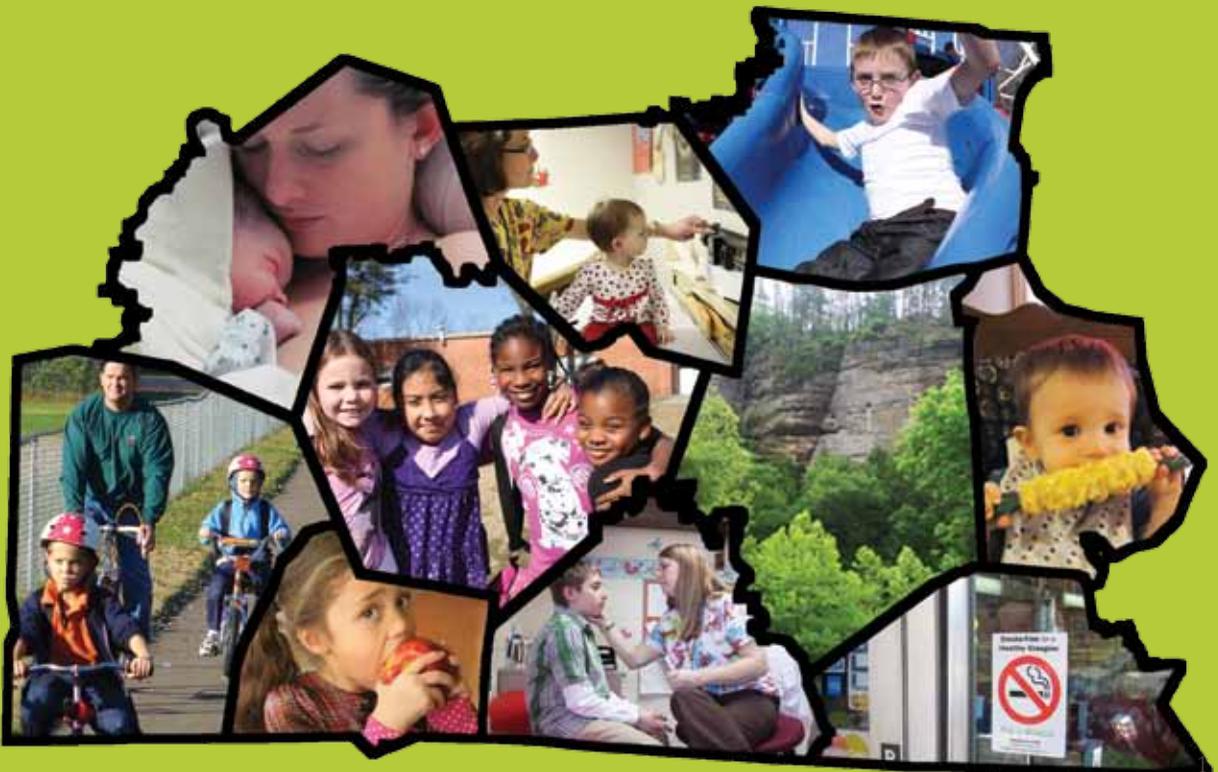




# Community Health Plan for 2013-2015

## Executive Summary



# Community Health Assessment

How can leaders of south central Kentucky's rural communities work together to improve our overall health status, thereby strengthening the local economy, contributing to educational successes, and improving 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  
The Monroe County Medical Center  
TJ Samson Community Hospital

## The Barren River Area Development District (BRADD)

Allen  
Barren  
Butler  
Edmonson  
Hart  
Logan  
Metcalf  
Monroe  
Simpson  
Warren



The partners convened leaders and experts from across the 10-county Barren River Area Development District, asking them to commit to a series of meetings through December 2012.

**Assessment** - The Council's assessment phase ran from November 2011 through May 2012. Members explored these questions, seeking input from their peers, constituents, employees, organizations, and families:

- Considering local health status indicators and our own roles as community leaders, which should be our Priority Health Issues for collaborative action?
- Considering both local experience and national evidence on "what works," what are the gold standards for policy, education, and services that we recommend to our peers?
- In relation to our Priority Health Issues, what do local residents and key informants say about our regional system of health care, public health, and supportive services? In what ways are these institutions and providers most effective in providing needed services, and in helping local residents take responsibility for their health? In what ways are they least effective?
- Which forces and conditions contribute to, threaten, improve or impact our health and the health care delivery system?
- Which possible strategies might address the factors and conditions contributing to our Priority Health Issues?

## Our Vision for the BRADD

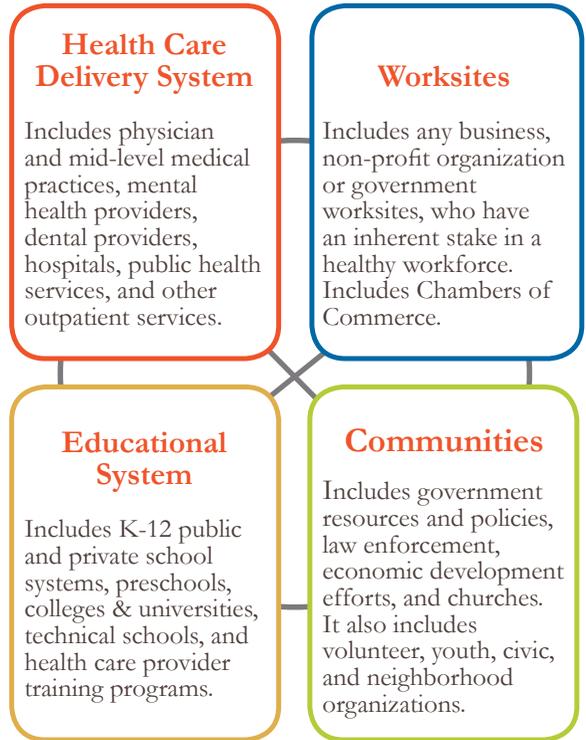
What would we like our community to look like in 10 years? The vision statement at the right was adopted by the Council during Meeting 5

# Exploring Data, Listening, and Analysis

**The Council** - Council members are primarily individuals in high level leadership positions within local school systems, worksites, health care organizations, higher education, and human service agencies. Other members include elected officials and leaders in economic and business development. A third group are individuals with expertise to contribute to the process.

**Facilitation and Process** - Throughout the Council's community health assessment and planning phases, the Barren River District Health Department has provided the process, meeting facilitation, staff support, and reporting. The Barren River Area Development District provided meeting space.

Assessment activities have followed the Mobilizing for Action through Planning and Partnerships (MAPP) protocol. This community health assessment and strategic planning process was developed by the National Association of City and County Health Officials (NACCHO). The MAPP process structure incorporates four complementary assessment steps, leading to strategic planning that has the flexibility to meet local needs and interests.



**Stakeholder Leadership Groups** - The Council's public input process took a systems approach by looking at four segments of the community to explore what is happening in relation to the 5 Priority Health Issues. They organized into workgroups in the four categories described above. These groups developed action plans with their peer leaders in mind.

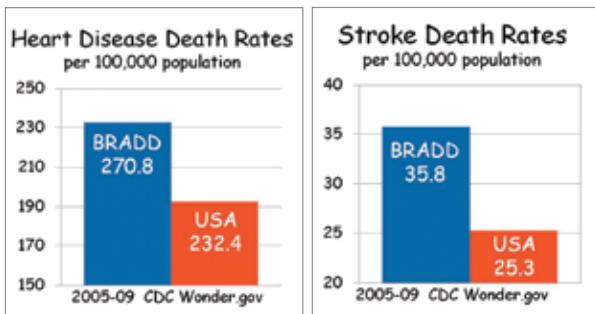
The Barren River Community Health Planning Council envisions every resident in the Barren River Area Development District will have the best quality of life possible by ensuring a safe place to live, work and play. Healthy individuals,

families and communities are the cornerstone of this vision and includes equal opportunities to be healthy with an emphasis on personal responsibility for their own health and wellness and collaboration among all stakeholders.

# Priority Health Issues

## Cardiovascular Disease

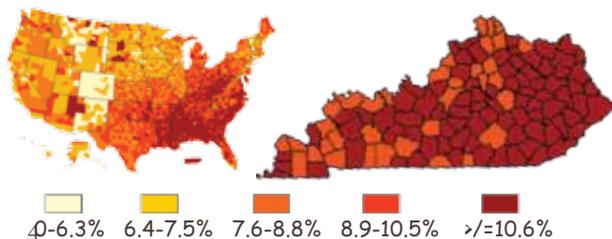
This health problem includes heart disease, heart attack, stroke, high blood pressure, and other chronic diseases of the circulatory system. Cardiovascular diseases tend to run in families, but are also related to lifestyle habits such as unhealthy diet, not being physically active, using tobacco products,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



## Diabetes

As with cardiovascular disease, type 2 diabetes is related to lifestyle habits such as an unhealthy diet and not being physically active. (Type 1 diabetes, formerly called Juvenile Diabetes, is the kind you are born with.) Controlling either type of diabetes requires a partnership with your physician using

Percent of Adults Diagnosed With Diabetes, 2009

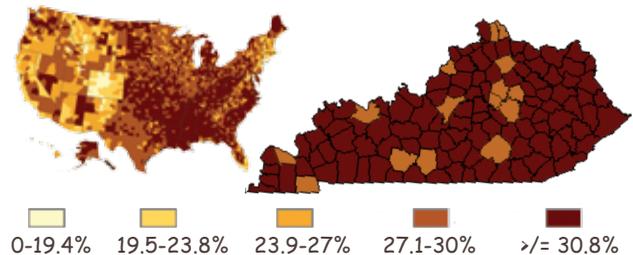


medications, and also learning how to eat right and be physically active. These maps show that the high rate “Diabetes Belt” includes Kentucky, where no county has a rate below 8.9% of the population.

## Obesity

Obesity (being very overweight) is medically considered a chronic disease. It means that an adult’s Body Mass Index (BMI) is 30 or above. BMI is calculated from a person’s weight and height. Obesity is very hard on all of your body systems. It contributes to many serious health problems, including cardiovascular disease, diabetes, joint problems, sleep problems, some cancers, liver disease, and more.

Percent of Adults Who are Obese (BMI > 30),



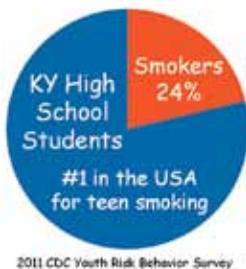
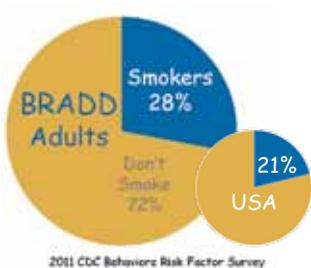
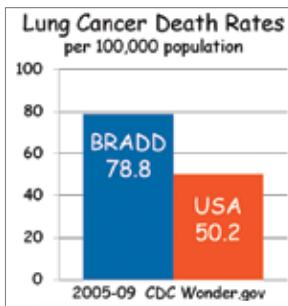
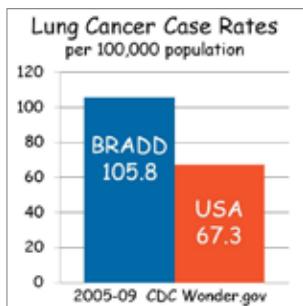
The maps above show that Kentucky also falls within the U.S. “Obesity Belt”, and that in every Kentucky county almost 1/3 of adult residents are not only overweight, but obese. High rates of obesity in a population have many causes. These include heredity, culture, environment, income, and education, but personal habits such a 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. Your physical and social environment are also important.

# Priority Health Issues

## Lung Cancer

The #1 and #2 causes of lung cancer are smoking and exposure to radon. Radon is a colorless, odorless, radioactive gas that seeps out of the ground from the same types of rock formations that cause our caves, sinkholes, and karst topography. It is a health threat when the gas becomes trapped in homes, schools, and other buildings and we breathe it in.

The medical community has labeled tobacco use as our #1 preventable health risk. Medical research showed long ago the link between smoking and lung cancer. 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 co-workers as well as partnership with their physicians. These pie charts show that the percentage of smokers in the BRADD is higher than the U.S. rate, and that 1/4 of teens smoke.



## Drug Abuse and Addiction

This issue has a significant effect on health and quality of life for BRADD residents. During the planning process, the Council chose to focus our efforts on the abuse of prescription medications. This problem is linked to family habits, social norms, and even how our medical care system operates.

- In the 2010 local high school KIP surveys, 9.4% of BRADD 12th graders reported using prescription drugs without a prescription in the past month.
- 5.3% of these 12th graders reported that at least once in the past year they had used over-the-counter medications to get high.<sup>1</sup>
- A 2011 study looked at young adults ages 18-24 who were hospitalized for alcohol and drug overdoses. Between 1999 and 2008, the U.S. rate increased considerably, especially for patients using both together (76% increase). The rate of inpatient stays for prescription painkiller overdoses increased by 122%.<sup>2</sup>

Council members see a need for education to:

- (1) Help young adults see that prescription drugs are not a 'safe' form of recreation, and
- (2) Teach adults how controlling access to can make a big difference.

1. BRADD composite data is from a special report created for the Health Planning Council by Reach of Louisville. It includes data from 10 of our 14 public school systems.

2. J. Stud. Alcohol Drugs, 72, 774-786, 2011

3. All other statistics are from the CDC Wonder compressed mortality data, the CDC's 2011 Behavior Risk Factor Survey (adult health behaviors) or the CDC's 2011 Youth Risk Behavior Survey (youth smoking). The obesity and diabetes maps were produced by the CDC's Diabetes Atlas.

All are available at [www.cdc.gov](http://www.cdc.gov)

# The BRADD Community

## Community Stakeholders

### Food Choices

1. Collaborate to expand the production and sale of locally grown healthy foods within all 10 BRADD counties.
2. Develop Food Policy Councils in each BRADD county that can address barriers to food access. Educate the public on the value of locally grown foods to improve health as well as the economy.
  - Identify and address barriers to food access, and to the availability of healthy foods.
  - Develop a way to share ideas across counties, including “Shining Star” local examples.

### Built Environment

1. Ensure that every BRADD county has a well-designed, complete, and informative guide to local physical activity resources.
2. Organize at least 5 new programs across the 10-county BRADD to increase the ownership and/or use of bicycles for transportation and active living.
3. Host local government representatives in an educational event that can support leaders who wish to plan and develop new bike paths, physical activity facilities, and active transportation modes for their constituents.

## School Stakeholders

### Reaching Out to Families of Students

1. Reach out to schools and promote a weekly reward program that is based on the USDA’s evidence-based 5-2-1-0 nutrition campaign.
2. Increase awareness among parents, guardians, and grandparents about ways to help prevent prescription drug abuse by teens and young adults. [See the Cross-Cutting Initiative plan below.]

### Schools as Healthy Places to Learn

3. Maintain support for our school nursing programs by documenting the value and contributions to student health, and to school success.
  - Use surveys and data to document benefits in attendance.
  - Share stories about individual families.
4. Collaborate to host a high-profile School Health Summit that offers professional development (PD) credits for school system leaders in Administration, Food Service, Curriculum development, Physical education, and Human resources.

## Cross-cutting Initiative on Prescription Drug Abuse

1. Social Marketing Research: Listen to people for more effective messaging to help parents, guardians, and other adult family members reduce access by teens and children.

2. Provide drug education support to at least 50 schools.
3. Promote and support the existing safe drug disposal programs with law enforcement.

# Health Plan for 2013-2015

## Worksite Stakeholders

### Tobacco Use, Lung Cancer, and Cardiovascular Disease

1. Educate employers, their employees, and community groups on the health and economic effects of tobacco use.
2. Support the availability of more smoking cessation programs, and work to improve availability of a variety of quit tobacco support resources.

### Making Employee Wellness Programs Happen

3. Provide worksite wellness tools to at least 25% of BRADD employers that will help them foster healthier habits among their employees.
4. Promote adoption by BRADD worksites of the evidence-based *Healthy Monday* nutrition program.
5. Organize training and resource-sharing opportunities for BRADD employers, to share local “Shining Star” ideas and best practices on nutrition, physical activity and tobacco cessation.

4. Educate at least 200 healthcare providers on ways they can help prevent prescription drug abuse and addiction.

## Healthcare Stakeholders

### An Effective and Collaborative Community Health System

1. Collaborate with appropriate health professionals to understand and maximize resources for care providers of patients with diabetes and congestive heart failure to improve health outcomes, thus reducing readmissions within 30 days by 20% from the baseline levels for participating hospitals.
  - Work with the Kentucky Hospital Association and hospital peers across the state.
  - Work with insurance companies on case management programs and other resources.
  - Increase the number of healthcare providers who are using Electronic Medical Records.
  - Increase utilization of WKU’s Mobile Units throughout the region, and increase the number of provider partnerships.
2. Encourage all BRADD healthcare providers to refer their patients to education and support services for weight management and diabetes control.
  - Inventory existing resources in the BRADD for weight management and diabetes control, and develop a directory of available services.
  - Inventory and promote best practices that are research-based.
  - Coordinate Continuing Medical Education for healthcare providers on this objective
  - Develop new partnerships and funding opportunities to help carry out these activities.

# A Call to Action - For You!

How can you or your organization be involved in our regional Community Health Plan?

## As a Worksite Leader:

- Be open to policy changes that can promote healthy living and improve the bottom line.
- Learn more about free and low cost resources to help you support employee health and encourage healthy behaviors.
- Look for our “Shining Stars” database to be developed in 2013. Many of your peer employers have implemented effective, affordable, and creative health promotion measures.

## As a School Leader:

- Explore how implementing the 5-2-1-0 nutrition and physical activity program that the Council is promoting can help students, staff, and families adopt better habits.
- Share your own “Shining Star” ideas, and explore which ideas from your peer schools you might implement. The Council will be collecting and sharing ideas from schools who are making positive health-promoting changes.
- Encourage leaders from your school system to participate in the Spring 2013 School Health Summit.

## As a Community Leader:

- Help us promote locally grown foods as a major health asset, and a means of strengthening our regional economy.
- Support the development and expansion of walking and biking trails through the BRADD, and help the Council promote their use by local citizens.
- Support bike ownership by installing bike racks, and by helping us to ‘market’ this healthier mode of transportation for adults and children.

## As a Health Care Provider:

- Learn about local services and programs that can help your patients adopt healthier lifestyle practices to help them lose weight, be more active, and quit substance abuse.
- Use your authority as a medical provider to encourage patients to take advantage of these services and programs.
- Learn how you can contribute to the effort by local hospitals to reduce early readmissions of patients with diabetes or congestive heart failure.



## Council Stakeholder Partners and Plan Details

A list of Council partners, and the detailed action plans developed by our four Stakeholder Workgroups, are included in our full report: [Community Health Plan, 2013-15](#). You can download this document, and the Council's [Community Health Assessment Report](#), at the Barren River District Health Department website: [www.BarrenRiverHealth.org/BRCHPC](http://www.BarrenRiverHealth.org/BRCHPC)