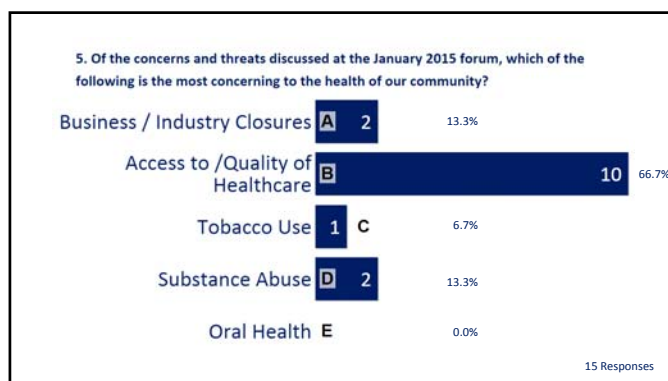
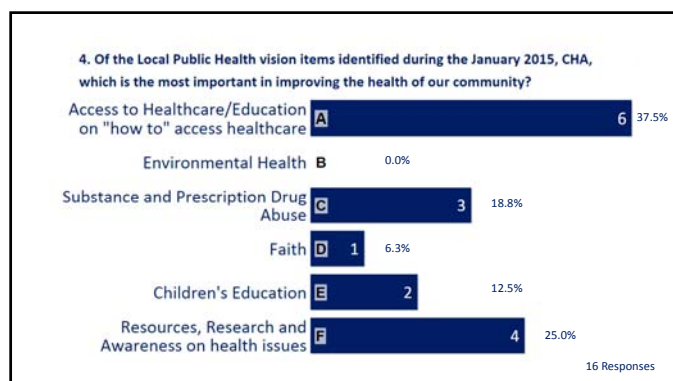
Source: U.S. Census Bureau, 2009-2015 5-Year American Community Survey



## Webster County's Local Public Health Vision

- Building a family of faith that not only shares beliefs but supports decisions. An understanding in the community that respect for opposing beliefs creates and expands the neighborhoods.
- A county where children's education is not only valued but of the utmost importance in schools that promise safety as well as quality education.
- A community where families are close knit, strong, a support system and encouraged to live life to his or her fullest potential. Where everyone in the family feels comfortable and loved unconditionally.
- Where all resources are allocated to do research and spread awareness on topics such as cancer. Where a community will come together for a greater good and support those individuals and families that may be impacted.





### Webster County Forum Information

**Health Concerns Identified**

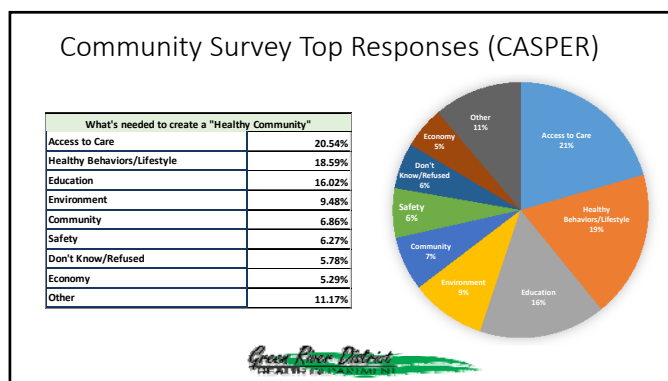
- Mine Closure
- Affordable Care Act
- E-Cigs
- Drug Abuse
- Oral Health

### SWOT ANALYSIS Webster County

S	Strengths	W	Weaknesses
	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Strong school system</li> <li>• Small community-small population</li> <li>• Healthcare provided by Webster County Fiscal Court</li> <li>• Health Department</li> <li>• Kid's activities/sports</li> <li>• Healthcare Coalition</li> <li>• School nurses</li> <li>• Walking trails</li> </ul>		<ul style="list-style-type: none"> <li>• Lack of restaurants and retail</li> <li>• Long term residents view the quality of life higher than those who have recently moved to Webster County.</li> <li>• Drug issue</li> <li>• Communication barriers</li> <li>• Lack of knowledge on how to access healthcare</li> </ul>
O	Opportunities	T	Threats
	<ul style="list-style-type: none"> <li>• Some education on E-cigs in high schools</li> <li>• Positive family influences</li> <li>• Stable environment</li> <li>• Budgeting</li> <li>• More people insured</li> </ul>		<ul style="list-style-type: none"> <li>• No smoke-free policies on E-cigs</li> <li>• E-Cig trends</li> <li>• Continued prevalence of drug use</li> <li>• Most health resources are 45 minutes away</li> <li>• Increase in medical costs</li> <li>• Lost sense of belonging</li> <li>• Not enough dental coverage (only 2 dentists)</li> <li>• Economic impact</li> <li>• "Brain Drain"</li> </ul>

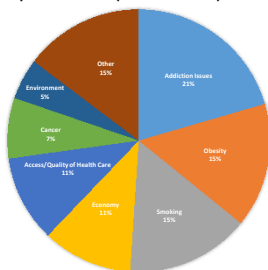
### Webster County Forum – Risks Identified

<p><b>Industry (Plant Closure):</b></p> <ul style="list-style-type: none"> <li>• No insurance</li> <li>• No employment</li> <li>• Clinics will see an increase</li> </ul> <p><b>Access/ Quality of Healthcare:</b></p> <ul style="list-style-type: none"> <li>• Unstable</li> <li>• Deductible and copays are still high</li> <li>• Access</li> <li>• Outlying resources</li> </ul>	<p><b>Tobacco Use:</b></p> <ul style="list-style-type: none"> <li>• E-Cigs</li> <li>• No smoke free policies</li> <li>• Trend</li> </ul> <p><b>Substance Abuse:</b></p> <ul style="list-style-type: none"> <li>• Continued prevalence of drug use</li> </ul> <p><b>Oral Health:</b></p> <ul style="list-style-type: none"> <li>• Only 2 dentist (1 is about to retire)</li> <li>• Not enough coverage</li> <li>• free health programs/education</li> </ul>
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## Community Survey Top Responses (CASPER)

What is the greatest challenge to health in your community?	
Addiction Issues	20.48%
Obesity	15.34%
Smoking	15.22%
Economy	11.09%
Access/Quality of Health Care	10.66%
Cancer	7.47%
Environment	5.03%
Other	14.07%



## 2012-2015 CHA-CHIP

- Strategic Initiative 1: Reduce Teen Pregnancy

Teen Issues		Teen Births			
		2012	2013	2014	2015
Kentucky		52	50	49	48
Webster		63	62	63	64

- Strategic Initiative 2: Increase Community Resource Awareness

Obesity		Adult obesity				Diabetes				Physical inactivity			
		2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
Kentucky		33%	33%	33%	32%	12%	12%	12%	12%	31%	31%	31%	29%
Webster		37%	37%	34%	33%	13%	13%	13%	13%	35%	35%	33%	31%

- Strategic Initiative 3: Reduce Obesity

Substance Abuse		Adult Smoking				Excessive Drinking			
		2012	2013	2014	2015	2012	2013	2014	2015
Kentucky		27%	26%	26%	26%	11%	12%	12%	12%
Webster		31%	29%	27%	27%	18%	17%		

- Strategic Initiative 4: Reduce Substance Abuse



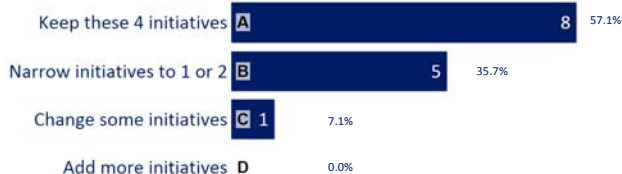
## DATA

	Webster County	Kentucky
<b>Access to Care</b>		
5 Physicians	2 Dentists	7 Mental Health Providers
Uninsured Adults	21%	20%
<b>Mental Health</b>		
Avg. Poor Mental Health Days	3.1	4.3
<b>Substance Abuse</b>		
Drug Poisoning Deaths per 100,000 pop.	12	20
<b>Tobacco</b>		
Adult Smoking	27%	26%
<b>Child Health</b>		
Children in Single-parent homes	22%	34%

Source: 2012 KY Health Benefit Exchange & Deloitte, 2015 County Health Rankings

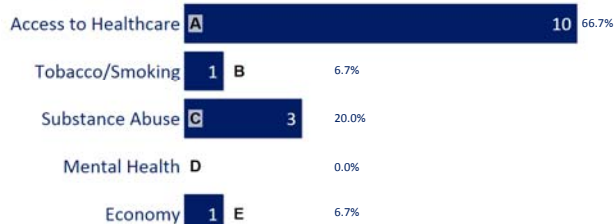


7. Reduce Teen Pregnancy, Increase Community Resource Awareness, Reduce Obesity and Reduce Substance abuse were the strategic initiatives chosen as the 2012-2015 Community Health Improvement Plan for Webster County. Which of the following statements best describes the work towards the 2012-2015 Strategic Initiatives:



14 Responses

6. The Community Survey (CASPER) results and the data review indicate the following top issues in Webster County. Which issue do you think is the number one issue to impact the health of Webster County?



15 Responses

## 8. What initiative are we missing?

Respond at PollEv.com/grdhealth Text GRDHEALTH to 22333 once to join, then text your message

"Nothing" "Nothing" "Nothing" "Transportation" "After hour care" "Nothing"



## Summary

- Webster County Vision:

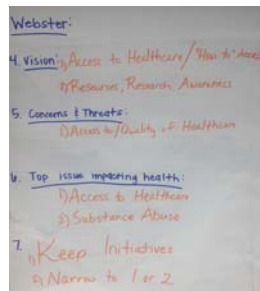
*A community that not only has access to affordable healthcare but where the individuals are educated on the how to access the healthcare. And where all resources are allocated to do research and spread awareness on topics such as cancer. Where a community will come together for a greater good and support those individuals and families that may be impacted.*

- Top Concerns and Threats

1. Access to and Quality of Healthcare

- Top Issues Impacting Health

1. Access to Healthcare
2. Substance Abuse



## Strategic Initiatives

- Strategic Initiatives

- Keep these 4 initiatives

1. Reduce Teen Pregnancy
2. Increase Community Resource Awareness
3. Reduce Obesity
4. Reduce Substance Abuse

- Narrow initiatives to 1 or 2

- Can some of these initiatives be combined?
- It is difficult to give up something you know is important to the community.
- Are there resources available to address all of these initiatives?

## Next Steps

- Assign workgroups

- Webster County Health Coalition – Reduce Teen Pregnancy, Increase Community Resource Awareness, Reduce Obesity
- Webster County Health Coalition and the Webster County Agency for Substance Abuse Policy (ASAP) – Reduce Substance Abuse

- Set Measurable Goals and Objectives (SMART)

- Use the community vision and responses focused on Access to Care to direct goals, objectives and activities

- Reporting process





# APPENDIX H: REGION 3 HEALTH CARE PREPAREDNESS COALITION

# Building Community Resilience through MAPP

Community Health Improvement Plan Forum  
May 2015



What is your favorite food?

chocolate  
pork  
steak  
salmon  
junk  
potatoes  
pizza  
bacon  
chops  
chop  
above  
crablegs  
hamburgers  
shrimp  
test

Just for Fun -  
A Polleverywhere "test" question.

## Today's Objectives

- ✓ Background – Community Health Resilience, MAPP
- ✓ Review information gained from the 4 prongs of the Community Health Assessment
- ✓ Provide emergency preparedness perspective to the developing Community Health Improvement Plan
  - Vote using Polleverywhere



## Community Health Resilience: A Description

- Regardless of the event, a community's ability to successfully return to a "new normal" is based on its resilience, or its capacity to withstand, respond positively to, adapt, and recover expeditiously from a crisis or adversity.
- To date, there is no single-definition accepted for community resilience or CHR. In addition, the term resilience has different meanings depending on the professional function or discipline (e.g., sociologists, engineers, or emergency managers). Although there is no agreed definition, there are useful descriptions of both community resilience and CHR.

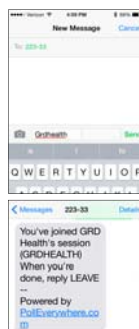
Source: Community Health Resilience Initiative <http://communityhealthresilience.org/>



## Polleverywhere Instructions

- 1) Get out your cellphone
- 2) Send a text to **22333** with **grdhealth** as the message
- 3) You will receive a confirmation message
- 4) If you don't text you can respond via the web at [pollev.com/grdhealth](http://pollev.com/grdhealth)

\*Standard text messaging rates apply.



## CHR useful descriptions include:

*"The ability to prepare for and adapt to changing conditions and withstand and recover rapidly from disruptions, including deliberate attacks, accidents, or natural occurring threats and incidents."*

*"The ongoing and developing capacity of the community to account for its vulnerabilities and develop capabilities that aid that community in (1) preventing, withstanding, and mitigating the stress of a health incident; (2) recovering in a way that restores the community to a state of self-sufficiency and at least the same level of health and social functioning after a health incident; and (3) using knowledge from a past response to strengthen the community's ability to withstand the next health incident."*

*"CHR is the ability of a community to use its assets to strengthen public health and healthcare systems and to improve the community's physical, behavioral, and social health to withstand, adapt to, and recover from adversity."*

Source: Community Health Resilience Initiative <http://communityhealthresilience.org/>



## Recommended strategies to build resilient communities:

- **Strengthen—and promote access to—public health, healthcare, and social services:** Strong day-to-day systems can be better leveraged to support health resilience during disasters and emergencies. In capable systems people know how to access care and are not limited by real or perceived barriers to services.
- **Promote health and wellness alongside disaster preparedness:** Information and education that involve public health, behavioral health, emergency preparedness, and community health resilience interventions can help people face everyday challenges as well as major disruptions or disasters. Optimal levels of physical and psychological health and well-being within the population facilitate the community's rapid recovery.
- **Expand communication and collaboration:** Build networks that include social services, behavioral health, community organizations, businesses, academia, at-risk individuals, and faith-based stakeholders in addition to traditional public health, healthcare, and emergency management partners.
- **Engage at-risk individuals and the programs that serve them:** Engaging individuals with potential vulnerabilities to take an active part in protecting their health and aiding their community's resilience strengthens the community as a whole. Assist programs that serve at-risk individuals to develop robust disaster and continuity of operations plans.
- **Build social connectedness:** People are more empowered to help one another after a major disturbance in communities in which members are regularly involved in each other's lives. Building social connectedness can be an important emergency preparedness action.

Source: National Preparedness and Response Science Board (NPRSB) 2014, Community Health Resilience Recommendations



## Local Public Health System

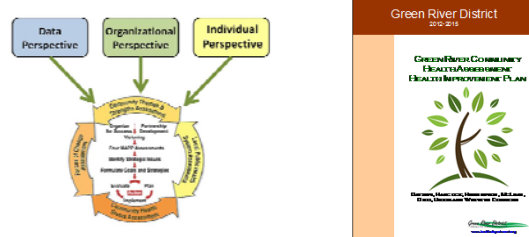


## MAPP: Mobilizing for Action Through Planning and Partnerships

- **Mobilizing:** Engaging the community
- **Action:** Implementing a health improvement plan
- **Planning:** Applying strategic planning concepts
- **Partnerships:** Involving local public health system and community partners



## Green River District MAPP Process 2012-2015



## Three Keys to MAPP



- Focus on the Local Public Health System
- Strategic Thinking
- Community Driven Process



## Green River Common Health Issues and Initiatives

Top 5 Health Issues Identified by County

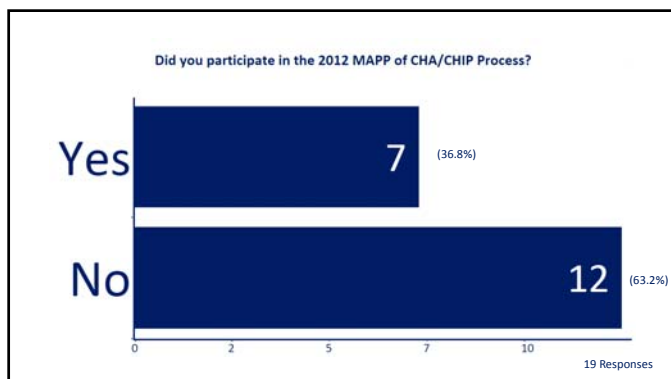
	Clatsop	Hancock	Henderson	McLean	Olsen	Union	Wabster
1	Obesity	Obesity	Obesity	Obesity	Obesity	Obesity	Obesity
2	Access to Care	Heart Disease	Diabetes	Diabetes	Access to Care	Diabetes	Diabetes
3	Mental Health	Diabetes	Access to Care	Heart Disease	Diabetes	Access to Care	Access to Care
4	Diabetes	Access to Care	Heart Disease	Access to Care	Mental Health	Heart Disease	Mental Health
5	Heart Disease	Mental Health	Mental Health	Mental Health	Heart Disease	Mental Health	Heart Disease

Table 3: The top 5 health issues identified across the board in all 7 counties were Obesity, Diabetes, Access to Care, Heart Disease and Mental Health.

### Common Strategic Initiatives

- Obesity/Diabetes and Chronic Diseases
- Substance Abuse/Tobacco
- Access to Health Care
- Teen Issues





### Need for Primary Data

- Previous CHA identified need for gathering more unbiased, primary data
- Needed a method for reaching a statistically significant portion of the population in a short amount of time



### CASPER Community Assessment Survey for Public Health Emergency Response



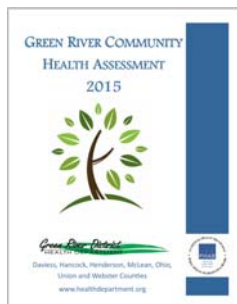
- Method of rapid needs assessment developed and promoted by CDC for use in communities after disasters
- Produce household-based population estimates of needs for decision-makers



### 2015 Community Health Assessment

#### Four Perspectives

- Data Perspective
- Organizational Perspective
- Individual/Household Perspective
- Historical Perspective



### CASPER

- Determine the critical health needs and assess the impact of the disaster on the community
- Characterize the population residing in the disaster area including any ongoing health effects
- Can evaluate the effectiveness of relief efforts using follow-up CASPER



## CASPER Objectives

1. Provide primary data to inform MAPP assessments for GRDHD Community Health Assessment. Make estimates about health and opinions of our citizens (individuals' perspective) with measurable and acceptable levels of precision.
2. Further develop GRDHD and Kentucky's disaster epidemiological abilities and competencies.



## Questionnaire Development – Lessons Learned

- Pilot Questionnaire with multiple audiences
  - Different people will interpret questions differently
- It's a great idea to give the interviewer some "explanation" words to use if the interviewee doesn't understand what the question is asking to avoid leading the interviewee



## Planning and logistics

### GRDHD

- Developed questionnaire for CHA
- Recruited staff (GRDHD employees, partner agency volunteers, Public health graduate students from WKU and UK)
- Planned and managed the logistical aspects of the CASPER operation (facility, transportation, staffing)
- Report and evaluation

### CDC / KDPH

- Sampling frame design
- Technical assistance on study design and data analysis
- Just-in-time training for field staff
- Field equipment (Tablet computers, GPS, Vests, and field packs)

Protecting, promoting, and enhancing the health and well-being of the public

20

## Volunteers

- Vital part of conducting a CASPER
- Recruitment
  - BECKY Meeting
  - University contacts
  - Epi Listservs
  - Local health department staff
  - State health department staff
- SurveyMonkey allowed us to create a form to gather information about volunteers, availability, lodging needs, etc.
- Volunteer Challenges
  - Misunderstanding of what CASPER was



## Questionnaire Development

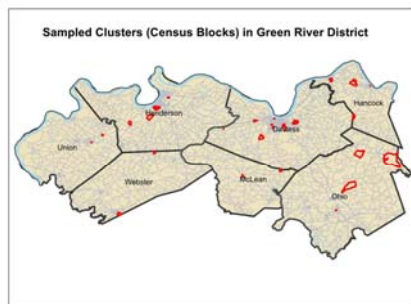
- Questionnaire was developed using guidance from
  - NACCHO MAPP assessment resources
  - BRFSS Questionnaires
  - Other National Standardized Questionnaires
- Multiple meetings held to discuss and rank importance of each question
- Narrowed down to 22 open-ended, YES/NO, and multiple choice questions
- Survey focused on opinions about community health issues and needs, self-reported health status, access to care, smoking, flu vaccination, and preparedness for emergencies



## Sampling Frame Design

- Two-stage random selection method
  - 1<sup>st</sup> stage: 30 clusters (census blocks) selected randomly with probability portion to number of housing units (2010 US Census data)
  - 2<sup>nd</sup> Stage: 10 housing units picked using systematic selection
- Traditional CASPER uses 30X7 sample – oversampling was intentional to help ensure larger sample size





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## Administering Surveys

- Safety first!
- Standardize
- Don't rephrase
- Don't pre-fill
- Don't finish sentences
- Encourage
- Allow time to answer



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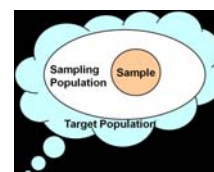
## Tablets – Epi Info

- Questionnaires were uploaded to a program called Epi-Info
  - Simple tool for creating data collection instruments and also analyzing data
- Free program; can be downloaded from CDC website
- Survey responses could then be recorded directly into the tablets and analyzed from there, eliminating need for paper surveys

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## Systematic Selection?

- Quasi-randomly selected
- Number of homes/10 = sampling interval



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## Just-in-Time Training

- Held at the start of each operational period
- Friday - 8:30 AM-12:30 PM
- How to use tablet computers/Epi-Info program
- Sampling instructions
- Survey techniques
- Overview of team and cluster packets



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Cluster 8: Block 2021, Block Group 3, Census Tract 14.01, Daviess County, Kentucky



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## Adult Household Diagnosis

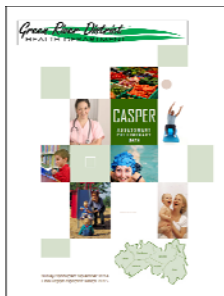
WEIGHTED PROPORTION OF HOUSEHOLDS REPORTING A MEMBER HAVING BEEN DIAGNOSED WITH HEALTH CONDITION

	%	95% Confidence Interval
ASTHMA	20.70	12.25-29.15
DEPRESSION	20.74	15.47-26.01
DIABETES	23.31	15.04-31.59
HIGH CHOLESTEROL	18.22	38.96-57.18
HIGH BLOOD PRESSURE	44.11	33.74-54.49
HEART ATTACK	6.81	2.69-10.93
HEART DISEASE	16.05	9.01-23.08
OVER WEIGHT OR OBESITY	34.98	26.64-43.33
MENTAL ILLNESS	5.79	2.02-9.57
STROKE	7.10	3.39-10.81

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## Results

- CASPER conducted Nov. 14-15 & 20-21 (two consecutive Friday – Saturday operational periods)
- 235 completed interviews (210 standard goal)
- Completion rate: 85.5% (235/275)
- Cooperation rate: 65.1% (235/361)
- Contact rate: 45.9% (235/512)



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## Access to Care & Flu Shots

- 93.93% of households were able to see a healthcare provider when needed.
- 94.37% of households felt they could access mental health services when needed.

Received Flu Shot this Season

	Weighted Proportion	95% Confidence Interval
Adults	52.15%	43.73 - 60.58
Children	10.2%	3.02 - 17.38

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## Perceived Challenges and Strengths

WEIGHTED PROPORTION OF REPORTED BIGGEST HEALTH CHALLENGES FACING THEIR COMMUNITY			WEIGHTED PROPORTION OF BIGGEST COMMUNITY STRENGTH IMPACTING HEALTH		
	%	95% Confidence Interval		%	95% Confidence Interval
ADDICTION ISSUES	20.48	14.24-26.73	ACCESS TO CARE	23.35	17.43-29.27
CRIMINALITY	15.36	9.10-21.59	DON'T KNOW/REFUSED TO ANSWER	10.84	11.04-27.76
UNEMPLOYMENT	10.22	2.07-18.38	EDUCATION	19.16	8.67-29.59
ECONOMY	11.00	3.56-18.42	ENVIRONMENT	9.32	2.84-15.41
ACCESS/QUALITY OF HEALTH CARE	10.67	2.12-19.22	RECREATION	7.25	4.01-10.16
CRIMINALITY	7.81	5.14-10.45	HEALTHY BEHAVIORS/LIFESTYLE	5.40	2.40-8.80
ENVIRONMENT	3.02	-1.80-7.85	LOCAL GOVERNMENT	3.80	1.16-6.47
			ECONOMY	3.16	1.06-5.27
			HEALTHY	7.12	0.94-11.31
			ENVIRONMENT	2.00	0.70-4.50

"Other" challenges included smoking, lack of health education, exercise/lifestyle.

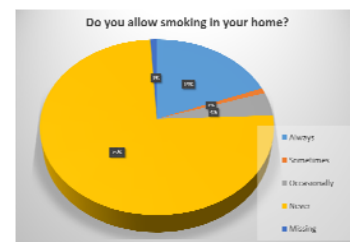
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## Smoking

WEIGHTED PROPORTION OF HOUSEHOLDS WITH A SMOKER

	%	95% Confidence Interval
SMOKER	34.42%	27.61-40.05%

While 34.42% have a smoker in the household, only ~25% ever allow smoking in their homes.



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## Environment



WEIGHTED PROPORTION OF HOUSEHOLDS REPORTING THAT ENVIRONMENTAL CONDITIONS AFFECT COMMUNITY HEALTH		
	%	95% Confidence Interval
YES	59.89	50.76-69.02
NO	35.05	26.75-43.34
DON'T KNOW	5.06	1.95-8.18

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## Recommendations

- CHA/CHIP process should consider the low reported rate of flu vaccination (especially among children).
- Public health preparedness planning efforts on information dissemination should be prioritized toward television, radio, and internet.

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## Preparedness

WEIGHTED PROPORTION OF HOUSEHOLDS REPORTED PRIMARY METHOD OF RECEIVING INFORMATION DURING AN EMERGENCY

	%	95% Confidence Interval
CHURCH	0.65	-0.69-2.00
FAMILY/FRIENDS	14.90	9.10-20.72
INTERNET	11.00	3.86-18.12
LOCAL GOVERNMENT	0.98	-0.50-2.46
PRINT MEDIA	0.66	-0.28-1.59
RADIO	32.22	24.98-39.44
SOCIAL MEDIA	5.05	1.69-8.41
TELEVISION	26.66	17.35-35.98
DON'T KNOW/REFUSED	0.32	-0.34-0.99

- 29.6% of households do not have an emergency plan
- 1.26% don't have adequate heat for winter
- 5.19% don't have a working smoke detector
- 36.65% don't have a working fire extinguisher
- 53.69% don't have a working CO detector

Traditional Media (Radio, Television) and the internet are the primary method for obtaining information.

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## Building Community Resilience through MAPP

- Green River is one of 3 MAPP Communities working with National Association for City and County Health Officials (NACCHO) to investigate if MAPP can be used to improve community resilience
- HPP forum (today)
- Green River Infectious Disease Network (June 30<sup>th</sup>)

NACCHO  
National Association of County & City Health Officials

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## Recommendations

- CASPER captured opinions from a representative sample but the needs of disparate populations may not have been adequately covered and should be included in CHA.
- CHA should take into consideration most frequently cited challenges and strengths.
- CHA/CHIP should address smoking and incorporate that while 34.42% have a smoker in their home, only ~25% allow smoking inside their homes (75% never allowed in their home)

Disparate Populations and those with Special Medical Health Needs may be smaller in number but often require large quantities of resources.

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### SWOT ANALYSIS District

<b>S Strengths</b> <ul style="list-style-type: none"> <li>Strong faith based communities</li> <li>Close knit communities</li> <li>Quality school systems</li> <li>Farmer's Markets</li> <li>Safety</li> <li>General access to fitness, recreational and artistic activities</li> <li>Largely interested in Green River District Health Department's programs and community involvement</li> <li>Low wage earners with low costs of living</li> <li>General access to health care</li> <li>Low crime with an active crime</li> <li>Strong and effective community coalitions</li> </ul>	<b>W Weaknesses</b> <ul style="list-style-type: none"> <li>Substance and alcohol abuse</li> <li>Rite Drug</li> <li>Little to no presence of mental health providers</li> <li>Increase in unemployment due to mine closures</li> <li>Fear of communication barriers due to the diversifying population</li> <li>Lack of knowledge on how to access healthcare services</li> <li>A rise in single parent families</li> <li>Fear that E-cigarettes are putting new smoking habits and hindering the smoke free process</li> </ul>
<b>O Opportunities</b> <ul style="list-style-type: none"> <li>Cultural diversity</li> <li>Personal and Community Health Education</li> <li>More mental health providers for the addiction population and their families</li> <li>Higher Education</li> <li>Higher income</li> <li>Safer workplace</li> <li>Diverse workforce</li> <li>More people covered through the Affordable Care Act</li> <li>More people seeking preventative care</li> </ul>	<b>T Threats</b> <ul style="list-style-type: none"> <li>Language barriers</li> <li>Increased stress on local resources</li> <li>Potential health issues</li> <li>Weakening smoke free efforts</li> <li>Decreased quality of life</li> <li>Uninsured pregnancies</li> <li>Youth narcotic use</li> <li>Hunger</li> <li>Homelessness</li> <li>Safety concerns while under the influence</li> <li>Loss of mining jobs</li> <li>Lots of coal seepage and tax</li> <li>Depression</li> <li>Family relocation</li> <li>Unknown future of coal</li> <li>Drain Drain</li> <li>High Phosphates</li> <li>Ontrackers and Co pays</li> <li>New challenges in family budgets</li> <li>Overwhelmed healthcare</li> </ul>



Access to Care = ability to obtain quality healthcare

*Green River District*  
FIRE DEPARTMENT



Topic	Number of Responses	Percentage
Addiction Issues	4	26.7%
Obesity	5	33.3%
Smoking	1	6.7%
Economy	3	20.0%
Quality of Health Care	1	6.7%
Cancer	1	6.7%
Environment	0	0.0%
Other	0	0.0%

15 Responses

Issue	Number of Responses	Percentage
Access to Healthcare	1	7.1%
Tobacco/Smoking	1	7.1%
Healthy Behaviors/Lifestyle	7	50.0%
Economy/Social Issues	1	7.1%
Obesity	3	21.4%
Addiction	1	7.1%

14 Responses

- Obesity/Diabetes and Chronic Diseases
- Substance Abuse/Tobacco
- Access to Health Care
- Teen Issues



Topic	Percentage
Addiction Issues	21%
Obesity	10%
Smoking	15%
Economy	11%
Access/Quality of Health Care	11%
Cancer	7%
Environment	5%
Other	15%

A horizontal bar chart with a white background and dark blue bars. The x-axis is at the bottom, labeled from 0 to 6 with increments of 2. The y-axis on the left lists four options. Each bar has its count and percentage labeled at its end. The first bar is the longest, extending past the 6 mark on the x-axis.

Response	Count	Percentage
These are the right 4 initiatives	9	56.3%
Partners should narrow their focus to 1 or 2	6	37.5%
Partners should change some initiatives	1	6.3%
Additional initiatives should be added	0	0.0%

16 Responses

What initiatives need to be changed? From an emergency preparedness and community health resilience perspective what strategic initiatives and issues are important?

"Personal responsibility for health"

"Teen issues - doesn't fit into the community health resilience to me. I think Communication, whether it be news, inclement weather, or other issues could be a good initiative"

"Personal ownership of health"

"Safe communities"

"Working on"

"Participation"

"Public education"

"Education"

"Incorporate top health issues into preparedness plans"

"What to do post disaster"

"Early age education and prevention"

## Next Steps

- Summarize today's feedback and input and communicate back to coalition membership
- Identify priorities and/or strategic initiatives to include in developing CHIP
- Report back to Region 3 and identify workgroups
- Set Measurable Goals and Objectives (SMART)
- Reporting process