

Bullitt County Health Department Community Health Assessment

Mobilizing for Action through Planning and Partnerships

PHASE 1 – PHASE 4—Visioning through Identify Strategic Issues

January 2012



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Introduction

Demographics:

Bullitt County Health Department serves a population of ~76,000. Sixty-four percent of the population is between the ages of 18 and 62. The following is the county's racial makeup: 98.1 percent White, 0.5 percent African American, 0.4 percent American Indian and Alaska Native, 0.3 percent Asian, 0.6 percent Hispanic or Latino, 0.8 percent two or more races, 0.2 percent some other race. The gender breakdown finds 49.7 percent of the population is male and 50.3 percent is female.

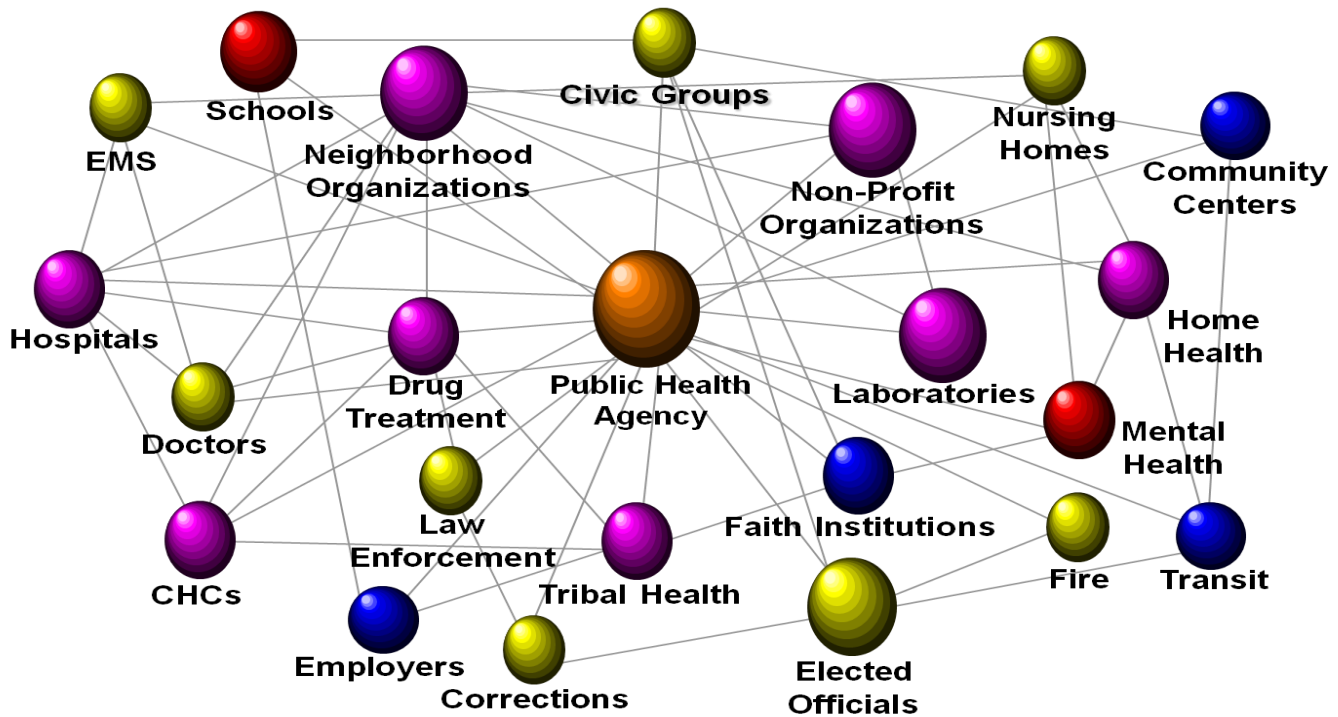
Socioeconomic status shows a number of individuals and families that are economically disadvantaged and living below poverty level. Single mothers with children under the age of 5, 45.8 percent were below poverty status with 35.2 percent of single mothers with children under the age of 18 living below poverty status. Families with children under 18 living in Bullitt County, 9.5 percent were below poverty status. Thirty-seven percent of households reported having an income of \$35,000 or less and 13.3 percent report household income of \$15,000 or less. Households where grandparents are living with one or more grandchildren, 39.5 percent of those households show grandparents responsible for the grandchildren. Only 24 percent of the population has not attained a high school diploma. Manufacturing, retail, education and health service make up 47.1 percent of the workforce. Almost 85 percent of the population drives to work via their personal vehicle. Mean travel time is 25.9 minutes. Many workers commute to work in Louisville or outside the county.

To better serve the public the Bullitt County Health Department started Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a community health assessment model, produced by the National Association of County and City Health Officials. The focus is creation and strengthening of the entire local public health system rather than focusing on one entity. The chart below identifies some entities considered part of a public health system. Invitations sent to representatives from all entities brought a few to the table to help with the MAPP process.

People QuickFacts	Bullitt County
Population, 2012 estimate	75,896
Population, 2010 (April 1) estimates base	74,319
Population, percent change, April 1, 2010 to July 1, 2012	2.1%
Population, 2010	74,319
Persons under 5 years, percent, 2012	5.7%
Persons under 18 years, percent, 2012	24.0%
Persons 65 years and over, percent, 2012	12.5%
Female persons, percent, 2012	50.4%
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White alone, percent, 2012 (a)	97.0%
Black or African American alone, percent, 2012 (a)	0.9%
American Indian and Alaska Native alone, percent, 2012 (a)	0.3%
Asian alone, percent, 2012 (a)	0.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z
Two or More Races, percent, 2012	1.1%
Hispanic or Latino, percent, 2012 (b)	1.5%
White alone, not Hispanic or Latino, percent, 2012	95.7%

<http://quickfacts.census.gov/qfd/states/21/21029.html> accessed August 2013.

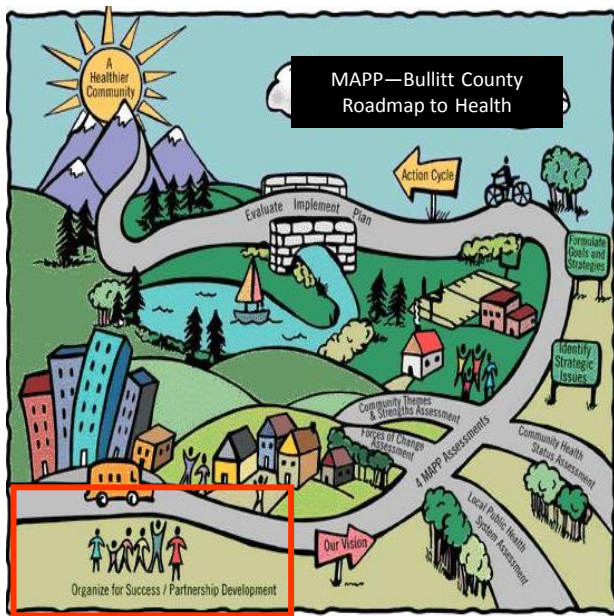
Public Health System



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Bullitt County Coalition for Recreation, Education, & Wellness (CREW)
Bullitt County Strategic Plan Committee



PHASE 1 – Organize for Success /Partnership Development

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. MAPP is intended to result in the development and implementation of a community-wide strategy for public health improvement, strengthen the local public health system, and bring a broad representation of community partners together to work on improving the community's health and overall well-being.

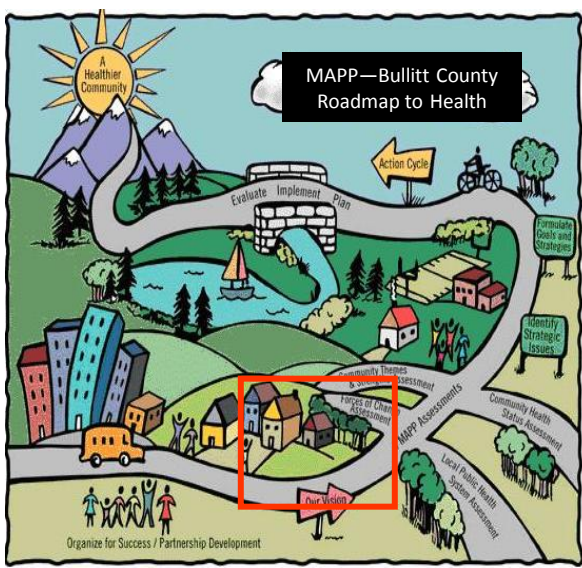
The Bullitt County Health Department initiate the MAPP process as an assessment tool to guide more efficient and effective planning strategies and policies for community health improvement and evaluating those strategies and policies along with evaluating the overall health of the community. The resulting Community Health Improvement

Plan (CHIP) will be a multi-agency roadmap leading to a healthier community for residents, businesses, and visitors.

To initiate the MAPP process, the Bullitt County Health Department (BCHD) visited all eight city councils in the county, Bullitt County Fiscal Court, Women's Club, Ministerial Association, Retired Teachers Association, Senior Citizen Centers, and Home Maker Clubs. We explained what MAPP is, the process of conducting the assessment, who benefits from MAPP, and invited council members and citizens to sign up to help with the process. This was accomplished over an 8-month period. See the timeline below.

PHASE 1

June 2009-November 2009	Visited and presented MAPP to community groups like BC Women's Club, BC Chamber of Commerce, BC Board of Education, BC Ministerial Association, BC Retired Teacher's Association, BC Senior Citizen Centers, BC Home Makers Associations. Presented to all 8 City Councils in county, plus BC Fiscal Court Magistrates.
November 2009	Mailed out invitations to first meeting for the MAPP process.



PHASE 2-Visioning

Over 200 invitations were sent to elected officials, businesses, agencies, law enforcement, faith community, criminal justice, civic organizations, schools, tourism, Economic Development Authority, libraries, workforce development, community action agencies, transportation, and the public in general to join in the visioning phase of MAPP. Visioning guides the community through a collaborative and creative process that leads to the development of a shared community vision and common values.

During this phase of the process community member gather to answer questions. Below are the questions and all the

responses. Please note that there may have been more than one with the same response and these responses are not listed in any particular order.

A. What does a healthy community mean to you?

The community will:

- Be Smoke Free
- Have Accessible health care
 - o Transportation for all, especially the elderly
- Have a population that is knowledgeable about health options
- Have adults and children that are physically active
- Have trails for walking and biking
- Help get the kids off the couch and turn off the TV and the computer
- Have more drug and alcohol free students
- Understand the importance of education
- Have a college.
- Have more motivated children and better jobs for them
- Have better transportation
- Have a second floor for the hospital
- Have more funding for nurses in schools
- Widen Hwy 44
- Meals on Wheels for Mt. Washington

B. What are the characteristics of a healthy community to live, work, and play in?

The community will:

- Have a population with positive attitudes and positive health behavior
- Have individualized health and exercise plans
- Have a better physical infrastructure
 - o Trails for walking and biking
 - o Better lighting
 - o Community center with covered pool (maybe in the YMCA)
 - o Sidewalks in good repair for easy accessibility to safe walking routes
- Have better access to technology.
- Have better paying jobs in order to pay for resources and nutritious food
- Have career driven education such as college or technical schools
- Have a Non-smoking environment
- Have a clean environment
- Have Activities for young

- Have Friendly neighbors
- Have an increased County Sheriff presence in the East end of county
- Have People involved
- Be Clear of junk
- Have substations for county clerk services

C. Where would you like to see the health of this community in 5 to 10 years?

The community will have:

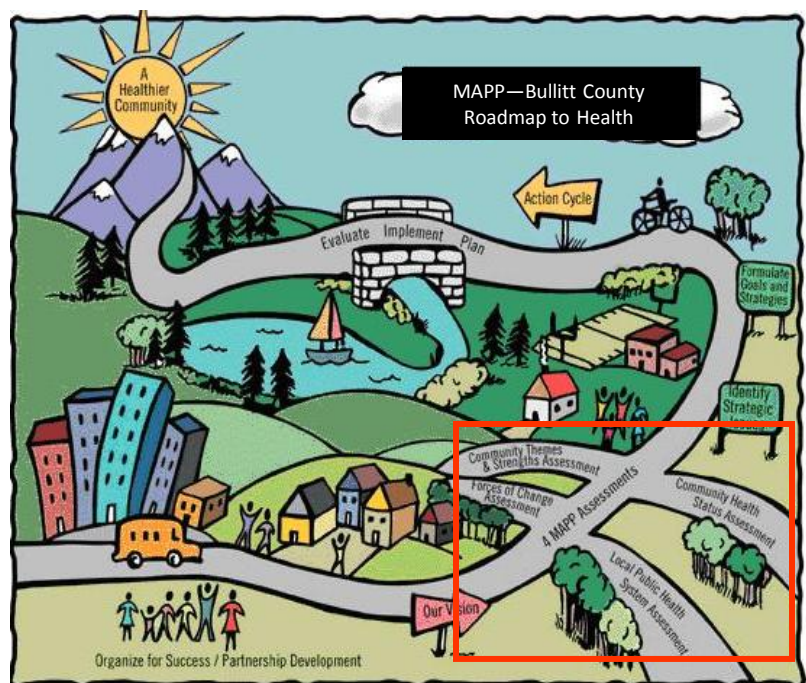
- Maintained the drug task force
- Decreased drop-out rates for schools
- Decreased the rate of pregnancy
- Decreased the number of gangs
- Non Smoking environment countywide
- Schools feeding proper diets to kids
- Reduced vending machines in schools
- General health clinic for after-hours care
- Health Dept. branches

The Results: Our vision is a community of vibrant people who are provided with programs and facilities that will encourage healthy choices for all of Bullitt County.

Our Values are: Integrity, Inclusion, Empowerment, Life enrichment, Safe, Respect Diversity, Inspiration, Compassion.

PHASE 2

December 2009	First meeting of MAPP. Introduction to MAPP process and Visioning Exercise.
January 2010	Second meeting of MAPP. Assessment teams formed.



PHASE 3—Four MAPP Assessments

Phase Three of MAPP involves four community assessments. This section will cover a summary of each Assessment. The complete assessments with all the charts can be found in the Appendix.

The four MAPP Assessments are as follows:

- The **Community Themes and Strengths Assessment** provide a deep understanding of the issues residents feel are important.
- The **Local Public Health System Assessment (LPHSA)** focuses on the

local public health system—all of the organizations and entities that contribute to the delivery of public health services within a community.

- The **Community Health Status Assessment** identifies priority community health and quality of life issues.
- The **Forces of Change Assessment** focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.

Each yields its own important information for improving community health. The collective analysis of all four MAPP Assessments yield a complete picture of the community.

PHASE 3

<p>Feb 2010-Feb 2011</p>	<ul style="list-style-type: none"> * Community Assessments conducted through regular meetings, going out to public events, and visiting community groups. * The Bullitt Strategic Plan committee conducted the Forces of Change Assessment in two large group meetings and several lead team meetings over the year. * The Bullitt County Health Department facilitated the Community Health Status Assessment and the Local Public Health System Assessment. * The Partners In Prevention Coalition (PIP) and the Coalition for Recreation, Education, & Wellness (CREW) conducted the Community Themes and Strengths Assessment.
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Community Themes and Strengths Assessment:

Over 400 surveys were gathered during community events like the KIDSfest, the Chamber of Commerce Christmas Open House, Ministerial Association meetings, Coalition activities and meetings, school functions, and several more venues over a 4-month period. This was a non-probability survey sampling. All participants had to be over 18 years of age and live or work in Bullitt County.

Participants were placed in three age ranges—19-49 (47.8%); 50-64 (35 %); and 65+ (17.2%). The gender breakdown was 63.5 % female and 36.5% male.

Most of the participants are satisfied (68.8%) with the quality of life in our community as far as their sense of safety, well-being, and participation in the community

life and associations. Considering health care access, cost, availability, quality, and options in health care in the county, 59.9% reported being satisfied with the health care system in the community, a full 28 % report being neutral on the matter. Asked to consider overall community safety issues like safety in the home, workplace, schools, playgrounds, parks and if neighbors know and trust one another, Respondents agreed or strongly agreed that Bullitt County is a safe place to live.

Participants were asked to rate the community in regards to a good place to raise children. They were asked to consider school quality, daycare, after-school programs, and recreation. A majority (70.6%) agrees or strongly agrees that Bullitt County is a good place for raising children. On the other end of the spectrum, participants rated Bullitt County on elderly-friendly housing, transportation to medical facilities, churches, and elder daycare. Again, a majority (66.6%) agrees or strongly agrees that Bullitt County is a good place to grow old.

The economic opportunity looks less optimistic with only 52.5% agreeing with the availability for economic opportunities like jobs with career growth, affordable housing, and a reasonable commute time to work. All are important indicators of a community's health and needed for continued growth of the community.

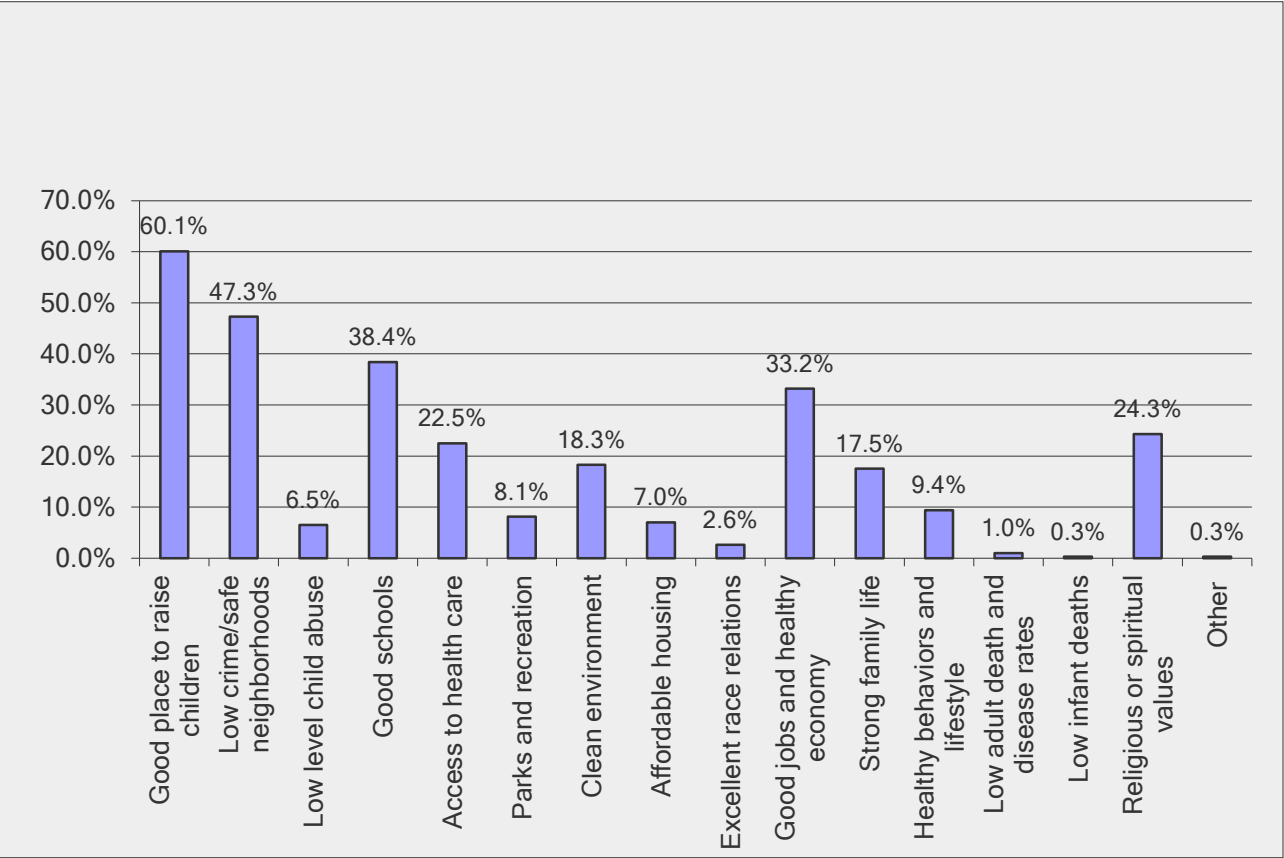
The mental and spiritual health of a community is another important factor of a healthy community. Without the availability of support networks for individuals in times of stress and need, migration tends to be out of a community rather than into that community. When asked to rate the availability of support groups, faith community outreach, agencies, and organizations 58.8 % stated there are these vital support networks in place.

Respondents felt like individuals and groups have the opportunity to contribute to and participate in the community's quality of life (63.9%). However, only 46.7% felt that residents perceive that they can make the community a better place. Furthermore, only 50.2% feels that multiple group share in the assets of the community.

The next few questions ask about the sense of pride and trust in the community. Respondents (51.1%) feel that levels of mutual trust and respect are increasing among community partners as they participate in collaborative activities to achieve shared goals. A majority (54.2%) report an active sense of civic responsibility and pride in shared accomplishments.

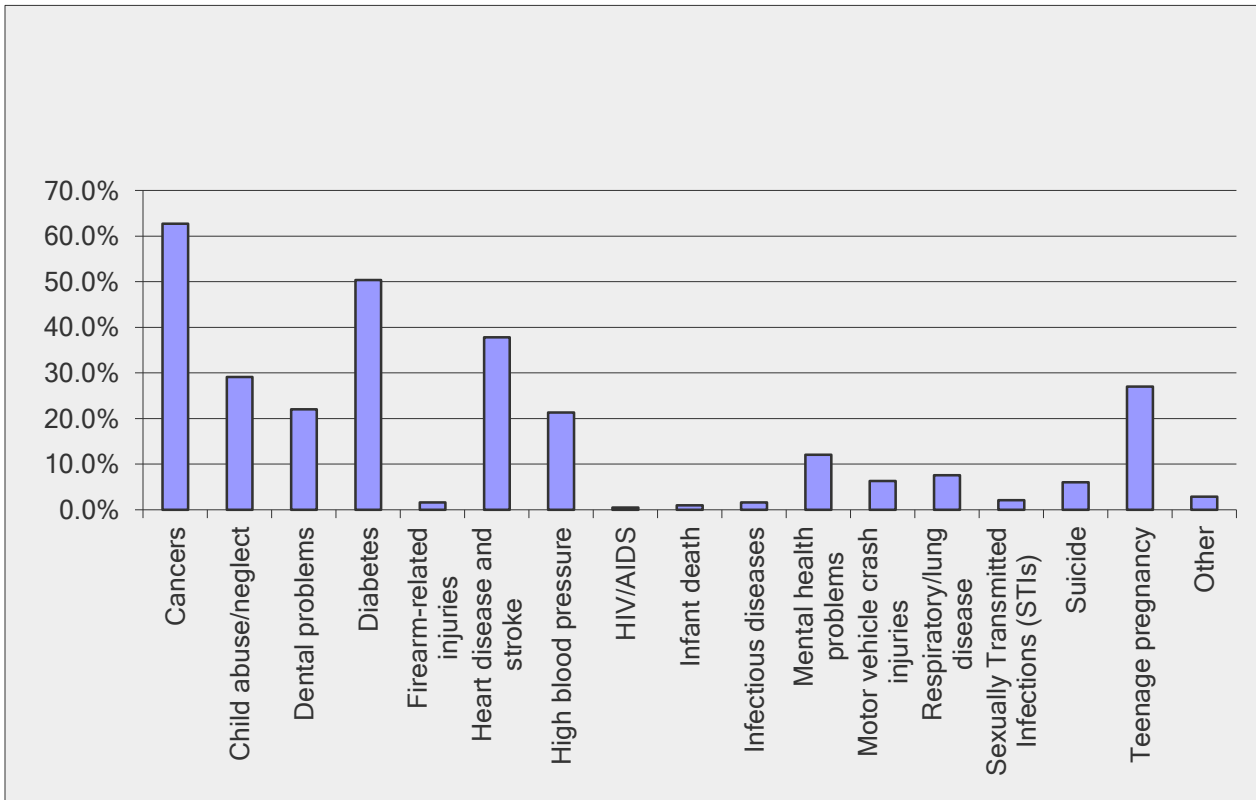
The last three questions are better reported in chart form. Survey responders were asked to pick their top three factors that make up a “Healthy Community.” Viewing the chart below, the top vote getters were a good place to raise children, followed by low crime/safe neighborhoods, and good schools.

Question # 18-What do you think are the three most important factors that make up a “Healthy Community?”



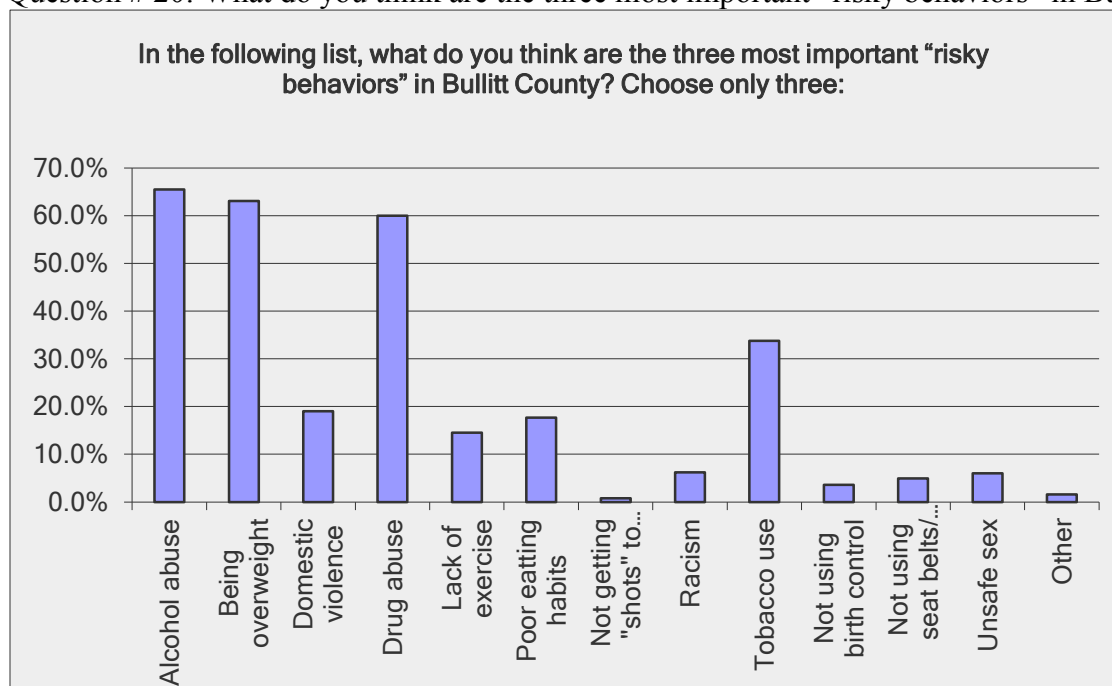
When asked to pick the top three health problems for the county, survey participants overwhelmingly listed Cancer, followed closely by diabetes then heart disease/stroke. More about the actual rates of Cancer in Bullitt County and other Morbidity and mortality rates will follow in the Community Health Status Assessment.

Question # 19: What do you think are the three most important “health problems” in Bullitt County?



Participants chose alcohol abuse, being overweight, and drug abuse as their top three picks for risky behaviors.

Question # 20: What do you think are the three most important “risky behaviors” in Bullitt County?





Local Public Health System Assessment

The Local Public Health System Assessment (LPHS) uses the National Public Health Performance Standards Program (NPHPSP). This Program is a collaborative effort of seven national partners: Centers for Disease Control and Prevention (CDC), American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Network of Public Health Institutes (NNPHI), and the Public Health Foundation (PHF).

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing

public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well-equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

This assessment should bring representation from every entity shown on the Public Health System "Egg" Chart on page 3. In an effort to accomplish that, BCHD staff identified at least one person from each entity to invite to the table. Over 200 invitations were mailed through postal services or electronically. Nineteen people attended the first meeting of the LPHS Assessment. Sectors represented were City government, Chambers of Commerce, Prevention Services, Mental Health, Board of Health, Judicial System, Business, YMCA, and the Health department. Participants commented on the lack of representation from Emergency Management, County Government, City and County Law Enforcement, Jewish Hospital, and Faith Community, and that "They should be here. They play an important role in this stuff." For a truly complete picture of the overall health of a community, all sectors should have their input measured; but, in reality, we have who we have at the table and must go with that. Perhaps others will see the benefits of a community assessment and participate in the future. One benefit of a community-involved assessment is the ability of reaching others by moving out of silo thinking, in other words, away from turf-type attitudes. An example of an attitude change may look like your small pot of money combined with my small pot of money equals a greater impact in the community. Alternatively, your circle of influence combined with my circle of influence equals a wider reach into the community and more power to bring about lasting changes such as policy and environmental strategies affecting the whole community.

Participants responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards within the Local Public Health System (LPHS).

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Figure 1 (below) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look at **Figure 4** or the raw data found in the Appendix. The LPHS assessment generated numerous charts displaying the scoring on how well the local public health system as a whole addresses the Ten Essential Public Health Services. Those charts are in the Appendix.

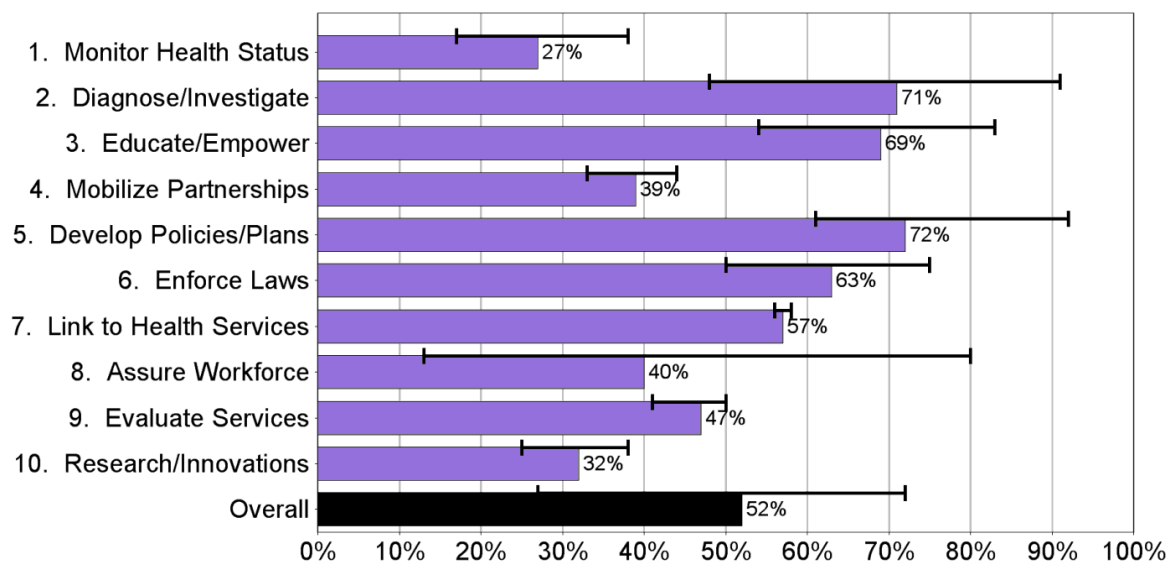
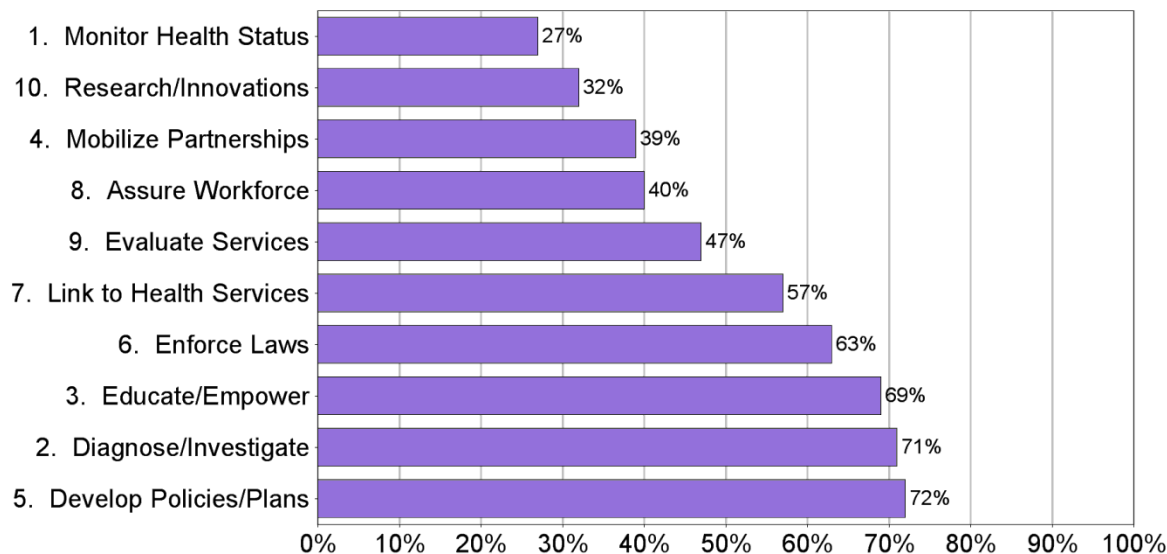


Figure 2 (below) ranks the 10 Essential Service displaying the composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.



Notice the first Essential Health Service—Monitor Health Status—scored a 27 percent (moderate) activity level. While there have been individual assessments by several entities within the Public Health System, there is a lack of sharing information and no comprehensive assessment on record. The BCHD began to address this shortfall when choosing to implement the MAPP process. The goal of MAPP is a community-generated, community-owned, Community Health Improvement Plan (CHIP). Active participation in the implementing of the CHIP by the total Local Public Health System ensure the greatest opportunity for success in the effort to improve the overall health of the community. A healthy community attracts and keeps people and businesses, which in turn, works to improve the health of the community. It is an upward spiral, a Win-Win solution for all.

The 32 percent score on Research/Innovations (Essential Service # 10) is affected by the lack of Institutions of higher learning in the county. Linkages do exist between some Colleges and Universities in that the health department uses graduate students, the School of Public Health, and Researchers for projects, and issue expertise. Improvement could be realized by other entities within the public health system taking advantage of linking with these institutions.

Mobilizing Partnerships to identify and solve health problems is Essential Service # 4. This service includes identifying potential stakeholders who contribute to or benefit from public health and increase their awareness of the value of public health. As noted before, the shortfall in this area is evidenced by the lack of participation in this comprehensive community assessment process. Education is needed, not only the public, but of all the System partners, elected officials, faith-based, law enforcement, etc. Building coalitions and working with existing coalitions to draw upon the full range of potential human and material resources will improve community health. Convening and facilitating partnerships and strategic alliances among groups—including those not typically considered to be health-related—in an effort to defining health improvement activities and establishing the social and economic conditions is needed for long-term health.

With each Essential Service, there is room for improvement. Participants struggled with Essential Service # 8 due to lack of insight into the continuing education practices of each entity within the public health system. The LPHS, including agencies, public and private workers, volunteers and other lay community health workers, is vast even in a small county. Bullitt County holds over 76,000 people in eight cities and 300 square miles. Assuring a competent public and personal health care workforce involves maintaining public health workforce standards, such as licensure and credentialing of professionals. It is adoption of continuous quality improvement and life-long learning programs.

So, what are we, the LPHS, doing good? Participants scored five of the Essential Services over 50 percent—Significant level of activity.

We are linking people to needed personal health services and assuring the provision of health care (Essential Service # 7) when otherwise unavailable. This includes identifying barriers to personal health services, identifying personal health service needs of people with limited access to a coordinated system of clinical care and linking people to personal health services by addressing cultural and linguistic barriers.

We are enforcing laws and regulations that protect health and ensure safety of residents (Essential Service # 6). This involves review, evaluation, and revision of laws, regulations, and ordinances to assure that they reflect current scientific knowledge and best practices. There is one notable problem—exposure to secondhand smoke by employees and patrons of businesses worksite in which smoking is allowed. Conceding the fact that there is clear scientific proof of the harm caused by exposure to secondhand smoke, elected Officials fight against the simple, self-enforcing, environmental policy change that would positively affect thousands. Despite the overwhelming data showing no harmful economic effects to businesses and despite a true randomized scientific survey showing over 70 percent of Bullitt County residents want smoke-free policy County and City elected Officials refuse to act on the issue.

Participants felt the LPHS is doing a significant job at Essential Service # 3 informing, educating, and empowering individuals and communities about health issues. This includes health education, health information, risk communication, and health promotion activities designed to reduce health risk and promote better health. Health education and health promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce healthy choices. This is accomplished through community needs assessments such as MAPP.

Scoring on the significant activity level was Diagnose/investigate health problems and health hazards (Essential Service # 1) in the community. This service includes epidemiological investigations of disease outbreaks, and patterns of infectious and chronic diseases and injuries, environmental hazards, and other health threats. Many entities of the LPHS work together in these investigations within the county with supporting help from the Kentucky Department of Public Health.

Lastly, scoring on the significant activity level was Essential Service # 5: Develop policies and plans that support individual and community health efforts. Examples of activity in this Essential Service include maintaining an effective governmental presence at the local level and development of policy to protect the health of the public and to guide the practice of public health. Examples of systematic community-level

planning for health improvement and public health emergency response would be the Rapid Response Team and Bullitt County Medical Reserve Corps.

Essential Services 5 includes public health policy development. This is a function of every entity within the local public health system. It involves contributing to the development of policies or modifying existing policies to reflect current scientific knowledge and best practices. It alerts policymakers and the public on potential public health impact from policies and should espouse a review of policies every three to five years. The political environment in the county, as discussed previously, is a barrier in this area and is explored further in the Forces of Change Assessment.

Community Health Status Assessment

A community health status assessment is a method of bringing together primary and secondary data related to the health of a community to create a more realistic picture of the health status of the residents of that community. Community health needs assessments can scratch the surface of be very comprehensive. The more thorough the health needs assessment the more accurate is the picture created on the health status of the residents. The more thorough the health needs assessment the more useful the information will be for establishing health priorities to improve the health problems in the community. Thus, this needs assessment has expended considerable time and resources to provide the best picture possible on the health issues affecting Bullitt County.

In gathering the data, BCHD used several sites including the Cabinet for Health & Human Services, the US Census, Kentucky Health Profiles, Centers for Disease Control & Prevention, the Kentucky State Data Center of Vital Statistics, and the Kentucky State Police. (All charts



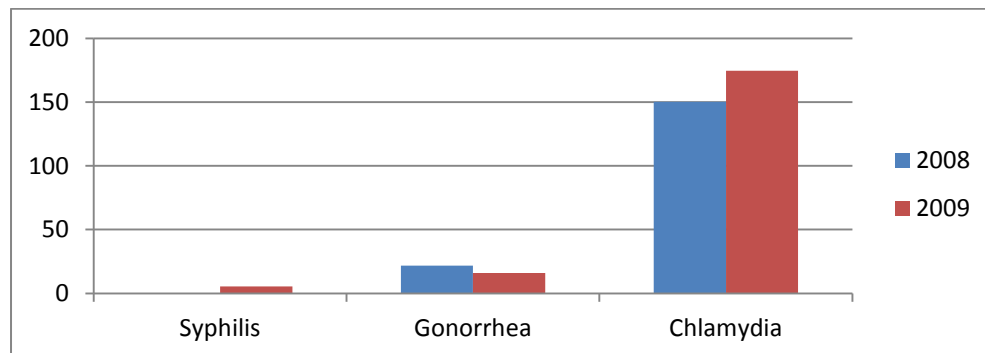
can be found in the Appendix.)

This assessment includes a look at Cancer, Heart Disease—the number one and number two killer in the county—diabetes, obesity, physical inactivity, tobacco use, motor vehicle accidents, infant mortality rate, and some communicable diseases.

According to the Behavioral Risk Factor Surveillance System (BRFSS) survey results CVD risk factors prevalent among Kentucky adults (18 years or older) in 2007-2008 include:

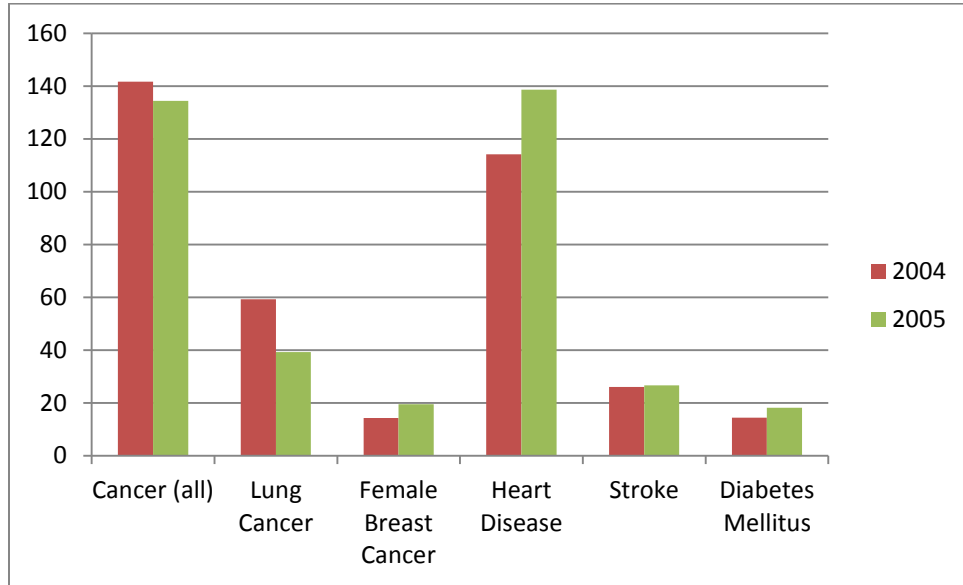
- 25.2% are current cigarette smokers.
- 30.5% do not participate in any leisure time physical activity.
- 81.6% consume less than five fruits or vegetables per day.
- 40.7% have high cholesterol.
- 31.1% have high blood pressure.
- 9.9% have Diabetes.
- 36.5% are overweight and 30.3% are obese

Communicable diseases are diseases passed from one person to another. Measures are reported in actual cases and as rates per 100,000 population. At times, the numbers of cases are so few that a rate cannot be established or the reporting of so small a number could jeopardize confidentiality. We have included in this report three sexually transmitted diseases—Chlamydia, because it is the most common one in Bullitt County, Gonorrhea, a distant second, and Syphilis, because it jumped from a 0.0 rate in 2008 to a 5.3 rate in 2009. There were no cases of Tuberculosis—another commonly reported communicable disease.



Chronic disease includes conditions such as Diabetes, Heart Disease, Cancer, and Chronic Pulmonary diseases. Heart Disease and Cancer have held the number one and number two spot on the top killer list for Bullitt County for the past 14 years.

Genetics play a role in the development of chronic diseases, but the biggest indicators of a person developing chronic diseases are the lifestyle choices made over a lifetime. These include a history of tobacco use, alcohol use, poor dietary habits such as eating foods high in fat or sugars versus vegetables and fruits, and the lack of physical exercise.



The top ten causes of death in 2005—the most recent data compiled by the Kentucky Department of Health—are listed below in order:

1. Diseases of the Heart
2. Malignant Neoplasm—Cancer
3. Chronic Lower Respiratory Diseases
4. Unintentional Injuries
5. Cerebrovascular Disease
6. Diabetes Mellitus
7. Alzheimer’s Disease
8. Suicide
9. Influenza and Pneumonia
10. Pneumonitis due to Solids & Liquids (aspiration Pneumonia)



Forces of Change Assessment

The aim of this assessment is identifying forces—such as trends, factors, or events—that are or will be influencing the health and quality of life of the community and the work of the local public health system. The questions to answer are: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

To answer these questions a group of over 80 community partners, led by State Representative Linda Belcher, got together and discussed these questions. Issues identified were:

1. Accreditation—The advancing work on a national basis toward accreditation for Public Health Department to ensure a consistent level of quality care.

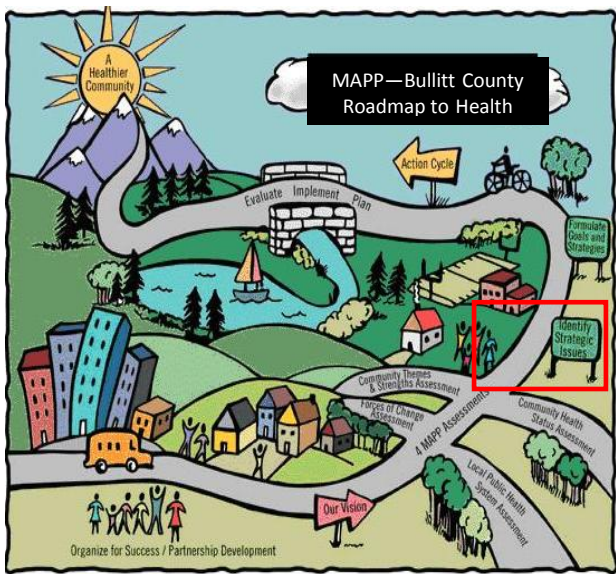
This accreditation movement has gained momentum since the creation of the Public Health Accreditation Board (PHAB) who has developed a model and is in the second round of testing.

2. Preparedness Planning—In the post September 11, 2001, bioterrorism preparedness planning became a large influence throughout the world not just the public health world. It affects every entity that makes up the local public health system in all communities. At first, the emphasis was on chemical and weapons of mass destruction. Then, H1N1 pandemic scare of 2009 entered, spurring the local health system to work closely to plan for mass distribution of medication in a short time frame. Now, in a calmer environment, focus is on general preparedness. Contingency plans in place and practiced throughout the system for any event.

3. Political Influences—Catering to the voters, what Party is in power, the ability of elected officials to act in the best interest of the majority, and funding has played and will continue to play a big role in the health of the public. Educating elected officials should be the top priority of all entities of the local public health system. Several participants expressed a weakness of Bullitt County is the lack of leadership skills of the County officials coupled with the lack of communication between elected officials about community services. “Other counties know who they are. They have a unified identity that Bullitt County lacks.” States one participant, “By knowing who we are and working together to develop a unified vision, we can ask for what we need from our elected officials.”

The lack of a County Strategic Plan and updated Zoning regulations hinder constructive progress. State Representatives and Senators need a unified plan in order to make appropriate requests for this county at the State level. It was noted by the group that the lack of a comprehensive plan for the county was a definite weakness that harms the perceptions of the county by outsiders—and that is a threat.

4. Migration patterns—Concerns expressed over so many of the young people of Bullitt County leaving the county to find better jobs or better educational opportunities and not returning. The absence of higher education in the county and the lack of vocational education was a concern of many. This migration, seen in three of the largest employers in the county, leaves a void filled by out-of-county residents. One group member reports over 50 percent of Publisher’s Printing employees are out-of-county residents (unconfirmed report). According to the US Census, 85 percent of Bullitt County residents commute out of county to work, mostly into the Louisville-Metro area.



PHASE 4—Identify Strategic Issues

With the four MAPP assessments completed, the internal Strategic Planning Lead Team, made up of the supervisory staff of the Bullitt County Health Department, met in the January 2011 to identify common issues highlighted in the assessments and chose the top four on which to work. Once the internal Lead Team completed the above process, the Strategic Issues were taken to the lead members of our external partners, Bullitt County Strategic Plan Committee for approval. Then the Strategic Issues were given to the coalitions working on that issue. For example Strategic Issue # 4 ATOD was given to the Partners In Prevention Coalition for implementation;

Strategic Issue # 1 and # 3 were given to Coalition for Recreation, Education, & Wellness (CREW).

Strategic issues are those fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision.

Our vision is a community of vibrant people who are provided with resources, programs, and facilities that will facilitate healthy choices for all of Bullitt County.

Using the steps outlined in the MAPP process, the strategic planning team reviewed the data gathered during the assessment phase. Participants responded to the question, *“Which issues suggested by the assessment findings must be addressed in order to achieve the vision?”*

Six issues migrated to the top of the list:

- Obesity
- Access to Care
- Cancer
- Mobilizing Community Partners
- Chronic Diseases, and
- Alcohol, Tobacco, and Other Drugs (ATOD) use and abuse

These six were combined into four strategic issues. Obesity was chosen as the number one issue because it plays a big role in cancer and chronic disease rates. Reducing the obesity issue would decrease the rates for diabetes, cancers, heart diseases, arthritis, improve self-esteem, increase physical activity, and more.

Access to care and mobilizing community partners were combined because they are closely related and have similar activities that work toward improvement. Cancer and Chronic Diseases, likewise, have numerous activities that can address both issues.

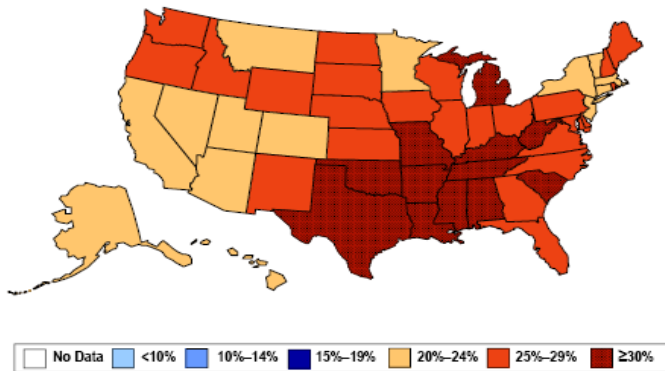
Finally, ATOD issue is the fourth one chosen. Reducing abuse of alcohol, tobacco and other drugs, especially among the youth of the county sends the message of “we care” to all. Policies on ATOD issues places protective factors in the community which, in turn, helps to support teens in their decision to not use or abuse these substances.

PHASE 4

Feb 2011-Nov 2011	Develop Community Health Improvement Plan, obtain internal and external approval, distribute to community partners.
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Obesity Trends* Among U.S. Adults BRFSS, 2010

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Issue # 1: Obesity

Obesity is a national problem that is growing bigger (no pun intended). Over the past 15-20 years, the United States has seen an unprecedented increase in the body weight of Americans. Obesity is a major risk factor in Cancer, Heart Disease, and Diabetes. Those are just three of the chronic diseases in which obesity plays a role. Obesity, in many cases, is the result of lifestyle choices and behaviors. It is one of the modifiable risk factors of many medical maladies. Kentucky was named the sixth most obese state in the country, according to the eighth annual “*F as in Fat: How Obesity*

Threatens America’s Future 2011”, a report from the Trust for America’s Health (FAH) and the Robert Wood Johnson Foundation (RWJF) (Lang, 2011). Kentucky’s adult obesity rate is 31.5 percent. In addition, for many states, their combined rates for overweight and obesity, and rates of chronic health problems, such as diabetes and high blood pressure, have increased dramatically over the past two decades. The most recent state-by-state data on obesity rates for youth 10 to 17 are from 2007. According to the data, 21 percent of children and adolescents in Kentucky are considered obese.

For Kentucky, long-term trends in rates include:

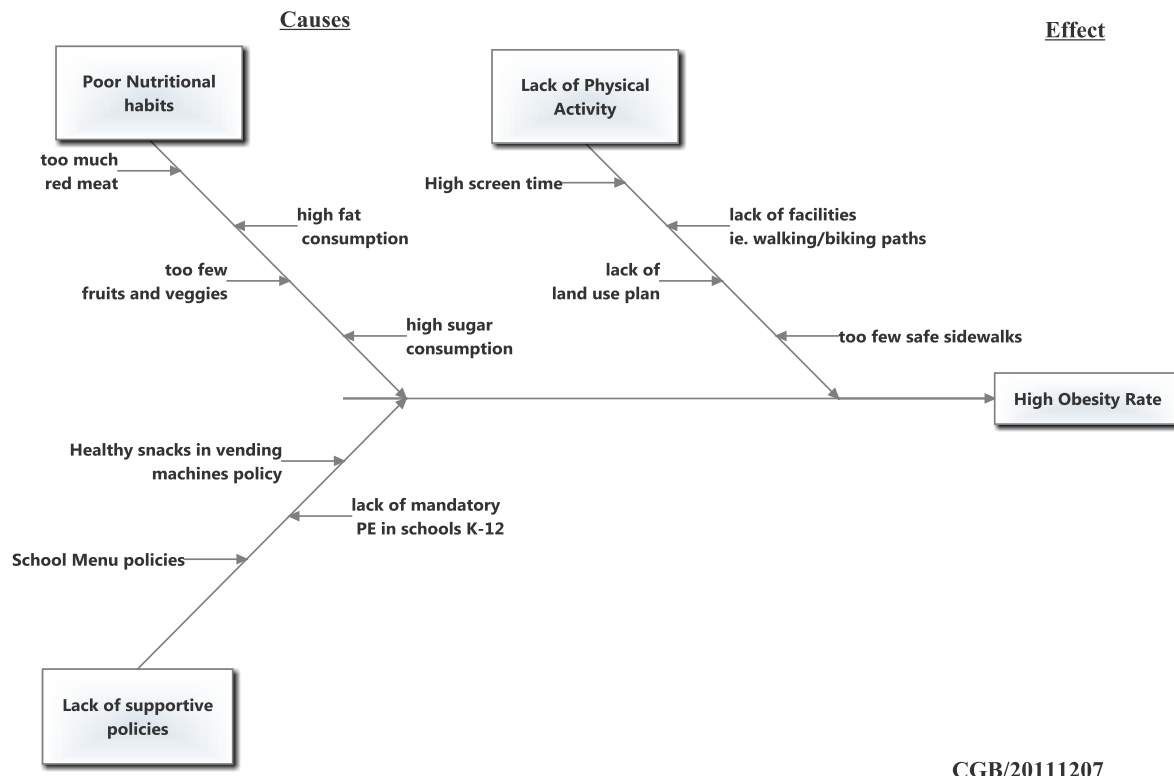
- Fifteen years ago, Kentucky had a combined obesity and overweight rate of 52.1 percent. Ten years ago, it was 59.2 percent. Now, the combined rate is 67.1 percent.
- Diabetes rates have doubled in ten states including Kentucky in the past 15 years. In 1995, Kentucky had a diabetes rate of 4.2 percent. Now the diabetes rate is 10.5 percent.
- Fifteen years ago, Kentucky had a hypertension rate of 22.2 percent. Now, the rate is 31.6 percent.

Racial and ethnic minority adults, and those with less education or who make less money, continue to have the highest overall obesity rates:

- Adult obesity rates in Kentucky were 43.2 percent for Blacks. Nationally, obesity rates for Blacks topped 40 percent in 15 states, 35 percent in 35 states, and 30 percent in 42 states and D.C.
- Rates of adult obesity for Latinos were 33.1 percent in Kentucky. National Latino obesity rates were above 35 percent in four states (Mississippi, North Dakota, South Carolina, and Texas) and at 30 percent and above in 23 states.
- Meanwhile, rates of adult obesity for Whites topped 30 percent in just four states (Kentucky, Mississippi, Tennessee, and West Virginia) and no state had a rate higher than 32.1 percent. The rates of adult obesity for Whites were 31 percent in Kentucky.
- Nearly 33 percent of adults who did not graduate high school are obese compared with 21.5 percent of adults who graduated from college or a technical college.
- More than 33 percent of adults who earn less than \$15,000 per year were obese compared with 24.6 percent of adults who earn \$50,000 or more per year.

Therefore, the strategic planning group ranked obesity as the number one strategic issue. In the fishbone diagram below are three causes chosen and some contributing factors

Cause and Effect diagram for Strategic Issue # 1--Obesity



Existing Resources:

Bullitt County Board of Education
Bullitt County Schools
Bullitt County Health Department
Bullitt County Extension Office
Bullitt County Coalition for Recreation, Education, & Wellness (CREW)
New Hope Foster Care
Bullitt County Ministerial Association
Bullitt County Diabetes Coalition
Local & State elected officials
Bullitt County Chambers of Commerce
The Pioneer News
Senior Citizens Centers of Bullitt County

Issue # 2: Access to Care & Mobilizing Local Public Health System Partners

Despite a score of 57 percent on linking to health services, the issue of access to care is in the top four strategic issues picked by the planning group. Bullitt County Kentucky is a federally designated Medically Underserved Area (MUA) and a low income Health Profession Shortage Area (HPSA). The western end of Bullitt County is the only portion of the County with low-income HPSA designation. However, a review of statistics from the Kentucky Primary Care Association data portal (data gathered by Health Landscape) has validated and enhanced concerns for those with incomes at or below 200% of the Federal Poverty Level (FPL). It appears there is great disparity in the access of quality health care between the general population and the most vulnerable. The following table reveals those disparities.

Bullitt County Service Area Health Statistics

	Bacterial pneumonia hospital admit rate	COPD hospital admit rate	Rate of lower extremity amputation (diabetes pts)	CHF hospital admission rate	Hypertension hospital admit rate	Adult asthma hospital admit rate
<i>General Population</i>	246.1	256.8	30.3	256.8	32.1	60.6
<i>200% & below FPL</i>	615.0	700.8	71.5	829.5	100.1	185.9

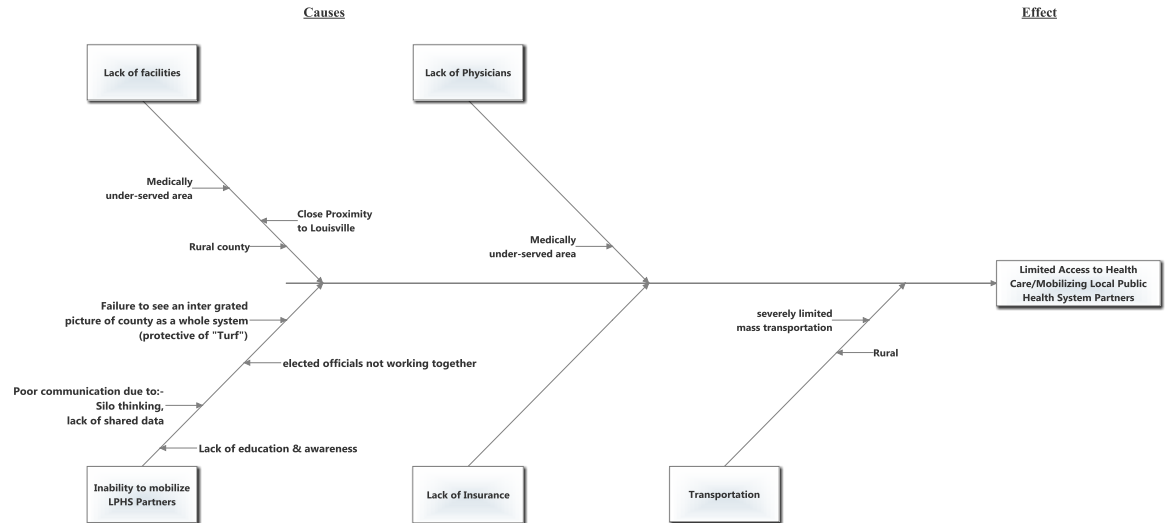
There are several more factors or causes the group identified. They are transportation issues, inadequate insurance coverage, and inability to mobilize local public health system partners.

Compounding the access to health care issues is the lack of public transportation within Bullitt County. There is one bus route provided by transportation authority out of Louisville. Service operates morning and afternoon peak hours only. There is one pick-up time in the early morning—around 6 A.M., and one drop-off time in the late afternoon—about 6 P.M. This route provides express service from Mount Washington and Shepherdsville via I-65 to downtown Louisville. There is no service on weekends or holidays. There are three drop-off points in downtown Louisville. If provider services are not near these drop-off points, a person must find connecting routes to their providers. Taxi service is cost prohibitive to most. Residents of southern and western Bullitt County must find their way into Shepherdsville to the bus stops—often a 12 – 15 mile trip.

A contributing cause in the Access issue is an inability to mobilize the local public health system partners into a focused, cohesive group working together toward a healthier community. Asking the “Why’s” in this cause brought some insights to the group. The first insight was that there is a failure to see an integrated picture of the county as a whole system. One common statement from county residents and workers is that there are “many turfs” and people are protective of “their turf”. Poor communication among entities within the county is part of this cause. Participants identified “silo thinking,” the lack of sharing data, and elected officials not working together as contributing factors along with a lack of education and awareness as to what a mobilized Local Public Health System can accomplish.

The Cause and Effect diagram below shows the access to care problem in a more compacted form. These diagrams will be used to formulate goals and objectives within the Community Health Improvement Plan.

Cause And Effect diagram for Strategic Issue # 2--Access to Health Care / Mobilizing Local Public Health System Partners



CGB/20111207

Existing Resources:

Bullitt County Health Department
Bullitt County Emergency Management
Bullitt County Fiscal Court
Bullitt County Strategic Plan Committee
Local Realtors
Bullitt Chambers of Commerce
Bullitt County Economic Development
Local businesses
The Pioneer News
Bullitt County Tourism
Bullitt County Board of Health
Local & State Elected Officials

Issue # 3: Chronic Diseases/Cancer

This Strategic Issue will combine Chronic Diseases and Cancer. Combining these two issues is based on the fact that cancer and chronic diseases—like heart disease and stroke, type II diabetes, and arthritis share many of the same modifiable risk factors. It is the consensus of the group that addressing the risk factors such as physical inactivity, poor diet, and the lack of early screenings covers more than just one issue.

Chronic diseases – such as heart disease, stroke, cancer, and diabetes – are among the most prevalent, costly, and preventable of all health problems. Leading a healthy lifestyle (avoiding tobacco use, being physically active, and eating well) greatly reduces a person’s risk for developing chronic disease. Access to high-quality and affordable prevention measures (including screening and appropriate follow-up) are essential steps in saving lives, reducing disability and lowering costs for medical care.

According to the Cabinet for Health and Family Services (CHFS) Chronic Disease Branch, diabetes mellitus is one of the most common and serious chronic diseases in the United States. About 25.8 million Americans (8.3 percent of the population) have diabetes, 7 million of whom do not know they have the disease.

In 2010, 1.9 million new cases of diabetes were diagnosed in people 20 and older in the United States. The prevalence of diabetes has increased steadily in the last half of this century and will continue to rise with the aging U.S. population, the growth in minority populations most susceptible to Type 2 diabetes, and the increasing prevalence of obesity among Americans. (CHFS)

In 2009, the Kentucky rate for diagnosed diabetes was the 4th highest in the nation at 11.4 percent, compared to a national median of 8.3 percent. This translates to an estimated 366,000 adults in Kentucky having diagnosed diabetes. (CHFS)

Arthritis is a serious medical concern in Kentucky. More than 1.2 million Kentuckians have been identified as having doctor-diagnosed arthritis or chronic joint symptoms (possible arthritis). Many of these people cannot access the necessary care of an arthritis specialist, i.e., a rheumatologist, because of various barriers to care. (CHFS)

Looking at the map of Kentucky’s cancer incidence rate, Bullitt County incidence rate (age-adjusted) of

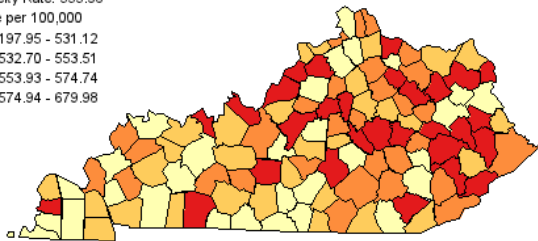
Age-Adjusted Cancer Incidence Rates in Kentucky
All Sites, 2004-2008
By County

Age-Adjusted to the 2000 U.S. Standard Million Population

Kentucky Rate: 555.38

Rate per 100,000

197.95 - 531.12
532.70 - 553.51
553.93 - 574.74
574.94 - 679.98



Data accessed January 26, 2012.
Based on data released November 1, 2010.
Copyright (C) 2012 Kentucky Cancer Registry

cancer is not the highest in the State; however, cancer runs second to heart disease as the leading cause of death in the county. In truth, cancer and heart disease have consistently been the number one and number two cause of death in Bullitt County.

The chart below narrows from the general category of all cancers to a few specific, more common cancers, showing data for the rates for colorectal, prostate, breast, and lung/bronchus cancer. The last column shows the overall state age-adjusted rate for comparison.

Bullitt County Cancer Incidence Rates 2004-2008

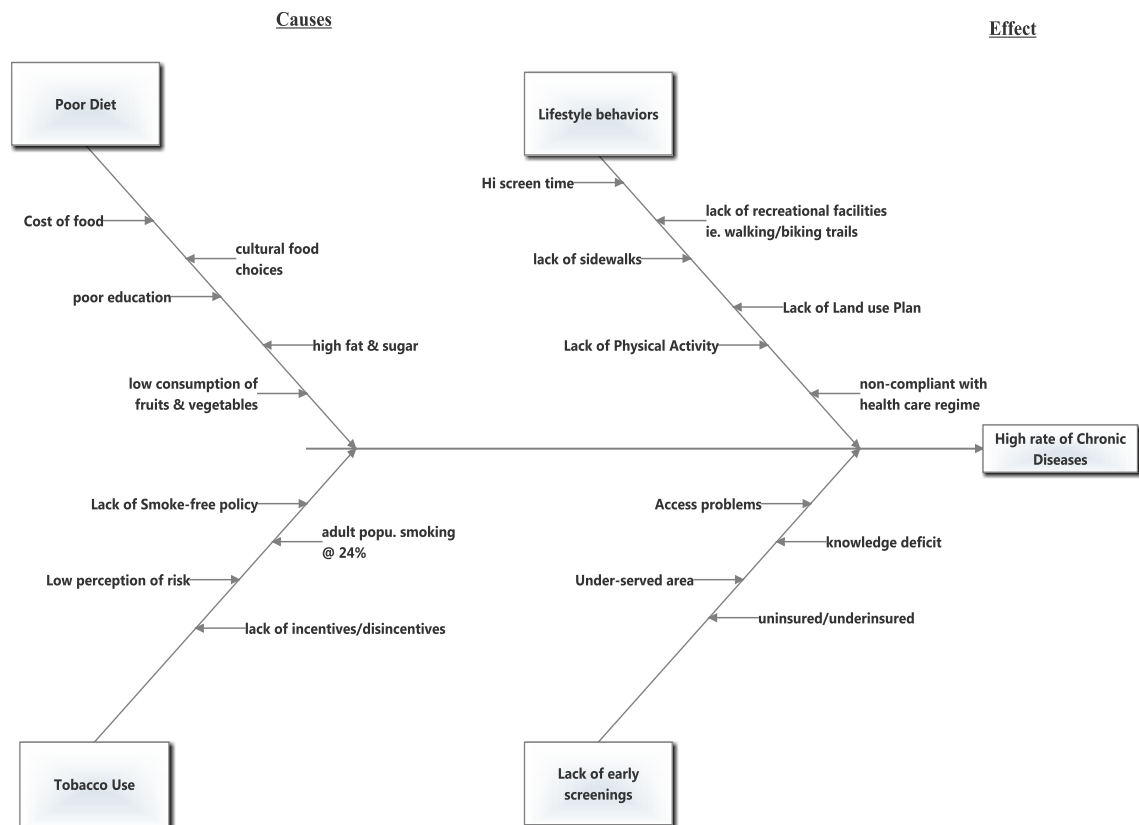
	Population at Risk	Cases	Crude Rate	Age-adjusted Rate	State Rate
All Cancers	360912	1836	508.71	540.87	555.38
Breast	181913	283	155.57	149.27	144.68
Prostate	178999	224	125.14	134.17	139.8
Colorectal	360912	186	51.54	59.74	59.63
Lung & Bronchus	360912	295	81.74	89.58	100.84

Chronic diseases have risk factors that are both controllable—lifestyle behaviors, and uncontrollable—genetic and environmental. They include:

- **Age**—chronic diseases can take decades to develop. While chronic diseases are more common in older adults, they are not exclusively adult conditions — chronic diseases can be diagnosed at any age.
- **Habits**—certain lifestyle choices are known to increase the risk of chronic diseases. Smoking, drinking more than one drink a day (for women) or two drinks a day (for men), excessive exposure to the sun, lack of physical activity, a diet high in fat and low in fresh fruits and vegetables, and having unsafe sex can contribute to chronic diseases.
- **Family history**—only a small portion of chronic diseases is due to an inherited condition. If chronic diseases are common in the family, it is possible that genetic play a part from one generation to the next.
- **Environment**—the environment may contain harmful chemicals that can increase the risk of cancer. Pollutants like secondhand smoke, chemicals in your home or workplace, such as asbestos, radon, and benzene, are associated with an increased risk of cancer and chronic obstructive pulmonary diseases like asthma.

The Cause and Effect diagram below focuses on risk factors that are reasonably modifiable by individuals and through policy changes.

Cause and Effect diagram for Strategic Issue # 3--Chronic Disease



CGB/201112/

Existing Resources:

Bullitt County Health Department

Bullitt County Public Schools
Bullitt County Community Education
Bullitt County Coalition for Recreation, Education, & Wellness (CREW)
Bullitt County YMCA
Bullitt County Extension Office
Bullitt County Home Makers
Junior Achievement
Local businesses
Bullitt County Diabetes Coalition
Bullitt County Public Libraries
Bullitt County Chambers of Commerce
Bullitt County Emergency Management
Bullitt County American Red Cross
Local & State Elected Officials
The Pioneer News

Issue # 4: Alcohol, Tobacco, & Other Drugs (ATOD)

Alcohol, tobacco, and other drugs use and abuse are not new to Bullitt County. In 1995, a group of concerned citizens, schools, law enforcement agencies, the health department, businesses, churches, and others banded together to address this in the county. They applied for and received a Champions grant for 5 years. The Bullitt County Partners for Prevention Coalition (PIP) was formed and had an active membership of over 30 people. (That is—over 30 people attended the monthly meetings. This does not count the people involved that did not attend the meetings.)

The Champions grant ran out, but the Coalition remained. Operating on the will of its members, PIP continued working towards a drug-free Bullitt County providing educational programs, supporting Safe & Drug-free Schools, supporting law enforcement, and the DARE program. In 2008, PIP applied for and received a Drug-free Communities Support Grant. This enabled PIP to bring the ATOD issue back into the public's eyes, begin to collect substantive data, and deliver numerous programs.

PIP and the Bullitt County Public School System have used the Kentucky Incentive Program survey tool since 2004. This survey assesses four core measures on a biennial basis in grades 6, 8, 10, and 12. The core measures are: (1) age onset of any drug (including alcohol, marijuana, and tobacco); (2) frequency of drug use in the past 30-days (including alcohol, marijuana, and tobacco); (3) perception of risk or harm; and (4) perception of disapproval of use by adults (including alcohol, marijuana, and tobacco).

The 2010 KIP survey shows the following results. These numbers are a total from all grades surveyed:

- 19.8% of BC teens have ever used marijuana
- 30.5% of BC teens have ever smoked cigarettes, and % currently report to smoke regularly
- 45.1% of BC teens have ever drank alcohol,
- 17.6% report drinking in the past 30 days, 13% have drank until they were drunk in the past 30 days,
- 9.9% report binge drinking in the past 2 weeks
- 12.2% of BC teens have ever abused Rx drugs
- 8.5% of BC teens have ever abused OTC drugs to get high
- 45% of BC teens think it is easy or very easy to get alcohol in Bullitt County
- 51.6% of BC teens think it is easy or very easy to get cigarettes in Bullitt County
- 13.2% of BC teens think it is easy or very easy to get other drugs in Bullitt County
- 54.4% of BC teens think tobacco is a problem in their school

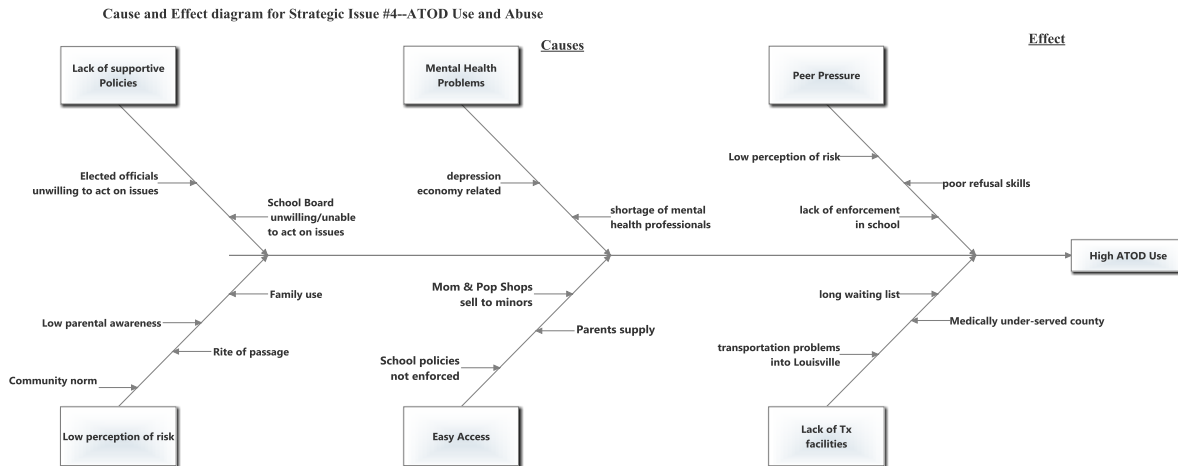
- 46% of BC teens think alcohol is a problem in their school
- 46.6% of BC teens think drug use is a problem in their school

The availability of treatment venues is a problem area for this issue. Funding cuts for ATOD treatment modalities has affected the ability to provide quick services. Many times, there is a waiting list especially for the under-insured or uninsured clients. Coupled with the healthcare provider shortage, this puts Bullitt County residents at risk and ties directly back to the Access to Health Care Strategic Issue.

There is a lack of supportive policies in the county. Examples of proven effective policies are: a 100% comprehensive Smoke-free policy, a 24/7, 100% smoke-free schools policy, Social Host policy, and Keg registration policy. These are policies that have been implemented, vetted and proven effective in communities across the United States.

The increase in mental health issues due to economic strain has been reported through all major news networks and medical literature over the past three years. The strain of economic hardship increases the risk for ATOD use and abuse.

The cause and effect diagram below gives a snapshot of these causes.



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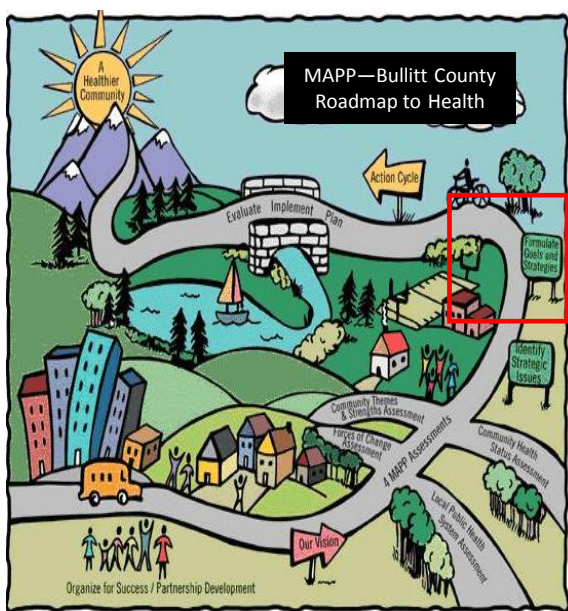
Existing Resources:

Bullitt County Partners In Prevention (PIP)
Seven Counties Services, Prevention Division
Bullitt County Coalition for Recreation, Education, & Wellness (CREW)
Bullitt County Safe & Drug-free Schools
Bullitt County Health Department
Bullitt County Public Schools
Bullitt County Sheriff's Department
Shepherdsville Police
Hillview Police
Mt. Washington Police
Bullitt County Emergency Management
Youth Service Centers
Family Resource Centers
Bullitt County Ministerial Association

Phase 4: Identity Strategic Issues Conclusions

Strategic issues have significant consequences for the community and the public health system. Failure to address these issues may eventually result in lost opportunities, the lingering, or worsening of an identified problem, and the failure to achieve the community vision. Consequences include an increase in the morbidity and mortality of chronic diseases such as heart disease and diabetes along with the increase of complications associated with these chronic diseases. This translates into increased healthcare cost, lost job productivity, and a decrease in the general health of the community. This, in turn, decreases the ability of this county to keep young people in or attract them to the county, attract business to the county, and provide the best for the residents.

In the economic environment of 2012, the reality of budget shortfalls and cuts, a tighter job market, and higher prices, there is more to be done. Collaboration among agencies, businesses, the whole public health system, and governmental entities will be a key factor in addressing these issues. Resources are tight. Silo thinking and protectiveness of individual “turfs” is counter-productive. It will truly take the whole county, working together, to achieve the vision of a community of vibrant people who are provided with programs and facilities that will encourage healthy choices for all of Bullitt County.



PHASE 5—Community Health Improvement Plan

This section will outline the Community Health Improvement Plan (CHIP) that will focus the efforts of this health department on addressing the strategic issues identified by the MAPP process through the development of goals and objectives.

In general, goals set a common direction and understanding of the anticipated end result. The question to ask is “What do we want to achieve by addressing this strategic issue?” Objectives communicate how the community will move in that direction. The question to ask is, “How do we want to achieve it?

What action is needed?” Together, goals and objectives provide a connection between what the community’s health looks like now and what the community’s health will look like in the future. The CHIP will provide a means of coordinated action to address seemingly complicated problems.

This phase places each strategic issue into a logic model format identifying activities, short-term objectives (accomplished in 18 months or less); intermediate goals (accomplished in 18-24 months); and long-term goals (accomplished in 2-5 years).

Strategic Issue # 1: Obesity

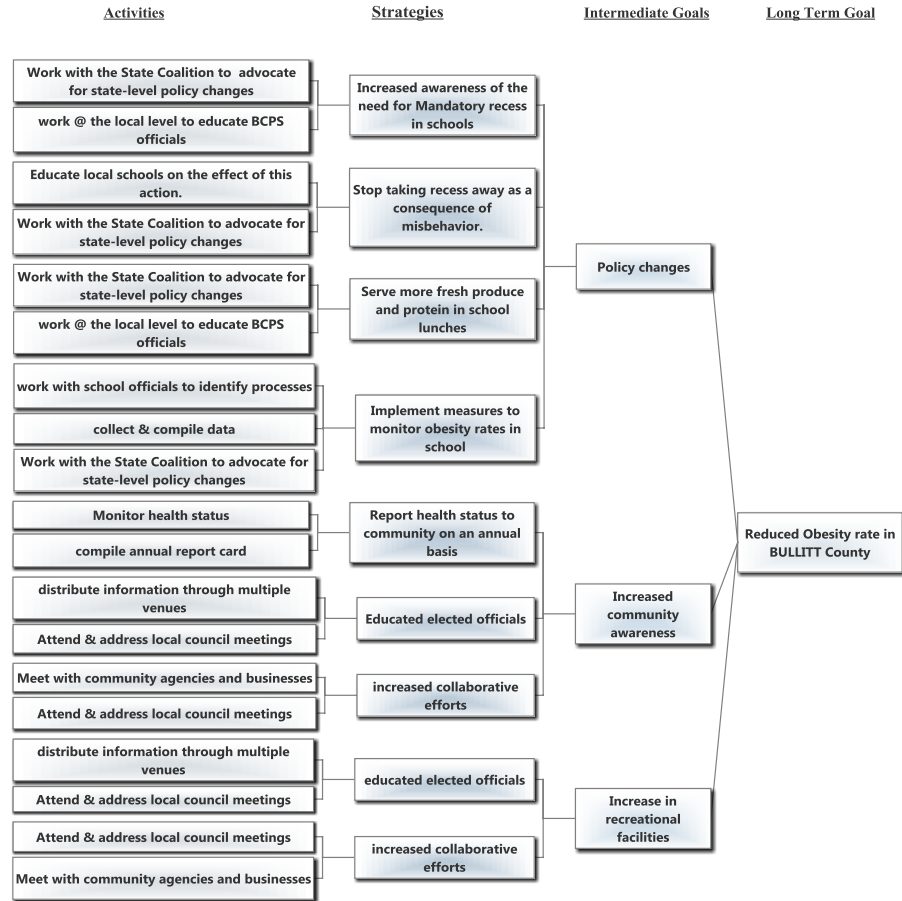
The long-term goal is to reduce the percentage of obese adults in Bullitt County over the next 3-5 years from 25.6 percent to 24 percent according to the Behavioral Risk Factor Surveillance System (BRFSS). Objectives for this goal are to focus on lifestyle behaviors, policy changes, and environmental factors. Lifestyle behaviors contributing to obesity include physical inactivity (aka sedentary lifestyle) and poor nutritional habits. Policy changes within the schools and the county/city government would be the most effective means of change. Policy-level changes affect the most people for the most efficient use of money.

Policies implemented by city and county officials and school systems include:

- mandating physical activity in each grade level in school for at least 30 minutes a day;
- not allowing the withholding of recess time as a punitive tool;
- increasing fresh fruits and vegetables served in school meals;
- implementing obesity monitoring in schools; and
- develop a county-wide land use plan that incorporates parks, recreational trails, and venues for physical activity.

Logic Model for Strategic Issue # 1--Obesity

Logic Model for Strategic Issue # 1--Obesity



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Strategic Issue # 2: Access to Health Care & Mobilizing LPHS Partners

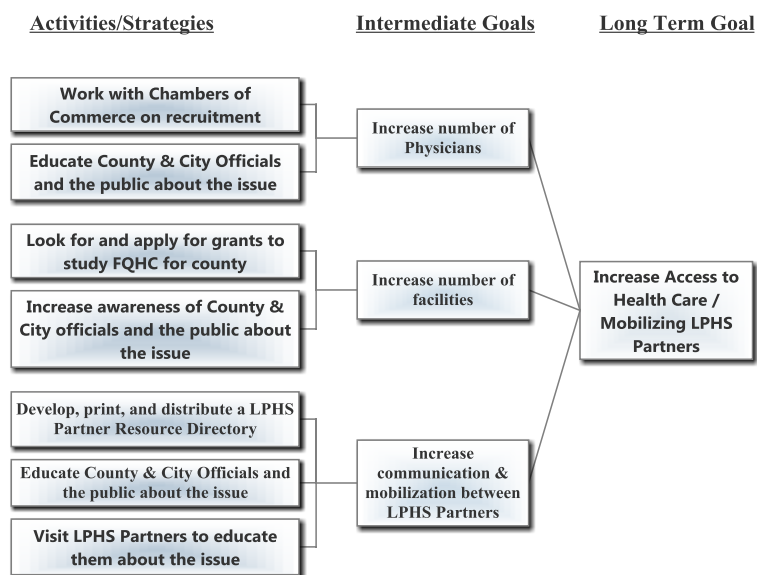
All persons living in Bullitt County should have a reasonable expectation to have access to affordable healthcare. Bullitt County is adjacent to one of Kentucky's major metropolitan areas; however, it is considered to be a medically underserved area particularly the western and southern portions of the county. How can the community ensure access to population-based and personal health care services?

One means of assuring access to health care is to strengthen coordination among local public health system partners to eliminate gaps in service and improve referral mechanisms among providers. Another is to increase awareness of available services through the development of a resource directory, both hard copy and online versions of area public health and health care organizations. This should be distributed through all partners in the local public health care system as shown on the Public health "Egg Chart" located on page 3 of this report.

Active recruiting of medical professionals should be ongoing by elected officials, economic development agency, the Chambers of Commerce, and others in the county. Finally, a continuous public education and outreach efforts so that all residents are aware of the population-based and personal health care services available in the community is necessary.

Logic Model for Strategic Issue # 2—Access to Health Care / Mobilizing Local Public Health System Partners

Logic Model for Strategic Issue # 2--Access to Health Care/ Mobilizing Local Public Health System Partners



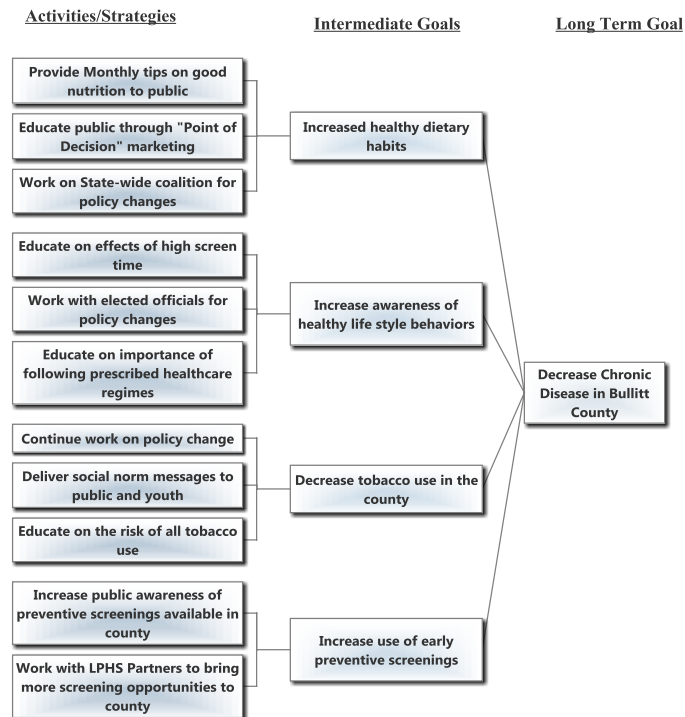
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Strategic Issue # 3—Chronic Diseases/Cancer

There has been a general decrease in physical activity over the years. Technology and mechanization of many physically demanding jobs, the rising popularity of video games and computers, and a drift away from active leisure activities has not only increased the waist line of Americans but has increased the rate of chronic diseases in the United States. Kentucky, as a state, ranks high in both morbidity and mortality of chronic diseases. Increasing the awareness of protective factors like regular exercise, eating more fresh fruits and vegetables, and reducing time spent in front of a screen, reducing or eliminating tobacco use, and accessing preventive health screenings will help move Bullitt County toward a healthier community.

Logic Model for Strategic Issue # 3—Chronic Diseases/Cancer

Logic Model for Strategic Issue # 3--Chronic Disease



CGB/20111207

Strategic Issue # 4—Alcohol, Tobacco, and Other Drugs Use and Abuse

The parent of a local high school football star invites the team over after the game, to celebrate their victory. Thinking it is safer for the kids to be at a home drinking than out “in public,” the parents allow under-age drinking. This happens in communities all over.

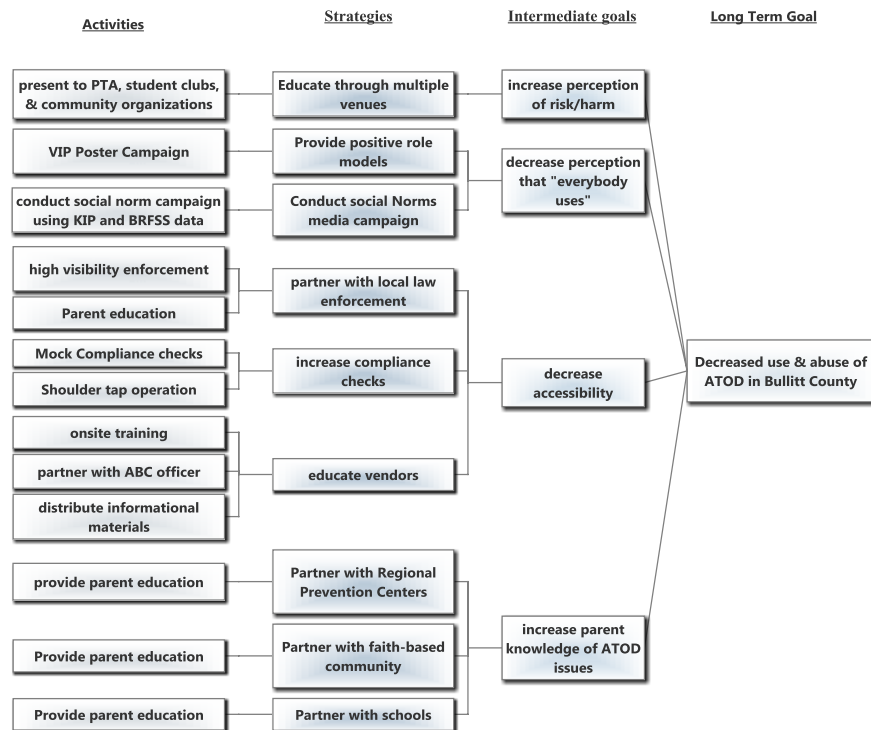
One way to protect the youth of Bullitt County is with environmental strategies such as ordinances, policies, and law enforcement activities. A Social Host ordinance will fill gaps that exist in the current Statues by holding the adults responsible for any under-age drinking on their property.

Comprehensive Smoke-free policy has been proven effective at reducing chronic diseases, changing the perception of harm, and reducing the number of tobacco user’s attempt to quit. Comprehensive smoke-free policy is a Win-Win-Win solution—A win for businesses, a win for the consumer and employee, and a win for the public.

There are other effective strategies to move a community toward reducing the use and abuse of harmful substances. The logic model outlines some.

Logic Model for Strategic Issue # 4—Alcohol, Tobacco, and Other Drugs Use and Abuse

Logic Model for Strategic Issue # 4
Alcohol, Tobacco, and Other Drugs
Use and Abuse

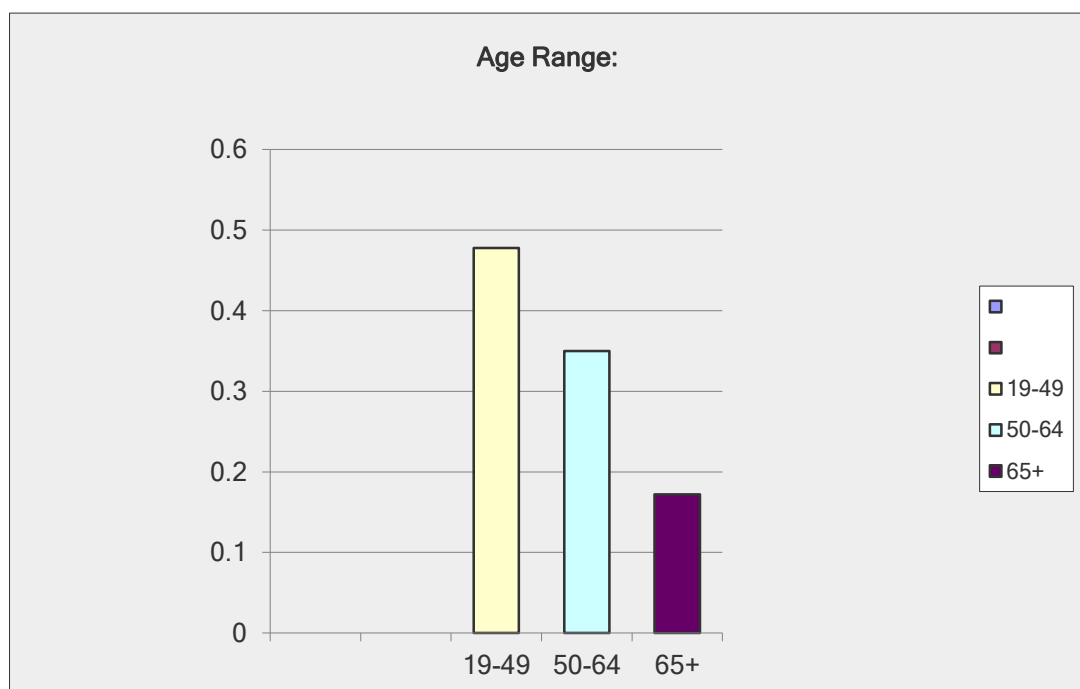


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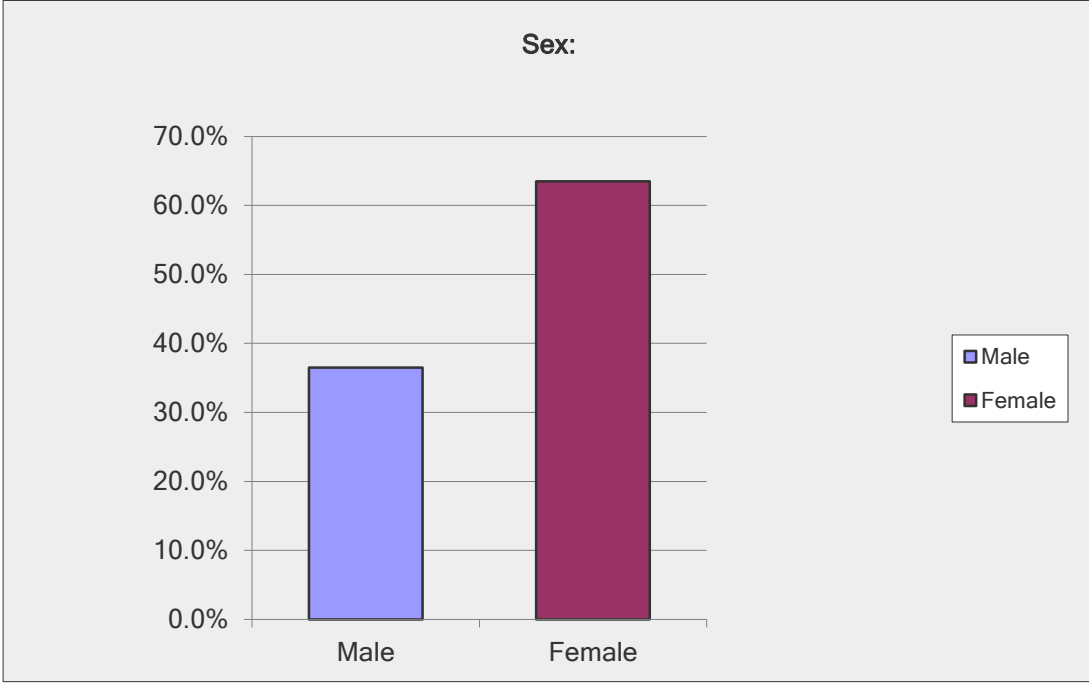
APPENDIX

1. Community Themes and Strengths Assessment Charts

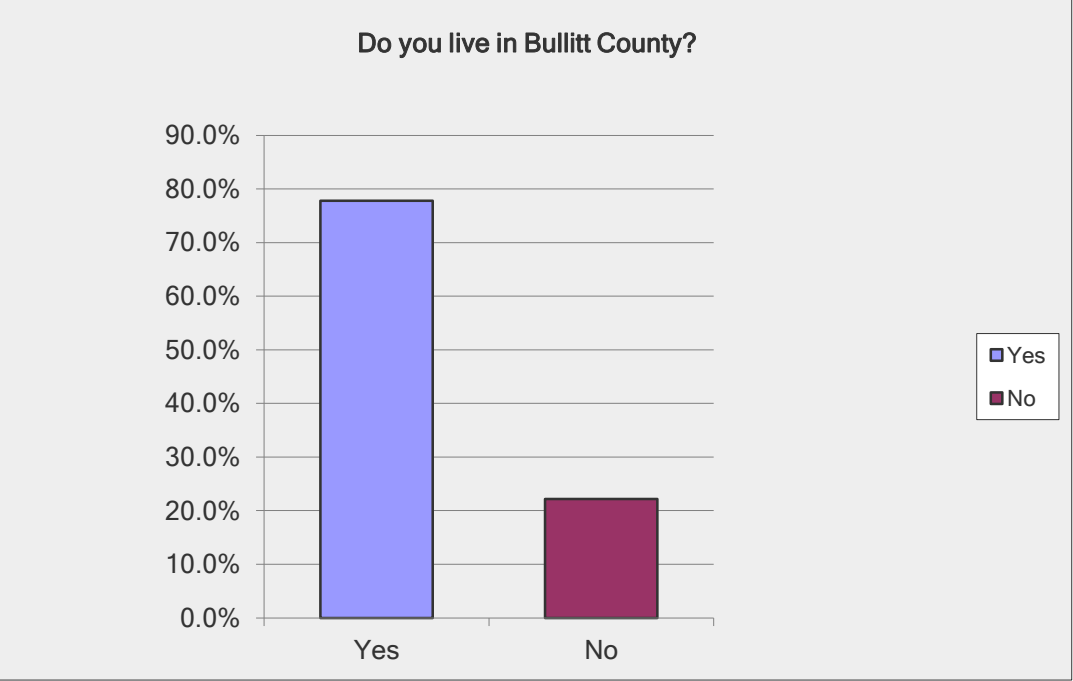
Age Range:		
Answer Options	Response Percent	Response Count
5-12	0.0%	0
13-18	0.0%	0
19-49	47.8%	194
50-64	35.0%	142
65+	17.2%	70
<i>answered question</i>		406
<i>skipped question</i>		0



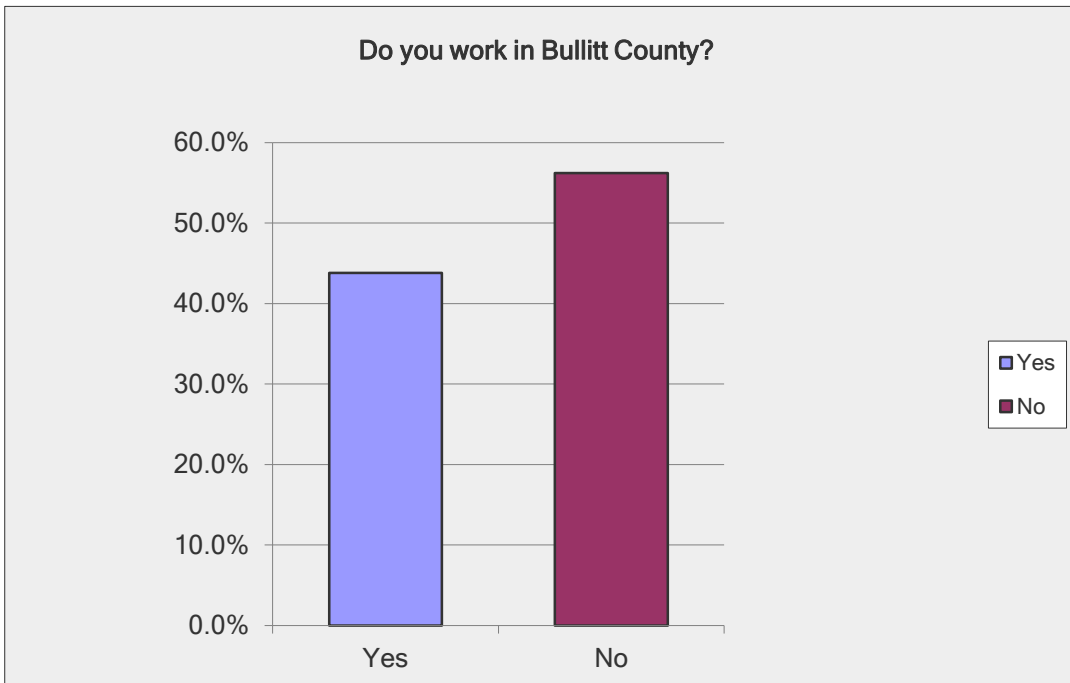
Sex:		
Answer Options	Response Percent	Response Count
Male	36.5%	148
Female	63.5%	258
<i>answered question</i>		406
<i>skipped question</i>		0



Do you live in Bullitt County?		
Answer Options	Response Percent	Response Count
Yes	77.8%	316
No	22.2%	90
<i>answered question</i>		406
<i>skipped question</i>		0



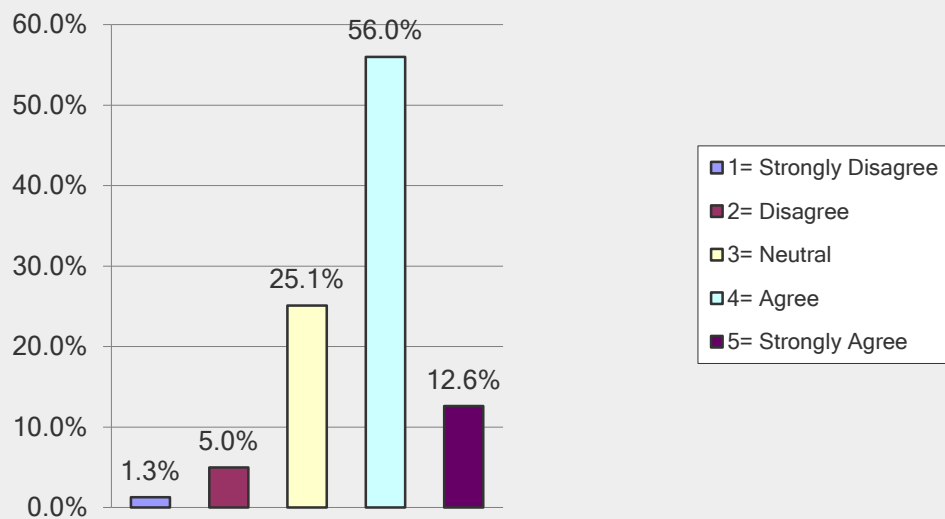
Do you work in Bullitt County?		
Answer Options	Response Percent	Response Count
Yes	43.8%	178
No	56.2%	228
<i>answered question</i>		406
<i>skipped question</i>		0



Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in the community life and associations, etc.)

Answer Options	Response Percent	Response Count
1= Strongly Disagree	1.3%	5
2= Disagree	5.0%	20
3= Neutral	25.1%	100
4= Agree	56.0%	223
5= Strongly Agree	12.6%	50
<i>answered question</i>		398
<i>skipped question</i>		8

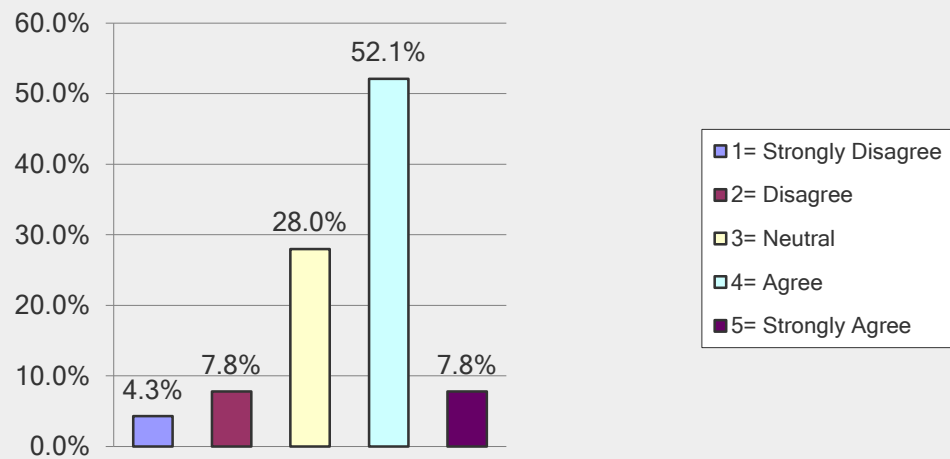
Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in the community life and associations, etc.)



Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)

Answer Options	Response Percent	Response Count
1= Strongly Disagree	4.3%	17
2= Disagree	7.8%	31
3= Neutral	28.0%	111
4= Agree	52.1%	207
5= Strongly Agree	7.8%	31
<i>answered question</i>		397
<i>skipped question</i>		9

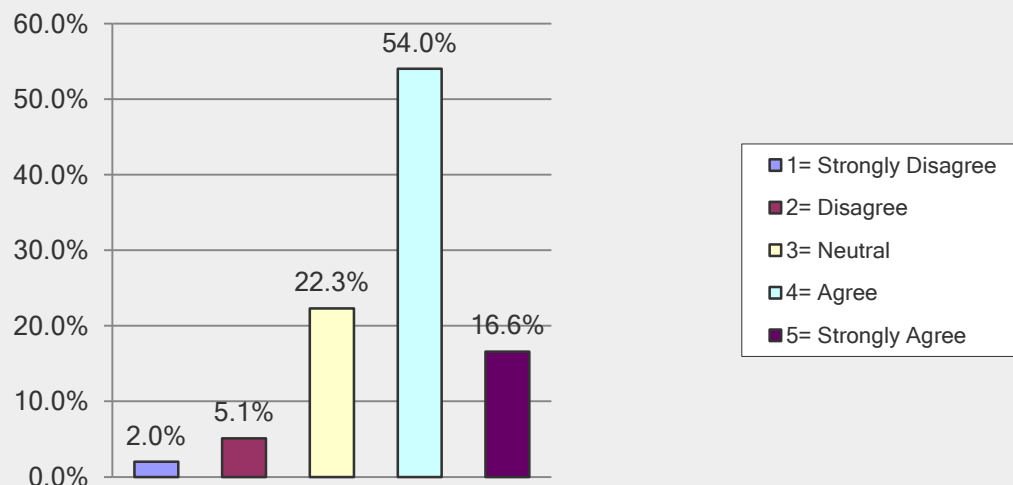
Are you satisfied with the health care system in the community?
(Consider access, cost, availability, quality, options in health care, etc.)



Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)

Answer Options	Response Percent	Response Count
1= Strongly Disagree	2.0%	8
2= Disagree	5.1%	20
3= Neutral	22.3%	87
4= Agree	54.0%	211
5= Strongly Agree	16.6%	65
<i>answered question</i>		391
<i>skipped question</i>		15

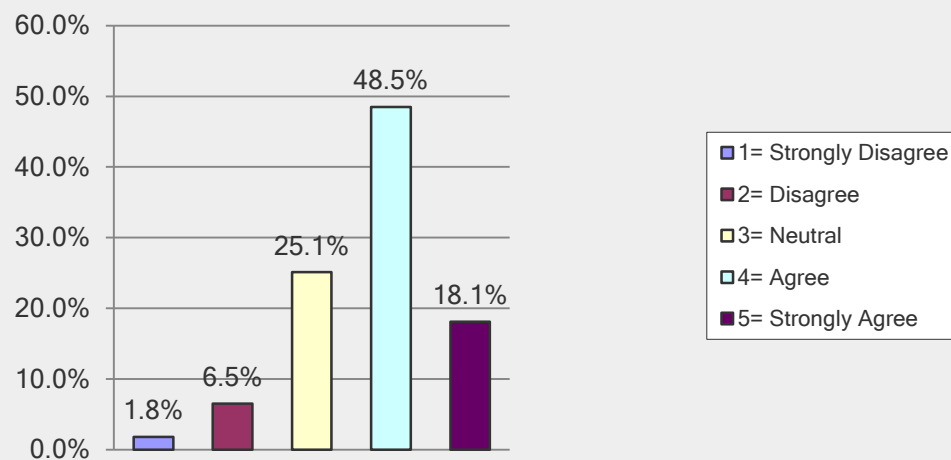
Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)



Is the community a good place to grow old? (Consider elderly-friendly housing, transportation to medical facilities, churches, elderly day care, etc.)

Answer Options	Response Percent	Response Count
1= Strongly Disagree	1.8%	7
2= Disagree	6.5%	26
3= Neutral	25.1%	100
4= Agree	48.5%	193
5= Strongly Agree	18.1%	72
<i>answered question</i>		398
<i>skipped question</i>		8

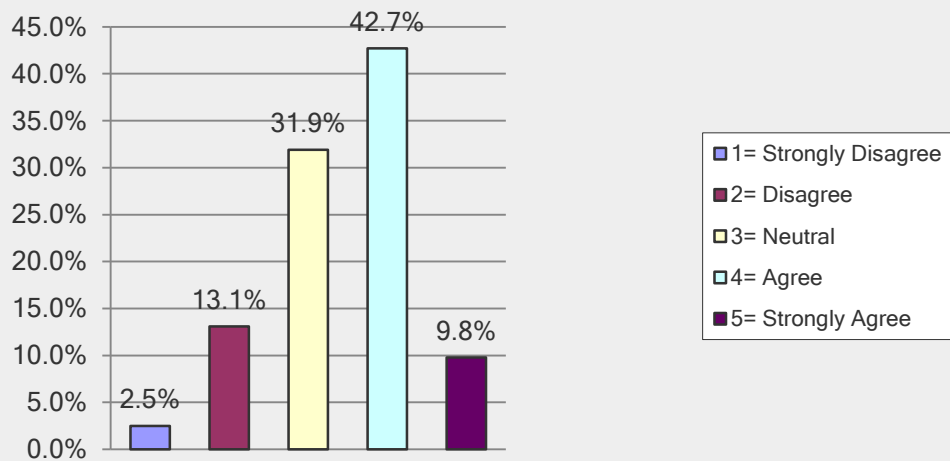
Is the community a good place to grow old? (Consider elderly-friendly housing, transportation to medical facilities, churches, elderly day care, etc.)



Is there economic opportunity in the community? (Consider jobs with career growth, affordable housing, reasonable commute, etc.)

Answer Options	Response Percent	Response Count
1= Strongly Disagree	2.5%	10
2= Disagree	13.1%	52
3= Neutral	31.9%	127
4= Agree	42.7%	170
5= Strongly Agree	9.8%	39
answered question		398
skipped question		8

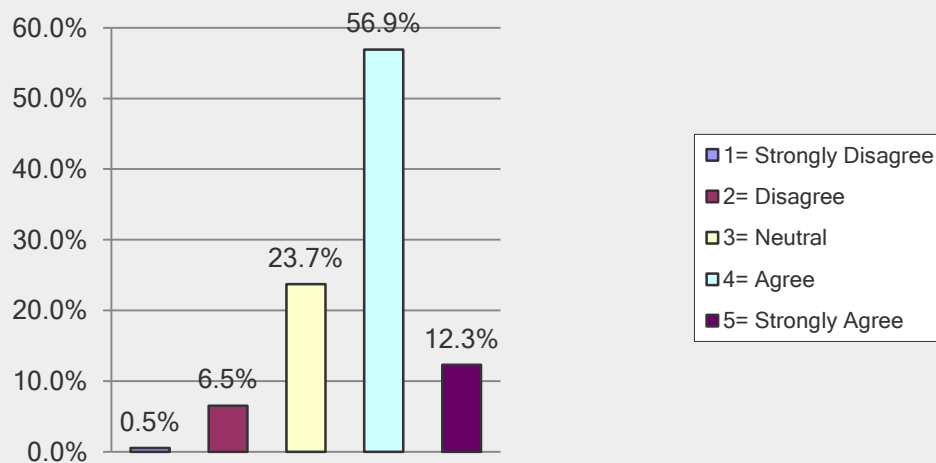
Is there economic opportunity in the community? (Consider jobs with career growth, affordable housing, reasonable commute, etc.)



Is the community a safe place to live? (Consider safety in the home, workplace, schools, playgrounds, parks. Do neighbors know and trust one another?)

Answer Options	Response Percent	Response Count
1= Strongly Disagree	0.5%	2
2= Disagree	6.5%	26
3= Neutral	23.7%	94
4= Agree	56.9%	226
5= Strongly Agree	12.3%	49
<i>answered question</i>		397
<i>skipped question</i>		9

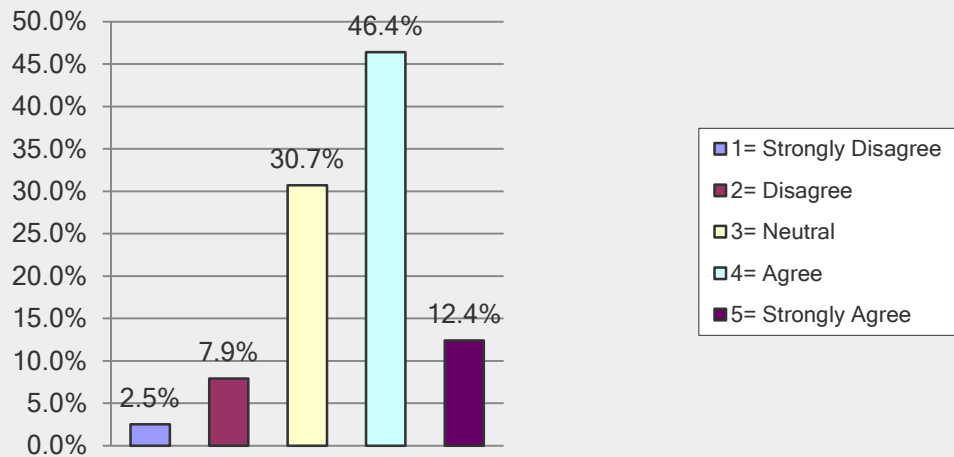
Is the community a safe place to live? (Consider safety in the home, workplace, schools, playgrounds, parks. Do neighbors know and trust one another?)



Are there networks of support for individuals during times of stress and need? (Support groups, faith community outreach, agencies, organizations)

Answer Options	Response Percent	Response Count
1= Strongly Disagree	2.5%	10
2= Disagree	7.9%	31
3= Neutral	30.7%	121
4= Agree	46.4%	183
5= Strongly Agree	12.4%	49
<i>answered question</i>		394
<i>skipped question</i>		12

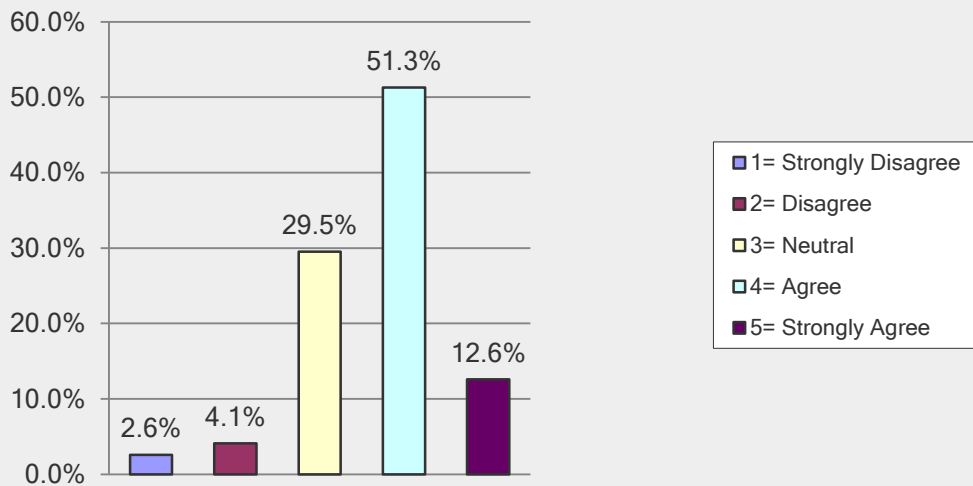
Are there networks of support for individuals during times of stress and need? (Support groups, faith community outreach, agencies, organizations)



Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?

Answer Options	Response Percent	Response Count
1= Strongly Disagree	2.6%	10
2= Disagree	4.1%	16
3= Neutral	29.5%	115
4= Agree	51.3%	200
5= Strongly Agree	12.6%	49
<i>answered question</i>		390
<i>skipped question</i>		16

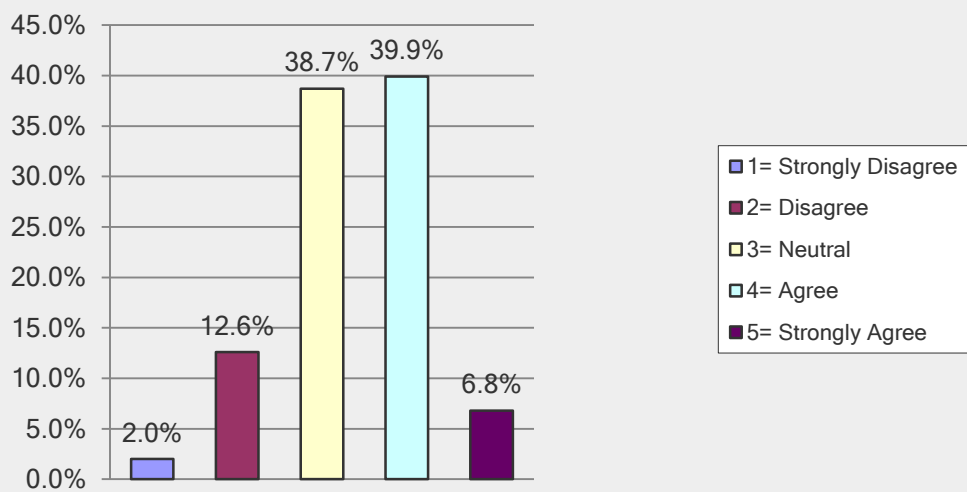
Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?



Do all residents perceive that they can make the community a better place?

Answer Options	Response Percent	Response Count
1= Strongly Disagree	2.0%	8
2= Disagree	12.6%	50
3= Neutral	38.7%	154
4= Agree	39.9%	159
5= Strongly Agree	6.8%	27
<i>answered question</i>		398
<i>skipped question</i>		8

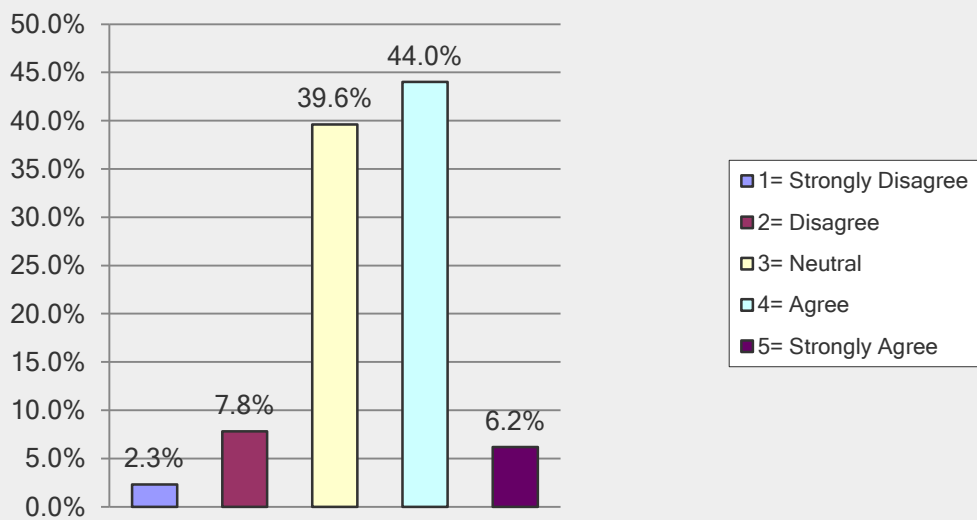
Do all residents perceive that they can make the community a better place?



Do multiple groups share in the assets of the community?

Answer Options	Response Percent	Response Count
1= Strongly Disagree	2.3%	9
2= Disagree	7.8%	30
3= Neutral	39.6%	153
4= Agree	44.0%	170
5= Strongly Agree	6.2%	24
<i>answered question</i>		386
<i>skipped question</i>		20

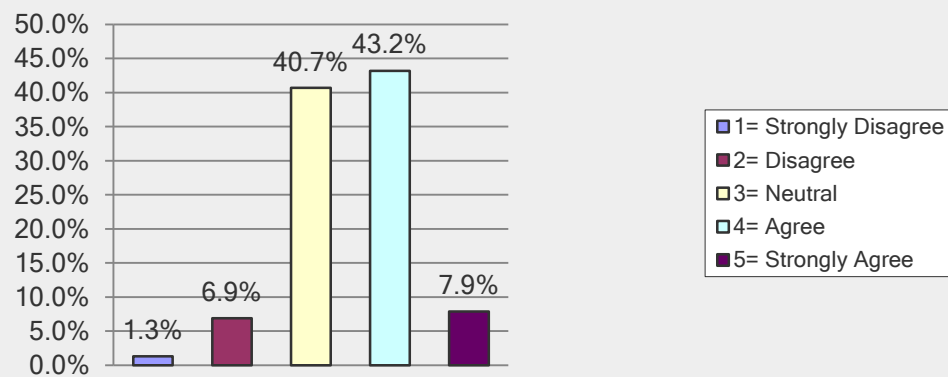
Do multiple groups share in the assets of the community?



Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared goals?

Answer Options	Response Percent	Response Count
1= Strongly Disagree	1.3%	5
2= Disagree	6.9%	27
3= Neutral	40.7%	159
4= Agree	43.2%	169
5= Strongly Agree	7.9%	31
<i>answered question</i>		391
<i>skipped question</i>		15

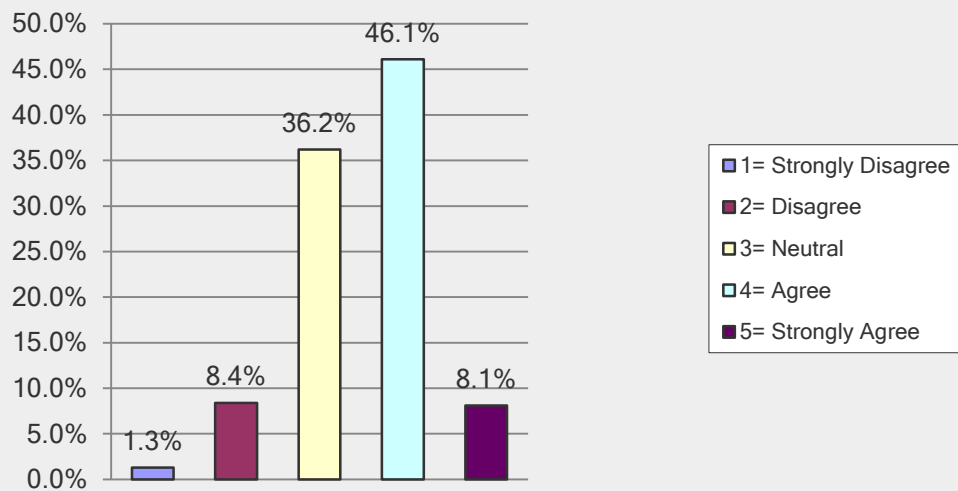
Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared goals?



Is there an active sense of civic responsibility and pride in shared accomplishments?

Answer Options	Response Percent	Response Count
1= Strongly Disagree	1.3%	5
2= Disagree	8.4%	33
3= Neutral	36.2%	143
4= Agree	46.1%	182
5= Strongly Agree	8.1%	32
<i>answered question</i>		395
<i>skipped question</i>		11

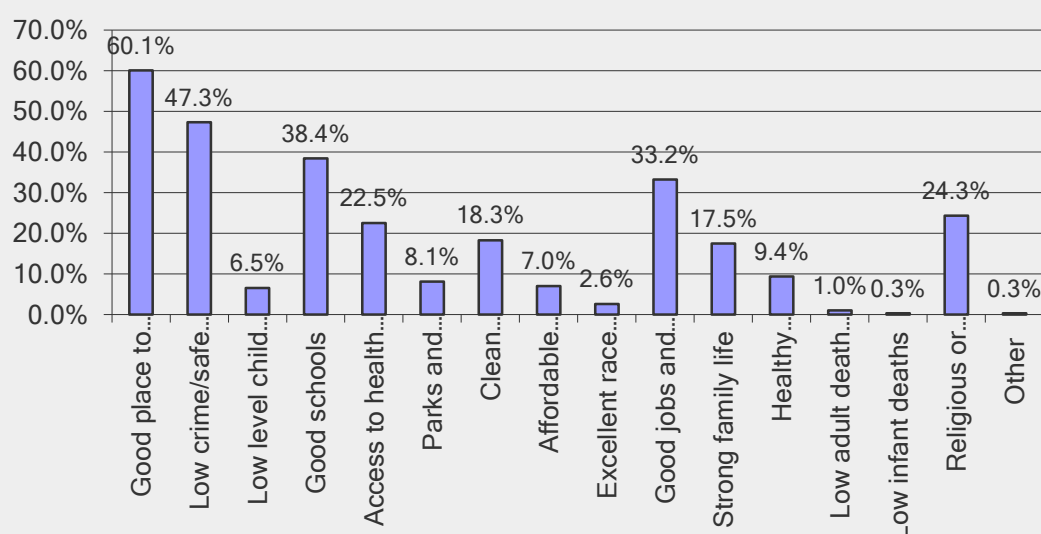
Is there an active sense of civic responsibility and pride in shared accomplishments?



In the following list what do you think are the three most important factors that make up a "Healthy Community?" Choose only three:

Answer Options	Response Percent	Response Count
Good place to raise children	60.1%	230
Low crime/safe neighborhoods	47.3%	181
Low level child abuse	6.5%	25
Good schools	38.4%	147
Access to health care	22.5%	86
Parks and recreation	8.1%	31
Clean environment	18.3%	70
Affordable housing	7.0%	27
Excellent race relations	2.6%	10
Good jobs and healthy economy	33.2%	127
Strong family life	17.5%	67
Healthy behaviors and lifestyle	9.4%	36
Low adult death and disease rates	1.0%	4
Low infant deaths	0.3%	1
Religious or spiritual values	24.3%	93
Other	0.3%	1
answered question		383
skipped question		23

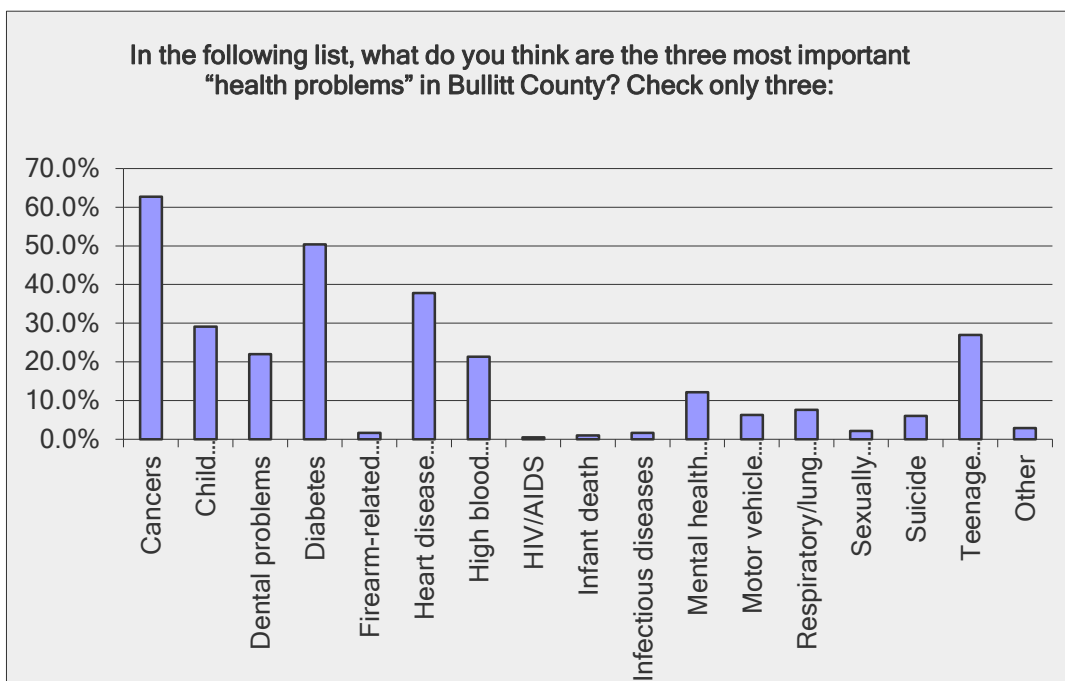
In the following list what do you think are the three most important factors that make up a "Healthy Community?" Choose only three:



In the following list, what do you think are the three most important "health problems" in Bullitt County? Check only three:

Answer Options	Response Percent	Response Count
Cancers	62.7%	239
Child abuse/neglect	29.1%	111

Dental problems	22.0%	84
Diabetes	50.4%	192
Firearm-related injuries	1.6%	6
Heart disease and stroke	37.8%	144
High blood pressure	21.3%	81
HIV/AIDS	0.5%	2
Infant death	1.0%	4
Infectious diseases	1.6%	6
Mental health problems	12.1%	46
Motor vehicle crash injuries	6.3%	24
Respiratory/lung disease	7.6%	29
Sexually Transmitted Infections (STIs)	2.1%	8
Suicide	6.0%	23
Teenage pregnancy	27.0%	103
Other	2.9%	11
answered question		381
skipped question		25



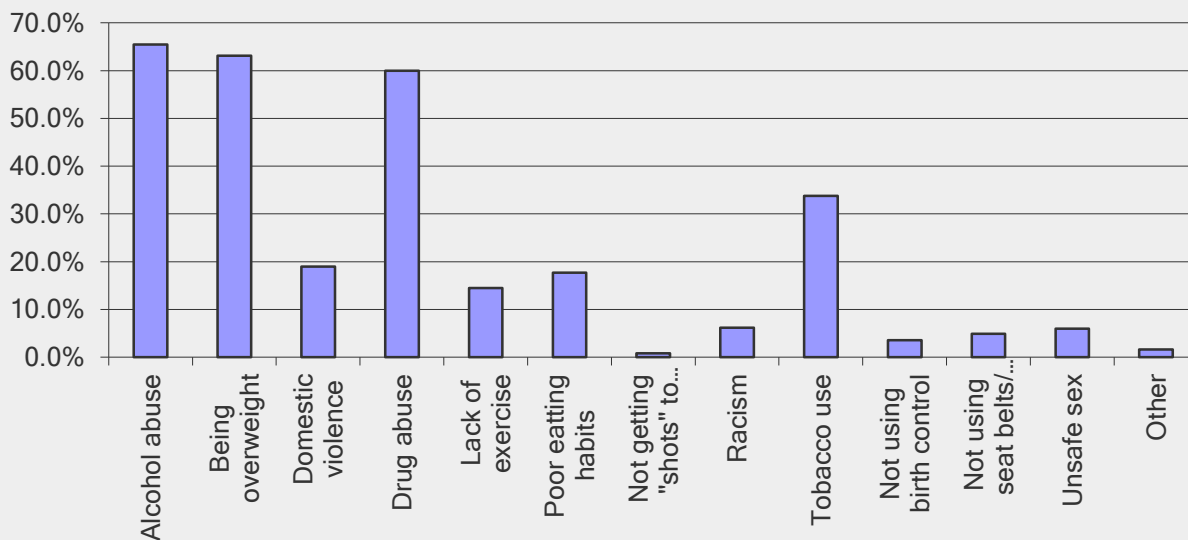
In the following list, what do you think are the three most important "risky behaviors" in Bullitt County?
Choose only three:

Answer Options	Response Percent	Response Count
Alcohol abuse	65.5%	252
Being overweight	63.1%	243
Domestic violence	19.0%	73
Drug abuse	60.0%	231
Lack of exercise	14.5%	56
Poor eating habits	17.7%	68
Not getting "shots" to prevent disease	0.8%	3
Racism	6.2%	24
Tobacco use	33.8%	130
Not using birth control	3.6%	14
Not using seat belts/ child safety seats	4.9%	19
Unsafe sex	6.0%	23
Other	1.6%	6

answered question 385

skipped question 21

In the following list, what do you think are the three most important "risky behaviors" in Bullitt County? Choose only three:



2. Local Public Health System Assessment Charts

II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service

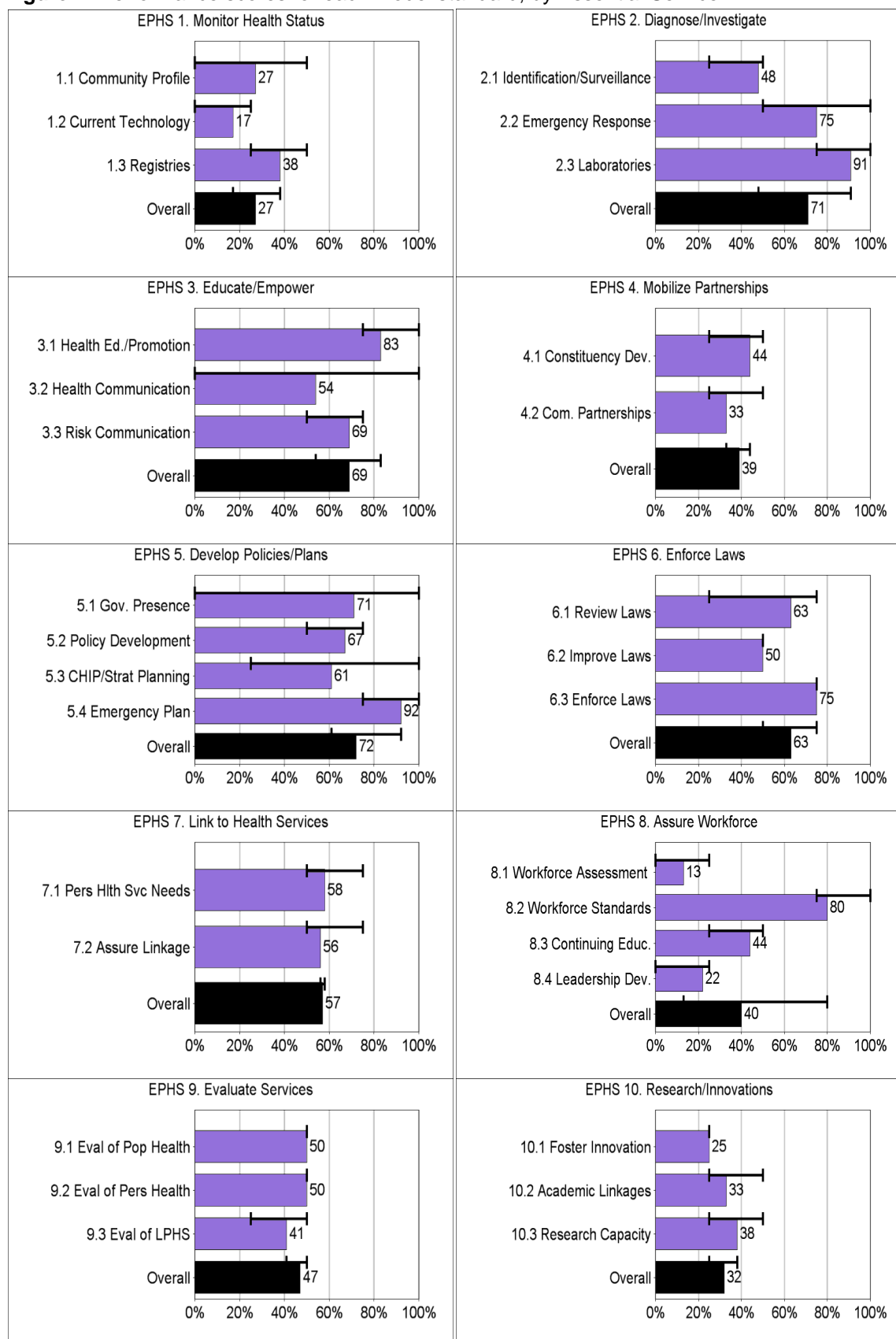


Figure 4

shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the

Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	27
1.1 Population-Based Community Health Profile (CHP)	27
1.1.1 Community health assessment	47
1.1.2 Community health profile (CHP)	30
1.1.3 Community-wide use of community health assessment or CHP data	4
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	17
1.2.1 State-of-the-art technology to support health profile databases	0
1.2.2 Access to geocoded health data	25
1.2.3 Use of computer-generated graphics	25
1.3 Maintenance of Population Health Registries	38
1.3.1 Maintenance of and/or contribution to population health registries	25
1.3.2 Use of information from population health registries	50
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	71
2.1 Identification and Surveillance of Health Threats	48
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	50
2.1.2 Submission of reportable disease information in a timely manner	50
2.1.3 Resources to support surveillance and investigation activities	44
2.2 Investigation and Response to Public Health Threats and Emergencies	75
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	50
2.2.2 Current epidemiological case investigation protocols	75
2.2.3 Designated Emergency Response Coordinator	75
2.2.4 Rapid response of personnel in emergency / disasters	100
2.2.5 Evaluation of public health emergency response	75
2.3 Laboratory Support for Investigation of Health Threats	91
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	75
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	88
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, And Empower People about Health Issues	69
3.1 Health Education and Promotion	83
3.1.1 Provision of community health information	75
3.1.2 Health education and/or health promotion campaigns	75
3.1.3 Collaboration on health communication plans	100
3.2 Health Communication	54
3.2.1 Development of health communication plans	0
3.2.2 Relationships with media	88
3.2.3 Designation of public information officers	75
3.3 Risk Communication	69
3.3.1 Emergency communications plan(s)	75
3.3.2 Resources for rapid communications response	75
3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	50

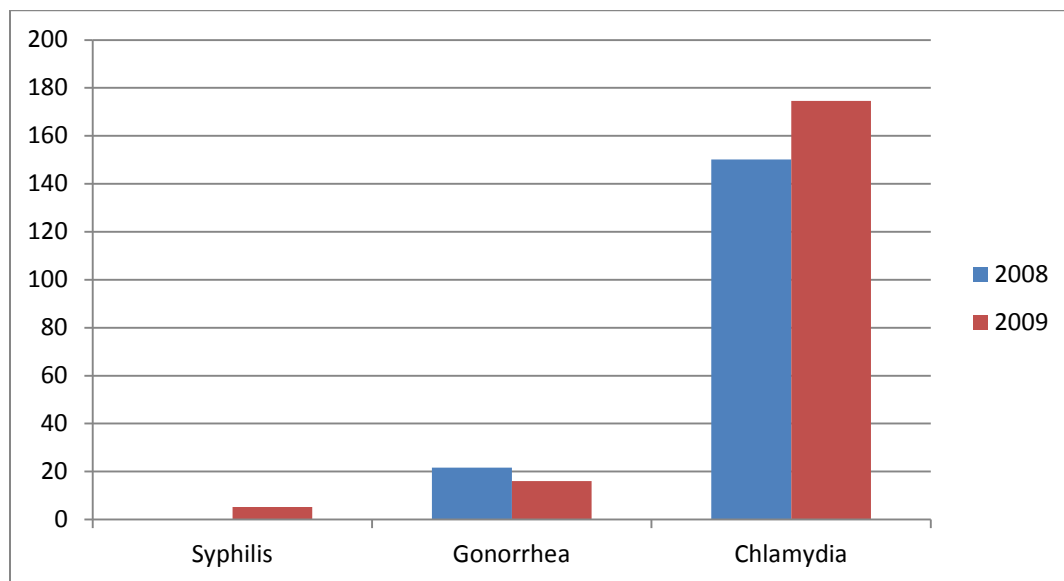
Essential Public Health Service	Score
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	39
4.1 Constituency Development	44
4.1.1 Identification of key constituents or stakeholders	50
4.1.2 Participation of constituents in improving community health	50
4.1.3 Directory of organizations that comprise the LPHS	25
4.1.4 Communications strategies to build awareness of public health	50
4.2 Community Partnerships	33
4.2.1 Partnerships for public health improvement activities	50
4.2.2 Community health improvement committee	25
4.2.3 Review of community partnerships and strategic alliances	25
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	72
5.1 Government Presence at the Local Level	71
5.1.1 Governmental local public health presence	100
5.1.2 Resources for the local health department	75
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	38
5.2 Public Health Policy Development	67
5.2.1 Contribution to development of public health policies	75
5.2.2 Alert policymakers/public of public health impacts from policies	75
5.2.3 Review of public health policies	50
5.3 Community Health Improvement Process	61
5.3.1 Community health improvement process	32
5.3.2 Strategies to address community health objectives	50
5.3.3 Local health department (LHD) strategic planning process	100
5.4 Plan for Public Health Emergencies	92
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	75
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	63
6.1 Review and Evaluate Laws, Regulations, and Ordinances	63
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	75
6.1.2 Knowledge of laws, regulations, and ordinances	75
6.1.3 Review of laws, regulations, and ordinances	25
6.1.4 Access to legal counsel	75
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	50
6.2.1 Identification of public health issues not addressed through existing laws	50
6.2.2 Development or modification of laws for public health issues	50
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	50
6.3 Enforce Laws, Regulations and Ordinances	75
6.3.1 Authority to enforce laws, regulation, ordinances	75
6.3.2 Public health emergency powers	75
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	75
6.3.4 Provision of information about compliance	75
6.3.5 Assessment of compliance	75
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	57
7.1 Identification of Populations with Barriers to Personal Health Services	58
7.1.1 Identification of populations who experience barriers to care	75

7.1.2 Identification of personal health service needs of populations	50
7.1.3 Assessment of personal health services available to populations who experience barriers to care	50
7.2 Assuring the Linkage of People to Personal Health Services	56
7.2.1 Link populations to needed personal health services	75
7.2.2 Assistance to vulnerable populations in accessing needed health services	50
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	50
7.2.4 Coordination of personal health and social services	50
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	40
8.1 Workforce Assessment Planning, and Development	13
8.1.1 Assessment of the LPHS workforce	0
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	25
8.1.3 Dissemination of results of the workforce assessment / gap analysis	13
8.2 Public Health Workforce Standards	80
8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	75
8.2.3 Annual performance evaluations	75
8.2.4 LHD written job standards and/or position descriptions	75
8.2.5 LHD performance evaluations	75
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	44
8.3.1 Identification of education and training needs for workforce development	50
8.3.2 Opportunities for developing core public health competencies	50
8.3.3 Educational and training incentives	25
8.3.4 Interaction between personnel from LPHS and academic organizations	50
8.4 Public Health Leadership Development	22
8.4.1 Development of leadership skills	25
8.4.2 Collaborative leadership	13
8.4.3 Leadership opportunities for individuals and/or organizations	25
8.4.4 Recruitment and retention of new and diverse leaders	25
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	47
9.1 Evaluation of Population-based Health Services	50
9.1.1 Evaluation of population-based health services	50
9.1.2 Assessment of community satisfaction with population-based health services	50
9.1.3 Identification of gaps in the provision of population-based health services	50
9.1.4 Use of population-based health services evaluation	50
9.2 Evaluation of Personal Health Care Services	50
9.2.1. In Personal health services evaluation	50
9.2.2 Evaluation of personal health services against established standards	50
9.2.3 Assessment of client satisfaction with personal health services	50
9.2.4 Information technology to assure quality of personal health services	50
9.2.5 Use of personal health services evaluation	50
9.3 Evaluation of the Local Public Health System	41
9.3.1 Identification of community organizations or entities that contribute to the EPHS	50
9.3.2 Periodic evaluation of LPHS	38
9.3.3 Evaluation of partnership within the LPHS	25
9.3.4 Use of LPHS evaluation to guide community health improvements	50
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	32
10.1 Fostering Innovation	25
10.1.1 Encouragement of new solutions to health problems	25

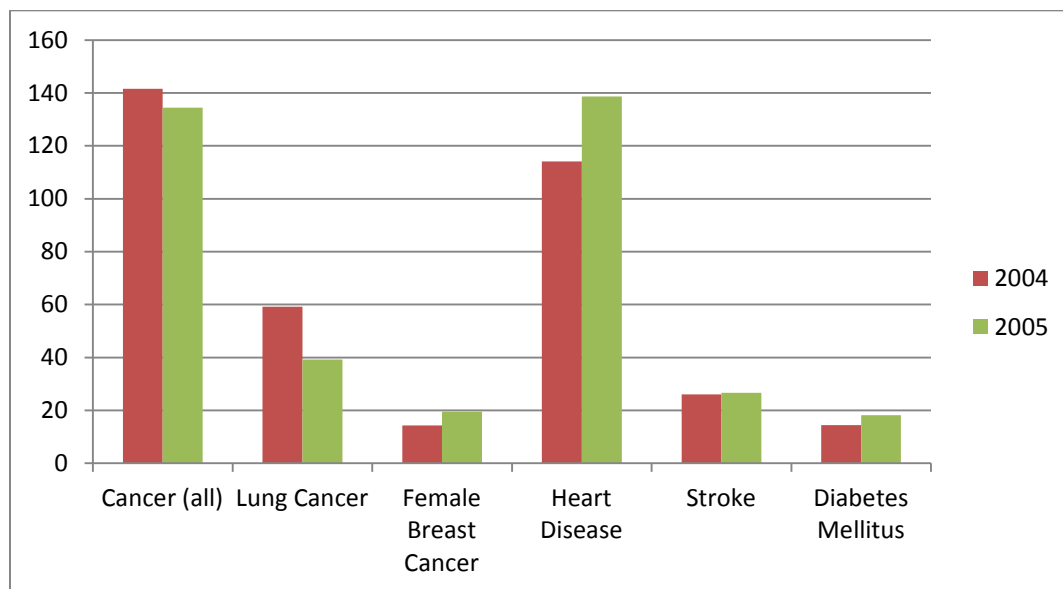
10.1.2 Proposal of public health issues for inclusion in research agenda	25
10.1.3 Identification and monitoring of best practices	25
10.1.4 Encouragement of community participation in research	25
10.2 Linkage with Institutions of Higher Learning and/or Research	33
10.2.1 Relationships with institutions of higher learning and/or research organizations	25
10.2.2 Partnerships to conduct research	25
10.2.3 Collaboration between the academic and practice communities	50
10.3 Capacity to Initiate or Participate in Research	38
10.3.1 Access to researchers	50
10.3.2 Access to resources to facilitate research	25
10.3.3 Dissemination of research findings	50
10.3.4 Evaluation of research activities	25

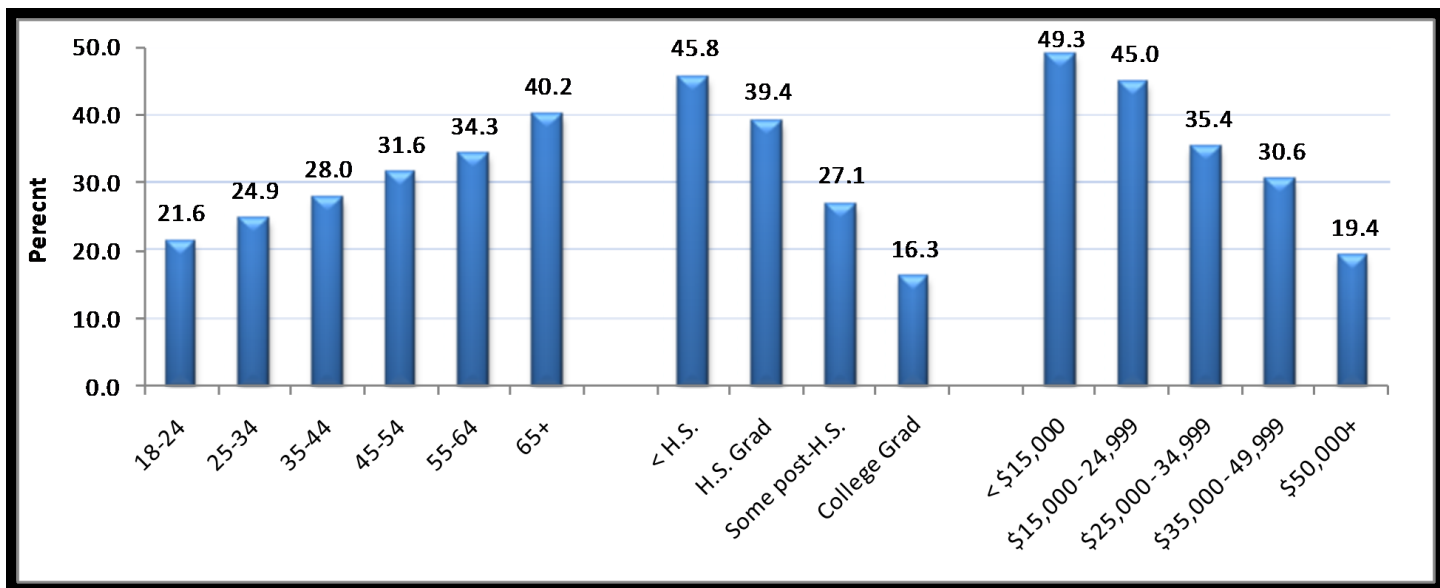
3. Community Health Assessment Charts

Communicable Diseases



Chronic Diseases





Percent of Kentucky Adults who did not Participate in any Physical Activity in the Past 30 Days, by Age, Education, and Income, 2008

SOURCES

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