

GREEN RIVER COMMUNITY HEALTH ASSESSMENT 2015



Daviess, Hancock, Henderson, McLean, Ohio,
Union and Webster Counties
www.healthdepartment.org



Director's Letter

Letter from the Green River District Health Department Director

This Community Health Assessment (2015-2017) is the second in a series of many that will occur in the next several years as we move toward improving the health of our citizens. Primary and secondary data was gathered and analyzed for the seven counties within the Green River District (Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster). This information was presented at each of the county forums to give communities the information needed to make informed decisions as we move toward the next step in developing the Community Health Improvement Plan.

The original strategies and priorities set for the 2012-2014 plan serve as a foundation for future assessments and planning cycles. As we build upon these plans, we are building a future for a healthier community.

Both the Community Health Assessment and Community Health Improvement Plans are a work in progress! It takes many long hours of dedication, education and support to move a community toward an improved health status. Thank you for your role in improving the lives of the citizens within your community, the Green River District, and across Kentucky!

Deborah S. Fillman
Public Health Director
Green River District Health Department





Acknowledgements

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Ohio County Health Coalition
Ohio County Hospital
Partnership for a Healthy McLean County
Union County Health Coalition
Webster County Health Coalition

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Executive Summary

This document summarizes the results of the 2015 Community Health Assessment. This is the second Community Health Assessment/Community Health Improvement Plan cycle for the seven counties of Green River District. The report contains two sections: a district wide overview which details the methodology and a compilation of findings for the seven counties followed by individual county results. The purpose of the assessment is to determine what issues and health conditions are impacting the overall health and wellness of the communities in Green River District which include Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster.

In anticipation of this second cycle of the Community Health Assessment/Community Health Improvement Plan process, Green River District Health Department launched the Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning process in December 2014 with a MAPP training event conducted by the National Association of County and City Health Officials (NACCHO). Thirty eight partner agencies and local health department staff participated in the training.

In January 2015, a series of public forums were conducted to determine community priorities through the four MAPP assessments: Community Health Status, Local Public Health System, Community Themes and Strengths and Forces of Change. Over 172 individuals representing 57 organizations participated in the events held in Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster counties.

To gather information about its population, the Green River District conducted a Community Assessment for Public Health Emergency Response (CASPER) survey in November 2014. This primary data was presented during each of the county health forums along with secondary data compiled from state and federal sources.

The findings from the 2015 Kentucky Health Now Poll and 5 out of the 7 kyhealthnow 2019 Goals are directly related to the previous Community Health Assessment/Community Health Improvement Plan cycle and have a strong linkage to data gathered for the current Community Health Assessment. The kyhealthnow goals are:

- Reduce Kentucky's rate of uninsured individuals to less than 5%.
- Reduce Kentucky's smoking rate by 10%.
- Reduce the rate of obesity among Kentuckians by 10%.
- Reduce Kentucky cancer deaths by 10%.
- Reduce cardiovascular deaths by 10%.
- Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.
- Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.

Next steps as Green River District Health Department and Community Partners band together to address the health and well-being of the community where we live, work and play will include:

- Community Health Assessment for Specific Populations –An additional data analysis regarding health inequities for underrepresented populations throughout the region.
- GRDHD County Level Data Sheets – Annual revision to county specific health data.
- Community Health Forums – A series of public forums to review and discuss the results of the Community Health Assessment and establish community priorities for the Community Health Improvement Plan.

Community Health Forum Schedule:

May 4, 2015	11:00- 1:00 pm	Henderson County Methodist Hospital, Henderson
May 8, 2015	12:00 - 2:00 pm	Hancock County Hancock County Public Library, Hawesville
May 11, 2015	12:00 - 2:00 pm	Daviess County Western Kentucky University Owensboro
May 18, 2015	12:00 - 2:00 pm	McLean County McLean County Extension Office, Calhoun
May 21, 2015	12:00 - 2:00 pm	Ohio County Ohio County Extension Office, Hartford
May 26, 2015	12:30 – 2:00 pm	Webster County Webster County Extension Office, Dixon
May 28, 2015	12:00 - 2:00 pm	Union County Methodist Hospital Union County, Morganfield

Groups will be encouraged to consider the strategies outlined in the Governor’s Health Initiative, “kyhealthnow” to help achieve the goals set forth in the Community Health Improvement Plan. Examples of outlined strategies include:

- Enrolling individuals in the Health Benefit Exchange plans.
- Supporting a comprehensive statewide smoke-free legislation.
- Expand tobacco free policies and partnering with school districts and universities to implement tobacco free campuses.
- Challenge school districts to increase physical activity opportunities for children through implementing comprehensive school physical activity programs.
- Double the number of schools rating proficient or higher for coordinated school health committees.

Community Health Assessment

Methodology

The methodology used for the 2015 Community Health Assessment was Mobilizing for Action through Planning and Partnerships (MAPP). This interactive, community-driven strategic planning process was a natural selection after its success in the previous cycle (2012-2015) Community Health Assessment and subsequent Community Health Improvement Plan. The MAPP Framework assesses the capacity of the public health system in meeting the specific health status needs of a community. It naturally builds a stronger public health infrastructure through partnerships and promotes community responsibility for health.

MAPP uses four unique assessments to identify issues influencing public health and the resources to address them. The assessments used in the MAPP process include Community Health Status Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment, and the Local Public Health System Assessment.

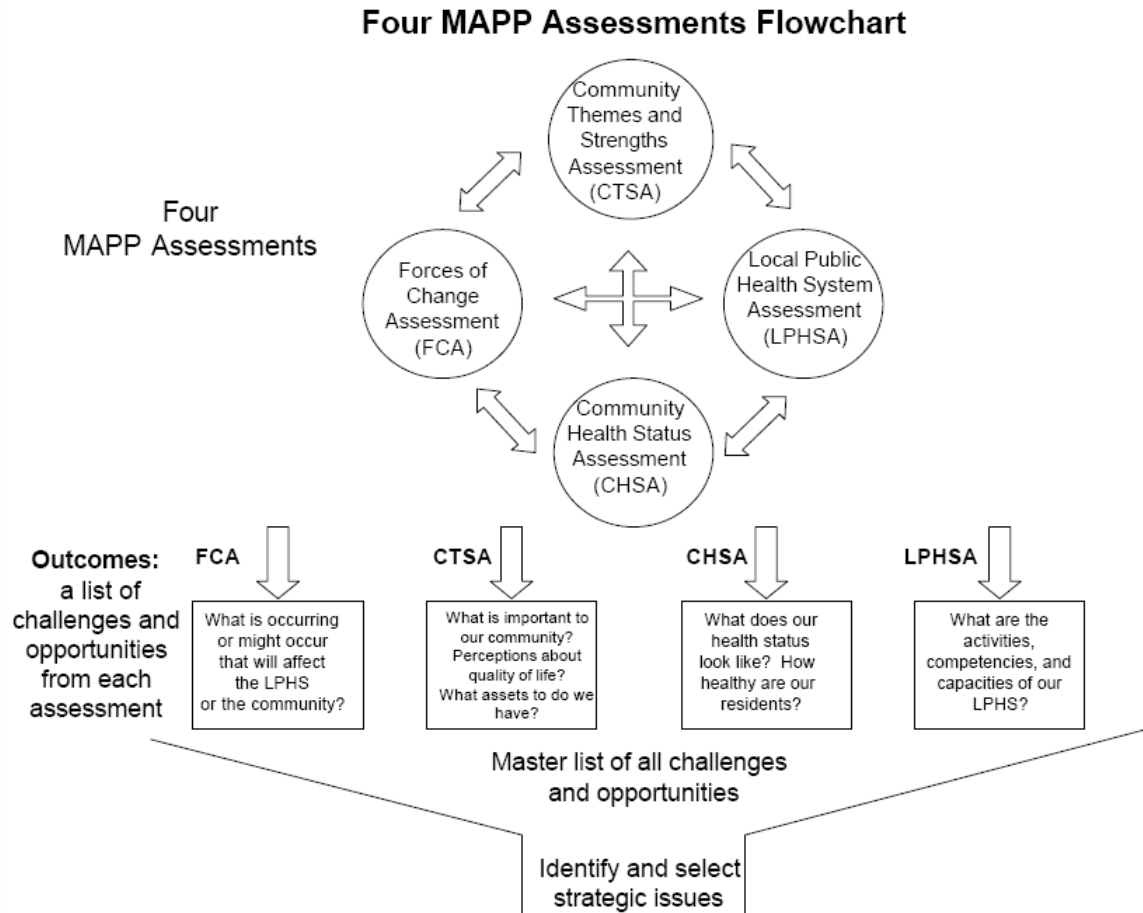


Figure 1: NACCHO Four MAPP Assessments Flowchart

Four perspectives were considered for the Green River District Community Health Assessment:

Data Perspective: Existing health and social determinant indicators were reviewed and presented at each of the local forums. Sources used included Kentucky Health Facts, US Census Bureau Data, County Health Rankings, Kentucky Department for Public Health and the Kentucky Health Benefit Exchange. Data was collected at the county, state, and national levels to assure appropriate comparisons.

Organizational Perspective: Seven Community Health Forums were held throughout the region to conduct the four MAPP Assessments. Partners from healthcare, education, government, business and the general public were invited to attend and participate in the MAPP Process.

Individual/Household Perspective: To gather information about its population, GRDHD conducted a Community Assessment for Public Health Emergency Response (CASPER). A random sample of approximately 250 households in the Green River District shared perspectives on 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.

Historical Perspective: During the 2012-2015 Community Health Assessment/Community Health Improvement Plan cycle, local communities selected strategic initiatives addressing four health priorities: obesity (including nutrition, physical activity and healthy lifestyle choices), substance/tobacco abuse, access to care and teen issues. Data and activities from these goals contributed to current assessment.

Organizing

Internally, the organization of the Community Health Assessment by the Green River District Health Department was accomplished through a performance management system process of planning, setting expectations and monitoring the progress of the Assessment at Performance Management Team meetings. It was through this process that the following actions were selected as the methodology.

District-wide primary data was collected through a Community Assessment for Public Health Emergency Response (CASPER) in November 2014. The CASPER event was conducted in coordination with the CDC and Kentucky Department for Public Health and included participants from state and local health departments and university students. A two and a half hour just-in-time training on CASPER methodology, use of tablet computers for data collection, field safety and interviewing techniques was conducted by CDC personnel at the beginning of each two-day operational period. Each two-person interview team was issued field equipment, a GRDHD agency vehicle, and an assignment of one or two clusters each sampling day. Detailed road maps and aerial photographs of each cluster were provided to survey teams.

Green River District Health Department coordinated the Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning process in December 2014 with a MAPP training event conducted by the National Association of County and City Health Officials (NACCHO). Partner agencies and local health department staff participated in the one day training which incorporated interactive skill-building exercises into the six phases of MAPP. Shared experiences of the previous CHA-CHIP cycle reinforced collaborative opportunities and provided a strong foundation for the next steps.

Seven public forums to gather additional data and complete the remaining three MAPP assessments were held in January 2015. The forums, facilitated by Dr. Christian Williams of Western Kentucky University, identified strengths, risks and trends that contribute to the health of our communities through workgroup exercises for the assessments. Participants included 172 individuals from 57 organizations representing

hospitals and healthcare providers, behavioral health, education, local government, business and industry, community based organizations and the general public.

Secondary health data for residents of counties located within the Green River District was gathered through a variety of sources. Highlights included data pertinent to each county's 2012-2015 Community Health Improvement Plan Strategic Initiative goals.

Externally, collaboration with community partners is a key to the success of the Community Health Assessment. Partners are involved in organizing the Community Health Assessment forums specific to dates, times and locations most conducive for that particular community

Visioning

Determined by the information obtained from the four perspectives, each community described their idyllic community. Overall, Green River District has expressed the desire to be equipped with extensive access to healthcare along with mental healthcare. As well as a district that promises and delivers quality education to all children. Many counties aspire for a district that does not feel threatened or unsafe day to day and can actually rely on the community in times of need and disparity. In addition, communities that have opportunities to generate new businesses in order to create job opportunities and advancements. Awareness and education of substance abuse and prescription drug use were discussed along with public transportation and an emphasis on faith.

VISION

All seven counties desire an actively engaged community with:

- *Access to Healthcare/Mental Healthcare*
- *High Quality Schools*
- *Community Safety*
- *Job Opportunities of Advancement and Availability*
- *Substance Abuse (Education, Awareness)*
- *Public Transportation*
- *Faith-based Focus*

Green River District Demographic Overview

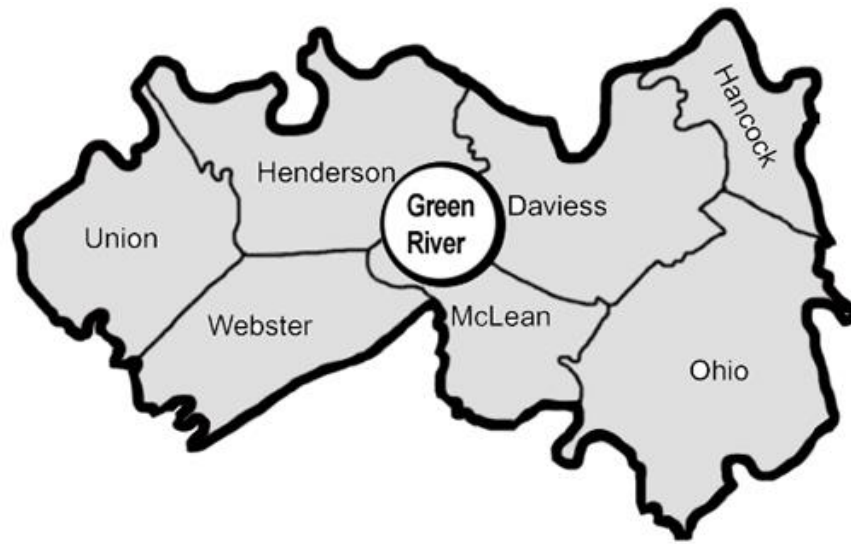


Figure 2 Green River District County Map

The Green River District is comprised of seven counties located in Western Kentucky. The seven counties include Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster. The population is 212,000, approximately five percent of Kentucky's total population. Daviess County has the largest population and Hancock is the smallest in population. Geographically, Ohio is the largest county and Hancock the smallest.

	Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster
Total Population	98,218	8,687	46,347	9,496	23,988	15,029	13,452
Population under 18 years old	24.4%	25.0%	23.3%	23.5%	24.2%	20.9%	22.9%
Population 65 and over	15.7%	15.9%	15.3%	18.3%	16.5%	14.6%	15.8%
Race							
-White	92.1%	97.4%	89.5%	98.1%	97.5%	84.5%	93.2%
-African American	4.9%	1.1%	8.0%	0.7%	1.0%	13.2%	4.3%
-Hispanic or Latino	2.7%	1.6%	2.3%	1.4%	3.4%	1.7%	4.6%
Median Household Income	\$46,555	\$51,189	\$41,940	\$38,833	\$40,830	\$39,125	\$41,415
Population 25+ with HS Diploma	88.0%	86.8%	85.0%	80.0%	77.3%	82.5%	77.4%
Below Poverty Level	15.2%	14.2%	17.7%	18.8%	19.7%	25.7%	14.8%

Data Source: US Census Bureau, accessed March 2015 (quickfacts.census.gov)

*Hispanics may be of any race, so also are included in applicable race categories

Mobilizing for Action through Planning and Partnerships (MAPP) Assessments



Figure 3 NACCHO MAPP Assessment

Community Health Status Assessment

Community Assessment for Public Health Emergency Response (CASPER)

Green River District Health Department decided to gather information about its population by conducting a Community Assessment for Public Health Emergency Response (CASPER). 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 (CDC). This methodology utilizes multistage cluster sampling and is well suited to efficiently gather information from a random and representative sample of the population served by the GRDHD.

The survey collected basic demographic information about each sampled household including the number of adults aged 18 and over and children aged 17 and under in each housing unit. The survey asked open-ended questions about the respondent's opinion about health issues and needs in the community. To document the answers to the open-ended questions, staff administering the survey were provided a number of broad category responses and key words to select what they believed to best fit the respondent's answer. An "other" category with a comment box was also provided with these questions to record answers that did not have a corresponding category provided. The instrument also collected information on self-reported health conditions of the household residents, the households' ability to obtain health and mental health care, smoking, flu vaccine status, preparedness for community emergencies, and awareness of health department programs and services.

A two-stage sampling method was used to select a representative sample of households to be interviewed across the seven county district. In the first stage, 30 clusters (census blocks) were selected with probability proportional to the number of housing units within the census block according to the 2010 Census. In the second stage, interview teams systematically selected ten households from each of the 30 clusters. Because contact and cooperation rates in non-disaster settings have typically been lower than in post-disaster assessments, it was decided to intentionally oversample by selecting ten households (rather than the standard methodology of seven) in each cluster to help ensure the sample size would be large enough to provide data representative of the population.

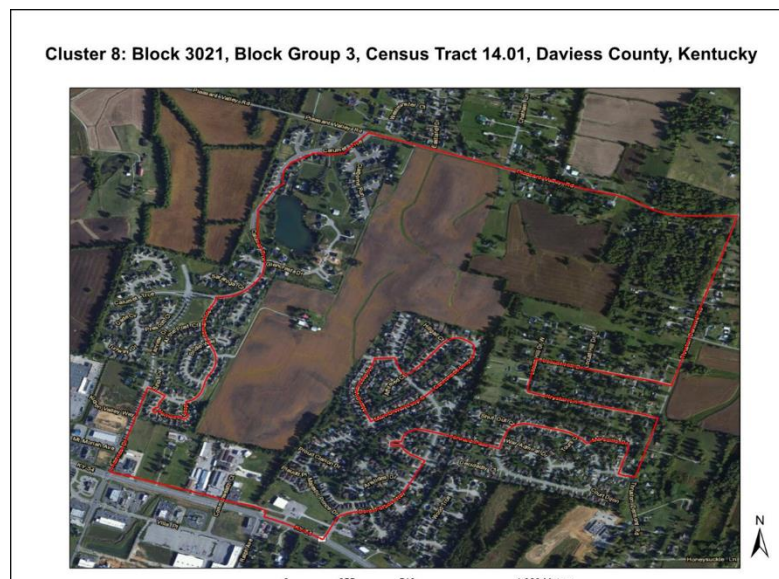


Figure 4 Cluster Map

Field surveys were conducted over two consecutive Friday – Saturday operational periods to maximize the opportunity to reach residents when they were home. Field survey teams were recruited from GRDHD staff, volunteers from Kentucky Department of Public Health (KDPH) and public health graduate students from the University of Kentucky and Western Kentucky University. A two and a half hour just-in-time training on CASPER methodology, use of tablet computers for data collection, field safety and interviewing techniques was conducted by CDC personnel at the beginning of each two-day operational period. Each two-person interview team was issued field equipment, a GRDHD agency vehicle, and an assignment of one or two clusters each sampling day. Detailed road maps and aerial photographs of each cluster were provided to survey teams. Teams would then travel to their assigned cluster, familiarize themselves with the cluster layout, and then count or estimate the number of housing units in the cluster. Selection of the first household within each cluster was randomly chosen. Then each additional household was systematically selected based on the number of households in that cluster and the goal number of interviews using the following formula – $(\text{total number of housing units in the cluster}) / (\# \text{ goal interviews } 10) = n \text{ house}$. Teams would travel past the randomly selected starting point and then attempt to contact the n^{th} house (e.g. if there were 200 households in the cluster and ten interviews needed, teams attempted to interview every 20th household). If the selected household was unavailable (minimum of 3 attempts to contact) or declined to participate in the assessment, teams then continued systematically from that house to the next (n^{th}) house on the street until a survey was completed. For clusters that contained 10 or fewer households (3 clusters), teams attempted to interview all households in the cluster.

Findings:

The intentional oversampling of ten (rather than seven) created a goal number of interviews of 275 (three clusters contained less than ten households). Over the four days of sampling interviews were completed at 226 households for a completion rate of 82.18%. Field teams approached and attempted to contact residents at 512 households. The CASPER had a contact rate (completed interviews/housing units were contact was attempted) of 44.14%. Interview teams were successfully able to reach a person at 361 of the attempted households for a cooperation rate of 62.60%. Most of the housing units visited were single family homes (76.9%). The remaining were apartments and condos (14.3%), mobile homes (8.2%) or other (0.6%).

- Nearly 74% of Green River District residents NEVER allow smoking in their home
- Over 58% of Green River District residents rated the health of the community as good, very good, or excellent
- Most frequently cited *challenge*: Addiction Issues (20.48%)
- Most frequently cited *strength*: Access to Healthcare (23.35%)

The data presented is a statistically significant representation of all households within the Green River District. All of the data has been calculated with a 95% confidence interval. The confidence interval gives a range in which there is a 95% chance that if the study was repeated we would get results within that range.

Demographics		
	Weighted Proportion	95% Confidence Interval
Household Size	2.65	2.43-2.88
Race		
White	92.12%	87.88—96.35
Black	1.98%	-0.29—4.25
Multiracial	4.47%	2.03—6.91
Other	1.43%	0.01—2.86
Education		
< 9th Grade	5.35%	-1.49 - 12.20
Some High School	5.59%	1.59 - 9.60
High School Diploma	30.96%	21.19 - 40.74
Some College (No Degree)	22.26%	15.51 - 29.01
Associate's Degree or Vocational Training	10.09%	6.16 - 14.03
Bachelor's Degree	13.63%	8.56 - 18.70
Graduate or Professional Degree	12.11%	5.85 - 18.37
Perceived Overall Community Health Status		
Excellent	2.70%	0.70 - 4.66
Very Good	12.36%	5.12 - 19.61
Good	43.80%	35.33 - 52.18
Fair	24.80%	16.64 - 32.88
Poor	5.40%	2.18 - 8.61
Don't Know	11.05%	5.87 - 16.23
What's needed to create a "Healthy Community"		
Access to Care	20.54%	13.06 - 28.02
Healthy Behaviors/Lifestyle	18.59%	9.86 - 27.32
Education	16.02%	10.81 - 21.24
Environment	9.48%	2.20 - 16.76
Community	6.86%	1.94 - 11.79
Safety	6.27%	-3.57 - 16.11
Don't Know/Refused	5.78%	2.09 - 9.47
Economy	5.29%	2.07 - 8.51
Recreation	4.08%	1.78 - 6.98
Other	3.87%	1.09 - 6.65
Arts and Culture	2.27%	0.14 - 4.40
Local Government	0.95%	-0.14 - 2.04



What is the greatest challenge to health in your community?		
	Weighted Proportion	95% Confidence Interval
Addiction Issues	20.48%	14.24 - 26.73
Obesity	15.35%	9.10 - 21.59
Other*	15.22%	9.07 - 21.36
Economy	11.09%	3.56 - 18.62
Access/Quality of Health Care	10.67%	2.42 - 5.72
Cancer	7.47%	4.19 - 10.75
Environment	5.03%	-1.80 - 11.86
Missing	2.76%	0.112 - 5.40
Crime	2.68%	-0.01 - 5.36
Chronic Diseases	2.30%	0.21 - 4.38
Diabetes	2.04%	0.21 - 3.87
Family	1.60%	0.01 - 3.20
Infectious Diseases	1.53%	-0.32 - 3.37
Low Education	0.93%	-0.14 - 1.99
Abuse/Violence	0.60%	-0.26 - 1.46
Mental Health	0.27%	-0.29 - 0.83

**Some "Other" Challenges mentioned...*

*Drug abuse Smoking
Lack of Health Ed Cost of Health Clubs
Exercise/Lifestyle*

What is the greatest Community Strength?		
	Weighted Proportion	95% Confidence Interval
Access to Care	23.35%	17.43 - 29.27
Don't Know/Refused	19.84%	11.91 - 27.76
Community	18.16%	8.619 - 27.70
Education	8.13%	3.84 - 12.41
Recreation	7.25%	4.04 - 10.46
Healthy Behaviors/Lifestyle	5.49%	2.48 - 8.50
Local Government	3.80%	1.18 - 6.42
Economy	3.16%	1.06 - 5.27
Safety	2.66%	0.94 - 4.38
Environment	2.66%	0.76 - 4.56
Other	2.24%	-0.24 - 4.72
Arts and Culture	1.95%	0.46 - 3.44
Missing Data	1.31%	-0.56 - 3.18

Adult Self Reported Household Diagnosis		
	**Weighted Proportion	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	48.22%	38.96-57.48
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
Obesity	34.98%	26.64-43.33
Mental Illness	5.79%	2.01-9.57
Stroke	7.10%	3.39-10.81
**CASPER Estimates are based on Household responses, not individuals therefore this appears much greater than national percentages for individual diagnoses.		



Preparedness Report		
Working Smoke Detector	Weighted Proportion	95% Confidence Interval
Don't know	0.66%	-0.28-1.59
No	5.19%	2.00-8.39
Yes	94.15%	90.30-98.00
Working Carbon Monoxide Detector		
Don't know	5.61%	2.10-9.12
No	53.69%	43.60-63.79
Yes	40.69%	30.52-50.87
Working Fire Extinguisher		
Don't know	2.16%	.08-4.24
No	36.65%	27.91-45.40
Yes	61.18%	52.60-69.76
Adequate Heating for Winter		
Don't know	0.32%	-0.34-1.00
No	1.26%	-0.31-2.82
Yes	98.41%	96.74-100.08
Alternate Source of Heat		
Don't know	0.95%	-0.14-2.05
No	28.58%	18.30-38.86
Yes	70.46%	60.21-80.72

Method for Getting Information during a Disaster		
	Weighted Proportion	95% Confidence Interval
Church	0.65%	-0.69-2.00
Don't Know/Refused	0.33%	-0.34-0.99
Family/Friends	14.90%	9.10-20.72
Internet	11.00%	3.86-18.12
Local Government	0.98%	-0.50-2.46
Missing	0.66%	-0.28-1.59
Other	6.89%	2.28-11.50
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

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

Do you Allow Smoking in your home?		
	Weighted Proportion	95% Confidence Interval
Always	19.11%	10.54 - 27.69
Sometimes	0.95%	-0.14 - 2.04
Occasionally	4.29%	1.64 - 6.94
Never	74.66%	65.45 - 83.86
Missing	0.99%	-0.15 - 2.13

34.42% of Households reported at least one smoker lived in the home.

Themes/Strengths Assessment

The Community Themes and Strengths Assessment is a tool used to assess a community's perception of their community by asking "What is important to the community?", "How is the quality of life perceived in the community?" and "What assets does the community have that can be used to improve community health?" The assessment then allows a better understanding of community issues, assets, areas of improvement, concerns and the overall perception of the community.

District Compilation (Themes/Strengths)

Strengths

- ▶ Strong faith based communities
- ▶ Comforting sense of close knit communities
- ▶ Quality school systems
- ▶ The Farmer's Markets are utilized
- ▶ The kids and the communities are safe overall
- ▶ General access to fitness, recreational and athletic activities
- ▶ Largely interested in Green River District Health Departments programs and community involvement
- ▶ Low wage towns with low costs of living
- ▶ General access to HealthCare
- ▶ Low violent crime rate
- ▶ Strong and effective community coalitions

Challenges

- ▶ Substance and alcohol abuse are increasing among adults and the youth
- ▶ College graduates not returning home to find jobs and build the economy (brain drain)
- ▶ Little to no presence of mental health providers
- ▶ Increase in unemployment due to mine closures
- ▶ Fear of communication barriers due to the diversifying population
- ▶ Lack of knowledge on how to access healthcare services
- ▶ Rise in single parent families
- ▶ Fear that E-cigarettes are enticing new smoking habits and hindering the smoke-free process

SWOT ANALYSIS

District

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

Forces of Change Assessment

The Forces of Change Assessment focused on the trends, events and factors occurring within the community. Groups participating in the assessment were asked to identify current and future forces followed by a list of threats posed and opportunities created. Categories include social, economic, political, legal/policy, technological, environmental, scientific and ethical.

District Compilation (Forces of Change)

A range of four key forces were identified as a universal influence on the communities and citizens within Green River District. The top four Forces of Change for District included economic, social, legal/policy and science.

1. Economic forces include both opportunities and challenges provided by the Affordable Care Act, increased cultural diversity, education and shifts in business and industry.
2. Social forces identified focus on the Affordable Care Act, mental health, cultural diversity, substance abuse and educational opportunities.
3. Legal/policy forces impacting the communities of Green River District and Kentucky target Smoke Free legislation.
4. Science forces center around the research and impact of e-Cigarettes as well as evidence based practices to address health issues.

Opportunities Created:

- ▶ An economic opportunity can be created due to cultural diversity. The Burmese and Hispanic population for example can offer new businesses, cultural exchange and bilingual health professionals.
- ▶ E-Cigarettes are expanding education on vapor smoking and exploring the unknown dangers of what really goes into the vapors and what is being put into the bodies of those that use them. Some High Schools are now including the E-Cigs into the education curriculum promoting awareness at an earlier age. Along with businesses now seeming to have a positive push to go smoke free with the new alternative for their employees. As well as an educational opportunity for adults and the youth to become more aware of personal and community health.
- ▶ Attracting more mental health providers to treat the addict population will aid in early intervention, education, awareness and treatment programs (Alcoholics anonymous and Narcotics Anonymous). Support for the families and friends of the addict will ensue as well, along with different partnerships. An increase in funding for law enforcement may arise with the new developments taking place.
- ▶ A decrease in mining jobs allows for the opportunity of higher education. Higher income and safer workplace opportunities will lead to a chance of re-establishment and growth within the community.
- ▶ A young college educated workforce will provide opportunity, diversify the workforce and improve their quality of life.
- ▶ Through the Affordable Care Act more people will not only be covered but they will seek treatment sooner and will no longer forego preventative care.

Threats Posed:

- ▶ An increase in a diversifying community will pose language barriers and presents cultural differences which may hinder access to education. An increased stress on local resources such as housing may also transpire.

- ▶ Fear that the E-cigarette trend may lead to experimentation and new addiction becomes a more widespread concern within communities. There are unknown dangers that exist with E-cigs, the idea that people do not know what is in the vapor that is going into their bodies is worrisome. With all the effort put into counties going smoke-free a concern exists that the E-cigs may weaken the continuous efforts for the ordinances.
- ▶ With an upward trend of narcotic and alcohol use and abuse the increase in crime and stability is of grave importance. As a result of a rise in violence and homelessness a decreased quality of life and an increased need for services (court/rehab) and cost of care is unavoidable. Without the rehabilitation programs and variety of services offered there may arise an increase in unplanned pregnancies, youth use, neglect, and homelessness. Safety concerns such as workplace and traffic accidents while under the influence are threats posed as well and treatment and resources should be made available to those who want help.
- ▶ The coal mines shutting down has led to the loss of several mining jobs, coal severance, insurance, community partnerships and coal tax. The morale of the community has wavered leading to mental health issues such as depression and a general decline of quality of life. Some community members are choosing to relocate from their home counties in search of new work or they go to school causing an increase in "Brain Drain." The future of coal is unknown along with how the community will regroup from the economic loss.
- ▶ Due to college students leaving their home town to continue their education and not returning home to redistribute their new knowledge and skills back into their community a lapse of new development is taking place.
- ▶ Healthcare provided through the Affordable Care Act has caused families to add healthcare to their budgets where in the past they didn't have to pay for high premiums, deductibles and copays. This in turn is causing a lack of funds elsewhere such as education. The legislation seems unstable as it is constantly changing triggering an overwhelming feeling for healthcare and citizens alike.

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) is a broad community assessment that involves all the organizations and entities that contribute to the health and well-being of a community. This assessment analyzes a community by asking the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

The Local Public Health System Assessment is a tool that is used to better inform the community of core processes in Public Health and the essential services provided and delivered to the community. Therefore recognizing the strengths and weaknesses presented in the community along with which community partners are participating in the assessment is a crucial step.

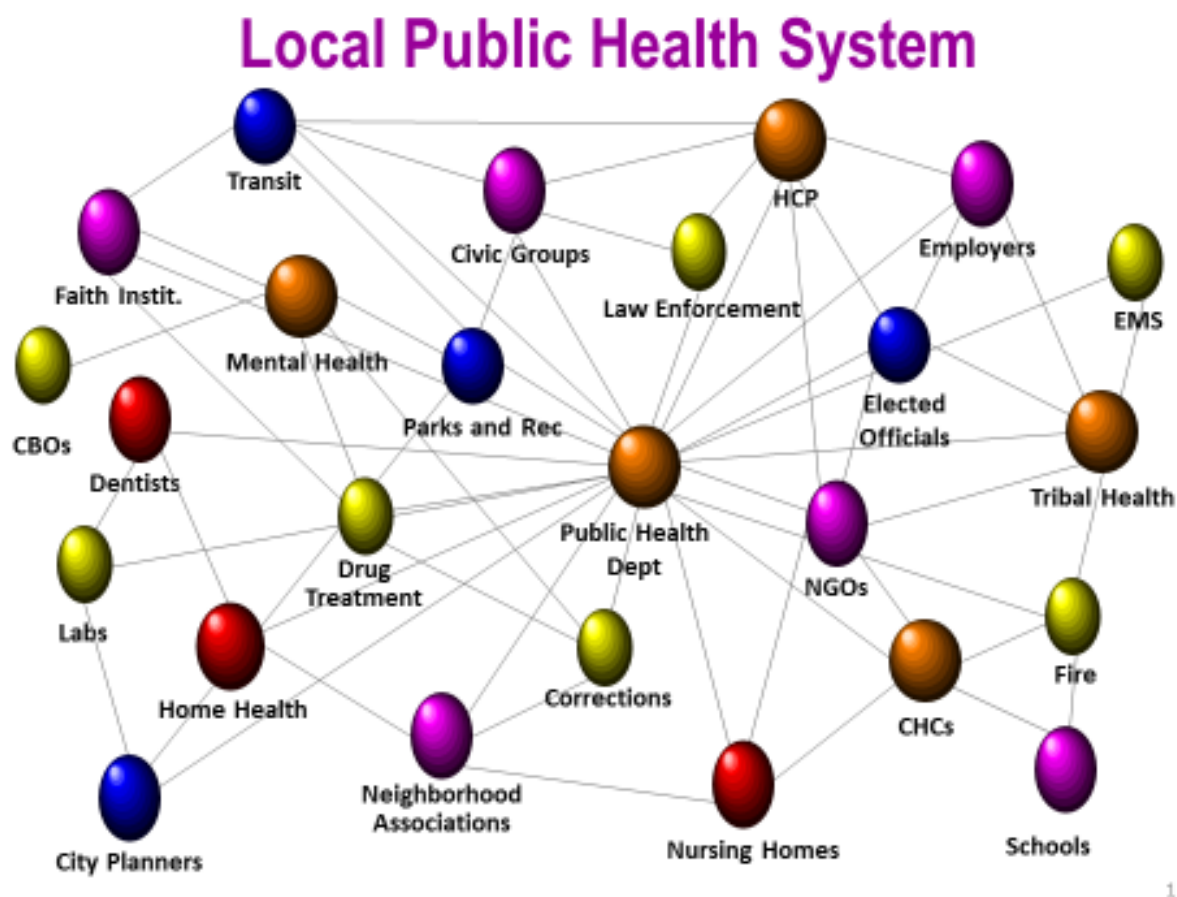


Figure 5: Local Public Health System, courtesy of NACCHO

District Compilation (Local Public Health System)

Strengths:

Two of the Ten Essential Public Health Services stood out as strengths within the Green River District. These include EPHS #3, Inform/Educate and Empower People about health and EPHS#4, Mobilize Community

Partnerships. This is demonstrated by the number of educational programs offered and the coalition work on various health issues throughout the district.

Weakness:

Two of the Ten Essential Public Health Services were cited as weaknesses within the Green River District. These include EPHS #2, Diagnose and Investigate Health Problems and #10, Research. However; what are cited weaknesses in individual communities may be demonstrated at a regional level. For example, the Green River District Health Department conducts Epidemiological investigations throughout the region when outbreaks occur.

Ten Essential Public Health Services

The Ten Essential Public Health Services (EPHS) were developed in 1994 as a framework of health activities that should be undertaken in all communities. The Core Public Health Functions Steering Committee developed this tool as a companion to the three core public health functions; assessment, policy development and assurance. The 10 EPHS serve as a guideline for what is commonly described as the “Public Health System” of a Community. A Public Health System is comprised of the many partners and agencies within a community who provide or have an interest in the health and well- being of the citizens within that community. Individually, one agency or organization may not have the capacity to fulfill the health needs of a community. However, the capacity of a community to meet the health care needs of its citizens is greatly enhanced with strong collaborative partnerships. The Green River District has demonstrated the strong partnerships needed to serve this purpose.

EPHS #1	Monitor health status to identify and solve community health problems.
EPHS #2	Diagnose and investigate health problems and health hazards in the community.
EPHS #3	Inform/Educate and empower people about health issues.
EPHS #4	Mobilize community partnerships and action to identify and solve health problems.
EPHS #5	Develop policies and plans that support individual and community health efforts.
EPHS #6	Enforce laws and regulations that protect health and ensure safety.
EPHS #7	Link people to needed person health services and assure the provision of health care when otherwise unavailable.
EPHS #8	Assure competent public and personal health care workforce.
EPHS #9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
EPHS #10	Research for new insights and innovative solutions to health problems.

2012-2015 Community Health Improvement Plan Strategic Initiative Update

During the 2012-2015 Community Health Assessment/Community Health Improvement Plan cycle, each county selected one to four strategic initiatives encompassing four basic categories: obesity, substance abuse, access to care and teen issues.

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%
Daviess	31%	31%	30%	29%	11%	11%	11%	10%	29%	29%	27%	25%
Hancock	35%	35%	36%	34%	11%	11%	11%	12%	32%	32%	30%	30%
Henderson	33%	33%	33%	33%	12%	12%	11%	11%	28%	28%	30%	28%
McLean	31%	31%	32%	32%	13%	13%	13%	14%	36%	36%	36%	31%
Ohio	33%	33%	35%	38%	14%	14%	14%	14%	37%	37%	36%	34%
Union	36%	36%	36%	34%	11%	11%	12%	11%	34%	34%	34%	30%
Webster	37%	37%	34%	33%	13%	13%	13%	13%	35%	35%	33%	31%

Substance Abuse								
	Adult Smoking				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%
Hancock	21%	21%	20%	20%	7%	10%		
Henderson	27%	26%	23%	23%	9%	9%	9%	9%
McLean	23%	25%	25%	25%	12%	12%		
Ohio	28%	29%	27%	27%	8%	8%	8%	8%
Union	26%	23%	21%	21%	10%	10%	12%	12%
Webster	31%	29%	27%	27%	18%	17%		

Teen Issues				
	Teen Births			
	2012	2013	2014	2015
Kentucky	52	50	49	48
Daviess	54	53	53	53
Hancock	49	57	58	56
Henderson	65	65	63	63
McLean	55	53	54	57
Ohio	66	65	64	65
Union	50	54	56	56
Webster	63	62	63	64

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%
Daviess	15%	15%	15%	14%	18%	19%	18%	18%	6%	6%	6%
Hancock	14%	15%	15%	14%	18%	19%	18%	18%	7%	7%	5%
Henderson	15%	16%	16%	15%	19%	20%	20%	19%	7%	6%	5%
McLean	18%	18%	17%	17%	21%	22%	21%	21%	8%	9%	8%
Ohio	18%	18%	17%	16%	22%	22%	22%	21%	7%	6%	6%
Union	17%	19%	17%	17%	20%	24%	22%	21%	7%	7%	6%
Webster	19%	21%	19%	18%	23%	25%	22%	22%	10%	9%	8%

Additional Data Resources

- ▶ Behavioral Risk Factor Surveillance System (BRFSS)
<http://chfs.ky.gov/dph/info/dpqi/cd/brfss.htm>
- ▶ County Health Rankings
- ▶ CDC (Wonder, Interactive Atlas, Influenza Surveillance, etc.)
- ▶ Health Landscape
- ▶ KIPRIC Drug Overdose Report, 2013
- ▶ Kids Count
<http://datacenter.kidscount.org/>
- ▶ Kentucky Cancer Registry
- ▶ Kentucky Center for Education & Workforce Statistics
<http://kcews.ky.gov/Reports/CountyProfile/CountyProfile201415.aspx>
- ▶ Kentucky Health Facts
- ▶ Kentucky's Data Warehouse for Substance Abuse Prevention
<http://sig.reachoflouisville.com/>
- ▶ Kentucky Injury Prevention & Research Center
<http://safekentucky.org>
- ▶ Owensboro Health Regional Hospital Community Dashboard
www.owensborohealth.org/community-wellness/health-needs-assessment/?hcn=Indicators
- ▶ U.S. Census Bureau
- ▶ Vital Statistics Data

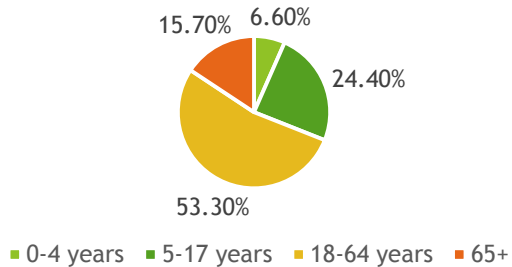
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Daviess County

Daviess County Snapshot

Population

Age Distribution



Household Data

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

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%

Employment Status

Employed	56.5%
Unemployed	4.5%
Not in labor force	39.0%
Travel time to work	18.1 minutes
Median household income	\$46,555
Mean household income	\$57,533

Industry

Agriculture	2.3%
Construction	7.1%
Manufacturing	16.0%
Wholesale trade	2.0%
Retail trade	12.0%
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%

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

Daviess County Participants/Process



Daviess County - Local Public Health Visioning

- 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.
- 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.
- 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 Community Health Assessment

Health Indicator	Daviess County			Data Source
Access to Health Services	# of Physicians – 212 # of Dentists – 49 # of Mental Health Providers - 251			2012, KY Health Benefit Exchange & Deloitte
Clinical Preventative Services	Diabetic Screening 83%	Mammography Screening 74%		2014 County Health Rankings
Environmental Quality	Air pollution – Average Daily Particulate Matter 14.1	Drinking Water Violations 0		2014 County Health Rankings
Injury & Violence	Violent Crime Rate 177 per 100,000	Injury Death Rate 75 per 100,000	Motor Vehicle Deaths 12 per 100,000	2014 County Health Rankings
Maternal, Infant, and Child Health	Early and Regular Prenatal Care 68%	Low Birth Weight Babies 7%	Child Mortality (under 18) 71.3 per 100,000	2014 County Health Rankings
Mental Health	Ratio of Mental Health Providers 635:1	Average Poor Mental Health Days (in the past 30 days) 3.7		2014 County Health Rankings
Nutrition, Physical Activity, Obesity	Obese Adults 30%	Physical Inactivity Among Adults 27%	% Population with Limited Access to Healthy Foods 4%	2014 County Health Rankings
Oral Health	Ratio of Dentists 1747:1	Adults Missing 6 or More Teeth 19%		2014 County Health Rankings
Reproductive and Sexual Health	Chlamydia Rate 404.2 per 100,000	Teen Pregnancy Rate 42.6 per 100,000 girls age 15-19 years		2013, Kentucky Department for Public Health
Social Determinants	Median Household Income \$46,555	Less than High School Diploma 13.3%	Population Living in Poverty 14.6	2012, Kentucky P-20 Data Collaborative, US Census Bureau
Substance Abuse	Excessive Drinking Rate 13%	Driving Deaths with Alcohol Involvement 40%	Drug Poisoning Deaths 16 per 100,000	2014 County Health Rankings
Tobacco	Adult Smoking 24%			2014 County Health Rankings

Daviess County Themes and Strengths

SWOT ANALYSIS

Daviess County

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

Community Themes and Strengths

Daviess County

What is important in the community?	How is the quality of life perceived in the community?	What are some community assets to improve health?
<ul style="list-style-type: none"> • Safe place for kids (2) • Schools (2) • Medical/Healthcare Resources (2) • Low crime rates (2) • Essential Services • Athletics and Recreational Sports/Parks (YMCA, The Greenbelt) • Transportation (GRITS) • Employment and Job Availability • Strong Faith Community • Healthy workforce • Clean Environment (2) • Mental Health Providers • Access to Dental Care 	<ul style="list-style-type: none"> • Improving Overall • Difficult for newcomers to mesh • Low wage town with a low cost of living (2) • Small town feel with access to larger nearby communities • Welcoming Community (Friday After 5 and Riverfront) • Depends on economics (2) • Short commutes • Fast Food town • Good place to raise children • Safe Community 	<ul style="list-style-type: none"> • Wendell Foster Center(2) • Medical/Healthcare resources • Parks and Recreation(2) • Public Transportation (GRITS) • Excellent school systems (public and private) • Faith-Based Community and physical activities (sports/teams) (2) • Quality of Pediatric Medical Doctors • Dental Care (Free Dental clinics) • Hospital (2)

Community Themes and Strengths Daviess County		
What is important in the community?	How is the quality of life perceived in the community?	What are some community assets to improve health?
<ul style="list-style-type: none"> • Maintaining a stable workforce • Sense of Community pride • Strong Partnerships (2) • Public education on Resource availability • Quality of life • Children's health • Temporary housing • Culture • Downtown developments (2) • Nutrition 		<ul style="list-style-type: none"> • Accredited Health Department (Health Forums) (2) • Local Government • Strong Partnerships • Local College Universities • Green Belt (Walking and Biking) • VA Clinic • Farmer's Market • Substance Abuse recovery centers • Physical Activity: 5K Run, Color Blast, Edge Ice Center, Golf courses, Tennis courts. • Rejuvenation of Downtown area • Senior Center • GRADD • Smoke Free restaurants

Daviess County Forces of Change

Participants at the January 12, 2015 Community Health Assessment forum in Daviess County identified economic and social factors as the highest forces of change.

1. Healthcare provided through the Affordable Care Act has caused families to add healthcare to their budgets where in the past they didn't have to pay for high premiums, deductibles and copays. This in turn is causing a lack of funds elsewhere such as education. The legislation seems unstable as it is constantly changing triggering an overwhelming feeling for healthcare and citizens alike. However, through the Affordable Care Act more people will not only be covered but they will seek treatment sooner and will no longer forego preventative care.
2. As the aging population base rises there will be a demand for social security money. That population will rely on that money to live and pay for their day to day living expenses.
3. An economic opportunity can be created due to cultural diversity. The Burmese and Hispanic population for example can offer new businesses, cultural exchange and bilingual health professionals. An increase in a diversifying community will pose language barriers and presents cultural differences which may hinder access to education. An increased stress on local resources such as housing may also transpire.

4. The closure of the coal mines has weakened the economy with the loss of coal tax and severance along with the unknown future of coal in Daviess County. Due to the closings new jobs are being sought out with the potential of higher wages and improved benefits as well.
5. Natural Disasters such as the Ice Storm of 2009 that affected the community brought in support from the National Guard and allowed the community to pull together resources and support for those impacted by the storm. There too lied the potential of community awareness and education on preparedness for future natural disasters.
6. A need for increased resources for single parent families in need is growing daily. Those needs include but are not limited to free and reduced lunch, child care, vision and dental services. Daviess County has the opportunity to find new grants and services to assist these families.
7. Fear that the E-cigarette trend may lead to experimentation and new addiction becomes a more widespread concern within communities. There are unknown dangers that exist with E-cigs, the idea that people do not know what is in the vapor that is going into their bodies is worrisome. With all the effort put into counties going smoke-free a concern exists that the E-cigs may weaken the continuous efforts for the ordinances. Additional education and research may be necessary to learn further information about the E-cigarettes.
8. The rate at which college students are leaving for college but choosing not to return to their hometowns and use their newly acquired skills is "Brain Drain". While the college students are away they may realize the benefits of raising their children in a smaller community and move home bringing improved education and resources back to Daviess County.

Daviess County Forces of Change Assessment

<i>Forces Identified (Trends, Events, Factors)</i>	<i>Threats Posed</i>	<i>Opportunities Created</i>
Cultural Diversity (Burmese, Hispanic) (3)	-Language Barriers -Lack of Access to education because of cultural differences	- Economic opportunity with new businesses.
Aggressive/Innovative to keep business especially with Hispanics	-Poverty base growing (2) -Increase in homelessness -Housing challenges -Insurance premium paid instead of bills	-Job opportunities
Affordable Care Act (5)	-Federal support only for short time -Funding for education decreases to cover medical -Family budgets never had to pay in past now part of budget. -Premiums going up, penalty involved -Baby Boomers needing care	-More are covered -Access to care -Seek Financial solvency to sustain enrollment
Aging Population Base (2)	-Social Security income solvency	
Natural Disasters (Ice storm, Windstorm, tornado)	-Unprepared at time	-Partnerships -Resources allocated
Loss of Coal (2)	-Loss of Jobs -Coal Severance Tax -Coal Tax	

Daviness County Forces of Change Assessment

Forces Identified (Trends, Events, Factors)	Threats Posed	Opportunities Created
Increase in single parent family home	-Child Care	
E- Cigarettes	-Lead to experimentation	Increase study
Brain Drain	-Loss of skills and knowledge in area	

Daviness County Local Public Health System Assessment

Four of the Ten Essential Public Health Services stood out as strengths within Daviness County. These include EPHS #3: Inform/Educate and Empower People about health, EPHS #4: Mobilize Community Partnerships, EPHS #7: Link to Health and EPHS #9: Evaluate.

Two of the Ten Essential Public Health Services are cited as weaknesses within Daviness County. These include EPHS #2, Diagnose and Investigate Health Problems and #10, Research.

Daviness County Ten Essential Public Health Services / Local Public Health System				
EPHS #1: Monitor Health status to identify community health problems	EPHS #2: Diagnose and investigate health problems	EPHS #3: Inform/Educate and empower people about health	EPHS #4: Mobilize community partnerships	EPHS #5: Develop Policies
<ul style="list-style-type: none"> -Owensboro Health Dashboard -River Valley Behavioral Health -Kentucky treatment outcomes survey -School Health Assessments: Vision screening, attendance, health monitoring, and the KIP survey -Green River District Health Department -Community Health Assessment and Community Health Improvement Plan (CHA-CHIP) -United Way -Audubon Area Community Services -Green River Area Development District -Treatment Providers 	<ul style="list-style-type: none"> -Green River District Health Department-Reportable diseases -Emergency Management -Bio terrorism -Emergency Room-Monitoring outbreak numbers 	<ul style="list-style-type: none"> -Newspaper "R-Word Campaign" (Wendell Foster) -Empowerment with technology (younger crowd) -Green River District Health Department -Parenting Magazine -Healthy Horizons -School Nurses -Daviness County School Health assessments-Health Park -Employers promoting health 	<ul style="list-style-type: none"> -Younger people use the local news online -Regional Health (organization funding for 3 years) -Regional Health Council-10 organizations -Hospital -Health Department -Red Cross -Wendell Foster -Nursing Programs -River Valley Behavioral Health -United Way -Audubon Area Community Services -Dental Clinic 	<ul style="list-style-type: none"> -Local-smoking bans -State/Federal: Health Related legislation -Higher education: Establish courses of study for future professionals Community Mental Health Center -Health Department: sewage, restaurant inspections, planning and zoning -Hospital: collect, analyze, measure, evaluate health data -Employers: Establish wellness programs and safety trainings -FDA: Approve drugs and standards for food production

Daviess County Ten Essential Public Health Services / Local Public Health System				
EPHS #6: Enforce Laws	EPHS #7: Link to health	EPHS #8: Assure competent workforce	EPHS #9: Evaluate	EPHS #10: Research
<ul style="list-style-type: none"> -OSHA: workplace standards -Local law enforcement: Public safety and crime -Energy and Environment Cabinet: Public Utilities -Cabinet for Health and Family Services -The Joint Commission: accredits facilities and enforces compliance -Green River District Health Department: Sanitation and food safety -County Board of Health -FDA: Police all medications, food labeling and nutrition standards 	<ul style="list-style-type: none"> -Daviess county CAP-prescriptions -Hospital- Physicians -United Way- Connecting and Funding -Primary Care Clinic- under or uninsured -HANDS- link to services -Dental Clinic – under or uninsured -Family Resource Center- Case management -River Valley Behavioral Health- Case Management -Wendell Foster- special needs -International Center- Education/Case management -Audubon Area Community Services- Transportation, Case Management, low income assistance -Boulware Center: nutritional, financial and life skills -Owensboro Regional Recovery: case management and substance abuse -KY cancer Program- case management -Green River District Health Department: case management, outreach, clinical services 	<ul style="list-style-type: none"> -Universities (WKU, OCTC, KWC, Brescia)- Educate/Technical /Vocational/Intern ships -River Valley Behavioral Health- Needs a community resource directory Hospital- Recruiting (Medical Doctors, Therapists, Physical Therapists) -Green River District Health Department- Educate, Recruit, Case management, Outreach -Primary care clinic- Uof L residency program and the diabetes prevention education 	<ul style="list-style-type: none"> -Federally Qualified Health Center (FQHC)-quality measures, report to HRSA -Data collection-KIP (substance abuse), Family Resource Center- schools - River Valley Behavioral Health -KTOS Owensboro Health: 72 physicians hired since 2013 (44 specialized and 28 primary care) -access points -community dashboard -ACO - Clinically Integrated Network (CIN) Police/Sheriff's Department- arrests data -Health Department- immunization data -Medical Reserve Corps (MRC)- disaster preparation -Federally Qualified Health Center (FQHC) – report data on demographics of patients -CCHC/STARS- rates daycares -Teen Outreach Program (TOP) -Health Department Environmental Services -Department of Education report campus crimes and sexual assaults 	<ul style="list-style-type: none"> -Green River District Health Department- CASPER -Coroner's office- causes of death GRADD

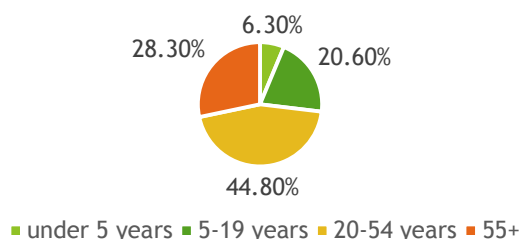
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Hancock County

Hancock County Snapshot

Population

Age Distribution



Household Data

Housing units	3,719
Homeownership rate	80.3%
Persons below poverty level	14.2%
Children living in single-parent households	18.1%

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%

Employment Status

Employed	55.1%
Unemployed	3.7%
Not in labor force	41.1%
Travel time to work	25.4 minutes
Median household income	\$51,189
Mean household income	\$57,977

Industry

Agriculture	2.8%
Construction	5.3%
Manufacturing	36.8%
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, 2009-2013 5-Year American Community Survey

Hancock County Participants



Hancock County - Local Public Health Visioning

- 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.
- 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.
- 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 Community Health Assessment

Health Indicator	Hancock County			Data Source
Access to Health Services	# of Physicians – 0 # of Dentists – 3 # of Mental Health Providers - 10			2012, KY Health Benefit Exchange & Deloitte
Clinical Preventative Services	Diabetic Screening 86%	Mammography Screening 67%		2014 County Health Rankings
Environmental Quality	Air pollution – Average Daily Particulate Matter 13.9	Drinking Water Violations 0		2014 County Health Rankings
Injury & Violence	Violent Crime Rate 41 per 100,000	Injury Death Rate 84 per 100,000	Motor Vehicle Deaths 37 per 100,000	2014 County Health Rankings
Maternal, Infant, and Child Health	Early and Regular Prenatal Care 62%		Low Birth Weight Babies 7.8%	2014 County Health Rankings
Mental Health	Ratio of Mental Health Providers 8,677:1		Average Poor Mental Health Days (in the past 30 days) 3.6	2014 County Health Rankings
Nutrition, Physical Activity, Obesity	Obese Adults 36%	Physical Inactivity Among Adults 30%	% Population with Limited Access to Healthy Foods 0%	2014 County Health Rankings
Oral Health	Ratio of Dentists 1,735:1		Adults Missing 6 or More Teeth 19%	2014 County Health Rankings
Reproductive and Sexual Health	Chlamydia Rate 172.7 per 100,000		Teen Pregnancy Rate 53 per 100,000 girls age 15-19 years	2013, Kentucky Department for Public Health
Social Determinants	Median Household Income \$51,189	Less than High School Diploma 13.9%	Population Living in Poverty 12.8	2012, Kentucky P-20 Data Collaborative
Substance Abuse	Driving Deaths with Alcohol Involvement 18%			2014 County Health Rankings
Tobacco	Adult Smoking 36%			2014 County Health Rankings

Hancock County Themes and Strengths

SWOT ANALYSIS

Hancock County

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

Community Themes and Strengths: Hancock		
What is important in the community?	How is the quality of life perceived in the community?	What are some community assets to improve health?
<ul style="list-style-type: none"> • Industries • Schools • Health / Improving Health • Community events • Sports • Family • Sense of Community • Faith 	<ul style="list-style-type: none"> • Outsiders believe there is nothing to do • lots of smoking but a good community • Insiders believe there is a good sense of community but nothing to do. • Good-Growing concerns about current health (i.e. cancer) • May need new leaders • Lack of pride for the county/community • Perception of “have/have nots” • Concerns about bullying • Single parent families are up 	<ul style="list-style-type: none"> • Law Enforcement • Health Professionals • Parks • Roads • Industry • Partners: Churches, local health providers (dentists, Health Department)

Hancock County Forces of Change

Hancock County identified forces of change which predominately fell into three categories: economic, legal/policy and social.

1. When industries or plants close in Hancock County there becomes a risk of layoffs which in turn causes financial hardships on families. That along with the stressors that are associated with plant shutdowns such as strikes and contract negotiations can weigh heavily on a person. Farming is an essential source of money and livelihood in Kentucky. When there are fewer small farms and only a couple larger farms in a community that can cause some hardships for farmers. There could arise a potential loss of jobs and money source unless grants were used as funding for the small farms in Hancock County. A high median income in Hancock County makes for a greater quality of life, more people on private insurance along with an excellent incentive for community growth. Because of the high median income many times Hancock County is ineligible for grants for those community advancements.
2. Healthcare provided through the Affordable Care Act has caused families to add healthcare to their budgets where in the past they didn't have to pay for high premiums, deductibles and copays. This in turn is causing a lack of funds elsewhere such as education. The legislation seems unstable as it is constantly changing triggering an overwhelming feeling for healthcare and citizens alike. However, through the Affordable Care Act more people will not only be covered but they will seek treatment sooner and will no longer forego preventative care.
3. Healthcare Opportunities need to be forever growing and accessible. The availability of mental health providers, dentists, pharmacists and optometrists are essential in keeping up the quality of healthcare that Hancock County provides. A need for increased resources for single parent families in need is growing daily. Those needs include but are not limited to free and reduced lunch, vision and dental services. Hancock County has the opportunity to find new grants and services to assist these families. With an upward trend of narcotic and alcohol use and abuse the increase in crime and stability is of grave importance. As a result of a rise in violence and homelessness a decreased quality of life and an increased need for services (court/rehab) and cost of care is unavoidable. Without the rehabilitation programs and variety of services offered there may arise an increase in unplanned pregnancies, youth use, neglect, and homelessness. Attracting more mental health providers to treat the addict population will aid in early intervention, education, awareness and treatment programs (Alcoholics anonymous and Narcotics Anonymous). Support for the families and friends of the addict will ensue as well, along with different partnerships.

Hancock County Forces of Change

<i>Forces Identified (Trends, Events, Factors)</i>	<i>Threats Posed</i>	<i>Opportunities Created</i>
Industry (Plant Closures)	<ul style="list-style-type: none"> -Strikes -Hard on families -Negotiating contracts -Lay offs -Loss of services -Increase in other taxes -Low median income 	<ul style="list-style-type: none"> -Hiring -Economic growth -Increase in higher education
Farming (less small farming)	<ul style="list-style-type: none"> -Loss of money source -Loss of jobs 	<ul style="list-style-type: none"> -Grant opportunities
Healthcare Opportunities	<ul style="list-style-type: none"> -No hospital 	<ul style="list-style-type: none"> -Increased access to care -Mental health providers, dentists, pharmacy and optometrist -Coverage for everyone
High Median Income	<ul style="list-style-type: none"> -Hard on families -Ineligible for grants 	<ul style="list-style-type: none"> -Incentive for community growth -More people on private insurance -Greater quality of life
Technology	<ul style="list-style-type: none"> -No good internet coverage 	
Single Parent Households	<ul style="list-style-type: none"> -Poverty -Need for resources -Generational poverty -Grand-parents raising kids 	<ul style="list-style-type: none"> -Find new grants and services
Affordable Care Act	<ul style="list-style-type: none"> -Not paying for some services -Increase in premiums 	<ul style="list-style-type: none"> -More people are covered
Increase in Alcohol and Drug Use	<ul style="list-style-type: none"> -Youth use -Neglect -Increased need for services -Court 	<ul style="list-style-type: none"> -Partnerships -People coming together for a cause

Hancock County Local Public Health System Assessment

Three of the Ten Essential Public Health Services stood out as strengths within Hancock County. These include EPHS #4: Mobilize Community Partnerships, EPHS #5: Develop Policies and EPHS #8: Assure a competent workforce.

Two of the Ten Essential Public Health Services are cited as weaknesses within Hancock County. These include EPHS #1: Monitor health status to identify community health problems and EPHS #6: Enforce Laws (Essential Service #6).

Hancock County Ten Essential Public Health Services / Local Public Health System				
EPHS #1: Monitor Health status to identify community health problems	EPHS #2: Diagnose and investigate health problems	EPHS #3: Inform/Educate and empower people about health	EPHS #4: Mobilize community partnerships	EPHS #5: Develop Policies
-Green River District Health Department (CHA, Epidemiology, Environmental and outbreaks)	-Partners coalition (track, collect, report data and monitoring the future) -Owensboro Health- Dashboard Schools-outbreaks, at risk students/families and immunizations -Industry-wellness programs -Health Coalition- Identification of needs -Law Enforcement- Substance abuse data and collection -River Valley (research, monitoring and futures/trending)	-Medical Providers -Media -Churches (bulletins) -Schools -Health Fairs -Extension offices -Industries	-Hancock County Partners Coalition -Library -Kentucky Cancer Programs -Extension office -River Valley Health Coalition -Health Department -Churches	-Health Department -River Valley Regional Prevention Center -GRADD -United Way -Local and State Government -Hancock County Partners Coalition strategic planning for substance abuse -Health Coalition -Perry County Hospital -Owensboro Hospital -Extension office -Schools

Hancock County Ten Essential Public Health Services / Local Public Health System				
EPHS #6: Enforce Laws	EPHS #7: Link to health	EPHS #8: Assure competent workforce	EPHS #9: Evaluate	EPHS #10: Research
-City Police/ County Sheriff (Law) -Health Department (environmental, communicable diseases, immunizations) -Fiscal Court (solid waste, monitor landfills, personal property clean up)	-Health Department (cancer screening and Humana Vitality) -Resource Center (connections to services) -Audubon Area (GRITS, heating assistance, weatherization) Industry (health screening) -Health Coalition partners (smoking programs)	-Health Department (awareness to providers) -Volunteer fire department (continuing education) -City/county government -Health Coalition partners (awareness) -Chamber (programs) -Career Center (GED) -Extension office	-Health Department (food grading) -Owensboro Regional Health (health services) -Breckinridge County Hospital (health services) -Perry County Hospital (health services) -GRADD (meals on wheels, Health coalitions, vocational support, and Americorp)	-Health Department (placards for food services) -Extension Office -Partners/Health Coalition – surveys and interpretation -CHA/CHACHIP -Surveys

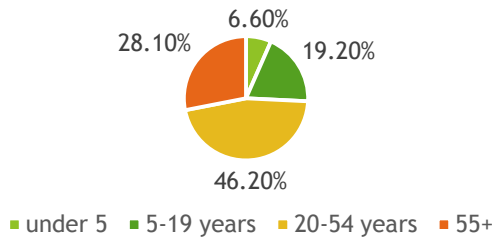
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Henderson County

Henderson County Snapshot

Population

Age Distribution



Household Data

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%

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%

Employment Status

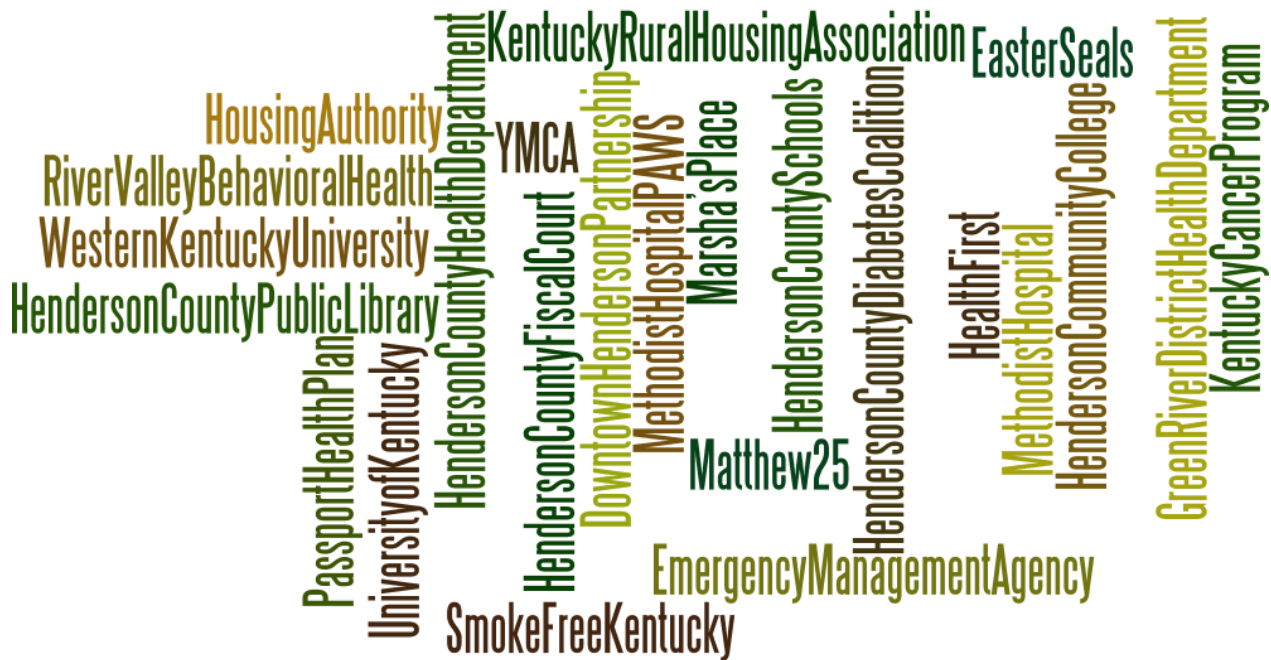
Employed	55.5%
Unemployed	6.2%
Not in labor force	38.2%
Travel time to work	21.4 minutes
Median household income	\$41,940
Mean household income	\$54,966

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, 2009-2013 5-Year American Community Survey

Henderson County Partners



Henderson County - Local Public Health Visioning

- 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.
- 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.
- 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 Community Health Assessment

Health Indicator	Henderson County			Data Source
Access to Health Services	# of Physicians – 111 # of Dentists – 13 # of Mental Health Providers - 74			2012, KY Health Benefit Exchange & Deloitte
Clinical Preventative Services	Diabetic Screening 77%	Mammography Screening 56%		2014 County Health Rankings
Environmental Quality	Air pollution – Average Daily Particulate Matter 14.2	Drinking Water Violations 0		2014 County Health Rankings
Injury & Violence	Violent Crime Rate 142	Injury Death Rate 69	Motor Vehicle Deaths 15	2014 County Health Rankings
Maternal, Infant, and Child Health	Early and Regular Prenatal Care 51%	Low Birth Weight Babies 7.8%	Child Mortality (under 18) 60	2014 County Health Rankings
Mental Health	Ratio of Mental Health Providers 2,215:1	Average Poor Mental Health Days (in the past 30 days) 4.3		2014 County Health Rankings
Nutrition, Physical Activity, Obesity	Obese Adults 33%	Physical Inactivity Among Adults 30%	% Population with Limited Access to Healthy Foods 3%	2014 County Health Rankings
Oral Health	Ratio of Dentists 2,022:1	Adults Missing 6 or More Teeth 22%		2014 County Health Rankings
Reproductive and Sexual Health	Chlamydia Rate 2999.9	Teen Pregnancy Rate (per 1,000 girls aged 15-19) 52.7		2013, Kentucky Department for Public Health
Social Determinants	Median Household Income \$41,940	Less than High School Diploma 15.6%	Population Living in Poverty 16.3%	2012, Kentucky P-20 Data Collaborative, US Census Bureau
Substance Abuse	Excessive Drinking Rate 9%	Driving Deaths with Alcohol Involvement 49%	Drug Poisoning Deaths 14	2014 County Health Rankings
Tobacco	Adult Smoking 23%			2014 County Health Rankings

Henderson County Themes and Strengths

SWOT ANALYSIS Henderson County

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

Community Themes and Strengths: Henderson

What is important in the community?	How is the quality of life perceived in the community?	What are some community assets to improve health?
<ul style="list-style-type: none"> • Opportunity for education (3) • Family Health (2) • Safe Community • Economic Growth • Public Access to Recreation activities (Free) • Job opportunity (advancements) (3) • Maintain access to healthcare (4) • Access to Mental Health Care (2) • Public Transportation (2) • Affordable housing (2) 	<ul style="list-style-type: none"> • Safe, small sense of community • Depends on location and who you ask (2) • Overall good quality of life (2) • Good school system • Compassionate and kind community • Low income wages • Young people perceive Henderson as too small • Not much night life 	<ul style="list-style-type: none"> • Health coalition and councils • CATCH (2) • Riverwalk and other Recreational activities (3) • State park (2) • Methodist Hospital (proactive approach to Health and wellness) (4) • FQHC (3) • Family Resource Centers • Outreach Programs • Non- Profits • Health Department (2) • Public Transportation

Community Themes and Strengths: Henderson		
What is important in the community?	How is the quality of life perceived in the community?	What are some community assets to improve health?
<ul style="list-style-type: none"> • Upgrading Technology • Decrease teen pregnancy rate and teen STD rates (2) • Addiction issues (2) • Children's oral health • Oral health funding • Health First (provides transportation, received grant for dentists) • Have the local government set health as a priority • Safety (2) • Resources for families in need (2) • Access to food • Community events 	<ul style="list-style-type: none"> • No access to Medicaid, Dental providers will not take insurance. • No access to mental health providers • Drug problem (2) • Pockets of deterioration within the community. • When one area gets clean the issues rise in another area. • Desirable place to work • Farmer's Market • 3 county parks 	<ul style="list-style-type: none"> • Churches and community outreach (Food Pantry) (2) • YMCA (silver sneakers program and a low income scholarship program)(2) • Hispanic health fair • Henderson CO. Diabetes Coalition(Diabetes meds and supply assistance program) (2) • Henderson Community College • Library • Healthy Henderson group • Programs (Healthy Living Services) • Affordable Care Act (Kynect) • CAP program • 1 High School (easier to reach students) • Smoke Free Henderson • The Gleaner • Crisis Pregnancy Center

Henderson County Forces of Change

On January 12, participants at the Henderson County Community Health Forum identified economic, social and legal/policy factors as the top forces of change.

1. An economic opportunity can be created due to cultural diversity. The Burmese and Hispanic population for example can offer new businesses, cultural exchange and bilingual health professionals. An increase in a diversifying community will pose language barriers and presents cultural differences which may hinder access to education. An increased stress on local resources such as housing may also transpire.
2. With an upward trend of narcotic and alcohol use and abuse the increase in crime and stability is of grave importance. As a result of a rise in violence and homelessness a decreased quality of life and an increased need for services (court/rehab) and cost of care is unavoidable. Without the rehabilitation programs and variety of services offered there may arise an increase in unplanned pregnancies, youth use, neglect, and homelessness. Safety concerns such as workplace and traffic accidents while under the influence are threats posed as well and treatment and resources should be made available to those who want help. Attracting more mental health providers to treat the addict population will aid in early intervention, education, awareness and treatment programs (Alcoholics anonymous and Narcotics Anonymous). Support for the families and

- friends of the addict will ensue as well, along with different partnerships. An increase in funding for law enforcement may arise with the new developments taking place.
3. The closure of the coal mines has weakened the economy with the loss of coal tax, jobs, homes and severance along with the unknown future of coal in Henderson County. Due to the closings new jobs are being sought out with the potential of higher wages and improved benefits as well. Relocation may be an option as well, families will move where the money and resources that they utilize are located.
 4. In efforts to create a healthier community a smoking ban was set into place however the city and county are not in total agreement with each other causing a disconnect with the smoke free efforts. Some saw the ban as an infringement of personal freedoms while others saw it as progressive efforts to improve health of an entire population. There is opposition to legislation from smokers and tobacco growers recognizing that tobacco is a main cash crop in Henderson County.
 5. Mental Health issues are increasing within the homeless population. A prominent lack of resources for this group of people leads to warming centers and family homeless shelters provided by Henderson County.
 6. The multi-generational families differing from the traditional parents to the non-traditional grandparents raising children does cause an adverse childhood experience. Those children may have a hard time coping with the loss/abandonment of their parent(s) causing an increase in the need for mental health resources. With the need for resources comes the lack of funding from the grandparents and potential conflicts with the payment from insurance companies.
 7. A need for increased resources for families in need is growing daily. Those needs include but are not limited to free and reduced lunch, vision and dental services. Through Henderson County Henderson Vision Plan and Healthy Henderson Group are making strides to assist those families.
 8. The rate at which college students are leaving for college but choosing not to return to their hometowns and use their newly acquired skills is "Brain Drain". While the college students are away they may realize the benefits of raising their children in a smaller community and move home bringing improved education and resources back to Henderson County.

Henderson County Forces of Change Assessment

<i>Forces Identified (Trends, Events, Factors)</i>	<i>Threats Posed</i>	<i>Opportunities Created</i>
Smoking Ban (3)	-City and County are not agreed (some smoke free some not) -Opposition to legislation from smokers and tobacco growers.	-City and County have to work together -Education (adult/youth) -Decrease in healthcare costs -Better environment
Growth of Ethnic population (Hispanic) (4)	-Resources -Don't have better jobs -Language Barrier -Housing -Health Care needs	-Hispanic population to engage and to help the community. -Bilingual Health Professionals -Multi-Cultural Community -Culture exchange
Trend of Growth (downtown development)		-New businesses

Henderson County Forces of Change Assessment

Forces Identified (Trends, Events, Factors)	Threats Posed	Opportunities Created
Addiction (Drugs) (3)	-No program/rehab they just go to jail -Decrease in quality of life -Increase in unplanned pregnancies	-WARM (Women's Addiction Recovery Manor) -AA -Attract more mental health providers -Early intervention, Education and Programs. -Increase funding for law enforcement
Homelessness	-Mental Health issues increasing	-WARM Center -Family Homeless Shelters
Multi- Generational Families	-Mental Health issues increasing -Need additional resources	-GRADD
Economics (free and reduced lunch)	-Budget	-Henderson Vision Plan -Healthy Henderson Group
Coal Mine Closings (3)	-Coal Severance -Job loss -Quality of life -Loss of home -Relocation -Loss of community partnerships	-Re-educate (degree seeking program) -Early Retirement
Brain Drain		

Henderson County Local Public Health System Assessment

Three of the Ten Essential Public Health Services stood out as strengths within Henderson County. These include EPHS #3: Inform/Educate and empower people about health, EPHS #4: Mobilize Community Partnerships and EPHS #7: Link to Health.

Two of the Ten Essential Public Health Services are cited as weaknesses within Henderson County. These include EPHS #2: Diagnose and Investigate health problems and EPHS #6: Enforce Laws.

Henderson County Ten Essential Public Health Services / Local Public Health System				
EPHS #1: Monitor Health status to identify community health problems	EPHS #2: Diagnose and investigate health problems	EPHS #3: Inform/Educate and empower people about health	EPHS #4: Mobilize community partnerships	EPHS #5: Develop Policies
<ul style="list-style-type: none"> -Henderson County schools -KIP Youth Survey -YRBS (Youth Risk Behavior Survey) -Henderson ASAP -Hospital and private providers -Law Enforcement -Community College -GRADD -Extension office -Health council -Audubon Area State/Federal 	<ul style="list-style-type: none"> -News stations (alerts media) 	<ul style="list-style-type: none"> -The Gleaner -Methodist Hospital (programs, online, radio, Facebook billboards and commercials) -Healthcare/Physician providers -Healthy Henderson Coalition -WSO (radio station) -KY Cancer Program (website educational programs) -Henderson school system -CATCH program -Thelma B Johnson Early Learning Center -Marsha's Place PRC -Health Department -HANDS program -Fire and Police departments -WARM (women's addiction recovery manor) -HART Bus -Good Will, St. Vincent De Paul, Salvation Army 	<ul style="list-style-type: none"> -Government -Healthy Henderson -Area Churches -GRADD -Audubon Area Services -YMCA -Downtown Henderson Partnership -Family Court (Rob Weiderstein) -Diabetes coalition -Lion's Club -Henderson Leadership Initiative -Drug Court -Family Resource Youth Service Center -Vision Henderson Process -Green River District Health Department -Engage Henderson/One Life Church 	<ul style="list-style-type: none"> -Methodist Hospital Prevention and Wellness Services - Cares Program American Heart-CPR, ACLS, PALS -RedCross (CPR, First Aid) -Community college (smoke free facility in March) -YMCA Healthy Kids Day -Green River District Health Department -Health Coalition -All local and state governments - Affordable Care Act

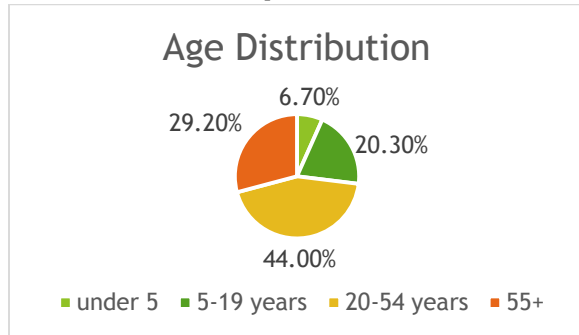
Henderson County Ten Essential Public Health Services / Local Public Health System				
EPHS #6: Enforce Laws	EPHS #7: Link to health	EPHS #8: Assure competent workforce	EPHS #9: Evaluate	EPHS #10: Research
<ul style="list-style-type: none"> -Green River District Health Department- Food rating posting, Pandemic/Epidemic Plans , Ebola policy on protection Preparedness plans for community -Methodist Community 	<ul style="list-style-type: none"> -Methodist Hospital- case management, PAWS cares- (heart failure-follow for 1 year and provides services) -Transportation- GRITS, HART, Local churches -Madisonville- pregnancy center -Matthew 25 Marsha's Place -Health First- partner with local agencies -Health Department -Lighthouse Housing Authority -EMA- Emergency Management -Salvation Army -Warm center -YMCA -CATCH program (medical care for children) -Project Lifesaver- Alzheimer's patients locator -Healthy Henderson 	<ul style="list-style-type: none"> -Hospital -Health Department -Medical Boards Dental -Universities (WKU) 	<ul style="list-style-type: none"> -Healthy Henderson -Green River District Health Department -Hospitals -YMCA -Schools -TOP -Evidence based programs 	<ul style="list-style-type: none"> -Hospital (smoking) -Universities -Extension office -Kids Count Data



McLean County

McLean County Snapshot

Population



Household Data

Housing units	4,261
Homeownership rate	78.4%
Persons below poverty level	18.8%
Children living in single-parent households	14.9%

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%

Employment

Employed	57.5%
Unemployed	5.1%
Not in labor force	42.5%
Travel time to work	27.8 minutes
Median household income	\$38,833
Mean household income	\$49,156

Industry

Agriculture	7.3%
Construction	10.0%
Manufacturing	16.6%
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, 2009-2013 5-Year American Community Survey

McLean County Partners



McLean County - Local Public Health Visioning

- 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 upmost importance in schools that are safe and promise as well as deliver a quality education.
- 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 Community Health Assessment

Health Indicator	Henderson County			Data Source
Access to Health Services	# of Physicians – 2 # of Dentists – 1 # of Mental Health Providers - 9			2012, KY Health Benefit Exchange & Deloitte
Clinical Preventative Services	Diabetic Screening 77%	Mammography Screening 56%		2014 County Health Rankings
Environmental Quality	Air pollution – Average Daily Particulate Matter 14.2	Drinking Water Violations 0		2014 County Health Rankings
Injury & Violence	Violent Crime Rate 142	Injury Death Rate 69	Motor Vehicle Deaths 15	2014 County Health Rankings
Maternal, Infant, and Child Health	Early and Regular Prenatal Care 51%	Low Birth Weight Babies 7.8%	Child Mortality (under 18) 60	2014 County Health Rankings
Mental Health	Ratio of Mental Health Providers 2,215:1	Average Poor Mental Health Days (in the past 30 days) 4.3		2014 County Health Rankings
Nutrition, Physical Activity, Obesity	Obese Adults 33%	Physical Inactivity Among Adults 30%	% Population with Limited Access to Healthy Foods 3%	2014 County Health Rankings
Oral Health	Ratio of Dentists 2,022:1	Adults Missing 6 or More Teeth 22%		2014 County Health Rankings
Reproductive and Sexual Health	Chlamydia Rate 2999.9	Teen Pregnancy Rate (per 1,000 girls aged 15-19) 52.7		2013, Kentucky Department for Public Health
Social Determinants	Median Household Income \$38,833	Less than High School Diploma 15.6%	Population Living in Poverty 16.3%	2012, Kentucky P-20 Data Collaborative, US Census Bureau
Substance Abuse	Excessive Drinking Rate 9%	Driving Deaths with Alcohol Involvement 49%	Drug Poisoning Deaths 14	2014 County Health Rankings
Tobacco	Adult Smoking 23%			2014 County Health Rankings

McLean County Themes and Strengths

SWOT ANALYSIS

McLean County

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

Community Themes and Strengths: McLean County		
What is important in the community?	How is the quality of life perceived in the community?	What are some community assets to improve health?
<ul style="list-style-type: none"> • Access to Health Care • 24 hour care facility • Healthy place for younger generations • Good schools • Recreation • Strong Faith • Farming • Tobacco (main source of income but poses health risks) • Substance Abuse Awareness • Children's Health 	<ul style="list-style-type: none"> • Depends on who you are • Overall: good • Acceptance of rural community • Varies from different families- some need support • Small community • Substance Abuse treatment for Addict, families and friends • Poverty level • High prisoner rates 	<ul style="list-style-type: none"> • Exercise facilities • Faith-Based Community that offers Zumba, meals etc • Coalitions • Schools • Parks • Smoke-Free Environment • Walking trails • Concerned citizens • Grant for clean water • Battle of Sacramento • John Brown Young-Scholarship • Farmer's Market • Green River • Senior Centers • Bringing more health care professional specialists

McLean County Forces of Change

Partners present at the Community Health Forum on January 21, 2015 identified economic and social factors as the top forces of change in McLean County.

1. The rate at which college students are leaving for college but choosing not to return to their hometowns and use their newly acquired skills is "Brain Drain". While the college students are away they may realize the benefits of raising their children in a smaller community and move home bringing improved education and resources back to McLean County.
2. The closure of the coal mines has weakened the economy with the loss of coal tax and severance along with the unknown future of coal in McLean County. Due to the closings new jobs are being sought out with the potential of higher wages and improved benefits as well.
3. With the new legislation raising the age of drop-out possibility to 18 there has been a dramatic decrease in drop outs. The student's reactions can include disruptive behavior causing alternate program requirements along with an increase in failure rates due to lack of caring amongst the students. The new legislation however may drive the student's determination and create future educational opportunities for McLean County youth.
4. A trend toward healthier choices in community activities will lead to healthier activities and options for McLean County. Making the community more informed and motivated to make those lifestyle choices. Along with vast changes comes a sense of complacency, a resistance to change perhaps due to limited time and resources.
5. The loss of school nurses has greatly hindered the health management of school aged children who may not see a doctor on a regular basis. For some children the visits to the school nurse was their link to health and wellness.
6. Employment rate increase can lead to a dangerous situation of possible health issues. With an increase of hours and job advancements the community may not be taking needed breaks or time off. Mental and physical stress come into play when an overexertion at work occurs.
7. Adult Education is increasing in McLean County more non- traditional students are going back to school for advancements and opportunities within their careers. This may lead to a move to another county where the job opportunities are more existent.
8. Natural Disasters such as the Ice Storm of 2009 that affected the community brought in support from the National Guard and allowed the community to pull together resources and support for those impacted by the storm. There too lied the potential of community awareness and education on preparedness for future natural disasters.
9. The moving of the hospital has caused an increase in travel distance of 7 additional miles. This alarms the community to the potential of life and death for the people needing immediate assistance. The EMS will now have more of a distance to travel along with a higher bill to pass onto the patients or the county.

McLean County Forces of Change

<i>Forces Identified (Trends, Events, Factors)</i>	<i>Threats Posed</i>	<i>Opportunities Created</i>
Student Drop-out rate is declining (Legislation increase to age 18).	-Student Reaction: Disruptive behavior causing alternate program requirements. -Increased failure rates -Economic Impact	-Future Educational opportunities for McLean County youth. -Possibility of more jobs being created.
Trend toward healthier choices in community activities	-Complacency-Resistance to change. -Limited time -Limited Resources	-Healthier activities and options for community. -Informed and motivated community
Loss of school nurses	-Decreased health management of school age children	-Hiring school nurse -Community education
Brain Drain (2)	-More going to college but not returning to home town to work	-Improved Education - Recognizing the benefits of raising a family in McLean County.
Employment Increase	-Dangerous: possible health issues	-
Increases in Adult Education	-Possibly moving from the community	-Better job to enhance life style.
Coal Mine Closure	-Loss of coal severance -Future of Coal	-New jobs -Higher wages
Natural Disasters (Ice Storm of 2009)	-	-Support from National Guard -Community support and resources.
Moving of Hospital	-Additional 7 miles added to drive. -EMS bills are higher and passed to patients or county.	

McLean County Local Public Health System Assessment

Four of the Ten Essential Public Health Services stood out as strengths within McLean County. These include EPHS #2: Diagnose and investigate health problems, EPHS #3: Inform/Educate and empower people about health, EPHS #5: Develop policies and EPHS #6: Enforcing Laws.

Two of the Ten Essential Public Health Services are cited as weaknesses within McLean County. These include: EPHS #1 Monitor health status to identify community health problems and EPHS #10: Research.

McLean County Ten Essential Public Health Services / Local Public Health System				
EPHS #1: Monitor Health status to identify community health problems	EPHS #2: Diagnose and investigate health problems	EPHS #3: Inform/Educate and empower people about health	EPHS #4: Mobilize community partnerships	EPHS #5: Develop Policies
<ul style="list-style-type: none"> -Health Department -Hospitals (Owensboro and Baptist Health) -Regional Health Council/Health Coalitions -Schools -Monitor health status -Regional Prevention Center (RVBH) 	<ul style="list-style-type: none"> -GRADD -River Valley -Schools -Kentucky Cancer Programs -Law Enforcement (substance abuse) -Health Department -Health First -Medical Doctors -Owensboro Hospital -Baptist Health 	<ul style="list-style-type: none"> -Health Coalitions -Health Department -GRADD -Regional Prevention Center (RVBH) -Owensboro Health -Baptist Health -Schools -Resource Centers -United Way -Kentucky Cancer Program -Audubon Area Community Services -Law Enforcement (DARE officers) 	<ul style="list-style-type: none"> -Screenings (schools, senior center, Lion's Club, Health Department) -Health/Safety Fairs -Lion's Club-vision/eye screenings 	<ul style="list-style-type: none"> -McLean County Community Clean Air Coalition (indoor ordinances for restaurants and retail stores) -Discourage providing alcohol to minors -Coalitions advocating for clean Air Ordinance -Smoke-free schools -Partnership for a healthy McLean county -Social Host-ordinance -Grant for water quality improvement

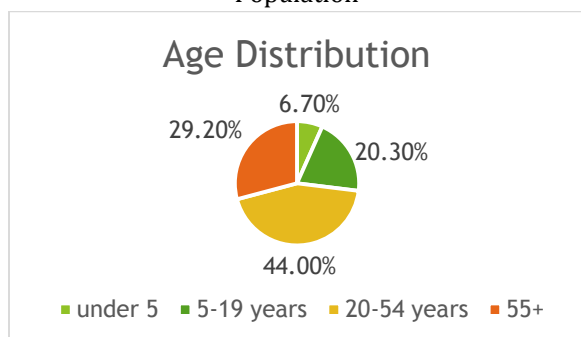
McLean County Ten Essential Public Health Services / Local Public Health System				
EPHS #6: Enforce Laws	EPHS #7: Link to health	EPHS #8: Assure competent workforce	EPHS #9: Evaluate	EPHS #10: Research
<ul style="list-style-type: none"> -Office of Inspection General (restaurants and schools) -Sanitation -City-Insure water quality -EMA -Emergency preparedness -Green River District Health Department (restaurants, schools nursing homes, sanitation, and septic systems) 	<ul style="list-style-type: none"> -Lunch and Learn (education program) -Health First -Health department refers people to Audubon Area for Kynect (insurance) -Churches (assist members monetarily and personally) -Family resource center gauges student/family needs 	<ul style="list-style-type: none"> -Accreditation processes -WKU, UL and OCTC nursing programs -Continuing Education -Health Department board of Directors -MAPP training for the health department 	<ul style="list-style-type: none"> -Coalitions (increase healthy trends) -Senior citizen services -WIC -Environmental -Home health 	<ul style="list-style-type: none"> -Rural Scholar program (education needs to bring kids back home) -Epidemiology -Nursing practicum participants



Ohio County

Ohio County Snapshot

Population



Household Data

Housing units	10,186
Homeownership rate	80.0%
Persons below poverty level	19.7%
Children living in single-parent households	16.4%

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%

Employment

Employed	52.2%
Unemployed	4.7%
Not in labor force	47.8%
Travel time to work	23.9 minutes
Median household income	\$40,830
Mean household income	\$50,569

Industry

Agriculture	7.0%
Construction	7.2%
Manufacturing	23.1%
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, 2009-2013 5-Year American Community Survey

Ohio County Partners



Ohio County - Local Public Health Visioning

- 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.
- 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 Community Health Assessment

Health Indicator	Ohio County			Data Source
Access to Health Services	# of Physicians – 23 # of Dentists – 5 # of Mental Health Providers - 16			2012, KY Health Benefit Exchange & Deloitte
Clinical Preventative Services	Diabetic Screening 89%	Mammography Screening 58%		2014 County Health Rankings
Environmental Quality	Air pollution – Average Daily Particulate Matter 14.0	Drinking Water Violations 44%		2014 County Health Rankings
Injury & Violence	Violent Crime Rate 82	Injury Death Rate 84	Motor Vehicle Deaths 18	2014 County Health Rankings
Maternal, Infant, and Child Health	Early and Regular Prenatal Care 62%	Low Birth Weight Babies 9.3%	Child Mortality (under 18) 71	2014 County Health Rankings
Mental Health	Ratio of Mental Health Providers 8,025:1	Average Poor Mental Health Days (in the past 30 days) 5.1		2014 County Health Rankings
Nutrition, Physical Activity, Obesity	Obese Adults 35%	Physical Inactivity Among Adults 36%	% Population with Limited Access to Healthy Foods 5%	2014 County Health Rankings
Oral Health	Ratio of Dentists 3,439:1	Adults Missing 6 or More Teeth 33%		2014 County Health Rankings
Reproductive and Sexual Health	Chlamydia Rate 170.9	Teen Pregnancy Rate (per 1,000 girls aged 15-19) 66.9		2013, Kentucky Department for Public Health
Social Determinants	Median Household Income \$40,830	Less than High School Diploma 23.07%	Population Living in Poverty 20.8%	2012, Kentucky P-20 Data Collaborative, US Census Bureau
Substance Abuse	Excessive Drinking Rate 8%	Driving Deaths with Alcohol Involvement 38%	Drug Poisoning Deaths 16	2014 County Health Rankings
Tobacco	Adult Smoking 27%			2014 County Health Rankings

Ohio County Themes and Strengths

SWOT ANALYSIS

Ohio County

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

Community Themes and Strengths: Ohio County

What is important in the community?	How is the quality of life perceived in the community?	What are some community assets to improve health?
<ul style="list-style-type: none"> • Faith • Access to Food (restaurants) • Farmer's Market • Expansion • Sports • Roads • Safety • More Economic development • Quality of education • Transportation • Utilities 	<ul style="list-style-type: none"> • Neutral (depends on generation) • Older generation-Happier • Decreasing poverty rate • Good-Low stress, most people are happy • Low cost of living 	<ul style="list-style-type: none"> • Senior support • AARP • Hospital • Churches • Organizations • Longest Day of Play • Economic Advancements (Jobs) • Active health coalition • Chiropractors • Quick care • Family Wellness Center • Athletic training (nutrition with athletes and other students) • Access to providers • Dry community • Safe • Diverse

Community Themes and Strengths: Ohio County		
What is important in the community?	How is the quality of life perceived in the community?	What are some community assets to improve health?
		<ul style="list-style-type: none"> • Health Care council • Celebrate recovery • Back Pack Program • Trail Town

Ohio County Forces of Change

During the Community Health Forum on January 21, 2015, participants identified social and economic issues as the top forces of change in Ohio County.

1. An economic opportunity can be created due to cultural diversity. The Burmese and Hispanic population for example can offer new businesses, cultural exchange and bilingual health professionals. An increase in a diversifying community will pose language barriers and presents cultural differences which may hinder access to education. An increased stress on local resources such as housing may also transpire.
2. The closure of the coal mines has weakened the economy with the loss of coal tax and severance along with the unknown future of coal in Ohio County. Due to the closings new jobs are being sought out with the potential of higher wages and improved benefits as well.
3. In efforts to create a healthier community a smoking ban was set into place. Some saw the ban as an infringement of personal freedoms while others saw it as progressive efforts to improve health of an entire population.
4. Healthcare provided through the Affordable Care Act has caused families to add healthcare to their budgets where in the past they didn't have to pay for high premiums, deductibles and copays. This in turn is causing a lack of funds elsewhere such as education. The legislation seems unstable as it is constantly changing triggering an overwhelming feeling for healthcare and citizens alike. However, through the Affordable Care Act more people will not only be covered but they will seek treatment sooner and will no longer forego preventative care.
5. With an upward trend of narcotic and alcohol use and abuse the increase in crime and stability is of grave importance. As a result of a rise in violence and homelessness a decreased quality of life and an increased need for services (court/rehab) and cost of care is unavoidable. Without the rehabilitation programs and variety of services offered there may arise an increase in unplanned pregnancies, youth use, neglect, and homelessness. Attracting more mental health providers to treat the addict population will aid in early intervention, education, awareness and treatment programs (Alcoholics anonymous and Narcotics Anonymous). Support for the families and friends of the addict will ensue as well, along with different partnerships. .
6. A trend toward healthier choices in community activities will lead to healthier activities and options for Ohio County. Participating in healthier community partnerships, Trail Town, encouraging grants for funding and linking the faith community to health will help make the community more informed and motivated to make those healthy lifestyle choices. Along with vast changes comes a sense of complacency, a resistance to change perhaps due to limited time and resources.
7. Due to the increase in high skilled jobs correlates to an increase in unemployment. If the community members of Ohio County don't have the higher education expected to perform well on a job then they will not receive the position. However if they choose to go back to school and gain the skills then more job opportunities, higher wages and a diverse work force will emerge.

8. Ohio County faces some dry county issues such as limited dining and tourism which may impact them economically. Ohio County does feel a sense of safety and stability due to the decision to continue being a dry county.
9. Rural counties such as Ohio County face some accessibility issues that may limit their resources and activities. Rural counties do offer peace and solitude along with some outdoor activities.

Ohio County Forces of Change

<i>Forces Identified (Trends, Events, Factors)</i>	<i>Threats Posed</i>	<i>Opportunities Created</i>
Increase in High skilled jobs	-Increased unemployment	-Higher paying jobs -Diverse workforce
Smoking Ban (3) E-Cigs	-Infringing upon freedom -Upset smokers -None -unknown dangers -More addiction	-Creating a healthier community -Healthier workplace -Cleaner indoor air -Decrease in addiction and diseases
Upward trend in narcotic use/abuse (2)	-Safety -Violence (increase in crime) -Stability (increase in homelessness) -Workplace accidents -Traffic accidents -Resources to help those who want help. -Cost of care	-Educational -Awareness opportunities -Rehab programs -AA/NA -Psychiatric services
Dry County issues	-Safety -Stability	-Tourism -Dining -Cultural Diversity
Ethnic Diversity (4)	-Increased stress on local resources -Communication -Cultural differences -Lack of community acceptance	-Increase in housing -Diversity of culture -Broaden knowledge of different cultures -Develop acceptance and tolerance as a community. -Willing labor force -More people

Ohio County Forces of Change

Forces Identified (Trends, Events, Factors)	Forces Identified (Trends, Events, Factors)	Forces Identified (Trends, Events, Factors)
Rural	-Accessibility	-Peace -Solitude -Outdoor recreation
Mine Closure (4)	-Decreased Financial Security -Job loss -Poverty -Brain Drain -less money for county	-Opportunity to seek advanced education or alternate education/training. -Lessens environmental concerns. -Recreational land -Community can become less dependent on one industry (seek out various industries for the community)
Affordable Care Act (2)	-Who will pay for this? -Dependency on government -Overwhelmed healthcare -Increased premiums	-Jobs created -More covered people
Increase interests in Health and Prevention (2)	-Costly fraud	-Trail Town -Healthier Community partnerships -Linking faith community for health. -Grants to fund programs -More Involvement

Ohio County Local Public Health System Assessment

Three of the Ten Essential Public Health Services stood out as strengths within Ohio County. These include EPHS #4: Mobilize Community Partnerships, EPHS #6: Enforce Laws and EPHS #8: Assure competent workforce.

Two of the Ten Essential Public Health Services are cited as weaknesses within Ohio County. These include EPHS #5: Develop policies as well as EPHS #10: Research.

Ohio County Ten Essential Public Health Services / Local Public Health System				
EPHS #1	EPHS #2	EPHS #3	EPHS #4	EPHS #5
Monitor Health status to identify community health problems	Diagnose and investigate health problems	Inform/Educate and empower people about health	Mobilize community partnerships	Develop Policies
-GRDHD-CHA and epidemiologists -Health Coalition-analyze data and adjust course of action	-Water Department-investigate issues to address concern -Law enforcement-investigate	-Health Department-clinical and community education, specific health care,	-Emergency Management -EMS -Law Enforcement agencies -School systems	-Health Council -Green River District Health Department -Fiscal Court

Ohio County Ten Essential Public Health Services / Local Public Health System				
EPHS #1	EPHS #2	EPHS #3	EPHS #4	EPHS #5
Monitor Health status to identify community health problems	Diagnose and investigate health problems	Inform/Educate and empower people about health	Mobilize community partnerships	Develop Policies
<ul style="list-style-type: none"> -Ohio Co. Hospital-Health risk assessments for employees monthly review of statistics, admissions and readmissions, ER use -Perdue- health risk assessment for employees -Ohio County Schools-KIP survey, Resource center, monitor immunizations and illness rates 	<ul style="list-style-type: none"> substance abuse, suicides and domestic violence. -GRDHD-Tracking and trending health threats -Outside Agencies-look at internal data to see what issues are in Ohio County and send responses -O.C.H.-reports data to necessary agencies 	<ul style="list-style-type: none"> program initiatives within the community -Hospital (and provided services)-clinical and community education, specialized care (various care services) -Health Coalition-Programs within the community -Kentucky CA program and other specialty programs-Programs within the community -Faith-Based communities-Church-sponsored programs 	<ul style="list-style-type: none"> -Together We Care -Ohio County smoke free -Green River District Health Department -Hope for Life Food Pantry Cooperative Extension office -Family Resource Center -Local Government 	<ul style="list-style-type: none"> -Community Health Assessment

Ohio County Ten Essential Public Health Services / Local Public Health System				
EPHS #6: Enforce Laws	EPHS #7: Link to health	EPHS #8: Assure competent workforce	EPHS #9: Evaluate	EPHS #10: Research
<ul style="list-style-type: none"> -Health Department -EPA -OSHA Schools/School Board JCAH (Joint Commissions on Accreditation of Health Care Organizations) -Water Districts/Water inspections 	<ul style="list-style-type: none"> -Ohio County Hospital-H.I.P, worksite health promotion -Green River District Health Department- C.A.P, HANDS, Building stronger families, T.O.P., targeted health information Audubon Area-G.R.I.T.S 	<ul style="list-style-type: none"> -Green River District Health Department -Ohio County Hospital -Ohio County Schools- food service, school health nurses, Family Resource Center, PE/Health teachers and coaches 	<ul style="list-style-type: none"> -Hospital -GRADD -Health Coalition -Health Department -Schools 	<ul style="list-style-type: none"> -Health Coalition -Doctors OCTC/WKU -Teaching facilities in surrounding areas

Ohio County Ten Essential Public Health Services / Local Public Health System				
EPHS #6: Enforce Laws	EPHS #7: Link to health	EPHS #8: Assure competent workforce	EPHS #9: Evaluate	EPHS #10: Research
-Food Inspections/ Sanitation -Immunization policies and regulations	-Schools and Family Resource center- Connect to services, outreach and assessment, school nurses, family advocates -Industry (Perdue)-Wellness and linking minority population to services.	-Family Wellness Center- Trainers and lifeguards -Pharmacies -Childcare workers		

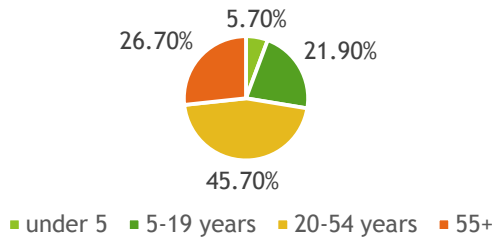
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Union County

Union County Snapshot

Population

Age Distribution



Household Data

Housing units	6,155
Homeownership rate	73.7%
Persons below poverty level	25.7%
Children living in single-parent households	20.7

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%

Employment

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

Industry

Agriculture	18.4%
Construction	2.5%
Manufacturing	14.1%
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%

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Union County Partners



Union County - Local Public Health Visioning

- 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.
- 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 Community Health Assessment

Health Indicator	Union County			Data Source
Access to Health Services	# of Physicians – 9 # of Dentists – 5 # of Mental Health Providers - 10			2012, KY Health Benefit Exchange & Deloitte
Clinical Preventative Services	Diabetic Screening 88%	Mammography Screening 67%		2014 County Health Rankings
Environmental Quality	Air pollution – Average Daily Particulate Matter 14.1	Drinking Water Violations 10%		2014 County Health Rankings
Injury & Violence	Violent Crime Rate per 100,000 82	Injury Death Rate per 100,000 89	Motor Vehicle Deaths per 100,000 27	2014 County Health Rankings
Maternal, Infant, and Child Health	Early and Regular Prenatal Care 53%	Low Birth Weight Babies 6%	Child Mortality (under 18) per 100,000 78.6	2014 County Health Rankings
Mental Health	Ratio of Mental Health Providers N/A	Average Poor Mental Health Days (in the past 30 days) 4.3		2014 County Health Rankings
Nutrition, Physical Activity, Obesity	Obese Adults 35%	Physical Inactivity Among Adults 36%	% Population with Limited Access to Healthy Foods 5%	2014 County Health Rankings
Oral Health	Ratio of Dentists 3,439:1		Adults Missing 6 or More Teeth 33%	2014 County Health Rankings
Reproductive and Sexual Health	Chlamydia Rate 170.9		Teen Pregnancy Rate (per 1,000 girls aged 15-19) 66.9	2013, Kentucky Department for Public Health
Social Determinants	Median Household Income \$39,125	Less than High School Diploma 23.07%	Population Living in Poverty 20.8%	2012, Kentucky P-20 Data Collaborative
Substance Abuse	Excessive Drinking Rate 12%	Driving Deaths with Alcohol Involvement 33%	Drug Poisoning Deaths per 100,000 17	2014 County Health Rankings
Tobacco	Adult Smoking 21%			2014 County Health Rankings

Union County Themes and Strengths

SWOT ANALYSIS

Union County

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

Community Themes and Strengths:

Union

What is important in the community?	How is the quality of life perceived in the community?	What are some community assets to improve health?
<ul style="list-style-type: none"> • Addiction Issues (children in and out of homes because of abuse or neglect) • Job Availability • Agriculture • Sense of community • Sports/Wrestling • Variety of healthcare • Hospital • Loss of mining jobs • Quality of local physicians • Youth 	<ul style="list-style-type: none"> • Currently: positive except for recent loss of jobs • Sense of community • Family Wellness • Early childhood care (ADHD medicine/relying on medication) • Low crime rate • Smoking rates are declining • Diabetes • Obesity • Varying degrees of family wellness • Addiction issues 	<ul style="list-style-type: none"> • Hospital • Health Coalition • Health Department • Education (School system) • Faith community (Community garden) • Workplace wellness • Golf course • YMCA • Senior center • Crisis pregnancy center • 5K runs • Meals on wheels • Get Fit Kentucky • Corn festival • Farmer's Market • School wellness committee • Family Resource Center • Youth sports/activities

Union County Forces of Change

Community Health Forum participants identified economic, social and environmental issues as the top forces of change in Union County.

1. The closure of the coal mines has weakened the economy with the loss of coal tax and severance along with the unknown future of coal in Union County. Due to the closings new jobs are being sought out with the potential of higher wages and improved benefits as well.
2. Water line construction in Union County would decrease the water quality violations as well as increase the quality of water ensuring the confidence amongst the community on the Environmental health of Union County.
3. Loss of physicians in Union County would decrease the quality of health care along with limiting the access to health care. With these restrictions people may limit their trips to seek medical help due to the price and burden of a long commute. Consequently if people did choose to leave town to seek medical care their money would be going to a different county in turn subtracting money from the economy of Union County. Recruiting more physicians and bringing college students back to Union County would be a wise investment for the economy.
4. Healthcare provided through the Affordable Care Act has caused families to add healthcare to their budgets where in the past they didn't have to pay for high premiums, deductibles and copays. This in turn is causing a lack of funds elsewhere such as education. The legislation seems unstable as it is constantly changing triggering an overwhelming feeling for healthcare and citizens alike. However, through the Affordable Care Act more people will not only be covered but they will seek treatment sooner and will no longer forego preventative care.
5. The rate at which college students are leaving for college but choosing not to return to their hometowns and use their newly acquired skills is "Brain Drain". While the college students are away they may realize the benefits of raising their children in a smaller community and move home bringing improved education and resources back to Union County.
6. Vaccination Trends seem to be on the rise, with an increased hesitation to vaccinate children comes with a potential of outbreaks. It is important for community education be made available to those that are weary or "on the fence" on vaccinating their children. The decision that is made affects all children and families not just the vaccinated or unvaccinated child.
7. The shift of guardianship from the traditional parents to the non-traditional grandparents raising children does cause an adverse childhood experience. Those children may have a hard time coping with the loss/abandonment of their parent(s) causing an increase in the need for mental health resources. With the need for resources comes the lack of funding from the grandparents and potential conflicts with the payment from insurance companies.
8. Community gardening will help provide healthy food to those that are having trouble accessing resources to feed their families. As long as funding is provided and volunteers continue to undertake the responsibilities the garden will continue to be valuable to Union County.
9. Fear that the E-cigarette trend may lead to experimentation and new addiction becomes a more widespread concern within communities. There are unknown dangers that exist with E-cigs, the idea that people do not know what is in the vapor that is going into their bodies is worrisome. With all the effort put into counties going smoke-free a concern exists that the E-cigs may weaken the continuous efforts for the ordinances.

Union County Forces of Change

<i>Forces Identified (Trends, Events, Factors)</i>	<i>Threats Posed</i>	<i>Opportunities Created</i>
Mine Closure (3)	<ul style="list-style-type: none"> -Loss of insurance -Mental health issues (depression) -People leaving the county -Increase in unemployment -Decrease in coal severance -Decrease in tax money 	<ul style="list-style-type: none"> -Advanced education -Other available jobs -Career change
Loss of Physicians (2)	<ul style="list-style-type: none"> -Decrease in access to care -Put off care for illness -Increase in ER visits -Burden economy 	<ul style="list-style-type: none"> -Recruitment of physicians -Bringing college graduates back to the community
Water line construction (debate) (2)	<ul style="list-style-type: none"> -increase in water violations -poor drinking water 	<ul style="list-style-type: none"> -Better water quality
Brain Drain	<ul style="list-style-type: none"> -College students not returning to work 	
Affordable Care Act (2)	<ul style="list-style-type: none"> -Providers being reimbursed slower and less -Unaware consumers 	<ul style="list-style-type: none"> -Seek treatment more often -More preventative care
Vaccination Trends	<ul style="list-style-type: none"> -Outbreaks epidemic 	<ul style="list-style-type: none"> -Education
Shift to Guardianship	<ul style="list-style-type: none"> -Difficulty in services for youth -Adverse childhood experiences 	
Gardening	<ul style="list-style-type: none"> -Funding -Loss of Volunteers 	<ul style="list-style-type: none"> -Fresh food for those with limited budgets
E-Cigs	<ul style="list-style-type: none"> -Weakening smoke free efforts -enticing non-smokers to choose poorly. 	<ul style="list-style-type: none"> -Business have a positive push to go smoke free

Union County Local Public Health System Assessment

Four of the Ten Essential Public Health Services stood out as strengths within Union County. These include EPHS #3: Inform/Educate and empower people about health, EPHS #4: Mobilize community partnerships, EPHS #7: Link to health and EPHS #9: Evaluate.

Three of the Ten Essential Public Health Services are cited as weaknesses within Union County. These include EPHS #2: Diagnose and Investigate Health Problems, EPHS #8: Assure a competent workforce and EPHS #10: Research.

Union County Ten Essential Public Health Services/Local Public Health System Assessment				
EPHS #1	EPHS #2	EPHS #3	EPHS #4	EPHS #5
Monitor Health status to identify community health problems	Diagnose and investigate health problems	Inform/Educate and empower people about health	Mobilize community partnerships	Develop Policies
<ul style="list-style-type: none"> -Health department (Reportable diseases) -Hospital (investigation/reporting) Health Coalition (obtain data) -Nursing home reporting (reports communicable diseases/trends) -School Wellness Programs (trends) -Job Corps -High Schools (report trends/absences) Vital Statistics 	<ul style="list-style-type: none"> -Health Department -Hospital -Physician offices -Schools -Job Corp (Investigate and report health hazards, gather high volume of specimens for testing) 	<ul style="list-style-type: none"> -Health Department -Health Coalition -Hospital -ASAP Group -Schools -Newspaper -Extension Offices -Churches -Local Radio (communicate awareness) -Senior Center (educate/walking trails) -Local Radio 	<ul style="list-style-type: none"> -Health Coalition -ASAP group -Faith Based -Union County 1st Local Government Bank -Schools -YMCA -Local businesses -Union County Happy Pack Happy Feet -Job Corp 	<ul style="list-style-type: none"> -MAPP Health Coalition Wellness policies in school systems -Board of Health -Industry worksite wellness -Senior center -Fiscal court/local government

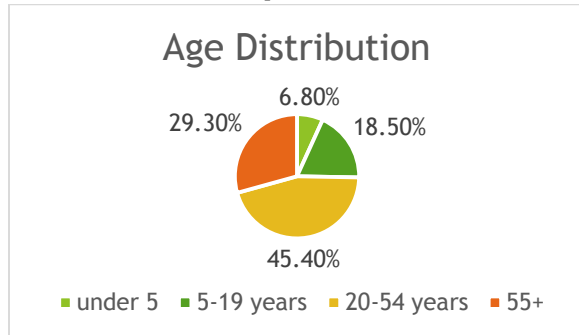
Union County Ten Essential Public Health Services/Local Public Health System Assessment				
EPHS #6	EPHS #7	EPHS #8	EPHS #9	EPHS #10
Enforce Laws	Link to health	Assure competent workforce	Evaluate	Research
<ul style="list-style-type: none"> -Health Department -Policy Makers -Cabinet of Health and Family Services -OSHA -Law enforcement -Licensing boards -Schools 	<ul style="list-style-type: none"> -Faith Based Community (also provides transportation) -Family Resource Center -Health coalition (provides benefits with partners) -Ben's Place (students) -Managed care (case workers) -Health Department -Health First (not available in Union county but generally available) -UK dental -Primary care providers health systems -Industries (teach workers about insurance) -Herron Technical Center 	<ul style="list-style-type: none"> -Job Corp (CNA training) -Hospital -Nursing Homes Providers must have license and be accredited 	<ul style="list-style-type: none"> -Health Department Inspections and grading -Site visits -Office of Inspector General (OIG) -Childcare services have to have licenses -KIP survey in schools -YRBS survey in schools -County health rankings -Patient satisfaction surveys-Hospital -SYNAR-tobacco survey -KY ABC- checks on alcohol vendors 	<ul style="list-style-type: none"> -Community Health Assessment -Health Department Immunization records -Radio/local media



Webster County

Webster County Snapshot

Population



Household Data

Housing units	5,890
Homeownership rate	71.9%
Persons below poverty level	14.8%
Children living in single-parent households	13.4%

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%

Employment

Employed	48.5%
Unemployed	3.3%
Not in labor force	48.2%
Travel time to work	24.9 minutes
Median household income	\$41,415
Mean household income	\$51,359

Industry

Agriculture	12.9%
Construction	6.2%
Manufacturing	18.9%
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, 2009-2013 5-Year American Community Survey

Webster County Partners



Webster County - Local Public Health Visioning

- 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.
- 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.
- 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 Community Health Assessment

Health Indicator	Webster County			Data Source
Access to Health Services	# of Physicians – 5 # of Dentists – 2 # of Mental Health Providers - 7			2012, KY Health Benefit Exchange & Deloitte
Clinical Preventative Services	Diabetic Screening 78%	Mammography Screening 58%		2014 County Health Rankings
Environmental Quality	Air pollution – Average Daily Particulate Matter 14.3	Drinking Water Violations 0%		2014 County Health Rankings
Injury & Violence	Violent Crime Rate per 100,000 44	Injury Death Rate per 100,000 108	Motor Vehicle Deaths per 100,000 36	2014 County Health Rankings
Maternal, Infant, and Child Health	Early and Regular Prenatal Care 56%	Low Birth Weight Babies 6.1%	Child Mortality (under 18) per 100,000 N/A	2014 County Health Rankings
Mental Health	Ratio of Mental Health Providers 13,583:1		Average Poor Mental Health Days (in the past 30 days) 3.1	2014 County Health Rankings
Nutrition, Physical Activity, Obesity	Obese Adults 34%	Physical Inactivity Among Adults 33%	% Population with Limited Access to Healthy Foods 0%	2014 County Health Rankings
Oral Health	Ratio of Dentists 4,528:1		Adults Missing 6 or More Teeth 26%	2014 County Health Rankings
Reproductive and Sexual Health	Chlamydia Rate 379.1		Teen Pregnancy Rate (per 1,000 girls aged 15-19) 50.5	2013, Kentucky Department for Public Health
Social Determinants	Median Household Income \$41,415	Less than High School Diploma 22.9%	Population Living in Poverty 17.2%	2012, Kentucky P-20 Data Collaborative, US Census Bureau
Substance Abuse	Excessive Drinking Rate N/A	Driving Deaths with Alcohol Involvement 33%	Drug Poisoning Deaths per 100,000 12	2014 County Health Rankings
Tobacco	Adult Smoking 27%			2014 County Health Rankings

Webster County Themes and Strengths

SWOT ANALYSIS

Webster County

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

Community Themes and Strengths:

Webster

What is important in the community?	How is the quality of life perceived in the community?	What are some community assets to improve health?
<ul style="list-style-type: none"> • Access to affordable health care • Quality Healthcare • Education on Health care availability (2) • Clean water and air • Cancer research and awareness • Preventative care and screenings • Nutrition and Fitness • Schools • Family • Faith based community • Being aware of prescription drug problems 	<ul style="list-style-type: none"> • Depends on who you ask (2) • Independence- Older generations live here • Lack of restaurants and retail • Average quality of life • Long- time residents view the quality of life higher than those that recently moved to Webster co. • Drug issue • Hispanic growth may cause communication barriers • Access to healthcare but lack of knowledge about how to access these services • Not a high violence crime rate 	<ul style="list-style-type: none"> • Communication • Strong school system • Smaller community/small population • Health care provided by Webster CO. Fiscal Court • Health Department (2) • Kid's activities/Sports • Healthcare coalition • School nurses • Walking Trails

Webster County: Forces of Change

The main forces cited during the January 22 Community Health forum in Webster County can be classified as social, economic, political/legal and scientific.

1. The closure of the coal mines has weakened the economy with the loss of coal tax and severance along with insurance and benefits. In addition to the unknown future of coal in Webster County. Due to the closings new jobs are being sought out with the potential of higher wages and improved benefits as well.
2. Fear that the E-cigarette trend may lead to experimentation and new addiction becomes a more widespread concern within communities. There are unknown dangers that exist with E-cigs, the idea that people do not know what is in the vapor that is going into their bodies is worrisome. With all the effort put into counties going smoke-free a concern exists that the E-cigs may weaken the continuous efforts for the ordinances. Additional education and research may be necessary to learn further information about the E-cigarettes.
3. With an upward trend of narcotic and alcohol use and abuse the increase in crime and stability is of grave importance. As a result of a rise in violence and homelessness a decreased quality of life and an increased need for services (court/rehab) and cost of care is unavoidable. Without the rehabilitation programs and variety of services offered there may arise an increase in unplanned pregnancies, youth use, neglect, and homelessness. Safety concerns such as workplace and traffic accidents while under the influence are threats posed as well and treatment and resources should be made available to those who want help. Attracting more mental health providers to treat the addict population will aid in early intervention, education, awareness and treatment programs (Alcoholics anonymous and Narcotics Anonymous). Support for the families and friends of the addict will ensue as well, along with different partnerships. An increase in funding for law enforcement may arise with the new developments taking place.
4. Webster County is lacking medical access, most of their resources are unobtainable unless you drive at least 45 minutes out of the county to seek help. Webster County needs 24 hour care, dental, mental and vision services available for their community.
5. Access to Oral Health in Webster County is sparse with only 2 dentists (1 to retire soon) there isn't enough coverage for the whole community. In addition to the lack of coverage arises the negligence of the public to take advantage of the free health programs and education. But with the efforts of local child health the awareness and importance of oral health is rising. Along with a partnership with UK and UL oral health programs and United Way grants.
6. The rate at which college students are leaving for college but choosing not to return to their hometowns and use their newly acquired skills is "Brain Drain". While the college students are away they may realize the benefits of raising their children in a smaller community and move home bringing improved education and resources back to Webster County.
7. Healthcare provided through the Affordable Care Act has caused families to add healthcare to their budgets where in the past they didn't have to pay for high premiums, deductibles and copays. This in turn is causing a lack of funds elsewhere such as education. The legislation seems unstable as it is constantly changing triggering an overwhelming feeling for healthcare and citizens alike. However, through the Affordable Care Act more people will not only be covered but they will seek treatment sooner and will no longer forego preventative care.
8. An economic opportunity can be created due to cultural diversity. The Burmese and Hispanic population for example can offer new businesses, cultural exchange and bilingual health professionals. An increase in a diversifying community will pose language barriers and presents cultural differences which may hinder access to education. An increased stress on local resources such as housing may also transpire.

9. The multi-generational families differing from the traditional parents to the non-traditional grandparents raising children does cause an adverse childhood experience. However a stable environment and positive influences will encourage the children and hopefully raise their self-esteem. Some of those children may have a hard time coping with the loss/abandonment of their parent(s) causing an increase in the need for mental health resources. With the need for resources comes the lack of funding from the grandparents and potential conflicts with the payment from insurance companies.

Webster County Forces of Change

Forces Identified (Trends, Events, Factors)	Threats Posed	Opportunities Created
E-Cigs	-No smoke free policies -Trend	-Some education in high schools
Drug Abuse	-Continued prevalence of drug use	
Lack of Access	-RUBH office not always open (scheduling issues and costs) -Most resources are 45 minutes away	
Large Elderly population where children are being raised by grandparents not parents	-Increased medical costs -Lost sense of belonging	-Family values intact, positive influence -Stable environment
Oral Health	-Only 2 dentists (1 is to retire soon) -Not enough coverage -Public isn't taking advantage of free health programs/education.	-Partnership with UofL and UK -United Way Grant -Local child health providing increased awareness.
Mine Closures (2)	-Economic Impact -Loss of tax base -Clinics will see an increase -No insurance -No employment	-Re-training -Budgeting properly
Brain Drain	-Educated college students don't come back to their hometowns.	-Free access to students at local community college
Affordable Care Act	-Unstable (Legislation changes) -Deductible and copays are still high	-More people are insured
Ethnic Changes	-Language barrier -Increase /costs (translator, transportation)	-Providing a service that others are not willing to partake in

Webster County Local Public Health System Assessment

Four of the Ten Essential Public Health Services stood out as strengths within Webster County. These include EPHS #3: Inform/Educate and empower people about health, EPHS #5: Develop policies, EPHS #6: Enforce Laws and EPHS #7: Link to health.

Three of the Ten Essential Public Health Services are cited as weaknesses in Webster County. These include EPHS #1: Monitor health status to identify community health problems, EPHS #2: Diagnose and Investigate Health Problems and #8: Assure competent workforce.

Webster County Essential Public Health Services / Local Public Health System Assessment				
EPHS #1	EPHS #2	EPHS #3	EPHS #4	EPHS #5
Monitor Health status to identify community health problems	Diagnose and investigate health problems	Inform/Educate and empower people about health	Mobilize community partnerships	Develop Policies
-Webster County Health Department tracks reportable diseases, takes care of vaccinations and immunizations. They have staff that test water samples, take care of vital statistics. They also take care of food inspections	-Health Department monitors infectious diseases and they insure that the patient gets treatment.	-Webster County Health Coalition -Webster County Health Board (Webster county residents on the board) -St. Anthony's Hospice aid with counseling -Private providers -Webster County High School has a health class (Oral health care-UK) -Early Childhood council	-Local churches -Local government leaders -Health Department -Health Coalition- Identify and solve problems	-Local Board of Health Legislators (Senator Dorsey Ridley, Jim Gooch) -Fiscal Court (3 magistrates and 1 judge) -Non-smoking policy (future) -Tobacco free community -Nutrition plans -Fitness/Exercise -Support walking parks -Future funding for healthy lifestyles

Webster County Essential Public Health Services / Local Public Health System Assessment				
EPHS #6	EPHS #7	EPHS #8	EPHS #9	EPHS #10
Enforce Laws	Link to health	Assure competent workforce	Evaluate	Research
<ul style="list-style-type: none"> -Green River District Health Department -Law Enforcement City/ County government -Emergency Management (EMA) -School system -OSHA -Industries -Office of the Inspector General (OIG) -Mine inspectors -Natural Resources Conservation Services (NRCS) 	<ul style="list-style-type: none"> -Green River District Health Department -Family Resource Center -Health First -UK Dental Schools -Libraries -Faith Based Community Audubon Area Community Services -Pennyrile Area Services -Webster County Health Coalition (health fairs) -Industries- preventative workplace wellness "Family Navigators" (ask family members) 	<ul style="list-style-type: none"> -AHEC (school programming) Webster Kids to College (schools agree to intern) School System Partnerships with health systems Community College HOSA 	<ul style="list-style-type: none"> -Green River District Health Department -GRADD -UK/UL -Foundation for a Healthy Kentucky -United Way Health Systems -Office of the Inspector General (OIG) -Insurance Schools- distributing surveys and KIP 	<ul style="list-style-type: none"> -Webster County Health Coalition -UK College of Dentistry -Health First -HRSA -Partnership with universities -Green River District Health Department -City/ County Government -Schools -Palliative care- Hospice

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