

## Healthy Bullitt County 2020

### Community Health Improvement Plan: Year Two Report—Fiscal Year 2017

#### Community Health Assessment (CHA)

Updates to the county health data used in the 2015 Community Health Assessment are now available. New data indicates the Bullitt County population has grown to over 79,000. The good news is some behavioral factors such as adult smoking, sexually transmitted infections, physical activity levels, and getting annual flu vaccines are improving. The percentage of medically uninsured is decreasing. More women are receiving adequate prenatal care and the percentage of low birth weight deliveries has decreased. Breast cancer rates are also down.

The data reviewed also indicates continued challenges. Adult obesity continues to increase. Binge drinking shows a seven percent increase. The number of primary care providers is down to 13.2 per 100,000 population from 17.3 in 2015. The percentage of moms who smoke during pregnancy and diabetes is on the rise. Cancer in general presents as the # 1 cause of death in Bullitt County and this trend is continuing.

The full report of the Bullitt County Indicators is located in the Appendix.

#### Community Health Improvement Plan (CHIP)

**Year One Recap** — This is the second iteration of the community assessment process for Bullitt County using the Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a six-phase, five-year cycle of community improvement and assessment. Year one involved a cross section of community partners coming together to create a vision of what a healthy Bullitt County looks like and plot a road map for the community to use to achieve that vision.

“Our Vision for Bullitt County is a healthy community where all citizens enjoy physical, mental, and spiritual health through Collaboration, Commitment, and Willingness to change for a greater Quality of Life.”

Once the community partners adopted the vision, work began to evaluate the community as a whole using the four assessments in the MAPP protocol. The Community Health Status assessment reviews many health indicators such as length of life, causes of death and death rates, birth rates, poverty rates, smoking rates, crime rates, physical activity, obesity, diabetes, and more. It provided an objective (secondary), statistical picture of the county’s health.

The Community Themes and Strengths assessment provided a subjective (primary) view of the county’s health by asking the community what they thought. This was accomplished by surveys distributed throughout the community.

The Forces of Change assessment looked at community trends and patterns and how these affect the efforts toward a healthier community. Assessed are the political environment, migration in or out of the community, industry growth, and population growth, urban versus rural and geographical features such as I-65, railway traffic, Salt River, and the proximity to a major metropolitan area.

The Local Public Health System assessment investigated how the activities, competencies, and capacities of the local public health system are working and how the ten essential public health services are being provided to the community.

After completion of the four assessments, community partners gathered to study the results, select the top four issues on which to work then developed the goals and objectives that became the Community Health Improvement Plan (CHIP).

**Year Two Report** — This is the first year of implementation of the CHIP. The focus has been on developing the Strategic Issue workgroups, training them about what a coalition is and what it does, then beginning to work on the goals and objectives of each workgroup. This has been accomplished by going to our current partnerships within the community, presenting the CHA/CHIP to these groups, soliciting sign-up for the formation of a workgroup for each strategic issue, training them on what is required, and establishing regular monthly meeting dates and times for the workgroups.

Each of the four strategic issues (Strengthen Community Resources, Healthy Choices, Access to Healthcare, and Substance Abuse) has been addressed in this year.

**Strategic Issue # 1: Strengthen Community Resources**—The Inter-Agency Council is a partnership among community businesses, agencies and civic groups that meets the fourth Tuesday each month at the Bullitt County Health Department. This group created the Community Resource Guide and updates it on a continuing basis. They work to add resources, introduce the guide to others in the community and encourage others to place their agency or service on the guide through an online process. In addition, the group has taken on the additional duties as the Lead Team for the overview of the CHIP implementation in the county. Each of the other three strategic workgroups provide semi-annual CHIP progress reports to the Inter-Agency Council. The first report was made in October 2016. The final report for FY17 will be made at the September 2017 meeting.

**Strategic Issue # 2 Healthy Choices** — This strategic issue is addressed by the Coalition for Recreation, Education & Wellness (CREW). CREW meets the first Thursday of each month at 2:00 P.M. at the Bullitt County Health Department. Their charge is to provide community opportunities and resources designed to facilitate an increase in healthy lifestyle behaviors. Over the past year CREW has:

- Met with the Editor of the local newspaper and obtained an agreement to run a series of “*Healthier You...*” tips.
- Created a type of activity calendar for the month of December 2016.
- Is in the process of introducing different types of exercise to the community through a series of “Introduction to \_\_\_\_\_”. In March CREW held an “Introduction to Zumba” with a 2 hour zumbathon at one of the elementary schools. Upcoming events are the Annual Step Challenge competing with other counties to see which county can get the most steps in an hour on September 16<sup>th</sup>; and, a Family Fest on September 23<sup>rd</sup>. Family

Fest is a community picnic-type event with food games and fun designed to encourage families to get outside, away from electronics and engage in physical activities together.

- Other programs include one Growing Stronger program, two Arthritis Foundation Exercise programs, one Walk with Ease program, one Bingocize program, two community weight-loss challenges, Diabetes Coalition and Diabetes Support Group monthly meetings, Diabetes Education Day, four Diabetes 101 Self-Management Education/Training, and three Freedom From Smoking™ programs.
- Worksite Wellness—weight-loss challenges, nutritional information, stress reduction, relaxation techniques, motivation-how to find and keep it, how to develop your own work-out routine.

In addition to the CREW activities, Bullitt County Public Schools have been engaged in increasing physical activity among the students and staff with walking challenges, Physical Education challenges, and weight loss challenges. Other healthy behaviors focused on are eating more fruits & veggies each day, reduce screen time to less than two hours a day, drinking non-sugared drinks, and dental check-ups twice a year.

**Strategic Issue # 3 Access to Care** — The cross-sector characteristic of this issue makes it a challenging one. Regulatory agencies, elected officials, Economic Development, transportation, and the health care system are a few needed to adequately address this issue. BCHD went to the community and joined with the Providers Coalition. ElderServe a legal services agency for the elderly, started the provider group to improve access to care for the elderly in the county. After attending a couple of meetings, BCHD approached the facilitator of the group and discussed the CHIP, obtained permission to introduce the CHA and CHIP process and the result to the group and ask if they would agree to be the lead group for this issue. The group is expanding from just elderly focus to a more community based focus to increase access to care for all. The Provider Coalition meets the third Tuesday of each month at the Multi-Purpose Community Center at 2:00 P.M. Each month the group discusses ways to reach the population with provider information, how to draw providers to the county, and network with other providers. We encourage providers to add their information to the online Community Resource guide, and plan outreach events for the coalition. We are increasing the awareness of personal health by going out to schools and other agencies to provide the Health GO365 Biometric screenings. And BCHD is sharing the CHA and CHIP with other health agencies, such as Nortons Healthcare and KentuckyOne Health, to increase awareness of local issues for their community plans and invite them to partner with the community workgroups/coalitions.

**Strategic Issue # 4 Substance Abuse**— The Partners In Prevention Coalition (PIP) is the coalition covering this issue in the county for 25 years. PIP and the Access to Care Workgroup have been working to assess resources in the county through meetings with local law enforcement agencies, local provider groups, schools, healthcare providers, and among the community groups with which we have contact.

A language barrier to care was discovered in regards to substance abuse issues caused by the “jargon” used by providers. PIP planned and held a community forum on substance abuse issues. A group of local providers were invited to highlight their treatment and therapy services, explain

some of the terminology of substance abuse treatment, and when, where, and how to access services. The panel then took questions from the audience. After consulting local law enforcement agencies, this forum was held twice on March 23, 2017 at 2:00 P.M. and again at 7:00 P.M. to allow for law enforcement officers to come during meal breaks.

PIP has proven to be reactive coalition. As a result of a request for information from law enforcement, PIP developed a brochure highlighting substance abuse treatment facilities in the area, what type of treatment they provide, addresses, and contact numbers. A grant was received to print this brochure. They were distributed to all law enforcement agencies in the county, to school counselors, judges, the court system, and other community partners. The facilities in the brochure are to be placed on the online Community Resource Guide.

The PIP coalition worked with the Safe and Drug Free Schools Coordinator to get a 100% 24/7 Tobacco Free Campuses for all schools in the Bullitt County Public Schools system for several years. July 2016 the Board of Education passed a comprehensive policy making all campuses and school-sanctioned events 100% tobacco free. PIP worked to develop educational cards, flyers, and signage on the new policy. Small business card sized information cards were printed, with the help of a grant, and distributed to parents of students in the car-rider lines, sporting events, and school orientation nights for the 2017 school year. For the 2018 school year, signs were printed for the entrances at each school, an informational flyer about the policy was distributed to parents along with other information given to all parents at the first of each school year, and the policy was added to the student handbook and the staff handbook.

Naloxone trainings are being held around the county in response to the increase opioid overdose calls. One city passed an ordinance for all their police officers to be trained to use and carry naloxone kits in patrol cars. At last report, all city councils and county officials have heard the training information and have the ability to train to use naloxone. In collaboration with the Kentucky Pharmacy Association and the Kentucky Department of Public Health, naloxone training was held in September for county law enforcement and first responders with trainings for the community afterward. Over 65 community members attended. Kits were issued to all who completed the training.

## Appendix

<b>Bullitt County Indicators</b>	<b>Year 2 (2017)</b>	<b>Baseline (2015)</b>	<b>Change</b>	<b>Data Source</b>
<b>Social Factors</b>				
Population	79,151	77,955	+1,196	US Census Bureau (2016)
White (%)	96.5%	96.7%	-0.2%	US Census Bureau (2016)
African American (%)	1.2%	1.1%	+0.1%	US Census Bureau (2016)
Hispanic (%)	1.9%	1.7%	+0.2%	US Census Bureau (2016)
High school graduation rate (% of persons age 25+)	86.3%	85.0%	+1.3%	US Census Bureau (2011-2015)
Bachelor's degree or higher (% of persons aged 25+)	14.3%	12.7%	+1.6%	US Census Bureau (2011-2015)
Unemployed (% of persons 16+)	4.1%	7.8%	-3.7%	Local Area Unemployment Statistics (2016)
Persons below the poverty level (%)	9.6%	10.2%	-0.6%	US Census Bureau (2016)
Children living below the poverty level (% under 18)	14.5%	15.4%	-0.9%	Small Area Income and Poverty Estimates (2015)
Self-rated health status (% of adults reporting fair or poor health)	16.0%	21.0%	-5.0%	BRFSS (2015)
Children in single parent households (%)	33.0%	33.0%	0.0%	American Community Survey (2011-2015)
Median household income	\$54,755	\$57,462	-\$2,707	Small Area Income and Poverty Estimates (2015)
<b>Physical Factors</b>				
# of recreational facilities (per 100,000)	20.2	8.0	+12.2	County Business Patterns (2015)
Air pollution – particulate matter days	10.7	13.5	-2.82	Kentucky Environmental Public Health Tracking Network (2012)
<b>Behavioral Factors</b>				
Prevalence of adult smoking (% age-adjusted)	20.0%	27.3%	-7.3%	BRFSS (2015)
Prevalence of youth smoking (% of high school students)	---	31.0%	---	Kentucky Health Facts (2007)
Adult prevalence of obesity (% age-adjusted)	33.0%	30.3%	+2.7%	BRFSS (2013)
Sexually transmitted infections (Chlamydia rate per 100,000)	223.8	229.3	-5.5	National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (2014)
Binge drinking (% adults, age-adjusted)	17.0%	10.3%	+6.7%	BRFSS (2015)
No exercise (% adults, age-adjusted)	29.0%	31.8%	-2.8%	BRFSS (2015)
Recommended fruit and vegetable intake (% adults)	11.0%	11.0%	0.0%	Kentucky Health Facts (2013-2015)
Flu vaccination in the past year (% adults)	34.0%	36.0%	-2.0%	Kentucky Health Facts (2013-2015)
Tooth loss (% adults missing 6 or more teeth)	19.0%	19.0%	0.0%	Kentucky Health Facts (2012-2014)

Access to Care				
Primary care providers (per 100,000)	13.2	17.3	-4.1	Area Health Resource File (2014)
Immunization coverage for ages 19-35mo (%)	---	86.0%	---	Kentucky Health Facts (2007)
Uninsured adults (% under 65 years)	8.0%	13.7%	-5.7%	Small Area Health Insurance Estimates (2014)
Uninsured children (% under 19 years)	4.0%	5.8%	-1.8%	Small Area Health Insurance Estimates (2014)
Mentally unhealthy days per month (adults, per person, age-adjusted)	3.9	4.9	-1.0	BRFSS (2015)
Maternal and Child Health				
Teen birth rate (ages 15-19, rate per 1,000)	30.0	30.0	0.0	National Center for Health Statistics – Natality Files (2008-2014)
Pregnant women receiving adequate prenatal care (%)	77.0%	66.0%	+11.0%	Kentucky Health Facts (2011-2015)
Number of child victims of substantiated abuse	---	153	---	KIDS Count Data Center (2013)
Low birth weight deliveries (%)	7.6%	8.1%	-0.5%	KIDS Count Data Center (2012-2014)*
Moms who smoked during pregnancy (%)	18.4%	17.9%	+0.5%	KIDS Count Data Center (2012-2014)
Early childhood obesity (ages 2-4, %)	11.9%	14.4%	-2.5%	Pediatric Nutrition Surveillance Program (2010)*
Diabetes Indicators				
Diabetes screenings (% of Medicare enrollees that are screened)	85.0%	86.8%	-1.8%	Dartmouth Atlas of Health Care (2014)
% of adult population with diabetes (age-adjusted)	13.2%	9.1%	+4.1%	CDC Diabetes Interactive Atlas (2013)*
Cancers				
Cancer deaths (rate per 100,000, age-adjusted)	170.1	162.9	+7.2	Kentucky Cancer Registry (2014)*
Lung, trachea, and bronchus cancer deaths (rate per 100,000, age-adjusted)	61.7	54.6	+7.1	Kentucky Cancer Registry (2014)*
Colorectal cancer deaths (rate per 100,000, age-adjusted)	18.1	14.4	+3.7	Kentucky Cancer Registry (2014)*
Breast cancer deaths (rate per 100,000, age-adjusted)	11.6	17.5	-5.9	Kentucky Cancer Registry (2014)*
Prostate cancer deaths (rate per 100,000, age-adjusted)	13.2	13.6	-0.4	Kentucky Cancer Registry (2011-2014)*
Respiratory Illness				
Adults with asthma (%)	21.0%	15.0%	+6.0%	Kentucky Health Facts (2013-2015)
Number of inpatient hospitalizations due to asthma (0-17 yrs.)	78	97	-19	Kentucky Environmental Public Health Tracking Network (2011-2014)*