



Barren River Community Health Planning Council

Minutes for Meeting 24

July 8, 2014

Members and Visitors

| | |
|--------------------|-------------------------------------------------------|
| Joe Beavers | Lifeskills, Inc. |
| Debra Benton | Leadership Strategies Group |
| Dana Bibb | Community Action of Southern Kentucky, Child Svcs. |
| Brandy Brewster | BRDHD Community Health Worker |
| Shirley Bush | Warren County Health Dept. |
| Debbie Cain | Warren County Health Dept. |
| April Cain | Community Action of Southern Kentucky |
| Steve Caven | Hart County School System |
| Dennis Chaney | Barren River District Health Department |
| Barbara Cruse | BRDHD |
| Julia Davidson | Barren River District Health Department |
| Elisha Delawson | Barren River District Health Department |
| Donnie Fitzpatrick | Allen Co. Health Department |
| Jennifer Golden | Medical Center at Bowling Green |
| Amy Hale | Monroe County Health Department |
| Christine Hanshaw | Barren River District Health Department |
| Leeann Hennion | Hart County Health Department |
| Amanda Howard | Medical Center at Scottsville |
| Matt Hunt | WKU Institute for Rural Health Development & Research |
| Joey Kilburn | Simpson County School System |
| Jon Lawson | Bowling Green City School System |
| Jane Lewis | Simpson County Health Dept. |
| John Lillybridge | Fairview Community Health Center |
| Sandra Lindsey | Community Action of Southern Kentucky |
| Mary Loveall | Community Action of Southern Kentucky |
| Teresa Lovely | KY Cabinet for Health & Family Services |
| Kelly Lyne | Logan County Health Department |
| Sara Moody | Community Action of Southern Kentucky |
| Jeff Moore | Kentucky Transportation Cabinet, Region 3 Office |
| Marie Noall | Medical Center at BG, Community & Worksite Wellness |
| Charity Parish | Community Action of Southern Kentucky |
| Carolyn Parrigan | Butler County Health Department |

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|---------------------|---------------------------------------------|
| Mackenzie Perkins | CHC |
| Wade Pinkard | WKU Employee Wellness |
| Rita Powell | Barren County Schools (school health nurse) |
| Sharli Rogers | Wellcare |
| Elizabeth Smith | Community Action of Southern Kentucky |
| Rene Spivey | Medical Center at Franklin |
| Diane Sprowl | Barren River District Health Department |
| Doris Thomas | Commonwealth Health Corporation |
| Jennifer Tougas | WKU |
| Joy Vaught | BRDHD |
| Mellissa Walblay | Community Action of Southern Kentucky |
| Cecilia Watkins | Western Kentucky University |
| Elizabeth Westbrook | Kentucky Cancer Program |
| Jacy Wooley | Alliance for a Healthier Generation |
| Brittany York | Home Helpers |
| Brittany Young | Passport Health Plan |

Welcome and Introductions – Dennis Chaney

Dennis welcomed everyone and thanked them for their dedication to improving community health. He asked that everyone who was attending for the first time to introduce themselves.

CDC grant application - Beth Siddens

Beth reminded members that the BRCHC had been preparing a grant application on their behalf for federal funding under the CDC's Partnerships for Improving Community Health (PICH) program. To help ensure that we can accurately describe all community sectors represented by BRCHPC members she asked that everyone complete the brief "sector survey" they had been given during sign-in. She also reminded members that several had agreed to submit letters of collaboration and/or support of the application, and that those would be needed soon.

Health Care Access and Utilization- Dennis Chaney

Council Activity to Date - Dennis reviewed the progress and accomplishments of the BRCHPC since 2011, including community health assessments under the Mobilizing for Action through Planning and Partnership (MAPP) protocol. He reminded members that some factors, called 'Forces of Change' affect community health status and the local health care system, but are more or less outside our local control. Two examples were:

- The proposed statewide smoke free law (which had not passed this year); and
- Kentucky's participation in KYNECT and the federal opportunity under the Affordable of Care Act to expand Medicaid eligibility.

Community Health Plan Annual Report - Dennis stated that the final version of our 2013-14 Community Health Plan update report would be sent out as a PDF file with minutes of today's meeting.

MAPP Cycle 2 - Dennis reminded members that as we begin the 2nd cycle of MAPP assessment and planning this fall, we will focusing more closely on capacity and structure of the healthcare system itself. To prepare ourselves, this meeting would be dedicated primarily to the first round of activities for the fall assessment process.

To begin the first round, Dennis asked that members organize themselves by county, with members whose organizations served or spanned more than one county sitting with a county that was not well represented that day.

Assessment Round 1 - Small-Group Discussion and Prioritizing

Each County Assessment teams was given a packet of data about the local healthcare services in their county that looked at HPSA and MUA designations, licensed healthcare facilities, and lists of primary care providers (primary care, dental and mental health). Teams were asked to utilize this data, plus their own knowledge of the county's healthcare system, to identify and prioritize gaps and disparity populations. Using discussion and a prioritization process of their choosing, they were asked to report out:

- Health System Capacity - 3 gaps in the capacity (supply) of our healthcare services and providers for each county's current and anticipated future population
- Access Barriers & Issues - 3 most serious access issues at the county level
- Disparity populations – 2 county sub-populations with access barriers and/or special needs for effective healthcare services

For each of these categories, BRCHPC members then prioritized as a region to help guide our upcoming assessment work. Using dried beans dropped into labeled glass jars, they 'voted' to choose 5 capacity and access gaps/barriers and 2 priority populations for further investigation this fall.

Next Steps - During the fall 2014 MAPP process, he briefly described additional assessment steps, including analysis of data provided by BRCHPC member organizations or other local partners. After initial assessment, the BRCHPC could plan public input activities such as a new major Community Survey and more key informant interviews to build upon our MAPP Cycle 1 findings.

Closing Remarks & Announcements – Dennis Chaney

Attachments:

- Community Health Plan Update Report – July 2013-July 2014
- BRADD Health Services System Analysis - Round 1 Results



Barren River Community Health Planning Council

BRADD Health Services System Analysis

Round 1 Results, July 8, 2014

At its regular quarterly meeting on July 8, 2014, the Barren River Community Health Planning Council (BRCHPC) conducted the first round of a community health services system assessment in a special two-hour session. Members were preparing for the BRCHPC's second cycle using the MAPP¹ protocol in fall 2014. Council members were asked to work in County Assessment Teams for this activity, which was facilitated by the Barren River District Health Department. Some 48 members and visitors were present for the 2-hour session.

Three reports on community health data were used in this exercise:

- A County Licensed Facility report, which listed the name and capacity (such as # beds by type) of all state-licensed healthcare facilities in the county, excluding hospitals. This report also showed any federal designations for provider shortages (HPSA and MUA).
- A listing of health care providers who are licensed in the county, including primary care physicians, nurse-practitioners, dentists, and mental health providers.
- Two pages from each county's Kentucky County Healthcare Profile (winter 2014 edition), which is compiled and published by the Community & Economic Development Initiative of Kentucky (CEDIK) at the University of Kentucky. Among other county-specific data these pages show projected 5-year need vs. supply of providers, uninsured estimates, percent of the population reporting cost as an access barrier, rate of preventable hospital stays, etc.

Process

After reviewing the data and reports, BRCHPC members were asked to:

1. On behalf of your County, edit the listings of individual licensed healthcare providers to correct any errors or make updates.
2. Do the same for licensed healthcare facilities in the 1st county list.

After discussion, they were asked to reach consensus on these questions:

3. Does the county need to explore a recalculation of its HPSA designation(s)?
(new parts of the county designated, etc.): No, Yes, possibly explore in fall 2014; Which type(s)?

¹ Mobilizing for Action through Planning and Partnership, developed by the National Association of City and County Health Officials (NACCHO), available at www.NACCHO.org

4. Should recruitment of additional healthcare professionals be considered?
5. (considering the data provided, and your experiences) Which healthcare services or facilities are not adequate to meet the county's needs? Several types of services/facilities were listed as examples to spur discussion: hospital beds, radiology/ultrasound, ambulance/emergency, medical specialties, speech/physical/occupational therapy, rehab services/facility, lab, dental specialties, mental health services, nutritionists, health education, skilled nursing, personal care facility, and Other.
6. Are there any other gaps in the county's current supply of health services that affect access to care? (any health/medical services or facilities not listed or discussed so far)

Regional Priorities

The next step for BRCHPC members was to select regional priorities for further investigation during the fall 2014 MAPP process. Each member was given 12 dried beans to use for voting among the priority gaps, contributing factors, and populations that had been prioritized by County Assessment Teams. They voted within each category by dropping as many of their beans as they wished in jars labeled with the gaps and issues.

Results of voting within each category:

The most serious gaps in the healthcare system for the BRADD needing further investigation in fall 2014

| # 'votes' | Gaps in capacity of the local healthcare system |
|-----------|-------------------------------------------------|
| 70 | Providers who take Medicaid (not enough) |
| 41 | OB/GYN |
| 34 | Pediatrics |
| 25 | Mental Health Providers |
| 15 | Health Education |
| 12 | Dermatology |
| 10 | Primary Care/ Preventive Services |
| 10 | Endocrinologists |
| 10 | Specialty Dentists |
| 7 | Specialty Services |
| 5 | Long-Term Care Services |
| 0 | Hospital Access |

**The most serious factors affecting access to care in the BRADD
needing further investigation in fall 2014**

| # 'votes' | Barriers affecting access to care and to health |
|-----------|--------------------------------------------------------------------------|
| 38 | Transportation |
| 34 | Providers not accepting Medicaid |
| 14 | Childcare |
| 14 | Inappropriate use of health care |
| 10 | Economic barriers |
| 8 | Apathy about preventive care |
| 5 | Health misinformation (ie misinformation about Medicaid, access to care) |
| 5 | High % of Uninsured |
| 4 | Cultural norms |
| 3 | Drug/ alcohol use, abuse, addiction |
| 2 | Illiteracy |
| 0 | Health literacy |

**Groups of people in the BRADD who have special access issues or
barriers to good health - needing further investigation in fall 2014**

| # 'votes' | Populations with health disparities and special access issues |
|-----------|--------------------------------------------------------------------------|
| 34 | Low socioeconomic |
| 21 | Uninsured and underinsured |
| 15 | Chronic disease |
| 15 | Elderly in the most rural areas |
| 12 | People living in certain geographic parts of the county (rural isolated) |
| 6 | Mentally ill |