Green River District

HEALTH DEPARTMENT

2023

Green River District Health Department Community Health Improvement Plan

Daviess-Hancock-Henderson-McLean-Ohio-Union-Webster

October 2023

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Preface

The "2023 Community Health Improvement Plan" represents a strategic approach to enhancing community health across multiple counties. This plan focuses on key areas: obesity, mental health, and substance misuse, aligning with both national and state health priorities. It emphasizes health equity, utilizing data-driven methodologies and integrating community stakeholders in its implementation. The plan's objectives and strategies are clearly outlined, with a commitment to measurable outcomes, community engagement, cultural sensitivity, and sustainability. The intent is to set the stage for a comprehensive and actionable roadmap towards improved health outcomes in our communities.

Acknowledgements

Owensboro Health

Deaconess Hospital

Ohio County Hospital

Audubon Area Community Services

Kentucky Agency for Substance Abuse Policy (ASAP)

Hancock County Health Coalition

Healthy Horizons

Healthy Henderson

Hancock County Health Coalition

McLean County Community Coalition

Ohio County Health Coalition

Webster County Community Impact Council

Green River District Health Department Board of Health

Kentucky Department for Public Health

Eastern Kentucky University

UK Cooperative Extension Office Webster

UK Cooperative Extension Office Union

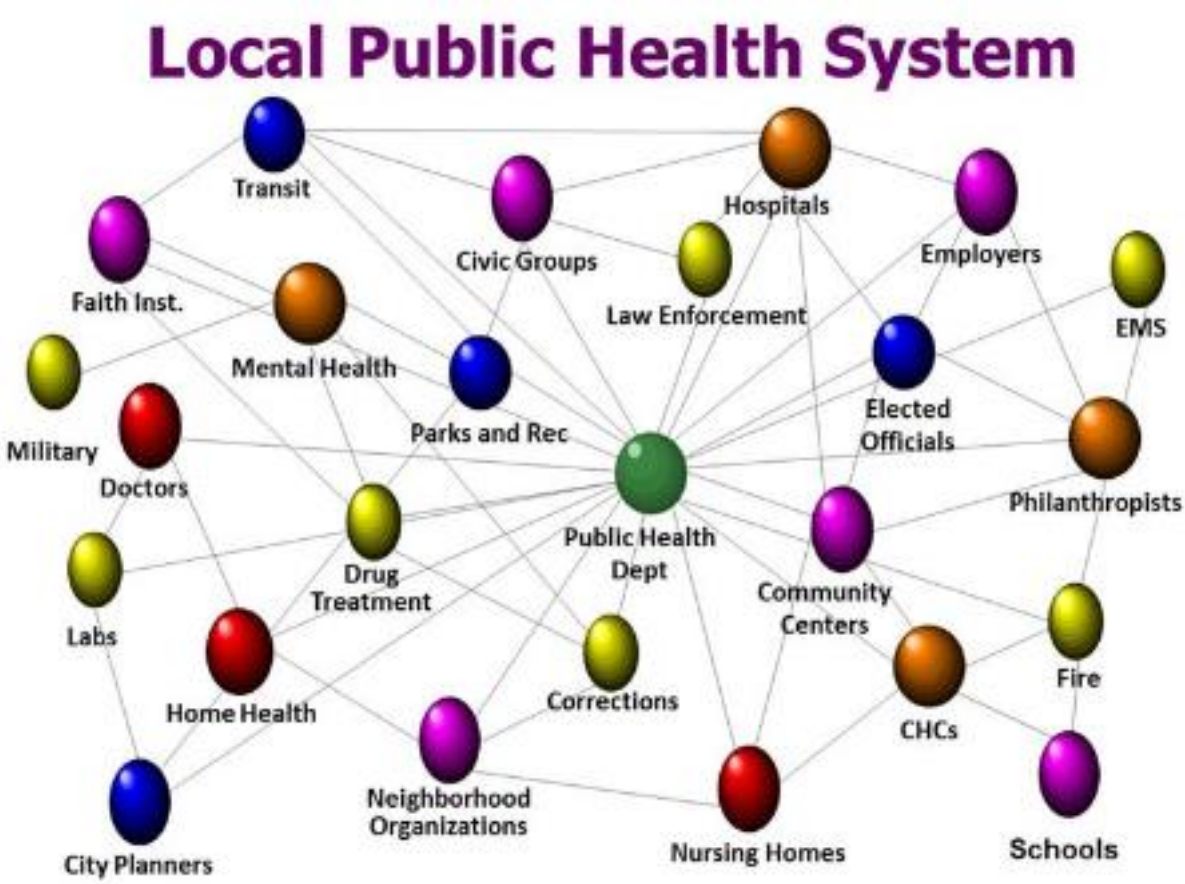
UK Cooperative Extension Office Ohio

Hancock County Public Library

McLean County Public Library

Community Health Improvement Plan (CHIP)

A Community Health Improvement Plan (CHIP) is a long-term strategic plan to address priority health issues identified within a community. The CHIP was created through a community-wide collaborative process involving partners and the public to assess strengths, weaknesses, challenges and opportunities within our community and identify the overarching goals necessary to improve the health of the community. This plan also serves as roadmap to address health equity and provide for the needs of all members of our communities. It is intended to serve as a vision and framework for guiding the development of policies and implementation of actions that promote health. Through sustained, focused efforts, community members can align and leverage resources and engage partners to assess, plan, develop, support, and implement strategies which will directly impact equitable community health outcomes and indicators. We encourage community members individually, within your organizations, and collectively as a community to become involved and commit to improve the health and well-being of Kentuckians living in Green River District.

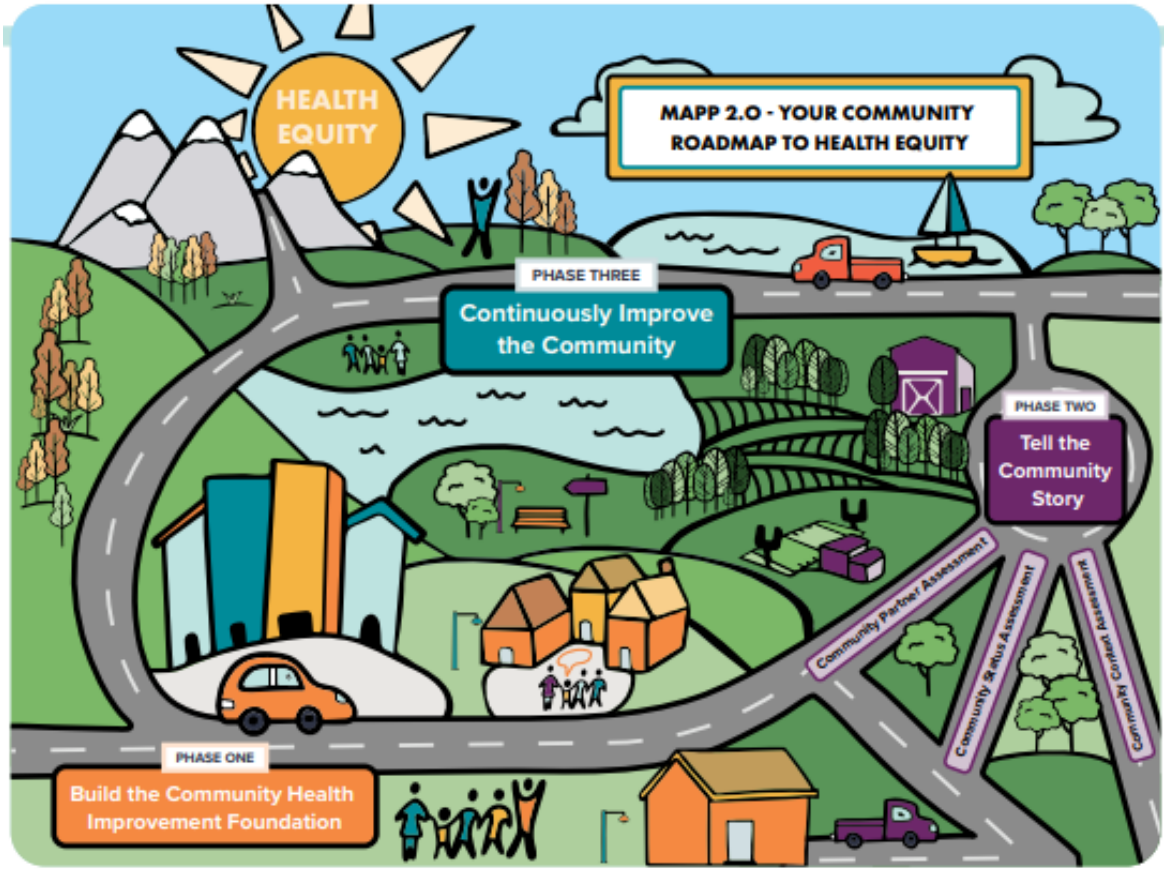


Planning and Process

The Green River District Health Department (GRDHD) Community Health Improvement Plan (CHIP) incorporates components of the National Association for County and City Health Officials' (NACCHO's) Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is a community-driven strategic planning process for improving community health. The MAPP 2.0 process includes an assessment phase of telling the community story by conducting the following assessments: Community Status Assessment, Community Partners Assessment, and Community Context Assessment.

Local coalitions utilized the results of the GRDHD Community Health Assessment as a guide to establish priorities and develop strategic planning efforts to effectively improve the health of our communities through the Community Health Improvement Plan. Coalitions reviewed the data and participated in root cause analysis exercises to identify specific strategic initiatives and identified agencies or individuals to lead each work group. As groups implement equitable, evidence-based programs and complete the steps toward achieving their established goals, status reports are submitted to the Green River District Health Department.

The goal of MAPP is to achieve health equity. Health equity is the assurance of the conditions for optimal health for all people.[3] Optimal health means physical, mental, social, cultural, and spiritual well-being, beyond the lack of disease or infirmity. This level of health is essential for people to reach their full capacity and participate in society.

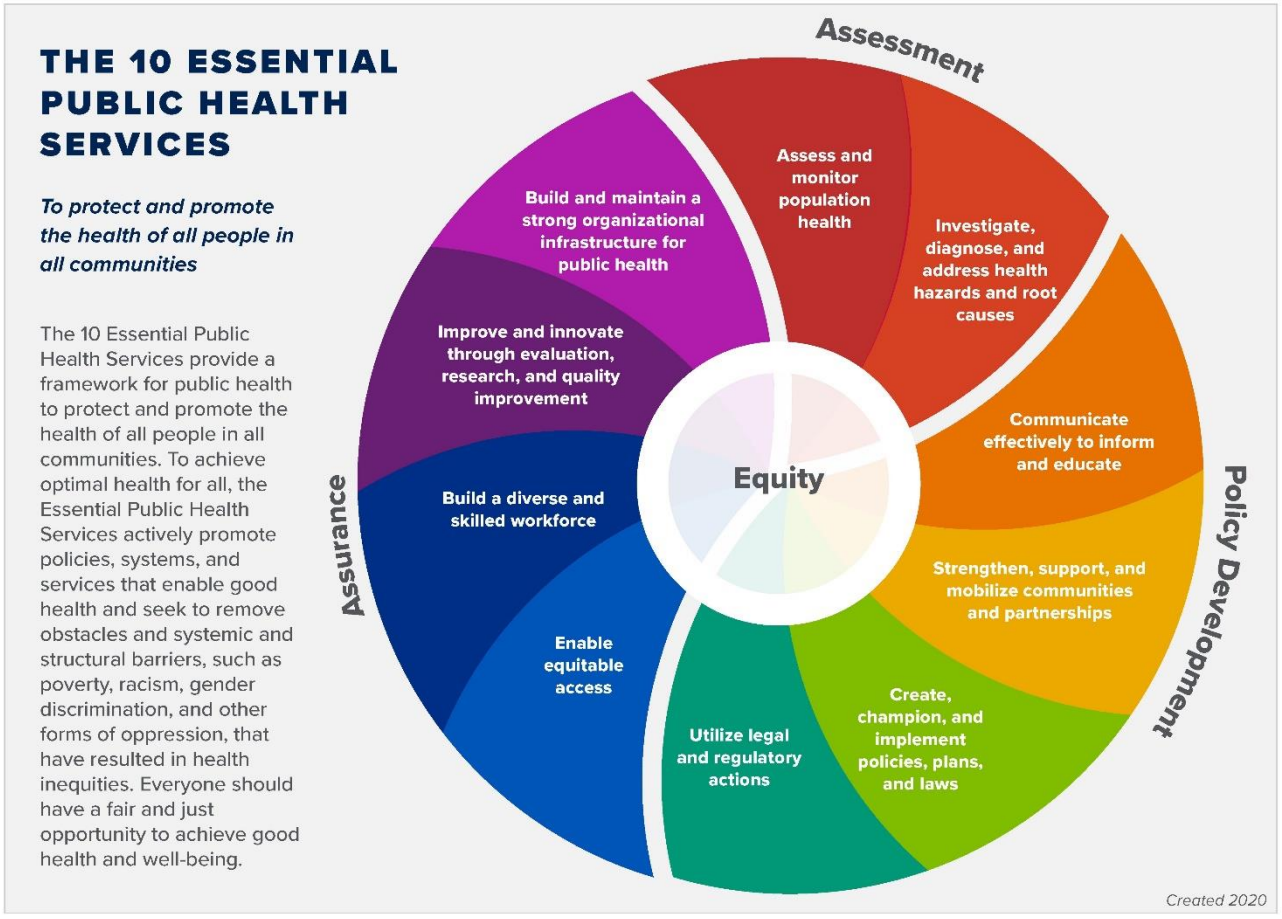


This is a living document. Yearly evaluations and updates will be completed by GRDHD on each county to evaluate progress and if changes are needed. Strategies and objectives will be added or marked as complete during these yearly evaluations.

THE 2023 CHIP ALIGNS WITH NATIONAL AND STATE PRIORITIES

Each county health improvement plan includes consideration of both national and state health improvement priorities including:

- **Healthy People 2030-** A 10-year national agenda with outlined objectives for improving America's health and is utilized for our target data in the plan.
- **Kentucky Department of Health's State Improvement Plan**- Statewide health improvement goals and objectives. The KSHIP areas of focus to improve health outcomes coincide with many GRDHD goals and are:
  - Substance Use
  - Smoking
  - Obesity
  - Integration to Health Access
  - Mental Health



Health Equity

According to the CDC, health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. In our 2023 CHA, we dove deeper into the data to identify factors that will affect health equity in our communities.

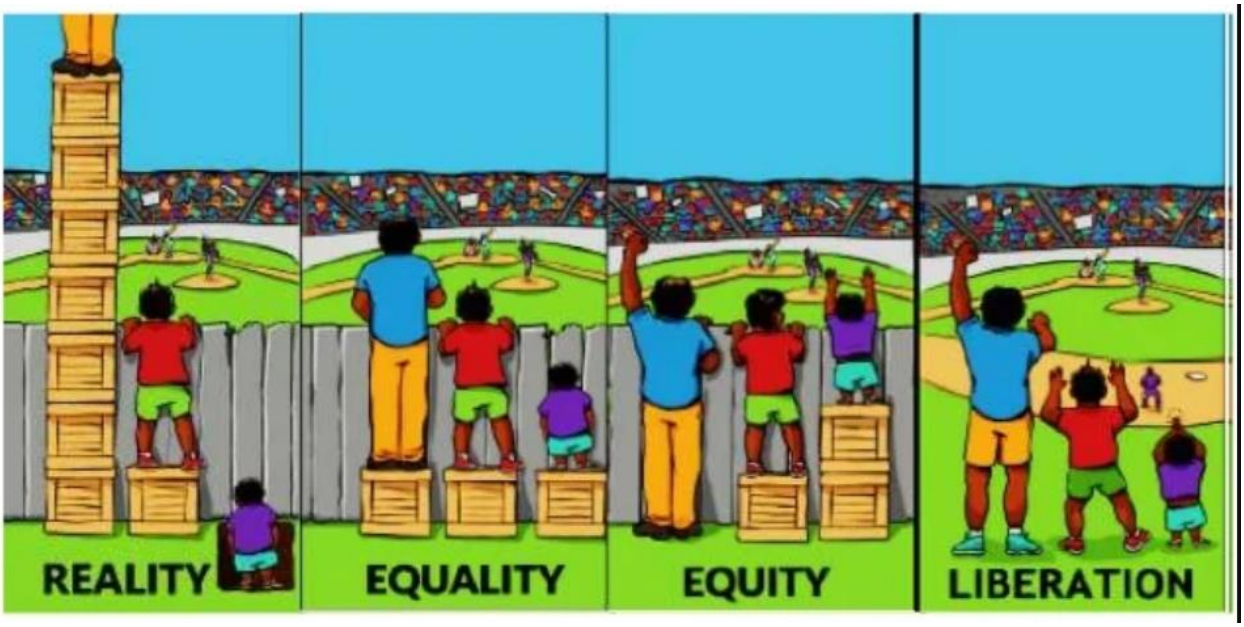
Social Determinants of Health (SDOH)

These are conditions in which we are born, live, learn, work, play, worship, and age. Some examples include access to safe and affordable housing, quality education, and quality health care. Differences in SDOH contribute to many chronic disease disparities among racial, ethnic, and socioeconomic groups as well as in different geographies and among people with different physical abilities.

Through this CHIP cycle, GRDHD and its partners are working to identify factors in our own communities that affect health equity and develop goals and objectives that will allow all citizens in our community to fulfill their full potential to a healthy life.

Health in All Policies

Health in all Policies is a resolution to consider the health impacts in all plans, programs and policies. SDOH such as living wage, transportation, education, and housing and neighborhood can make a significant impact on a person's overall health. By utilizing this mindset in our planning and policies we can involve all members of the community to improve the overall health of the citizens of the Green River District.



GRDHD is also tracking health equity Performance Measures and data related to health equity for our Community Health Improvement Plan in our Health Equity report:

https://healthdepartment.org/community-health/community-health-plans/

Identifying Strategic Issues

The preliminary findings of the GRDHD Community Health Assessment were used to help community stakeholders select areas of focus to improve the health of their communities. Through a partnership with Eastern Kentucky University, a summary of the visioning, assessments and data was presented at each of the county Community Health Assessment Forums in May 2023. Those that were in attendance were able to participate in the MAPP Process, develop a community vision, provide input to the findings of the assessments, and select their priority areas for each county.

GRDHD, partner agencies, and local community coalitions have selected priority issues, developed goals and will implement equitable, evidence-based programs, policies, and interventions to address these areas identified in the 2023 Community Health Assessment which will comprise the 2024 Community Health Improvement Plan. The goals and objectives selected in this plan are not all the property of GRDHD but are the work plans of many of our local coalitions and will guide their work in their communities.

The 2023 Community Health Assessment report, Data Sheets and Forum Presentation Recaps can be accessed at: http://healthdepartment.org/community-health/community-health-plans/

Taking Action

GRDHD will work with coalitions in each county that will plan, implement and evaluate activities related to their chosen initiatives. Each county has an Agency for Substance Abuse Policy (ASAP) Board and many have health coalitions and subgroups to tackle specific issues. Monitoring progress and collecting data will be ongoing and reported through local coalitions and Green River District Health Department.

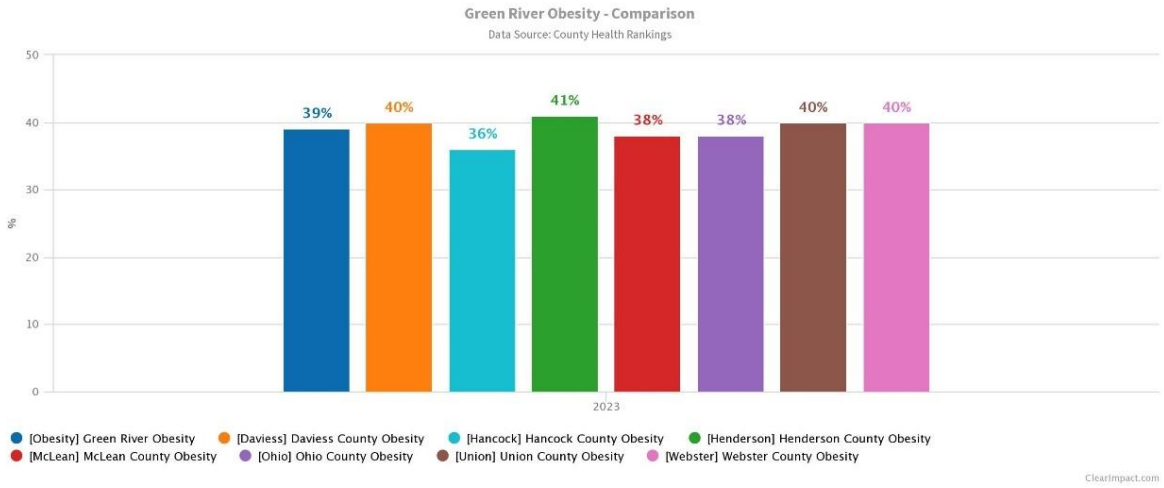
Priority Area: Obesity

Lead Agency/Coalition: Green River District Health Department

(Continuation of the prior CHIP priority)

Goal 1: Reduce obesity in the Green River District.		
Objective	**Strategies**	**Updates/Activities**
1. Reduce overweight and obesity in Green River District by 2% by June 30, 2027.	1. Re-introduce Better Bites or a similar initiative to increase knowledge of and access to healthier food choices in community settings in at least 3 counties.	
	2. Seek out a new or existing partnership in each county to address access to healthy foods particularly in high-risk populations such as homeless shelters, food pantries, and the housing authority.	
	3. Seek out a new or existing partnership in each county to increase access to current or newly developed physical activity opportunities.	

Outcome Measures



Target

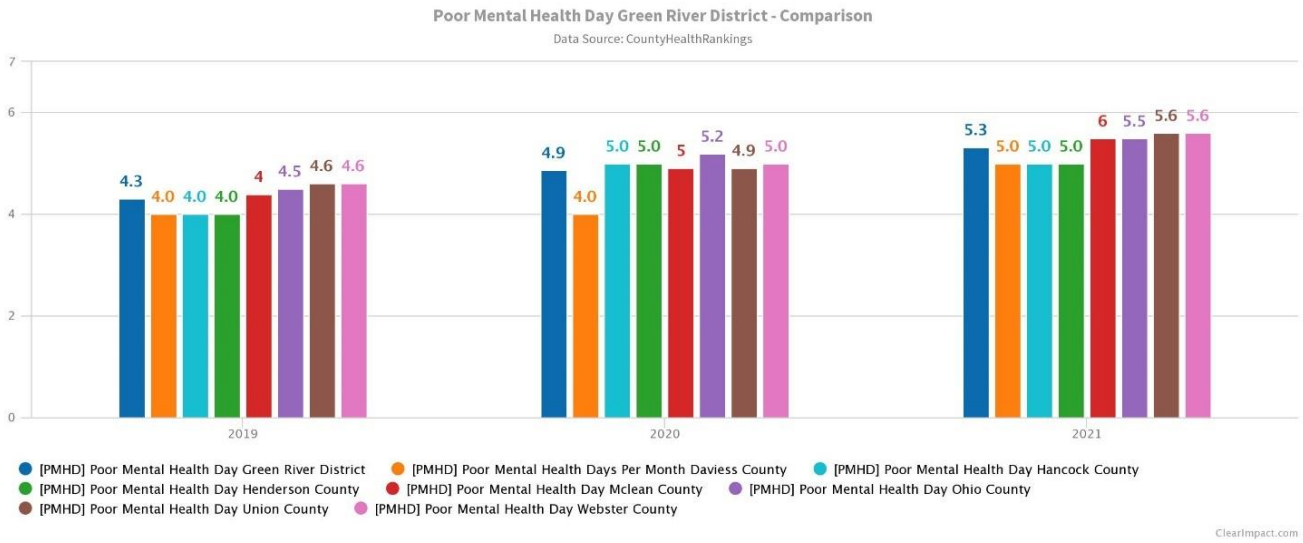
36% of adults age 20 years and over had obesity - Healthy People 2030

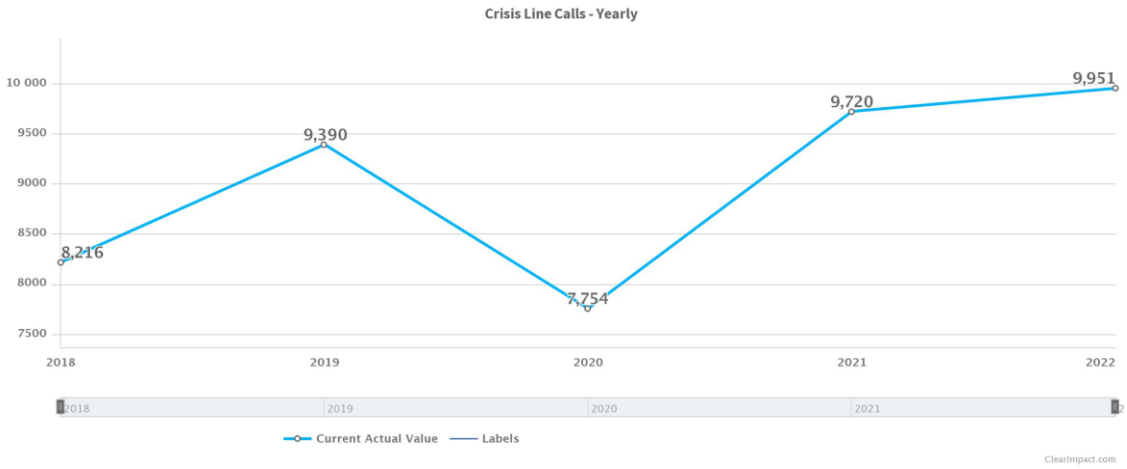
Priority Area: Mental Health
Lead Agency/Coalition: Green River District Health Department

(Continuation of the prior CHIP priority)

Goal 1: Increase awareness of Mental Health resources in the Green River District.		
Objective	**Strategies**	**Updates/Activities**
1. Decrease the amount of poor mental health days reported in Green River by 1 day by June 30, 2026.	1. Partner with local coalitions to offer 2 educational trainings and events on mental health.	
	2. Utilize 7 TOP clubs to promote antibullying and mental health awareness – TOP (Teen Outreach Program) offers members coping mechanisms on decision making goal, setting, healthy relationships and self-esteem.	
2. Increase regional calls to the 988 Crisis line by 200 annually by July 30, 2026.	1. Offer 988 resources to 500 syringe exchange clients in Henderson and Daviess County along with referrals to mental health and treatment providers.	
	2. GRDHD and partners will offer 988 materials to all nine local school systems and 4 community events by January 2025.	

Outcome Measures





*River Valley Behavioral Health Monthly Reporting

Target

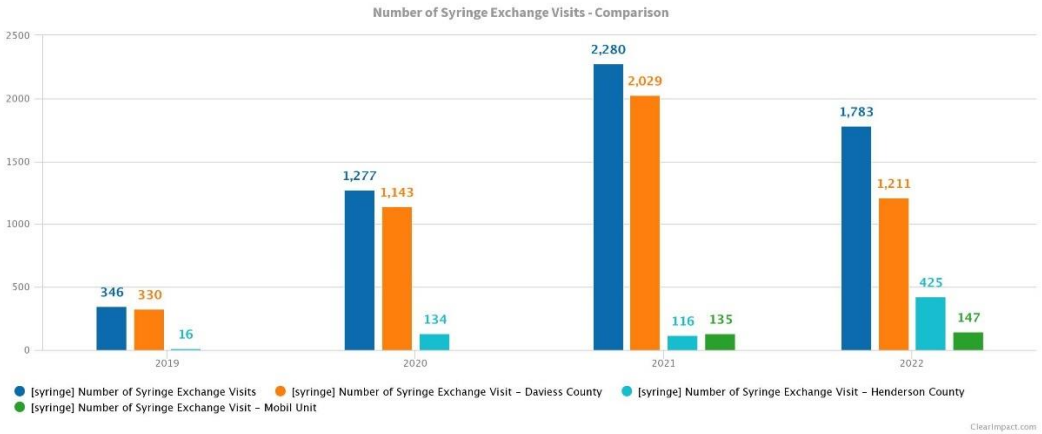
68.8 percent of adults aged 18 years and over with SMI received treatment - Healthy People 2030

Priority Area: Substance Misuse
Lead Agency/Coalition: Green River District Health Department

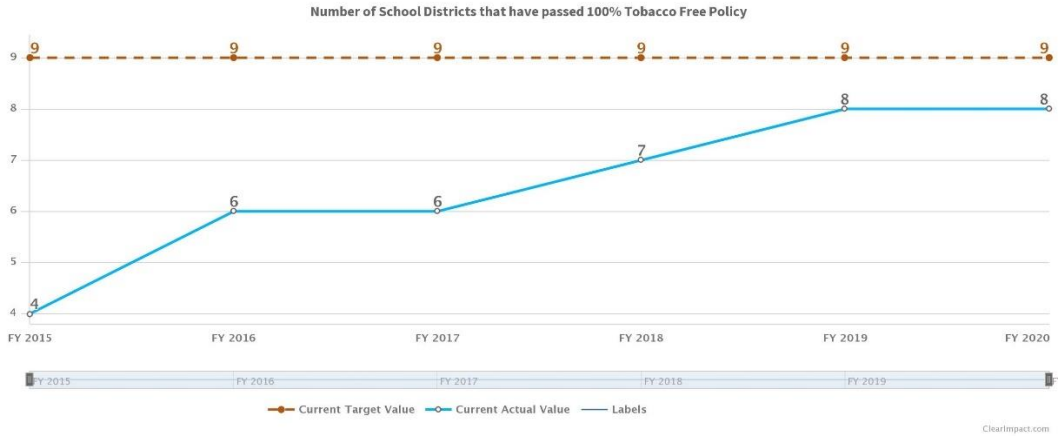
(Continuation of the prior CHIP priority)

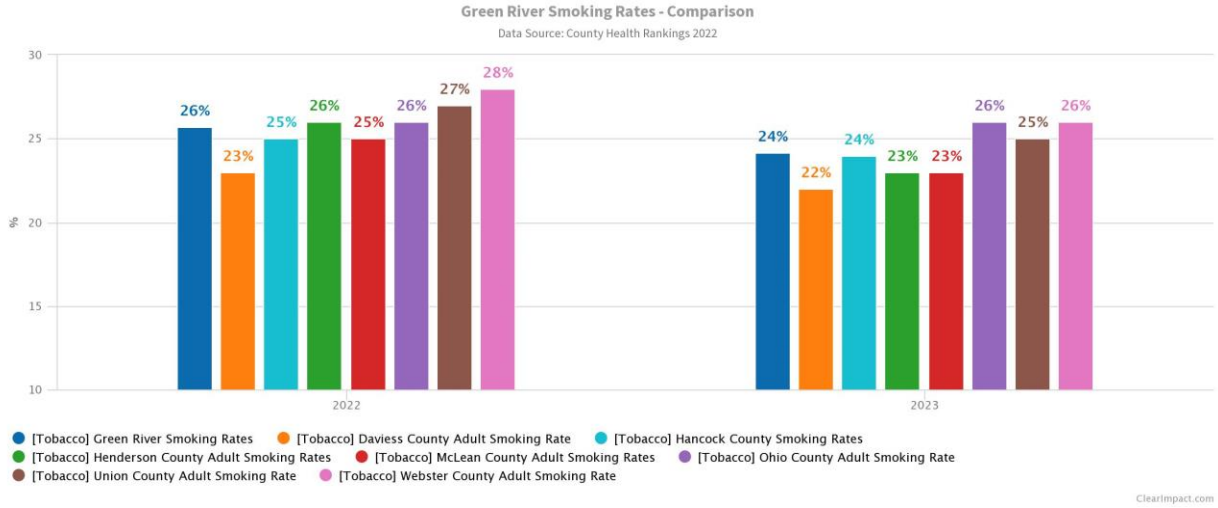
Goal 1: Reduce substance misuse in Green River District.		
Objective	**Strategies**	**Updates/Activities**
1. Work with 3 local government bodies on smoke and tobacco free laws.	1. Strengthen the current smoking ordinance in Owensboro by August 30, 2024.	
	2. Work with the True Blue coalition in Webster County to strengthen support for a smoke free law by August 30, 2025. Presentation of a smoke free law to the fiscal court by June 30, 2025.	
	3. Work with the Union County School board to incorporate a 100% tobacco free school by December 31, 2024.	
2. Reduce the number of overdose deaths in Green River by 5%	1. Purchase Narcan vending machines for all seven counties.	
	2. Identify strategic locations in each county for Narcan vending machines.	
	3. Assess 2 Green River County government officials for the development of a Syringe Services Program for those affected by substance misuse.	

Outcome Measures



*GRDHD SSP Annual Report





Target

6.1 % Smoking Rates - Healthy People 2030

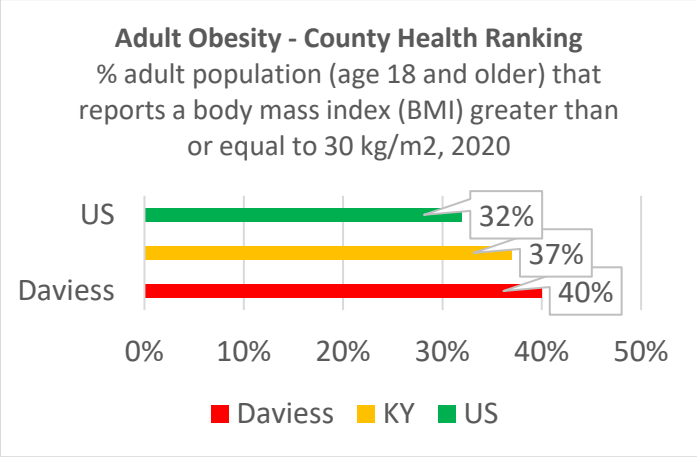
Priority Area: Obesity

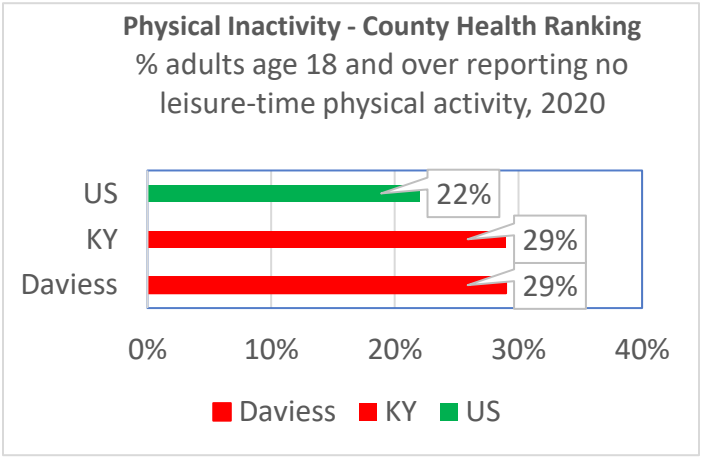
Lead Agency/Coalition: Green River District Health Department

(Continuation of the prior CHIP priority)

Goal 1: Reduce obesity and increase physical activity.		
Objective	**Strategies**	**Updates/Activities**
1. Reduce obesity rates by 3% by June 30, 2027.	1. Seek out three new partnerships to address access to healthy foods particularly in high-risk populations such as homeless shelters, food pantries, and the housing authority.	
	2. Work to provide access to a certified specialist to provide services on mental health and emotional overeating.	
	3. Work with Owensboro Parks and Recreation to increase access to physical activity through their mobile programming.	

Outcome Measures





Target

21.8% percent of adults aged 18 years and over engaged in no leisure-time physical activity - Healthy People 2030

Target

36% of adults age 20 years and over had obesity - Healthy People 2030

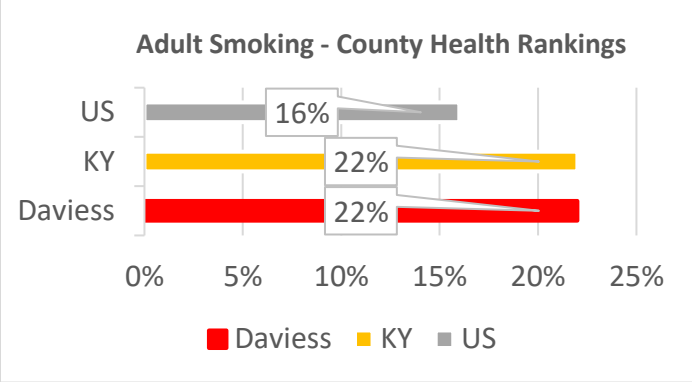
Priority Area: Substance Misuse

Lead Agency/Coalition: Green River District Health Department/DC ASAP

(Continuation of the prior CHIP priority)

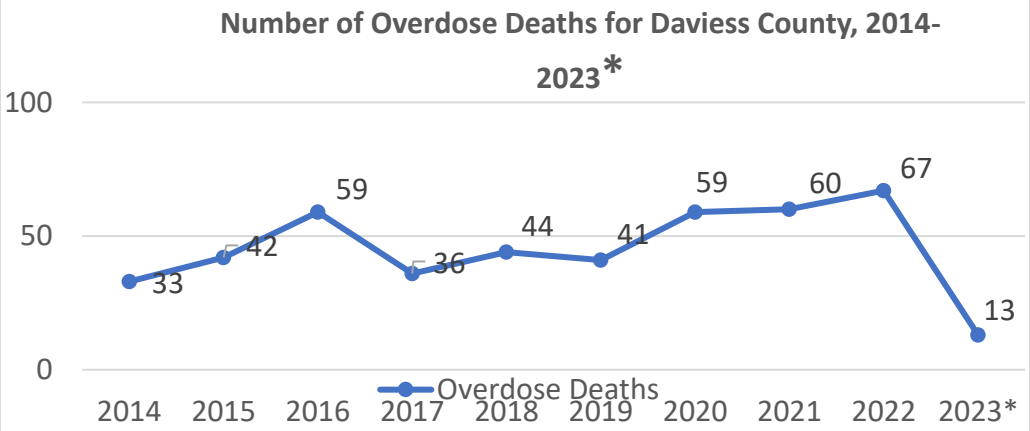
Goal 1: Reduce substance misuse in Daviess County.		
Objective	**Strategies**	**Updates/Activities**
1. Increase Smoke Free Laws in Owensboro/Daviess County by January 2024.	1. Work with the City of Owensboro to include vaping in the current ordinance. 2. Work with the Daviess County Fiscal Court to include vaping in the current ordinance.	
2. Reduce the number of overdose deaths in Daviess County by 5% by June 30, 2027.	1. Strategically place six Narcan vending machines in the city/county. 2. Work with the Alliance for a Drug free Owensboro/Daviess County to work on a strategic plan for Opioid Abatement Funds.	
3. Reduce vaping/tobacco use by 3% by June 30, 2027.	1. Create a media campaign on the dangers of vaping by social media, radio spots, and movie theater spots. 2. Partner with Owensboro Health, GRDHD, and River Valley to provide tobacco cessation to 50 patients annually. 3. Incorporate evidence-based tobacco/vaping cessation curriculum into 2 schools.	
4. Increase access to treatment for adolescents/young adults.	1. Contact Rivendell Behavioral Health Hospital in Bowling Green with their IOP program to talk about successes, barriers. 2. Identify referral sources for evidence-based treatment.	
5. Increase outreach for the utilization of Substance Use and Mental Health resources.	1. Provide a lunch & learn series that would host educational opportunities for the community to attend and learn more about substance use prevention and treatment, gambling, as well as mental health resources in the county for local citizens and professions.	

Outcome Measures



Target

6.1 % Smoking Rates - Healthy People 2030



*Daviess County Coroner

Target

20.7 drug overdose deaths per 100,000 population - Healthy People 2030

Kentucky Value: **21.9%** Percentage of high school students who reported using an electronic vapor product in the past 30 days.

*America's Health Rankings

Target

10.5%percent of students in grades 6 through 12 used e-cigarettes in the past 30 days

Priority Area: Increase Capacity
Lead Agency/Coalition: Healthy Horizons

(Continuation of the prior CHIP priority)

Goal 1: Increase capacity of healthcare education and prevention.		
Objective	**Strategies**	**Updates/Activities**
1. Increase participation of members of the Healthy Horizons coalition, with special attention to members who serve populations who face inequities in healthcare and services by June 30, 2024.	1. Healthy Horizons coalition will work to revitalize former members and increase new membership to work on identified goals and objectives.	
	2. Specifically outreach to agencies/groups that address SDOH – housing, education, utilities/services, access to health.	
	3. Host/ attend at least 3 community events annually.	

Daviess County Resources

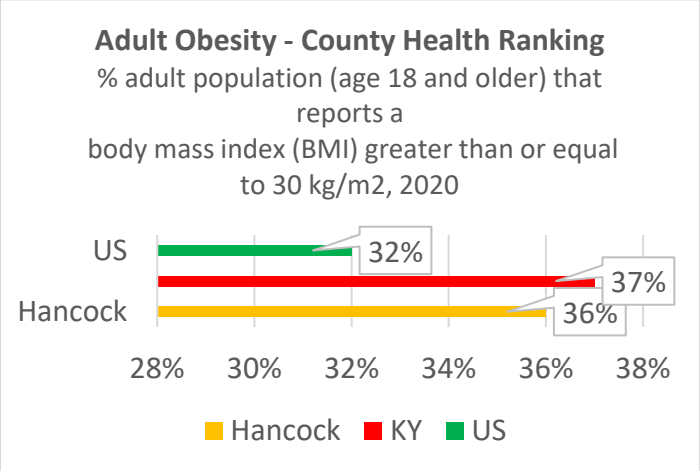
During the CHA forums, members of the Daviess County Community were asked, "What strengths, resources, or assets does Daviess County have that supports health and wellbeing?" The following resources were given by participants.

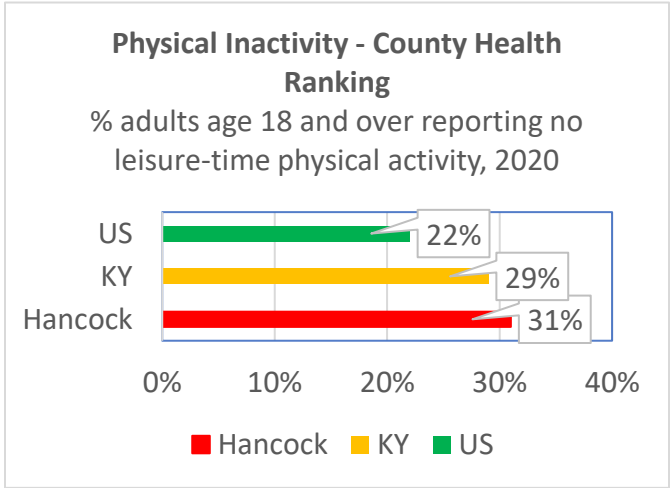
Priority Area: Obesity
Lead Agency/Coalition: Hancock Health Coalition (HCHC)

(Continuation of the prior CHIP priority)

Goal 1: Reduce obesity and increase physical activity.		
Objective	**Strategies**	**Updates/Activities**
1. Reduce the number obesity rates by 3% by June 30, 2026.	1. By September 30 of each year, HCHC will conduct a 100-mile club which will have 70 participants walk 100 miles between Memorial Day and Labor Day. 2. HCHC will sponsor an annual 5k with 50 participants each. 3. Promote physical activity, nutrition, and healthy lifestyles to all students, including populations facing barriers, in Hancock County Schools through the Hancock County Public Schools District Wellness Policy.	

Outcome Measures





Target

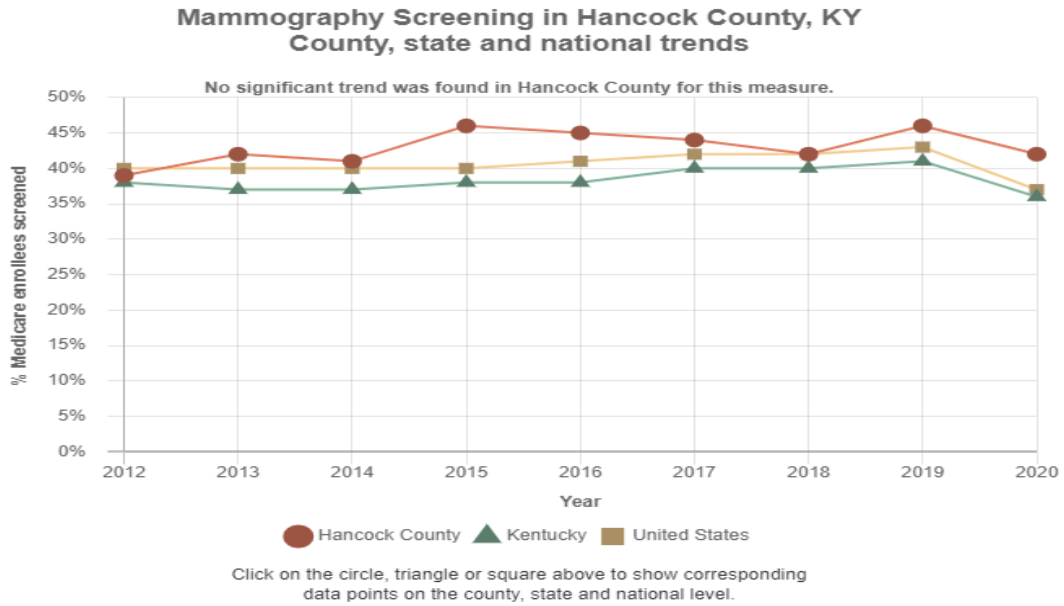
21.8% percent of adults aged 18 years and over engaged in no leisure-time physical activity - Healthy People 2030

Priority Area: Access to Healthcare
Lead Agency/Coalition: Hancock County Health Coalition

(Continuation of the prior CHIP priority)

Goal 1: Increase access to healthcare resources in Hancock County.		
Objective	**Strategies**	**Updates/Activities**
1. By June 30, 2025, HCHC will increase mammography screening by 5% for women in Hancock County. Hancock County currently has no in county provider for mammograms.	1. By October 31, 2024, HCHC will host 2 community events for Breast Cancer Screening and Awareness.	
	2. By June 30, 2026, HCHC will sponsor 2 mobile mammography events for residents of Hancock County.	

Outcome Measures



*Mapping Medicare Disparities Tool 2020

Target

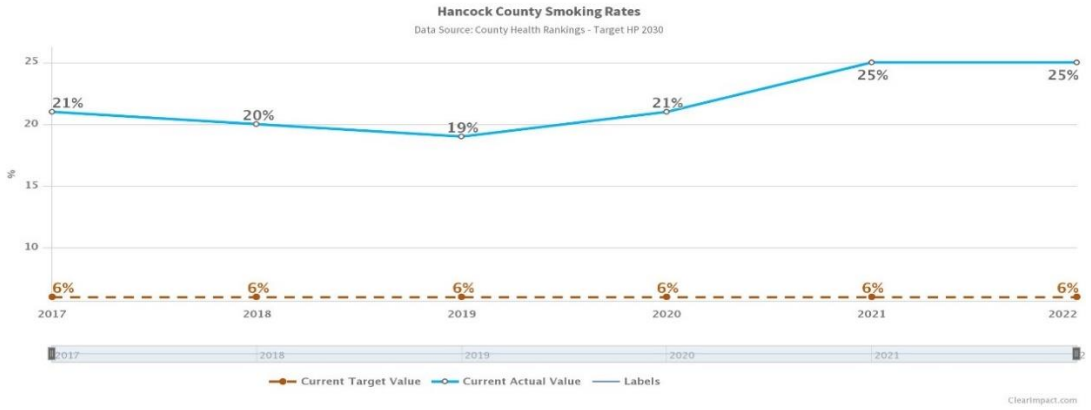
80.3% percent of females aged 50 to 74 years received a breast cancer screening - Healthy People 2030

Priority Area: Substance Abuse/Tobacco
Lead Agency/Coalition: Hancock ASAP

(Continuation of the prior CHIP priority)

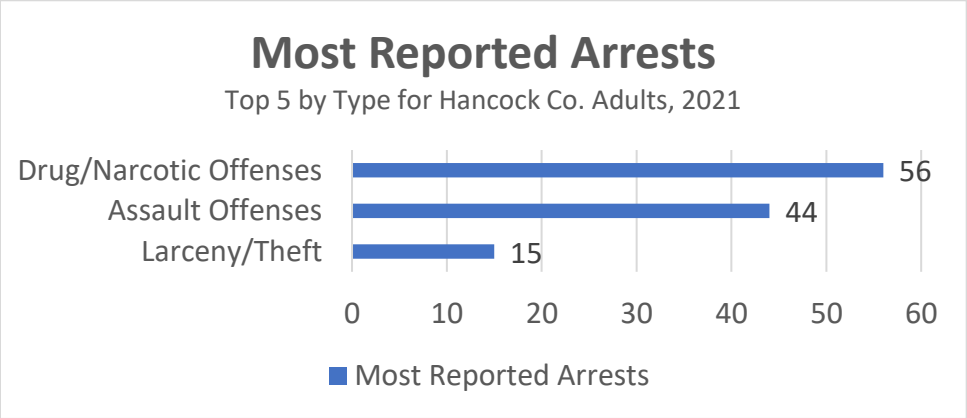
Goal 1: Reduce tobacco and vaping use in Hancock County.		
Objective	**Strategies**	**Updates/Activities**
1. By June 30, 2026, reduce the rate of tobacco usage and vaping by 3%	1. Trained Tobacco Treatment Specialist will be available to all Hancock County residents in need. This will be offered by phone to address transportation issues, 60 residents will be treated by June 30, 2025.	
	2. Provide grants to 4 local schools for presentations/events for student on vaping and substance misuse by July 1, 2024.	
	3. Annually, provide 30 quit kits to students along with evidenced based cessation tools at Hancock County High School. Hancock County High has vaping detectors installed by ASAP in restrooms.	
Goal 2: Reduce substance misuse in Hancock County.		
1. Reduce the incidence of substance misuse related arrests by 5% by June 30, 2024.	1. By June 30, 2024, Hancock ASAP will sponsor 3 community events to educate the community on substance abuse.	
2. Provide free Narcan in Hancock County by June 1, 2024.	1. Provide Narcan Vending Machines stocked by GRDHD in strategic locations in Hancock County.	

Outcome Measures



Target

6.1 % Smoking Rates - Healthy People 2030



Hancock County Resources

During the CHA forums, members of the Hancock County Community were asked, "What strengths, resources, or assets does Hancock County have that supports health and wellbeing?" The following resources were given by participants.

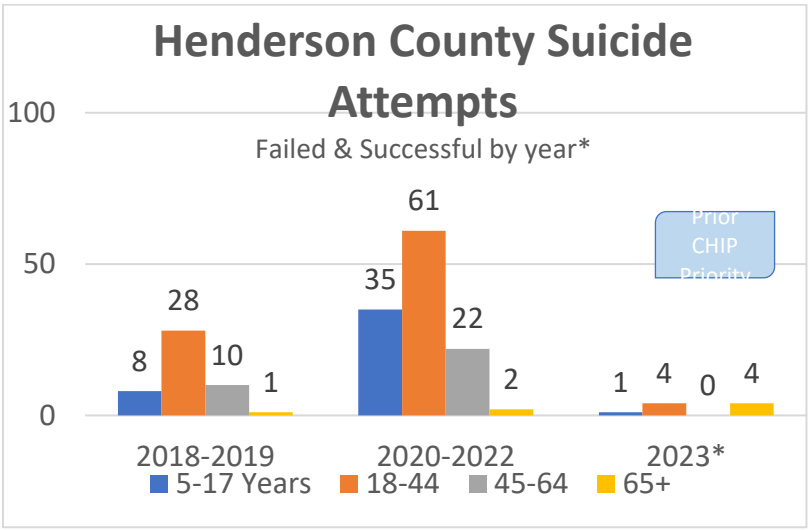
Priority Area: Mental Health

Lead Agency/Coalition: Healthy Henderson Mental Health Committee

(Continuation from the previous CHA Cycle)

Goal 1: Reduce rates of suicide in Henderson County.		
Objective	**Strategies**	**Updates/Activities**
1. Reduce the rates of suicide in Henderson County by 5% by June 30, 2027.	1. Annually, conduct a survey of HCHS students on mental health issues and obstacles.	
	2. Distribute 988 materials though at least 3 events annually.	
	3. Conduct 3 evidence based mental health/suicide prevention trainings - Mental Health First Aid (Teen, Youth), ASSIST, QPR.	
	4. Assess and promote policies of local hospitals to provide coverage of more mental health treatment providers in the county.	

Outcome Measures



*Henderson County Coroner.

Target

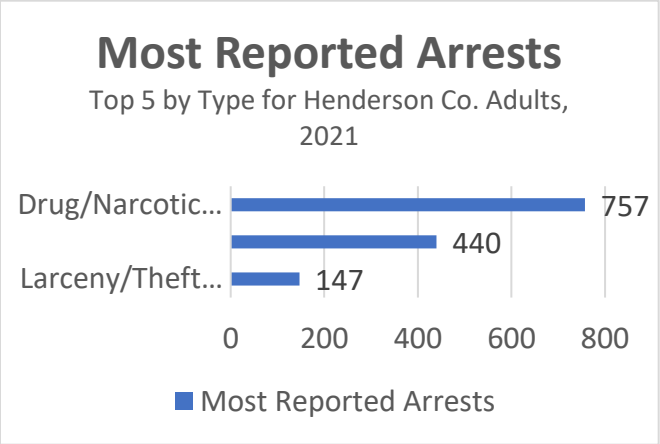
12.8 suicides per 100,000 population - Healthy People 2030

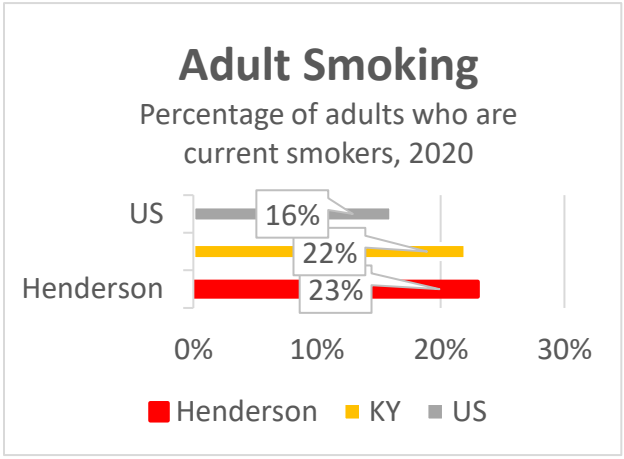
Priority Area: Substance Misuse
Lead Agency/Coalition Henderson County ASAP

(Continuation of previous CHA cycle)

Goal 1: Reduce the rate of substance misuse in Henderson County.		
Objective	**Strategies**	**Updates/Activities**
1. Increase awareness on the risk of fentanyl and other opioids in an effort to reduce the number of fentanyl overdoses and deaths by June 30,2027.	1. Collaborate with Henderson County ASAP in applying for Opiate Abatement Grant funding for Henderson County.	
	2. Implement education, prevention, and early intervention programs as outlined in Opiate Abatement Grant proposal.	
	3. Provide funding support to service providers to provide treatment services for 20 citizens substance use disorders and particularly opioid dependence.	
2. Reduce current use of e-cigarettes among adolescents by 5% by June 30, 2027.	1. Collaborate with Henderson County public and parochial schools to provide evidence-based tobacco/vaping education programs for grades 5 – 12.	
	2. Train and implement evidence-based intervention programs (INDEPTH and/or NOT Not on Tobacco programs) for In School Suspension for parents and students (NOT) as an optional component of school disciplinary policies with infractions.	
3. Reduce cigarette smoking/vaping among pregnant women by 2% by June 3, 2027.	1. Provide tobacco/nicotine cessation classes (SCRIPT Program and others) at Marsha's Place, Henderson County Health Department, WARM Recovery, Deaconess Henderson Hospital and River Valley Behavioral Health's KY-Moms MATR program.	
	2. Provide tobacco cessation education materials to six OB/GYN provider's offices.	
4. Reduce number of pregnant women who use illicit opioids during pregnancy by June 30, 2027. .	1. Provide opioid educational programs at Marsha's Place, Henderson County Health Department, WARM Recovery, Deaconess Henderson Hospital and RiverValley Behavioral Health's KY-Moms MATR program.	
	2. Provide opioid educational materials to six OB/GYN provider's offices.	

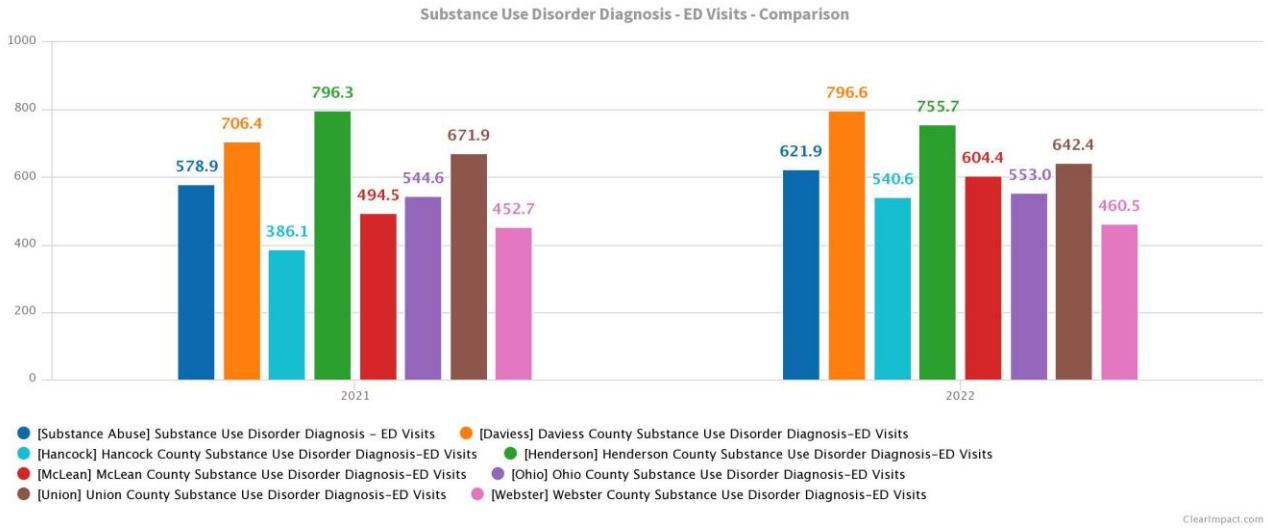
Outcome Measures





Target

6.1 % Smoking Rates - Healthy People 2030



*Kentucky Injury Prevention Research Center

Target

20.7 drug overdose deaths per 100,000 population - Healthy People 2030

Smoking During Pregnancy Rates

Smoking During Pregnancy 2011-2019				
Area	**Baseline 2011-2013**	**Latest Data 2017-2019**	**Percentage Change**	**Ranking out of 120 Counties**
Kentucky	**20.4%**	**16.7%**	**- 3.7%**	
Daviess County	18.3%	8.4%	- 9.9%	2 of 120
Hancock County	18.1%	9.9%	- 8.2%	6 of 120
Henderson County	21.4%	18.6%	- 2.8%	39 of 120
McLean County	27.0%	15.3%	- 11.7%	20 of 120
Ohio County	23.6%	13.5%	- 10.1%	12 of 120
Union County	25.0%	20.3%	- 4.7%	46 of 120
Webster County	20.4%	17.1%	- 3.3%	30 of 120
Green River Region Average	***21.97%***	***14.7%***	***- 7.248%***	

Source: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center. The data are as of November 9, 2021. Citations from KIDS COUNT 2021 County Data Book

Target

6.1 % Smoking Rates/95.7 percent of females giving birth reported not smoking during pregnancy - Healthy People 2030

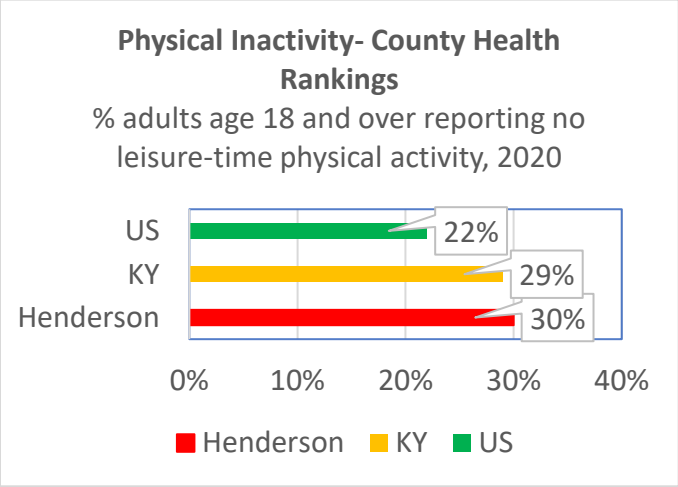
Priority Area: Obesity
Lead Agency/Coalition: Healthy Henderson/ Henderson County Diabetes Coalition

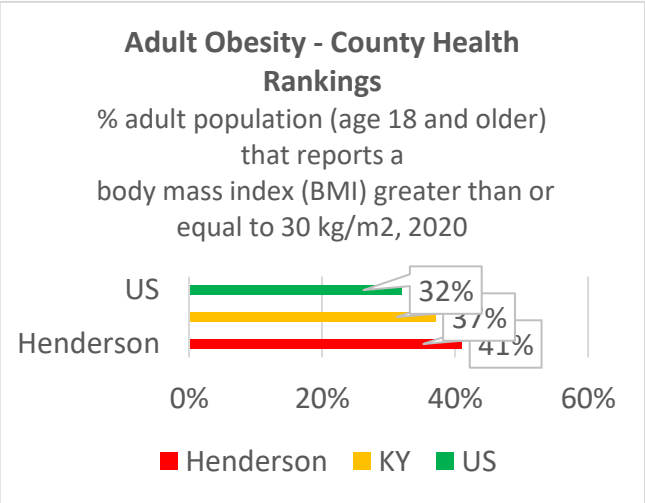
(Continued from previous CHA cycle)

Goal 1: Reduce the rate of obesity in Henderson County.		
Objective	**Strategies**	**Updates/Activities**
1. Reduce the rate of Diabetes and Prediabetes by 3% by June 30, 2026.	1. Work in partnership with Deaconess Clinics Wellness Solutions to provide at least 2 community screenings per year for diabetes/prediabetes. One event will be planned in March for Diabetes Alert Day and the other will be in November for Diabetes Awareness Month.	
	2. Information on risk for diabetes/prediabetes will be available at a minimum of 3 community events during the year. Health care professionals will be available to give out information as well as to answer questions.	
	3. Provide a current Henderson County Diabetes Resource Guide that lists available resources with contact information for diabetes, prediabetes, nutritional counseling and other related programs in Henderson County. This will be kept current electronically and new versions sent out as changes occur. This electronic document will be housed at the Green River District Health Department.	
2. Reduce the proportion of adults with obesity by 3% by June 30, 2026.	1. The Henderson County Diabetes Coalition will continue the "Diabetes Tips and Tastings" support and education group which will be offered monthly during the months of March through October. Each session will feature food samplings, recipes and discussion on topics of interest as identified by the group.	
	2 Continue to work with community entities such as the Parks and Recreation Department, Boys and Girls Club, The Port, etc. to develop policies to offer healthy snack options and recipes as part of their programs.	
	3. Work with at least one locally owned restaurant to highlight healthier food options on their menus.	

	4. Partner with the UK Cooperative Extension Services to offer classes and cooking demonstrations both in person and virtually.	
3. Reduce the proportion of adults who do no physical activity in their free time by 3% by June 30, 2026.	1. Offer information on improving physical activity and increasing movement and mobility 3 events in the community annually.	
	2. Offer 3 classes/events such as BingoCize, Silver Sneakers, Form and Function, walking clubs, etc. to community members annually.	
	3. Plan a re-vamped Kid's Day at the YMCA and Diabetes Fun Day to promote physical activity and healthy eating.	

Outcome Measures





Target

21.8% percent of adults aged 18 years and over engaged in no leisure-time physical activity/ 36.0 percent of adults aged 20 years and over with obesity - Healthy People 2030

Henderson County Resources

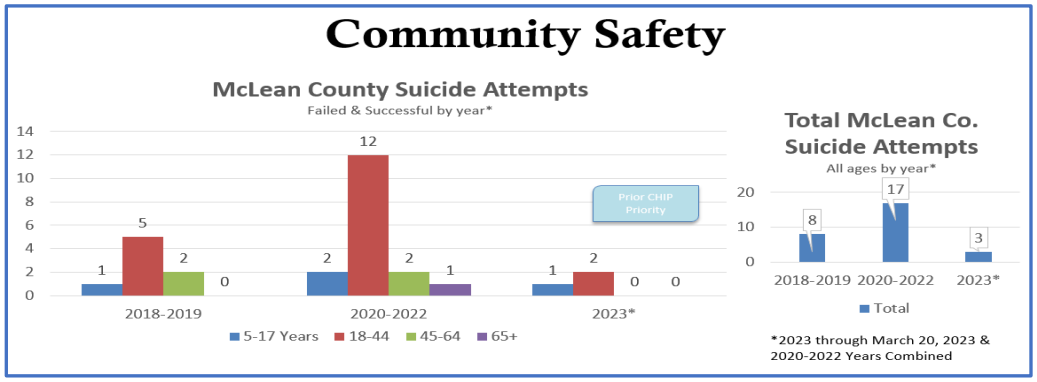
During the CHA forums, members of the Henderson County Community were asked, “What strengths, resources, or assets does Henderson County have that supports health and wellbeing?” The following resources were given by participants.

Priority Area: Mental Health

Lead Agency/Coalition: McLean County Community Coalition (MCCC).

Goal 1: Increase outreach for the utilization of Mental Health resources in McLean County.		
Objective	**Strategies**	**Updates/Activities**
1. By July 2024, McLean County Community Coalition will provide at least four (4) educational opportunities related to Mental Health in the county for local citizens and professions.	1. McLean County Community Coalition will create a five-part learning series on mental health for the county. (Topics: ACES/PACES, Crisis Team, Local Mental Health Resources and Needs, Child Abuse). This will allow citizens and professionals access to training without leaving the county. 2. Annually, host a Suicide Prevention Memorial Walk with resources, local agencies, and Crisis Line materials.	
2. By May 2024, McLean County Community Coalition will partner with 5 local schools and agencies to provide materials and education on Mental Health resources.	1. By February 1, 2024, provide information and promote the Sources of Strength Curriculum to the middle school and elementary schools. 2. By January 1, 2023, McLean County Community Coalition will provide 988 materials to 4 local agencies including the alternative school, law enforcement, and healthcare.	

Outcome Measures



* ESSENCE Surveillance System. ICD-10 codes associated with suicide.

Target

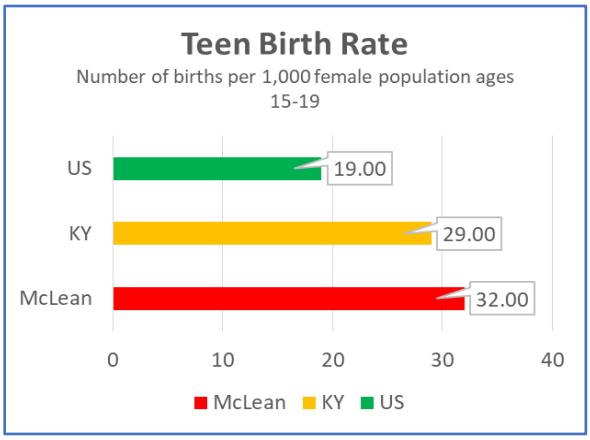
12.8 suicides per 100,000 population - Healthy People 2030

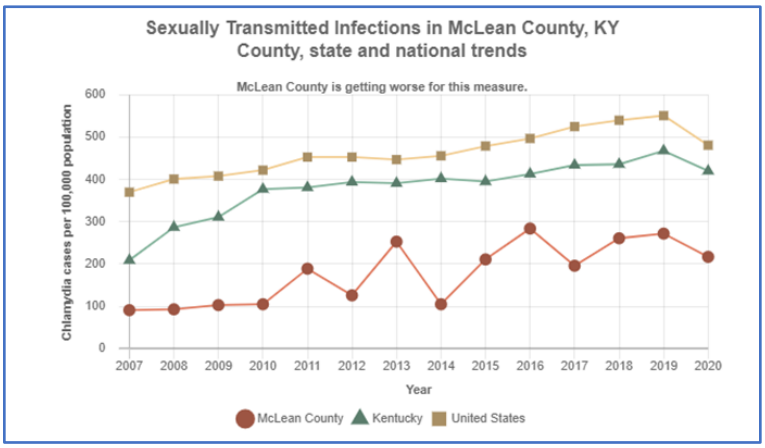
Priority Area: Sexually Transmitted Infections

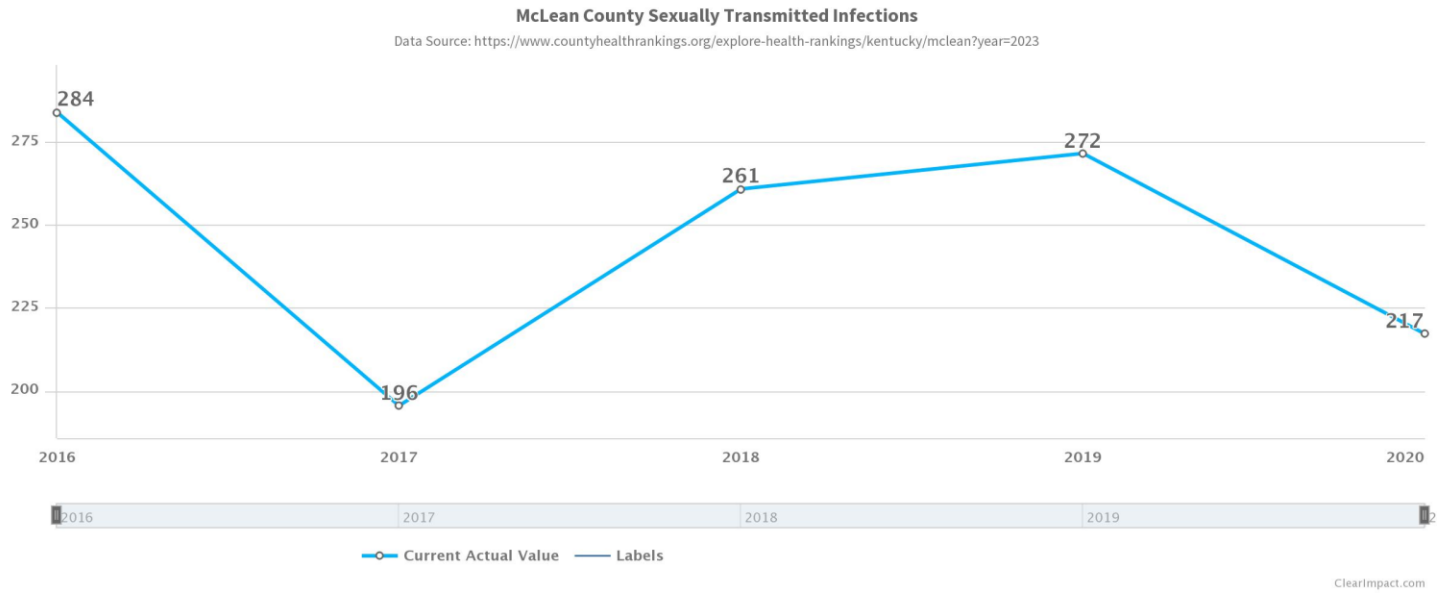
Lead Agency/Coalition: McLean County Community Coalition (MCCC)

Goal 1: Reduce the number persons contracting sexually transmitted infections in McLean County.		
Objective	**Strategies**	**Updates/Activities**
1. By May 31, 2026, there will be a 4.0% decrease in reported Sexually Transmitted Infections in McLean County.	1. By April 30, 2024, work with local healthcare providers to educate women of child-bearing age about the risks associated with STIs. 2. By April 30, 2024, assist local healthcare providers to educate adolescent and adult males about the risks associated with STIs.	
2. By May 31, 2026, there will be a 3.0% reduction in reported gonorrhea rates in male adolescents and young men.	1. By April 30, 2024, assist local healthcare providers to educate adolescent and adult males about the risks associated with gonorrhea and other STI's. 2. By April 30, 2024, serve as a resource for local healthcare providers to encourage abstinence as a preferred method but also sexual risk reduction strategies or based on organizations principles, encourage abstinence and educate associated risks with STIs.	

Outcome Measures







* National Center for HIV/AIDS, Viral Hepatitis, STD, and TBPrevention. 2020.

* National Center for Health Statistics - Natality files. 2014-2020

Target

471.2 per 100,000 cases of gonorrhea per 100,000 males aged 15 to 24 - Healthy People 2030

Target

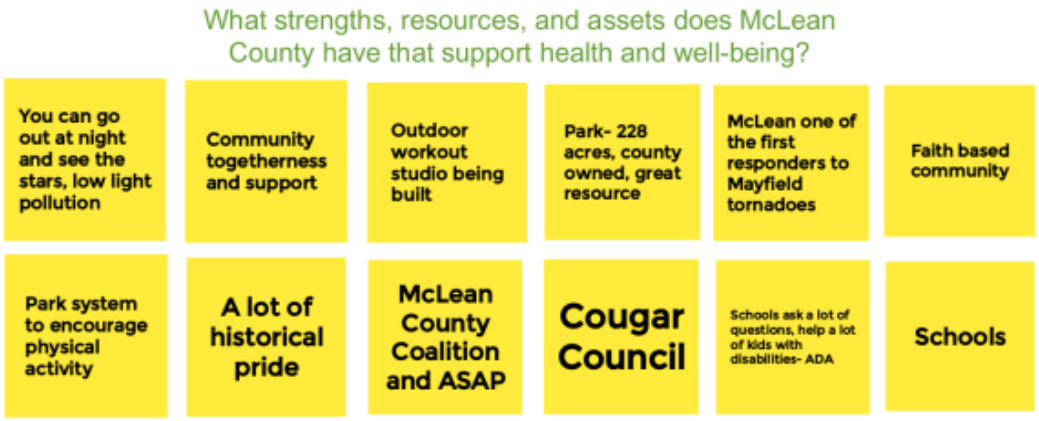
31.4 pregnancies per 1,000 females aged 15 to 19 - Healthy People 2030

Priority Area: Availability of Resources for Disabled Persons
Lead Agency/Coalition: McLean County Community Coalition (MCCC).

Goal 1: Increase use of local resources that assist with necessities and access to service providers.		
Objective	**Strategies**	**Updates/Activities**
1. Annually, MCCC will provide a compiled list of resources for an online service directory of available Healthcare, Mental Health, Transportation services and other resources related to the support of citizens with disabilities. Links will be shared with partner agencies, faith-based groups, local governmental websites, and local school district.	1. Review available services, edit, and update contact information on a quarterly basis at MCCC meetings (January, April, July, and October) of each year. 2. By April 30, 2024, compile a list of available services within McLean County and other available services in neighboring counties and disseminate 10 local agencies/business including service providers, churches, local newspaper, schools and social media.	

McLean County Resources

During the CHA forums, members of the McLean County Community were asked, "What strengths, resources, or assets does McLean County have that supports health and wellbeing?" The following resources were given by participants.

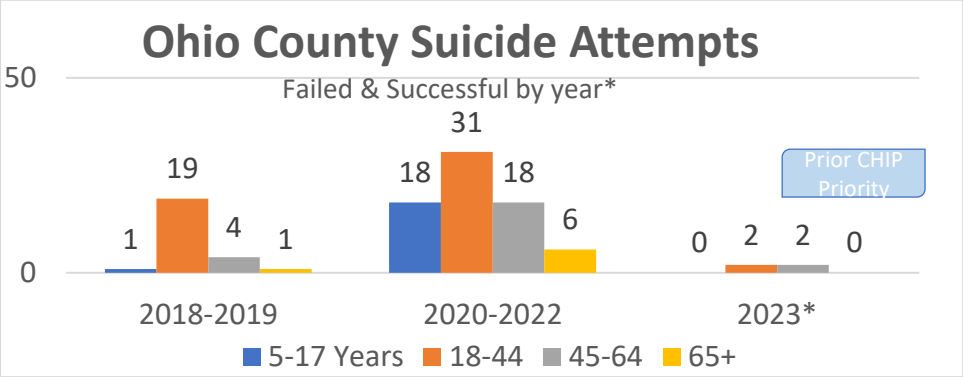


Priority Area: Mental Health

Lead Agency/Coalition: Ohio County Health Coalition (OCHC).

Goal 1: Increase outreach for the utilization of Mental Health resources.		
Objective	**Strategies**	**Updates/Activities**
1. By December 2023, OCHC will provide at least 4 educational opportunities related to Mental Health in the county for local citizens and professions.	1. OCHC will create a six-part learning series on mental health for the county. (Topics: ACES/PACES, Crisis Team, Local Mental Health Resources and Needs, Child Abuse) This will allow citizens and professionals access to training without leaving the county. 2. Annually, host a Suicide Prevention Memorial Walk with resources, local agencies, and Crisis Line materials.	
2. By May 2024, OCHC partner with 6 local schools and agencies to provide materials and education on Mental Health resources.	1. By February 1, 2024, OCHC will approach the middle and elementary schools in adopting the Sources or Strength Curriculum. 2. By January 1, 2023, OCHC will provide 988 materials to 4 local agencies including the alternative school, law enforcement, and healthcare. 3. Provide 988 materials in Spanish to schools and local companies.	

Outcome Measures



* ESSENCE Surveillance System. ICD-10 codes associated with suicide.

Target

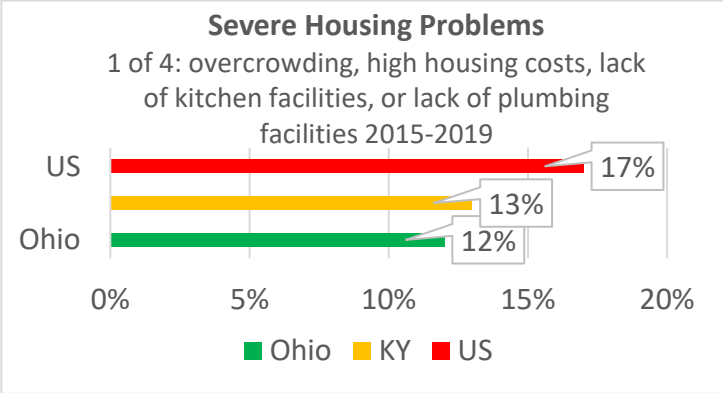
12.8 suicides per 100,000 population - Healthy People 2030

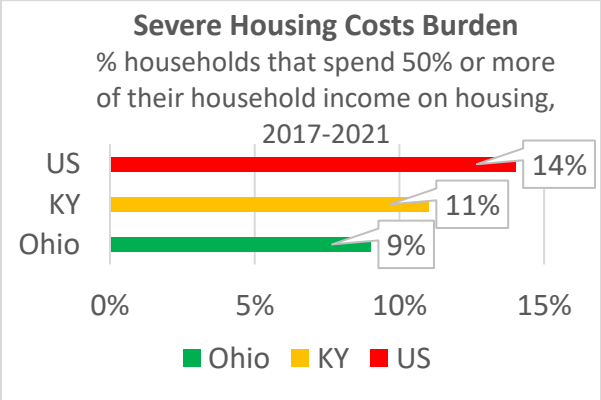
Priority Area: Living Wage

Lead Agency/Coalition: Ohio County Health Coalition (OCHC).

Goal 1: Increase use of local resources that assist with necessities and SDOH.		
Objective	**Strategies**	**Updates/Activities**
1. Annually, OCHC will provide resources for an online service directory for Healthcare, Mental Health and resources related to the SDOH.	1. Quarterly, review and distribute the service directory at OCHC meetings.	
	2. Distribute the resource guide to the school Family Resource Youth Service Centers, local social service agencies, and the public through social media.	
	3. By May 31, OCHC will work with 2 agencies that assist with utilities and housing to increase utilization of services in the county.	

Outcome Measures





* Comprehensive Housing Affordability Strategy (CHAS) data. 2015-2019

Target

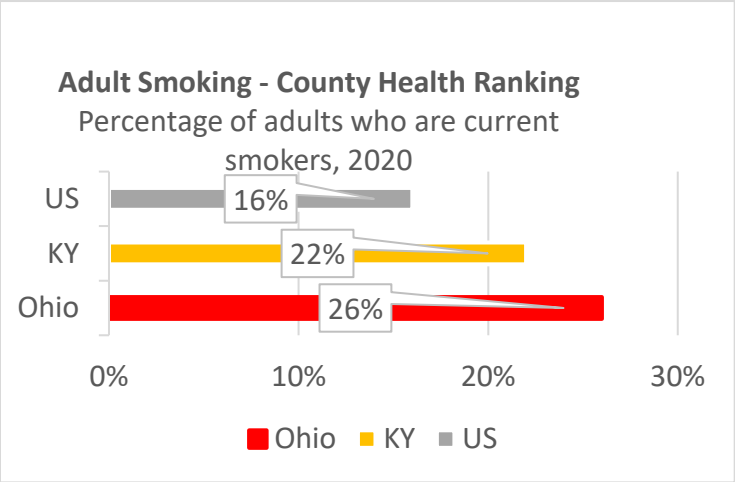
25.5 percent of families spent more than 30 percent of income on housing - Healthy People 2030

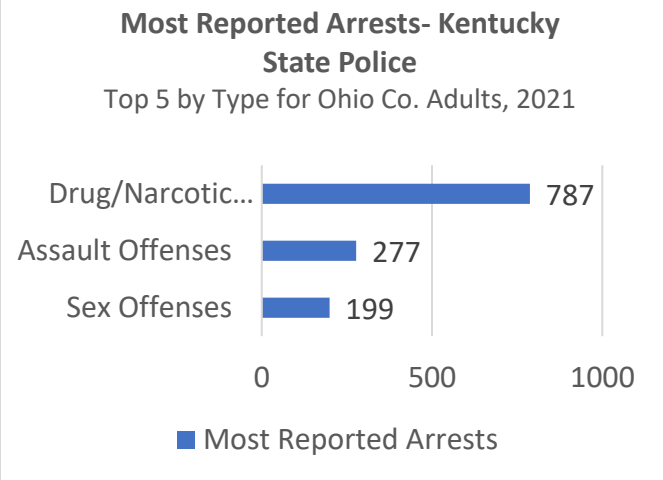
Priority Area: Substance Abuse/Tobacco
Lead Agency/Coalition: Ohio ASAP

(Continuation of the prior CHIP priority)

Goal 1: Reduce substance misuse.		
Objective	**Strategies**	**Updates/Activities**
1. By May 31, 2026, there will be an increase of 5% in calls to 1 800 QUIT NOW from Ohio County.	1. By June 30, 2024, OC ASAP will provide NRT to 20 tobacco users through QUIT NOW Kentucky tobacco Quit Line. 2. Advertise Quit Now Kentucky in the two local papers, and social media at least quarterly.	
2. Reduce the number of 10th grade students reporting tobacco use/vaping by 5%.	1. By June 30, 2024, OC ASAP will provide substance abuse education to 200 8th grade students through the Truth or Consequences Program. 2. By June 30, 2024, OC ASAP will host 2 community events on emerging substance abuse issues and prevention.	
3. By May 31, 2024, provide 2 outlets for Narcan Distribution in the county.	1. By June 30, 2024, OC ASAP will provide Narcan to 75 uninsured residents through Rice Pharmacy. 2. In partnership with GRDHD, purchase a Narcan vending machine for residents to access free of charge.	

Outcome Measures





Target

6.1 % Smoking Rates Healthy - People 2030

Ohio County Resources

During the CHA forums, members of the Ohio County Community were asked, “What strengths, resources, or assets does Ohio County have that supports health and wellbeing?” The following resources were given by participants.

Priority Area: Substance Abuse/Tobacco
Lead Agency/Coalition: Union ASAP

Goal 1: Reduce substance misuse.		
Objective	**Strategies**	**Updates/Activities**
1. By June 30, 2027, reduce youth vaping rates by 3%.	1. Implement evidence-based alternative to suspension programing, InDepth, for students caught vaping in Union Middle, High, and Learning Academy. 2. Promote My Life, My Quit, and other evidenced based cessation and education programs in Union County.	
2. Increase resources and funding to address substance abuse by December 31, 2024.	1. Create a subcommittee to write the opiate abatement grant and other grants.	

Kentucky Value: **21.9%**

Percentage of high school students who reported using an electronic vapor product in the past 30 days *America's Health Rankings

Target

10.5%percent of students in grades 6 through 12 used e-cigarettes in the past 30 days - Healthy People 2030

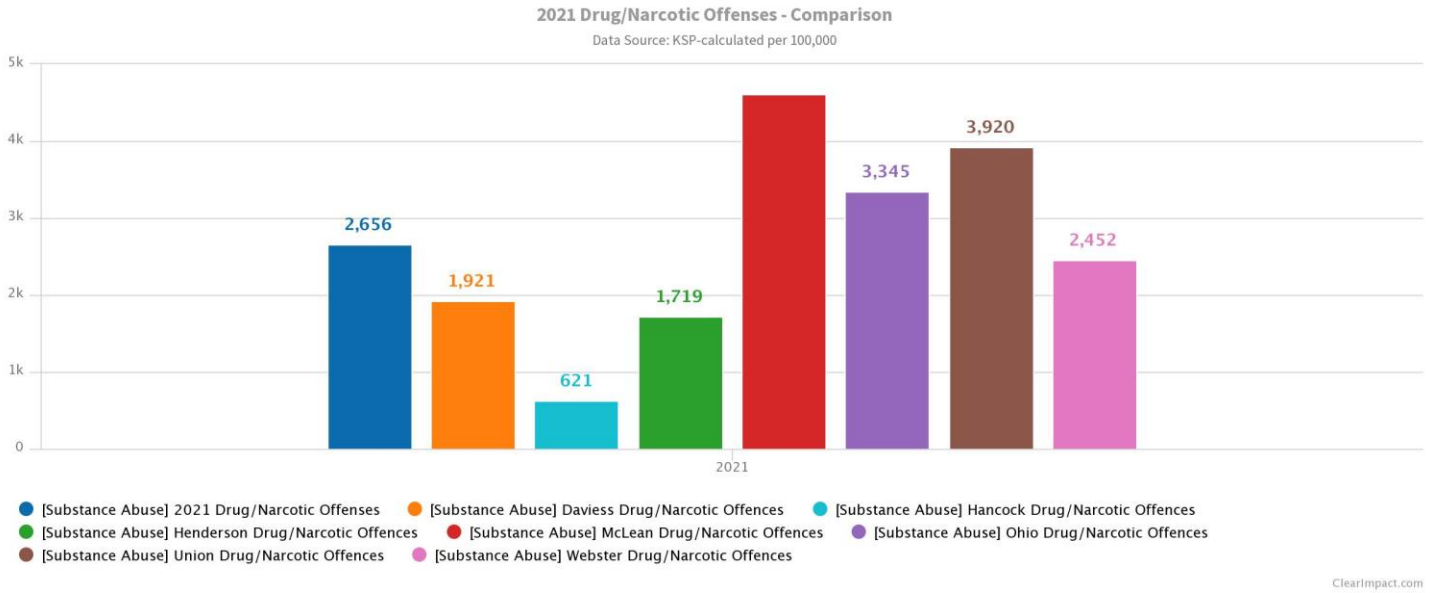
Union County Resources

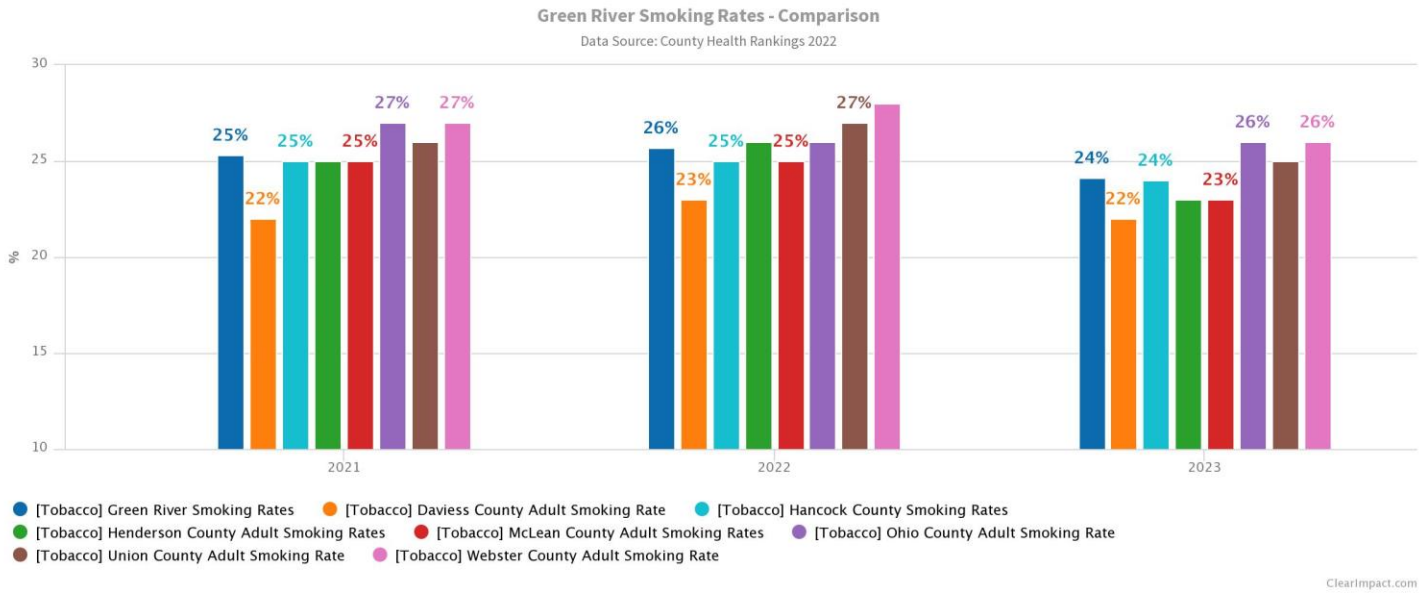
During the CHA forums, members of the Union County Community were asked, "What strengths, resources, or assets does Union County have that supports health and wellbeing?" The following resources were given by participants.

Priority Area: Substance Abuse/Tobacco
Lead Agency/Coalition: Webster True Blue Coalition

Goal 1: Reduce substance misuse.		
Objective	**Strategies**	**Updates/Activities**
1. By June 30, 2027, reduce smoking and vaping by 3%.	1. Advocate and pass a Smoke Free Ordinance for Webster County by June 30, 2025.	
	2. Provide evidence-based vaping and cessation education annually to Webster County Middle and High School.	
	3. Provide cultural and linguistically appropriate materials on vaping to Webster County Middle and High School annually.	
2. Reduce substance misuse rates in the county by 5% by June 30, 2024	1. Expand coalition to at least 2 members of diverse populations to join the to expand outreach and education.	
	2. Grow the QR Code Reporting System in all townships and populations – anonymous reporting system to report suspicious activity, violence, drug use, bullying, etc.	

Outcome Measures





Target

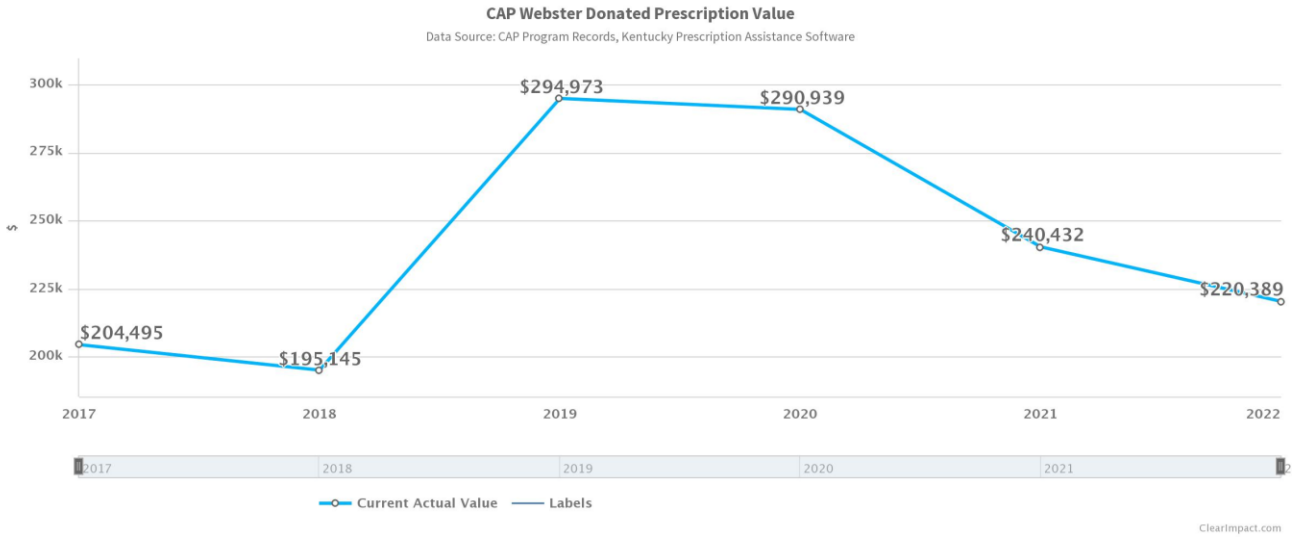
6.1 % Smoking Rates - Healthy People 2030

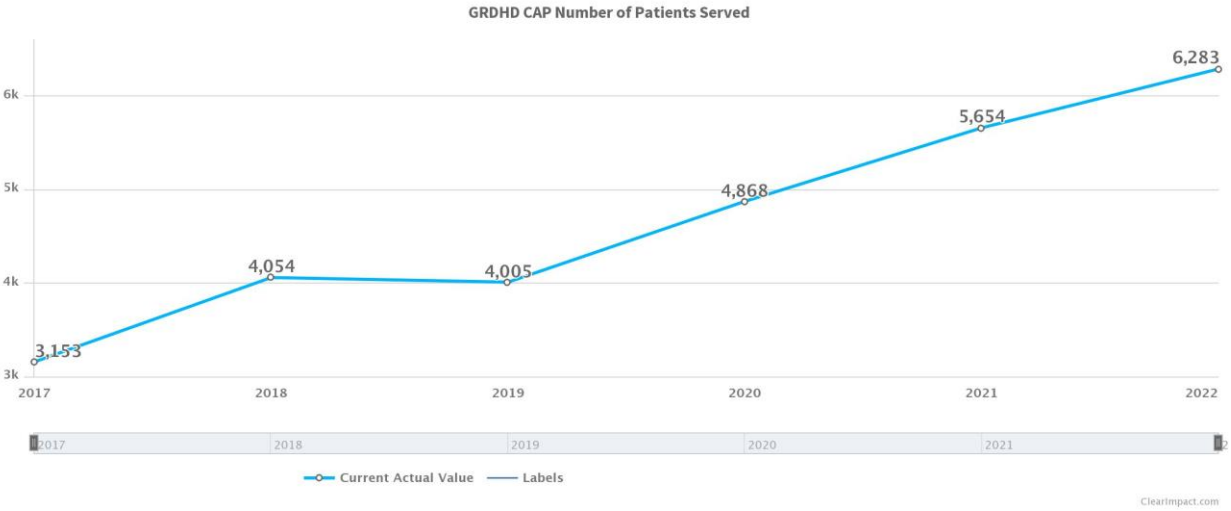
Priority Area: Access to Care

Lead Agency/Coalition: Webster County Community Impact Council

Goal 1: Increase access to care Webster County.		
Objective	**Strategies**	**Updates/Activities**
1. Increase outreach services to the Hispanic population.	1. Provide at least one outreach/health fair to the Hispanic Population annually.	
	2. Provide linguistic and culturally appropriate education materials for the Hispanic population for events, health promotion and services.	

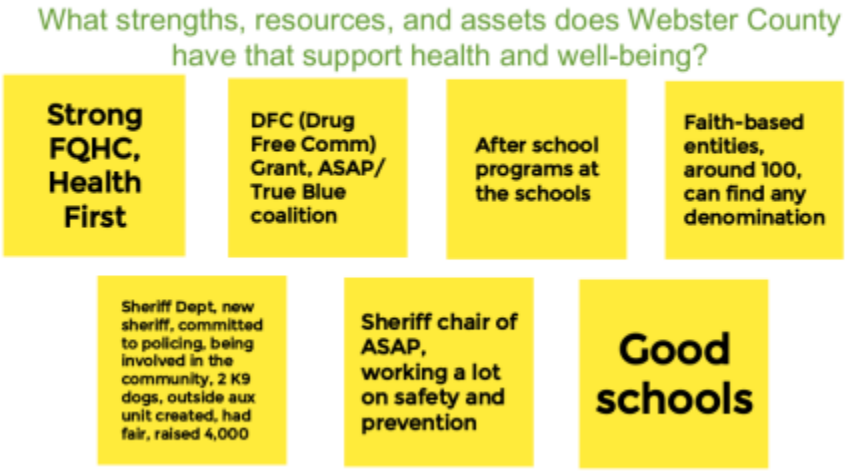
Outcome Measures





Webster County Resources

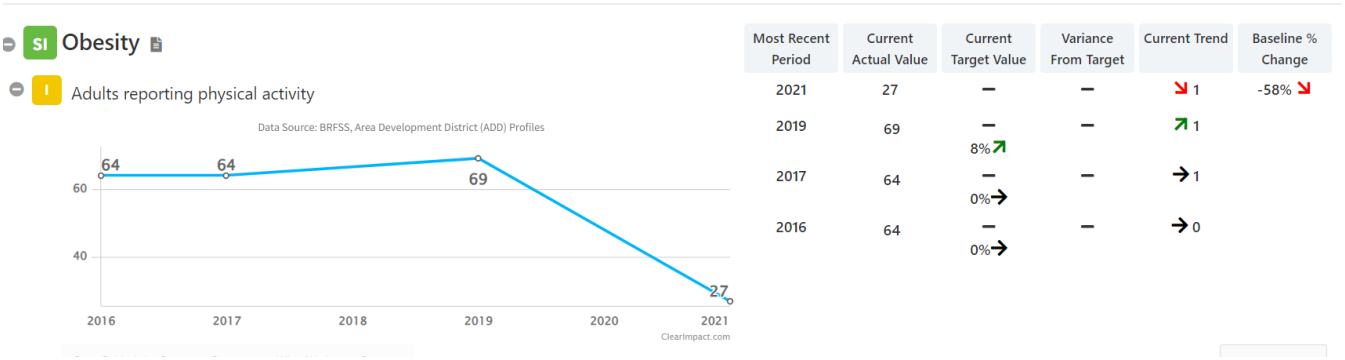
During the CHA forums, members of the Webster County Community were asked, “What strengths, resources, or assets does Webster County have that supports health and wellbeing?” The following resources were given by participants.



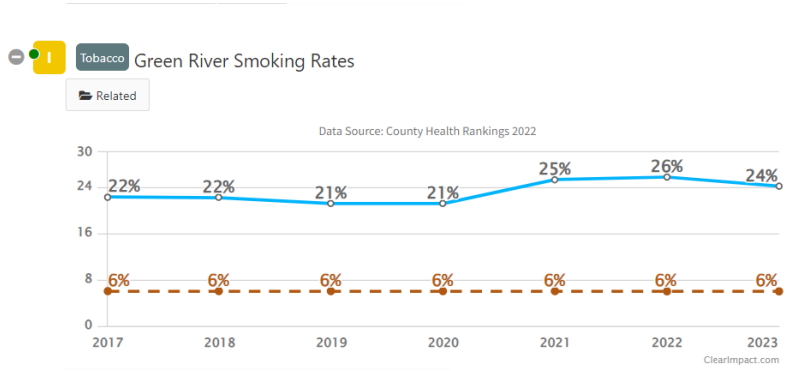
Tracking Results

GRDHD staff are active members of health coalitions and ASAP (Agency for Substance Abuse Policy) coalitions in all seven counties. Through this membership, Health Education staff will collect information on all activities related to the goals of the CHIP and input them into a shared document for tracking. Staff will also share these tracking results with coalitions and partners.

The GRDHD Performance Management Team will track outcome measures and target data related to the CHIP goals and objectives. Data will be tracked through our Clear Impact Performance Management program to assess identified targets related to goals and trends. See example below.



Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Current Trend	Baseline % Change
2021	27	–	–	↘ 1	-58% ↘
2019	69	– 8% ↗	–	↗ 1	
2017	64	– 0% →	–	→ 1	
2016	64	– 0% →	–	→ 0	



2023	24%	6%	75%	↘ 1	8% ↗
2022	26%	6%	77%	↗ 2	15% ↗
2021	25%	6%	76%	↗ 1	13% ↗
2020	21%	6%	72%	→ 1	-5% ↘
2019	21%	6%	72%	↘ 2	-5% ↘
2018	22%	6%	73%	↘ 1	-1% ↘
2017	22%	6%	73%	→ 0	0% →

The Community Health Improvement Plan will be updated annually by GRDHD. This will include updated outcome measures and status update on each objective. The updated plan will be distributed to the responsible coalitions and agencies to evaluate any changes needed or obstacles to achieving each objective. It will also be presented to the GRDHD Board of Health and staff annually for review and input.

SUSTAINABILITY

GRDHD's work with local partners and health coalitions pre-dates our initial accreditation certification. Throughout the years, GRDHD staff have served as coordinators, data resources, members, and in leadership roles in local coalitions in all seven Green River counties. The work of the coalitions has been funded through donations of staff time, resources, monetarily from local agencies and partners and through various grants through the years. Local hospital systems have also assisted with coordination and resources for coalition meetings. This has allowed the health goals and objectives for the community to continue, uninterrupted, for many years and will continue for years to come.

APPENDIX A – LOCAL RESOURCES

Services	Locations Served	Website
Owensboro Health	Daviess County & District	www.owensborohealth.org/
Deaconess Hospital	Henderson County & District	www.deaconess.com www.deaconess.com/Deaconess-Henderson-Hospital
Deaconess Hospital	Union County	www.deaconess.com www.deaconess.com/Deaconess-Union-County-Hospital
Ohio County Hospital	Ohio County & District Wide	http://ohiocountyhospital.com/
Green River District Health Department Health Centers	District	http://healthdepartment.org/contact-locations/
Community Dental Clinic	Daviess County & District e	https://www.owensborodentalclinic.com/
Audubon Area Community Services	District	https://audubon-area.com/
River Valley Behavioral Health	District	http://www.rvbh.com/ Community Resource Guide Community Resource Guide - RiverValley Behavioral Health (rvbh.com)
Kentucky Agency for Substance Abuse Policy	District	KY Agency for Substance Abuse Policy - Office of Drug Control Policy

Other Resources:

* 20123 Green River District Community Health Assessment Community Health Plans - Green River District Health Department
* Centers for Disease Control and Prevention Centers for Disease Control and Prevention (cdc.gov)
* Kentucky Department of Public Health https://chfs.ky.gov/agencies/dph/Pages/default.aspx
* Healthy People 2030 Healthy People 2030 | health.gov
* Public Health Accreditation Board Standards and Measures Home - Public Health Accreditation Board (phaboard.org)
* Credible Mind (River Valley/Owensboro Health) Healthy Mind CredibleMind