

# Barren River Initiative to Get Healthy Together

Community Health Assessment

2016-2018



**BRIGHT**  
Coalition



Health Care

Education

Community

Worksite

# Table of Contents

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## Barren River District Community Health Improvement Planning Process

Background	3
Barren River Area Development District (BRADD) Demographic Profile	4
Priority Health Issues	6
The BRIGHT Coalition	12
Health Equity & Social Determinants of Health	13

## Community Health Assessment (CHA)

Mobilizing for Action through Planning and Partnerships Process & Overview of Community Health Assessment	15
MAPP Phase 3: Four Assessments	
Community Health Status Assessment	18
Community Themes and Strengths Assessment	23
Local Public Health System Assessment	24
Forces of Change Assessment	25

## Acknowledgements & References 29

### Appendices

#### Appendix A – Community Health Assessment Survey Results

Updated August 2017 – Appendix B – 2017 Analysis of Mental Health Systems Assessment

Updated October 2017 – Appendix C – Motivational Factors for Food Choices During the Transition from High School to College among Western Kentucky University Students

Updated April 2018 – Appendix D – Infographic on BRDHD Syringe Exchange & Harm Reduction Program

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## Our Vision

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*We envision every resident in the Barren River Area Development District having the best quality of life possible by ensuring a safe place to live, work, and play. Healthy individuals, families, and communities are the cornerstone of this vision. The vision includes equal opportunities to be healthy with an emphasis on personal responsibility for their own health and wellness, and collaboration among all stakeholders.*

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## Barren River Area Development District Community Health Improvement Planning Process

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### Background

*How can leaders of south central Kentucky's rural communities work to improve overall health status, strengthen the local economy, contribute to educational success, and improve quality of life?*

In the fall of 2011, this question was addressed by a group of local health care and public health leaders, who formed a new Barren River Community Health Planning Council. The seven partner organizations included:

- Barren River District Health Department
- Caverna Memorial Hospital
- The Medical Center at Bowling Green
- The Medical Center at Franklin
- The Medical Center at Scottsville
- Monroe County Medical Center
- T.J. Samson Community Hospital

The partners convened leaders and experts from across the 10-county Barren River Area Development District (BRADD), and have continued to support a new regional approach to improving community health status.

Over fall and winter of 2014-15, partners voted to rename our organization the Barren River Initiative to Get Healthy Together (BRIGHT) Coalition, and to adopt a new logo for marketing our goals and recommendations. New members are welcome from local worksites, school systems, health care organizations, higher education, city/county government, and human services agencies.

## BRADD Demographic Profile

Population*					
County	Population	Median income	% Rural	% Male	% Female
Allen	20,384	\$39,800	78.7	49.4	50.6
Barren	43,148	\$37,700	63.3	48.5	51.5
Butler	12,875	\$35,200	100.0	49.4	50.6
Edmonson	12,013	\$38,500	100.0	50.2	49.8
Hart	18,597	\$38,000	87.2	49.4	50.6
Logan	26,867	\$41,200	75.0	48.9	50.1
Metcalfe	9,990	\$30,500	100.0	49.7	50.3
Monroe	10,704	\$30,200	100.0	49.8	50.2
Simpson	17,826	\$45,300	45.2	48.9	51.1
Warren	120,460	\$48,900	31.2	48.9	51.1
Kentucky	4,413,457	\$42,900	41.6	49.2	50.8
USA	318,857,056	\$53,657	15.0	49.2	50.8

Age Distribution*			
County	% below 18 years of age	% 18-65 years of age	% 65 and older
Allen	23.9	60.0	16.1
Barren	23.7	59.5	16.8
Butler	22.8	59.7	17.5
Edmonson	19.4	61.3	19.3
Hart	24.4	59.4	16.2
Logan	24.2	58.6	17.2
Metcalfe	23.6	58.8	17.6
Monroe	22.4	59.2	18.4
Simpson	24.1	60.1	15.8
Warren	22.5	65.5	12.0
Kentucky	22.9	62.3	14.8
USA	25.0	60.0	15.0

Race/Ethnicity*					
County	Non-Hispanic white	Non-Hispanic African American	Hispanic	Asian	American Indian and Native Alaskan
Allen	95.4%	1.1%	1.9%	0.3%	0.3%
Barren	90.8%	4.0%	3.0%	0.7%	0.3%
Butler	94.0%	0.7%	4.0%	0.3%	0.5%
Edmonson	95.8%	1.8%	1.0%	0.2%	0.3%
Hart	91.8%	4.7%	1.7%	0.3%	0.2%
Logan	88.4%	6.6%	2.8%	0.3%	0.4%
Metcalfe	95.3%	1.8%	1.6%	0.2%	0.2%
Monroe	93.4%	2.2%	3.1%	0.1%	0.1%
Simpson	85.3%	9.6%	2.0%	1.0%	0.3%
Warren	80.3%	9.2%	5.1%	3.2%	0.3%
Kentucky	85.4%	8.0%	3.4%	1.4%	0.3%
USA	62.0%	12.0%	18.0%	6.0%	1.0%

\*2016 County Health Rankings

\*2014 U.S. Census Bureau Current Population Survey

2015 Leading Causes of Death			
	BRADD	KY	U.S.
Cancer	190.4	195.9	158.5
Heart Disease	206.2	197.8	168.5
Chronic Lower Respiratory Disease	*	64.3	41.6
Accidents	57.3	66.0	43.2
Stroke	50.7	40.8	37.6
Alzheimer's disease	36.3	34.9	29.4
Diabetes	30.3	28.2	21.3
Kidney Disease	*	19.7	13.4
Flu/Pneumonia	20.1	19.3	15.2
Septicemia	15.7	17.1	11.0

\*Suppressed Data/Unreliable  
Age Adjusted Rate per 100,000  
Citation: CDC Stats of the State of KY and CDC Wonder

## Priority Health Issues

In July 2014, partners began the second iteration of MAPP planning and assessment activities with a focus on the local healthcare delivery system. The five priority health issues were reaffirmed and include:

### Cardiovascular Disease

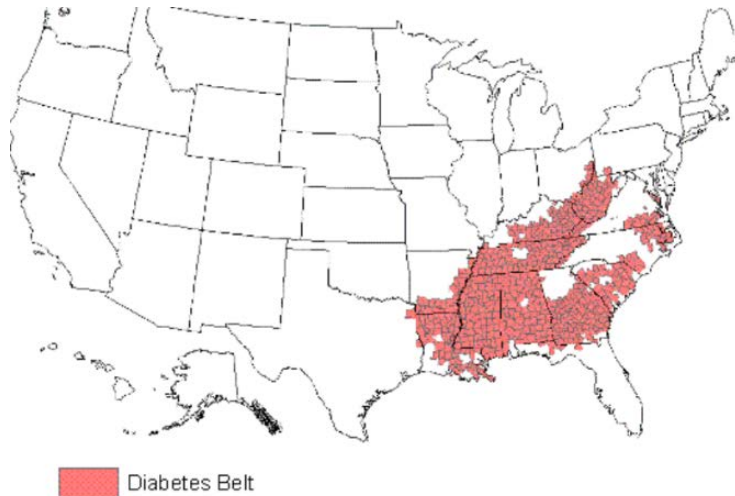
This priority health problem includes heart disease, heart attack, stroke, high blood pressure, and other chronic diseases of the circulatory system. Cardiovascular diseases tend to run in families, but are also related to lifestyle habits such as unhealthy diet, not being physically active, using tobacco products, and not controlling stress. These charts show that our local BRADD death rates from stroke and heart disease are far above the U.S. rates.

Stroke Deaths (per 100,000 population)		
COUNTIES	2015	2016
Allen	64	
Barren	52	48
Butler	41	38
Edmonson	27	38
Hart	46	47
Logan	45	44
Metcalfe	69	65
Monroe	94	89
Simpson	51	52
Warren	44	45
Kentucky	42	41
<i>Citation: Kentucky Health Facts</i>		

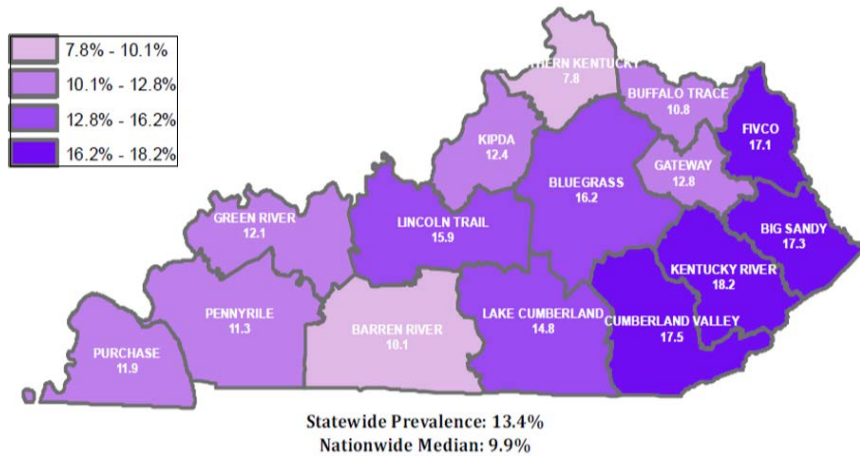
Heart Disease Deaths (per 100,000 population)		
COUNTIES	2015	2016
Allen	220	205
Barren	193	195
Butler	221	205
Edmonson	197	190
Hart	234	243
Logan	179	172
Metcalfe	233	219
Monroe	313	320
Simpson	254	261
Warren	190	186
Kentucky	202	200
<i>Citation: Kentucky Health Facts</i>		

## Diabetes

As with cardiovascular disease, type 2 diabetes is related to lifestyle habits such as an unhealthy diet and not being physically active. To control diabetes, patients must work in partnership with their physicians on medication use, but also on learning how to eat right and be physically active. The maps below shows that the high-rate “Diabetes Belt” includes Kentucky, and the percent of Kentucky adults who have diabetes by area development district.



**Percent of Kentucky Adults who have Diabetes, by Area Development District, 2015**



## Obesity

Obesity (being very overweight) is a chronic disease. Being obese means that an adult's body mass index (BMI) is 30 or above. A person whose BMI is between 25 and 29.9 is considered overweight. BMI is calculated from a person's weight and height. Obesity is very hard on your body systems. It contributes to many serious health problems, including cardiovascular diseases, diabetes, some cancers, joint problems, sleep problems, liver disease, and more.

High rates of obesity in a population have many causes. These include heredity, environment, culture, income, and education – but personal habits such as poor diet and being inactive are at the root of the problem. Most obese people need professional help to learn new lifestyle habits to lose weight and keep it off. The person's physical and social environments are also very important.

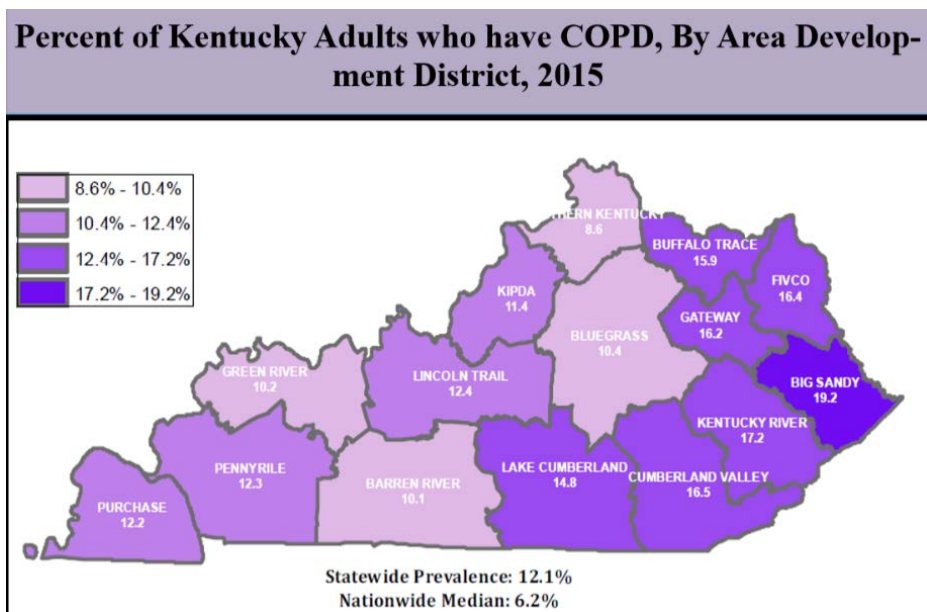
Percent of Adult Obesity		
COUNTIES	2015	2016
Allen	45%	38%
Barren	32%	32%
Butler	26%	26%
Edmonson	22%	26%
Hart	38%	31%
Logan	36%	42%
Metcalfe	25%	28%
Monroe	38%	38%
Simpson	47%	41%
Warren	29%	28%
Kentucky	33%	33%
<i>Citation: Kentucky Health Facts</i>		



## Lung Disease

In 2014, BRIGHT members expanded this health issue from Lung Cancer to Lung Disease, in order to include asthma, COPD, and other related problems. The following charts show that the BRADD rates of lung cancer deaths, prevalence of asthma, and COPD rate for the BRADD. COPD is the deadly combination of emphysema and chronic bronchitis. BRIGHT partners are focused most closely on tobacco use, labeled by the medical community as our #1 preventable health risk. Medical research showed long ago the link between smoking and lung disease.

Just as with losing weight, quitting tobacco is very difficult but not impossible. Tobacco users wanting to quit usually need the support of family, friends, and coworkers as well as partnership with their physicians.



Lung Cancer Deaths (per 100,000 population)	
COUNTIES	2015
Allen	68
Barren	72
Butler	68
Edmonson	72
Hart	85
Logan	71
Metcalfe	81
Monroe	71
Simpson	72
Warren	60
Kentucky	67

*Citation: Kentucky Health Facts*

Prevalence of Asthma (percent of adults)	
COUNTIES	2015
Allen	21%
Barren	16%
Butler	14%
Edmonson	17%
Hart	19%
Logan	16%
Metcalfe	5%
Monroe	25%
Simpson	21%
Warren	15%
Kentucky	16%

*Citation: Kentucky Health Facts*

## Drug Abuse and Addiction

Drug abuse and addiction has a significant effect on health and quality of life for BRADD residents. The BRIGHT Coalition has chosen to focus our efforts on the abuse of prescription medications. The problem is linked to family habits, social norms, and even how our medical care system operates.

- In the 2014 local high school KIP surveys, 3% of BRADD 12<sup>th</sup> graders reported using narcotics or prescription drugs without a prescription in the past month.
- 5% of these 12<sup>th</sup> graders reported that at least once in the past year they had used over the counter medications to get high
- In 2013, there as a 9% decrease in Kentucky resident drug overdose deaths, the first time in six years, the drug overdose deaths in the state showed a decline. However, Kentucky still has the 2nd highest age-adjusted drug overdose death rate in the United States, 23.7 deaths per 100,000 populations. The corresponding U.S. rate was 13.8/100,000



### Overdose deaths in Kentucky

23.7 deaths per 100,000 population



### Overdose deaths in The United States

13.8 deaths per 100,000 population

Drug abuse continues to have an impact on Kentucky citizen. Coalition members have discovered a need to continue addressing drug abuse in the BRADD area with special emphasis on the lack of access to substance abuse treatment and associated mental health treatment.

The 2014 KIP report for participating BRADD schools, compilation by Life Skills, Inc. Drug Overdose Deaths in Kentucky 2000-2013 were released by the Kentucky Injury Prevention Center on March 6, 2015.

## Substance Abuse and Mental Health

Substance abuse and mental health are two areas of public health that might not always get the attention they need in order to provide for the community (especially in smaller agencies). The BRIGHT Coalition has made a point to observe the urgency of the substance abuse and mental health problem in our communities and is working towards taking the necessary steps to improve the quality and availability of substance abuse cessation and mental healthcare efforts in the BRADD area.

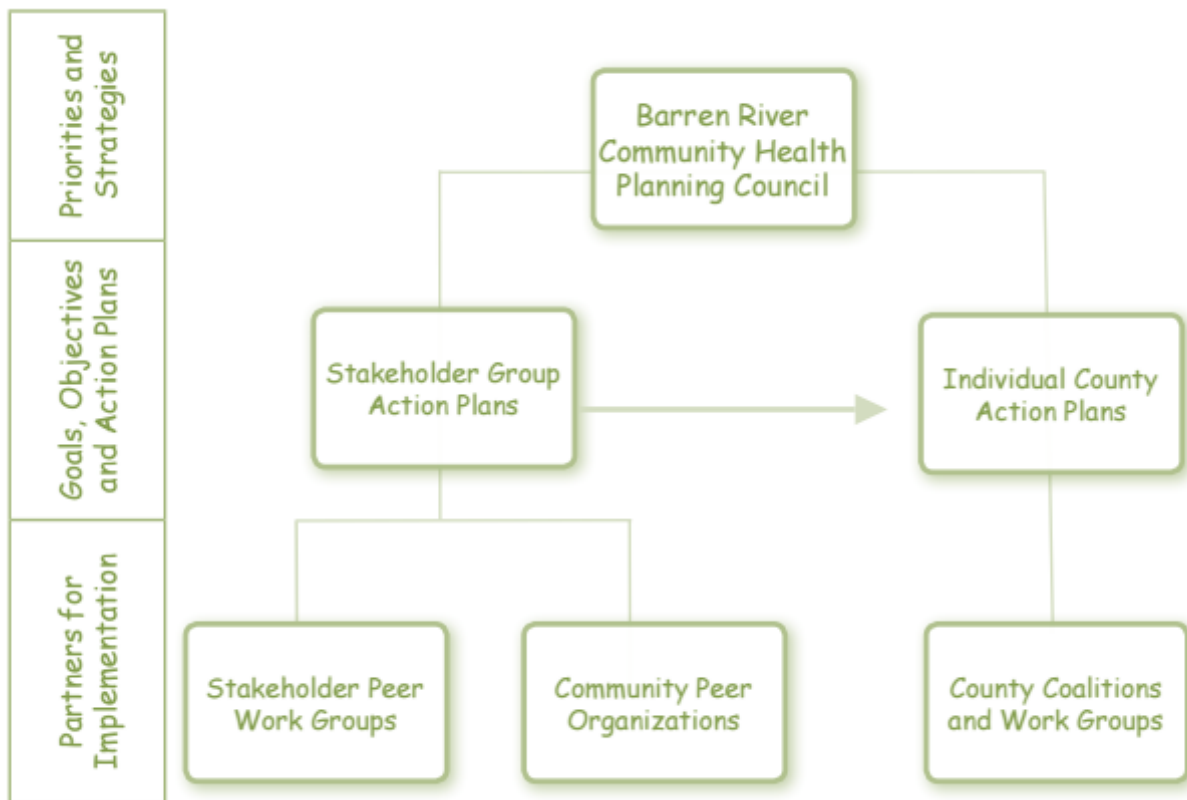
Mental Health Provider Ratio		
County	2015	2016
Allen	2,031:1	1,850:1
Barren	1,024:1	920:1
Butler	1,279:1	1,290:1
Edmonson	4,021:1	3,000:1
Hart	2,322:1	2,070:1
Logan	1,792:1	1,790:1
Metcalfe	1,109:1	1,000:1
Monroe	1,526:1	1,530:1
Simpson	1,271:1	1,050:1
Warren	643:1	550:1
Kentucky	663:1	600:1

*Citation: County Health Rankings 2016*

## The BRIGHT Coalition

*The Barren River Initiative to Get Healthy Together (BRIGHT) Coalition envisions every resident in the Barren River Area Development District will have the best quality of life possible by ensuring a safe place to live, work, and play. Healthy individuals, families, and communities are the cornerstone of this vision and include equal opportunities to be healthy with an emphasis on personal responsibility for their own health and wellness and collaboration among all stakeholders.*

This group of business, educational, and healthcare leaders was organized in August 2011 to facilitate an evidence-based community health assessment process called MAPP (Mobilizing for Action through Planning and Partnership). A great deal of evidence now shows the poor health status of Kentucky and our region, and the impact on our current and future workforce, our local economy, and our quality of life. This coalition is a Call-To-Action for local leaders who believe in the power of collaboration and partnerships for addressing the greater good for the organizations involved and collectively as a community.



## Community Engagement

Within the BRADD region people routinely cross county lines for work, shopping, family, and health care. As a regional coalition, BRIGHT partners have taken a 'systems approach' by looking at four segments of the community to address the five priority health issues. These partner groups have developed action plans with their peer leaders in mind. See descriptions below:

- **Healthcare Delivery System:** Includes physician and mid-level medical practices, mental health providers, dental providers, hospitals, public health services, and other outpatient services. These individuals represent multiple organizations across the district and are working to increase access to care and improve care provided.
- **Worksites:** Includes business, non-profit, Chambers of Commerce, and government worksites all of whom have an inherent stake in a healthy workforce. Individuals representing these organizations want a healthy workforce that will in turn address social determinants of health for our communities.
- **Educational Systems:** Includes K-12 public and private school systems, preschools, colleges & universities, technical schools, and health care provider training programs. The individuals from area education systems are key in addressing education needs for the community.
- **Communities:** Includes government resources and policies, economic development efforts, law enforcement, and churches. It also includes volunteer, youth, civic, and neighborhood organizations. Having representation from these organizations allows us to address multiple resources that are provided in the communities.

By having representation from multiple areas, the BRIGHT Coalition can get a more accurate picture of the assets and gaps affecting community health across the district. This is vital in identifying and utilizing existing resources.

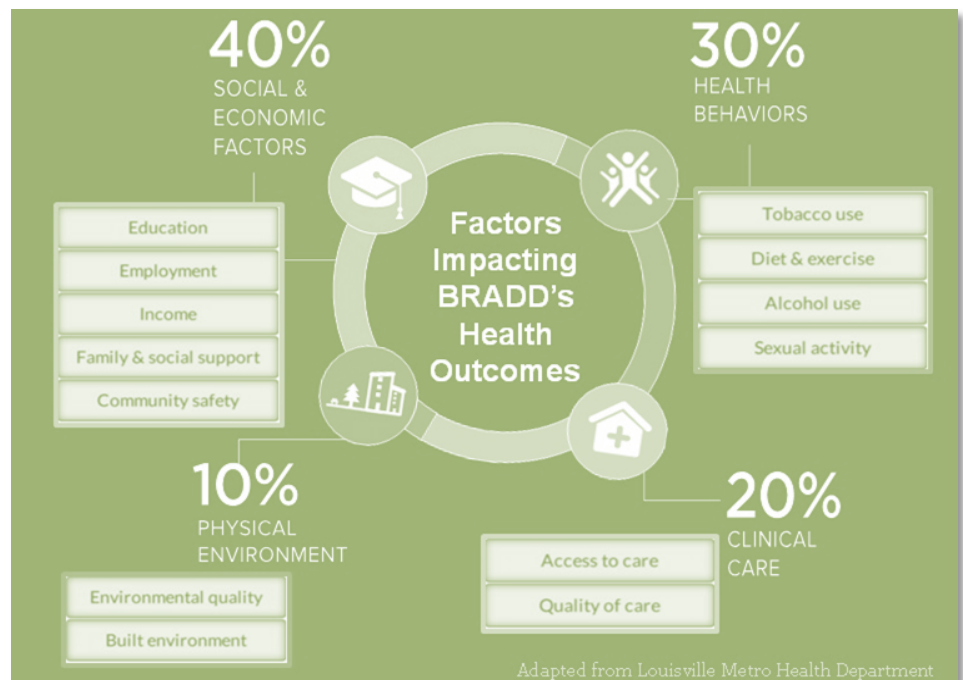
Since the coalition's start in 2011, membership has increased from 215 partners from 7 organizations to over 229 partners from 16 organizations.

## Health Equity & Social Determinants of Health

Health equity can be defined as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities” (APHA, 2015). By addressing health equity we can work to ensure social determinants of health are being targeted to improve community health.



The health equity framework was used to organize the indicators from the Community Health Status Assessment and served as a tool to identify the health priorities that resulted from the 4 assessment findings. The framework for looking at factors for health outcomes showed how social determinants of health impact the BRADD.



# Community Health Assessment

## MAPP Process & Overview of Community Health Assessment

### The MAPP Cycle

This is a community-driven planning process used for improving community health. The process is not agency-focused; rather, it is an interactive process to improve community public health systems. While facilitated by public health leaders, it takes community engagement from multiple sectors to apply strategic thinking in a way that works to prioritize public health issues and identify resources that will aid in addressing the identified issues.



The findings of the CHA are presented here in the form of community health profiles for each county, as well as overviews of findings from several MAPP assessments that were conducted to further solidify the importance of each of the five priority health issues. The purpose of the complete report is to supplement the work outlined in the 2016-2018 Community Health Plan.

## MAPP Phase 1-2: Organizing for Success and Partnerships & Visioning

At the launch of Phases 1-2 of the CHA, the steering committee voiced their concern and desire for a process that was:

- Built on existing assessment efforts, which would incorporate and use existing data sources from community partners;
- Based on a participatory model, focused on collaborative data collection efforts; and
- A collective approach to setting health priorities and strategies, leveraging results for an action-oriented health improvement plan.

Community ownership of the planning process was of the utmost importance, and in order to achieve this, the steering committee participated in a visioning process by asking:

- What would we like our community to look like in 10 years?

In ten years, we would like to see the BRADD community has overcome some of the public health barriers it faces today. In ten years' time, we would like to have measurable positive health outcomes that show improvement in these problem areas for the better health of our community. In ten years, we would like to be better prepared to take on new challenges and obstacles that we will work together to overcome in the future. Most of all, we would like to see evidence of a transformation into a healthier and safer community for all.

The Community Health Assessment for the BRIGHT Coalition is a compilation of new and existing data sources that we have combined to provide a comprehensive picture of the health of each county's residents. BRIGHT Coalition partners include all of the organizations and entities that contribute to public health in a community, including the local public health departments, public, private and voluntary organizations. Community partners and residents shared their knowledge and perceptions about the conditions of the community's health and the capacity of the local public health system. Given the unique focus of this iteration on the local healthcare system, the Healthcare Stakeholder group prioritized the following issues:

Provider Capacity Issues	Barriers to Accessing Health	Populations with Access Issues or Barriers
<ul style="list-style-type: none"><li>• Providers who take Medicaid</li><li>• OB/GYN</li><li>• Pediatrics</li><li>• Mental Health</li><li>• Health Education</li><li>• Dermatology</li></ul>	<ul style="list-style-type: none"><li>• Lack of transportation to health services</li><li>• Providers not accepting Medicaid</li><li>• Lack of childcare during health services</li><li>• Inappropriate use of healthcare services</li><li>• Economic barriers</li><li>• Patient/family apathy about preventative care</li></ul>	<ul style="list-style-type: none"><li>• Households at low socioeconomic levels</li><li>• Uninsured and underinsured people</li><li>• People affected by chronic disease</li><li>• Elderly, especially in the most rural areas</li><li>• Rural isolated populations</li><li>• People affected by mental illness</li></ul>



### **MAPP Phase 3: The 4 Assessments**

Once phase two was complete, the group moved on to collecting and analyzing data through four assessments, each providing information for improving community health. It is even more beneficial to look at the results from all four assessments as a whole.

These four assessments, outlined in the following sections, yield important information for improving community health across the BRADD. BRIGHT Coalition stakeholders conducted these community assessments to gain a better understanding of the public health barriers in the BRADD area.

### **MAPP Phase 4-5: Identifying Strategic Issues & Formulate Goals and Strategies**

Phase four allows for identification of strategic issues by using all of the information gathered in the previous phases. Once identified, the steering committee formulated goals related to the identified issues. Each of the BRIGHT workgroups developed strategies and action plans to address the strategic priorities.

### **MAPP Phase 6: Action Cycle**

The BRIGHT Coalition will carry out implementation and evaluation over the course of the community health assessment timelines. This is a crucial phase in ensuring that action plans follow implementation guidelines and meet evaluation goals.

## Assessment One: Community Health Status Assessment

### What Is It?

This assessment helps to identify priority community health and quality of life issues. It looks to help determine how healthy your residents are and what the health status of the community looks like.

### MORTALITY

Number of Premature Deaths		
Counties	2015	2016
Allen	9931	9600
Barren	8136	7700
Butler	10122	7700
Edmonson	7267	6600
Hart	8203	8500
Logan	8408	8700
Metcalfe	11294	10200
Monroe	11074	11100
Simpson	10053	8500
Warren	7380	7600
<i>Citation: National Center for Health Statistics - Mortality Files</i>		

### MORBIDITY

Percent of Poor or Fair Health		
Counties	2015	2016
Allen	22%	32%
Barren	22%	21%
Butler	21%	24%
Edmonson	29%	20%
Hart	25%	24%
Logan	23%	22%
Metcalfe	33%	26%
Monroe	20%	25%
Simpson	15%	22%
Warren	17%	19%
<i>Citation: Behavioral Risk Factor Surveillance System</i>		

## HEALTH BEHAVIORS

<b>Percent of Adults Lacking Physical Activity</b>		
<b>COUNTIES</b>	<b>2015</b>	<b>2016</b>
Allen	30%	34%
Barren	32%	31%
Butler	34%	37%
Edmonson	35%	33%
Hart	35%	34%
Logan	33%	38%
Metcalfe	33%	35%
Monroe	27%	28%
Simpson	34%	32%
Warren	28%	27%
Kentucky	29%	29%
<i>Citation: County Health Rankings</i>		

<b>Percent of Adult Smokers</b>		
<b>COUNTIES</b>	<b>2015</b>	<b>2016</b>
Allen	34%	38%
Barren	28%	25%
Butler	20%	22%
Edmonson	44%	34%
Hart	20%	22%
Logan	25%	25%
Metcalfe	23%	25%
Monroe	29%	26%
Simpson	25%	34%
Warren	26%	23%
Kentucky	26%	26%
<i>Citation: Kentucky Health Facts</i>		

## CLINICAL CARE

Percent Uninsured		
Counties	2015	2016
Allen	19%	21%
Barren	17%	17%
Butler	19%	21%
Edmonson	20%	22%
Hart	20%	21%
Logan	19%	19%
Metcalfe	20%	21%
Monroe	21%	22%
Simpson	16%	16%
Warren	19%	19%
<i>Citation: Small Area Health Insurance Estimates</i>		

Primary Care Physicians (ratio to population)		
Counties	2015	2016
Allen	10,105:1	10,160:1
Barren	1,421:1	1,300:1
Butler	12,840:1	12,790:1
Edmonson	12,071:1	12,060:1
Hart	2,296:1	2,320:1
Logan	2,665:1	2,990:1
Metcalfe	9,969:1	9,980:1
Monroe	2,164:1	1,780:1
Simpson	2,505:1	2,540:1
Warren	1,362:1	1,410:1
Kentucky	1,551:1	1,500:1
<i>Citation: County Health Rankings</i>		

## SOCIAL & ECONOMIC FACTORS

Percent of High School Graduation		
Counties	2015	2016
Allen	91%	91%
Barren	86%	86%
Butler	92%	93%
Edmonson	90%	93%
Hart	97%	98%
Logan	90%	90%
Metcalfe	87%	88%
Monroe	95%	98%
Simpson	92%	92%
Warren	92%	92%

*Citation: EDFacts*

Percent of Unemployment		
Counties	2015	2016
Allen	8.4%	5.9%
Barren	8.2%	6.3%
Butler	8.8%	7.4%
Edmonson	9.1%	8.3%
Hart	7.6%	6.4%
Logan	7.1%	5.7%
Metcalfe	8.7%	6.1%
Monroe	7.5%	5.6%
Simpson	7.1%	5.8%
Warren	7.0%	5.6%
Kentucky	8.3%	6.5%

*Citation: Bureau of Labor Statistics*

Median Household Income		
Counties	2015	2016
Allen	\$39,798	\$39,800
Barren	\$38,370	\$37,700
Butler	\$36,670	\$35,200
Edmonson	\$36,324	\$38,500
Hart	\$33,588	\$38,000
Logan	\$39,513	\$41,200
Metcalfe	\$30,899	\$30,500
Monroe	\$29,900	\$30,200
Simpson	\$39,117	\$45,300
Warren	\$48,137	\$48,900
Kentucky	\$43,307	\$42,900

*Citation: County Health Rankings*

## PHYSICAL ENVIRONMENT

Percent of Severe Housing Problems		
Counties	2015	2016
Allen	14%	14%
Barren	14%	13%
Butler	13%	13%
Edmonson	14%	15%
Hart	13%	13%
Logan	18%	17%
Metcalfe	11%	11%
Monroe	16%	16%
Simpson	15%	16%
Warren	17%	17%

*Citation: Comprehensive Housing Affordability Strategy (CHAS) data*

Percent Driving Alone To Work		
Counties	2015	2016
Allen	79%	79%
Barren	83%	82%
Butler	80%	83%
Edmonson	80 %	82%
Hart	73%	75%
Logan	84%	87%
Metcalfe	82%	81%
Monroe	78%	78%
Simpson	81%	85%
Warren	84%	82%

*Citation: American Community Survey, 5-year estimates*

## Assessment Two: Community Themes and Strengths Assessment

### What Is It?

The Community Themes and Strengths Assessment helps a community to identify what is most important to residents of the BRADD area. It also explores how quality of life is perceived by the community and helps stakeholders assemble a collection of current assets that could help shape a healthier population. This collection of assets comes in the form of community thoughts, experiences, opinions, and concerns.

### Assessment Findings

The second survey (our second iteration of the Community-Wide Survey), which we distributed to all 10 counties in the BRADD, was intended to collect data that would address barriers to healthcare, identify availability of farmers markets, and identify the percentages of employers who offer wellness programs by county.

We conducted the final survey at the Annual Worksite Wellness Summit. This survey took a closer look at worksite wellness programs among local businesses and gave us an idea of which businesses utilize these programs and what type of impact the programs are making.

The BRIGHT's Community Survey closed at the end of April with 6165 respondents. Logan County had the highest percentage of their population respond with 5.45% of everyone in the county. For this, they will receive \$1000 for a community improvement project.

Access to fresh and healthy foods, access to a place to be physically active, lack of physical activity at child's school, inability to afford medications, inability to afford doctor's fees, and needing a doctor's appointment at hours not offered were identified as having the largest impact on the health of community respondents and their families. Fifty percent of respondents traveled out of their county to receive services from a primary care doctor.

Results of the survey are available for viewing in Appendix A.

## Assessment Three: Local Public Health System Assessment

### What Is It?

The Local Public Health System Assessment (LPHSA) measures the capacity of the public health system to provide the ten Essential Public Health Services, the fundamental framework for all local public health system assessment activities that contribute to the health and well-being of communities. The LPHS includes all of the organizations and entities that contribute to public health in a community, including the local public health department and public, private and voluntary organizations. The identification of the system’s strengths and challenges can help communities strengthen, improve, and better coordinate LPHS activities.



Image: 10 Essential Public Health Services

### Local Public Health System

The identification of the strengths and challenges of the Barren River Area District, led by the following topics:

Healthcare Priority	Score
Request Re-designation of HPSA scores	5.63
Increase community awareness of lack of primary care	4.25
Work with KY Primary Care on Medicaid concerns	4.19



## Assessment Four: Forces of Change Assessment

### What It Is?

Forces of Change are trends, events, and factors beyond our control that have an effect on a community. In 2012, we considered Forces of Change that affect our local communities in: health status, health care services, health behaviors, and health policy.

- Trends are patterns over time, such as migration in and out of a community, rising health care cost, or changes in social norm.
- Factors are discrete elements, such as a rural setting, a community's ethnic populations, or proximity to a waterway.
- Events are one-time occurrences. Examples are hospital closure, employers moving in or leaving, a natural disaster, or the passing of new legislation.

#### **We considered many different types of Forces of Change:**

- Social
- Environmental
- Economical
- Scientific
- Political
- Legal
- Ethical
- Technological

***How do we identify them? Think of things that are outside of our control, but that affect our local health status and health care system.***

- Forces of Change may be local, regional, national, or global and still have an impact on our community.
- Forces of Change may pose threats, or deliver opportunities.

**We identified these Forces of Change in our 2012 Community Health Assessment report:**

### Our Physical Environment

- Poor birth outcomes linked to environmental causes, such as soil and water in neighborhoods
- Loss of natural resources
- Drinking water quality, especially in our Karst terrain, is always a challenge
- New agricultural developments, including the Farm-to-Table movement
- The "Push to Go Green." An increased commitment to sustainable environmental practices and more knowledge to people about how to do this
- Acts of God and climate change, including flooding, tornados, and ice storms
- Increasing urbanization of some BRADD areas
- Loss of population in some rural areas

## Our Built Environment

- The Greenways program in Bowling Green
- Newly established Pedestrian/Bike plans in several communities
- Transportation to health care services is a problem for some families
- More good roads/improved transportation system means better access to healthcare and community resources; also means more pride in the community
- In rural areas, accessibility/availability of health services continues to be a problem

## Our Social Environment

- Our population is aging overall (baby boomers)
- Rural counties continue to lose population: fewer tax dollars, reduces the market to retain healthcare providers
- Increasing immigration and cultural diversity; an influx of ESL students to schools, and LEP employees (ESL = English as a Second Language; LEP – Limited English Proficiency)
- Deployment of military personnel – many more single-parent households with kids
- Widespread promotion of energy drinks, especially to children and teens
- We have a relatively low number of homeless people in our region, but some service providers feel that the total number has increased in past 3-4 years
- Increases in bullying/cyber-bullying in schools and online
- Positive changes in school nutrition policies and practices, and increased focus on nutrition

## Our Family Environment

- An increase in the number of children/teens who are homeschooled
- A dramatic increase in child abuse and household violence
- An increase in the number of parents who are arrested on drug charges – impact on their children
- Teen pregnancy remains at high rates
- An increase in the number of foster children
- Rising costs for child care force some parents to use lower-quality options

## Our Economic Environment

- Across the overall region we have experienced an economic turnaround, but we have increased pressures of competition within the new global economy
- Increases in health insurance premiums affect all employers, public and private
- Program and funding cuts within agencies
- Increase in the cost of living
- Local production and consumption of agricultural products has become a significantly larger part of the regional economy. Our growing ‘local foods movement’ is definitely having positive economic benefits, and may be influencing nutritional habits
- Increase in work absenteeism
- A large population of Working Poor (difficulties falling through the cracks)
- Wellness programs in the workplace may eventually improve our economic situation

## Policy, Politics and Government

- Decrease in federal, state, and local budgets-all are asked to do more with less
- Ordinances in Bowling Green and Glasgow mandating smoke-free indoor public places
- Federal healthcare reform
- KY Medicaid Managed Care – many changes still unknown (and a lot of confusion over the short term for patients and providers) Many provider will drop out
- Transitions in the Medicare plans
- Politics in healthcare – This was noted by some as a positive (e.g., “Healthcare will not reform itself.”), and by others as a negative.
- Political leaders less willing than in the past to work together on compromise solutions
- Growth in school enrollment (including K-12 and WKU) puts more stress on school systems
- When families can’t afford medical care for sick children, the child accumulates unexcused absences, which eventually becomes another referral to the court system for truancy

### Health Needs, Behaviors, and Outcomes

- Local residents are generally more informed about their health
- Increases in chronic diseases among adults and even children, including obesity, diabetes, and asthma
- Increased use of legal drugs that cause dependence and/or health crises (ex. 7-H)
- An explosion in abuse of prescription medications, and of synthetic drugs, by teens and young adults
- Returning war veterans have special healthcare needs (PTSD and other health issues)
- An increase in Alzheimer’s patients
- Increased trend in the obesity rate for children and adults
- We all eat out more, which can lead to unhealthy eating habits
- An increase in incidence rates for other chronic diseases such as diabetes
- Legalized alcohol sales in formerly dry counties has led to higher rates of binge drinking
- Increases in rates of smokers in some counties
- People are living longer, so require more services and specialty services
- Increase in the number of children with food allergies (among other things, this complicates school food service, and creates the need for medical professionals in the school)
- We have an increased need for childcare for sick children, which is expensive.

### Healthcare Access

- A shortage of healthcare workers at all levels
- The rising cost of healthcare, and of health insurance premiums
- Many more people/families are now insured due to the Affordable Care Act and Kynect.
- However, many people still lack access when providers will not accept Medicaid reimbursement
- Primary care demand is greater than capacity, we have a greater demand now than ever, with more people having insurance coverage
- Increase in the number of acute care clinics (longer hours, no appointment, etc.)
- There is a waiting list for drug and alcohol dependence treatment
- Waiting list for prenatal care (not enough providers)
- Lack of access to prenatal care (geographic, uninsured)

- There aren't enough physicians who will accept Medicaid reimbursement to meet the need/demand
- Overcrowding in hospital Emergency Departments, due to use for primary care
- With child care so expensive, many mothers simply stay home, but often this means that the family loses health insurance coverage through her job

### Changes in Health Care Practice

- More physician practices are using the KASPER report to check the prescription trail of a patient, available for practices in Kentucky and Tennessee
- Many new advances in treatment options
- Defensive medicine has become the norm for physicians and other providers
- Advancements in treatments and therapies for the disabled
- HIPAA regulations and requirements – a cost to providers, but good for patients
- New immunization requirements mean more immunizations per person, overloading public health facilities with demand
- More employers are recognizing the value of worksite wellness programs and policies, and there is more research supporting it as well

### Legal and Policy Considerations

- Tort reform
- Health literature- it needs to better inform the public
- More schools are adopting a 24-7 Smoke Free or Tobacco Free Campus policy
- A state-wide indoor air smoking policy is being widely discussed

### Summary of Findings

Through the Forces of Change Assessment, participants identified a wide array of local, state, and national forces that are or will be influencing the health or quality of life of the community and local public health system. Some of the major forces identified include the widening economic divide, child poverty, the academic achievement gap, gun legislation, public safety realignment, immigration reform, health care reform, the lack of work-life balance and the culture of competition in the BRADD.

## Acknowledgements

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**CHIP Core Group**

**CHIP Steering Committee**

**MAPP Assessment Workgroup Members**

**BRIGHT Partners**

## References

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### **County Health Rankings**

<http://www.countyhealthrankings.org/app/kentucky/2016/measure/outcomes/1/map>

### **Better Health Through Equity, APHA. (2015)**

[https://www.apha.org/~media/files/pdf/topics/equity/equity\\_stories.ashx](https://www.apha.org/~media/files/pdf/topics/equity/equity_stories.ashx)

### **Small Area Health Insurance Estimates**

<https://www.census.gov/data/datasets/time-series/demo/sahie/estimates-ac.html>

### **Kentucky Health Facts**

<http://www.kentuckyhealthfacts.org/>

### **CDC Stats of the State**

<https://www.cdc.gov/nchs/pressroom/states/kentucky/kentucky.htm>

### **CDC Wonder**

<https://wonder.cdc.gov/>

### **2014 U.S. Census Population Estimates**

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmm>

### **Kentucky Incentives for Prevention (KIP) Survey**

<https://reacheval.com/projects/kentucky-incentives-for-prevention-kip-survey/>

### **NACCHO MAPP**

<https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>

### **Kentucky BRFSS Report**

<https://chfs.ky.gov/agencies/dph/dpqi/cdpb/Pages/brfss-reports.aspx>

## Appendix A

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The BRIGHT Coalition distributed a survey to the 10 county region from January to March of 2015. During this time over 7,000 surveys were completed. The following pages provide an in depth analysis of responses to the questions about each of the five wellness areas.

## Appendix B (Added August 2017)

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The BRIGHT Coalition distributed a survey to the 10 county region from March to June 2017 online and in a print version. The goal of the assessment was to identify needs for, use of, and barriers to mental health services across the region and build on the identified priority health issue of drug abuse and addiction. The following pages provide an in depth analysis of responses to the questions about mental health and/or substance abuse.

## Appendix C (Added October 2017)

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The BRIGHT Coalition worked with a Master's in Public Health student at the local university to gather information pertaining to diet and health behaviors in young diet. A survey was disseminated among students from February to March 2017 and a written report and results were provided to the BRIGHT coalition to build upon knowledge of factors contributing to diet in young adults in October 2017. The information was used to update knowledge in this CHA and an in depth analysis can be found on the following pages.