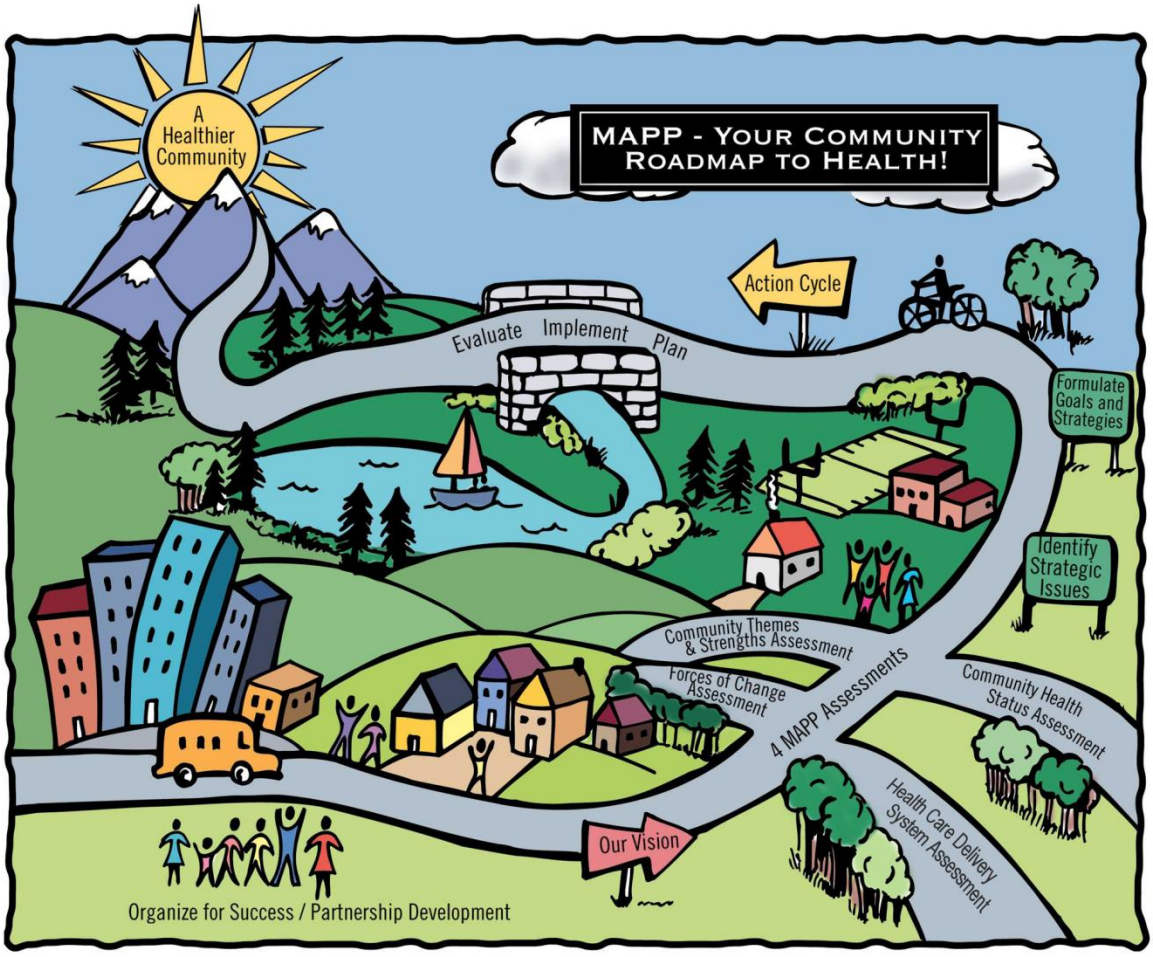
Barren River Community Health Planning Council

Community Health Assessment and Planning Process 2011-12



A Community Health Assessment for
South Central Kentucky in 2011-2012
by the

Barren River Community Health Planning Council

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Acknowledgements

The Council appreciates the efforts by these members and BRDHD staff who made valuable contributions to the development of this Community Health Assessment report:

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Section 1. The Community and Health Planning Council

How can the leaders of south central Kentucky's rural communities work together to improve the overall health status of each community, thereby strengthening the local economy, boosting educational successes, and improving quality of life? In the summer of 2011, a group of local health care and public health leaders began discussion on this challenge, and began formation of a new Barren River Community Health Planning Council.

Their first steps were to seek commitment from leaders and experts from across the 10-county Barren River Area Development District to a series of 18 meetings through December 2012. Subsequent steps through April 2012 involved answering these questions on behalf of their peers, constituents, employees, organizations, and families:

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

This report outlines the work undertaken by Council members, their findings about our local communities, and the decisions that prepared them for a community health planning process.

Partners and Council Membership – The organizations acting as partners for this assessment process were

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

A list of the individuals involved in the Council's assessment process is included as Attachment 1. Council membership was primarily individuals in high-level leadership positions within local school systems, worksites, health care organizations, higher education, and human service agencies. Other members include elected officials and leaders with economic and business development organizations. A third category of members were individuals with expertise to contribute to the process.

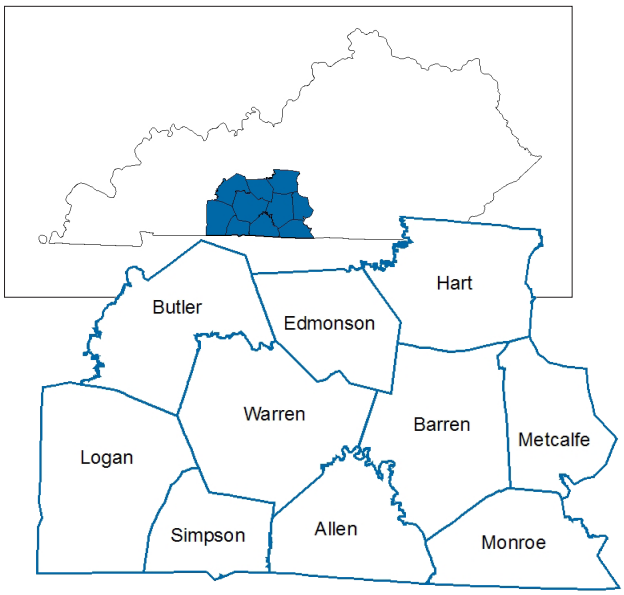
The Regional BRADD Community - The Barren River Area Development District (BRADD) covers 10 counties in south central Kentucky, and is the home to 284,195 residents (2010 U.S. Census). Kentucky's 15 area development districts were designated by the state legislature to assist local communities in the coordination of their economic development and community planning efforts, and in sharing resources toward these ends. The 3,948 square mile BRADD region is primarily rural, surrounding Bowling Green as the regional population, commercial, and educational center.

Even during the economic recession affecting our country since 2009-10, the BRADD has enjoyed a relatively strong economy, with a diversified industrial, retail, and farming economy. That is not to say, however, that the region is relatively affluent compared to other communities across the nation. Southern Kentucky communities share many of the same socioeconomic characteristics as many of their sister communities across the rural South.

Public Health Agencies - As the public health agency serving eight of the 10 BRADD counties, the Barren River District Health Department's role providing facilitator and staff support was appropriate as a core public health function. This support will continue in the role of coordination during implementation phases. The Barren River District Health Department provides a wide array of public health services through health department facilities in each county seat. Services include preventive nursing, environmental health epidemiology, group and individual health education, nutrition counseling, health planning, school nursing, coordinated school health, home visiting, and community health promotion. District administrative offices are located in Bowling Green. The agency's 218 public health professionals and support staff will operate during the 2012-13 fiscal year under a budget of $13,521,262.

The eight BRADD Counties that are members of the Barren River District Health Department (BRDHD) are listed here, with the county seat in parentheses:

Barren (Glasgow)
Butler (Morgantown)
Edmonson (Brownsville)
Hart (Munfordville)
Logan County (Russellville)
Metcalfe County (Edmonton)
Simpson County (Franklin)
Warren County (Bowling Green)



The other two BRADD counties operate independent single-county health departments, who have been active member organizations during the assessment process:

Allen County Health Department (Scottsville)
Monroe County Health Department (Tompkinsville)

Facilitation and Process - The Council's community health assessment process was facilitated by Dennis Chaney, District Director for the Barren River District Health Department, Crissy Rowland, the agency's Health Information Director, and Beth Siddens, the Health Planner. Other Health Information Branch members providing staff support were Kathy Thweatt, Chip Kraus, Sri Seshadri, Korana Durham, and Trisha Woodcock. They provided an assessment process, meeting facilitation, staff support, and reporting.

Council meetings were held twice per month for three months, then monthly thereafter, usually from 11:30 – 1:00. Meeting attendance ranged from 36-45 persons, with an average of 37 in attendance. We appreciate the generosity of the Barren River Area Development District staff for making meeting space available, and of the Council members who provided lunches for our meetings. A regular meeting time and facility were crucial for attendance by busy community leaders.

The process was primarily based on the Mobilizing for Action through Planning and Partnerships (MAPP) protocol. This community health assessment and strategic planning process was developed for local health departments by the National Association of City and County Health Officials (NACCHO). MAPP is widely used among our nation's city and county health departments, and is recommended by the

www.NACCHO.org

national Public Health Accreditation Board as effective. MAPP process structure incorporates four complementary assessment steps, leading to strategic planning that is flexible to meet local needs and interests. Attachment 2 is a chart outlining how the various MAPP steps were adapted for use in the BRADD region. Sections in this report are organized along the six MAPP Steps, with several worksheets and process tools developed locally.

Our Local Adaptation of MAPP - The Barren River District Health Department has a 20-year history of facilitating community health assessments, using several protocols:

- Assessment Protocol for Excellence in Public Health (APEX-PH)
- Protocol for Assessing Community Excellence in Environmental Health (PACE-EH)
- Community-Initiated Decision-Making (CIDM)
- Mobilizing for Action through Planning and Partnerships (MAPP)

As a result of these and other local assessment processes, multiple community health coalitions are already active across the 10-county region. Our process was not intended to replace these efforts, but rather to enhance the community infrastructure and bring new partners into the collaborations. Through a single regional Health

Planning Council, members undertook three different, but collaborative, levels of community health planning:

- **Regional Planning -** in Stakeholder Groups addressing the region's Strategic Issues in collaboration as peer leaders. They were organized to reflect four segments of the regional community:
  - Worksites
  - Schools systems
  - Health care providers
  - Community Organizations and Local Government

- **County-level Planning -** by the Council's County Assessment Teams, who will bring the regional Community Health Plan back to existing county coalitions for collaboration.

- **Organizational Planning -** by individual member organizations who choose to incorporate the Council's findings and strategies into their own strategic planning process

Organizations Involved in the Assessment Process

Individuals involved in the process are listed in Attachment 1.

Administrative Office of the Courts
Allen County Health Department
Bale Center
Bank of Edmonson County
Barren County Fiscal Court
Barren County School System
Barren River Area Development District
Barren River District Health Department
Bowling Green Area Chamber of Commerce
Bowling Green City Schools
Bowling Green Daily News
Bowling Green Medical Center
Butler Co. Fiscal Court
Butler County Health Dept. (BRDHD)
Butler County Schools
Caverna Memorial Hospital
City of Morgantown
Commonwealth Health Corporation
Commonwealth Regional Specialty Hospital
Community Action of Southern Kentucky
Community Farm Alliance
Community Foundation of South Central Kentucky
CTG Kentucky
Coventry Cares
Edmonson Care and Rehab
Edmonson County Fiscal Court
Edmonson County Health Dept. (BRDHD)
Edmonson County Schools
Fairview Community Health Center
Franklin/Simpson Chamber of Commerce
Glasgow Family Medicine
Graves Gilbert Clinic
Greenview Regional Hospital
Harmon
Hart County Extension Office
Hart County Health Dept. (BRDHD)
Hart County Schools
KY. Transportation Cabinet, Region 3 Office
KY State Representative, District 17
KY State Representative, District 21
KY State Representative, District 22
KY State Representative, District 32
Lifeskills, Inc.
Logan Aluminum
Logan County Health Dept.(BRDHD)
Logan County Schools
Logan Memorial Hospital
Medical Center of Franklin
Medical Center of Scottsville
Metcalfe County Extension Office
Metcalfe County Health Dept, (BRDHD)
MNT, Inc.
Monroe County Health Department
Monroe County Medical Center
Monroe County Schools
Russellville City School System
Simpson County Health Dept. (BRDHD)
Simpson County School System
South Central Kentucky Area Health Education Center
TJ Samson Community Hospital
United Way of Southern Kentucky
Warren County Health Dept. (BRDHD)
Warren County Schools
Wellcare
Western Kentucky University

Section II. Getting Organized, and Initial Assessment Steps

The Barren River Community Health Planning Council's organizational meeting on September 23, 2011 was hosted by the Barren River District Health Department, the Medical Center at Bowling Green, the Medical Center at Scottsville, the Medical Center at Franklin, Caverna Memorial Hospital, TJ Samson Community Hospital and Monroe County Medical Center. All meetings were held at the Barren River Area Development District (BRADD) Office in Bowling Green. Meeting attendance has remained fairly stable over the course of the Council's first year, with attendance at individual meetings ranging between 36 and 43.

The Meeting 1 minutes describe a consensus that poor health status and chronic health issues are major impediments to economic development in Kentucky. The medical, social, and government costs are a drain on government resources, business success, and education from early childhood through higher education. Council members expressed a commitment to 'making a difference' locally so that more community residents take responsibility for their own health. As a group, the Council members wanted to help ensure that accurate information, supportive resources, and appropriate medical care are more accessible. Goals discussed included supporting wise personal health choices, encouraging healthy habits and behaviors, and changing our health-related social norms.

This commitment was expressed with enthusiasm during the Council's organizational meeting. Going around the large room and giving everyone an opportunity to speak, facilitator Dennis Chaney asked each person to answer one of three questions.

Member Comment Themes - The three questions are listed below, with some of the responses given by Council members. Regarding the Council's mission, two themes clearly emerged:

> **Council members wanted the process to lead directly to action that will make a difference in our region's health status.**
>
> **Council members expressed the importance of every individual being prepared - and equipped - to take responsibility for his or her own health.**

Here are some example comments:

> **Question 1. What do we want for our communities? What role does health play in that?**

"What do we want for our communities? We want a safe, productive place to live, work, and rear our children. Health is a cornerstone of this goal. So is health care. Economic development is another key. Good public schools and health care are big sellers to companies."

"For school systems, health is a key to effective learning."

"I hope this process helps us with our goal of recruiting physicians into our rural [medically underserved] communities."

"I want this process to improve the coordination and communication between health care providers who are serving the same patients and families. We need better partnership between providers."

"Every woman who wants to be pregnant [should be]...at her healthiest before pregnancy, because she affects the health of future generations."

Question 2. What health care problems challenges are keeping the people that I know and work with from achieving this?

"Unhealthy family traditions is one big reason [for our health status]."

"Our local residents simply don't hold themselves accountable for their health. There is the attitude that someone will take care of me when I become sick."

"[For employers and businesses] in our county, absenteeism is the #1 cause for termination."

"Our district urgently needs more [health care] access points for the population, more providers who are willing to see the uninsured."

"The connection between transportation and health is a high concern for us, including how transportation affects wellness and how we protect safety for pedestrians."

"Our challenge is getting people to take ownership of their health."

"Our challenge is in changing behaviors. [To accomplish this] ...people must know what they have to do. They must feel "I can do it." And they must feel that the change is worth making. The biggest challenge for both kids and adults is feeling that 'I can do this'."

"Within our local population, one in four is on disability."

"In our county, the lack of health care providers is a big problem. We have few choices locally for health care. The cost of health insurance, and of health services, is bad."

"The health needs of families are also a big concern [for school systems]. Economic issues have really impacted health care access for families."

"Tobacco and alcohol are major health problems, yet are also significant components of the economy, with many jobs linked to them. Our economy depends on the consumption of both."

Question 3. How can I contribute to the Council's process?

"We have 500 employees, and operate a health care clinic on-site for employees and families. We are willing to share our experiences [as a possible model program]."

"We must work together so we can all do more with less [resources]."

"Our biggest message [for this process] should be about the impact of good lifestyle choices on your health."

"This process is most important for the partnerships that will be developed."

"I want this process to improve the coordination and communication between health care providers who are serving the same patients and families. We need better partnership between providers."

"Our employee wellness initiative is working well. Ours isn't a one-size-fits-all program, as different employees have different health issues. We ask each employee to pick three health goals [to work on], and we help track [their progress]."

Meeting 1 Keynote Speaker - Mr. Ron Bunch, President/CEO of the Bowling Green Area Chamber of Commerce, delivered the keynote message during the Council's organizational meeting. Mr. Bunch provided several statistics that document the connection between a population's health status and business success, a marketable workforce, and a thriving local economy:[1]

- Illness and injury associated with unhealthy lifestyles or modifiable risk factors are reported to account for 25% of employee health care expenditures.
- 75% of health care spending pays for illnesses which are preventable.
- Over 95% of U.S. health expenditures is committed to diagnosing and treating disease only after it is manifest.
- Work injuries cost $121 billion in medical care, lost productivity and lost wages.
- At least 100 million workdays are lost each year to lower back pain at a cost to employers of about $20 billion.
- In many instances, medical care costs can consume half-or even more-of corporate profits.
- Corporate Wellness Program ROI - The overall return on investment for a corporate wellness program compared favorably with other expenditures:
  - $4.30 ROI per $1 spent on corporate wellness efforts
  - $5.82 in reduced absenteeism for every $1 spend
  - $3.48 in reduced healthcare costs for every $1 spent

1 Source: Houchens Insurance Group provided some data to Mr. Bunch.

MAPP Step 2: Visioning

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

Cheryl Allen served as Chair for the Vision Statement Committee. Other members included Joy Ford, Crissy Rowland, Chris Keyser, and Lucy Jewett. A brainstorming session on the Council's vision was held in Meeting 3, and the following vision statement was adopted by the Council during Meeting 5:

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

MAPP Step 3: Four MAPP Assessments

The Mobilizing for Action through Planning and Partnership (MAPP) protocol includes four separate assessment activities. They are described in the following excerpt from the NACCHO website:

The four MAPP Assessments—the third phase of MAPP—and the issues they address are described below:

• The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"

• The Local Public Health System Assessment (LPHSA) focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

• The Community Health Status Assessment identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?"

• 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. This answers the questions: "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?"

Source: http://www.naccho.org/topics/infrastructure/mapp/framework/phase3.cfm

MAPP Step 3a: Community Health Status Assessment

This assessment was begun at the county level during Meeting 2, and completed by the entire group together during Meeting 3. Both activities were facilitated by Dr. Darlene Shearer, a member of the faculty of Western Kentucky University's Department of Public Health.

County Issue Scoring - During Meeting 2, Council members grouped themselves by county, and each reviewed several pages of health data for their county's population. Where possible, all local health indicators were compared to equivalent state and national data. Health indicators were organized on spreadsheets to allow the County Assessment Teams to score them in categories. Attachment 3 provides a sample of the local data scoring sheets.

Selection of Priority Health Issues - In Meeting 3, BRDHD facilitators distributed the scores for all health issue categories in a table to show scores by county, and the average scores for all counties combined. These average scores are the last two pages in Attachment 3, titled "Scores by County and Average for Various Health Issues."

Members also reviewed the *Spotlight on Western Kentucky* edition of a report from the Foundation for a Healthy Kentucky's 2010

Kentucky Health Issues Poll survey. For this activity, members looked specifically at the responses from BRADD residents to "what would you say is the most important health care issue facing men, women, and children in Kentucky?[2]

Council members were then given the opportunity to choose our Priority Health Issues by dropping 12 pennies into one or more of 19 jars labeled with the health issue categories. Using coins for this 'voting' process was a reminder that each of these health issues, if uncontrolled, is a significant cost to the county's economy and quality of life in addition to impacting individuals and families. For county-level scoring, and the final prioritization through voting with pennies, Council members were asked to consider both objective local data, and their own personal knowledge, expertise, and leadership experience.

After the vote, these 5 Priority Health Issues were announced:

Cardiovascular Disease
Diabetes
Drug Abuse and Addiction
Lung Cancer
Obesity

2 Foundation for a Healthy Kentucky, 2010 Health Issues Poll, "Spotlight on Western Kentucky" edition, page 3. Available at http://www.healthy-ky.org/PresentationsReports.aspx?id=77706328&yr=2011

MAPP Step 3b: Forces of Change Assessment

A slide presentation on the BRDHD website describes Forces of Change, and why they are an important consideration during a community health assessment process. These slides were used to prepare Council members for brainstorming during Meeting 3.

Forces of Change are trends, events, and factors that are outside of our control, which have an effect on a community. The Council was asked to consider forces that affect our local communities in:

Health status	Health services
Health behaviors	Health policy

Events are one-time occurrences such as a natural disaster, or the passage of new legislation. **Trends** are patterns over time such as migration in and out of a community, rising health care costs, or changes in social norms. **Factors** are discrete elements, such as a rural setting, a community's ethnic population, or proximity to a major waterway.

Council members were asked to consider many different types of forces: social, environmental, economic, scientific, political, legal, ethical, and technological.

Forces of Change Identified by the Council

Our Physical Environmental

- Poor birth outcomes linked to environmental causes, such as soil and water in neighborhoods
- Loss of natural resources
- Drinking water quality, especially in our karst terrain, is always a challenge
- New agricultural developments – including the Farm-to-Table movement
- The "Push to go green" – an increased

commitment to sustainable environmental practices, and more people knowledgeable about how to do this.
• Acts of God and Climate change - flooding, tornados, and ice storms

Our Built Environment
• The Greenways program in Bowling Green
• Transportation to health care services is a problem for some families
• More good roads means better access to healthcare and community resources; also means more pride in the community
• In rural areas, accessibility/availability of health services continues to be a problem

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

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

Economic
• The economic downturn, and slow recovery, leading to continued unemployment, bankruptcy, more uninsured/underinsured, closing of local businesses/worksites, and pressure on family budgets
• Increases in health insurance premiums affect all employers, public and private
• Program and funding cuts within agencies
• Increase in the cost of living
• Increase in work absenteeism
• A large population of Working Poor (difficulties falling through the cracks)
• Wellness programs in the workplace may eventually improve our economic situation
• Decrease in federal, state, and local budgets - all are asked to do more with less

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

Health Needs, Behaviors, and Outcomes
• Local residents are generally more informed

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

Health care Access
• A shortage of healthcare workers at all levels
• The rising cost of healthcare, and of health insurance premiums
• A large number of local residents who are uninsured/underinsured
• Primary care demand is greater than capacity
• Increase in the number of acute care clinics (longer hours, no appointment, etc.)
• There is a waiting list for drug and alcohol dependence treatment
• Waiting list for prenatal care (not enough providers)
• Lack of access to prenatal care (geographic, uninsured)
• There aren't enough physicians who will accept Medicaid reimbursement to meet the need/demand
• Overcrowding in hospital Emergency Departments, due to use for primary care
• With child care so expensive, many mothers simply stay home, but often this means that the family loses health insurance coverage through her job

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

Technological
• Improvement of technology and greater access to technology
• "Screen time" reduces physical activity among kids/teens, but some newer software (Wii, etc.) can increase active movement.
• Through the internet, health information is much more available to everyone
• But this availability does not extend to low income and rural homes without internet. It also creates a divide between generations
• Social media use

• Many more cell phones increases accessibility to each other, and to information
• Increasing use of electronic health records should improve collaboration among providers
• But this is also a double-edged sword: expensive to set up and maintain
• New technology in health care means advancements in treatment options and diagnostic tools
• Video-teleconferencing as a resource for bringing medical expertise to rural communities

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

MAPP Step 3c: Local Health Care Delivery System Assessment

For this assessment, a committee of Council members convened in a four-hour session to use the National Public Health Performance Standard Program - Local Assessment (LPHPSP) tool. A trained facilitator from Franklin County Health Department explained the National Public Health Performance Standards Program, the 10 Essential Public Health Services, the Public Health System and the Community Health Improvement Plan.

Council members involved in this assessment session were Judy Mattingly, Linda Rush, Brent Wright, Sterling Weed, Crissy Rowland, Diane Sprowl, Donnie Fitzpatrick, Ellie Harbaugh, Angela James, Clara Sumner, Eric Hagan, Vickie McFall, Nancy Steele, Robin Minor, and Joey Kilburn.

The National Public Health Performance Standards program[3] provides a web-based calculation tool for the LPHPSP, and returns a report showing how the community scored under each category. This formal report explained that:

> *Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.*
>
> *…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.*

Scoring for each model standard was based on each committee member's own expertise and experience with the local health care and public health delivery system. Committee members responded to each assessment question using the response options below (right column). Then

3 http://www.cdc.gov/NPHPSP/generalResources.html

the facilitator compiled votes to appropriately score each overall model standard.

The formal report explained that:

> Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed at www.cdc.gov/nphpsp/conducting.html.

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.

Performance Assessment Instrument Results

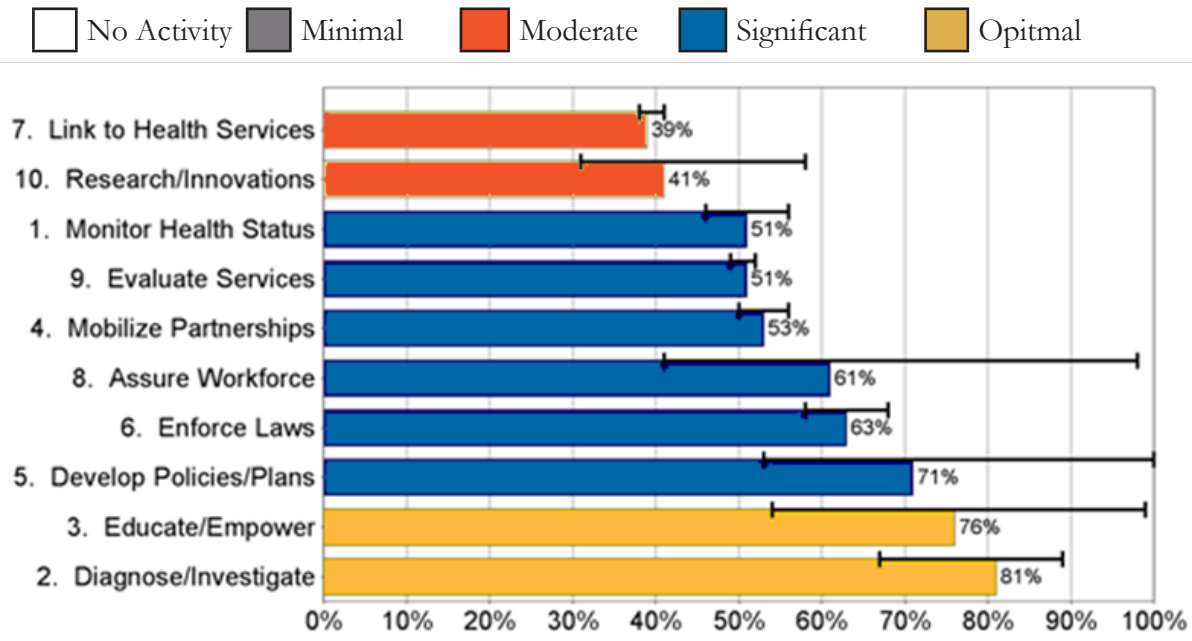
Summary of performance scores by Essential Public Health Service (EPHS) - The table below shows an overview of scores for the community public health system's current performance in each of the 10 Essential Public Health Service areas. Each score is a composite of scores given to individual activities that contributed to it. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

In our community, the overall performance score was 59%.

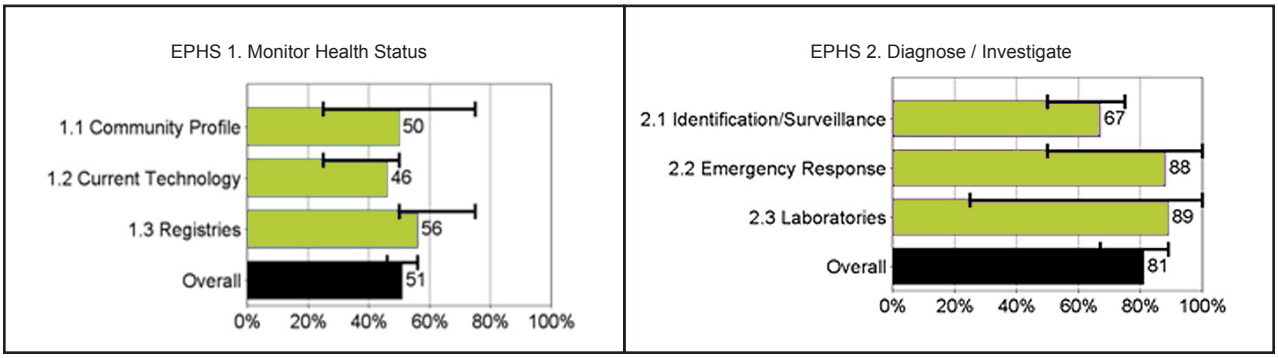
	Essential Public Health Service	Score (%)
1	Monitor Health Status To Identify Community Health Problems	51%
2	Diagnose And Investigate Health Problems and Health Hazards	81%
3	Inform, Educate, And Empower People about Health Issues	76%
4	Mobilize Community Partnerships to Identify and Solve Health Problems	53%
5	Develop Policies and Plans that Support Individual and Community Health Efforts	71%
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	63%
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	39%
8	Assure a Competent Public and Personal Health Care Workforce	61%
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	51%
10	Research for New Insights and Innovative Solutions to Health Problems	41%
	Overall Performance Score	**59%**

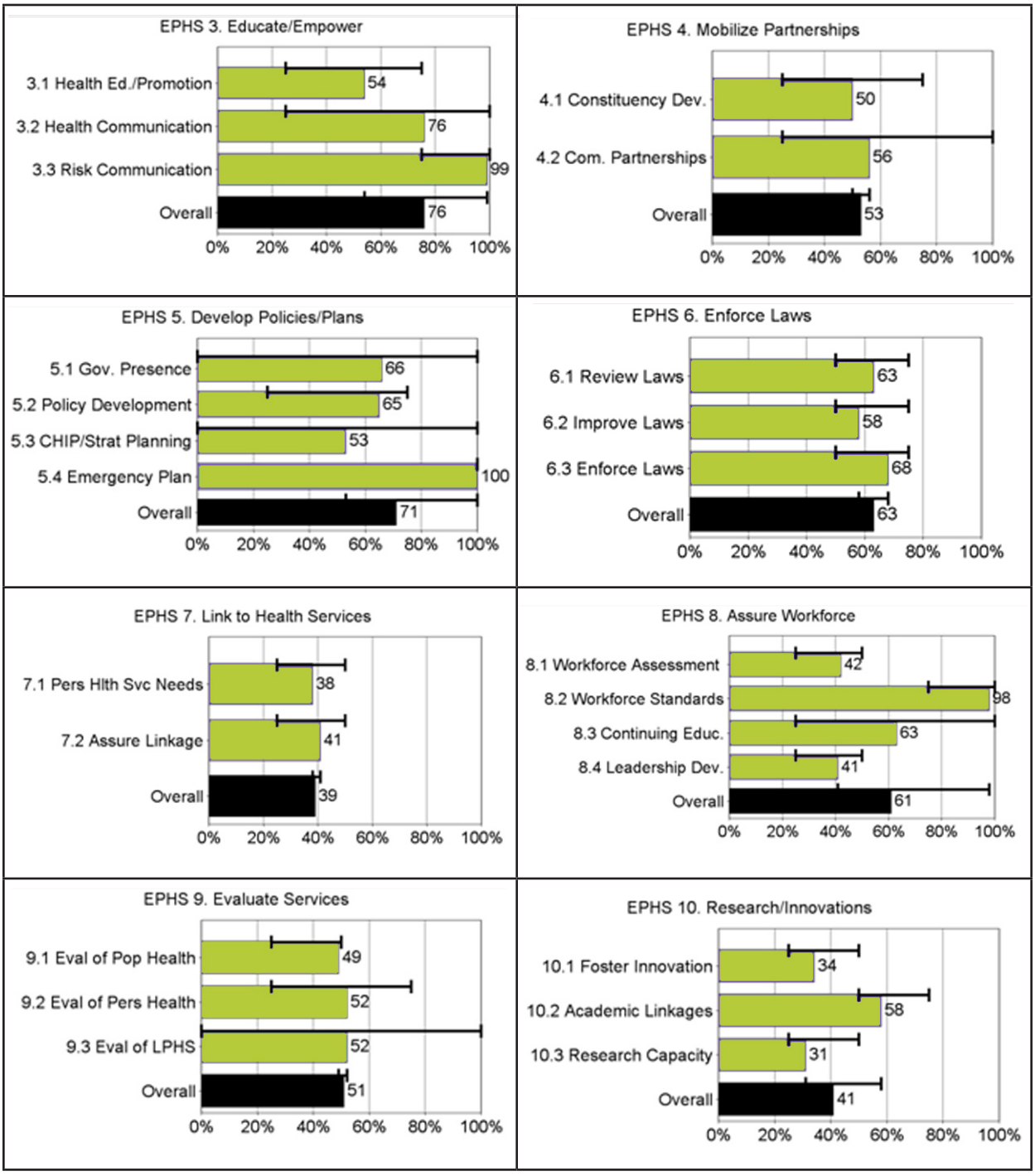
This chart shows the 10 Essential Public Health Service areas arranged in order of performance, or level of current activity within our community. The findings show that Essential Service #7 Link People to Needed Personal Health Services is our performance measure that is least met, with Essential Service #2 Diagnose and Investigate Health Problems and Health Hazards having the strongest performance at this time.

Within the each Essential Service category, the black lines show the range of scoring by different LPHPS Committee members. By color-coding the bars, we can more easily identify which of the Essential Services fall within the five categories of performance activity. In the BRADD, all Essential Services are being performed at least at a 'moderate' level, with none scoring at the 'minimal' level or below.



How well did the system perform on specific model standards? Here are scores for each model standard, indicating 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.




EPHS 3. Educate/Empower
3.1 Health Ed./Promotion
54
3.2 Health Communication
76
3.3 Risk Communication
99
Overall
76
0% 20% 40% 60% 80% 100%
EPHS 4. Mobilize Partnerships
4.1 Constituency Dev.
50
4.2 Com. Partnerships
56
Overall
53
0% 20% 40% 60% 80% 100%
EPHS 5. Develop Policies/Plans
5.1 Gov. Presence
66
5.2 Policy Development
65
5.3 CHIP/Strat Planning
53
5.4 Emergency Plan
100
Overall
71
0% 20% 40% 60% 80% 100%
EPHS 6. Enforce Laws
6.1 Review Laws
63
6.2 Improve Laws
58
6.3 Enforce Laws
68
Overall
63
0% 20% 40% 60% 80% 100%
EPHS 7. Link to Health Services
7.1 Pers Hlth Svc Needs
38
7.2 Assure Linkage
41
Overall
39
0% 20% 40% 60% 80% 100%
EPHS 8. Assure Workforce
8.1 Workforce Assessment
42
8.2 Workforce Standards
98
8.3 Continuing Educ.
63
8.4 Leadership Dev.
41
Overall
61
0% 20% 40% 60% 80% 100%
EPHS 9. Evaluate Services
9.1 Eval of Pop Health
49
9.2 Eval of Pers Health
52
9.3 Eval of LPHS
52
Overall
51
0% 20% 40% 60% 80% 100%
EPHS 10. Research/Innovations
10.1 Foster Innovation
34
10.2 Academic Linkages
58
10.3 Research Capacity
31
Overall
41
0% 20% 40% 60% 80% 100%

Components of Essential Services - Finally, here is a summary of performance scores by model standard (component) for the five Essential Public Health Services with the lowest scores in this assessment.

Essential Public Health Service #1. Monitor Health Status to Identify Community Health Problems	Score 51
1.1 Population-Based Community Health Profile (CHP)	50
1.1.1 Community health assessment	63
1.1.2 Community health profile (CHP)	47
1.1.3 Community-wide use of community health assessment or CHP data	42
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	46
1.2.1 State-of-the-art technology to support health profile databases	50
1.2.2 Access to geo-coded health data	38
1.2.3 Use of computer-generated graphics	50
1.3 Maintenance of Population Health Registries	56
1.3.1 Maintenance of and/or contribution to population health registries	63
1.3.2 Use of information from population health registries	50
Essential Public Health Service #4. Mobilize Community Partnerships to Identify and Solve Health Problems	**Score 53**
4.1 Constituency Development	50
4.1.1 Identification of key constituents or stakeholders	69
4.1.2 Participation of constituents in improving community health	44
4.1.3 Directory of organizations that comprise the LPHS	38
4.1.4 Communications strategies to build awareness of public health	50
4.2 Community Partnerships	56
4.2.1 Partnerships for public health improvement activities	65
4.2.2 Community health improvement committee	73
4.2.3 Review of community partnerships and strategic alliances	30
Essential Public Health Service #7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	**Score 39**
7.1 Identification of Populations with Barriers to Personal Health Services	38
7.1.1 Identification of populations who experience barriers to care	50
7.1.2 Identification of personal health service needs of populations	38
7.1.3 Assessment of personal health services available to populations who experience barriers to care	25

7.2 Assuring the Linkage of People to Personal Health Services	41
7.2.1 Link populations to needed personal health services	50
7.2.2 Assistance to vulnerable populations in accessing needed health services	38
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	50
7.2.4 Coordination of personal health and social services	25
Essential Public Health Service #9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	**Score 51**
9.1 Evaluation of Population-based Health Services	49
9.1.1 Evaluation of population-based health services	50
9.1.2 Assessment of community satisfaction with population-based health services	47
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	52
9.2.1.In Personal health services evaluation	50
9.2.2 Evaluation of personal health services against established standards	75
9.2.3 Assessment of client satisfaction with personal health services	75
9.2.4 Information technology to assure quality of personal health services	38
9.2.5 Use of personal health services evaluation	25
9.3 Evaluation of the Local Public Health System	52
9.3.1 Identification of community organizations or entities that contribute to the EPHS	75
9.3.2 Periodic evaluation of LPHS	38
9.3.3 Evaluation of partnership within the LPHS	46
9.3.4 Use of LPHS evaluation to guide community health improvements	50
Essential Public Health Service #10. Research for New Insights and Innovative Solutions to Health Problems	**Score 41**
10.1 Fostering Innovation	34
10.1.1 Encouragement of new solutions to health problems	38
10.1.2 Proposal of public health issues for inclusion in research agenda	25
10.1.3 Identification and monitoring of best practices	50
10.1.4 Encouragement of community participation in research	25
10.2 Linkage with Institutions of Higher Learning and/or Research	58
10.2.1 Relationships with institutions of higher learning and/or research organizations	50
10.2.2 Partnerships to conduct research	75
10.2.3 Collaboration between the academic and practice communities	50
10.3 Capacity to Initiate or Participate in Research	31

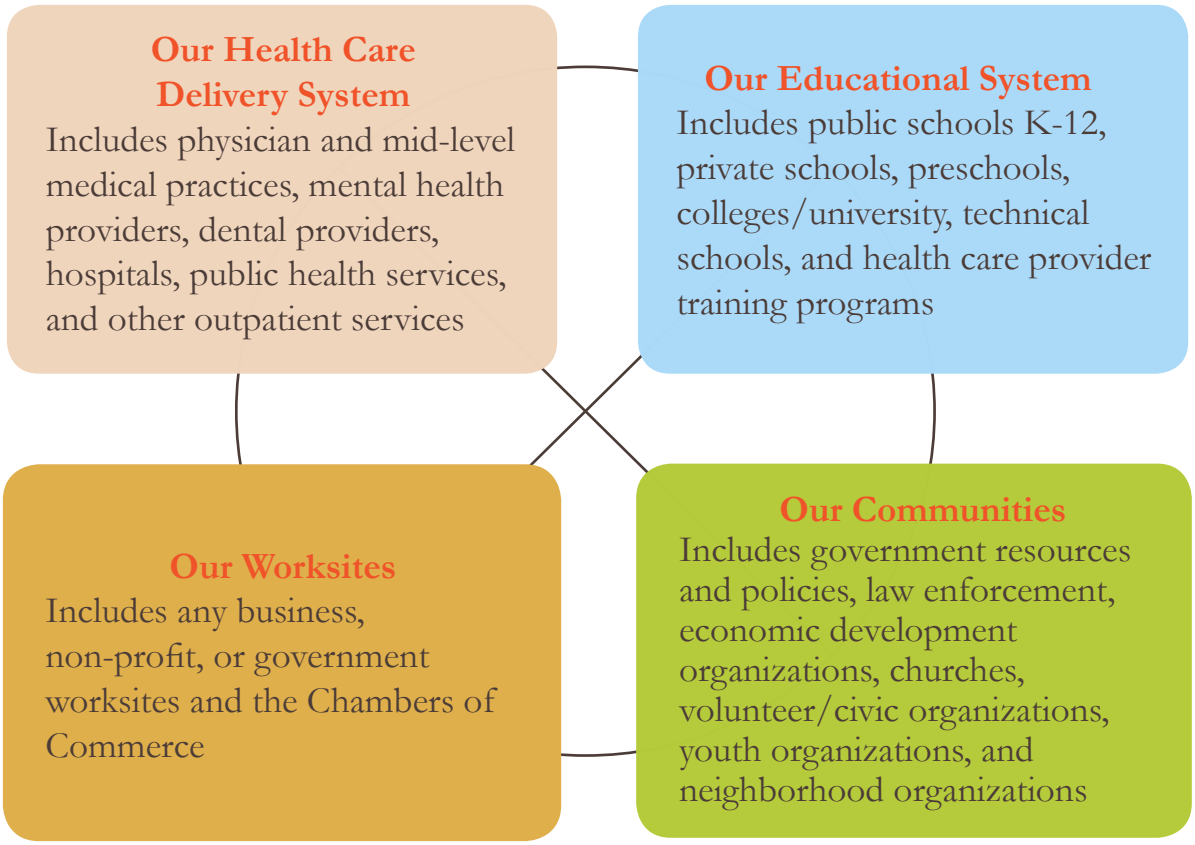
Section III. Getting Public Input

Step 3d: Community Themes and Strengths Assessment

This assessment was the longest of the four, beginning in December 2011 and completed in early April 2012. For each of the Priority Health Issues the Council members worked together to gather input from the general public, and from selected groups of people.

Public input is essential for uncovering the strategic issues that are the basis for our Community Health Plan. We learn what is important to people, what concerns them, and what they see as positives or strengths within our community health system. When we learn where the local health system is 'doing it right' we also identify services, programs, and ideas that Council members might replicate and promote to their peer organizations.

The Council's public input process took a systems approach by looking at four segments of the community to explore what is happening in relation to their 5 Priority Health Issues:



Public Input Committee - During Meeting 3, Council members were invited to serve on a Public Input Committee to develop survey tools and to oversee the public input process. These members and staff volunteered to serve:

Laura Belcher
Jeff Moore
Crissy Rowland
Alan Jones (WKU Intern)
Linda Rush
Darlene Shearer
Beth Siddens

Consensus on Our Local "Gold Standards" - The primary goal of a public input process was to identify which existing organizations, services, and programs were a help or a hindrance, and whether community resources were adequate to meet identified needs. Before asking these questions, however, the Council needed to identify, "What would be happening in an ideal situation?"

In relation to the 5 Priority Health Issues, members needed some consensus on which services, policies, and supports were most important within each community sector. The Council began working toward this consensus through a process of outlining our local Gold Standards for each community segment.

Stakeholder Leadership Groups - During Meeting 4, when Council members organized into workgroups in four categories: Schools, Worksites, Health care providers, and Community. Each of the four new Stakeholder Committees began outlining how their segment of the community would look in a Gold Standard (ideal) situation. Gold Standards will be identified for services, collaboration among service providers, and public-private partnerships. Their draft Gold Standards are included in Attachment 4.

Developing our Gold Standards

What should – or could – be happening within each of these community segments?
We need to answer these questions:

1. At each stage of a BRADD resident's life, what should the **health care services system** be doing to help prevent and/or control our 5 Priority Health Problems, and to help this individual take responsibility for his/her own health?
Life stages to be considered included: pregnancy, infant-preschool, childhood, adolescence/teen, young adult, middle aged, senior.

2. What could be happening at this individual's **worksite** to support a healthy lifestyle and personal responsibility for his/her health? What could worksites be doing as stakeholders in community health improvement, and as an environment for delivery of health education, health promotion messages, and health services?

3. What could be happening within **the educational setting** to encourage/support personal health lifestyle habits, appropriate use of health services, educational success, preparation for the workforce, and a healthy family home?

4. Within **the community sphere**, what governmental and/or organizational policies and activities could support a healthy lifestyle and optimal quality of life for BRADD residents?

Public Input: What Do We Want to Know?

The majority of public input was collected in two ways: a community-wide survey and key informant interviews. Surveys and interviews were designed to answer these questions:

Health Care Services System
1. Now that we have established what should be happening at each stage of a BRADD resident's life, what is actually happening?
2. What do BRADD residents perceive is happening?
3. Where are the gaps in services geographically?
4. Where are the barriers to access for financial, cultural, or other reasons?
5. Where are health service providers working in effective partnership, and where are better linkages/follow-up systems needed?
6. Where are there specific opportunities - and gaps - for collaboration between medical, mental health, hospital, dental, and public health providers?

Worksites
1. What is happening now within our worksites to promote health?
2. What do employees perceive is happening?
3. Are there employers who do not recognize the value of a healthy workforce?
4. Which employee groups are most impacted by our 5 Priority Health Issues?
5. What changes or improvements would employees support, or wish to see?
6. How can our Council members provide support and resources for employers who wish to implement worksite wellness improvements (policies, services, benefits, etc.)?

Education
1. What is happening now within our schools and other educational institutions to promote and support health of the students and their families?
2. What do staff, students, and families perceive is happening?
3. What changes or improvements do students and families support, or wish to see?
4. Where are the most successful programs and policies that might be adapted for use in other educational settings?
5. Who within the educational setting does not see a connection between health and academic success (including educators, administrators families, etc.)?

Community and Organizational
1. What positive activities and policies are in place now within each community, at the community level and within individual organizations?
2. What do community residents, or organizational members, perceive is happening to support healthy lifestyles?
3. When these policies and activities are identified, how can the Council encourage community residents to take advantage of this benefit or resource?
4. How can the Council promote their replication in other places?

County Assessment Teams - It is a tremendous challenge to gather public input across a 10-county area, requiring assiduous collaboration to ensure that we hear from a variety of people. During Meeting 3, Council members organized County Assessment Teams to strategize obtaining public input from as many populations as possible, and to use as many existing networks and communication channels as possible.

During the assessment phases, the primary roles of County Assessment Committees were:
• Dissemination of surveys to their members or constituents (employees, organization members,

public officials, patients, service providers, neighborhood residents, organizational leaders, etc.).
• Creating opportunities for individual and group interviews within the same groups listed above.

Community Health Survey 1

Dissemination of this community-wide survey was the first major project for County Assessment Teams. In Meeting 4, the Council approved a draft survey that had been developed by the Public Input Committee. With limited space for questions, the committee had focused on: (1) Validation of the Priority Health Issues; (2) Respondent demographics; (3) Soliciting opinions on the value of various supports and health resources; and (4) Where respondents usually get health information.

Both paper and online versions were made available to the community, to help ensure access [Attachment 5]. Paper copies of the survey were entered into the Survey Monkey online version by BRDHD Health Information staff, and by WKU Public Health student volunteers.

Several existing networks and resources were used to collect completed surveys from 12,729 BRADD residents:
• The survey was included in two major wellness publications that are mailed to thousands of homes across the region quarterly - The Medical Center's *WellNews* (66,000 mailed) and T.J.Samson Community Hospital's *Destination Health* (27,000 mailed).
• The BRDHD Health Information Branch developed a media packet on the survey that was provided to all local newspapers, TV stations, and radio stations with a news service. They arranged for several media interviews with Council members as well.
• The Health Information Branch developed an email 'cover letter" that Council members and partners could use when distributing links to the online survey. They also developed posters and website buttons.

• Several school systems distributed paper copies through homework folders sent home with elementary students, and sent out links to the online version through parent email newsletters.
• Copies of the paper survey, and flyers promoting the online version, were distributed at health fairs, and other public events in all counties. They were available through public libraries, health departments, pharmacies, physician offices, and waiting rooms in many other public facilities.
• The survey was promoted through articles in church bulletins and newsletters, and flyers were included with mailings by businesses. Attachment 5 includes an example of the posters used around the communities.
• Links to the online version were emailed by Council members and partners to:
  - Their business and personal contacts
  - Chamber of Commerce members in several counties
  - Civic and community organizations
  - Employers in several worksites for distribution to their employees.
  - Parents in school systems through the emailed parent newsletters
• Links to the survey were added to websites:
  BarrenRiverHealth.org TJSamson.org
  TheMedicalCenter.org BGDailyNews.com.

County Survey Competition - During Meeting 5, Dr. John Bonaguro (Dean of the WKU College of Health and Human Services) aded a competitive element to the effort by announcing a $1,000 prize from his College for the first County Assessment Team that met its survey response goal (5% of the population). The Edmonson County Team met this goal first, and was awarded the funds for carrying out interventions developed during the planning process.

County	Number of Respondents	% of County's Goal
Allen	536	26.9%
Barren	1.225	29.0%
Butler	915	72.1%
Edmonson	1,373	112.9%
Hart	897	49.4%
Logan	1,927	71.8%
Metcalfe	750	74.3%
Monroe	366	33.4%
Simpson	629	36.3%
Warren	3,438	30.2%
BRADD total	12,056	

Results from Community Survey I - Darlene Shearer, PhD (Western Kentucky University) provided analysis for this survey. Her full report is included in Attachment 5. The survey showed statistically significant differences between men and women in their responses to questions about the supports that they find most useful for staying healthy. Across all age groups, genders, and counties, the "support of family members" was the #1 choice as most important for helping respondents stay healthy. When asked about the best sources of health information, "my doctor/healthcare provider" was the top choice by almost all groups, with the internet and news media falling in second or third place consistently as a good source.

Key Informant Interviews

The second major task for County Assessment Teams was to identify opportunities for Council representatives to conduct key informant and group interviews with a variety of county residents, to collect more detailed input on existing services and community needs. Members were encouraged to conduct interviews themselves, to help get a more complete picture of issues within the current community systems. In January, the BRDHD Health Information Branch held an informal training session on conducting key informant and small group interviews at the end of Meeting 6. [Handouts in Attachment 6]

BRDHD Director Dennis Chaney issued a challenge for the months of February and March. He challenged each Council member to personally conduct at least 3 key informant interviews. To launch the challenge, the January 24th meeting date was set aside for an interview 'blitz' rather than a normal Council meeting.

Interview Question Sets - The process of key informant interviews was the most ambitious and demanding work during the months of assessment. The goal was to conduct separate interviews on individual priority health issues to the extent possible, and to interview three groups of local citizens:

- **A Group: Affected People –** People directly affected by one of the Priority Health Issues, or their family members. This included individuals diagnosed with diabetes, individuals who had attempted to quit tobacco use, and those who were attempting to lose or control weight.

- **B Group: Policy-makers –** Community leaders who set policy related to one or more Priority Health Issues, or who must make leadership decisions that are affected by the Priority Issues. Examples include elected

officials, worksite human resource directors, school system superintendents or directors of pupil personnel, business owners or managers, local government officials, etc. The group also included persons with expertise who influenced local leaders and policy-makers.

• **C Group: Providers -** People interviewed in this category were physicians and other health care providers. The category also included providers of educational and other services related to the 5 Priority Health Issues. Examples include health educators, nurses, school nurses, or nutritionists who worked in either for-profit or non-profit organizations.

Interview Assignments - Each County Asssessment Team was given a target list of interviews (for example, five diabetics or family members, five smokers, etc.) An example spreadsheet is included in Attachment 6. Teams worked together to commit to interview assignments personally, or to recruit volunters in their county who could help meet the challenge. Some interviews were conducted by BRDHD staff, particularly Community Mobilizer Kathy Thweatt.

In all, over 200 local residents were interviewed. For example, these groups were interviewed across the 10 BRADD counties:

47 Smokers on their attempts to quit

42 Adults diagnosed with diabetes or family member of someone with diabetes

32 Individuals on nutrition and physical activity in relation to weight control

27 Individuals on our built environment

7 Worksite managers or human resource directors

6 Health educators or school Family Resource/Youth Service Center staff

Interview question sets were designed to hear about the experiences of local residents with local services and resources that support health improvement. Questions generally covered:

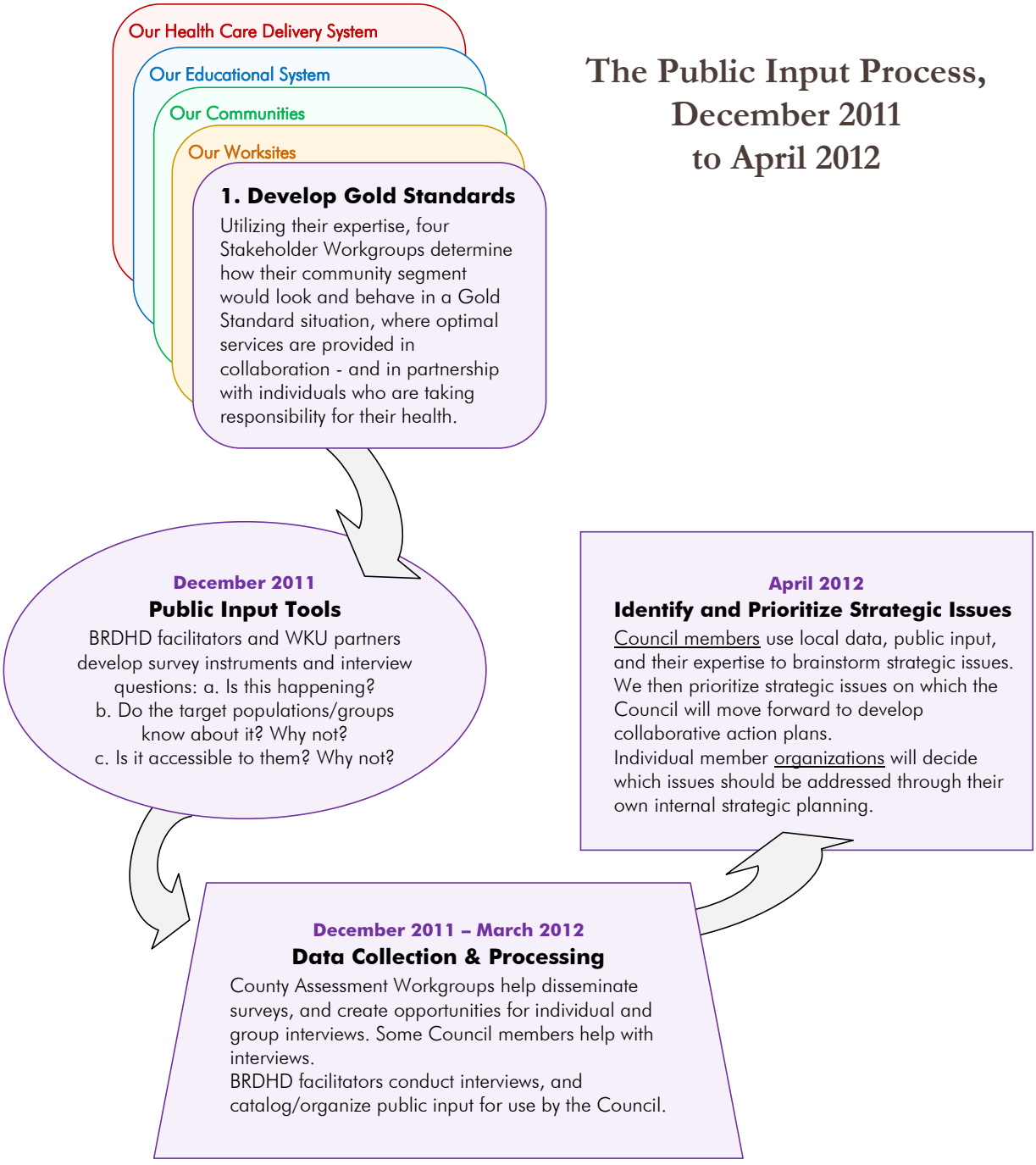
- What's working well?
- What isn't working for them?
- What isn't accessible or available?
- What's missing?

In listening to our provider and leadership peers, Council members wanted to hear:

- Are there opportunities for collaboration?
- What barriers can we address together?

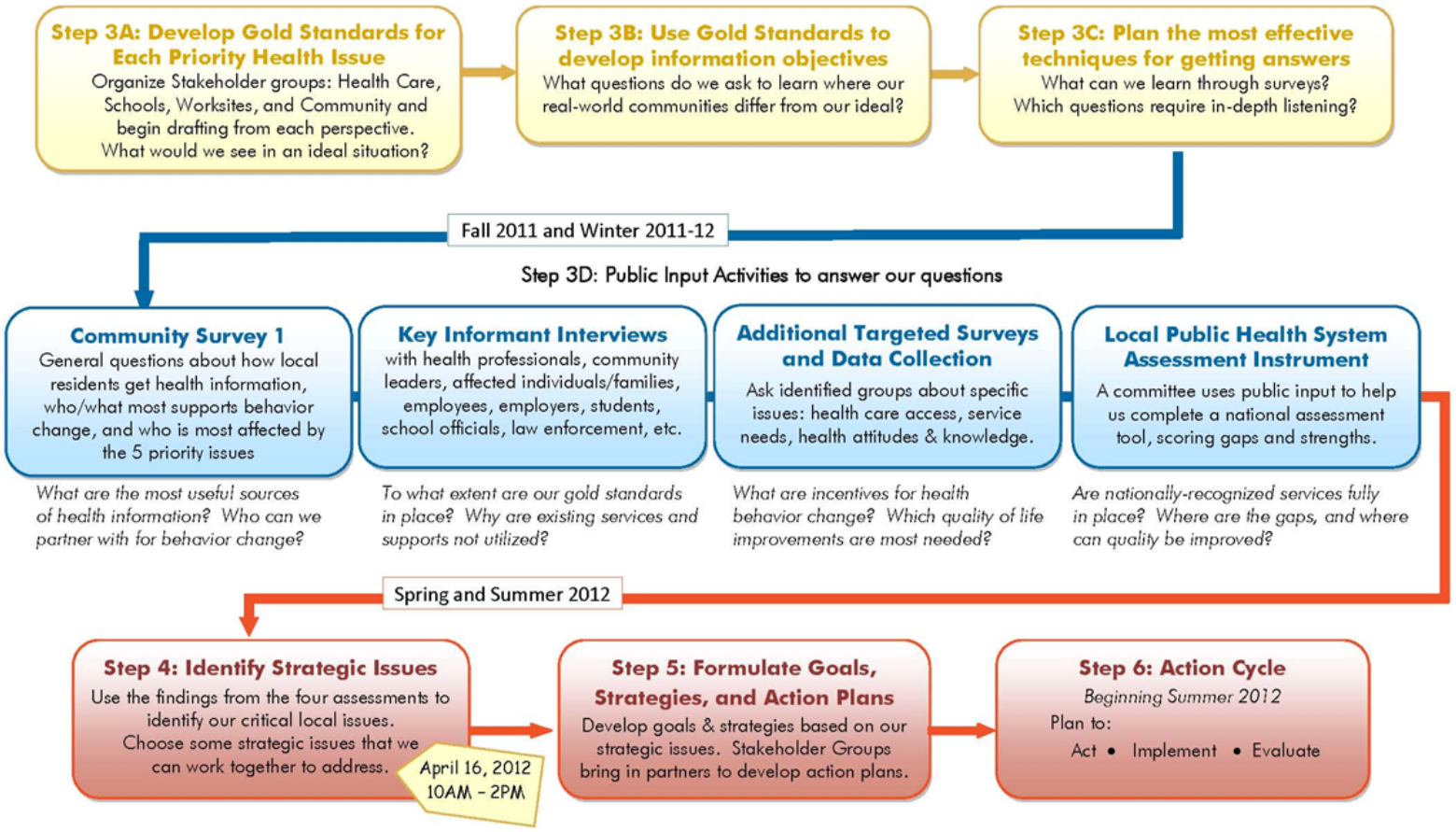
Results from Key Informant Interviews - Interview results were organized by Priority Health Issue, with a separate category for "The Health Care Delivery System." They were presented back to the Council during Meeting 9, and are included as Attachment 6.

The Public Input Process, December 2011 to April 2012



Barren River Health Council

Our Public Input Action Plan - MAPP Step 3, for Community Themes & Strengths Assessment *and* Local Health Care Delivery System Assessment



Section IV. Community Themes and Preparation for Planning

MAPP Step 4 - Identify Strategic Issues

Meeting 9 in April 2012 was a culmination of the research and prioritization activities completed up to that point. Using an outside facilitator, the Council held a 4-hour session to review:

- All Public Input findings, including:
  - Results from Community Survey 1
  - Results from the BRDHD's Tobacco Policy Survey
  - Results from our Key Informant Interview project. These were organized by health issue as "Building Blocks" that describe our community health system and population health status.
- Results from the Health Care Delivery System assessment.
- Community health profiles that included data used during Meetings 2 and 3 to develop our list of Priority Health Issues. (Attachment 11)

Public Input findings were presented by Priority Health Issue, with obesity, cardiovascular disease, and diabetes consolidated into a single category. Findings related to local health care services overall were presented in a separate Community Health System category, in recognition that the assets, weaknesses, and challenges of the system as a whole have an impact on all Priority Health Issues.

In groups of 6-8 people, Council members reviewed this data by Priority Health Issue and quickly developed their top 3-5 ideas for addressing the issue. As idea lists were reported out, the group began to identify themes, and to organize their ideas around them. The complete list of identified themes and ideas is included under Attachment 8.

Themes Developed During Meeting

Meeting 9 was a time to prepare Stakeholder Groups for the Action Planning process. Council members were reminded that the community health assessment to date had been designed to lead up to three different, yet collaborative, levels of community health planning:

Regional Planning – by the 4 Stakeholder Groups
County-level Planning – by the County Assessment Teams
Organizational Planning – by individual organization members as they incorporate our findings into their own strategic planning process

Sorting and Assigning Action Ideas - Council members organized themselves into four groups by Priority Health Issue, according to personal interest:

Lung Cancer
Obesity/Diabetes/Cardiovascular Disease
Drug Abuse/Addiction
Community Health System

Each table was given a set of ideas for action that had been generated at the April meeting, and asked to assign them for action planning to the four Stakeholder Groups: Worksite, Schools, Community, and Healthcare. After discussion, members placed each action idea into a basket for the Stakeholder Group who were most likely to be able to carry it out.

Stakeholder Group Work - Re-organized into their Stakeholder Groups, Council members reviewed the action ideas that had been given to them. They sorted each into baskets marked Short term, Medium term, and Long-term, for the length of time it might take to accomplish this. They were asked to begin choosing which action ideas they were most likely to commit to or action planning, trying to choose at least one idea from each category.

Team Charter - Also in preparation for the planning process, and in recognition of the varied backgrounds of our multi-disciplinary membership, Council members agreed that some common terminology would be helpful. After some discussion, members agreed on these definitions:

Goal

- An action plan
- What you want to accomplish
- The end result that we want to reach
- Measurable
- What we want to work toward

Objectives

Activities that are Specific, Measurable, Attainable, Realistic, and Timely (SMART)

Short Term Up to 6 months
Medium Term Between 6 months and 2 years
Long Term Between 2 and 5 years, understanding that at the end of 5 years, the Council will be re-evaluating long term objectives.

Strategies - Specific tasks that lead to our goals, by way of our objectives

Attachments

Attachment 1. Individuals and Organizations Involved in the Assessment Process

From meeting attendance, with ** denoting individuals who attended 6 or more meetings through October 2012..

Organization	Representative(s)
Administrative Office of the Courts	Amanda Bragg
Allen County Health Department	Donnie Fitzpatrick**
	Carolyn Richey
Alliance for a Healthier Generation	Jacy Wooley
Bale Center	Phillip Bale
Bank of Edmonson County	Peggy Meredith**
	Rhonda Meredith
Barren County Fiscal Court	Davie Greer
	Nancy Houchens
Barren County School System	Mark Wallace
Barren River Area Development District	Rodney Kirtley
	Jo Lynn Vincent
Barren River District Health Department	Dennis Chaney**
	Julia Davidson**
	Dustin Falls
	Kim Flora**
	Lisa Houchin**
	Heather Patterson**
	Diane Sprowl
Bowling Green Area Chamber of Commerce	Maureen Carpenter
	Ron Bunch
	Tonya Matthews
Bowling Green Daily News	Robyn Minor**
	Debi Highland
Bowling Green City Schools	Jon Lawson**
	Joe Tinius
Butler County Fiscal Court	David Fields
Butler County Health Dept. (BRDHD)	Monica Hunt
Butler County Schools	Hazel Short
	Anita Minton

Organization	Representative(s)
Caverna Memorial Hospital	Alan Alexander**
	Vanessa Burd
City of Morgantown	Linda Keown
Commonwealth Health Corporation	Linda Rush**
	Doris Thomas**
Commonwealth Regional Specialty Hospital	Emily Martin**
Community Action of Southern Kentucky	Cheryl Allen**
Community Foundation of South Central Kentucky	Jennifer Wethington**
CTG Kentucky	Donnetta Tungate
Coventry Cares	Amita Sheroa
Edmonson Care and Rehab	Jean Forbes
Edmonson County Fiscal Court	N.E. Reed
Edmonson County Health Dept. (BRDHD)	Melody Prunty**
Edmonson County Schools	Patrick Waddell
Fairview Community Health Center	Chris Keyser**
	John Lillybridge**
Franklin/Simpson Chamber of Commerce	Steve Thurmond
Glasgow Family Medicine	Brent Wright
Graves Gilbert Clinic	Douglas Thompson
Greenview Regional Hospital	Cynthia Bratcher
Harmon	Luke Keith
Hart County Extension Office	Pat Margolis**
	Felicia Davenport
Hart County Health Department (BRDHD)	Leeann Hennion**
Hart County Schools	Steve Caven**
	Christina Sanders
KY. Transportation Cabinet	Jeff Moore**
KY State Representative, District 17	CB Embry
KY State Representative, District 21	Jim DeCesare
KY State Representative, District 22	Wilson Stone
KY State Representative, District 32	Mike Wilson

Organization	Representative(s)
Lifeskills, Inc.	Alice Simpson
	Joy Ford**
	Kendra Lewis
	Karen Garrity
	Brad Schneider
	Mike Stinnett
Local Food for Everyone	Michelle Howell
Logan Aluminum	Johnny White
	Lovis Patterson**
Logan County Health Dept.(BRDHD)	Kelly Lyne**
Logan County Schools	Marshall Kemp**
Logan Memorial Hospital	William Haugh
	Joyce Noe**
The Medical Center at Bowling Green	Linda Rush**
	Ines Dugandzija
The Medical Center at Franklin	Clara Sumner**
	Annette Runyon**
The Medical Center at Scottsville	Amanda Spry
	Rita Tabor**
	Eric Hagan
Metcalfe County Extension Office	Lynn Blankenship
Metcalfe County Health Dept. (BRDHD)	Micah Bennett**
MNT, Inc.	Doug Anderson
	Nikki Anderson
Monroe County Health Department	Amy Hale**
	Valerie Hudson
	Jill Ford
Monroe County Medical Center	Vicky McFall**
Monroe County Schools	Lewis Carter
	Sheila Carter
	Sandy England
Russellville City School System	Leon Smith
	Claudia Crump**
	Alicia Carmichael
Simpson County Health Dept. (BRDHD)	Jane Lewis

Organization	Representative(s)
Simpson County School System	Joey Kilburn**
South Central Kentucky Area Health Education Center	Lucy Juett
TJ Samson Community Hospital	Laura Belcher**
	Bill Kindred
	Nancy Steele
United Way of Southern Kentucky	Debbie Hills**
Warren County Famile Court	Margaret Huddleston
Warren County Health Dept. (BRDHD)	Debbie Cain**
Warren County Schools	Grecia Wilson**
	Annell Browning
Wellcare	Sharli Rogers**
	Sarah McKinnie
Western Kentucky University	John Bonaguro**
	Daniel Carter
	Gary English
	Chandra Ellis-Griffith
	Danita Kelley
	Jan Peeler
	Bonnie Petty
	Darlene Shearer**
	Cecilia Watkins
	Helen Zhu

Barren River District Health Department Facilitators

Dennis Chaney	Chip Kraus
Crissy Rowland	Trisha Woodcock
Beth Siddens	Sri Seshadri
Kathy Thweatt	Korana Durham

Attachment 2. MAPP Process as Adapted by the Council

Barren River Community Health Planning Council

MAPP Phase	Sept. 2011	Oct. 2011 1 meeting	Nov. 2011 2 meetings	Dec. 2011	Jan. 2012 2 meetings	Feb. 2012 2 meetings	Mar. 2012	April 2012	May
Organize for Success/ Partnership Development	Step 1: Organize Barren River Community Health Planning Council								
Visioning		Step 2: Establish our vision for the community, & for the health service system							
Four MAPP Assessments		Step 3: Community Health Status Assessment Forces of Change Assessment							
Identify Local and Multi-County Strategic Issues						Review findings and begin to identify strategic issues	Review findings and begin to identify strategic issues	Step 4 Identify and prioritize strategic issues.	
Formulate Goals and Strategies									
The Action Cycle									

Beginning with meeting 1, share our progress and

Five Priority Health Issue chosen: Obesity, Lung Cancer, Diabetes, Drug Abuse & Addiction, and Cardiovascular Diseas

Step 3: **County Level**
Community Themes and Strengths Assessment
Local Health Care Delivery System Assessment

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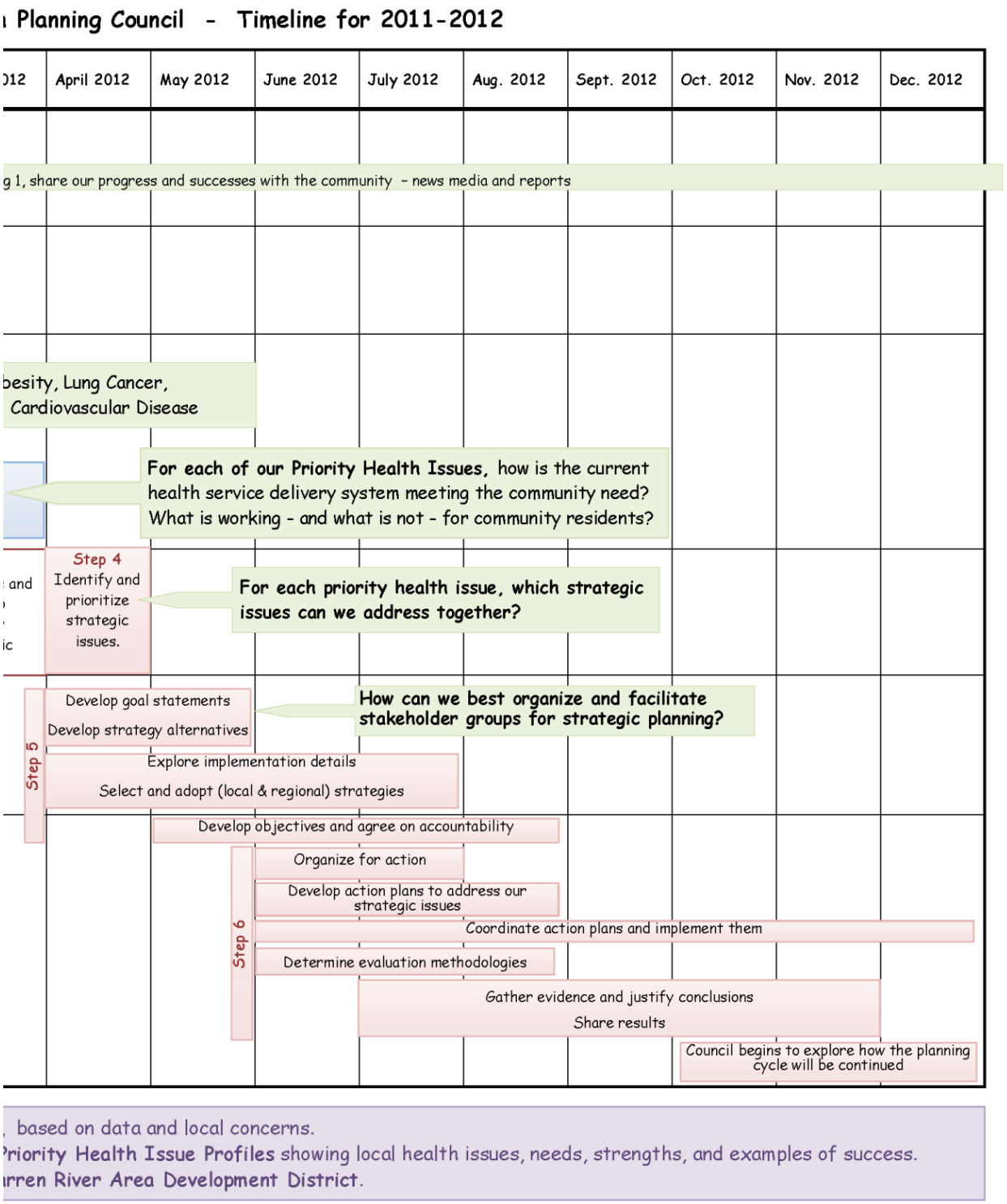
Deliverables: (1) By the end of October, **Priority Health Issues** chosen by the Council, based on data and I
(2) By the beginning of Step 5, **County Health Assessment Profiles** and **Priority Health Issue**
(3) By October 2012, a **Community Health Improvement Plan for the Barren River Area De**



based on data and local concerns.
Priority Health Issue Profiles showing local health issues, needs, strengths, and examples of success.
Purren River Area Development District.

Attachment 3.
Health Issue Scoring from County Assessment Teams

During Meeting 2, each County Assessment Team reviewed data on their county for a large number of health status indicators. For each indicator, they compared their county's rates to rates for Kentucky and/or the U.S. (where available). Using these statistics, plus their own individual expertise on the county's population, each member held up a card labeled with 1, 2, 3, 4, or 5 to indicate his/her own score. A BRDHD facilitator recorded scores and averaged them, producing a county score for each health issue. In this example, the spaces (xxx) are where county rates were listed, and the orange boxes were used to write in the group's average score.

County Health Issue Score Sheet

County name

OVERALL HEALTH STATUS

No score

Measure	County	KY	USA	
Premature death —Years of potential life lost before age 75 (YPLL-75) rate	xxx	8859	5564	not scored
County residents age 45-74 on Medicaid (aged, blind or disabled) 3,679 people *(10.8% of age 45-74)*				
Self-reported health status, adults over age 18 (BRFSS)				
Percent of adults reporting "My health is ...fair" or "...poor"	xxx	22%	10%	
Average days/month physically unhealthy *age-adjusted*	xxx	4.7	2.6	

CANCERS

Score for Our County

Measure	County	KY	USA	Score
Cancer Death Rate (all sites)	xxx	221	183.8	not scored

Cancer incidence rates are from KY Cancer Registry, 2004-2008. Unless noted, all death rates from CDC Wonder, 2003-07.

Lung Cancer

Issue Score

Lung /Bronchial Cancer Death Rate 2003-2007	xxx	76.5	52.5	
Lung Cancer Cases (incidence rate)	xxx	100.76	67.9	
Lung/Bronchial Cancer Deaths - males (age-adj./100K)	xxx	104.8	68.5	
- females (age-adj./100K)	xxx	55.9	40.5	
See Adult and Youth Smokers under "Tobacco Use" below				

Measure	County	KY	USA	Score
Breast Cancer				Issue Score
Breast Cancer Death Rate *1999-2007*	xxx	14.5	14.1	
Breast Cancer Cases (incidence rate)	xxx	65.5	not avail.	
Mammography Screening Rate *BRFSS, 2008*	xxx	75.0%	75%	
See also Female Adult Obesity rates below				
Colorectal Cancer				Issue Score
Colorectal Cancer Death Rate	xxx	17.6	20.8	
Colorectal Cancer Cases (incidence rate)	xxx	55.7	unavailable	
See below under Diet & Exercise "5/+ fruits & veggies daily"				
Cervical Cancer				Issue Score
Cervical Cancer Death Rate	xxx	3.07	2.9	
Death rate for black women	xxx	4.5	2	
Cervical Cancer Cases (incidence rate)	xxx	9.11	unavailable	
Pap Smears - % of women who had one in past year *(2008 data)*	BRADD 69.0%	81.7%	82.9%	
Skin Cancer				Issue Score
Skin Cancer, crude death rate (excludes basal & squamous) *KY CA Registry*	xxx	4.36	3.6	
Skin Cancer Cases (crude incidence rate) -men	xxx	45	unavailable	
- women	xxx	31.7	unavailable	

OTHER CHRONIC DISEASES

Score for Our County

Measure	County	KY	USA	Score
Cardiovascular Disease				Issue Score
Heart Diseases - Death Rate	xxx	270.8	232.4	
Stroke Death Rate	xxx	58.7	53	
High Blood Pressure - % adults diagnosed KY is #4 in the U.S. White - KY is #2 in U.S. Black - KY is #3 in U.S.	not available	37.9%	30.3%	
Diabetes				Issue Score
Diabetes death rate, age-adjusted	xxx	27.3	24.0	
Diabetes death rate, Black population, age-adjusted	not available	53.5	46.3	
Diabetes cases - % adults who have been diagnosed *2008 BRFS*	xxx	11.5%	8.4%	
In only 10 years, Kentucy had 163% increase in the (age-adjusted) rate of adults who report they had a diagnosis of diabetes. (BRFS)	KY 1995-97 4.0%	KY 2005-07 10.5%	US '05-'07 9.1%	
% adults reporting a diabetes diagnosis in 1995-97 BRFS		4.0%		
% in 2005-07 surveys (167% increase in KY's age-adjusted rate)		10.5%	9.1%	
Obesity				Issue Score
Adult Obesity - % of adults who are obese (BMI > 30) *BRFSS 2008*	xxx	31.8%	27.6%	
2010 BRFSS - KY white = 31.5% KY Black = 40% highest income category = 29% lowest income category = 41.5%				
High School Obesity - BMI above 95th percentile *2009 YRBS, self-reported*		17.6%	12.0%	
Child Obesity - Age 10-17, measured =/> 95th percentile *NHANES 2003-06*		21.0%	16.4%	
Kindergarteners overweight/obese,fall 2007	xxx	BRDHD data, measured & reported on required school physical exam		
6th graders overweight/obese, fall 2007	xxx			

Measure	County	KY	USA	Score
Respiratory Diseases / Problems (see also Lung Cancer, p1.)				Issue Score
COPD Death rate (Chronic Lower Respiratory Disease)	xxx	57.3	41.8	
KY COPD death rates by race: white = 58.6 black = 38.8				
	BRADD			
% of adults with current diagnosis of asthma *'08 BRFS*	10.30%	9.7%	8.7%	
See also Adult and Youth Smokers under "Tobacco Use" below				
Oral Health				Issue Score
Adults with no teeth left (KY ranks #1) *2008 BRFS*	unavailable	23.7%	18.50%	
% Adults with no dental visit in past year *2008 BRFSS*	BRADD 40.5%	35.6%	29%	
High school students with no dental visit in past year *2011 KY YRBS*	unavailable	32.0%	unavailable	
High school students who brush teeth daily *2011 KY YRBS*	unavailable	75.0%	unavailable	
High school students who floss daily *2011 KY YRBS*	unavailable	18.0%	unavailable	

INJURIES				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Violence				Issue Score
Homicide Rate County: 2003-07 KY and US: 1999-2007	xxx	5	6	
Violent crime rate per 100K population 2010	unavailable	242.6	403.6	
Motor Vehicle Crash Injuries				Issue Score
Motor Vehicle Crash Death Rate, 2001-07	xxx	22	13.7	
# Motor Vehicle Collisions - fatalities/injuries 2010	xxx			
% fatal/injury crashes involving alcohol and/or drug use	xxx			
% Seat belt use - Adults	unavailable	79.7%	88.4%	

6th-12th grade	unavailable	86.6%	90.3%
MV Crash Ejections - % that were fatal KSP data		85%	

COMMUNICABLE DISEASES				Scores for Our County
Measure	**County**	**KY**	**USA**	**Score**
Sexually-Transmitted Infections (STIs)	**BRADD**			**Issue Score**
AIDS - Rate of new cases diagnosed per 100,000 2008 KY DPH	xxx	6.9	12.2	
HIV Positive Infections diagnosed (# new cases) *2005-09 KY DPH*	xxx	327	('09) 37K	
STI Rate Chlamydia + Gonorrhea + new Syphilis cases per 100K *CDC 2005-09*	not available	147.3	206.9	
High school - reporting sexual intercourse with 4/+ persons *2009 YRBS*	not available	16.6%	17.6%	
Animal Rabies cases, 2010 *(CDC - MMWR)*	xxx	18	3,563	
TB Case Rate(/100,000), *2006-10*	xxx	2.24	4.13	
TB case rate for the BRADD decreased from 5.72 in 2001-05, to 4.04 in 2006-10.				
Influenza				**Issue Score**
Influenza/Pneumonia death rates - Infant /Under age 65	unavailable	5.9 / 3.5	6.7 / 2.7	
Flu Shot in past year - over age 65 *self reported, 2010 BRFS*	unavailable	67.7%	67.5%	

EMOTIONAL HEALTH				Scores for Our County
Measure	**County**	**KY**	**USA**	**Score**
Mental Health - Depression & Suicide				**Issue Score**
Average days/month mentally unhealthy *BRFS age-adjusted*	xxx	4.3	2.3	
Suicide Rate *Age-adjusted rate/100,000, 1999-2007*	xxx	13.5	10.9	
KY Suicide Rates by race - White = 13.8 Black = 6.7 Asian/P.I. = 5.7				
Age: Highest suicide rates in KY are age group 35-44 (double the national				

rate for the group). 2nd-hghest rate is age 45-54. *<u>Gender</u>: KY's suicide rate is 5 times higher for males than females. For the U.S., the gender difference is only 4 to 1.*			
Adults reporting Serious Psychological Distress in past year	not available	14.7%	11.6%
At least 2 weeks of Depression in past year, over age 17	not available	8.5%	7.6%

Measure	County	KY	USA
Depression rate for youth age 12-17 *both 2004-05, NSDUHs*	not available	8.7%	8.9%
Lifeskills 2010-11 Jail Admissions Triage: % with depression	xxx	**BRADD** 39%	local only

MATERNAL AND INFANT HEALTH

Scores for Our County

Measure	County	KY	USA	Score
Infant Health				**Issue Score**
Infant Crude Mortality Rate, *'01-'07*	xxx	692.1	690.1	
KY rates by race/ethnicity: Black=1129 Asian=492.0 Hispanic=581.5				
Percent of live births with low birth weight (< 2500 g)	xxx	8.9%	8.1%	
Mothers without Prenatal Care 1st Trimester	unavailable	25.2%	16%	
% Pregnant women smoking - Mothers of newborns who report tobacco use on birth certificate	unavailable	26%	16%	
Childhood immunization coverage (children age 19 to 35 months)	unavailable	91.2%	89.8%	
% of mothers who initiated breastfeeding *2008 birth certificates. Ky DPH*	xxx	47.0%		
Child Health				**Issue Score**
Child Death Rates per 100,000 children age 1-14 *2005-2007*	xxx	68.7	65.6	
Teen Death Rates per 100,000 teens age 15-19 *2005-2007*	xxx	81.4	65.0	
Births to Teen Moms age 15-17 / *1,000 girls in age group*	xxx	42.0%	22.0%	

2002-06			
Child Abuse/Neglect # substantiated cases, *2009 Ky Kids Count*	xxx	14,802	
% increase / decrease in rate from 2003 to 2008	+/- xxx	- 1%	
Percent of all households that are single-parent households *US Census*	xxx	32%	20%

SUBSTANCE ABUSE AND ADDICTION				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Alcohol Use and Addiction				**Issue Score**
Adult Binge Drinking (5/+ drinks on one occasion, past month) 2010 BRFS	unavailable	11.9%	15.1%	
Percent of adults who drink heavily on a daily basis 2010 BRFS	unavailable	3.9%	5.0%	
High school students - binge drinking in past 30 days 2011 YRBS	unavailable	23.2%	24.2%	
Drug Abuse and Addiction				**Issue Score**
see motor vehicle crashes above				
# Drug Arrests 2010 *KSP - Crime in Kentucky, 2010*	xxx	- - -	- - -	
Youth marijuana use in past 30 days *2009 YRBS*	unavailable	16.1%	20.80%	
12th grade- Prescription Drug Use in last 30 days *2010 KIP Survey*	**BRADD** 9.4%	7.2%	unavailable	
12th grade- Over-the-counter drug use to get high *2010 KIP Survey*	**BRADD** 5.3%	3.7%	unavailable	
9-12th grade- Use of Rx meds without a prescription 1/> times *2011 YRBS*	unavailable	19%	unavailable	
Lifeskills 2010-11 Jail Admissions Triage: % with substance abuse	xxx	**BRADD** 24%	local only	

"CROSS-CUTTING" HEALTH BEHAVIORS AFFECTING MULTIPLE HEALTH PROBLEMS

Not scored

Measure	County	KY	USA
Tobacco Use and Addiction			
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2008*	*2008*
Adult Smokers - % who report they currently smoke 100/+ cigarettes	xxx	28%	15%
YRBS = Youth Risk Behavior Survey		*2009*	*2009*
Youth smokers - % who report they are current smokers (grades 6-12)	unavailable	26.1%	19.5%
Diet and Exercise - self-reported behavior			
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	xxx	54%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers who report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%
Alcohol Use and Addiction			
Adult Binge Drinking (5/+ drinks on one occasion, past month) *2010 BRFS*	unavailable	11.9%	15.1%
Percent of adults who drink heavily on a daily basis *2010 BRFS*	unavailable	3.9%	5.0%
High school students - binge drinking in past 30 days *2011 YRBS*	unavailable	23.2%	24.2%
Family & Social Support			
Percent of adults w/inadequate social/emotional support *2005-09 BRFSS*	xxx	20%	unavailable
Grandparents raising their grandchildren - # households *2005-09 American Community Survey*	xxx	BRADD total = 3,186	

Scores by County and Average for Various Health Issues

This chart chows the average county scores (out of a possible 1-5) for each health issue considered by the County Assessment Teams, and the overall BRADD average score. The chart was used during Meeting 3, when council members voted for the Priority Health Issues to be addressed.

County Health Issue Score Sheet – Overview

Health Issue Categories	Average Score	Allen	Barren	Butler	Edmonson	Hart	Logan	Metcalfe	Monroe	Simpson	Warren
CANCERS	**Average**										
Lung Cancer	4.5	**5**	4	5	4	5	5	4.33	3.33	5	4.6
Breast Cancer	3.5	5	1	4.2	4	3.8	5	2.66	2	3	3.88
Colorectal Cancer	3.0	2	3	2.6	3	4.2	3	3	3.5	3	3.11
Cervical Cancer	3.2	3	1	3.2	4	3	4	1.33	3.5	5	3.77
Skin Cancer	2.6	3	2	2.2	3	2.8	5	1.66	2.33	1	3.11
OTHER CHRONIC DISEASES	**Average**										
Cardiovascular Disease	4.3	5	5	4.4	1	4.5	4	4.66	5	5	4.55
Diabetes	3.5	4	2	4.6	3	3.8	2	3.66	4.5	3	4.55
Obesity	4.5	5	5	4.6	4	4.2	3	5	4.66	5	4.66
Other Respiratory Diseases / Problems	3.7	4	4	4	4	4	3	4.66	3.5	2	4.22
Oral Health	3.4	3.5	4	4.6	3	3		3.33	3.33	3	3.22
INJURIES	**Average**										
Violence	1.9	1	1	4.2	1	2.6	2	1.33	1.66	1	2.88
Motor Vehicle Crash Injuries	3.7	5	2	4.6	3	2.8	4	3	5	4	3.66

NOTE: Individual County Scoring sheets, with actual scores for each health issue category, and included as Attachment 10, beginning page 122.

County Health Issue Score Sheet – Overview, page 2

Health Issue Categories	Average Score	Allen	Barren	Butler	Edmonson	Hart	Logan	Metcalfe	Monroe	Simpson	Warren
COMMUNICABLE DISEASES	Average										
Sexually-Transmitted Infections (STIs)	2.4	2	2	3.2	2	2.4	2	3	2.33	2	2.77
Influenza	2.2	2.5	2	2.2	1	2.4		2.66	1.5	3	2.55
EMOTIONAL HEALTH	Average										
Mental Health - Depression & Suicide	3.3	4	3	3.6	2	3.4	4	3	4.66	2	3.55
MATERNAL AND INFANT HEALTH	Average										
Infant Health	2.9	3	2	4.2	2	2.8	2.5	2	2.3	4	4
Child Health	3.3	5	3	4.6	1	3.8	2.5	3	2	4	3.66
SUBSTANCE ABUSE AND ADDICTION	Average										
Alcohol Use and Addiction	3.4	3	4	3.6	3	2.8		2.66	3.66	5	3
Drug Abuse and Addiction	4.4	4	5	4.6	4	4		4	4.66	5	4

"CROSS-CUTTING" HEALTH BEHAVIORS AFFECTING MULTIPLE HEALTH PROBLEMS	
Tobacco Use and Addiction	These issues were not scored, as they will be part of the contributing factors that we research during the next two assessments.
Diet and Exercise - self-reported behavior	
Family & Social Support	

Attachment 4. Draft Gold Standards

The Barren River Community Health Planning Council
Worksheet for Worksite Stakeholder Workgroup

The "Gold Standard" for Health-Promoting Worksites

Setting Our Gold Standards (Council members)
What could be happening in an individual's worksite to support a healthy lifestyle and personal responsibility for his/her health?

vs.

The Real Picture (Public Input)

During our Fact-Finding Activities (December – February), we will attempt to determine:

a. To what extent is this happening?

b. Do the target populations/groups know about it? Why not?

c. Is it accessible to them? Why not?

Population Groups and Areas of Action - Who Would Benefit?

Worksite / Company Policy **In a GOLD STANDARD situation, who in a worksite would benefit from these policies?**
Drug Screening - pre-employment (urine and hair tests)
Drug testing schedule - post-employment (random)
Smoke-free indoor policy
24/7 Tobacco free campus policy
Intervention Policy for drug use on the job, or affecting the job- Employee driven solution
Vending machines – healthy snacks & foods only
Employee benefits covering drug and alcohol treatment
Personnel policy covering……..
Resources needed for healthy meals
Budgeted employee wellness program (how much?_____)
Incentives for participation in fitness programming
Onsite fitness facility
Health education and promotion programs

Educational Topics **In a GOLD STANDARD WORKSITE** **Who would receive this education?**
Signs of drug abuse/addiction
Obesity – causes & health effects
Cardiovascular Dis.- risk factors/ early detection
Physical Activity – Importance of it
Signs / symptoms of diabetes
Importance of modeling behaviors
Lung Cancer – Prevention
Nutrition basics & Healthy Cooking
Stress control - why and how to

On-Site Services **In a GOLD STANDARD worksite Who would have these services available?** Services for prevention, intervention, and treatment
Weight Loss program
Referral for treatment of addiction
Drug testing (available for supervisors to order when indicated)
Nurse onsite
Medical clinic onsite
Tobacco cessation services or program
Diabetes Control classes (Inclusive of all diabetes types)
Referral for (outside) diabetes control program
Physical activity program
Immunizations
Indoor workout facility
Personal Trainer services
Referral for counseling services

The Barren River Community Health Planning Council
Worksheet for Educators Stakeholder Workgroup

The "Gold Standard" for Health-promoting Schools

Setting Our Gold Standards (Council members)
What could be happening in the educational setting to encourage/support personal health lifestyle habits, appropriate use of health services, educational success, preparation for the workforce, and a healthy family home?

vs.

The Real Picture (Public Input)

During our Fact-Finding Activities (December – February), we will attempt to determine:

a. To what extent is this happening?

b. Do the target populations/groups know about it? Why not?

c. Is it accessible to them? Why not?

Population Groups and Areas of Action - Who Would Benefit?

School / System Policy In a GOLD STANDARD situation, which students would benefit from these policies?
Smoke-free indoor policy
24/7 Tobacco free campus policy
Intervention Policy for tobacco use (when a problem behavior is detected); implement cessation policy and suspensions for violators of policy
Drug Screening for faculty/staff- random, new hires (Oral and Urine tests). Suspension for bus drivers
Vending machines – healthy snacks & foods only
Vending machines – restricted availability to students (before lunch)
P.E. minimum hours per week
Personnel policy covering……..
Food Allergy
Student drug testing for sports, driving
Health of the child (k-16) should be the gold standard
Store bought foods/ pre-packaged foods
Ensuring that students have access to safe, free drinking water throughout the school day is one strategy that schools can use to create a school environment that supports health and learning. Follow the link to this new web page on the CDC's Healthy Youth site: http://www.cdc.gov/healthyyouth/npao/wateraccess.htm
Day Care centers / Preschools place a high priority on physical activity, and have adequate playground equipment

Educational Topics **In a GOLD STANDARD school, who might receive this education?**
Signs of diabetes in a child/teen
Obesity – causes & health effects
Cardiovascular Dis.- risk factors/ early detection
Physical Activity - importance of it
Signs of drug abuse/addiction
Importance of modeling healthy behaviors
Lung Cancer – Prevention
Nutrition basics & Healthy Cooking
CPR-compressions only
Food Allergies
On-Site Services **In a GOLD STANDARD school, who would have these services available -** for prevention, intervention, and treatment
Healthy weight program for identified students
Referral for treatment of addiction
Drug testing (scheduled, random)
School nurses onsite
Tobacco cessation services or program
Diabetes Control classes
Referral for diabetes control program
Physical activity program

The Barren River Community Health Planning Council

Worksheet for Community Stakeholder Workgroup

The "Gold Standard" for Healthy Communities

Setting Our Gold Standards (Council members)

What could be happening in a community, neighborhood, or organization to support a healthy lifestyle and taking personal responsibility for one's health?

vs.

The Real Picture (Public Input)

During our Fact-Finding Activities (December – February), we will attempt to determine:

a. To what extent is this happening?

b. Do the target populations/groups know about it? Why not?

c. Is it accessible to them? Why not?

Population Groups and Areas of Action - Who Would Benefit?

Community / Organization Policy **In a GOLD STANDARD situation, Who in a community would benefit from these policies?**
Sidewalk Construction Plan - Should be for existing and new development. Policy should vary rural vs. urban neighborhoods (different needs)
Smoke-free indoor ordinance
Support for Farmer's Markets & other farm-to-table services Should increase access to residents in outlying areas; eliminate food deserts; address transportation issues (ex. Hart County), and support farm-to-school programs for schools.
Bike and walking paths plan
An overall Healthy Community plan
Joint-use school playgrounds & facilities for physical activity 24/7 Currently, many parks close at dark. School and other recreational facilities should by opened with extended hours.
Nutritional guidelines for Food Stamps
Community gardens - More important in urban or small-lot neighborhoods. Should be available in all socio-economic neighborhoods.
Green space policy for new developments
Finding more activities for children other than traditional sports such as baseball & soccer. Alternate activity examples: disk golf or croquet. Policy should address expenses of equipment.

Educational Topics **In a GOLD STANDARD situation, what education should be provided?**
Connection between active lifestyle and health including prevention efforts
Connection between healthy population and a strong economy-what is the cost of being sick or unhealthy
Connection between good nutrition and health
Why & how to dispose of prescription medications properly-most counties have drug disposal bins (except Allen and Warren)
Stress control - why and how to (stress is at a different level than prior years)
Importance of modeling behaviors- it is important for elected officials, church leaders, and business leaders to get on board
Lung Cancer – Prevention and patient advocacy for non-smokers that may possibly have lung cancer. Need for more lung cancer education
Nutrition basics & Healthy Cooking- intertwine how much money is saved to calories, trans fat, and fats in foods. Help individuals on medications see that meals can help with their conditions; such as high cholesterol. Need for hands on activities- change more behaviors with cooking demo than education
Radon education program
Asthma Prevention

Services in a Community **In a GOLD STANDARD situation, who in a community would have these services available?** Services for prevention, intervention, and treatment
After-school programs for children and teens- an important service for working individuals with kids. Service can be utilized for children's education, although money has been cut.
Ambulance / EMS adequate for # of residents, and where they live
Alcohol / Drug treatment facilities – adequate for need, and accessible. Needs to be increased (waiting list at Lifeskills).
Primary Care Services – adequate for need, and accessible. Pregnant women have less services for delivery amongst counties-requiring travel to another county
Dental Services – adequate for need, and accessible. Determined to be inadequate
Radon Testing Services
Neighborhood organizations to advocate for healthy lifestyle improvements- more available in urban communities than rural communities. Rural communities may be more available through church organizations.

Attachment 5. Community Health Survey 1

The Barren River Community Health Planning Council
Community-Wide Survey

We need your opinions! Please tell us what you think….

The Barren River Community Health Planning Council is a group of more than 50 local leaders from the 10-county region. Using local data, they have chosen these health issues as top priority for action:
Obesity Lung Cancer
Diabetes Heart Disease
Drug Abuse & Addiction

This survey will help us to move forward. The opinions that you and hundreds of your neighbors provide in this survey will be compiled into a report by the Barren River District Health Department. You can view the survey report in April, 2012 at *www.barrenriverhealth.org*.
Our Health Planning Council will use this information to improve local health care services and policies related to the Priority Health Issues above.
Your privacy is important. Individual answers will not be shared.

Thanks for your valuable help!

1. Which county do you live in? *Please circle one*

Allen Barren Butler Edmonson Hart
Logan Metcalfe Monroe Simpson Warren

2. Which of these has had the most impact on or you and your family?
Please circle one

Obesity Drug Abuse & Addiction Heart Disease
Lung Cancer Diabetes Other/None of these

3. What has been helpful in keeping your family healthy? *Please mark each one yes or no*

a. Support of family members	Yes	No
b. Support of friends	Yes	No
c. Wellness program at work	Yes	No
d. My doctor/healthcare provider	Yes	No
h. Support group / Health education class	Yes	No
e. Being physically active	Yes	No
f. Quitting tobacco use	Yes	No
g. Healthy eating	Yes	No
i. Controlling stress	Yes	No
j. Other_____		

4. How useful are these sources for getting health information for you or your family?

	Very useful ←			→ Not useful
Community Wellness Center	4	3	2	1
Internet	4	3	2	1
Newspaper / magazine	4	3	2	1
Support Group/Classes	4	3	2	1
My doctor/healthcare	4	3	2	1
Public health department staff	4	3	2	1
Other _____				

5. Are any of these a problem with keeping your family healthy?

a. Not able to buy fresh and healthy foods	Yes	No
b. Not having a place to be physically active (parks, gym, sidewalks, pools, etc.)	Yes	No
c. Can't afford medications	Yes	No
d. Can't afford the doctors fees	Yes	No
e. Can't get an appointment with doctor when needed	Yes	No
f. Trouble getting transportation to medical visits	Yes	No

6. Age ___18-24 ___25-44 ___45-64 ___65/older

7. **Gender:** __Male __Female **8. What is your zip code?** _____

To complete this same survey online visit: http://www.surveymonkey.com/s/brcommunitysurvey

Thank you for completing our confidential survey!


We want to hear from you!
Please fill out the community health survey if you live in
Allen
Barren
Butler
Edmonson
Hart
Logan
Metcalfe
Monroe
Simpson
Warren
Let's make our community a healthy place to work, play, and raise a family.
Click Here

Barren River Community Health Planning Council

Analysis of Community Survey Responses

April 10, 2012
Analysis by Darlene L. Shearer MPH, DrPH
Western Kentucky University, MPH Program Director

This report summarizes findings from the Community Survey conducted by the Barren River Health District Planning Council during January and February of 2012. The survey was disseminated or made available as a web survey to the ten counties in the Barren River Area Development District. The current analysis does not include 40+ responses of Hispanic residents or responses that were obtained after March 15th.

A total of 12,729 adults over the age of 18 responded to the survey. Respondents were predominantly female (79%). Nine percent were between 18 and 24years of age; 46% were 25-44; 34% were 45 – 64; and 11 % were 65 or older. The survey questions related to four main areas:

- Health issues of concern
- Aids to maintaining good health
- Barriers to good health
- Sources of health information

Health Issues of Concern

Survey participants were asked which of five selected health issues were the most important to them and their family. A sixth category was provided for "other" responses and turned out to be the most frequently chosen category (26.2%). The top four "other issues" were: all cancers; dementia/ Alzheimer disease; anxiety/stress; and all five of the listed issues. Heart disease (25.8%) ranked as #2 and diabetes (19.2%) as #3.

Responses to health issues of concern varied by their age, gender, and county of residence. More women identified heart disease as a health concern compared to men who identified "other" issues as a concern. Diabetes was the third most frequently reported health concern among both men and women. When examined by age, younger adults identified "other " issues compared to older adults who identified heart disease most frequently. Obesity was the third most reported concern among younger adults but not among older adults.

Aids to Maintaining Good Health

When asked what helped their family stay healthy, most of the respondents (86.4%) reported family

member support as most important. This did not vary by age, gender or county of residence. For the total population of responders, the second and third most frequently reported aids to maintaining health were healthy eating (84.4%) and their physician or healthcare provider (83.1%). Aids to maintaining health differed somewhat by age, gender and county of residence. Men identified healthy eating (81%) and physical activity (80.8%) while women identified their physician (79.8%) and physical activity (78.5%) as helping their family stay healthy. Among the oldest survey respondents physician care (84.5%) was most commonly reported, followed by family support (80.9%) and healthy eating (74.2%). The youngest respondents most commonly said family support (85.9%) was important, followed by physical activity (83.6%) and their friends (79.9%) as important aids to maintaining good health. Over 400 of the respondents reported "other" factors that helped them stay healthy. The vast majority of replies included "church," "faith," or "prayer."

Barriers to Good Health

Participants were also asked about barriers that keep them from staying healthy. Nearly one out of five responders (19%) said they were not able to buy fresh and health foods, 22% did not have a place to be physically active, 20% could not afford medications or doctor's fees (23%). Nearly 19% had difficulty in obtaining doctor appointments and 6% reported trouble getting transportation to medical visits. There were few gender differences in identified barriers, and doctor's fees, cost of meds, and not having a place to be physically active were consistently identified by all age groups. However, the oldest responders most frequently cited lack of parks, gyms, and sidewalks as a barrier, followed by inability to get a physician appointment and inability to afford meds. Although lack of transportation was not reported as a major barrier among responders, nearly one in ten of the oldest responders said that it was a barrier for them.

Sources of Health Information

When asked to identify sources for getting their health information, participant most frequently cited their doctor (57%) and the internet (51%) as very useful. When responses to "useful" and "very useful" were combined these rose to 83% and 77%, respectively. Overall, women were more likely to view all sources as very useful, compared to men. Among women, 57% reported physicians and the internet (51%) as very useful. Men also reported these sources but at a lower rate (51% and 43%), respectively. The younger adults were more likely to identify the internet as their source of health information compared to older adults and nearly 60% of the youngest adults identified public health department staff as a useful or very useful source compared to 29% of the oldest respondents.

Responses by County, Age group and Gender

Table 1 show the frequency of responses and top three choices for each of these four health-related areas –for the total respondent population as well as by gender and by age. Table 2 shows the same responses by county of residence.

TABLE 1
Percent of responses and top priorities or concerns - by gender and by age

	Total respondents N=12,729	Women N=9505	Men N=2461	18 – 24 N=1081	25-44 N=5383	45-64 N=4060	65/older N=1297
Health Issues of Concern							
Obesity (17.3%)				3	3		
Drug Abuse/Addiction (6.4%)							
Heart Disease (25.8%)	2	1	2		2	1	1
Lung Cancer (5.1%)							
Diabetes (19.2%)	3	3	3	2		2	2
Other (26.2%)	1	2	1	1	1	3	3
Maintenance of Health							
Family support (86.4%)	1	1	1	1	1	1	2
Friend support (79.9%)				3			
Work wellness program (29.9%)		2				2	1
Doctor/health provider (83.1%)	2	3	3	2	2		
Support group/class (23.1%)							
Physical activity (83.6%)	3		2		3	3	3
Stop smoking (37.3%)							
Healthy eating (84.4%)							
Controlling stress (74.0%)							
Barriers to Health							
Can't buy fresh foods (18.7%)							
Place for physical activity (21.7%)	3	2	3	3	2	2	1
Can't afford meds (19.8%)	2	3	2	2	3	3	3
Can't afford MD fees (22.7%)	1	1	1	1	1	1	2
Can't get MD appointmt (18.5%)							
Transportation difficulty (6.4%)							
Sources for Health Information*							
Wellness center (41.5%)							
Internet (77.3%)	2	2	2	1	1	2	3
Newspaper/magazine (61.2%)	3	3	3		3	3	2
Support group/classes (30.1%)							
Physician (83.1%)	1	1	1	1	2	1	1
Health dept staff (44.0%				2			

*Represents combined responses of "useful" and "very useful"

	Allen	Barren	Butler	Edmonson	Hart	Logan	Metcalfe	Monroe	Simpson	Warren
Responses	**531 (4%)**	**1223 (10%)**	**914 (7%)**	**1373 (11%)**	**897 (7%)**	**1879 (15%)**	**750 (6%)**	**366 (3%)**	**559 (4%)**	**3388 (27%)**
Health Issues of Concern										
Obesity (17.3%)	2							2	3	3
Drug Abuse/Addiction (6.4%)										
Heart Disease (25.8%)	1	1	2	2	2	2	2	1	1	1
Lung Cancer (5.1%)										
Diabetes (19.2%)	3	2	3	3	3	3	3	3		
Other (26.2%)		3	1	1	1	1	1		2	2
Maintenance of Health										
Family support (86.4%)	1	1	1	1	1	1	1	1	1	1
Friend support (79.9%)							3	3		
Work wellness program (29.9%)										
Doctor/health provider (83.1%)	3	2	2	2	2	2				
Support group/class (23.1%)										
Physical activity (83.6%)	2		3				2	2	3	3
Stop smoking (37.3%)										
Healthy eating (84.4%)	3	3		3	3	3			2	2
Controlling stress (74.0%)										
Barriers to Health										
Can't buy fresh foods (18.7%)	3		3					2		
Place for physical activity (21.7%)	2	2	1	1	1	2			3	2
Can't afford meds (19.8%)				3	3	3	3		2	3
Can't afford MD fees (22.7%)	1	3	2	2	2	1	1	1	1	1
Can't get MD appointments (18.5%)		1					2	3		
Transportation difficulty (6.4%)										
Sources for Health Information*										
Wellness center (41.5%)										
Internet (77.3%)	1	2	2	2	2	2	2	2	2	2
Newspaper/magazine (61.2%)	3	3	3	3	3	3	3	3	3	3
Support group/classes (30.1%)										
Physician (83.1%)	2	1	1	1	1	1	1	1	1	1
Health dept staff (44.0%)										

*Represents combined responses of "useful" and "very useful"

Attachment 6. Handouts for Conducting Key Informant Interviews

Barren River Community Health Planning Council
February – March Community Input Process

The A-B-Cs of Interview Questions

With 5 Priority Health issues, and so many community stakeholders and providers to interview, we have developed several sets of questions for conducting Key Informant and Small Group Interviews. Some are specific to type of health services, and some address multiple health issues.

3 Types of People to be Interviewed

A-List **People personally affected by a health issue, or**
A close family member who is in a supportive role.

B-List **Policy-Makers: People in a position to address the priority health issue thru:**
- Policy change in their organization or business
- Program or service development (or improvement), or
- Making or advocating for regulation/legislation.

C-List **Providers of Healthcare or Educational Services**

DIY Instructions:

1. Your Interview Assignment List will tell you which of these question lists to use for each person.
   Note that, for some people, more than one question set will be appropriate.
   Example: a County Judge-Executive (policy-maker) who is also a smoker or diabetic.
   Feel free to use more than one question set, if you have time with them.

2. You can open and print the question sets from the Health Department website:
   www.barrenriverhealth.org/brchpc

3. For the Priority Issue of Obesity, our questions are labeled "Nutrition and Physical Activity"

4. Flip this page over for a list of the question sets as of February 14, 2012.

5. Prefer to type your interview notes directly in a computer, and skip hand-written notes?
   You can do this online at our Survey Monkey notes pages:
   A-List Questions (all sets) http://www.surveymonkey.com/s/Y73Q356

Question Sets For Target Groups Interviewed

Question Set	Target Interviewees and Purpose
Nutrition & Physical Activity A-List	For the (adult) general public. Almost all of us either need to lose weight, have tried to lose weight, or work daily to keep ourselves at a healthy weight. These address lifestyle factors for obesity, diabetes, and heart disease.
Diabetes A-List	For people who have been diagnosed with diabetes, or a close family member.
Diabetes C-List	For providers of healthcare services, including educational services specifically to help patients control their disease
Lung Cancer A-List	For smokers who have tried to quit (whether successful or not). Specifically asks about experiences with programs and services for smoking/tobacco cessation help.
Lung Cancer C-List	For providers of smoking cessation services
Lung Cancer B-List	Primarily for worksite managers, administrators and Human Resources. Specifically addresses smoking/ tobacco policy. Generally, these questions will be used by public health staff
Worksite B-List	Addresses multiple Priority Health Issues, and the goal of a healthy workforce. Some questions about specific services and policies. Target interview subjects are policy-makers in worksites (Administrators, CEOs, Human Resources, etc.).
School B-list	Addresses educational and health environment factors that affect school success, health learning, health behaviors, and safety for the student, plus the influence of adults in the school.
Community Leader B-List	Addresses the community's built environment, policies and regulations, use of resources, and services related to the 5 priority issues, and to economic development. Interview subjects include elected officials, Chamber leaders, organizational leaders, etc.
Healthcare C-List	Providers of health care services specifically related to the priority issues. Examples: Hospitals, physicians, EMS, Rehab providers, addiction treatment, pharmacy, etc. Some questions will apply to only certain providers.

Barren River Community Health Planning Council

Conducting Key Informant Interviews

Key informants are people who have personal knowledge or experience with a particular health problem, or have professional expertise in that area.

1. Selecting people to interview

Some people will be on your list by name or job title. For other interviews, we must identify an appropriate person who fits the 'description' (usually someone affected by the health issue, or a family member who provides support).
For these interviews, try to have a mix of people -- different ages, ethnicity, educational level, etc. The informants should also be able to express themselves clearly.

Since we will be asking about local services and how well they are meeting the needs, please ensure that the interviewer is NOT a provider of that service. This helps ensure a balanced interview, and the most useful notes.

If you have never done interviews like this before, don't let it frighten you. Be yourself! If you are genuinely interested in what this person has to say, your interest and commitment will come through.

2. Explain the purpose

If you feel unprepared to explain our Council and Community Health Assessment process (the purpose of these interviews), use the Q and A document to help you. You might want to give them a copy as well. *Assure them that everything they say will be kept confidential, and that any reports will combine the comments of many people.*

3. We are listening!

Remember, the whole purpose of this is not to impress people, or even to educate them on the issue. It's to learn what this person has to say. Their knowledge should be the focus of the interview. When in doubt, be quiet and listen!

If you feel that you can share helpful information with them (such as about available services), save this until the very last, after the interview is over. It is important to find out what they do know first, to help us identify the misconceptions people have, and gaps in their knowledge.

4. Break the ice

Try to help them feel comfortable and ready to share their experiences. Ask them to tell a little about themselves in relation to the health issue you will be discussing. The questions will move from general to more specific, so this 'small talk' is not wasted time. If they give mostly one-word responses, keep asking for details in a non-confrontational manner and give them time to think before answering. (Slow things down to increase their comfort level.)

5. Please take very good notes!

We use the expression, "If you don't have any notes to share afterward, then you didn't do the interview." Please be sure that your time and efforts are not wasted! A tape or digital recording

is useful, if the interviewee does not mind. (Ask their permission first.) But even with a recorder, please take lots of notes during the interview - recordings don't always work. Can a partner help by taking notes with you?

The best notes are as close as possible to what the person actually said, and not just a summary. It is better to have several pages than just a few lines.

An exact quote can be among the most valuable piece of information. On rare occasions, we will want to use the person's name but will always ask permission first.

6. Closing

End the interview when the person's agreed-upon time is up, or when it seems they have given you as much information as they can. Thank them and explain that the findings will be shared through reports on the health department website, and through some media releases (without names or identifying information).

Tips from the Field on Interviewing

The most important part of the interview is LISTEN, LISTEN, LISTEN. If you are asking their story please have the courtesy to listen to it. They may answer the questions in a different order than you have them on the paper but that is okay. This will be more of a conversation than a survey. NOTE: If you wish to use it, we have a 'quick-notes' version of the questions.

When you ask those 'ice-breaking' questions about their history with the health issue under discussion, they will be telling you their story. Just listen & record their story as they tell it. You can plug the information into the proper interview questions later. Several of the questions will be answered within the story.

After you become more familiar with the questions, and the process, you may find it helpful to adapt the questions to fit the conversation. Interview questions never have to be presented word for word – or even in the order we have listed them. As long as we are getting the information, and the person is getting the chance to share their experiences, you can make the interview your own.

The final question in each set asks for their suggestions on how we can improve the local health care and human services system. What does the your doctor, the hospital, health department or wellness center need to be doing to help you manage your disease or disease risk, that isn't being done at this time? What can we do better? This is their chance to share their own 'Gold Standards'.

We are finding that many people affected by our priority health issues are completely unaware of the support groups or other services that are available in our area. You can share this information **at the end of the interview**. It's a good idea to come with some information where they can go for support and assistance.

We need thorough and complete notes to make the best use of your interview! In addition to the question sheet with space for notes, please take along a note pad to record more details.

Key Informant Interview Assignment Spreadsheet - Example

County	Organization or Population	Name	Question Set	Interviewer	Completed
A List					
Logan	Diabetic	[name]	Diabetes (A List)	[Council member or BRDHD staff name]	X
Logan	Diabetic	[name]	Diabetes (A List)	[Council member or BRDHD staff name]	X
Logan	Diabetic	[name]	Diabetes (A List)	[Council member or BRDHD staff name]	X
Logan	Family member of a Diabetic	[name]	Diabetes (A List)	[Council member or BRDHD staff name]	X
Logan	Family member of a Diabetic	[name]	Diabetes (A List)	[Council member or BRDHD staff name]	X
Logan	Family member of a Diabetic	[name]	Diabetes (A List)	[Council member or BRDHD staff name]	X
Logan	Smoker/Existing	[name]	Lung Cancer (A List)	[Council member or BRDHD staff name]	X
Logan	Smoker/Existing	[name]	Lung Cancer (A List)	[Council member or BRDHD staff name]	X
Logan	Smoker/Existing	[name]	Lung Cancer (A List)	[Council member or BRDHD staff name]	X
Logan	Smoker/Existing	[name]	Lung Cancer (A List)	[Council member or BRDHD staff name]	X
Logan	Smoker/Existing	[name]	Lung Cancer (A List)	[Council member or BRDHD staff name]	X
Logan	General Public	[name]	Nutrition & Physical Activity (A List)	[Council member or BRDHD staff name]	X
Logan	General Public	[name]	Nutrition & Physical Activity (A List)	[Council member or BRDHD staff name]	X
Logan	General Public	[name]	Nutrition & Physical Activity (A List)	[Council member or BRDHD staff name]	X
Logan	General Public	[name]	Nutrition & Physical Activity (A List)	[Council member or BRDHD staff name]	X
Logan	General Public	[name]	Nutrition & Physical Activity (A List)	[Council member or BRDHD staff name]	X
Logan	General Public	[name]	Nutrition & Physical Activity (A List)	[Council member or BRDHD staff name]	X
B List					
Logan	Club - Rotary	[name]	Community (B List)	[Council member or BRDHD staff name]	X
Logan	Club Lions	[name]	Community (B List)	[Council member or BRDHD staff name]	X
Logan	Other Civic	[name]	Community (B List)	[Council member or BRDHD staff name]	
Logan	County Judge Executive	[name]	Community (B List)	[Council member or BRDHD staff name]	X
Logan	Judge	[name]	Community (B List)	[Council member or BRDHD staff name]	X
Logan	Mayor	[name]	Community (B List)	[Council member or BRDHD staff name]	
Logan	Concerned Citizens	[name]	Community (B List)	[Council member or BRDHD staff name]	X
Logan	Chamber President	[name]	Worksite (B List)	[Council member or BRDHD staff name]	

Logan	Chamber Contact	[name]	Worksite (B List)	[Council member or BRDHD staff name]	
Logan	School Superintendent	[name]	School (B list)	[Council member or BRDHD staff name]	X
Logan	School DPP	[name]	School (B list)	[Council member or BRDHD staff name]	X
Logan	School Principal	[name]	School (B list)	[Council member or BRDHD staff name]	X
Logan	School superintendent	[name]	School (B list)	[Council member or BRDHD staff name]	X
Logan	Education other	[name]	School (B list)	[Council member or BRDHD staff name]	X
Logan	Education other	[name]	School (B list)	[Council member or BRDHD staff name]	X
Logan	Worksite HR	[name]	Worksite (B List)	[Council member or BRDHD staff name]	X
Logan	Worksite HR	[name]	Worksite (B List)	[Council member or BRDHD staff name]	X
Logan	Worksite	[name]	Worksite (B List)	[Council member or BRDHD staff name]	X
Logan	Educatioon other	[name]	Community (B List)	[Council member or BRDHD staff name]	X
Logan	Church Group	[name]	Community (B List)	[Council member or BRDHD staff name]	X
C List					
Logan	MD	[name]	Healthcare Provider (C List)	[Council member or BRDHD staff name]	
Logan	MD	[name]	Healthcare Provider (C List)	[Council member or BRDHD staff name]	X
Logan	Nurse Practitioner	[name]	Healthcare Provider (C List)	[Council member or BRDHD staff name]	X
Logan	Lifeskills Director	[name]	Healthcare Provider (C List)	[Council member or BRDHD staff name]	
Logan	Likfesills Other	[name]	Healthcare Provider (C List)	[Council member or BRDHD staff name]	X
Logan	Physician	[name]	Healthcare Provider (C List)	[Council member or BRDHD staff name]	
Logan	Extension Office	[name]	Healthcare Provider (C List)	[Council member or BRDHD staff name]	X

Public Input on LUNG CANCER

These statements are derived from our public input process, which helped assess the degree to which our Gold Standards are in place, with a special focus on Policy, Education, and Services. Along with your own knowledge of local circumstances, these building blocks can be used for action planning.

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews (Providers)	Community Survey *All respondents, total of 12,056 returned*
We interviewed 47 'seasoned' smokers – over 2/3 for 15 years or more. Almost half had tried to quit; 8 in 10 of them had tried multiple times. 1/3 of smokers interviewed were successful in quitting, but many had returned to smoking.	Overall, students in local schools seem to be more knowledgeable about the health risks from smoking	At worksites, some type of smoking policy is fairly common.	Medical providers feel least knowledgeable about **(1) Helping people to quit smoking;** (2) How to get people interested in losing weight; (3) Broaching the sensitive subject of weight loss, especially with parents about their children..	***Lung Cancer*** was chosen as most important by 5% of local residents,
Why smokers had tried to quit: * Over half for medical reasons "Everyone in my family who has passed had cancer." * 2/3 wanted to be healthier "I hated the thought of being enslaved to this vice."	Teens seem to be in transition regarding smoking behavior. In some schools it is decreasing, but in other schools it is increasing.	Very few local worksite managers and supervisors talk about themselves as influential health role models.	Other medical providers tend to refer smokers to their physicians for help with quitting.	More than one-third of local residents say that ***Quitting tobacco use*** has been helpful in keeping their family healthy
* 1/3 had a family member with a medical crisis. * 45% said it was the expense of smoking * 3 / 4 were influenced by family or friends. "I was pregnant and not gaining	Staff in some schools report that smoking is less socially acceptable among students. But students do not seem to see smokeless tobacco as unhealthy.	Several worksites encourage employees to set personal wellness goals, and a few make it a priority.	Many medical providers lack good methods for tracking whether patients followed up on referrals for education or other services. (including smoking cessation)	These have been helpful in keeping my family healthy: **#1- Support of family members** (87%) **#2- Doctor/healthcare provider** (83%) **#3- Friends' support** 80%

enough weight…My unborn baby influenced me more than anything to quit." "My kids wanted me to quit."				**#4- Wellness program at work** (30%) **#5- Support group/health education class** (23%)
How they tried to quit: * 1/3 had tried nicotine patches; * 1 in 5 had support of friends; * 15% attended support groups; * a few mentioned exercise, medication, counseling, healthy eating, or cold turkey.	Many school staff describe the DARE 6th grade program as valuable for tobacco prevention. Later, when asked. "What's the best thing your school does to encourage healthy habits?" several people mentioned the DARE program.	Generally, employer health insurance seems to cover mental health services, including counseling.	Medical providers suggest that continuing education be made available locally, and that it include information on locally-available resources.	<u>These health behaviors have been helpful for keeping my family healthy:</u> #1- Healthy eating (84%) #2- Being physically active (84%) **#3- Controlling Stress** (74%) **#4- Quitting tobacco use** (37%)
* Others used more unique approaches: over the counter gum, tobacco pouches with low nicotine content, avoidance of drinking, going outdoors to smoke as a way to taper off.	After the DARE program in 6th grade, almost no formal tobacco prevention programs are provided in our schools. Exceptions: Freshman P.E. classes cover tobacco, as do some Biology classes. Outside speakers and educators do some education.			

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews (Providers)	Community Survey
Reported supports available through worksites or schools: • Insurance covers support groups and work place post • Patches • Support groups • Medication • Counseling • Cooper Clayton	In local schools, tobacco cessation programs seem to be rare. (These would be programs providing on-going support for quitting tobacco use.)	Providers of Cooper-Clayton smoking cessation program say people want to quit for medical reasons, the cost, and influence of family/friends.	Providers of smoking cessation services say that the greatest barriers to success are: 91) withdrawal symptoms; (2) Spouse / family members who smoke; and (3) weight gain.	
Use of group support programs like Cooper-Clayton: • "Successful for some, not for others" • "Great, been a nonsmoker for the past 2 ½ years" • "Patches gave me a rash but the support group helped me quit" • "Quit for a while but eventually started back" • 10% of responders said they never heard of Cooper Clayton	When students are caught smoking, some schools use Tobacco Education Group (TEG) or "Tobacco-Free Teen" sessions after school. Several use suspension, or suspension alternatives, or meeting with counselors. Several schools seem to have little emphasis on enforcement.	"Since emotions run a lot higher in rural areas on [tobacco policy], it is a lot harder. We need to be responsible and increase the education of policy makers on tobacco and its effect. Personal attachment [to tobacco as a cash crop] halts most policy on anti-smoking." - Community leader	Weaknesses of Cooper-Clayton, the most commonly use smoking cessation program in our area; (1) People don't want to commit to a 12-week program; (2) More appealing if the drugs/supplies are free or low cost, as they are expensive; and (3) Only for people 18 and over (not teens).	

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews	Community Survey
1-800-QUIT-NOW • "Awful. Left 5 messages and never got a response back, even after I called and told the agent." • "They promptly called back and left messages. I just missed their calls"	To help faculty & staff quit tobacco, some schools offer smoking cessation programs. Some urge them to participate in "Kick Butts Day"	When asked about insurance coverage for smoking cessation programs, many worksite representatives said, "no". But some employers reimburse for these products.		
When people are most likely to be receptive to messages about why they should quit: • Death or health problem of family/friends – 32% • Expecting a baby or recent birth- 26% • Diagnosed with a health problem -36% • Want to be healthier – 30% - "After you've smoked for a certain period of time. When you are young, you don't think about it. Probably around age 30 you start feeling physical effects and want to quit."	Only one school has a board approved formal 24/7 Smoke Free Campus tobacco policy, but officials in 3 system referred to a de facto policy. Few school officials had even heard of this, And most cited social norms as the primary barrier to implementing one (including both parent and central office opposition).	Health insurance plans carried by public employers (including school systems, local government, agencies, etc.) generally cover preventive services. Among for-profit employers, there seems to be a fairly wide range of coverage for preventive care.		

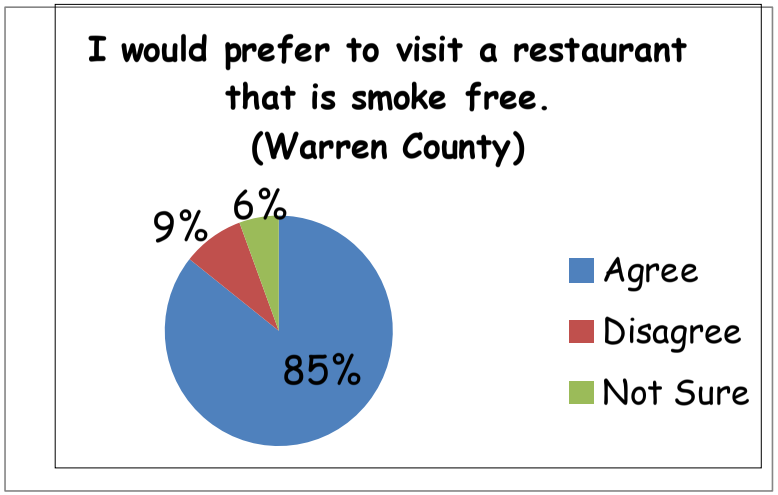
<table>
<tr><th>A-List Interviews
(People affected, and family members)</th><th colspan="2">B-List Interviews
(Leaders & Managers)</th><th>C-List Interviews</th><th>Community Survey</th></tr>
<tr><td rowspan="2"><u>What doctors say to smokers</u>:
• 30% of responders said: Nothing.
"My doctor has never said anything about tobacco to me,"
"Never said anything even when I was pregnant,"
"I have never told my doctors that I smoke and they have never asked."</td><td>What was the tipping point for your board to approve your policy? "Recommended by KBSA." "Watching parents smoke at the front doors during school activities and sporting events. Often they dropped the cigarettes on the ground when they were finished. This was not setting a good example."</td><td>When worksites go smoke free, smoking cessation providers often work with them to provide advice on implementation, and cessation services.</td><td rowspan="4"></td><td rowspan="4"></td></tr>
<tr><td rowspan="3">Some high school health classes cover tobacco education. Many schools do tobacco education during Red Ribbon Week, including demonstrations of the health effects. Guidance Counselors also talk to students about tobacco use.</td><td rowspan="3">"Many worksites are now smoke free and it is generally being accepted in our area." - Smoking cessation provider
But lack of management support and enforcement is a problem.</td></tr>
<tr><td>• 15% said they were advised to quit by their doctor</td></tr>
<tr><td>• 11% said they were given specific information –
"I was told…best not to use tobacco in any form,"
"told me about effects of long term use,"</td></tr>
<tr><td>"It causes many health problems", "He gets on my back about it every time I see him."</td><td>Suggestions for <u>student</u> quit tobacco programs (1) For TEG, put teeth into requiring program completion ; (2) Look at how the B-H-M ASAP has supported them.</td><td></td></tr>
</table>

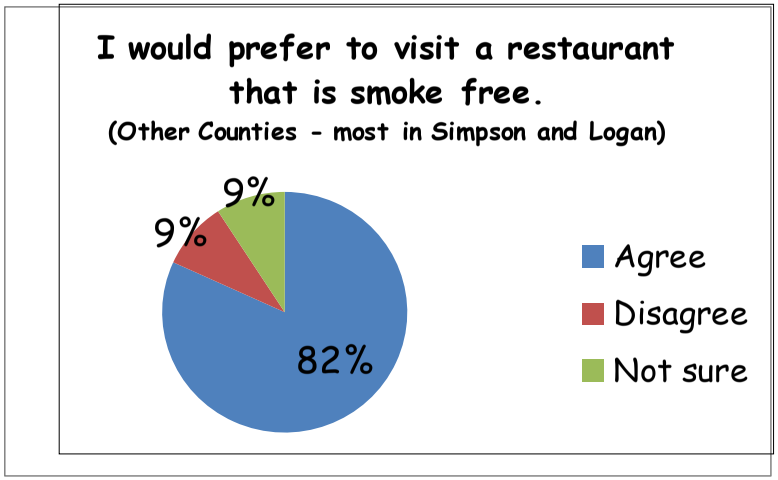
A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews	Community Survey
Smokers suggestions for local quit tobacco support services: • Offer products that are free or reduced cost. The health department does, why can't other agencies do this as well? • Need more support classes that are local • Need better service on the tobacco quit line (like answering or returning calls) • Health departments are the most effective quit tobacco support service • Need better advertising of Cooper Clayton programs • A program where smokers can get patches or gum, then phone a counseling service once or twice a week, free of charge.	Are school faculty and staff modeling healthy lifestyle? Overall, about half are modeling good health habits, but the other half are not. Some respondents mentioned the "Just Like You" campaign with the health department, emphasizing adults as role models. FR/YSC staff seem to be very active in tobacco education.	Suggestions from school officials for any smoking cessation programs: (1) More advertising "I don't see anything in the newspaper or on school intranet…"; (2) Offer to school staff at no cost, after school & lunchtime; (3) "We use our Renaissance Team composed of teachers and students that publish announcements to our students on trying to get students to not smoke."		

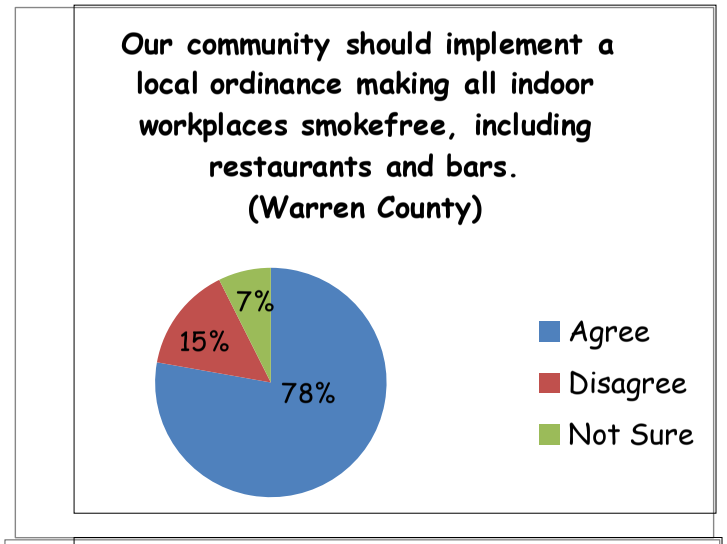
A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews	Community Survey
• Broader visibility of programs to increase awareness – TV and radio; posters and phone numbers everywhere.	Some school systems offer smoking cessation for employees, and some have a health insurance discount for non-smokers.			
• More pragmatic opinions: "If people want to quit smoking, they will"; "cold turkey is best" "If a cessation website makes too many references to "smoking" the word becomes a subliminal message and makes you want to smoke". "Shock images and gross pictures don't work for me	[About offering smoking cessation program to school staff] "Everybody is tapped for money [but] I think we need to take it a step further. If you had a staff person that was an alcohol or drug person, we would go the extra mile. Since we're in KY, smoking is not taken as seriously…"	Communities can support tobacco education for students by (1) enforcing age restrictions for purchasing it; (2) No-smoking rules in public housing; (3) Messages at sports events; (4) Parent education; (5) Use peer support.		
About radon exposure: • Over half had not heard anything about radon and its effects on health • Of those who had heard about radon, almost three out of four said they knew someone who had their house tested for radon. Most (85%) of these testings had negative results	Few school officials have knowledge about radon and its role in lung cancer, and very few systems are testing for it.			

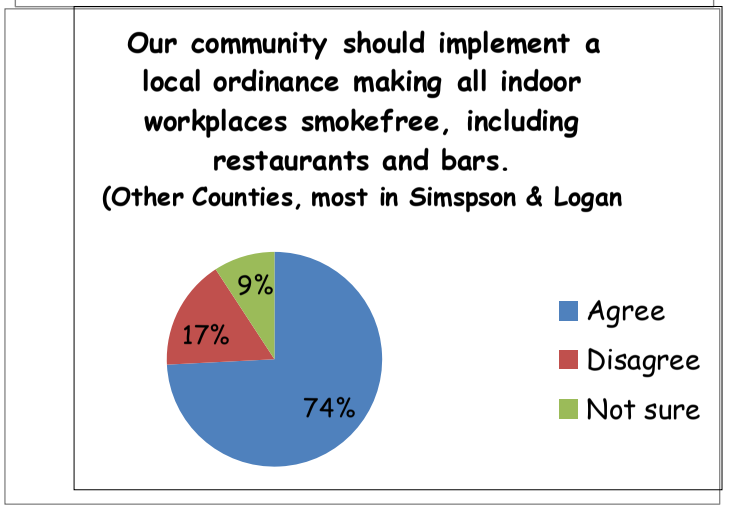
Tobacco Policy Survey

Administered continuously since 2010, using a convenience sample
1,897 responses
1,135 Warren Co. Residents
762 Other BRADD Counties, or Not given
(most were from Logan & Simpson)









Public Input on Drug Abuse & Addiction

These statements are derived from our public input process, which helped assess the degree to which our Gold Standards are in place, with a special focus on Policy, Education, and Services. Along with your own knowledge of local circumstances, these building blocks can be used for action planning.

<table>
<tr><th>A-List Interviews
(People affected, and family members)</th><th colspan="2">B-List Interviews
(Leaders & Managers)</th><th>C-List Interviews
(Medical and Service providers)</th><th>Community Survey</th></tr>
<tr><td>This column presents findings & recommendations from the Kentucky Substance Abuse Treatment Outcome Study 2012. Adults undergoing treatment through Lifeskills in 2010 were surveyed, with a follow-up survey in 2011. Of the 1,225 clients in the study, just over half were male, with an average of 34.6.</td><td>This column is input from school officials.

For recreational use, school faculty/staff report that prescription medication abuse, and synthetic drugs, are most popular.</td><td>This columns is from interviews with worksite leaders and managers.

"Stress and Depression are the most common observed ailment that hinders productivity."</td><td>Some providers seem to be unaware of community support groups and classes for diabetics. These would include smoking or tobacco cessation programs.</td><td rowspan="2">Drug Abuse and Addiction was chosen as most important by 6% of local residents.

<u>These have been helpful in keeping my family healthy</u>:
#1- Support of family members (86%)
#2- Doctor/healthcare provider (83%)
#3- Support of friends (80%
#4- Wellness program at work (30%)
#5- Support group / Health education class (23%)</td></tr>
<tr><td>*Three-fourths of Lifeskills clients in the FY 2010 KTOS follow-up sample had a high school diploma/GED or higher level of education at intake.</td><td>When asked about changes in student drug use, about half of school officials said "yes" and the other half said, "no".</td><td>This is a typical comment about employees who have a drug abuse problem: "…voluntary disclosure - We, as an organization will help the employee find help with his/her drug abuse issue as long as they voluntarily come forward before it affects the organization."</td><td>Overall, local medical providers seem to lack good methods for tracking whether or not patients followed up on referrals for education or other services.</td></tr>
</table>

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews (Medical and Service providers)	Community Survey
*The report recommends integration of tobacco cessation programs into a substance abuse treatment program, based upon the percent of clients who did not change their tobacco use from intake to follow-up.	They mentioned prescription medication abuse, and synthetic drugs, most often as problems for student recreational use. "It's the prescription pills. They don't think of it as bad. Prescription drugs to them	Many employee insurance plans seem to cover substance abuse treatment, but worksite representatives do not seem to be very familiar with the details.	*These notes are input from an interview with one drug treatment therapist with 20+ years of experience.* To better support local drug treatment services, we need better communication between all providers.	
*Empirical evidence suggests tobacco cessation efforts with adults do not negatively impact recovery, and in fact may be associated with more positive substance abuse treatment outcomes.	are not "real" drugs. I hear casually about taking "tabs" (Loritabs)" "I'm sure there is still that hard-core group, but it surprises me the attitude towards non-prescription drug use."	In worksites, zero tolerance of drug abuse is by far the most common policy.	After a student begins to receive drug treatment services, schools should support the transition back to school, and help ensure that the individual continues out-patient services.	These health behaviors have been helpful for keeping my family healthy: #1- Healthy eating (84%) #2- Being physically active (84%) ***#3- Controlling Stress*** (74%) #4- Quitting tobacco use(37%)
	"I see a lot of problems with prescription drugs in court. " "Students are exposed to these on a daily basis at home- to them it is just a way of life."		The most significant barriers to success after drug treatment are (1) Returning to the same environment, and (2) Getting support from the outside community.	

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews (Medical and Service providers)	Community Survey
Employment: * Overall, the number of Lifeskills clients reporting that their usual employment was full-time or unemployed, looking for work, did not change from intake to follow-up. * The number of days of paid work increased significantly by 34.1% from intake to follow-up: 8.8 days to 11.8 days. Income increased, but not significantly, from intake to follow-up for men and women. *Treatment should also focus on employment support in an effort to increase the percent of clients who are employed either full or part-time.	Are school faculty and staff modeling healthy lifestyle? Overall, about half are modeling good health habits, but the other half are not. Some respondents mentioned the (Spring 2011) "Just Like You" campaign with the BRDHD and in Barren-Hart-Metcalfe KY-ASAP. This program emphasized adults in the school as role models. "the KIP survey from 2010 compared to last time indicates that students "say" the right thing. they are aware of dangers etc but there was an increase in the number who had tried it so awareness doesn't seem to deter kids from wanting to try drugs."		The local drug treatment system is a success for having both private facilities, and public mental health centers.	

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)	C-List Interviews (Medical and Service providers)	Community Survey	A-List Interviews (People affected, and family members)
Community: *The vast majority of the sample reported living in a stable arrangement at intake, with no clients living on the streets or in shelters before intake.			The community drug treatment system is failing when uninsured people fall through the cracks.	
Referral: *Just under ¼ of clients were referred by the criminal justice system to treatment. A sizable majority reported they were referred to treatment because of a DUI offense. * Some (13.5%) of clients reported they were referred to treatment by a state protective agency. About 1 in 5 clients were on probation at intake, with only 16.2% reporting they were on parole at intake. Arrests: *About half of Lifeskills clients (51.4%) were arrested and charged with a criminal offense in the 12 months			At worksites, management and supervisors should have this education: (1) Signs and symptoms of drug use in the workplace; 2) Effects of drug use on work; (3) Signs and symptoms of drug addiction; and (4) Treatment options that are available.	

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews (Medical and Service providers)	Community Survey
before intake. The most common criminal offense was DUI offense (29.7%), followed by drug charges (14.9%), and other criminal offenses (12.2%). In the follow-up study, clients were much less likely to report having been arrested in the past year. Compared to the intake survey: * "any arrest" - 37% decrease * "any arrest" - 46% decrease among men. * Dui arrest – for men, a 50% decrease compared to intake. Overall, in follow-up Lifeskills clients had positive outcomes after treatment. Though tobacco use remained stable from intake to follow-up, the majority of Lifeskills clients were abstinent from substance use at follow-up. In addition, employment remained stable from intake to follow-up with slight less than half employed full-time.	When asked. "What's the best thing your school does to encourage healthy habits?", these were common responses: **(1) DARE program is excellent; (2) education and activities by the FR/YSCs;** (3) the BRDHD school nurse; (4) great PE teachers; (5) PACS-NOW health education; and **(6) after-school program.** School faculty and staff should have this education: (1) Signs and symptoms of addiction; (2) Addictions at school; (3) Effects of drugs on students; (4) Treatment options; (5) Good policies for drug free schools.			

Public Input on the Local Community Health System

These statements are derived from our public input process, which helped assess the degree to which our Gold Standards are in place, with a special focus on Policy, Education, and Services. Along with your own knowledge of local circumstances, these building blocks can be used for action planning.

<table>
<tr><th>A-List Interviews
(People affected, and family members)</th><th>B-List Interviews
(Leaders & Managers)</th><th>C-List Interviews
(Providers)</th><th>Community Survey</th><th>Local Health Care Delivery System Assessment</th></tr>
<tr><td rowspan="2">First set of notes in this column are from interviews with 46 <u>smokers or ex-smokers</u>, We asked mostly about smoking cessation, and local cessation services.

About 30% of smokers interviewed report that their physician has said nothing to them about smoking

"My doctor has never said anything about tobacco to me,"
"Never said anything even when I was pregnant,"
"I have never told my doctors that I smoke and they have never asked."
• 15% said they were advised to quit by their doctor.
• 11% said they were given specific advice about why they should quit.</td><td>First set of notes in this column are from interviews with 17 people who hold leadership roles representing <u>local worksites</u> or Chambers of Commerce.

In general, employers see a clear connection between employee health and productivity.</td><td>First set of notes in this column are from interviews with <u>physicians and other health care providers.</u> For some, the question set specifically asked about diabetes care, as an indicator of quality care..

"[I estimate that] …two-thirds of my patients have diabetes Type 2." - local physician</td><td>2 in 10 local residents can't afford their medications (23%)</td><td rowspan="2">This column includes only those areas with a low score (not being met)

<u>Link to personal health services scored low</u>:
*Identification of Populations with Barriers to Personal Health Services
*Identification of populations who experience barriers to care
*Identification of personal health service needs of populations
*Assessment of personal health services available to populations who experience barriers to care
*Assuring the Linkage of People to Personal Health Services
*Assistance to vulnerable populations in accessing
*Link populations to needed personal health services needed health services</td></tr>
<tr><td>Very few local worksite managers and supervisors talk about themselves as influential health role models.

"We have employees who seem to miss a lot each year while others rarely miss. Most of the absences are health/illness related."
- High School Principal</td><td>Medical providers say that schools play an important role in diabetes control for their students.</td><td>Almost one-quarter of local residents can't afford the doctors fees. (23%)</td></tr>
</table>

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<tr>
<td>The next set of notes is from interviews with 46 persons who have diabetes, or are family members.</td>
<td>About half of worksite representatives interviewed report that they encourage employees to set personal wellness goals, and a few make it a priority. Some even have incentives.</td>
<td>Diabetes control is an on-going process. Uninsured patients take longer, as they do not receive consistent services.</td>
<td>1 in 6 local residents can't get an appointment with the doctor when needed. (19%)</td>
<td>*Initiatives for enrolling eligible individuals in public benefits programs.

*Coordination of personal health and social services</td>
</tr>
<tr>
<td rowspan="2">Suggestions for system change from diabetics:
• Make referrals to dieticians and diabetic educators right from the doctor's office
• Provide written information about what services are available
• Stress more education on prevention, particularly obesity</td>
<td>There are several examples of great incentive program in our area, even within worksites that do not have a formal (expensive) wellness program.</td>
<td>Overall, medical providers estimate that only about half of their diabetes patients understand the basics of diabetes control.</td>
<td>7% of local residents have trouble getting transportation to medical visits.</td>
<td rowspan="3">Research scored low, particularly these elements:
*Fostering Innovation
*Encouragement of new solutions to health problems
*Proposal of public health issues for inclusion in research agenda
*Identification and monitoring of best practices
*Encouragement of community participation in research
*Linkage with Institutions of Higher Learning and/or Research.
*Relationships with institutions of higher learning and/or research organizations</td>
</tr>
<tr>
<td>Smaller employers lack:
(1) The resources for a formal worksite wellness program; (2) Mentors from more active larger employers; (3) Examples of wellness activities that are not expensive, and (4) Educational resources.</td>
<td>Overall, diabetes patients are best at taking medications, and testing blood sugar. They are least likely to follow diet & exercise measures, and to lose weight.</td>
<td>These have been helpful in keeping my family healthy:
#1- Support of family members (86%)
#2- Doctor/healthcare provider (83%)
#3- Support of friends (80%)
#4- Wellness program at work (30%)
#5- Support group / Health education class (23%)</td>
</tr>
<tr>
<td>• Provide medication and supplies to those who can't afford them
• Physicians should be more accepting of education and support for patients
• Physicians should be more considerate and compassionate</td>
<td>Many worksites depend on their health insurance company to provide health education for employees.

Many worksites offer Health Risk Appraisals for their employees, and some have this through their insurance company. But several had no idea of what this is.</td>
<td>When medical providers refer patients for education or other services, few of them seem to have good methods for tracking whether diabetes patients followed up on the referrals.</td>
</tr>
</table>

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)	C-List Interviews (Providers)	Community Survey	Local Health Care Delivery System Assessment
Suggestions from diabetics for employers and schools to be more supportive: • Offer classes at the worksite and give staff time to take them • More emphasis on prevention of obesity • Help with counseling • Get an early start with courses on prevention of diabetes and obesity in schools • Require more exercise at school • Restaurants and quick shops need to have more healthy menu choices	For many employers, health education is primarily the responsibility of their health insurance company. There are several examples among larger employers however, of using newsletters and guest speakers. We heard of no examples of larger "resource-rich' employers collaborating to share educational resources with smaller employers. In several local worksites, employees get health insurance premium discounts for meeting wellness goals. Some use lab indicators, and others use behaviors (such as mileage or physical activity milestones)	Medical providers say that family members are important for supporting diabetes control, especially the spouse who prepares meals and shops for groceries. Diabetes care providers are aware of some community resources, but this knowledge seems to be scattered. Many medical providers seem to be unaware of community support groups and classes for diabetics. Some are familiar with Diabetes Self Management Education classes, but not with support groups	These health behaviors have been helpful for keeping my family healthy: **#1- Healthy eating** (84%) **#2- Being physically active** (84%) **#3- Controlling Stress** (74%) **#4- Quitting tobacco use** (37%)	*Partnerships to conduct research *Collaboration between the academic and practice communities *Capacity to Initiate or Participate in Research *Access to researchers *Access to resources to facilitate research *Dissemination of research findings *Evaluation of research activities

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)	C-List Interviews (Providers)	Community Survey	Local Health Care Delivery System Assessment
The next set of notes is from 32 interviews with the general public about nutrition and physical activity. Of 27 interviews with general public: About 85% said they had a regular doctor; 15% did not. What has your doctors told you about nutrition & PA? 1/3 said "Hasn't mentioned it". Less than half said their physician either encouraged or told them they should exercise more. A few said their doctor was very vocal about the importance of overall health, including healthy eating and physical activity (PA).	Employee insurance benefits: * About half of worksite interviewees reported having dental coverage, usually as a separate plan. * About half have coverage for Diabetes self-Management education courses. * Coverage for Smoking Cessation programs is not included in many plans, but some employers reimburse for these products * Mental health services seem to be covered by most plans. * Many seem to cover substance abuse treatment, but worksite representatives do not seem to be very familiar with the details.	Some diabetes patients report to their medical providers that local education/support offerings are difficult to get to; they don't understand; or they forget to attend. Diabetes patients who are using local education services and support groups often report that they enjoy and appreciate them. But use seems to be infrequent.	'Useful' or 'Very useful' for getting health information: **#1- My doctor / healthcare provider** (83%) **#2- The Internet**(77%) **#3- Newspaper or magazine** (61%) **#4- Public health dept. staff** (44%) **#5- Community wellness Center** (42%) and **# 6- Support group / classes** (30%)	**Monitor Health Status To Identify Community Health Problems** *Community health profile (CHP) *Community-wide use of community health assessment or CHP data *Access to and Utilization of Current Technology to *Manage, Display, Analyze and Communicate Population Health Data *Access to geo-coded health data
	There are many examples across the BRADD of employee wellness programs that use Wellness Committees/Teams, peer-led promotions, and incentives.	Suggestions from medical providers: * More group weight-loss services should be available. * Diabetes education/support offerings should be more available in all counties, more convenient, and low-level education.		

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)	C- List Interviews

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)	C-List Interviews (Providers)	Community Survey	Local Health Care Delivery System Assessment
In the 27 general public interviews, we asked about neighborhoods and communities 2/3 said they have places to be physically active, including property or farms with lots of space and places to walk. Others said they had a long way to travel to get to their community resources such as parks. For many, facilities are not affordable, neighborhoods lack sidewalks, or not used.	*The next group of findings in this column is from interviews with 31 school officials..* When asked. "What's the best thing your school does to encourage healthy habits?" common response included (#3) ***having a school nurse*** Almost all school officials interviewed reported that school staffing includes a school nurse (many through a contract with the BRDHD).	*These notes are from interviews with ____ providers of health education and health promotion services.* Health education and promotion providers see these community services as most useful overall: (1) Support groups/peer groups; (2) Community Action; (3) health department services; (4) Community medical clinics; and (5) dental care.		**Mobilize Community Partnerships to Identify and Solve Health Problems** *Participation of constituents in improving community health *Directory of organizations that comprise the Local Public Health System *Review of community partnerships and strategic alliances
Suggestions for Communities: • More places to be active – such as sidewalks and walking trails • Free or more affordable exercise programs • Media campaigns, and advertise importance of healthy living • Conduct weight loss workshops, more Zumba classes	Family Resource / Youth service Centers (FR/YSCs) seem to be extremely helpful for families needing referrals to community medical and social services, including the follow-up that they provide. Are school faculty and staff modeling healthy lifestyle? Leaders interviewed say that, overall, about half are modeling good health habits, a but the other half are not.	When clients don't follow up on referrals, common reasons are: (1) transportation; (2) No desire to change lifestyle; (3) can't afford it. Providers of health education/promotion do not describe systems for tracking clients to see if they actually followed through on referrals.		

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)	C-List Interviews (Providers)	Community Survey	Local Health Care Delivery System Assessment
• Community support for agriculture programs where you can buy a box of fresh veggies each week • More farmers markets • It is hard to eat healthy when you can't afford healthy foods	Few school officials interviewed had any knowledge about a School Wellness Committee. School Consolidated School Improvement Plans (CSIPs) do not seem to include health issues at all.	"I've given up on referrals to:" (1) Fairview Community Health Center (simply cannot serve the enormous demand); (2) Lifeskills; (3) Local Civic organization with eye glasses help for those who do not have insurance or Medicaid; (4) Salvation Army; (5)		

B-List Interviews (Interviews with Community Leaders, Elected Officials, and Transportation Professionals)				
Many interviewees see healthy citizens as a cornerstone to a strong economy; others see the economy as a barrier to healthy behaviors.	Outside of funding, one of the most common barriers to building a healthier community is that it simply isn't being discussed by leaders or citizens. Communities lack advocates for health-related policies and planning, public involvement in the discussion, and a partnership between industries and local government.	What's working now for communities? (1) Small projects that show us possibilities; (2) Business-government partnerships; and (3) Advocacy groups.	"Our leaders are aware of the need for a healthier community, but sometimes they have so much to do there just isn't time. " "…it seems to get pushed to the back burner..." "…may be reluctant to jump on the bandwagon for change."	Suggestions for interim steps included (1) More physical activity opportunities, but also promotion of their use; (2) More citizen involvement, especially by youth; and (3) Government partnership with civic groups; and (4) Awareness in general.
There are numerous examples of successful infrastructure development in warren County, designed to make the community more walkable and bikeable. Many of these are worth looking at for possible adaptation in other BRADD Counties.	Barriers to built environment improvements include: (1) determining 'want' vs. 'need' in prioritizing projects; (2) "Not in my back yard", but also "Not out of my wallet"; (3) lack of methods for objectively measuring a return on the investment (expenses now vs. long-term health benefits for the population; (4) g) Reliable resources for long-term maintenance of these facilities must be provided; and (5) Sometimes project managers have difficulty with new designs and approaches, preferring "the way we've always done it."	When trying to 'sell' built environment improvements, Better Quality of Life (and the economic development benefits that come from that) is probably the most effective selling point.	Regional planning for built environment improvements is worth the effort for all counties involved. Ideally, trails and pathways can be planned to cross county lines, and to connect recreational and physical activity facilities. This regional approach helps with the local economy as well, when tourists are attracted by our facilities and attractions.	

Public Input on Obesity/Diabetes/Cardiovascular Disease

These statements are derived from our public input process, which helped assess the degree to which our Gold Standards are in place, with a special focus on Policy, Education, and Services. Along with your own knowledge of local circumstances, these building blocks can be used for action planning.

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews (Providers)	Community Survey
Council members interviewed 42 people who have diabetes, or who were spouses or family members. One third of them had more than 15 years of experience with the disease; another 38% had more than 5 years of experience	A few interviewees reported that their worksite has a gym or dedicated exercise space. One reported a walking track. But there were several examples given of activities to promote physical activity, including some competitions. Many of these promotional efforts are free or low-cost.	*This column is notes from interviews with 31 school officials.* All of the school staff interviewed have observed obesity being a problem.	This column is notes from interviews with physicians and other health care providers. For some, the question set specifically asked about diabetes care, as an indicator of quality care. "[I estimate that] …two-thirds of my patients have diabetes Type 2." - local physician	***Obesity*** was chosen as most important by 16% of local residents.
When told of the diagnosis, nearly 60% of them felt shock/disbelief or fear. Other emotions included helpless, anger, or even relief.	Only two interviewees reported that the worksite reimburses for community gym membership, but some have negotiated discounts for employees.	To address obesity, we have many examples of schools with ambitious programs and activities	Diabetes control is an on-going process. Uninsured patients take longer, as they do not receive consistent services.	***Heart Disease*** was chosen as most important by one-quarter of local residents (25%)
Acceptance: Responders reflected on factors that can change a person's feelings about having diabetes. The majority of responses suggest that the more education, information .	Research shows a clear connection between breastfeeding and preventing childhood obesity, yet few worksites have specific support places, or plans for breastfeeding employees. But very little overt opposition	No schools seem to have a coordinated program or plan for addressing obesity.	Overall, medical providers estimate that about half of their diabetes patients understand the basics of diabetes control.	***Diabetes*** was chosen as most important by 1 in 6 local residents (18%)

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews (Providers)	Community Survey
and understanding a person has of diabetes, the better they learn to manage it, gain a sense of control and empowerment	was reported. One school official said that they have designated areas for pumping during the day, but the mother of an employee said her breastfeeding daughter had a problem with this.	No school officials interviewed were able to describe any improvements/changes in the curriculum content to increases awareness about obesity.	Medical providers say that diabetes patients are best at taking medications, and testing blood sugar. They are least likely to follow diet & exercise measures, and to lose weight.	About 1 in 6 local residents have a problem ***being able to buy fresh and healthy foods.***
"The more (a person) learns, the better job they do of controlling it" "You learn to manage and finally accept it" "[In the] first few years it seemed hopeless to do what it took to control diabetes. Physicians gave instructions which were not understandable or do-able. [A staff member of] BRDHD gave me the	When asked about stress control, several interviewees mentioned only having an employee Assistance Program, but several also mentioned less formal approaches (breaks) and even training. Rest lounges for stress control are rare, outside of the Break Room. Only one person mentioned physical activity breaks for stress control.	Among all changes to school policy, education or services, those improving food services/policy were most often described as "our most successful". Also named were nutrition education efforts, including improvements in the foods that students bring from home. Several school officials spoke of exercise classes being offered to students and staff. (such as Zumba classes)	Medical providers say that family members are very important for supporting diabetes control, particularly the spouse who prepares meals and shops for groceries.	For 2 in 10 local residents, ***having a place to be physically active*** is a problem (22%)

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews (Providers)	Community Survey
answers and instructions I understood and could follow to make the best of my disease." Some responders believe that the passage of time brings acceptance: • "I guess when you see what it is doing to your body you know you have to change" Still, some expressed resignation: "There is nothing I can do about it."	On-Site AEDs are fairly rare. Several people interviewed reported wanting one (or more). In some worksites, everyone is trained to use them.	Schools seem to have become very intentional about encouraging physical activity through formal programs and informal ways. There are many good ideas that might be shared between districts. (1) For increasing physical activity within the school setting, the PEP grants have been very helpful. Several school officials would like to see PE mandatory.	Many medical providers lack good methods for tracking whether diabetes patients followed up on referrals for education or other services.	These health behaviors have been helpful for keeping my family healthy: **#1- Healthy eating** (84%) **- Being physically active** (84%) **#3- Controlling Stress** (74%) #4- Quitting tobacco use (37%)
Motivation: * 7 out of 10 say that family is a motivator for controlling diabetes. (family needs them, family/friends support them, medical crisis of a family member. * Over 2/3 say fear of medical complications	Outside of medical providers, few employees are trained to recognize when an employee has low blood sugar, and how to respond.	(2) Schools seem to be much more intentional about encouraging physical activity through formal programs and informal ways. Some good ideas should be shared between districts.	Medical providers say that schools play an important role in diabetes control for their students.	These have been helpful in keeping my family healthy: **#1- Support of family members** (86%) **#2- Doctor/healthcare provider** (83%) **#3- Friends' support** (80%) **#4- Wellness program at work** (30%) **#5- Support group/health education class** (23%)

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews (Providers)	Community Survey
* Others said education about the disease provides motivation, as does being told by an MD. <u>Why do diabetics give up on controlling the disease?</u> #1 – frustration (with medical care & with not knowing how to control it) #2 – Lack of sufficient information from their doctor. #3 – Denial "You just want to deny it." "Not wanting to fool with it anymore."	To improve nutrition, we have local worksite examples of (1) healthier on-site food services; (2) healthier vending choices; (3) worksites offering free fruits/veggies or water; (4) worksites making fruits/veggies available to purchase; (5) group nutrition education; (6) nutrition information; and (6)online health forums. If money were no object for employee wellness? The top 2 responses were on-site fitness facilities and have an incentive program for meeting health goals. Other responses: (3) Offer health coaching, or more formal education for employees/families; (4) Free access to fitness facilities; (5).Offer health insurance (small employers); (6) Allow people to work out on the clock ("a good investment"); (7) Dental & vision coverage; and (8) Offer healthy recipes.	"If money were no issue for schools, we'd have…." (1) Exercise classes after school; (2) Contests & incentive where kids who participated would be learning without even realizing it, [including] little contests between grade levels; (3) Better food choices; (4) More PE classes; (5) More after school physical activity programming; (6) Healthy breakfasts for everyone; and (7) PE everyday for all students. "I would encourage all staff to give some time in class (small breaks) to allow students to more their bodies (ex. sitting for very long stretches of time."	Many medical providers seem to be unaware of community support groups and classes for diabetics. Some are familiar with Diabetes Self-Management Education classes, but not with support groups. For good information, diabetes care providers are aware of some community resources, but this knowledge seems to be scattered. Some diabetes patients report to their medical providers that local education/support offerings are difficult to get to; they don't understand; or they forget to attend. Diabetes patients who <u>are</u> using local education services and support groups often report that they enjoy and appreciate them. But use seems to be infrequent.	

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews (Providers)	Community Survey
Knowledge: Was mentioned often. * Over half said their doctor is the best source of information. * Over half said reading (journals, diabetes magazine), the internet (Web MD, American. Diabetes Assn), or classes. * about 1/3 said family & friends are good sources * ¼ said wellness centers and health department "It should be your physician, but we didn't learn much from the doctor"	Employee health insurance coverage: * More than half have of interviewees reported having coverage for Diabetes Self-Management Education. * About half have coverage for dental services, usually as a separate policy. * mental health counseling seems to be covered by most plans	"When schools make it a priority to support breastfeeding moms on their staff, the nutrition lesson for students is priceless."	Medical providers suggest that diabetes education/support offerings be more available in all counties, more convenient, and low-level education.	
		When asked. "What's the best thing your school does to encourage healthy habits?", these were common responses: (1) DARE program is excellent; (2) education and activities by the FR/YSCs; (3) the BRDHD school nurse; (4) great PE teachers; (5) PACS-NOW health education; and (6) after-school program.	Medical providers suggest that more group weight-loss services be available. Medical providers feel least knowledgeable about (1) helping people to quit smoking; **(2) How to get people interested in losing weight; (3) Broaching the sensitive subject of weight loss, especially with parents about their children.**	
What my doctor told me to do: Experiences were very diverse. • "My doctor gave me all the information I needed to care for my disease"			Medical providers suggest that continuing education be offered locally. One provider suggested lunch-time offerings.	

A-List Interviews (People affected, and family members)	B-List Interviews (Leaders & Managers)		C-List Interviews (Providers)	Community Survey
• "I didn't really get any information except when DSMT [classes] told me what to do" • "…he gave us a booklet." • "He did not tell us anything. He just said to take this pill. [There was] no other education at all and no referrals" • "We need materials that are not in physician terms, but easy to understand"		From a Parent: "When I'm at home I do cook good meals..." [but] "Sports throws it off for my family Fast food is easy. We act like its low socio-economic families that do it, but it's not. How do you change that thought process? I let my kids get by with it because it's easy. If you planned ahead, pre-froze meals. Have to eat fast food in the car between things."		
<u>What I wished I had heard from my doctor</u>: • Nearly half wanted to know how to eat right and lose weight. • 1/3 wished the doctor would explain why they need to control diabetes and the complications that can result if they don't control it. "I wish I had learned… the outcomes of not con-trolling the disease earlier."				

<table>
<tr><th>A-List Interviews
(People affected, and family members)</th><th colspan="4">B-List Interviews
These notes are from interviews with elected officials and community leaders</th></tr>
<tr><td rowspan="2">• Some want to know about non-drug control options, as well as the nearest support groups and classes.

Many diabetics said that most people with diabetes do a poor or mediocre job with following their plan of care or control their disease.
• "Some do good…some don't"
• "They start out good, then go back to their old habits"
• "It is hard to follow a plan when you aren't given a plan"
• "Most people don't receive a plan"</td><td>A Green Space policy for new neighborhood development is rare, but it was described as in place for Warren and Hart. Logan interviewees said it is under discussion by the City Council. Several communities are actively developing parks and reserves.</td><td>Among the people interviewed about community efforts to promote healthy lifestyles, only one mentioned their Comprehensive Plan, or any coordinated planning effort.
One person described that community's action as "reactive, rather than proactive". However, many individual projects and developments were mentioned.</td><td>Within the BRADD, a comprehensive sidewalk plan is rare. Two people said their county had active sidewalk development and/or upgrades. In addition, several communities, are requiring this for new neighborhood development.

The Safe Routes to School program has been a major asset for sidewalk construction.</td><td rowspan="2">What's working now for communities? (1) Building walking trails "People seem to use them…"They get a lot of use." ; (2) Classes and training by health education professionals; (3) supporting the farmers markets; (4) more worksites and business implementing wellness programs.

"Very difficult to do sidewalk construction in rural areas." – Community Leader
No community leaders described efforts to explore trails or pathways outside of roadways, such as rails-to-trails.</td></tr>
<tr><td>Many local communities are developing biking and walking paths. No formal community-wide plans were reported outside of Warren County.</td><td>Community Farmer's markets are a success story, and there is interest in further development.</td><td></td></tr>
</table>

A-List Interviews (People affected, and family members)	B-List Interviews More notes are from interviews with elected officials and community leaders			
Support: 3/4 of diabetics said having support people was very to extremely important to helping a person control their disease#1 Spouse #2 Grown children #3 Another diabetic Others: physician, diabetes educator, church, church friends/groups, the internet, coworkers, The Medical Center, Health and Wellness centers.	Interim steps suggested by community leaders included: (1) More physical activity opportunities, but also promotion of their use; (2) More citizen involvement, especially by youth; and (3) Government partnership with civic groups; and (4) Better awareness in general; and (5) "True open dialog"..	Farmers Markets were the one community resource that had universal praise from community leaders. It appears that the more support they get (including facility development), the greater the returns on this investment.	One barrier to healthier community development is, "Educating policy makers about their responsibility of making healthy communities….[We haven't]… done as good of a job on educating the community and policy makers as we should be doing. "	Outside of funding, one of the most common barriers to building a healthier community is that it simply isn't being discussed by leaders or citizens.
Resources: Good sources for learning more about diabetes control: (1) doctor's office; media; books and journals. (2) support groups; (3) dieticians & diabetes educators. .				

A-List Interviews
(People affected, and family members)

Responders most frequently said doctors were the best source for information on medications and blood sugar. A few suggested diabetes educators, family members, and the internet. Dieticians were most mentioned as the best source of information on diet and lifestyle changes, followed by the health department, and the internet	.Local Services: Diabetes support groups frequently mentioned, but over half had not participated or where unaware of them. Over half said that meeting with a dietitian or nutritionist had been good or very helpful. People using a Diabetes Self-Management Education course had found the, very helpful, but only about 1 in 10 had used them.	*These three columns are notes from 27 interviews with general public on BOTH or EITHER nutrition and physical activity:*		
		About 2/3 said their co-workers encourage a healthy lifestyle. But some said, "They talk about it but don't follow through", or "Most celebrations (at work) involve unhealthy foods." Do other people influence you on weight control, nutrition or PA? Three out of four said the influence of other people is important: • About half said it was very important: "They keep you on track" • About 1 on 4 said it's fairly important: "Time is always a factor" • 1 in 5 said No: "It is a decision I make myself," • Some weren't sure: "We all know but we don't do." Who influences you the most? #1 - Spouses and family members. #2 - Friends and co-workers.	. What are useful supports for nutrition and PA? Nearly 75% of those who have a job said that they felt supported in their work environment when it came to being healthy: • Annual assessment of health reviews • Nutrition information shared with employees • Health snacks in vending machines • Food tips • Meatless Mondays • Co-workers who take walks during break times • Boss encourages healthy eating and exercise • Wellness programs	Suggestions for Employers and Schools: • Encourage, encourage, encourage • Offer weight loss or exercise incentives • Instead of pot luck dinners, have a RD and team plan a meal for workers who pay $5 and teach us about menu choices • Serve more fresh fruits and veggies; no fried foods • Remove unhealthy vending machines • All students should have daily exercise • More lunch time for kids • More PE for kids – at least 30 minutes a day • Remove Coke machines and provide more water options • Have RDs and Health educators offer classes at schools for teachers, students, and lunchroom staff • Target day care programs and staff (need to start early with children)

All five columns are notes from the 27 interviews with general public on nutrition and physical activity: This page is on nutrition.

#1 – Healthy Food Availability - Having fresh foods and healthy snacks available to them at the grocery store, at work and schools, and in restaurants was directly related to their healthy eating habits. #2 - Accessibility to fresh produce - Healthy and fresh foods cost more, so are less accessible. Gardens and farmers markets were particularly important for access to affordable healthy foods. "Vendors at the farmer's market usually have better prices than stores in our area."	#3 - Information and education about nutrition - Some useful information sources included: labeling of products, personal research, television, Dr. Oz, news articles, county extension services, WIC clinic, canning classes, and nutrition professionals at the local hospital, health department or workplace. "Our hospital offers a weight loss program – and I get good camaraderie as well as suggestions for health eating and cooking". "(They have) a dietician who will figure an individual diet for each person, based on the amount of weight they want to lose.	Why is healthy eating important? (1) My experience - Having poor health or a health scare like cancer, seeing family members get old and sick, "I feel better when I eat better," "When their waistlines begin to expand and their blood pressure, cholesterol and blood sugar go haywire, it gets their attention finally. Or if these things are happening to their children or grandchildren." (2) My values; "The ways (people) were raised and taught – it starts at home," "If they are in control of their own personal health or children of parents who modeled healthy eating", "it is part of a lifestyle." and (3) Awareness/ knowledge- Increased media attention, education about importance of healthy foods & drinks.	Why do people give up on healthy eating? #1 • (more than half) Cost and time to prepare. Other reasons: • Don't see an immediate effect and become discouraged • Not committed to a lifestyle change • See themselves as victims & helpless to make changes • Stress or the weak economy • Access or availability • It is easier to eat junk stuff than healthy stuff • Healthy food lacks taste or variety	We wish these things were more available: • Healthier drive thru – " I work 12 hour shifts & don't want to cook [afterward]." • Local meat market or butcher • More year round availability to by fresh produce - "Our store carries very little" • A farmers market (25% of participants) • Health food store • More variety of food choice – more restaurants with healthier food I wish we had these nutrition supports at work: fresh fruit and salads; fresh vegetables, whole wheat products, soda machines with fruit juice or healthier beverages like chilled H20 or fruit-flavored water.

All five columns are notes from 27 interviews with general public on nutrition and physical activity: This page is on physical activity (PA).

On Physical Activity: 1 in 10 said this is not important to their family & friends. The rest see benefits: 1/3 said better health and reduced risk for chronic diseases; 1 in 4 said it makes one feel better or have more energy; 1/3 said it would help with weight loss or keeping it off. Other benefits: reduces stress, increased self-confidence, improved sleep, thinking skills and work productivity, and feeling sexier. Several said :knowing is one thing; doing is another."	Useful local services for physical active lifestyle: #1 - Wellness centers and parks and recreation centers – They are safe, available, accessible all the time, convenient, and offer a variety of exercise options that are do-able. Best sources of information: Most frequently mentioned were "word of mouth" and the "professional community" (physicians, registered dieticians and health educators).	What do you wish we had? #1 - More walking and bike trails. Other wishes: • More opportunities to join clubs like YMCA • A fitness center closer to home – within 5 miles • Infrastructure like side walks • Indoor walking facility for bad weather • Public swimming pool • Groups that meet to walk • Place for seniors to walk • Gym with a fitness consultant • Educational programs	My worksite supports physical activity through: • On-site exercise equipment • Wellness programs • Fitness room • Stairs in the building with signs posted at elevators that encourage stair use • Large parking lot and other walking areas • Group walks around the building • Reimbursement for going to the gym • Wellness points for physical activity • Bottled water supplied • Outdoor break areas	I wish we had: • Free or reduced gym memberships • A place to work out after work hours • Classes and motivational speakers • Treadmills • Other incentives

Attachment 8. **Themes and Ideas from Meeting 9**

Lung Cancer Themes and Ideas

Smoke-free Policy	Cessation Opportunities
Smoke-free Policy Smoke-free public facilities in surrounding counties	Cessation Opportunities Alternatives to Cooper-Clayton during work time
Smoke-free Policy Research: Economic impact of non-smoking ordinance may help other counties to go smoke-free	Cessation Opportunities Increased access/information to smoking cessation programs
Smoke-free Policy Reduce the number of smokers in the BR Health District	Cessation Opportunities Continuous Cooper-Clayton opportunity
Smoke-free Policy Supporting the statewide tobacco free policy	Cessation Opportunities Increase funding to projects that support smoking cessation (advertisements)
Smoke-free Policy City/county ordinance smoke free – indoor & outdoor	Provider Education & Materials
Smoke-free Policy State legislation for smoke-free educational campuses and associated events, i.e. athletics	Provider Education & Materials Provide healthcare providers with more info about educating patients to quit smoking
	Provider Education & Materials Education to health providers on counseling patients on "how to quit" smoking
	Provider Education & Materials Stop Now Impacting Your Health * Cost * Impact * Counseling * Impact-family, children, etc.

(Lung Cancer, continued) School Policies & Programs	
School Policies & Programs Youth – social media via schools, visuals-short messages on a regular basis	School Policies & Programs Education: Stop smoking before it starts: School programs…Worst case scenarios – videos, pictures
School Policies & Programs All school boards approve a formal 24/7 smoke-free campus tobacco policy	School Policies & Programs District-wide 24/7 policy for schools
School Policies & Programs Explore the possibility of working w/other funding sources to compensate a video game company to develop a "lung cancer attacks the human body" videogame to be played by students	
School Policies & Programs School radon testing/mandate	School Policies & Programs Early education (pre-K…)

Drug Abuse & Addiction Themes and Ideas

School-based Programs & Policies	Education – Parents/ Grandparents --Prescription Drugs
School-based Programs & Policies Random drug testing for kids through school/workplace and counseling	Education – Parents/ Grandparents—Rx Drugs Education for parents/ grandparents / kids on prescription drug abuse
School-based Programs & Policies Mandate more physical education hours in schools (at least 3 hours) – healthy bodies feel good on their own and don't need stimulation to feel good from drugs	Education – Parents/ Grandparents—Rx Drugs Education to parents – how to look for drug abuse in children
School-based Programs & Policies Early education beyond the DARE program	Education – Parents/ Grandparents—Rx Drugs Increase awareness of prescription drug abuse
School-based Programs & Policies Treatment & education programs for students/ young ages	Education – Parents/ Grandparents—Rx Drugs Increase awareness & education to prevent drug abuse

School-based Programs & Policies More reality education in elementary schools – effects of drug abuse	Education – Parents/ Grandparents—Rx Drugs Increase opportunities to properly dispose of medication
School-based Programs & Policies Provide info to schools and other non-health care agencies that list all drug abuse providers, services provided, and how to access the program	Education – Parents/ Grandparents—Rx Drugs Educate adults on the importance of securing prescription meds and alcohol in the home
Funding	Education – Parents/ Grandparents—Rx Drugs Providing more info in workplace re: alternatives to managing stress & anxiety *possible state legislation*
Funding Increase insurance assistance for substance abuse treatment	**Policies**
Funding Need to provide funding for more treatment service providers for adults & juveniles (ongoing case mgmt, transitional living facilities, inpatient, drug testing for juveniles)	**Policies** Local ordinances on synthetic drugs
	Policies Increase/develop accountability for substance abuse treatment
Funding Encourage churches to do faith-based recovery program	**Policies** Random drug screening for people on public assistance

Community Health System

Service Directory/ Marketing	Access
Service Directory/ Marketing Comprehensive service directory for BR district *available on school websites, industry bulletin boards, etc…*	Access Encourage a network of volunteer physicians and nurse practitioners for free health care

Service Directory/ Marketing More advertising for community programs and resources	Access The demand for health care services is greater than the supply and/or is not affordable
Service Directory/ Marketing Disseminate info about support groups for diabetics, weight loss, and other health issues	Access Health clinics and medical care for uninsured
Service Directory/ Marketing Increase communication by all health care providers and community	Access Increase mobile clinics/services – makes easier access
Service Directory/ Marketing Economic barrier to primary care--Guidebook for services	Access Local alternatives for primary care
Provider Education	Access Expansion of transportation services & availability of mobile health units
Provider Education Educating physicians on prevention counseling to their patients	Access Mandate and provide funding for school nurses
Provider Education Require a portion of the CME credit to cover prevention	Access Need to be able to fund school nurses in all of our schools
Patient Education	Access Increase insurance coverage of educational /preventive services (ex. Nutritional ed.)
Patient Education Family/patient educational opportunities (classes, support group, etc.) offered after work hours	Access Transition or maximize Electronic Medical Records to assure follow-up on prevention
Workplace Wellness	Access Local health & wellness centers
Workplace Wellness Worksite wellness resources – increase access, educate, sharing of successes	
Workplace Wellness Partnership w/ workplace community and also the faith-based community	

Obesity/Cardiovascular Disease/Diabetes Themes

Physical Education Policies	Healthy Food Choices
Physical Education Policies Encourage policy development for worksite physical activity breaks	Healthy Food Choices Providing good locations for farmers market *support/partnership
Physical Education Policies More screenings and health fairs	Healthy Food Choices Access to healthy food choices for all community members
Physical Education Policies Limit food stamp program to more healthy food choices	Healthy Food Choices More access to healthy food choices
Physical Education Policies Increase insurance coverage for diabetic education and weight management	Healthy Food Choices Education on choosing healthier options for eating
Physical Education Policies Mandatory 30 min/day physical exercise K-12	Healthy Food Choices Educate about the negative effects and addictive sugar qualities
Physical Education Policies Mandatory physical activity for students	Healthy Food Choices Need to educate parents on healthy behaviors such as: Diet, need for physical activity
Support & Funding for Community Fitness Areas	**Health Coaches/ Education**
Support & Funding for Community Fitness Areas Increase support and funding for community fitness/wellness centers and YMCA	Health Coaches/ Education Encourage healthcare providers to refer their patients to weight management and diabetes education
Support & Funding for Community Fitness Areas Access to physical activity programs, such as gyms, pools, workout areas	Health Coaches/ Education Health coach available prevention

Support & Funding for Community Fitness Areas Many young people prefer a sedentary lifestyle—would rather sit at computer than to go outside and have physical activity	Health Coaches/ Education Develop hospital-based "health coaches" for patients
Support & Funding for Community Fitness Areas Recognize communities who develop walking/biking trails	Health Coaches/ Education Better advertising of counseling programs, education
Support & Funding for Community Fitness Areas More community planning for sidewalks, bike trails	

Attachment 9 - Inventory of BRADD Health Care Facilities

Hospitals in the Barren River Area Development District, Fall 2012

COUNTY	Allen	Barren	Hart	Logan	Monroe	Simpson
TYPE LIC	CAH	ACUTE	CAH	ACUTE	ACUTE	CAH
NAME	The Medical Center At Scottsville	T J Samson Community Hospital	Caverna Memorial Hospital	Logan Memorial Hospital	Monroe County Medical Center	The Medical Center At Franklin
LICENSE #	600076	100016	600065	100298	100338	600069
SWING BEDS	25		25	10		25
REH BEDS						
TB BEDS						
PSY GERI						
PSY ADULT BEDS						
PSY ADOL BEDS						
CPR BEDS						
PSY BEDS						
PHY REH BEDS						
DETX BEDS						
PED BEDS						
CD BEDS						
CAH BEDS	25		15			15
ACU REH BEDS						
ACU BEDS	25	180	25	75	49	25
TOTAL BEDS	25	180	25	75	49	25
TOTAL CERTIFIED	25	180	25	75	49	25
OWNER	B G Warren County Comm Hosp Corp	T J Samson Community Hospital, Inc.	Caverna Memorial Hospital Inc	Logan Memorial Hospital, Llc	Monroe Medical Foundation Inc	The Medical Center At Franklin, Inc

Hospitals in the Barren River Area Development District, Fall 2012 **page 2**

COUNTY	NAME	LICENSE #	SWING BEDS	REH BEDS	TB BEDS	PSY GERI	PSY ADULT BEDS	PSY ADOL BEDS	CPR BEDS	PSY BEDS	PHY REH BEDS	DETX BEDS	PED BEDS	CD BEDS	CAH BEDS	ACU REH BEDS	ACU BEDS	TOTAL BEDS	TOTAL CERTIFIED	OWNER
Warren	Greenview Regional Hospital	100406	27														211	211	211	Greenview Hospital Inc
Warren	Rivendell Behavioral Health Services	100564						53		72								125	125	UHS of Bowling Green, LLC
Warren	Southern Kentucky Rehabilitation Hospital	100655							60									60	60	1300 Campbell Lane Operating Company, LLC
Warren	The Medical Center at Bowling Green	100404								24							313	337	337	B G Warren County Comm Hosp Corp

HOSPITAL TYPE KEY

ACU -- Acute
ACU REH -- Acute Rehabilitation
CAH -- Critical Access Hospital**
CD -- Chemical Dependency
CPR -- Comprehensive Physical Rehab.
DETX -- Detox
PED -- Neonatal
PSY -- Psychiatric
PSY ADOL -- Psychiatric Adolescent
PSY ADULT -- Psychiatric Adult
PSY GERI - Psychiatric Geriatric
PHYS REHAB -- Physical Rehabilitation
REHAB -- Rehabilitation
TB -- Tuberculosis

**CAH'S can accommodate up to 25 beds

Critical Care Access Hospitals, November 2012

LICENSE #	NAME	COUNTY	OWNER
600076	THE MEDICAL CENTER AT SCOTTSVILLE	ALLEN	BOWLING GREEN WARREN COUNTY COMMUNITY HOSPITAL COR
600065	CAVERNA MEMORIAL HOSPITAL	HART	CAVERNA MEMORIAL HOSPITAL, INC.
600069	THE MEDICAL CENTER AT FRANKLIN	SIMPSON	THE MEDICAL CENTER AT FRANKLIN, INC.

Licensed Family Care Homes, November 2012

COUNTY	LICENSE #	NAME	BEDS
BARREN	252215	DAVIDSON FAMILY CARE HOME	3
BARREN	251625	KERSEY FAMILY CARE HOME	3
LOGAN	252178	MILLER FAMILY CARE HOME	3

Personal Service Agencies, November 2012

LICENSE #	NAME	COUNTY	OWNER
500013	COMPANION CARE SERVICES, LLC	ALLEN	COMPANION CARE SERVICES, LLC
500134	HELP AT HOME, INC	WARREN	RON FORD & JOEL DAVIS
500122	HOME HELPERS OF SOUTH CENTRAL KENTUCKY	WARREN	GENTRY, INC.
500035	HOME INSTEAD SENIOR CARE 434	WARREN	TRUSTED SENIOR CARE,LLC
500121	TIMESAVERS KY, LLC	WARREN	GRACE AND COMPANY, LLC

Alcohol and Drug Prevention Facilities, November 2012

LICENSE #	NAME	COUNTY	OWNER
840010	PREVENTION LIFESKILLS, INC	WARREN	LIFESKILLS, INCORPORATED

Alcohol and Drug Treatment Facilities, November 2012

LICENSE #	NAME	COUNTY	TYPE
810288	TIME OUT COMMUNITY COUNSELING & CORRECTIONAL SERVI	ALLEN	AODE
810013	ALLIANCE COUNSELING ASSOCIATES	BARREN	AODE
810000	FAMILY OPTIONS, INC	BARREN	AODE
810178	AGAPE COUNSELING SERVICES	LOGAN	AODE
810301	PEACEFUL SOLUTIONS COUNSELING SERVICES	SIMPSON	AODE
810234	ALTERNATIVES IN TREATMENT, LLC	WARREN	AODE
810193	COMMUNITY RESOURCE CENTER INC	WARREN	AODE
810062	EDUCATIONAL COUNSELING OF AMERICA	WARREN	AODE
810260	HAVEN4CHANGE, INC	WARREN	AODE-RES
810240	HILLTOP COUNSELING SERVICES	WARREN	AODE
810212	LIFESKILLS PARK PLACE RECOVERY CENTER	WARREN	AODE-RES
810057	LIFESKILLS, INC	WARREN	AODE
810200	QUESTHOUSE, INCORPORATED	WARREN	AODE

Nursing Home Facilities in the BRADD Counties, Fall 2012

County	LICENSE #	Facility Name	Certified Beds	LICENSED BEDS							OWNER
				SNF	NF	NH	ICF	ALZ	PC	ICF/MR	
ALLEN	100006	CAL TURNER REHAB AND SPECIALTY CARE	110		110						BOWLING GREEN WARREN CO. COMM. HOSP. CORP.
BARREN	100509	BARREN COUNTY HEALTH CARE CENTER	94		94						BARREN COUNTY HEALTH CARE CENTER, INC.
BARREN	100014	GLASGOW HEALTH & REHABILITATION CENTER	68		68				24		NEW GLASGOW HEALTH AND REHABILITATION CENTER, LLC
BARREN	100483	GLASGOW STATE NURSING FACILITY	100		100						COMMONWEALTH OF KENTUCKY
BARREN	100012	GLENVIEW HEALTH CARE FACILITY	60		60						GLENVIEW HEALTH CARE FACILITY INC.
BARREN	100015	NHC HEALTHCARE, GLASGOW	194		194				12		NHC HEALTHCARE/ GLASGOW, LLC
BARREN	100761	T J SAMSON COMMUNITY HOSPITAL	16		16						T. J. SAMSON COMMUNITY HOSPITAL, INC.
BUTLER	100045	MORGANTOWN CARE & REHABILITATION CENTER	122		122						LP MORGANTOWN, LLC
EDMONSON	100680	EDMONSON CARE AND REHABILITATION CENTER	74		74				20		HBR BROWNSVILLE, LLC
HART	100662	HART COUNTY HEALTH CARE CENTER	104		104						NEW HART COUNTY HEALTH CARE CENTER, LLC
LOGAN	100295	AUBURN HEALTH CARE	66		66						BOLSTER HEALTH CARE GROUP, LLC
LOGAN	100299	CREEKWOOD PLACE NURSING & REHAB CENTER, INC	104		104						CREEKWOOD PLACE NURSING & REHAB CENTER, INC.
METCALFE	100470	METCALFE HEALTH CARE CENTER	71		71				30		METCALFE HEALTH SERVICES, INC.
MONROE	100337	MONROE HEALTH AND REHABILITATION CENTER	104		104				4		NEW MONROE HEALTH AND REHABILITATION CENTER, LLC
SIMPSON	100391	FRANKLIN-SIMPSON NURSING AND REHABILITATION CENTER	98		98						FRANKLIN HEALTH FACILITIES, L.P.

Nursing Home Facilities in the BRADD, Fall 2012 page 2

County	LICENSE #	Facility Name	Certified Beds	LICENSED BEDS							LICENSED BEDS
				SNF	NF	NH	ICF	ALZ	PC	ICF/MR	
WARREN	100409	BOWLING GREEN NURSING AND REHABILITATION CENTER	66		66						BOWLING GREEN HEALTH FACILITIES, L.P.
WARREN	100691	CHRISTIAN HEALTH CENTER	28		22	6	2		2		CHRISTIAN CARE COMMUNITIES, INC.
WARREN	100405	COLONIAL MANOR CARE AND REHABILITATION CENTER	48		48						HBR BOWLING GREEN, LLC
WARREN	100498	GREENWOOD NURSING & REHABILITATION CENTER	128		128						THAMES HEALTHCARE GROUP, LLC
WARREN	100408	HOPKINS CARE AND REHABILITATION CENTER	50		50						HBR WOODBURN, LLC
WARREN	100410	KINDRED TRANSITIONAL CARE AND REHABILITATION ROSEW	176		176						KINDRED NURSING CENTERS LIMITED PARTNERSHIP
WARREN	100647	MAGNOLIA VILLAGE CARE AND REHABILITATION CENTER	60					60			HBR CAMPBELL LANE LLC

Licensed Personal Care Homes, November 2012

COUNTY	LICENSE #	NAME	OWNER	BEDS
ALLEN	100007	CORNERSTONE MANOR, LLC	CORNERSTONE MANOR, LLC	36
ALLEN	100009	SCOTTSVILLE MANOR	SCOTTSVILLE MANOR, INC.	40
HART	100172	HART COUNTY MANOR	HART COUNTY MANOR, LLC	54
METCALFE	100336	HARPER'S HOME FOR THE AGED	HARPER'S HOME FOR THE AGED, INC.	27
SIMPSON	100390	LEWIS MEMORIAL METHODIST HOME	LEWIS MEMORIAL, INC.	23
WARREN	100403	FERN TERRACE OF BOWLING GREEN, LLC	DAVCO HOMES, INC.	114

Clinics and Miscellaneous Licensed Health Care Facilities

Facility Type Key is included below.

TYPE	LICENSE #	NAME	COUNTY	OWNER
REH	101141	Orthopedics Plus Physical Therapy - Scottsville	Allen	Orthopedics Plus Physical Therapy
REH	101045	The Medical Center at Scottsville	Allen	
RHC	900204	The Medical Center at Scottsville	Allen	Bowling Green Warren County Community Hospital, Corporation
ASC	300060	McPeak Surgery Center	Barren	McPeak Surgery Center, Inc.
DHC	750150	Just Family, Inc.	Barren	Just Family,Inc
DHC	750089	TJ Samson Adult Day Health Care Center	Barren	T.J. Samson Community Hospital
ESRD	300095	Glasgow Kidney Center	Barren	Medical Services, Inc
ESRD	300153	T J Samson Kidney Care	Barren	Tj Samson Community Hospital
HHA	150061	T J Samson Community Hospital Home Care Progr	Barren	T J Samson Community Hospital
HOS	400039	TJ. Samson Comm. Hsp. Home Care Program Hospice	Barren	TJ. Samson Community Hsp.
MHS	720174	Lincare, Inc.	Barren	Lincare, Inc
MHS	720185	T J Samson Community Hospital	Barren	TJ Samson Community Hospital
Pcc	700205	GPA Primary Care Center	Barren	Glasgow Pediatric Associates, PSC
PRTF I	950008	Spectrum Care Academy of Glasgow I	Barren	Spectrum Care Academy, Inc.
PRTF I	950023	Spectrum Care Glasgow II	Barren	Spectrum Care Academy Inc
REH	100788	Glasgow Physical Therapy	Barren	Kentucky Orthopedic Rehabilitation, L.L.C.
REH	100969	Heartland Rehabilitation Services	Barren	Heartland Rehabilitation Services of Kentucky, LLC
REH	100669	NHC Healthcare Glasgow	Barren	NHC Healthcare/Glasgow, LLC
REH	100992	T J Samson Community Hospital Rehabilitation Center	Barren	T J Samson Community Hospital
SMTS	730074	The Barren River Regional Cancer Center, Inc	Barren	The Barren River Regional Cancer Center, Inc.

Clinics and Miscellaneous Licensed Health Care Facilities **page 2**

TYPE	LICENSE #	NAME	COUNTY	OWNER
MHS	720314	Certified Medical Associates	Butler	Responsive Home Health Care, Inc.
REH	101063	Morgantown Care and Rehabilitation Center	Butler	HQM of Morgantown, LLC
REH	101139	Orthopedics Plus Physical Therapy - Morgantown	Butler	Orthopedics Plus Physical Therapy
DHC	750144	Active Day of Brownsville	Edmonson	Acsr Inc
REH	720115	Edmonson Care and Rehabilitation Center	Edmonson	HBR Kentucky, LLC
RHC	900024	Associates In Physicians Services	Edmonson	Physicians Management Services Psc
DHC	750172	The Ole Homeplace Adult Day Health Care Center-Hart Co.	Hart	McCloud, Inc.
REH	100841	Heartland Rehabilitation Services	Hart	Heartland Rehabilitation Services of Kentucky, LLC
RHC	900232	Caverna Memorial Hospital Physicians Office	Hart	Caverna Memorial Hospital, Inc.
RHC	900223	CMH Munfordville Physicians Office	Hart	Caverna Memorial Hospital, Inc.
RHC	900144	Family Medical Center of Hart County	Hart	Family Medical Center Of Hart Co Psc
DHC	750101	Active Day of Russellville	Logan	ACSR, Inc.
HHA	150127	Lifeline Health Care of Logan	Logan	Lifeline Home Health Care of Russellville, LLC
LSC	650050	Auburn Community Family Clinic	Logan	Logan Physician Practices, LLC
MR/DD	850036	Lifeskills Residential Development	Logan	Lifeskills, Inc.
NET	650009	Logan Memorial Hospital Physician Network	Logan	Logan Memorial Hospital
NET	650008	Logan Physician Practice network	Logan	
REH	101140	Orthopedics Plus Physical Therapy - Russellville	Logan	Orthopedics Plus Physical Therapy
DHC	750111	Edmonton Adult Day Health Care	Metcalfe	Wilkerson Consulting, Psc.
DHC	750169	Metcalfe County Adult Day Care	Metcalfe	Metcalfe Health Services, Inc.
REH	101077	Metcalfe Health Care Center	Metcalfe	Metcalfe Health Services, Inc.
RHC	900028	Edmonton Primary Care Center	Metcalfe	Adair County Hospital District

Clinics and Miscellaneous Licensed Health Care Facilities **page 3**

TYPE	LICENSE #	NAME	COUNTY	OWNER
NP	450252	Kelly Services INC	Middlesex	Kelly Services, Inc.
DHC	750131	Monroe County Medical Center	Monroe	Monroe Medical Foundation Inc
HHA	150137	Monroe County Medical Ctr Home Health Agency	Monroe	Monroe County Medical Foundation
RHC	900080	Fountain Run Rural Health Clinic	Monroe	Bowling Green Warren County Community Hospital Corp.
RHC	900251	Living Well Healthcare, LLC	Monroe	Living Well Healthcare, LLC
RHC	900255	Teresa Sheffield, APRN, LLC	Monroe	Teresa Sheffield, APRN, LLC
DHC	750040	Active Day of Bowling Green	Warren	Ascr, Inc.
DHC	750010	Barren River Adult Day Care Ctr	Warren	City Of Bowling Green
ESRD	300032	Bowling Green Hemodialysis Ctr	Warren	Dr R Karalakulasingam
ESRD	300232	Dialysis of Warren County	Warren	Groves Dialysis, LLC
HHA	150077	Lifeline Health Care of Warren	Warren	Lifeline Home Health Care of Bowling Green, LLC
HHA	150033	The Medical Center Home Care Program	Warren	Bowling Green-Warren County Community Hospital Corporation
HOS	400006	Hospice of Southern Kentucky	Warren	Hospice Of Southern Ky Inc
LSC	650027	Quick Care Clinic	Warren	Commonwealth Health Corporation
MHC	800004	Lifeskills, Inc.	Warren	Lifeskills, Inc.
MHS	720241	Lincare, Inc	Warren	Lincare, Inc
MHS	720202	Western Kentucky University Health & Wellness	Warren	Western Kentucky University
PCC	700042	Fairview Community Health Center	Warren	Bowling Green-warren Co Primary Care Ctr Inc
REH	100913	Active Day of Bowling Green	Warren	ACSR, Inc.
REH	100615	Bluegrass Outpatient Center	Warren	Commonwealth Health Corporation
REH	101065	Greenwood Nursing and Rehabilitation Center	Warren	Thames Healthcare Group, LLC
REH	101011	Phoenix Rehab, LLC	Warren	Phoenix Rehab, LLC
REH	100995	TFC Physical Therapy	Warren	Total Fitness Connection, PLLC
REH	100530	Western Kentucky University Speech Clinic	Warren	Commonwealth Of Ky (wku)

Clinics and Miscellaneous Licensed Health Care Facilities **page 4**

TYPE	LICENSE #	NAME	COUNTY	OWNER
RHF	400044	Hospice of Southern Kentucky, Inc.	Warren	Hospice of Southern Kentucky, Inc.
SHC	740087	Commonwealth Health Free Clinic	Warren	Commonwealth Health Corporation
SHC	740244	Occupational Health Professionals, Inc.	Warren	Occupational Health Professionals, Inc.
SMTS	730194	Western Kentucky Diagnostic Imaging	Warren	Western Kentucky Diagnostic Imaging, PSC

FACILITY TYPE KEY	
ABO--Abortion Facilities	NET--Network
ACC--Ambulatory Care Clinic	NP--Nursing Pool
ASC--Ambulatory Surgical Center	OHCC--Outpatient Health Care Center
CD--Chemical Dependency Treatment Facility	PCC--Primary Care Center
DHC--Adult Day Health	PDN--Private Duty Nursing
ESRD--End Stage Renal Dialysis	PPEC--Prescribed Pediatric Extended Care Facility
HHA--Home Health Agency	PRTF I--Psychiatric Residential Treatment Facility - Level 1
HMO--Health Maintenance Organization	PRTF II--Psychiatric Residential Treatment Facility - Level 2
HOS--Hospice	REH--Rehabilitation Agency
LSC--Limited Service Clinic	RHC--Rural Health Clinic
MHC--Mental Health Center	RHF--Residential Hospice Facility
MHS--Mobile Health Service	SHC--Special Health Clinic
MR/DD--Mentally Retarded/Developmentally Disabled Group Home	SMTS--Specialized Medical Technology Service

Licensed Laboratory Facilities, Nov 2012

LICENSE #	NAME	COUNTY	OWNER
200258	Anatomic Pathology Laboratory of Glasgow	Barren	
200129	Southern Medical Laboratory	Barren	Southern Medical Laboratory, Inc.
200243	Family Medical Center of Hart County	Hart	Family Medical Center of Hart County
200053	Bowling Green Associates, Pathologists Lab	Warren	Bowling Green Assoc Pathologists Psc
200208	Graves-Gilbert Clinic	Warren	Gilbert Barbee Moore & Mcilvoy Psc

Licensed Physician Office Labs, Nov 2012

LICENSE #	NAME	COUNTY	OWNER
184064	Scottsville Primary Care Clinic	Allen	
185960	Dickinson, L G	Barren	L G Dickinson Md
189034	Doctors Clinic	Barren	Doctors Clinic POL
184884	Glasgow Pediatric Associates	Barren	Glasgow Pediatric Assoc. Psc
182508	Glasgow Urgent Clinic	Barren	Glasgow Urgent Clinic, Inc.
185510	Immediate Care Clinic, LLC	Barren	Immediate Care Clinic, LLC
185880	James P Crews	Barren	Dr James P Crews
185974	Northside Pediatrics	Barren	Northside Pediatrics
185946	Small, Karen	Barren	Karen Small Family Medicine
200129	Southern Medical Laboratory	Barren	Southern Medical Laboratory, Inc.
181849	Women and Children's Clinic, PSC	Barren	Womens and Children's Clinic PSC
185936	Sahetya Medical Group	Edmonson	Associates in Physicians Services
187089	Caverna Memorial Hospital	Hart	Caverna Memorial Hospital
187121	Family Medical Center	Hart	
200243	Family Medical Center of Hart County	Hart	Family Medical Center of Hart County

Licensed Physician Office Labs, November 2012 **Page 2**

LICENSE #	NAME	COUNTY	OWNER
186119	Dewey E. Wood MD	Logan	
187119	Dr. Erin M Ranck Medical Practice	Logan	Dewey E. Wood MD
186006	Carter, Anthony	Monroe	Anthony Carter MD
189667	John V. Adams MD	Simpson	John V Adams
180325	Medical Center of Franklin	Simpson	Medical Center of Franklin
185910	The Medical Center of Franklin	Simpson	Franklin Simpson Memorial Hospital
180478	Associate in Physician Services	Warren	
184581	Bowling Green Biologicals	Warren	Bowling Green Biologicals Inc
189269	Bowling Green Dermatology & Skin Cancer Specialists	Warren	Bowling Green Dermatology & Skin Specialists
185847	Bowling Green Medical Clinic	Warren	St. Thomas Health Systems
184487	George A Watson MD	Warren	George Watson Md
183269	Gordon B. Newell, MD	Warren	Gordon B. Newell, Md
200208	Graves-Gilbert Clinic	Warren	Gilbert Barbee Moore & McIlvoy Psc
186093	Greenwood Urgent Clinic	Warren	Greenwood Urgent Clinic
185872	Pediatric Associates of Bowling Green	Warren	Pediatric Associates
185864	Primecare Medicine Associates, PLLC	Warren	Internal Medicine Associates
182230	Sahetya, K G	Warren	K G Sahetya Md
181717	Stellar Health Care	Warren	O.N. Bhatt
185777	Tapp Medical Clinic	Warren	John Tapp Md
185875	Urgentcare	Warren	Park Sstreet Partners
183303	WKU Health Center Laboratory	Warren	Western Ky University

Hospice Agencies Serving the BRADD Counties, 2011

County	# of Patients served in 2011			
	Hosparus Inc	Hospice of Southern Kentucky	Hospice of Southern Kentucky Residential Facility	T.J. Samson Community Hospital Home Care Program Hospice
Allen	8	31	5	
Barren	12	15	8	83
Butler	10	15	6	
Edmonson	8	16	3	
Hart	32	4	1	18
Logan	19	58	13	
Metcalfe	1	3	2	17
Monroe	8			9
Simpson	11	42	7	
Warren	76	361	206	

Attachment 10. County Health Issue Score Sheets from Meetings 2 and 3

County Health Issue Score Sheet

County ALLEN

OVERALL HEALTH STATUS				No score
Measure	**County**	**KY**	**USA**	
Premature death —Years of potential life lost before age 75 (YPLL-75) rate	9,196	8,859	5,564	
County residents age 45-74 on Medicaid (aged, blind or diabled) *(not available)*				
Self-reported health status, adults over age 18 *BRFS*				
Percent of adults reporting "My health is ...fair" or "...poor"	27.0%	22%	10%	
Average days/month physically unhealthy *age-adjusted*	5.2	4.7	2.6	

CANCERS				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Cancer Death Rate (all sites)	234.5	221	183.8	
Cancer incidence rates are from KY Cancer Registry, 2004-2008. Unless noted, all death rates from CDC Wonder, 2003-07.				
Lung Cancer				5
Lung /Bronchial Cancer Death Rate	86.9	76.5	52.5	
Lung Cancer Cases (incidence rate)	92.47	100.76	67.9	
Lung/Bronchial Cancer Deaths - males *(age-adj./100K) 2003-07*	131.7	104.8	68.5	
- females *(age-adj./100K) 2003-07*	51.9	55.9	40.5	
See Adult and Youth Smokers under "Tobacco Use" below				
Breast Cancer				5
Breast Cancer Death Rate	16.2	14.5	14.1	
Breast Cancer Cases (incidence rate)	45.26	65.5	unavailable	
Mammography Screening Rate *BRFS, 2008*	47%	75.0%	75%	
See Female Adult Obesity rates below				
Colorectal Cancer				2
Colorectal Cancer Death Rate	17.9	17.6	20.8	
Colorectal Cancer Cases (incidence rate)	60.7	55.7	unavailable	
See below under Diet & Exercise "5/+ fruits & veggies daily"				
Cervical Cancer				3
Cervical Cancer, Crude Death Rate, 2003-07	6.36	3.07	2.9	
Death rate for black women	< 5 deaths	4.5	2	
Cervical Cancer Cases (incidence rate)	9.46	9.11	unavailable	
Pap Smears - % of women who had one in past year 2008	BRADD 69%	82%	82.9%	
Skin Cancer				3
Skin Cancer, crude death rate (excludes basal & squamous)	7.6	4.36	3.6	
Skin Cancer Cases (crude incidence rate) - men	24.1	45	unavailable	
- women	35.7	31.7	unavailable	

County ALLEN, page 2

OTHER CHRONIC DISEASES

Score for Our County

Measure	County	KY	USA	Score
Cardiovascular Disease				5
Heart Diseases - Death Rate	326	270.8	232.4	
Stroke Death Rate	71.4	58.7	53	
High Blood Pressure - % adults diagnosed KY is #4 in the U.S.	unavailable	37.9%	30.3%	
White - KY is #2 in U.S. Black - KY is #3 in U.S.				
Diabetes				4
Diabetes death rate, age-adjusted	27.5	27.3	24.0	
Diabetes death rate, Black population, age-adjusted	unavailable	53.5	46.3	
Diabetes cases - % adults who have been diagnosed *2008 BRFS*	10.60%	11.5%	8.4%	
% adults reporting a diabetes diagnosis in 1995-97 BRFS		4.0%		
% in 2005-07 surveys (167% increase in KY's age-adjusted rate)		10.5%	9.1%	
Obesity				5
Adult Obesity - % of adults who are obese (BMI > 30) *2008 BRFS*	32.3%	31.8%	27.6%	
2010 BRFSS - KY white = 31.5% KY Black = 40%				
highest income category = 29% lowest income category = 41.5%				
High School Obesity - BMI above 95th percentile *2009 YRBS, self-reported*		17.6%	12.0%	
Child Obesity - Age 10-17, measured =/> 95th percentile *NHANES 2003-06*		21.0%	16.4%	
6th graders overweight/obese, fall 2007	unavailable			
Kindergarteners overweight/obese,fall 2007	unavailable			
Respiratory Diseases / Problems (see also Lung Cancer, p1.)				4
COPD Death rate (Chronic Lower Respiratory Disease)	40.0	57.3	41.8	
KY COPD death rates by race: white = 58.6 black = 38.8				
	BRADD			
% of adults with current diagnosis of asthma *2008 BRFS*	10.30%	9.7%	8.7%	
See also Adult and Youth Smokers under "Tobacco Use" below				
Oral Health				3.5
Adults with no teeth left (KY ranks #1) *2008 BRFS*	unavailable	23.70%	18.50%	
	BRADD			
% Adults with no dental visit in past year *2008 BRFS*	40.5%	35.6%	29%	
High school students with no dental visit in past year *2011 KY YRBS*	unavailable	32.0%	unavailable	
High school students who brush teeth daily *2011 KY YRBS*	unavailable	75.0%	unavailable	
High school students who floss daily *2011 KY YRBS*	unavailable	18.0%	unavailable	

County ALLEN, page 3

INJURIES				Score for Our County
Measure	County	KY	USA	Score
Violence				1
Homicide Rate County: 2003-07 KY and US: 1999-2007	2.4	5	6	
Violent crime rate per 100K population, 2010	unavailable	242.6	403.6	
Motor Vehicle Crash Injuries				5
Motor Vehicle Crash Death Rate, 2001-07	33.8	22	13.7	
# Motor Vehicle Collisions - fatalities/injuries, 2010	106			
% fatal/injury crashes involving alcohol and/or drug use	5.7%			
% Seat belt use - Adults	unavailable	79.7%	88.4%	
6th-12th grade	unavailable	86.6%	90.3%	
MV Crash Ejections - % that were fatal *KSP data*		85%		

COMMUNICABLE DISEASES				Score for Our County
Measure	County	KY	USA	Score
Sexually-Transmitted Infections (STIs)	BRADD			2
AIDS - Rate of new cases diagnosed per 100,000 *2008 KY DPH*	5.1	6.9	12.2	
HIV Positive Infections diagnosed (# new cases) *2005-09 KY DPH*	71	327	('09) 37K	
STI Rate Chlamydia + Gonorrhea + new Syphilis cases per 100K, *CDC 2005-09*	unavailable	147.3	206.9	
High school - reporting sexual intercourse with 4/+ persons *2009 YRBS*	unavailable	16.6%	17.6%	
Animal Rabies cases, 2010 (CDC - MMWR)	0	18	3,563	
TB Case Rate(/100,000), *2006-10*	3.18	2.24	4.13	
TB case rate for the BRADD decreased from 5.72 in 2001-05, to 4.04 in 2006-10.				
Influenza				2.5
Influenza/Pneumonia death rates - Infant /Under age 65	unavailable	5.9 / 3.5	6.7 / 2.7	
Flu Shot in past year - over age 65 *self reported, 2010 BRFS*	unavailable	67.7%	67.5%	

County ALLEN, page 4

EMOTIONAL HEALTH				Score for Our County
Measure	County	KY	USA	Score
Mental Health - Depression & Suicide				4
Average days/month mentally unhealthy *BRFS age-adj.*	5.3	4.3	2.3	
Suicide Rate *Age-adjusted rate/100,000, 1999-2007*	14	13.5	10.9	
KY Suicide Rates by race - White = 13.8 Black = 6.7 Asian/P.I. = 5.7				
Age : Highest suicide rates in KY are age group 35-44 (double the national rate for the group). 2nd-hghest rate is age 45-54.				
Gender : KY's suicide rate is 5 times higher for males than females. For the U.S., the gender difference is only 4 to 1.				
Adults reporting Serious Psychological Distress in past year	unavailable	14.7%	11.6%	
At least 2 weeks of Depression in past year, over age 17	unavailable	8.5%	7.6%	
Depression rate for youth age 12-17 *both 2004-05, NSDUHs*	unavailable	8.7%	8.9%	
Lifeskills 2010-11 Jail Admissions Triage: % with depression	80%	**BRADD** 39%	local only	

MATERNAL AND INFANT HEALTH				Score for Our County
Measure	County	KY	USA	Score
Infant Health				3
Infant Mortality Crude Rate, 2001-07	807	692.1	690.1	
KY rates by race/ethnicity: Black=1129 Asian=492.0 Hispanic=581.5				
Percent of live births with low birthweight (< 2500 grams)	8.2%	8.9%	8.1%	
Mothers without Prenatal Care 1st Trimester	unavailable	25.2%	16%	
% Pregnant women smoking - Mothers of newborns who report tobacco use on birth certificate	unavailable	26%	16%	
Childhood immunization coverage (children age 19 to 35 months)	unavailable	91.2%	89.8%	
% of mothers who initiated breastfeeding *2008 birth certificates. Ky DPH*	67.0%	47.0%		
Child Health				5
Child Death Rates per 100,000 children age 1-14 *2005-2007*	72.9	68.7	65.6	
Teen Death Rates per 100,000 teens age 15-19 *2005-2007*	< 10 deaths	81.4	65.0	
Births to Teen Moms age 15-17 / *1,000 girls in age group* *2004*	15%	42.0%	25.0%	
Child Abuse/Neglect *# substantiated cases, 2009 Ky Kids Count*	66	- - -	- - -	
% increase / decrease in rate from 2003 to 2008	5%	- 1%	- - -	
Percent of all households that are single-parent households *US Census*	29%	32%	20%	

County ALLEN, page 5

SUBSTANCE ABUSE AND ADDICTION					Score for Our County
Measure		County	KY	USA	Score
Alcohol Use and Addiction					3
Adult Binge Drinking (5/+ drinks on one occasion, past month)	*2010 BRFS*	unavailable	11.9%	15.1%	
Percent of adults who drink heavily on a daily basis	*2010 BRFS*	unavailable	3.9%	5.0%	
High school students - binge drinking in past 30 days	*2011 YRBS*	unavailable	23.2%	24.2%	
Drug Abuse and Addiction					4
see motor vehicle crashes above					
# Drug Arrests 2010	*KSP - Crime in Kentuky, 2010*	318	- - -	- - -	
Youth marijuana use in past 30 days	*2009 YRBS*		16.1%	20.80%	
12th grade- Prescription Drug Use in last 30 days	*2010 KIP Survey*	**BRADD** 9.4%	7.2%	unavailable	
12th grade- Over-the-counter drug use to get high	*2010 KIP Survey*	**BRADD** 5.3%	3.7%	unavailable	
9-12th grade- Use of Rx meds without a prescription 1/> times	*2011 YRBS*		19%	unavailable	
Lifeskills 2010-11 Jail Admissions Triage: % with substance abuse		15%	**BRADD** 24%	local only	

"CROSS-CUTTING" HEALTH BEHAVIORS AFFECTING MULTIPLE HEALTH PROBLEMS			
Measure	County	KY	USA
Tobacco Use and Addiction			
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2008*	*2008*
Adult Smokers - % who report they currently smoke 100/+ cigarettes	40%	26%	18%
YRBS = Youth Risk Behavior Survey		*2009*	*2009*
Youth smokers - % who report they are current smokers (grades 6-12)	unavailable	26.1%	19.5%
Diet and Exercise - self-reported behavior			
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	33%	32%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers who report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%
Family & Social Support			
Percent of adults w/ inadequate social/emotional support *2005-09 BRFS*	21%	20%	unavailable
Grandparents raising granchildren - # households 2005-09 Amer Comm Survey	355	BRADD total = 3,186	
High school students - binge drinking in past 30 days *2011 YRBS*	unavailable	23.2%	24.2%

Scored in Oct. and Nov. 2012 by BRCHPC's Allen County Assessment Team.

County Health Issue Score Sheet

County BARREN

OVERALL HEALTH STATUS				No score
Measure	**County**	**KY**	**USA**	
Premature death —Years of potential life lost before age 75 (YPLL-75) rate	8,408	8,859	5,564	
County residents age 45-74 on Medicaid (aged, blind or diabled)	1,966 people *(13% of age 45-74)*			
Self-reported health status, adults over age 18 (BRFSS)				
Percent of adults reporting "My health is ...fair" or "...poor"	23%	22%	10%	
Average days/month physically unhealthy	4.2	4.7	2.6	

CANCERS				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Cancer Death Rate (all sites)	222.8	221	183.8	
Cancer incidence rates are from KY Cancer Registry, 2004-2008. Unless noted, all death rates from CDC Wonder, 2003-07.				
Lung Cancer				4
Lung /Bronchial Cancer Death Rate	76.3	76.5	52.5	
Lung Cancer Cases (incidence rate)	96.12	100.76	67.9	
Lung/Bronchial Cancer Deaths - males *(age-adj./100K) 2003-07*	117.7	104.8	68.5	
- females *(age-adjusted/100K) 2003-07*	45.8	55.9	40.5	
See Adult and Youth Smokers under "Tobacco Use" below				
Breast Cancer				1
Breast Cancer Death Rate	15.6	14.5	14.1	
Breast Cancer Cases (incidence rate)	57.7	65.5	not avail.	
Mammography Screening Rate *BRFSS, 2008*	56.1%	75.0%	75%	
See Female Adult Obesity rates below				
Colorectal Cancer				3
Colorectal Cancer Death Rate	22.7	17.6	20.8	
Colorectal Cancer Cases (incidence rate)	59.6	55.7	unavailable	
See below under Diet & Exercise "5/+ fruits & veggies daily"				
Cervical Cancer				1
Cervical Cancer Death Rate	5.81	3.07	2.9	
Death rate for black women	< 5 deaths	4.5	2	
Cervical Cancer Cases (incidence rate)	8.25	9.04	9.11	
Pap Smears - % of women who had one in past year 2008	BRADD 69%	82%	82.9%	
Skin Cancer				2
Skin Cancer, crude death rate (excludes basal & squamous) *KY CA Regist.*	6	4.36	3.6	
Skin Cancer Cases (crude incidence rate) - men	54.1	45	unavailable	
- women	37.3	31.7	unavailable	

County BARREN, page 2

OTHER CHRONIC DISEASES

Score for Our County

Measure	County	KY	USA	Score
Cardiovascular Disease				5
Heart Diseases - Death Rate	304.2	270.8	232.4	
Stroke Death Rate	69.5	58.7	53	
High Blood Pressure - % adults diagnosed KY is #4 in the U.S.	unavailable	37.9%	30.3%	
White - KY is #2 in U.S. Black - KY is #3 in U.S.				
Diabetes				2
Diabetes death rate, age-adjusted	16.0	27.3	24.0	
Diabetes death rate, Black population, age-adjusted	unavailable	53.5	46.3	
Diabetes cases - % adults who have been diagnosed 2008 BRFS	11.10%	11.5%	8.4%	
In only 10 years, Kentucy had 163% increase in the (age-adjusted) rate of adults who report they had a diagnosis of diabetes. (BRFS)	KY '95-'97 4.0%	KY 2005-07 10.5%	US '05-'07 9.1%	
% adults reporting a diabetes diagnosis in 1995-97 BRFS		4.0%		
% in 2005-07 surveys (167% increase in KY's age-adjusted rate)		10.5%	9.1%	
Obesity				5
Adult Obesity - % of adults who are obese (BMI > 30) *2008 BRFSS*	28.6%	31.8%	27.6%	
2010 BRFSS - KY white = 31.5% KY Black = 40%				
highest income category = 29% lowest income category = 41.5%				
High School Obesity - BMI above 95th percentile *2009 YRBS, self-reported*		17.6%	12.0%	
Child Obesity - Age 10-17, measured =/> 95th percentile *NHANES 2003-06*		21.0%	16.4%	
Kindergarteners overweight/obese,fall 2007	25%	BRDHD data, measured & reported on required school physical exam		
6th graders overweight/obese, fall 2007	28%			
Respiratory Diseases / Problems (see also Lung Cancer, p1.)				4
COPD Death rate (Chronic Lower Respiratory Disease)	60.7	57.3	41.8	
KY COPD death rates by race: white = 58.6 black = 38.8				
	BRADD			
% of adults with current diagnosis of asthma *2008 BRFS*	10.30%	9.7%	8.7%	
See also Adult and Youth Smokers under "Tobacco Use" below				
Oral Health				4
Adults with no teeth left (KY ranks #1) *2008 BRFS*	unavailable	23.70%	18.50%	
	BRADD			
% Adults with no dental visit in past year *2008 BRFS*	40.5%	35.6%	29%	
High school students with no dental visit in past year *2011 KY YRBS*	unavailable	32.0%	unavailable	
High school students who brush teeth daily *2011 KY YRBS*	unavailable	75.0%	unavailable	
High school students who floss daily *2011 KY YRBS*	unavailable	18.0%	unavailable	

County BARREN, page 3

INJURIES				Score for Our County
Measure	County	KY	USA	Score
Violence				1
Homicide Rate County: 2003-07 KY and US: 1999-2007	5.1	5	6	
Violent crime rate per 100K population 2010	unavailable	242.6	403.6	
Motor Vehicle Crash Injuries				2
Motor Vehicle Crash Death Rate, 2001-07	22.3	22	13.7	
# Motor Vehicle Collisions - fatalities/injuries 2010	295			
% fatal/injury crashes involving alcohol and/or drug use	10.8%			
% Seat belt use - Adults	unavailable	79.7%	88.4%	
6th-12th grade	unavailable	86.6%	90.3%	
MV Crash Ejections - % that were fatal KSP data		85%		

COMMUNICABLE DISEASES				Score for Our County
Measure	County	KY	USA	Score
Sexually-Transmitted Infections (STIs)	BRADD			2
AIDS - Rate of new cases diagnosed per 100,000 2008 KY DPH	5.1	6.9	12.2	
HIV Positive Infections diagnosed (# new cases) 2005-09 KY DPH	71	327	('09) 37K	
STI Rate Chlamydia + Gonorrhea + new Syphilis cases per 100K, *CDC 2005-09*	unavailable	147.3	206.9	
High school - reporting sexual intercourse with 4/+ persons 2009 YRBS	unavailable	16.6%	17.6%	
Animal Rabies cases, 2010 (CDC - MMWR)	0	18	3,563	
TB Case Rate(/100,000), *2006-10* *Barren decreased from 7.24 in 2001-05*	1.96	2.24	4.13	
TB case rate for the BRADD decreased from 5.72 in 2001-05 to 4.04 in 2006-10.				
Influenza				2
Influenza/Pneumonia death rates - Infant /Under age 65	unavailable	5.9 / 3.5	6.7 / 2.7	
Flu Shot in past year - over age 65 *self reported, 2010 BRFS*	unavailable	67.7%	67.5%	

County BARREN, page 4

EMOTIONAL HEALTH				Score for Our County
Measure	County	KY	USA	Score
Mental Health - Depression & Suicide				3
Average days/month mentally unhealthy *BRFS age-adjusted*	3.4	4.3	2.3	
Suicide Rate *Age-adjusted rate/100,000, 1999-2007*	11.6	13.5	10.9	
KY Suicide Rates by race - White = 13.8 Black = 6.7 Asian/P.I. = 5.7				
Age : Highest suicide rates in KY are age group 35-44 (double the national rate for the group). 2nd-hghest rate is age 45-54.				
Gender : KY's suicide rate is 5 times higher for males than females. For the U.S., the gender difference is only 4 to 1.				
Adults reporting Serious Psychological Distress in past year	unavailable	14.7%	11.6%	
At least 2 weeks of Depression in past year, over age 17	unavailable	8.5%	7.6%	
Depression rate for youth age 12-17 *both 2004-05, NSDUHs*	unavailable	8.7%	8.9%	
Lifeskills 2010-11 Jail Admissions Triage: % with depression	69%	**BRADD** 39%	local only	

MATERNAL AND INFANT HEALTH				Score for Our County
Measure	County	KY	USA	Score
Infant Health				2
Infant Crude Mortality Rate, *01-'07*	642.1	692.1	690.1	
KY rates by race/ethnicity: Black=1129 Asian=492.0 Hispanic=581.5				
Percent of live births with low birthweight (< 2500 grams)	9.1%	8.9%	8.1%	
Mothers without Prenatal Care 1st Trimester	unavailable	25.2%	16%	
% Pregnant women smoking - Mothers of newborns who report tobacco use on birth certificate	unavailable	26%	16%	
Childhood immunization coverage (children age 19 to 35 months)	unavailable	91.2%	89.8%	
% of mothers who initiated breastfeeding *2008 birth certificates. Ky DPH*	48.0%	47.0%		
Child Health				3
Child Death Rates per 100,000 children age 1-14 *2005-2007*	73.0	68.7	65.6	
Teen Death Rates per 100,000 teens age 15-19 *2005-2007*	90.4	81.4	65.0	
Births to Teen Moms age 15-17 / *1,000 girls in age group* *2002-06*	24%	42.0%	22.0%	
Child Abuse/Neglect # substantiated cases, 2009 Ky Kids Count	215	- - -	- - -	
% increase / decrease in rate from 2003 to 2008	-33%	- 1%	- - -	
Percent of all households that are single-parent households *US Census*	30%	32%	20%	

County BARREN, page 5

SUBSTANCE ABUSE AND ADDICTION				Score for Our County	
Measure		County	KY	USA	Score
Alcohol Use and Addiction					4
Adult Binge Drinking (5/+ drinks on one occasion, past month)	2010 BRFS	unavailable	11.9%	15.1%	
Percent of adults who drink heavily on a daily basis	2010 BRFS	unavailable	3.9%	5.0%	
High school students - binge drinking in past 30 days	2011 YRBS	unavailable	23.2%	24.2%	
Drug Abuse and Addiction					5
see motor vehicle crashes above					
# Drug Arrests 2010	*KSP - Crime in Kentuky, 2010*	966	- - -	- - -	
Youth marijuana use in past 30 days	*2009 YRBS*	unavailable	16.1%	20.80%	
12th grade- Prescription Drug Use in last 30 days	*2010 KIP Survey*	**BRADD** 9.4%	7.2%	unavailable	
12th grade- Over-the-counter drug use to get high	*2010 KIP Survey*	**BRADD** 5.3%	3.7%	unavailable	
9-12th grade- Use of Rx meds without a prescription 1/> times	*2011 YRBS*	unavailable	19%	unavailable	
Lifeskills 2010-11 Jail Admissions Triage: % with substance abuse		15%	**BRADD** 24%	local only	

"CROSS-CUTTING" HEALTH BEHAVIORS AFFECTING MULTIPLE HEALTH PROBLEMS				Score for Our County
Measure	County	KY	USA	Score
Tobacco Use and Addiction				
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2008*	*2008*	
Adult Smokers - % who report they currently smoke 100/+ cigarettes	26%	28%	15%	
YRBS = Youth Risk Behavior Survey		*2009*	*2009*	
Youth smokers - % who report they are current smokers (grades 6-12)	unavailable	26.1%	19.5%	
Diet and Exercise - self-reported behavior				
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*	
% Adults reporting they are sedentary - no physical activity	33%	54%	49%	
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%	
YRBS = Youth Risk Behavior Survey		*2010*	*2009*	
% High schoolers wo report they are sedentary	unavailable	20%	23.10%	
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%	
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%	
Family & Social Support				
Percent of adults w/ inadequate social/emotional support *2005-09 BRFSS*	22%	20%	unavailable	
Grandparents raising granchildren - # households 2005-09 Amer Comm Survey	506	BRADD total = 3,186		

Scored in Oct. and Nov. 2012 by BRCHPC's Barren County Assessment Team.

County Health Issue Score Sheet

County BUTLER

OVERALL HEALTH STATUS				No score
Measure	County	KY	USA	
Premature death —Years of potential life lost before age 75 (YPLL-75) rate	10,335	8,859	5,564	
County residents age 45-74 on Medicaid (aged, blind or diabled)	731 people *(15.5% of age 45-74)*			
Self-reported health status, adults over age 18 (BRFSS)				
Percent of adults reporting "My health is ...fair" or "...poor"	21%	22%	10%	
Average days/month physically unhealthy	5.4	4.7	2.6	

CANCERS				Score for Our County
Measure	County	KY	USA	Score
Cancer Death Rate (all sites)	239.1	221	183.8	
Cancer incidence rates are from KY Cancer Registry, 2004-2008. Unless noted, all death rates from CDC Wonder, 2003-07.				
Lung Cancer				5
Lung /Bronchial Cancer Death Rate	99.2	76.5	52.5	
Lung Cancer Cases (incidence rate)	116.5	100.76	67.9	
Lung/Bronchial Cancer Deaths - males *(age-adj./100K) 2003-07*	146.6	104.8	68.5	
- females *(age-adjusted/100K) 2003-07*	58.7	55.9	40.5	
See Adult and Youth Smokers under "Tobacco Use" below				
Breast Cancer				4.2
Breast Cancer Death Rate	17.1	14.5	14.1	
Breast Cancer Cases (incidence rate)	51	65.5	not avail.	
Mammography Screening Rate *BRFSS, 2008*	69.8%	75.0%	75.0%	
See Female Adult Obesity rates below				
Colorectal Cancer				2.6
Colorectal Cancer Death Rate	14.3	17.6	20.8	
Colorectal Cancer Cases (incidence rate)	48.8	55.7	unavailable	
See below under Diet & Exercise "5/+ fruits & veggies daily"				
Cervical Cancer				3.2
Cervical Cancer Death Rate	0	3.07	2.9	
Death Rate for black women	0	4.5	2	
Cervical Cancer Cases (incidence rate)	8.11	9.04	unavailable	
Pap Smears - % of women who had one in past year 2008	BRADD 69%	82%	82.9%	
Skin Cancer				2.2
Skin Cancer, crude death rate (excludes basal & squamous) *KY CA Regist.*	6	4.36	3.6	
Skin Cancer Cases (crude incidence rate) - men	42	45	unavailable	
- women	29.9	31.7	unavailable	

County BUTLER, page 2

OTHER CHRONIC DISEASES

Score for Our County

Measure	County	KY	USA	Score
Cardiovascular Disease				4.4
Heart Diseases - Death Rate	254.7	270.8	232.4	
Stroke Death Rate	68.3	58.7	53	
High Blood Pressure - % adults diagnosed KY is #4 in the U.S.	unavailable	37.9%	30.3%	
White - KY is #2 in U.S. Black - KY is #3 in U.S.				
Diabetes				4.6
Diabetes death rate, age-adjusted	37.7	27.3	24.0	
Diabetes death rate, Black population, age-adjusted	unavailable	53.5	46.3	
Diabetes cases - % adults who have been diagnosed 2008 BRFS	12.0%	11.5%	8.4%	
% adults reporting a diabetes diagnosis in 1995-97 BRFS		4.0%		
% in 2005-07 surveys (167% increase in KY's age-adjusted rate)		10.5%	9.1%	
Obesity				4.6
Adult Obesity - % of adults who are obese (BMI > 30) *BRFSS 2008*	33.0%	31.8%	27.6%	
2010 BRFSS - KY white = 31.5% KY Black = 40%				
highest income category = 29% lowest income category = 41.5%				
High School Obesity - BMI above 95th percentile *2009 YRBS, self-reported*		17.6%	12.0%	
Child Obesity - Age 10-17, measured =/> 95th percentile *NHANES 2003-06*		21.0%	16.4%	
Kindergarteners overweight/obese,fall 2007	24%	BRDHD data, measured		
6th graders overweight/obese, fall 2007	38%	& reported on required		
		school physical exam		
Respiratory Diseases / Problems (see also Lung Cancer, p1.)				4
COPD Death rate (Chronic Lower Respiratory Disease)	51.3	57.3	41.8	
KY COPD death rates by race: white = 58.6 black = 38.8				
% of adults with current diagnosis of asthma *2008 BRFSS*	BRADD 10.30%	9.7%	8.7%	
See also Adult and Youth Smokers under "Tobacco Use" below				
Oral Health				4.6
Adults with no teeth left (KY ranks #1) *2008 BRFS*	unavailable	23.70%	18.50%	
% Adults with no dental visit in past year *2008 BRFS*	BRADD 40.5%	35.6%	29%	
High school students with no dental visit in past year *2011 KY YRBS*	unavailable	32.0%	unavailable	
High school students who brush teeth daily *2011 KY YRBS*	unavailable	75.0%	unavailable	
High school students who floss daily *2011 KY YRBS*	unavailable	18.0%	unavailable	

County BUTLER, page 3

INJURIES				Score for Our County
Measure	County	KY	USA	Score
Violence				4.2
Homicide Rate County: 2003-07 KY and US: 1999-2007	7.6	5	6	
Violent crime rate per 100K population 2010	unavailable	242.6	403.6	
Motor Vehicle Crash Injuries				4.6
Motor Vehicle Crash Death Rate, 2001-07	42.2	22	13.7	
# Motor Vehicle Collisions - fatalities/injuries 2010	37			
% fatal/injury crashes involving alcohol and/or drug use	13.5%			
% Seat belt use - Adults	unavailable	79.7%	88.4%	
6th-12th grade	unavailable	86.6%	90.3%	
MV Crash Ejections - % that were fatal KSP data		85%		

COMMUNICABLE DISEASES				Score for Our County
Measure	County	KY	USA	Score
Sexually-Transmitted Infections (STIs)	BRADD			3.2
AIDS - Rate of new cases diagnosed per 100,000 2008 KY DPH	5.1	6.9	12.2	
HIV Positive Infections diagnosed (# new cases) 2005-09 KY DPH	71	327	('09) 37K	
STI Rate Chlamydia + Gonorrhea + new Syphilis cases per 100K, *CDC 2005-09*	unavailable	147.3	206.9	
High school - reporting sexual intercourse with 4/+ persons 2009 YRBS	unavailable	16.6%	17.6%	
Animal Rabies cases, 2010 (CDC - MMWR)	0	18	3,563	
TB Case Rate(/100,000), *2006-10*	9.00	2.24	4.13	
TB case rate for the BRADD decreased from 5.72 in 2001-05, to 4.04 in 2006-10.				
Influenza				2.2
Influenza/Pneumonia death rates - Infant /Under age 65	unavailable	5.9 / 3.5	6.7 / 2.7	
Flu Shot in past year - over age 65 *self reported, 2010 BRFS*	unavailable	67.7%	67.5%	

County BUTLER, page 4

EMOTIONAL HEALTH				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Mental Health - Depression & Suicide				3.6
Average days/month mentally unhealthy *BRFS Age-adjusted*	3.6	4.3	2.3	
Suicide Rate *Age-adjusted rate/100,000, 1999-2007*	11	13.5	10.9	
KY Suicide Rates by race - White = 13.8 Black = 6.7 Asian/P.I. = 5.7				
Age : Highest suicide rates in KY are age group 35-44 (double the national rate for the group). 2nd-hghest rate is age 45-54.				
Gender : KY's suicide rate is 5 times higher for males than females. For the U.S., the gender difference is only 4 to 1.				
Adults reporting Serious Psychological Distress in past year	unavailable	14.7%	11.6%	
At least 2 weeks of Depression in past year, over age 17	unavailable	8.5%	7.6%	
Depression rate for youth age 12-17 *both 2004-05, NSDUHs*	unavailable	8.7%	8.9%	
Lifeskills 2010-11 Jail Admissions Triage: % with depression	38%	**BRADD** 39%	local only	

MATERNAL AND INFANT HEALTH				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Infant Health				4.2
Infant Crude Mortality Rate, *'01-'07*	871.1	692.1	690.1	
KY rates by race/ethnicity: Black=1129 Asian=492.0 Hispanic=581.5				
Percent of live births with low birthweight (< 2500 grams)	7.7%	8.9%	8.1%	
Mothers without Prenatal Care 1st Trimester	unavailable	25.2%	16%	
% Pregnant women smoking - Mothers of newborns who report tobacco use on birth certificate	unavailable	26%	16%	
Childhood immunization coverage (children age 19 to 35 months)	unavailable	91.2%	89.8%	
% of mothers who initiated breastfeeding *2008 birth certificates. Ky DPH*	60.0%	47.0%		
Child Health				4.6
Child Death Rates per 100,000 children age 1-14 *2005-2007*	73.0	68.7	65.6	
Teen Death Rates per 100,000 teens age 15-19 *2005-2007*	153.3	81.4	65.0	
Births to Teen Moms age 15-17 / *1,000 girls in age group* *2002-06*	23%	42.0%	22.0%	
Child Abuse/Neglect # substantiated cases, 2009 Ky Kids Count	54	- - -	- - -	
% increase / decrease in rate from 2003 to 2008	+ 122%	- 1%	- - -	
Percent of all households that are single-parent households *US Census*	22%	32%	20%	

County BUTLER, page 5

SUBSTANCE ABUSE AND ADDICTION					Score for Our County
Measure		County	KY	USA	Score
Alcohol Use and Addiction					3.6
Adult Binge Drinking (5/+ drinks on one occasion, past month)	2010 BRFS	unavailable	11.9%	15.1%	
Percent of adults who drink heavily on a daily basis	2010 BRFS	unavailable	3.9%	5.0%	
High school students - binge drinking in past 30 days	2011 YRBS	unavailable	23.2%	24.2%	
Drug Abuse and Addiction					4.6
see motor vehicle crashes above					
# Drug Arrests 2010	*KSP - Crime in Kentuky, 2010*	248	- - -	- - -	
Youth marijuana use in past 30 days	*2009 YRBS*		16.1%	20.80%	
12th grade- Prescription Drug Use in last 30 days	*2010 KIP Survey*	**BRADD** 9.4%	7.2%	unavailable	
12th grade- Over-the-counter drug use to get high	*2010 KIP Survey*	**BRADD** 5.3%	3.7%	unavailable	
9-12th grade- Use of Rx meds without a prescription 1/> times	*2011 YRBS*		19%	unavailable	
Lifeskills 2010-11 Jail Admissions Triage: % with substance abuse		31%	**BRADD** 24%	local only	

"CROSS-CUTTING" HEALTH BEHAVIORS AFFECTING MULTIPLE HEALTH PROBLEMS					Score for Our County
Measure		County	KY	USA	Score
Tobacco Use and Addiction					
BRFS = (adult) Behavior Risk Factor Survey		*2008*	*2008*	*2008*	
Adult Smokers - % who report they currently smoke 100/+ cigarettes		30%	28%	15%	
YRBS = Youth Risk Behavior Survey			*2009*	*2009*	
Youth smokers - % who report they are current smokers (grades 6-12)		unavailable	26.1%	19.5%	
Diet and Exercise - self-reported behavior					
BRFS = (adult) Behavior Risk Factor Survey		*2008*	*2009*	*2009*	
% Adults reporting they are sedentary - no physical activity		34%	54%	49%	
Adults who eat 5 or more fruits/vegetables daily		unavailable	21.1%	23.4%	
YRBS = Youth Risk Behavior Survey			*2010*	*2009*	
% High schoolers wo report they are sedentary		unavailable	20%	23.10%	
Teens grade 9-12 who eat 5/+ fruits or veggies daily		unavailable	16.7%	22.3%	
Youth grade 9-12 drinking soda 1/+ daily		unavailable	36.4%	29.2%	
Family & Social Support					
Percent of adults w/ inadequate social/emotional support	*2005-09 BRFSS*	15%	20%	unavailable	
Grandparents raising granchildren - # households	2005-09 Amer Comm Survey	152	BRADD total = 3,186		

Scored in Oct. and Nov. 2012 by BRCHPC's Butler County Assessment Team.

County Health Issue Score Sheet

County EDMONSON

OVERALL HEALTH STATUS				No score
Measure	County	KY	USA	
Premature death —Years of potential life lost before age 75 (YPLL-75) rate	7,038	8,859	5,564	
County residents age 45-74 on Medicaid (aged, blind or diabled)	590 people *(12.6% of age 45-74)*			
Self-reported health status, adults over age 18 (BRFSS)				
Percent of adults reporting "My health is ...fair" or "...poor"	29%	22%	10%	
Average days/month physically unhealthy	6.2	4.7	2.6	

CANCERS				Score for Our County
Measure	County	KY	USA	Score
Cancer Death Rate (all sites)	190.3	221	183.8	
Cancer incidence rates are from KY Cancer Registry, 2004-2008. Unless noted, all death rates from CDC Wonder, 2003-07.				
Lung Cancer				4
Lung /Bronchial Cancer Death Rate	84.3	76.5	52.5	
Lung Cancer Cases (incidence rate)	132	100.76	67.9	
Lung/Bronchial Cancer Deaths - males *(age-adj./100K) 2003-07*	103	104.8	68.5	
- females *(age-adjusted/100K) 2003-07*	69.3	55.9	40.5	
See Adult and Youth Smokers under "Tobacco Use" below				
Breast Cancer				4
Breast Cancer Death Rate	*12.4*	14.5	14.1	
Breast Cancer Cases (incidence rate)	59.7	65.5	not avail.	
Mammography Screening Rate *BRFSS, 2008*	59.5%	75.0%	75.0%	
See Female Adult Obesity rates below				
Colorectal Cancer				3
Colorectal Cancer Death Rate	10.2	17.6	20.8	
Colorectal Cancer Cases (incidence rate)	61.4	55.7	unavailable	
See below under Diet & Exercise "5/+ fruits & veggies daily"				
Cervical Cancer				4
Cervical Cancer Death Rate	6.68	3.07	2.9	
Death rate for black women	< 5 deaths	4.5	2	
Cervical Cancer Cases (incidence rate)	9.77	9.11	unavailable	
Pap Smears - % of women who had one in past year 2008	BRADD 69%	82%	82.9%	
Skin Cancer				3
Skin Cancer, crude death rate (excludes basal & squamous) *KY CA Regist.*	3.4	4.36	3.6	
Skin Cancer Cases (crude incidence rate) - men	40.6	45	unavailable	
- women	16.6	31.7	unavailable	

County EDMONSON, page 2

OTHER CHRONIC DISEASES

Score for Our County

Measure	County	KY	USA	Score
Cardiovascular Disease				1
Heart Diseases - Death Rate	242.5	270.8	232.4	
Stroke Death Rate	51	58.7	53	
High Blood Pressure - % adults diagnosed KY is #4 in the U.S.	unavailable	37.9%	30.3%	
White - KY is #2 in U.S. Black - KY is #3 in U.S.				
Diabetes				3
Diabetes death rate, age-adjusted	17.5	27.3	24.0	
Diabetes death rate, Black population, age-adjusted	unavailable	53.5	46.3	
Diabetes cases - % adults who have been diagnosed 2008 BRFS	11.80%	11.5%	8.4%	
In only 10 years, Kentucy had 163% increase in the (age-adjusted) rate of adults who report they had a diagnosis of diabetes. (BRFS)	KY '95-' 97 4.0%	KY 2005-07 10.5%	US '05-'07 9.1%	
% adults reporting a diabetes diagnosis in 1995-97 BRFS		4.0%		
% in 2005-07 surveys (167% increase in KY's age-adjusted rate)		10.5%	9.1%	
Obesity				4
Adult Obesity - % of adults who are obese (BMI > 30) *BRFSS 2008*	32.1%	31.8%	27.6%	
2010 BRFSS - KY white = 31.5% KY Black = 40%				
highest income category = 29% lowest income category = 41.5%				
High School Obesity - BMI above 95th percentile *2009 YRBS, self-reported*		17.6%	12.0%	
Child Obesity - Age 10-17, measured =/> 95th percentile *NHANES 2003-06*		21.0%	16.4%	
Kindergarteners overweight/obese,fall 2007	10%	BRDHD data, measured & reported on required school physical exam		
6th graders overweight/obese, fall 2007	26%			
Respiratory Diseases / Problems (see also Lung Cancer, p1.)				4
COPD Death rate (Chronic Lower Respiratory Disease)	52.3	57.3	41.8	
KY COPD death rates by race: white = 58.6 black = 38.8				
% of adults with current diagnosis of asthma *2008 BRFS*	BRADD 10.30%	9.7%	8.7%	
See also Adult and Youth Smokers under "Tobacco Use" below				
Oral Health				3
Adults with no teeth left (KY ranks #1) *2008 BRFS*	unavailable	23.70%	18.50%	
% Adults with no dental visit in past year *2008 BRFS*	BRADD 40.5%	35.6%	29%	
High school students with no dental visit in past year *2011 KY YRBS*	unavailable	32.0%	unavailable	
High school students who brush teeth daily *2011 KY YRBS*	unavailable	75.0%	unavailable	
High school students who floss daily *2011 KY YRBS*	unavailable	18.0%	unavailable	

County EDMONSON, page 3

INJURIES				Score for Our County
Measure	County	KY	USA	Score
Violence				1
Homicide Rate County: 2003-07 KY and US: 1999-2007	1.2	5	6	
Violent crime rate per 100K population 2010	unavailable	242.6	403.6	
Motor Vehicle Crash Injuries				3
Motor Vehicle Crash Death Rate, 2001-07	27.9	22	13.7	
# Motor Vehicle Collisions - fatalities/injuries 2010	61			
% fatal/injury crashes involving alcohol and/or drug use	8.2%			
% Seat belt use - Adults	unavailable	79.7%	88.4%	
6th-12th grade	unavailable	86.6%	90.3%	
MV Crash Ejections - % that were fatal KSP data		85%		

COMMUNICABLE DISEASES				Score for Our County
Measure	County	KY	USA	Score
Sexually-Transmitted Infections (STIs)	BRADD			2
AIDS - Rate of new cases diagnosed per 100,000 2008 KY DPH	5.1	6.9	12.2	
HIV Positive Infections diagnosed (# new cases) 2005-09 KY DPH	71	327	('09) 37K	
STI Rate Chlamydia + Gonorrhea + new Syphilis cases per 100K, *CDC 2005-09*	unavailable	147.3	206.9	
High school - reporting sexual intercourse with 4/+ persons 2009 YRBS	unavailable	16.6%	17.6%	
Animal Rabies cases, 2010 (CDC - MMWR)	0	18	3,563	
TB Case Rate(/100,000), *2006-10*	1.66	2.24	4.13	
TB case rate for the BRADD decreased from 5.72 in 2001-05, to 4.04 in 2006-10.				
Influenza				1
Influenza/Pneumonia death rates - Infant /Under age 65	unavailable	5.9 / 3.5	6.7 / 2.7	
Flu Shot in past year - over age 65 *self reported, 2010 BRFS*	unavailable	67.7%	67.5%	

County EDMONSON, page 4

EMOTIONAL HEALTH				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Mental Health - Depression & Suicide				2
Average days/month mentally unhealthy *BRFS Age-adjusted*	4.0	4.3	2.3	
Suicide Rate *Age-adjusted rate/100,000, 1999-2007*	10.4	13.5	10.9	
KY Suicide Rates by race - White = 13.8 Black = 6.7 Asian/P.I. = 5.7				
Age : Highest suicide rates in KY are age group 35-44 (double the national rate for the group). 2nd-hghest rate is age 45-54.				
Gender : KY's suicide rate is 5 times higher for males than females. For the U.S., the gender difference is only 4 to 1.				
Adults reporting Serious Psychological Distress in past year	unavailable	14.7%	11.6%	
At least 2 weeks of Depression in past year, over age 17	unavailable	8.5%	7.6%	
Depression rate for youth age 12-17 *both 2004-05, NSDUHs*	unavailable	8.7%	8.9%	
Lifeskills 2010-11 Jail Admissions Triage: % with depression	unavailable	**BRADD** 39%	local only	

MATERNAL AND INFANT HEALTH				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Infant Health				2
Infant Crude Mortality Rate, *'01-'07*	< 10 deaths	692.1	690.1	
KY rates by race/ethnicity: Black=1129 Asian=492.0 Hispanic=581.5				
Percent of live births with low birthweight (< 2500 grams)	8.3%	8.9%	8.1%	
Mothers without Prenatal Care 1st Trimester	unavailable	25.2%	16%	
% Pregnant women smoking - Mothers of newborns who report tobacco use on birth certificate	unavailable	26%	16%	
Childhood immunization coverage (children age 19 to 35 months)	unavailable	91.2%	89.8%	
% of mothers who initiated breastfeeding *2008 birth certificates. Ky DPH*	56.0%	47.0%		
Child Health				1
Child Death Rates per 100,000 children age 1-14 *2005-2007*	< 10 deaths	68.7	65.6	
Teen Death Rates per 100,000 teens age 15-19 *2005-2007*	< 10 deaths	81.4	65.0	
Births to Teen Moms age 15-17 / *1,000 girls in age group* *2002-06*	20%	42.0%	22.0%	
Child Abuse/Neglect # substantiated cases, 2009 Ky Kids Count	42	- - -	- - -	
% increase / decrease in rate from 2003 to 2008	-31%	- 1%	- - -	
Percent of all households that are single-parent households *US Census*	24%	32%	20%	

County EDMONSON, page 5

SUBSTANCE ABUSE AND ADDICTION					Score for Our County
Measure		County	KY	USA	Score
Alcohol Use and Addiction					3
Adult Binge Drinking (5/+ drinks on one occasion, past month)	2010 BRFS	unavailable	11.9%	15.1%	
Percent of adults who drink heavily on a daily basis	2010 BRFS	unavailable	3.9%	5.0%	
High school students - binge drinking in past 30 days	2011 YRBS	unavailable	23.2%	24.2%	
Drug Abuse and Addiction					4
see motor vehicle crashes above					
# Drug Arrests 2010	*KSP - Crime in Kentuky, 2010*	89	- - -	- - -	
Youth marijuana use in past 30 days	*2009 YRBS*	unavailable	16.1%	20.80%	
12th grade- Prescription Drug Use in last 30 days	*2010 KIP Survey*	**BRADD** 9.4%	7.2%	unavailable	
12th grade- Over-the-counter drug use to get high	*2010 KIP Survey*	**BRADD** 5.3%	3.7%	unavailable	
9-12th grade- Use of Rx meds without a prescription 1/> times	*2011 YRBS*	unavailable	19%	unavailable	
Lifeskills 2010-11 Jail Admissions Triage: % with substance abuse		unavailable	**BRADD** 24%	local only	

"CROSS-CUTTING" HEALTH BEHAVIORS AFFECTING MULTIPLE HEALTH PROBLEMS				Score for Our County
Measure	County	KY	USA	Score
Tobacco Use and Addiction				
BRFS = (adult) Behavior Risk Factor Survey		*2008*	*2008*	
Adult Smokers - % who report they currently smoke 100/+ cigarettes	unavailable	28%	15%	
YRBS = Youth Risk Behavior Survey		*2009*	*2009*	
Youth smokers - % who report they are current smokers (grades 6-12)	unavailable	26.1%	19.5%	
Diet and Exercise - self-reported behavior				
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*	
% Adults reporting they are sedentary - no physical activity	32%	54%	49%	
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%	
YRBS = Youth Risk Behavior Survey		*2010*	*2009*	
% High schoolers wo report they are sedentary	unavailable	20%	23.10%	
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%	
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%	
Family & Social Support				
Percent of adults w/ inadequate social/emotional support *2005-09 BRFSS*	27%	20%	unavailable	
Grandparents raising granchildren - # households 2005-09 Amer Comm Survey	71	BRADD total = 3,186		

Scored in Oct. and Nov. 2012 by BRCHPC's Edmonson County Assessment Team.

County Health Issue Score Sheet

County HART

OVERALL HEALTH STATUS				No score
Measure	**County**	**KY**	**USA**	
Premature death —Years of potential life lost before age 75 (YPLL-75) rate	8,780	8,859	5,564	
County residents age 45-74 on Medicaid (aged, blind or diabled)	1,100 people *(16% of age 45-74)*			
Self-reported health status, adults over age 18 (BRFSS)				
Percent of adults reporting "My health is ...fair" or "...poor"	23%	22%	10%	
Average days/month physically unhealthy	4.9	4.7	2.6	

CANCERS				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Cancer Death Rate (all sites)	241.4	221	183.8	
Cancer incidence rates are from KY Cancer Registry, 2004-2008. Unless noted, all death rates from CDC Wonder, 2003-07.				
Lung Cancer				5
Lung /Bronchial Cancer Death Rate	86	76.5	52.5	
Lung Cancer Cases (incidence rate)	85.9	100.76	67.9	
Lung/Bronchial Cancer Deaths - males (age-adj./100K) 2003-07	114.9	104.8	68.5	
- females (age-adjusted/100K) 2003-07	66.9	55.9	40.5	
See Adult and Youth Smokers under "Tobacco Use" below				
Breast Cancer				3.8
Breast Cancer Death Rate	*11*	14.5	14.1	
Breast Cancer Cases (incidence rate)	53.9	65.5	not avail.	
Mammography Screening Rate BRFSS, 2008	47.4%	75.0%	75.0%	
See Female Adult Obesity rates below				
Colorectal Cancer				4.2
Colorectal Cancer Death Rate	27.9	17.6	20.8	
Colorectal Cancer Cases (incidence rate)	66.5	55.7	unavailable	
See below under Diet & Exercise "5/+ fruits & veggies daily"				
Cervical Cancer				3
Cervical Cancer Death Rate	2.19	3.07	2.9	
Death rate for black women	< 5 deaths	4.5	2	
Cervical Cancer Cases (incidence rate)	9.34	9.11	unavailable	
Pap Smears - % of women who had one in past year 2008	BRADD 69%	82%	82.9%	
Skin Cancer				2.8
Skin Cancer, crude death rate (excludes basal & squamous) *KY CA Regist.*	5.5	4.36	3.6	
Skin Cancer Cases (crude incidence rate) - men	44.5	45	unavailable	
- women	19.6	31.7	unavailable	

County HART, Page 2

OTHER CHRONIC DISEASES				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Cardiovascular Disease				4.5
Heart Diseases - Death Rate	317.3	270.8	232.4	
Stroke Death Rate	73.2	58.7	53	
High Blood Pressure - % adults diagnosed KY is #4 in the U.S.	unavailable	37.9%	30.3%	
White - KY is #2 in U.S. Black - KY is #3 in U.S.				
Diabetes				3.8
Diabetes death rate, age-adjusted	23.1	27.3	24.0	
Diabetes death rate, Black population, age-adjusted	unavailable	53.5	46.3	
Diabetes cases - % adults who have been diagnosed *2008 BRFS*	9.90%	11.5%	8.4%	
% adults reporting a diabetes diagnosis in 1995-97 BRFS		4.0%		
% in 2005-07 surveys (167% increase in KY's age-adjusted rate)		10.5%	9.1%	
Obesity				4.2
Adult Obesity - % of adults who are obese (BMI > 30) *BRFSS 2008*	32.8%	31.8%	27.6%	
2010 BRFSS - KY white = 31.5% KY Black = 40%				
highest income category = 29% lowest income category = 41.5%				
High School Obesity - BMI above 95th percentile *2009 YRBS, self-reported*		17.6%	12.0%	
Child Obesity - Age 10-17, measured =/> 95th percentile *NHANES 2003-06*		21.0%	16.4%	
Kindergarteners overweight/obese,fall 2007	17%	BRDHD data, measured & reported on required school physical exam		
6th graders overweight/obese, fall 2007	30%			
Respiratory Diseases / Problems (see also Lung Cancer, p1.)				4
COPD Death rate (Chronic Lower Respiratory Disease)	62.2	57.3	41.8	
KY COPD death rates by race: white = 58.6 black = 38.8				
% of adults with current diagnosis of asthma *2008 BRFSS*	BRADD 10.30%	9.7%	8.7%	
See also Adult and Youth Smokers under "Tobacco Use" below				
Oral Health				3
Adults with no teeth left (KY ranks #1) *2008 BRFS*	unavailable	23.70%	18.50%	
% Adults with no dental visit in past year *2008 BRFSS*	BRADD 40.5%	35.6%	29%	
High school students with no dental visit in past year *2011 KY YRBS*	unavailable	32.0%	unavailable	
High school students who brush teeth daily *2011 KY YRBS*	unavailable	75.0%	unavailable	
High school students who floss daily *2011 KY YRBS*	unavailable	18.0%	unavailable	

County HART, Page 3

INJURIES				Score for Our County
Measure	County	KY	USA	Score
Violence				2.6
Homicide Rate County: 2003-07 KY and US: 1999-2007	6.4	5	6	
Violent crime rate per 100K population 2010	unavailable	242.6	403.6	
Motor Vehicle Crash Injuries				2.8
Motor Vehicle Crash Death Rate, 2001-07	37	22	13.7	
# Motor Vehicle Collisions - fatalities/injuries 2010	125			
% fatal/injury crashes involving alcohol and/or drug use	7.2%			
% Seat belt use - Adults	unavailable	79.7%	88.4%	
6th-12th grade	unavailable	86.6%	90.3%	
MV Crash Ejections - % that were fatal KSP data		85%		

COMMUNICABLE DISEASES				Score for Our County
Measure	County	KY	USA	Score
Sexually-Transmitted Infections (STIs)	BRADD			2.4
AIDS - Rate of new cases diagnosed per 100,000 2008 KY DPH	5.1	6.9	12.2	
HIV Positive Infections diagnosed (# new cases) 2005-09 KY DPH	71	327	('09) 37K	
STI Rate Chlamydia + Gonorrhea + new Syphilis cases per 100K, *CDC 2005-09*	unavailable	147.3	206.9	
High school - reporting sexual intercourse with 4/+ persons 2009 YRBS	unavailable	16.6%	17.6%	
Animal Rabies cases, 2010 (CDC - MMWR)	0	18	3,563	
TB Case Rate(/100,000), *2006-10* *Hart decreased from 9.1 in 2001-05*	0.00	2.24	4.13	
TB case rate for the BRADD decreased from 5.72 in 2001-05 to 4.04 in 2006-10.				
Influenza				2.4
Influenza/Pneumonia death rates - Infant /Under age 65	unavailable	5.9 / 3.5	6.7 / 2.7	
Flu Shot in past year - over age 65 *self reported, 2010 BRFS*	unavailable	67.7%	67.5%	

County HART, Page 4

EMOTIONAL HEALTH				Score for Our County
Measure	County	KY	USA	Score
Mental Health - Depression & Suicide				3.4
Average days/month mentally unhealthy *BRFS Age-adjusted*	4.9	4.3	2.3	
Suicide Rate *Age-adjusted rate/100,000, 1999-2007*	17.5	13.5	10.9	
KY Suicide Rates by race - White = 13.8 Black = 6.7 Asian/P.I. = 5.7				
Age : Highest suicide rates in KY are age group 35-44 (double the national rate for the group). 2nd-hghest rate is age 45-54.				
Gender : KY's suicide rate is 5 times higher for males than females. For the U.S., the gender difference is only 4 to 1.				
Adults reporting Serious Psychological Distress in past year	unavailable	14.7%	11.6%	
At least 2 weeks of Depression in past year, over age 17	unavailable	8.5%	7.6%	
Depression rate for youth age 12-17 *both 2004-05, NSDUHs*	unavailable	8.7%	8.9%	
Lifeskills 2010-11 Jail Admissions Triage: % with depression	39%	**BRADD** 39%	local only	

MATERNAL AND INFANT HEALTH				Score for Our County
Measure	County	KY	USA	Score
Infant Health				2.8
Infant Crude Mortality Rate, *'01-'07*	< 10 deaths	692.1	690.1	
KY rates by race/ethnicity: Black=1129 Asian=492.0 Hispanic=581.5				
Percent of live births with low birthweight (< 2500 grams) *2001-07*	6.7%	8.9%	8.1%	
Mothers without Prenatal Care 1st Trimester	unavailable	25.2%	16%	
% Pregnant women smoking - Mothers of newborns who report tobacco use on birth certificate	unavailable	26%	16%	
Childhood immunization coverage (children age 19 to 35 months)	unavailable	91.2%	89.8%	
% of mothers who initiated breastfeeding *2008 birth certificates. Ky DPH*	61.0%	47.0%		
Child Health				3.8
Child Death Rates per 100,000 children age 1-14 *2005-2007*	51.2	68.7	65.6	
Teen Death Rates per 100,000 teens age 15-19 *2005-2007*	< 10 deaths	81.4	65.0	
Births to Teen Moms age 15-17 / *1,000 girls in age group* *2002-06*	28%	42.0%	22.0%	
Child Abuse/Neglect # substantiated cases, 2009 Ky Kids Count	73	- - -	- - -	
% increase / decrease in rate from 2003 to 2008	+ 93%	- 1%	- - -	
Percent of all households that are single-parent households *US Census*	31%	32%	20%	

County HART, page 5

SUBSTANCE ABUSE AND ADDICTION					Score for Our County
Measure		County	KY	USA	Score
Alcohol Use and Addiction					2.8
Adult Binge Drinking (5/+ drinks on one occasion, past month)	2010 BRFS	unavailable	11.9%	15.1%	
Percent of adults who drink heavily on a daily basis	2010 BRFS	unavailable	3.9%	5.0%	
High school students - binge drinking in past 30 days	2011 YRBS	unavailable	23.2%	24.2%	
Drug Abuse and Addiction					4
see motor vehicle crashes above					
# Drug Arrests 2010	*KSP - Crime in Kentuky, 2010*	399	- - -	- - -	
Youth marijuana use in past 30 days	*2009 YRBS*	unavailable	16.1%	20.80%	
12th grade- Prescription Drug Use in last 30 days	*2010 KIP Survey*	**BRADD** 9.4%	7.2%	unavailable	
12th grade- Over-the-counter drug use to get high	*2010 KIP Survey*	**BRADD** 5.3%	3.7%	unavailable	
9-12th grade- Use of Rx meds without a prescription 1/> times	*2011 YRBS*	unavailable	19%	unavailable	
Lifeskills 2010-11 Jail Admissions Triage: % with substance abuse		24%	**BRADD** 24%	local only	

"CROSS-CUTTING" HEALTH BEHAVIORS AFFECTING MULTIPLE HEALTH PROBLEMS				Score for Our County
Measure	County	KY	USA	Score
Tobacco Use and Addiction				
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2008*	*2008*	
Adult Smokers - % who report they currently smoke 100/+ cigarettes	37%	28%	15%	
YRBS = Youth Risk Behavior Survey		*2009*	*2009*	
Youth smokers - % who report they are current smokers (grades 6-12)	unavailable	26.1%	19.5%	
Diet and Exercise - self-reported behavior				
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*	
% Adults reporting they are sedentary - no physical activity	36%	54%	49%	
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%	
YRBS = Youth Risk Behavior Survey		*2010*	*2009*	
% High schoolers wo report they are sedentary	unavailable	20%	23.10%	
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%	
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%	
Family & Social Support				
Percent of adults w/ inadequate social/emotional support *2005-09 BRFSS*	23%	20%	unavailable	
Grandparents raising granchildren - # households 2005-09 Amer Comm Survey	331	BRADD total = 3,186		

Scored in Oct. and Nov. 2012 by BRCHPC's Hart County Assessment Team.

County Health Issue Score Sheet

County LOGAN

OVERALL HEALTH STATUS				No score
Measure	County	KY	USA	
Premature death —Years of potential life lost before age 75 (YPLL-75) rate	10,106	8,859	5,564	
County residents age 45-74 on Medicaid (aged, blind or diabled)	1,072 people *(11% of age 45-74)*			
Self-reported health status, adults over age 18 (BRFSS)				
Percent of adults reporting "My health is ...fair" or "...poor"	19%	22%	10%	
Average days/month physically unhealthy	4.1	4.7	2.6	

CANCERS				Score for Our County
Measure	County	KY	USA	Score
Cancer Death Rate (all sites)	250.7	221	183.8	
Cancer incidence rates are from KY Cancer Registry, 2004-2008. Unless noted, all death rates from CDC Wonder, 2003-07.				
Lung Cancer				5
Lung /Bronchial Cancer Death Rate	96.3	76.5	52.5	
Lung Cancer Cases (incidence rate)	126.3	100.76	67.9	
Lung/Bronchial Cancer Deaths - males *(age-adj./100K) 2003-07*	135.2	104.8	68.5	
- females *(age-adjusted/100K) 2003-07*	67.5	55.9	40.5	
See Adult and Youth Smokers under "Tobacco Use" below				
Breast Cancer				5
Breast Cancer Death Rate	12.4	14.5	14.1	
Breast Cancer Cases (incidence rate)	65.48	65.5	not avail.	
Mammography Screening Rate *BRFSS, 2008*	62.60%	75.0%	75%	
See Female Adult Obesity rates below				
Colorectal Cancer				3
Colorectal Cancer Death Rate	25.6	17.6	20.8	
Colorectal Cancer Cases (incidence rate)	62	55.7	unavailable	
See below under Diet & Exercise "5/+ fruits & veggies daily"				
Cervical Cancer				4
Cervical Cancer Death Rate	2.88	3.07	2.9	
Death rate for black women	18.21	4.5	2	
Cervical Cancer Cases (incidence rate)	8.01	9.11	unavailable	
Pap Smears - % of women who had one in past year 2008	BRADD 69%	82%	82.9%	
Skin Cancer				5
Skin Cancer, crude death rate (excludes basal & squamous) *KY CA Regist.*	3.7	4.36	3.6	
Skin Cancer Cases (crude incidence rate) - men	44.5	45	unavailable	
- women	46	31.7	unavailable	

County LOGAN, page 2

OTHER CHRONIC DISEASES

Score for Our County

Measure	County	KY	USA	Score
Cardiovascular Disease				4
Heart Diseases - Death Rate	327.2	270.8	232.4	
Stroke Death Rate	69	58.7	53	
High Blood Pressure - % adults diagnosed KY is #4 in the U.S.	unavailable	37.9%	30.3%	
White - KY is #2 in U.S. Black - KY is #3 in U.S.				
Diabetes				2
Diabetes death rate, age-adjusted	18.5	27.3	24	
Diabetes death rate, Black population, age-adjusted	unavailable	53.5	46.3	
Diabetes cases - % adults who have been diagnosed *2008 BRFS*	10.4%	11.5%	8.4%	
% adults reporting a diabetes diagnosis in 1995-97 BRFS		4.0%		
% in 2005-07 surveys (167% increase in KY's age-adjusted rate)		10.5%	9.1%	
Obesity				3
Adult Obesity - % of adults who are obese (BMI > 30) *BRFSS 2008*	31.4%	31.8%	27.6%	
2010 BRFSS - KY white = 31.5% KY Black = 40%				
highest income category = 29% lowest income category = 41.5%				
High School Obesity - BMI above 95th percentile *2009 YRBS, self-reported*		17.6%	12.0%	
Child Obesity - Age 10-17, measured =/> 95th percentile *NHANES 2003-06*		21.0%	16.4%	
Kindergarteners overweight/obese, fall 2007	23%	BRDHD data, measured & reported on required school physical exam		
6th graders overweight/obese, fall 2007	30%			
Respiratory Diseases / Problems (see also Lung Cancer, p1.)				3
COPD Death rate (Chronic Lower Respiratory Disease)	58.1	57.3	41.8	
KY COPD death rates by race: white = 58.6 black = 38.8				
% of adults with current diagnosis of asthma *2008 BRFSS*	BRADD 10.30%	9.7%	8.7%	
See also Adult and Youth Smokers under "Tobacco Use" below				
Oral Health				
Adults with no teeth left (KY ranks #1) *2008 BRFS*	unavailable	23.70%	18.50%	
% Adults with no dental visit in past year *2008 BRFSS*	BRADD 40.5%	35.6%	29%	
High school students with no dental visit in past year *2011 KY YRBS*	unavailable	32.0%	unavailable	
High school students who brush teeth daily *2011 KY YRBS*	unavailable	75.0%	unavailable	
High school students who floss daily *2011 KY YRBS*	unavailable	18.0%	unavailable	

County LOGAN, page 3

INJURIES				Score for Our County
Measure	County	KY	USA	Score
Violence				2
Homicide Rate County: 2003-07 KY and US: 1999-2007	4.3	5	6	
Violent crime rate per 100K population 2010	unavailable	242.6	403.6	
Motor Vehicle Crash Injuries				4
Motor Vehicle Crash Death Rate, 2001-07	25.1	22	13.7	
# Motor Vehicle Collisions - fatalities/injuries 2010	136			
% fatal/injury crashes involving alcohol and/or drug use	14.0%			
% Seat belt use - Adults	unavailable	79.7%	88.4%	
6th-12th grade	unavailable	86.6%	90.3%	
MV Crash Ejections - % that were fatal KSP data		85%		

COMMUNICABLE DISEASES				Score for Our County
Measure	County	KY	USA	Score
Sexually-Transmitted Infections (STIs)	BRADD			2
AIDS - Rate of new cases diagnosed per 100,000 2008 KY DPH	5.1	6.9	12.2	
HIV Positive Infections diagnosed (# new cases) 2005-09 KY DPH	71	327	('09) 37K	
STI Rate Chlamydia + Gonorrhea + new Syphilis cases per 100K, *CDC 2005-09*	unavailable	147.3	206.9	
High school - reporting sexual intercourse with 4/+ persons 2009 YRBS	unavailable	16.6%	17.6%	
Animal Rabies cases, 2010 (CDC - MMWR)	1	18	3,563	
TB Case Rate(/100,000), *2006-10*	3.70	2.24	4.13	
TB case rate for the BRADD decreased from 5.72 in 2001-05, to 4.04 in 2006-10.				
Influenza				
Influenza/Pneumonia death rates - Infant /Under age 65	unavailable	5.9 / 3.5	6.7 / 2.7	
Flu Shot in past year - over age 65 *self reported, 2010 BRFS*	unavailable	67.7%	67.5%	

County LOGAN, page 4

EMOTIONAL HEALTH				Score for Our County
Measure	County	KY	USA	Score
Mental Health - Depression & Suicide				4
Average days/month mentally unhealthy BRFS Age-adjusted	4.3	4.3	2.3	
Suicide Rate Age-adjusted rate/100,000, 1999-2007	14.6	13.5	10.9	
KY Suicide Rates by race - White = 13.8 Black = 6.7 Asian/P.I. = 5.7				
Age : Highest suicide rates in KY are age group 35-44 (double the national rate for the group). 2nd-hghest rate is age 45-54.				
Gender : KY's suicide rate is 5 times higher for males than females. For the U.S., the gender difference is only 4 to 1.				
Adults reporting Serious Psychological Distress in past year	unavailable	14.7%	11.6%	
At least 2 weeks of Depression in past year, over age 17	unavailable	8.5%	7.6%	
Depression rate for youth age 12-17 *both 2004-05, NSDUHs*	unavailable	8.7%	8.9%	
Lifeskills 2010-11 Jail Admissions Triage: % with depression	68%	BRADD 39%	local only	

MATERNAL AND INFANT HEALTH				Score for Our County
Measure	County	KY	USA	Score
Infant Health				2.5
Infant Crude Mortality Rate, *'01-'07*	559.3	692.1	690.1	
KY rates by race/ethnicity: Black=1129 Asian=492.0 Hispanic=581.5				
Percent of live births with low birthweight (< 2500 grams)	7.9%	8.9%	8.1%	
Mothers without Prenatal Care 1st Trimester	unavailable	25.2%	16%	
% Pregnant women smoking - Mothers of newborns who report tobacco use on birth certificate	unavailable	26%	16%	
Childhood immunization coverage (children age 19 to 35 months)	unavailable	91.2%	89.8%	
% of mothers who initiated breastfeeding *2008 birth certificates. Ky DPH*	63.0%	47.0%		
Child Health				2.5
Child Death Rates per 100,000 children age 1-14 *2005-2007*	65.3	68.7	65.6	
Teen Death Rates per 100,000 teens age 15-19 *2005-2007*	119.2	81.4	65.0	
Births to Teen Moms age 15-17 / *1,000 girls in age group* *2002-06*	28%	42.0%	22.0%	
Child Abuse/Neglect # substantiated cases, 2009 Ky Kids Count	70	- - -	- - -	
% increase / decrease in rate from 2003 to 2008	+ 58%	- 1%	- - -	
Percent of all households that are single-parent households *US Census*	27%	32%	20%	

County LOGAN, page 5

Substance Abuse and Addiction					Score for Our County
Measure		County	KY	USA	Score
Alcohol Use and Addiction					
Adult Binge Drinking (5/+ drinks on one occasion, past month)	2010 BRFS	unavailable	11.9%	15.1%	
Percent of adults who drink heavily on a daily basis	2010 BRFS	unavailable	3.9%	5.0%	
High school students - binge drinking in past 30 days	2011 YRBS	unavailable	23.2%	24.2%	
Drug Abuse and Addiction					
see motor vehicle crashes above					
# Drug Arrests 2010	*KSP - Crime in Kentuky, 2010*	459	- - -	- - -	
Youth marijuana use in past 30 days	*2009 YRBS*	unavailable	16.1%	20.80%	
12th grade- Prescription Drug Use in last 30 days	*2010 KIP Survey*	**BRADD** 9.4%	7.2%	unavailable	
12th grade- Over-the-counter drug use to get high	*2010 KIP Survey*	**BRADD** 5.3%	3.7%	unavailable	
9-12th grade- Use of Rx meds without a prescription 1/> times	*2011 YRBS*	unavailable	19%	unavailable	
Lifeskills 2010-11 Jail Admissions Triage: % with substance abuse		25%	**BRADD** 24%	local only	

"CROSS-CUTTING" HEALTH BEHAVIORS AFFECTING MULTIPLE HEALTH PROBLEMS				
Measure		County	KY	USA
Tobacco Use and Addiction				
BRFS = (adult) Behavior Risk Factor Survey		*2008*	*2008*	*2008*
Adult Smokers - % who report they currently smoke 100/+ cigarettes		33%	28%	15%
YRBS = Youth Risk Behavior Survey			*2009*	*2009*
Youth smokers - % who report they are current smokers (grades 6-12)		unavailable	26.1%	19.5%
Diet and Exercise - self-reported behavior				
BRFS = (adult) Behavior Risk Factor Survey		*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity		32%	54%	49%
Adults who eat 5 or more fruits/vegetables daily		unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey			*2010*	*2009*
% High schoolers wo report they are sedentary		unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily		unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily		unavailable	36.4%	29.2%
Family & Social Support				
Percent of adults w/ inadequate social/emotional support	*2005-09 BRFSS*	19%	20%	unavailable
Grandparents raising granchildren - # households	2005-09 Amer Comm Survey	451	BRADD total = 3,186	

Scored in Oct. and Nov. 2012 by BRCHPC's Logan County Assessment Team.

County Health Issue Score Sheet

County METCALFE

OVERALL HEALTH STATUS				No score
Measure	**County**	**KY**	**USA**	
Premature death —Years of potential life lost before age 75 (YPLL-75) rate	10,845	8,859	5,564	
County residents age 45-74 on Medicaid (aged, blind or diabled) 668 people *(18% of age 45-74)*				
Self-reported health status, adults over age 18 (BRFSS)				
Percent of adults reporting "My health is ...fair" or "...poor"	32%	22%	10%	
Average days/month physically unhealthy	5.3	4.7	2.6	

CANCERS				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Cancer Death Rate (all sites)	237.3	221	183.8	
Cancer incidence rates are from KY Cancer Registry, 2004-2008. Unless noted, all death rates from CDC Wonder, 2003-07.				
Lung Cancer				4.33
Lung /Bronchial Cancer Death Rate	92.7	76.5	52.5	
Lung Cancer Cases (incidence rate)	104.9	100.76	67.9	
Lung/Bronchial Cancer Deaths - males (age-adj./100K) 2003-07	140.3	104.8	68.5	
- females (age-adjusted/100K) 2003-07	*56*	55.9	40.5	
See Adult and Youth Smokers under "Tobacco Use" below				
Breast Cancer				2.66
Breast Cancer Death Rate	*9.5*	14.5	14.1	
Breast Cancer Cases (incidence rate)	65.5	65.5	not avail.	
Mammography Screening Rate BRFSS, 2008	50%	75.0%	75%	
See Female Adult Obesity rates below				
Colorectal Cancer				3
Colorectal Cancer Death Rate	25.9	17.6	20.8	
Colorectal Cancer Cases (incidence rate)	45	55.7	unavailable	
See below under Diet & Exercise "5/+ fruits & veggies daily"				
Cervical Cancer				1.33
Cervical Cancer Death Rate	0	3.07	2.9	
Cervical Cancer Death Rate - Black women (2003-07)	0	4.5	2	
Cervical Cancer Cases (incidence rate)	0	9.11	unavailable	
Pap Smears - % of women who had one in past year 2008	BRADD 69%	82%	82.9%	
Skin Cancer				1.66
Skin Cancer, crude death rate (excludes basal & squamous) *KY CA Regist.*	6	4.36	3.6	
Skin Cancer Cases (crude incidence rate) - men	16.2	45	unavailable	
- women	31	31.7	unavailable	

County METCALFE, page 2

OTHER CHRONIC DISEASES

Measure	County	KY	USA	Score for Our County
Cardiovascular Disease				4.66
Heart Diseases - Death Rate	339	270.8	232.4	
Stroke Death Rate	69.6	58.7	53	
High Blood Pressure - % adults diagnosed KY is #4 in the U.S.	unavailable	37.9%	30.3%	
White - KY is #2 in U.S. Black - KY is #3 in U.S.				
Diabetes				3.66
Diabetes death rate, age-adjusted	25	27.3	24	
Diabetes death rate, Black population, age-adjusted	unavailable	53.5	46.3	
Diabetes cases - % adults who have been diagnosed *2008 BRFS*	10.2%	11.5%	8.4%	
% adults reporting a diabetes diagnosis in 1995-97 BRFS		4.0%		
% in 2005-07 surveys (167% increase in KY's age-adjusted rate)		10.5%	9.1%	
Obesity				5
Adult Obesity - % of adults who are obese (BMI > 30) *2008 BRFSS*	30.7%	31.8%	27.6%	
2010 BRFSS - KY white = 31.5% KY Black = 40%				
highest income category = 29% lowest income category = 41.5%				
High School Obesity - BMI above 95th percentile *2009 YRBS, self-reported*		17.6%	12.0%	
Child Obesity - Age 10-17, measured =/> 95th percentile *NHANES 2003-06*		21.0%	16.4%	
Kindergarteners overweight/obese,fall 2007	21.0%	BRDHD data, measured & reported on required school physical exam		
6th graders overweight/obese, fall 2007	28.0%			
Respiratory Diseases / Problems (see also Lung Cancer, p1.)				4.66
COPD Death rate (Chronic Lower Respiratory Disease)	87.3	57.3	41.8	
KY COPD death rates by race: white = 58.6 black = 38.8				
% of adults with current diagnosis of asthma *2008 BRFSS*	BRADD 10.30%	9.7%	8.7%	
See also Adult and Youth Smokers under "Tobacco Use" below				
Oral Health				3.33
Adults with no teeth left (KY ranks #1) *2008 BRFS*	unavailable	23.70%	18.50%	
% Adults with no dental visit in past year *2008 BRFSS*	BRADD 40.5%	35.6%	29%	
High school students with no dental visit in past year *2011 KY YRBS*	unavailable	32.0%	unavailable	
High school students who brush teeth daily *2011 KY YRBS*	unavailable	75.0%	unavailable	
High school students who floss daily *2011 KY YRBS*	unavailable	18.0%	unavailable	

Notes & Definitions

BRFS = CDC's Behavior Risk Factor Survey, and annual telephone survey of adults in each state.

County METCALFE, page 3

INJURIES

Score for Our County

Measure	County	KY	USA	Score
Violence				1.33
Homicide Rate County: 2003-07 KY and US: 1999-2007	5.7	5	6	
Violent crime rate per 100K population , 2010	unavailable	242.6	403.6	
Motor Vehicle Crash Injuries				3
Motor Vehicle Crash Death Rate, 2001-07	32.7	22	13.7	
# Motor Vehicle Collisions - fatalities/injuries 2010	54			
% fatal/injury crashes involving alcohol and/or drug use	11.1%			
% Seat belt use - Adults	unavailable	79.7%	88.4%	
6th-12th grade	unavailable	86.6%	90.3%	
MV Crash Ejections - % that were fatal KSP data		85%		

COMMUNICABLE DISEASES

Score for Our County

Measure	County	KY	USA	Score
Sexually-Transmitted Infections (STIs)	BRADD			3
AIDS - Rate of new cases diagnosed per 100,000 2008 KY DPH	5.1	6.9	12.2	
HIV Positive Infections diagnosed (# new cases) 2005-09 KY DPH	71	327	('09) 37K	
STI Rate Chlamydia + Gonorrhea + new Syphilis cases per 100K, *CDC 2005-09*	unavailable	147.3	206.9	
High school - reporting sexual intercourse with 4/+ persons 2009 YRBS	unavailable	16.6%	17.6%	
Animal Rabies cases, 2010 (CDC - MMWR)	0	18	3,563	
TB Case Rate(/100,000), *2006-10*	3.90	2.24	4.13	
TB case rate for the BRADD decreased from 5.72 in 2001-05, to 4.04 in 2006-10.				
Influenza				2.66
Influenza/Pneumonia death rates - Infant /Under age 65	unavailable	5.9 / 3.5	6.7 / 2.7	
Flu Shot in past year - over age 65 *self reported, 2010 BRFS*	unavailable	67.7%	67.5%	

County METCALFE, page 4

EMOTIONAL HEALTH

Score for Our County

Measure	County	KY	USA	Score
Mental Health - Depression & Suicide				3
Average days/month mentally unhealthy *BRFS Age-adjusted*	3.9	4.3	2.3	
Suicide Rate *Age-adjusted rate/100,000, 1999-2007*	15.5	13.5	10.9	
KY Suicide Rates by race - White = 13.8 Black = 6.7 Asian/P.I. = 5.7				
Age : Highest suicide rates in KY are age group 35-44 (double the national rate for the group). 2nd-hghest rate is age 45-54.				
Gender : KY's suicide rate is 5 times higher for males than females. For the U.S., the gender difference is only 4 to 1.				
Adults reporting Serious Psychological Distress in past year	unavailable	14.7%	11.6%	
At least 2 weeks of Depression in past year, over age 17	unavailable	8.5%	7.6%	
Depression rate for youth age 12-17 *both 2004-05, NSDUHs*	unavailable	8.7%	8.9%	
Lifeskills 2010-11 Jail Admissions Triage: % with depression	unavailable	**BRADD** 39%	local only	

MATERNAL AND INFANT HEALTH

Score for Our County

Measure	County	KY	USA	Score
Infant Health				2
Infant Crude Mortality Rate, *'01-'07*	< 10 deaths	692.1	690.1	
KY rates by race/ethnicity: Black=1129 Asian=492.0 Hispanic=581.5				
Percent of live births with low birthweight (< 2500 grams)	10.5%	8.9%	8.1%	
Mothers without Prenatal Care 1st Trimester	unavailable	25.2%	16%	
% Pregnant women smoking - Mothers of newborns who report tobacco use on birth certificate	unavailable	26%	16%	
Childhood immunization coverage (children age 19 to 35 months)	unavailable	91.2%	89.8%	
% of mothers who initiated breastfeeding *2008 birth certificates. Ky DPH*	46.0%	47.0%		
Child Health				3
Child Death Rates per 100,000 children age 1-14 *2005-2007*	71.5	68.7	65.6	
Teen Death Rates per 100,000 teens age 15-19 *2005-2007*	< 10 deaths	81.4	65.0	
Births to Teen Moms age 15-17 / *1,000 girls in age group* *2002-06*	33%	42.0%	22.0%	
Child Abuse/Neglect # substantiated cases, 2009 Ky Kids Count	48	- - -	- - -	
% increase / decrease in rate from 2003 to 2008	-34%	- 1%	- - -	
Percent of all households that are single-parent households *US Census*	28%	32%	20%	

County METCALFE, page 5

Substance Abuse and Addiction					Score for Our County
Measure		County	KY	USA	Score
Alcohol Use and Addiction					2.66
Adult Binge Drinking (5/+ drinks on one occasion, past month)	2010 BRFS	unavailable	11.9%	15.1%	
Percent of adults who drink heavily on a daily basis	2010 BRFS	unavailable	3.9%	5.0%	
High school students - binge drinking in past 30 days	2011 YRBS	unavailable	23.2%	24.2%	
Drug Abuse and Addiction					4
see motor vehicle crashes above					
# Drug Arrests 2010	*KSP - Crime in Kentuky, 2010*	174	- - -	- - -	
Youth marijuana use in past 30 days	*2009 YRBS*	unavailable	16.1%	20.80%	
12th grade- Prescription Drug Use in last 30 days	*2010 KIP Survey*	BRADD 9.4%	7.2%	unavailable	
12th grade- Over-the-counter drug use to get high	*2010 KIP Survey*	BRADD 5.3%	3.7%	unavailable	
9-12th grade- Use of Rx meds without a prescription 1/> times	*2011 YRBS*	unavailable	19%	unavailable	
Lifeskills 2010-11 Jail Admissions Triage: % with substance abuse		unavailable	BRADD 24%	local only	

"CROSS-CUTTING" HEALTH BEHAVIORS AFFECTING MULTIPLE HEALTH PROBLEMS			
Measure	County	KY	USA
Tobacco Use and Addiction			
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2008*	*2008*
Adult Smokers - % who report they currently smoke 100/+ cigarettes	41%	28%	15%
YRBS = Youth Risk Behavior Survey		*2009*	*2009*
Youth smokers - % who report they are current smokers (grades 6-12)	unavailable	26.1%	19.5%
Diet and Exercise - self-reported behavior			
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	41%	54%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers wo report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%
Family & Social Support			
Percent of adults w/ inadequate social/emotional support *2005-09 BRFSS*	0%	20%	unavailable
Grandparents raising granchildren - # households 2005-09 Amer Comm Survey	97	BRADD total = 3,186	

Scored in Oct. and Nov. 2012 by BRCHPC's Metcalfe County Assessment Team.

County Health Issue Score Sheet

County MONROE

OVERALL HEALTH STATUS				No score
Measure	**County**	**KY**	**USA**	
Premature death —Years of potential life lost before age 75 (YPLL-75) rate	10,362	8,859	5,564	
County residents age 45-74 on Medicaid (aged, blind or diabled) *(not available)*				
Self-reported health status, adults over age 18 (BRFSS)				
Percent of adults reporting "My health is ...fair" or "...poor"	25%	22%	10%	
Average days/month physically unhealthy	5	4.7	2.6	

CANCERS				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Cancer Death Rate (all sites)	226.9	221	183.8	
Cancer incidence rates are from KY Cancer Registry, 2004-2008. Unless noted, all death rates from CDC Wonder, 2003-07.				
Lung Cancer				3.33
Lung /Bronchial Cancer Death Rate	71.2	76.5	52.5	
Lung Cancer Cases (incidence rate)	111.6	100.76	67.9	
Lung/Bronchial Cancer Deaths - males (age-adj./100K) 2003-07	102.7	104.8	68.5	
- females (age-adjusted/100K) 2003-07	49.4	55.9	40.5	
See Adult and Youth Smokers under "Tobacco Use" below				
Breast Cancer				2
Breast Cancer Death Rate	16.8	24.11	24	
Breast Cancer Cases (incidence rate)	58	65.5	not avail.	
Mammography Screening Rate BRFSS, 2008	40.60%	75.0%	75%	
See Female Adult Obesity rates below				
Colorectal Cancer				3.5
Colorectal Cancer Death Rate	19.8	17.6	20.8	
Colorectal Cancer Cases (incidence rate)	42.9	55.7	unavailable	
See below under Diet & Exercise "5/+ fruits & veggies daily"				
Cervical Cancer				3.5
Cervical Cancer Death Rate	3.34	2.6	2.9	
Death rate for black women	< 5 deaths	4.5	2	
Cervical Cancer Cases (incidence rate)	10.21	9.11	unavailable	
Pap Smears - % of women who had one in past year 2008	BRADD 69%	82%	82.9%	
Skin Cancer				2.33
Skin Cancer, crude death rate (excludes basal & squamous) *KY CA Regist.*	3.4	4.36	3.6	
Skin Cancer Cases (crude incidence rate) - men	42	45	unavailable	
- women	26.9	31.7	unavailable	

County MONROE, page 2

OTHER CHRONIC DISEASES				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Cardiovascular Disease				5
Heart Diseases - Death Rate	404.5	270.8	232.4	
Stroke Death Rate	70.3	58.7	53	
High Blood Pressure - % adults diagnosed KY is #4 in the U.S.	unavailable	37.9%	30.3%	
White - KY is #2 in U.S. Black - KY is #3 in U.S.				
Diabetes				4.5
Diabetes death rate, age-adjusted	18.5	27.3	24.0	
Diabetes death rate, Black population, age-adjusted	unavailable	53.5	46.3	
Diabetes cases - % adults who have been diagnosed *2008 BRFS*	9.50%	11.5%	8.4%	
% adults reporting a diabetes diagnosis in 1995-97 BRFS		4.0%		
% in 2005-07 surveys (167% increase in KY's age-adjusted rate)		10.5%	9.1%	
Obesity				4.66
Adult Obesity - % of adults who are obese (BMI > 30) *BRFSS 2008*	32.3%	31.8%	27.6%	
2010 BRFSS - KY white = 31.5% KY Black = 40%				
highest income category = 29% lowest income category = 41.5%				
High School Obesity - BMI above 95th percentile *2009 YRBS, self-reported*		17.6%	12.0%	
Child Obesity - Age 10-17, measured =/> 95th percentile *NHANES 2003-06*		21.0%	16.4%	
Kindergarteners overweight/obese,fall 2007	unavailable			
6th graders overweight/obese, fall 2007	unavailable			
Respiratory Diseases / Problems (see also Lung Cancer, p1.)				3.5
COPD Death rate (Chronic Lower Respiratory Disease)	49.7	57.3	41.8	
KY COPD death rates by race: white = 58.6 black = 38.8				
% of adults with current diagnosis of asthma *2008 BRFSS*	BRADD 10.30%	9.7%	8.7%	
See also Adult and Youth Smokers under "Tobacco Use" below				
Oral Health				3.33
Adults with no teeth left (KY ranks #1) *2008 BRFS*	unavailable	23.70%	18.50%	
% Adults with no dental visit in past year *2008 BRFSS*	BRADD 40.5%	35.6%	29%	
High school students with no dental visit in past year *2011 KY YRBS*	unavailable	32.0%	unavailable	
High school students who brush teeth daily *2011 KY YRBS*	unavailable	75.0%	unavailable	
High school students who floss daily *2011 KY YRBS*	unavailable	18.0%	unavailable	

County MONROE, page 3

INJURIES				Score for Our County
Measure	County	KY	USA	Score
Violence				1.66
Homicide Rate County: 2003-07 KY and US: 1999-2007	4.9	5	6	
Violent crime rate per 100K population 2010	unavailable	242.6	403.6	
Motor Vehicle Crash Injuries				5
Motor Vehicle Crash Death Rate, 2001-07	41.5	22	13.7	
# Motor Vehicle Collisions - fatalities/injuries 2010	50			
% fatal/injury crashes involving alcohol and/or drug use	10.0%			
% Seat belt use - Adults	unavailable	79.7%	88.4%	
6th-12th grade	unavailable	86.6%	90.3%	
MV Crash Ejections - % that were fatal KSP data		85%		

COMMUNICABLE DISEASES				Score for Our County
Measure	County	KY	USA	Score
Sexually-Transmitted Infections (STIs)	BRADD			2.33
AIDS - Rate of new cases diagnosed per 100,000 2008 KY DPH	5.1	6.9	12.2	
HIV Positive Infections diagnosed (# new cases) 2005-09 KY DPH	71	327	('09) 37K	
STI Rate *Chlamydia + Gonorrhea + new Syphilis cases per 100K, CDC 2005-09*	unavailable	147.3	206.9	
High school - reporting sexual intercourse with 4/+ persons 2009 YRBS	unavailable	16.6%	17.6%	
Animal Rabies cases, 2010 (CDC - MMWR)	0	18	3,563	
TB Case Rate(/100,000), *2006-10* *Monroe decreased from 18.7 in 2001-05*	3.40	2.24	4.13	
TB case rate for the BRADD decreased from 5.72 in 2001-05, to 4.04 in 2006-10.				
Influenza				1.5
Influenza/Pneumonia death rates - Infant /Under age 65	unavailable	5.9 / 3.5	6.7 / 2.7	
Flu Shot in past year - over age 65 *self reported, 2010 BRFS*	unavailable	67.7%	67.5%	

County MONROE, page 4

EMOTIONAL HEALTH				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Mental Health - Depression & Suicide				4.66
Average days/month mentally unhealthy *BRFS Age-adjusted*	4.2	4.3	2.3	
Suicide Rate *Age-adjusted rate/100,000, 1999-2007*	19.9	13.5	10.9	
KY Suicide Rates by race - White = 13.8 Black = 6.7 Asian/P.I. = 5.7				
Age : Highest suicide rates in KY are age group 35-44 (double the national rate for the group). 2nd-hghest rate is age 45-54.				
Gender : KY's suicide rate is 5 times higher for males than females. For the U.S., the gender difference is only 4 to 1.				
Adults reporting Serious Psychological Distress in past year	unavailable	14.7%	11.6%	
At least 2 weeks of Depression in past year, over age 17	unavailable	8.5%	7.6%	
Depression rate for youth age 12-17 *both 2004-05, NSDUHs*	unavailable	8.7%	8.9%	
Lifeskills 2010-11 Jail Admissions Triage: % with depression	60%	**BRADD** 39%	local only	

MATERNAL AND INFANT HEALTH				Score for Our County
Measure	**County**	**KY**	**USA**	**Score**
Infant Health				2.3
Infant Crude Mortality Rate, *'01-'07*	< 10 deaths	692.1	690.1	
KY rates by race/ethnicity: Black=1129 Asian=492.0 Hispanic=581.5				
Percent of live births with low birthweight (< 2500 grams)	8.4%	8.9%	8.1%	
Mothers without Prenatal Care 1st Trimester	unavailable	25.2%	16%	
% Pregnant women smoking - Mothers of newborns who report tobacco use on birth certificate	unavailable	26%	16%	
Childhood immunization coverage (children age 19 to 35 months)	unavailable	91.2%	89.8%	
% of mothers who initiated breastfeeding *2008 birth certificates. Ky DPH*	34.0%	47.0%		
Child Health				2
Child Death Rates per 100,000 children age 1-14 *2005-2007*	71.9	68.7	65.6	
Teen Death Rates per 100,000 teens age 15-19 *2005-2007*	205.0	81.4	65.0	
Births to Teen Moms age 15-17 / *1,000 girls in age group* *2004*	19%	25.0%	22.0%	
Child Abuse/Neglect # substantiated cases, 2009 Ky Kids Count	45	- - -	- - -	
% increase / decrease in rate from 2003 to 2008	+ 34%	- 1%	- - -	
Percent of all households that are single-parent households *US Census*	43%	32%	20%	

County MONROE, page 5

SUBSTANCE ABUSE AND ADDICTION

Measure		County	KY	USA	Score for Our County Score
Alcohol Use and Addiction					3.66
Adult Binge Drinking (5/+ drinks on one occasion, past month)	2010 BRFS	unavailable	11.9%	15.1%	
Percent of adults who drink heavily on a daily basis	2010 BRFS	unavailable	3.9%	5.0%	
High school students - binge drinking in past 30 days	2011 YRBS	unavailable	23.2%	24.2%	
Drug Abuse and Addiction					4.66
see motor vehicle crashes above					
# Drug Arrests 2010	*KSP - Crime in Kentuky, 2010*	181	- - -	- - -	
Youth marijuana use in past 30 days	*2009 YRBS*	unavailable	16.1%	20.80%	
12th grade- Prescription Drug Use in last 30 days	*2010 KIP Survey*	BRADD 9.4%	7.2%	unavailable	
12th grade- Over-the-counter drug use to get high	*2010 KIP Survey*	BRADD 5.3%	3.7%	unavailable	
9-12th grade- Use of Rx meds without a prescription 1/> times	*2011 YRBS*	unavailable	19%	unavailable	
Lifeskills 2010-11 Jail Admissions Triage: % with substance abuse		60%	BRADD 24%	local only	

"CROSS-CUTTING" HEALTH BEHAVIORS AFFECTING MULTIPLE HEALTH PROBLEMS

Measure	County	KY	USA
Tobacco Use and Addiction			
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2008*	*2008*
Adult Smokers - % who report they currently smoke 100/+ cigarettes	33%	28%	15%
YRBS = Youth Risk Behavior Survey		*2009*	*2009*
Youth smokers - % who report they are current smokers (grades 6-12)	unavailable	26.1%	19.5%
Diet and Exercise - self-reported behavior			
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	36%	54%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers who report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%
Family & Social Support			
Percent of adults w/ inadequate social/emotional support *2005-09 BRFSS*	21%	20%	unavailable
Grandparents raising granchildren - # households 2005-09 Amer Comm Survey	181	BRADD total = 3,186	

Scored in Oct. and Nov. 2012 by BRCHPC's Monroe County Assessment Team.

County Health Issue Score Sheet

County SIMPSON

OVERALL HEALTH STATUS

No score

Measure	County	KY	USA
Premature death —Years of potential life lost before age 75 (YPLL-75) rate	9,386	8859	5564
County residents age 45-74 on Medicaid (aged, blind or diabled)	557 people *(9% of age 45-74)*		
Self-reported health status, adults over age 18 (BRFSS)			
Percent of adults reporting "My health is ...fair" or "...poor"	17%	22%	10%
Average days/month physically unhealthy	4.6	4.7	2.6

CANCERS

Score for Our County

Measure	County	KY	USA	Score
Cancer Death Rate (all sites)	212.7	221	183.8	

Cancer incidence rates are from KY Cancer Registry, 2004-2008. Unless noted, all death rates from CDC Wonder, 2003-07.

Lung Cancer — 5

Lung /Bronchial Cancer Death Rate	71.8	76.5	52.5	
Lung Cancer Cases (incidence rate)	109.2	100.76	67.9	
Lung/Bronchial Cancer Deaths - males (age-adj./100K) 2003-07	106.5	104.8	68.5	
- females (age-adjusted/100K) 2003-07	48.9	55.9	40.5	
See Adult and Youth Smokers under "Tobacco Use" below				

Breast Cancer — 3

Breast Cancer Death Rate	12.9	14.5	14.1	
Breast Cancer Cases (incidence rate)	54.3	65.5	not avail.	
Mammography Screening Rate BRFSS, 2008	60%	75.0%	75%	
See Female Adult Obesity rates below				

Colorectal Cancer — 3

Colorectal Cancer Death Rate	19.6	17.6	20.8	
Colorectal Cancer Cases (incidence rate)	47.8	55.7	unavailable	
See below under Diet & Exercise "5/+ fruits & veggies daily"				

Cervical Cancer — 5

Cervical Cancer Death Rate	9.27	2.6	2.9	
Death rate for black women	< 5 deaths	4.5	2	
Cervical Cancer Cases (incidence rate)	10.38	9.11	unavailable	
Pap Smears - % of women who had one in past year 2008	BRADD 69%	82%	82.9%	

Skin Cancer — 1

Skin Cancer, crude death rate (excludes basal & squamous) *KY CA Regist.*	4.7	4.36	3.6	
Skin Cancer Cases (crude incidence rate) - men	29	45	unavailable	
- women	20.7	31.7	unavailable	

County SIMPSON, Page 2

OTHER CHRONIC DISEASES

Measure	County	KY	USA	Score for Our County
Cardiovascular Disease				5
Heart Diseases - Death Rate	357.6	270.8	232.4	
Stroke Death Rate	72.6	58.7	53	
High Blood Pressure - % adults diagnosed KY is #4 in the U.S.	unavailable	37.9%	30.3%	
White - KY is #2 in U.S. Black - KY is #3 in U.S.				
Diabetes				3
Diabetes death rate, age-adjusted	29.3	27.3	24.0	
Diabetes death rate, Black population, age-adjusted	unavailable	53.5	46.3	
Diabetes cases - % adults who have been diagnosed *2008 BRFS*	11.60%	11.5%	8.4%	
% adults reporting a diabetes diagnosis in 1995-97 BRFS		4.0%		
% in 2005-07 surveys (167% increase in KY's age-adjusted rate)		10.5%	9.1%	
Obesity				5
Adult Obesity - % of adults who are obese (BMI > 30) *2008 BRFSS*	31.4%	31.8%	27.6%	
2010 BRFSS - KY white = 31.5% KY Black = 40%				
highest income category = 29% lowest income category = 41.5%				
High School Obesity - BMI above 95th percentile *2009 YRBS, self-reported*		17.6%	12.0%	
Child Obesity - Age 10-17, measured =/> 95th percentile *NHANES 2003-06*		21.0%	16.4%	
Kindergarteners overweight/obese,fall 2007	24%	BRDHD data, measured		
6th graders overweight/obese, fall 2007	30%	& reported on required		
		school physical exam		
Respiratory Diseases / Problems (see also Lung Cancer, p1.)				2
COPD Death rate (Chronic Lower Respiratory Disease)	36.8	57.3	41.8	
KY COPD death rates by race: white = 58.6 black = 38.8				
% of adults with current diagnosis of asthma *2008 BRFSS*	BRADD 10.30%	9.7%	8.7%	
See also Adult and Youth Smokers under "Tobacco Use" below				
Oral Health				3
Adults with no teeth left (KY ranks #1) *2008 BRFS*	unavailable	23.70%	18.50%	
% Adults with no dental visit in past year *2008 BRFSS*	BRADD 40.5%	35.6%	29%	
High school students with no dental visit in past year *2011 KY YRBS*	unavailable	32.0%	unavailable	
High school students who brush teeth daily *2011 KY YRBS*	unavailable	75.0%	unavailable	
High school students who floss daily *2011 KY YRBS*	unavailable	18.0%	unavailable	

County SIMPSON, Page 3

INJURIES				Score for Our County
Measure	County	KY	USA	Score
Violence				1
Homicide Rate County: 2003-07 KY and US: 1999-2007	2.6	5	6	
Violent crime rate per 100K population 2010	unavailable	242.6	403.6	
Motor Vehicle Crash Injuries				4
Motor Vehicle Crash Death Rate, 2001-07	31.7	22	13.7	
# Motor Vehicle Collisions - fatalities/injuries 2010	135			
% fatal/injury crashes involving alcohol and/or drug use	7.4%			
% Seat belt use - Adults	unavailable	79.7%	88.4%	
6th-12th grade	unavailable	86.6%	90.3%	
MV Crash Ejections - % that were fatal KSP data		85%		

COMMUNICABLE DISEASES				Score for Our County
Measure	County	KY	USA	Score
Sexually-Transmitted Infections (STIs)	BRADD			2
AIDS - Rate of new cases diagnosed per 100,000 2008 KY DPH	5.1	6.9	12.2	
HIV Positive Infections diagnosed (# new cases) 2005-09 KY DPH	71	327	('09) 37K	
STI Rate Chlamydia + Gonorrhea + new Syphilis cases per 100K, *CDC 2005-09*	unavailable	147.3	206.9	
High school - reporting sexual intercourse with 4/+ persons 2009 YRBS	unavailable	16.6%	17.6%	
Animal Rabies cases, 2010 (CDC - MMWR)	0	18	3,563	
TB Case Rate(/100,000), *2006-10*	3.52	2.24	4.13	
TB case rate for the BRADD decreased from 5.72 in 2001-05, to 4.04 in 2006-10.				
Influenza				3
Influenza/Pneumonia death rates - Infant /Under age 65	unavailable	5.9 / 3.5	6.7 / 2.7	
Flu Shot in past year - over age 65 *self reported, 2010 BRFS*	unavailable	67.7%	67.5%	

County SIMPSON, Page 4

EMOTIONAL HEALTH				Score for Our County
Measure	County	KY	USA	Score
Mental Health - Depression & Suicide				2
Average days/month mentally unhealthy *BRFS age-adjusted*	3.9	4.3	2.3	
Suicide Rate *Age-adjusted rate/100,000, 1999-2007*	15.3	13.5	10.9	
KY Suicide Rates by race - White = 13.8 Black = 6.7 Asian/P.I. = 5.7				
Age : Highest suicide rates in KY are age group 35-44 (double the national rate for the group). 2nd-hghest rate is age 45-54.				
Gender : KY's suicide rate is 5 times higher for males than females. For the U.S., the gender difference is only 4 to 1.				
Adults reporting Serious Psychological Distress in past year	unavailable	14.7%	11.6%	
At least 2 weeks of Depression in past year, over age 17	unavailable	8.5%	7.6%	
Depression rate for youth age 12-17 *both 2004-05, NSDUHs*	unavailable	8.7%	8.9%	
Lifeskills 2010-11 Jail Admissions Triage: % with depression	60%	**BRADD** 39%	local only	

MATERNAL AND INFANT HEALTH				Score for Our County
Measure	County	KY	USA	Score
Infant Health				4
Infant Crude Mortality Rate, *'01-'07*	804.8	692.1	690.1	
KY rates by race/ethnicity: Black=1129 Asian=492.0 Hispanic=581.5				
Percent of live births with low birthweight (< 2500 grams)	8.5%	8.9%	8.1%	
Mothers without Prenatal Care 1st Trimester	unavailable	25.2%	16%	
% Pregnant women smoking - Mothers of newborns who report tobacco use on birth certificate	unavailable	26%	16%	
Childhood immunization coverage (children age 19 to 35 months)	unavailable	91.2%	89.8%	
% of mothers who initiated breastfeeding *2008 birth certificates. Ky DPH*	64.0%	47.0%		
Child Health				4
Child Death Rates per 100,000 children age 1-14 *2005-2007*	72.6	68.7	65.6	
Teen Death Rates per 100,000 teens age 15-19 *2005-2007*	< 10 deaths	81.4	65.0	
Births to Teen Moms age 15-17 / *1,000 girls in age group* *2002-06*	32%	42.0%	22.0%	
Child Abuse/Neglect # substantiated cases, 2009 Ky Kids Count	68	- - -	- - -	
% increase / decrease in rate from 2003 to 2008	+ 91%	- 1%	- - -	
Percent of all households that are single-parent households *US Census*	36%	32%	20%	

County SIMPSON, Page 5

SUBSTANCE ABUSE AND ADDICTION

Score for Our County

Measure		County	KY	USA	Score
Alcohol Use and Addiction					5
Adult Binge Drinking (5/+ drinks on one occasion, past month)	2010 BRFS	unavailable	11.9%	15.1%	
Percent of adults who drink heavily on a daily basis	2010 BRFS	unavailable	3.9%	5.0%	
High school students - binge drinking in past 30 days	2011 YRBS	unavailable	23.2%	24.2%	
Drug Abuse and Addiction					5
see motor vehicle crashes above					
# Drug Arrests 2010	*KSP - Crime in Kentuky, 2010*	269	- - -	- - -	
Youth marijuana use in past 30 days	*2009 YRBS*	unavailable	16.1%	20.80%	
12th grade- Prescription Drug Use in last 30 days	*2010 KIP Survey*	**BRADD** 9.4%	7.2%	unavailable	
12th grade- Over-the-counter drug use to get high	*2010 KIP Survey*	**BRADD** 5.3%	3.7%	unavailable	
9-12th grade- Use of Rx meds without a prescription 1/> times	*2011 YRBS*	unavailable	19%	unavailable	
Lifeskills 2010-11 Jail Admissions Triage: % with substance abuse		15%	**BRADD** 24%	local only	

"CROSS-CUTTING" HEALTH BEHAVIORS AFFECTING MULTIPLE HEALTH PROBLEMS

Score for Our County

Measure	County	KY	USA	Score
Tobacco Use and Addiction				
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2008*	*2008*	
Adult Smokers - % who report they currently smoke 100/+ cigarettes	30%	28%	15%	
YRBS = Youth Risk Behavior Survey		*2009*	*2009*	
Youth smokers - % who report they are current smokers (grades 6-12)	unavailable	26.1%	19.5%	
Diet and Exercise - self-reported behavior				
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*	
% Adults reporting they are sedentary - no physical activity	37%	54%	49%	
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%	
YRBS = Youth Risk Behavior Survey		*2010*	*2009*	
% High schoolers wo report they are sedentary	unavailable	20%	23.10%	
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%	
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%	
Family & Social Support				
Percent of adults w/ inadequate social/emotional support *2005-09 BRFSS*	17%	20%	unavailable	
Grandparents raising granchildren - # households 2005-09 Amer Comm Survey	152	BRADD total = 3,186		

Scored in Oct. and Nov. 2012 by BRCHPC's Simpson County Assessment Team.

County Health Issue Score Sheet

County WARREN

OVERALL HEALTH STATUS				No score
Measure	County	KY	USA	
Premature death —Years of potential life lost before age 75 (YPLL-75) rate	7,689	8859	5564	
County residents age 45-74 on Medicaid (aged, blind or diabled) 3,679 people *(10.8% of age 45-74)*				
Self-reported health status, adults over age 18 (BRFSS)				
Percent of adults reporting "My health is ...fair" or "...poor"	20%	22%	10%	
Average days/month physically unhealthy *age-adjusted*	4.3	4.7	2.6	

CANCERS				Score for Our County
Measure	County	KY	USA	Score
Cancer Death Rate (all sites)	214	221	183.8	
Cancer incidence rates are from KY Cancer Registry, 2004-2008. Unless noted, all death rates from CDC Wonder, 2003-07.				
Lung Cancer				4.6
Lung /Bronchial Cancer Death Rate 2003-2007	68.9	76.5	52.5	
Lung Cancer Cases (incidence rate)	95.1	100.76	67.9	
Lung/Bronchial Cancer Deaths - males (age-adj./100K) 2003-07	102.7	104.8	68.5	
- females (age-adjusted/100K) 2003-07	46.9	55.9	40.5	
See Adult and Youth Smokers under "Tobacco Use" below				
Breast Cancer				3.88
Breast Cancer Death Rate *1999-2007*	13.4	14.5	14.1	
Breast Cancer Cases (incidence rate)	67.7	65.5	not avail.	
Mammography Screening Rate *BRFSS, 2008*	57.40%	75.0%	75%	
See Female Adult Obesity rates below				
Colorectal Cancer				3.11
Colorectal Cancer Death Rate	17.6	17.6	20.8	
Colorectal Cancer Cases (incidence rate)	50.1	55.7	unavailable	
See below under Diet & Exercise "5/+ fruits & veggies daily"				
Cervical Cancer				3.77
Cervical Cancer Death Rate	3.52	3.07	2.9	
Death rate for black women	8.53	4.5	2	
Cervical Cancer Cases (incidence rate)	10.34	9.11	unavailable	
Pap Smears - % of women who had one in past year 2008	BRADD 69.0%	81.7%	82.9%	
Skin Cancer				3.11
Skin Cancer, crude death rate (excludes basal & squamous) *KY CA Regist*	5	4.36	3.6	
Skin Cancer Cases (crude incidence rate) - men	31.1	45	unavailable	
- women	26.5	31.7	unavailable	

County WARREN, page 2

OTHER CHRONIC DISEASES

Score for Our County

Measure	County	KY	USA	Score
Cardiovascular Disease				4.55
Heart Diseases - Death Rate	215.3	270.8	232.4	
Stroke Death Rate	57.3	58.7	53	
High Blood Pressure - % adults diagnosed KY is #4 in the U.S.	unavailable	37.9%	30.3%	
White - KY is #2 in U.S. Black - KY is #3 in U.S.				
Diabetes				4.55
Diabetes death rate, age-adjusted	25.2	27.3	24.0	
Diabetes death rate, Black population, age-adjusted	unavailable	53.5	46.3	
Diabetes cases - % adults who have been diagnosed *2008 BRFS*	9.9%	11.5%	8.4%	
In only 10 years, Kentucy had 163% increase in the (age-adjusted) rate of adults who report they had a diagnosis of diabetes. (BRFS)	KY 1995-97 4.0%	KY 2005-07 10.5%	US '05-'07 9.1%	
% adults reporting a diabetes diagnosis in 1995-97 BRFS		4.0%		
% in 2005-07 surveys (167% increase in KY's age-adjusted rate)		10.5%	9.1%	
Obesity				4.66
Adult Obesity - % of adults who are obese (BMI > 30) *BRFSS 2008*	29.1%	31.8%	27.6%	
2010 BRFSS - KY white = 31.5% KY Black = 40%				
highest income category = 29% lowest income category = 41.5%				
High School Obesity - BMI above 95th percentile *2009 YRBS, self-reported*		17.6%	12.0%	
Child Obesity - Age 10-17, measured =/> 95th percentile *NHANES 2003-06*		21.0%	16.4%	
Kindergarteners overweight/obese,fall 2007	20%	BRDHD data, measured & reported on required school physical exam		
6th graders overweight/obese, fall 2007	24%			
Respiratory Diseases / Problems (see also Lung Cancer, p1.)				4.22
COPD Death rate (Chronic Lower Respiratory Disease)	49.5	57.3	41.8	
KY COPD death rates by race: white = 58.6 black = 38.8				
	BRADD			
% of adults with current diagnosis of asthma *2008 BRFS*	10.30%	9.7%	8.7%	
See also Adult and Youth Smokers under "Tobacco Use" below				
Oral Health				3.22
Adults with no teeth left (KY ranks #1) *2008 BRFS*	unavailable	23.70%	18.50%	
% Adults with no dental visit in past year *2008 BRFSS*	BRADD 40.5%	35.6%	29%	
High school students with no dental visit in past year *2011 KY YRBS*	unavailable	32.0%	unavailable	
High school students who brush teeth daily *2011 KY YRBS*	unavailable	75.0%	unavailable	
High school students who floss daily *2011 KY YRBS*	unavailable	18.0%	unavailable	

County WARREN, page 3

INJURIES				Score for Our County
Measure	County	KY	USA	Score
Violence				2.88
Homicide Rate County: 2003-07 KY and US: 1999-2007	4	5	6	
Violent crime rate per 100K population 2010	unavailable	242.6	403.6	
Motor Vehicle Crash Injuries				3.66
Motor Vehicle Crash Death Rate, 2001-07	19.2	22	13.7	
# Motor Vehicle Collisions - fatalities/injuries 2010	699			
% fatal/injury crashes involving alcohol and/or drug use	10.7%			
% Seat belt use - Adults	unavailable	79.7%	88.4%	
6th-12th grade	unavailable	86.6%	90.3%	
MV Crash Ejections - % that were fatal KSP data		85%		

COMMUNICABLE DISEASES				Score for Our County
Measure	County	KY	USA	Score
Sexually-Transmitted Infections (STIs)	BRADD			2.77
AIDS - Rate of new cases diagnosed per 100,000 2008 KY DPH	5.1	6.9	12.2	
HIV Positive Infections diagnosed (# new cases) 2005-09 KY DPH	71	327	('09) 37K	
STI Rate Chlamydia + Gonorrhea + new Syphilis cases per 100K, *CDC 2005-09*	unavailable	147.3	206.9	
High school - reporting sexual intercourse with 4/+ persons 2009 YRBS	unavailable	16.6%	17.6%	
Animal Rabies cases, 2010 (CDC - MMWR)	1	18	3,563	
TB Case Rate(/100,000), *2006-10* *Warren inc reased from 4.2 in 2001-05*	5.66	2.24	4.13	
TB case rate for the BRADD decreased from 5.72 in 2001-05, to 4.04 in 2006-10.				
Influenza				2.55
Influenza/Pneumonia death rates - Infant /Under age 65	unavailable	5.9 / 3.5	6.7 / 2.7	
Flu Shot in past year - over age 65 *self reported, 2010 BRFS*	unavailable	67.7%	67.5%	

County WARREN, page 4

EMOTIONAL HEALTH				Score for Our County
Measure	County	KY	USA	Score
Mental Health - Depression & Suicide				3.55
Average days/month mentally unhealthy BRFS *age-adjusted*	4.2	4.3	2.3	
Suicide Rate *Age-adjusted rate/100,000, 1999-2007*	12.5	13.5	10.9	
KY Suicide Rates by race - White = 13.8 Black = 6.7 Asian/P.I. = 5.7				
Age : Highest suicide rates in KY are age group 35-44 (double the national rate for the group). 2nd-hghest rate is age 45-54.				
Gender : KY's suicide rate is 5 times higher for males than females. For the U.S., the gender difference is only 4 to 1.				
Adults reporting Serious Psychological Distress in past year	unavailable	14.7%	11.6%	
At least 2 weeks of Depression in past year, over age 17	unavailable	8.5%	7.6%	
Depression rate for youth age 12-17 *both 2004-05, NSDUHs*	unavailable	8.7%	8.9%	
Lifeskills 2010-11 Jail Admissions Triage: % with depression	60%	**BRADD** 39%	local only	

MATERNAL AND INFANT HEALTH				Score for Our County
Measure	County	KY	USA	Score
Infant Health				4
Infant Crude Mortality Rate, *'01-'07*	848.0	692.1	690.1	
KY rates by race/ethnicity: Black=1129 Asian=492.0 Hispanic=581.5				
Percent of live births with low birthweight (< 2500 grams)	8.6%	8.9%	8.1%	
Mothers without Prenatal Care 1st Trimester	unavailable	25.2%	16%	
% Pregnant women smoking - Mothers of newborns who report tobacco use on birth certificate	unavailable	26%	16%	
Childhood immunization coverage (children age 19 to 35 months)	unavailable	91.2%	89.8%	
% of mothers who initiated breastfeeding *2008 birth certificates. Ky DPH*	71.0%	47.0%		
Child Health				3.66
Child Death Rates per 100,000 children age 1-14 *2005-2007*	78.4	68.7	65.6	
Teen Death Rates per 100,000 teens age 15-19 *2005-2007*	58.6	81.4	65.0	
Births to Teen Moms age 15-17 / *1,000 girls in age group* *2002-06*	22%	42.0%	22.0%	
Child Abuse/Neglect # substantiated cases, 2009 Ky Kids Count	306	14,802		
% increase / decrease in rate from 2003 to 2008	-21%	- 1%		
Percent of all households that are single-parent households *US Census*	34%	32%	20%	

County WARREN, page 5

SUBSTANCE ABUSE AND ADDICTION					Score for Our County
Measure		County	KY	USA	Score
Alcohol Use and Addiction					3
Adult Binge Drinking (5/+ drinks on one occasion, past month)	2010 BRFS	unavailable	11.9%	15.1%	
Percent of adults who drink heavily on a daily basis	2010 BRFS	unavailable	3.9%	5.0%	
High school students - binge drinking in past 30 days	2011 YRBS	unavailable	23.2%	24.2%	
Drug Abuse and Addiction					4
see motor vehicle crashes above					
# Drug Arrests 2010	*KSP - Crime in Kentuky, 2010*	2819	- - -	- - -	
Youth marijuana use in past 30 days	*2009 YRBS*	unavailable	16.1%	20.80%	
12th grade- Prescription Drug Use in last 30 days	*2010 KIP Survey*	**BRADD** 9.4%	7.2%	unavailable	
12th grade- Over-the-counter drug use to get high	*2010 KIP Survey*	**BRADD** 5.3%	3.7%	unavailable	
9-12th grade- Use of Rx meds without a prescription 1/> times	*2011 YRBS*	unavailable	19%	unavailable	
Lifeskills 2010-11 Jail Admissions Triage: % with substance abuse		16%	**BRADD** 24%	local only	

"CROSS-CUTTING" HEALTH BEHAVIORS AFFECTING MULTIPLE HEALTH PROBLEMS				Score for Our County
Measure	County	KY	USA	
Tobacco Use and Addiction				
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2008*	*2008*	
Adult Smokers - % who report they currently smoke 100/+ cigarettes	27%	28%	15%	
YRBS = Youth Risk Behavior Survey		*2009*	*2009*	
Youth smokers - % who report they are current smokers (grades 6-12)	unavailable	26.1%	19.5%	
Diet and Exercise - self-reported behavior				
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*	
% Adults reporting they are sedentary - no physical activity	31%	54%	49%	
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%	
YRBS = Youth Risk Behavior Survey		*2010*	*2009*	
% High schoolers wo report they are sedentary	unavailable	20%	23.10%	
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%	
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%	
Alcohol Use and Addiction				
Adult Binge Drinking (5/+ drinks on one occasion, past month) 2010 BRFS	unavailable	11.9%	15.1%	
Percent of adults who drink heavily on a daily basis 2010 BRFS	unavailable	3.9%	5.0%	
High school students - binge drinking in past 30 days 2011 YRBS	unavailable	23.2%	24.2%	
Family & Social Support				
Percent of adults w/inadequate social/emotional support *2005-09 BRFSS*	15%	20%	unavailable	
Grandparents raising granchildren - # households 2005-09 Amer Comm Survey	893	BRADD total = 3,186		

Scored in Oct. and Nov. 2012 by BRCHPC's Warren County Assessment Team.

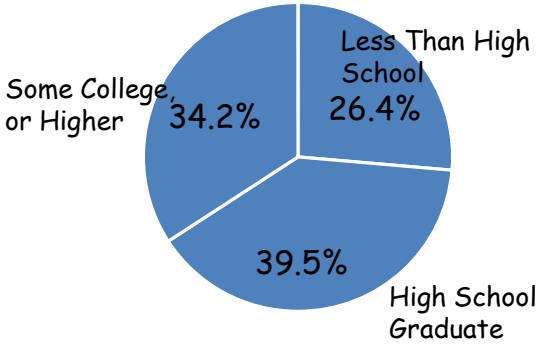
Attachment 11. County Health Profiles

These county profiles were distributed during Meeting 9 (April 2012) to support analysis by Council members of all data collected during the four MAPP assessment phases. Each County Profile included demographic and socio-economic data on the front (included here).

The back side of each Profile presented population health statistics for our Five Priority Health issues. This was the same data that had been used during Meetings 2 and 3 when the issues were selected for action by Council members. The full County Health Profiles are published on the BRDHD website at http://www.barrenriverhealth.org/mx/hm.asp?id=CHA.

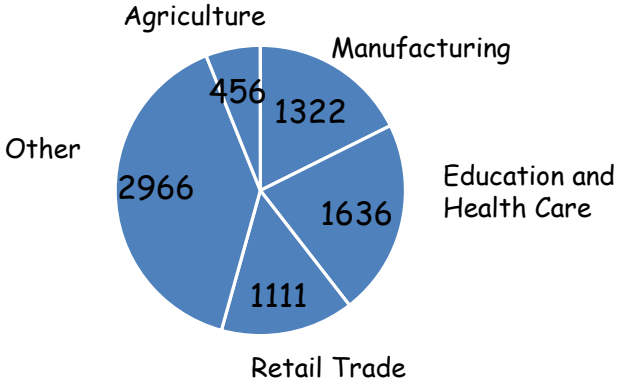
Allen County Health Profile

Educational Attainment



Demographics	
Allen County Total	19,956
White Persons	19,083
Black Persons	225
Hispanic or Latino Origin	246
Other	402

Major Industries
(Persons Employed)



Social and Economic Factors

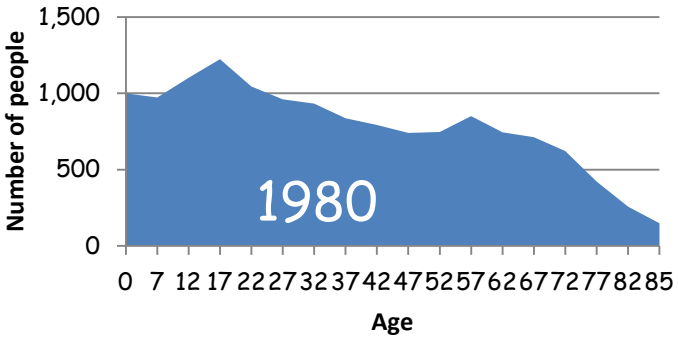
Indicators	Allen
Families below the Poverty level	14.8%
Children in single parent households	36%
Uninsured adults (18-64)	22%

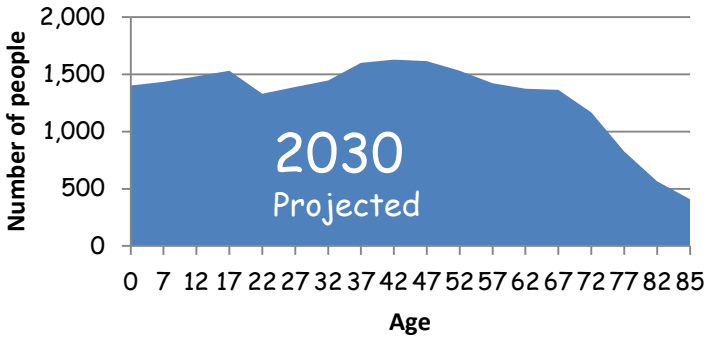
Health Care Access

Indicators	Allen	Kentucky
Primary Care Physician Ratio	2721 : 1	922 : 1
Dentist rate per 1000	0.3	0.6
Mental Health Provider Ratio	19047 : 0	3909 : 1

In the most recent data available the average household income in Allen County is **$41,532** compared to **$56,009** in Kentucky.

Our Population is Aging Population by Age Group Area Charts

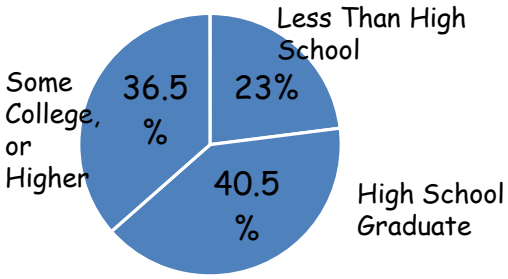




Diet and Exercise - self-reported behavior	County	Ky	USA
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	33%	32%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers who report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%

Barren County Health Profile

Educational Attainment



Demographics	
Barren County Total	42,173
White Persons	38,997
Black Persons	1,630
Hispanic or Latino Origin	1,110
Other	436

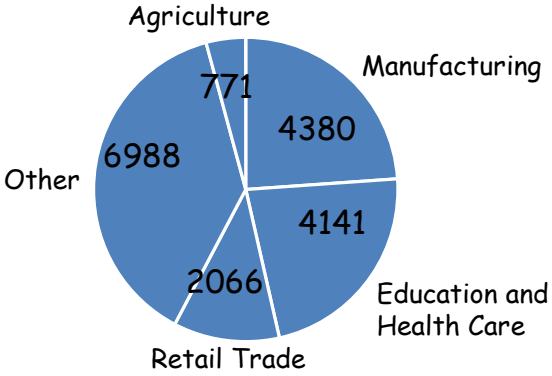
Social and Economic Factors

Indicators	Barren
Families below the Poverty level	14.1%
Children in single parent households	30%
Uninsured adults (18-64)	19.7%

Health Care Access

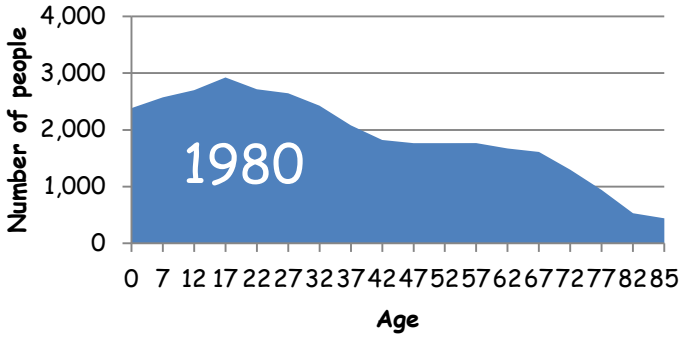
Indicators	Barren	Kentucky
Primary Care Physician Ratio	511 : 1	922 : 1
Dentist rate per 1000	0.4	0.6
Mental Health Provider Ratio	13806 : 1	3909 : 1

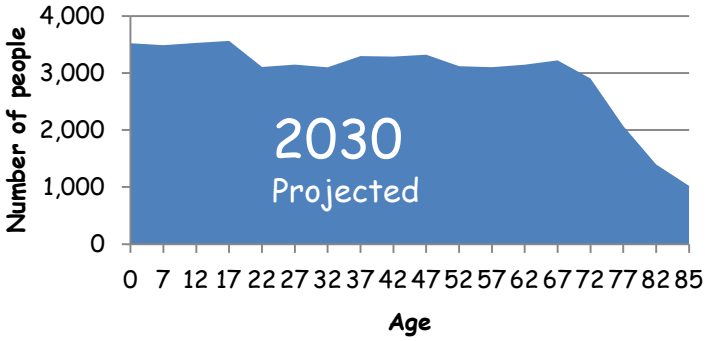
Major Industries (Persons Employed)



In the most recent data available the average household income in Barren County is **$49,615** compared to **$56,009** in Kentucky.

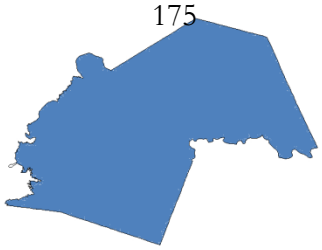
Our Population is Aging - Population by Age Group Area Charts



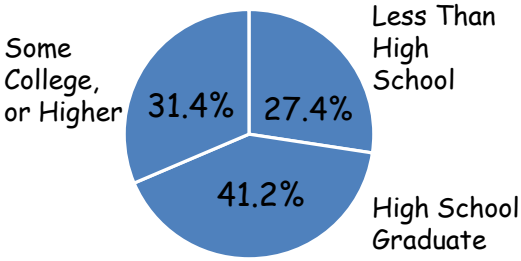


Diet and Exercise - self-reported behavior	County	Ky	USA
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	33%	54%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers wo report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%

Butler County Health Profile



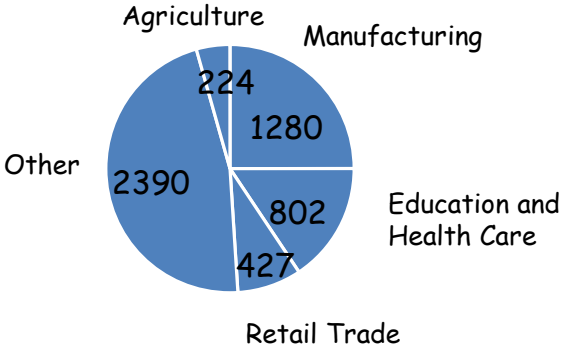
Educational Attainment



Demographics	
Butler County Total	12,763
White Persons	12,323
Black Persons	7
Hispanic or Latino Origin	267
Other	166

Major Industries

(Persons Employed)



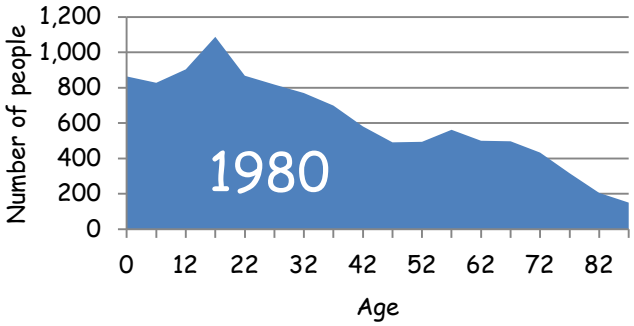
Social and Economic Factors	
Indicators	**Butler**
Families below the Poverty level	14.8%
Children in single parent households	36%
Uninsured adults (18-64)	27%

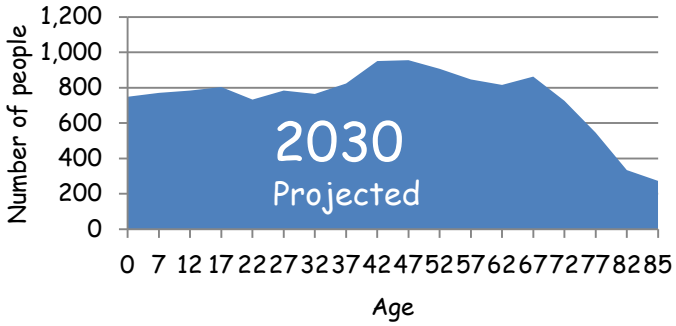
Health Care Access

Indicators	Butler	Kentucky
Primary Care Physician Ratio	3340 : 1	922 : 1
Dentist rate per 1000	0.1	0.6
Mental Health Provider Ratio	13358 : 0	3909 : 1

In the most recent data available the average household income in Butler County is **$42,208** compared to **$56,009** in Kentucky.

Our Population is Aging Population by Age Group Area Charts

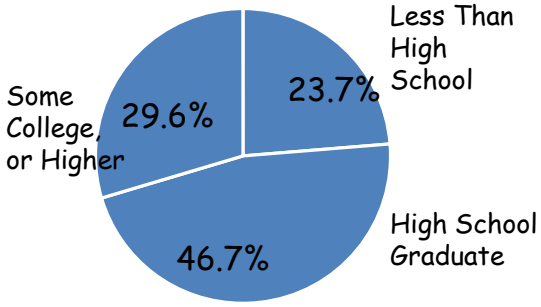




Diet and Exercise - self-reported behavior	County	Ky	USA
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	34%	54%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers wo report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%

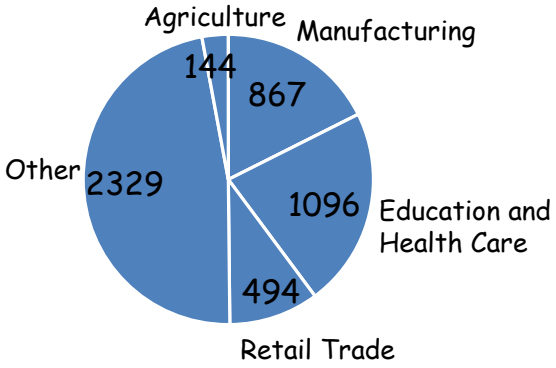
Edmonson County Health Profile

Educational Attainment



Demographics	
Edmonson County Total	12,086
White Persons	11,729
Black Persons	281
Hispanic or Latino Origin	42
Other	34

Major Industries
(Persons Employed)



Social and Economic Factors

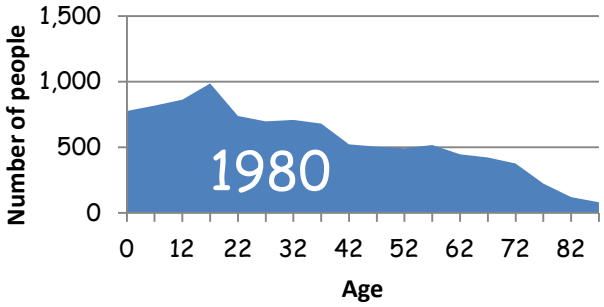
Indicators	Edmonson
Families below the Poverty level	11.8%
Children in single parent households	30%
Uninsured adults (18-64)	26%

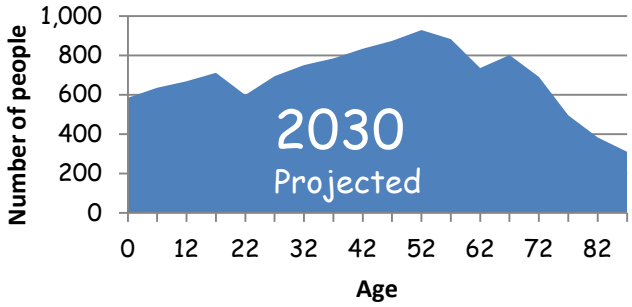
Health Care Access

Indicators	Edmonson	Kentucky
Primary Care Physician Ratio	2999 : 1	922 : 1
Dentist rate per 1000	0.1	0.6
Mental Health Provider Ratio	11997 : 0	3909 : 1

In the most recent data available the average household income in Edmonson County is **$45,786** compared to **$56,009** in Kentucky.

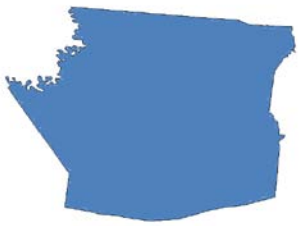
Our Population is Aging Population by Age Group Area Charts



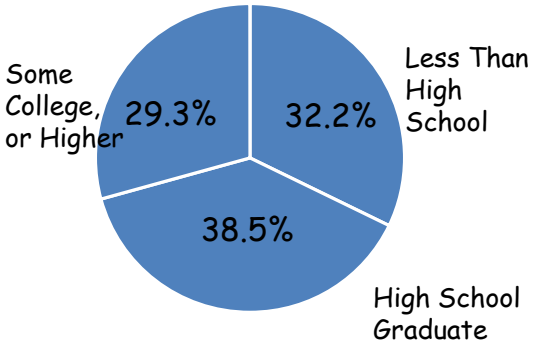


Diet and Exercise - self-reported behavior	County	Ky	USA
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	32%	54%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers wo report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%

Hart County Health Profile



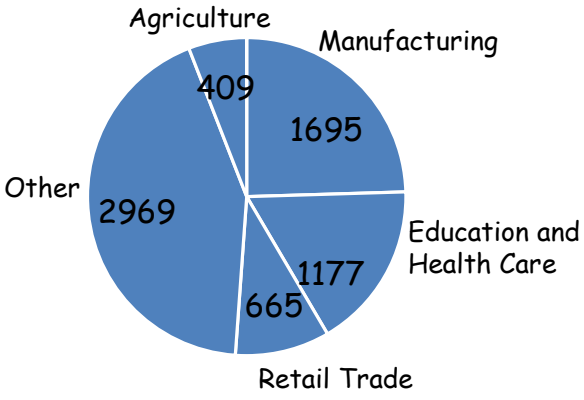
Educational Attainment



Demographics	
Hart County Total	18,201
White Persons	16,897
Black Persons	1,110
Hispanic or Latino Origin	127
Other	67

Major Industries

(Persons Employed)



Social and Economic Factors

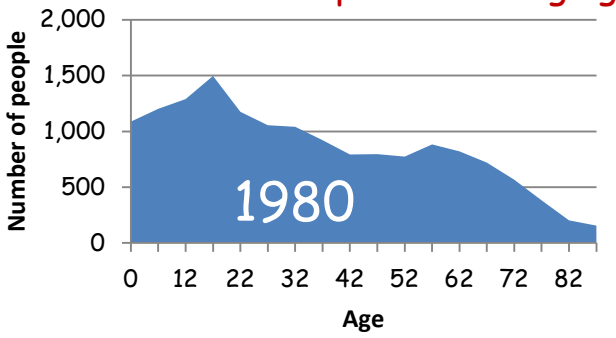
Indicators	Hart
Families below the Poverty level	20.8%
Children in single parent households	31%
Uninsured adults (18-64)	27%

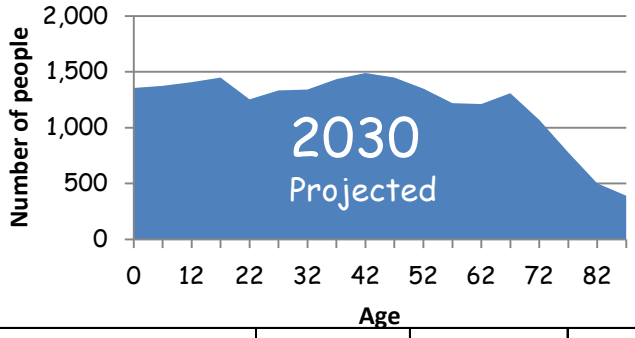
Health Care Access

Indicators	Hart	Kentucky
Primary Care Physician Ratio	1845 : 1	922 : 1
Dentist rate per 1000	0.3	0.6
Mental Health Provider Ratio	18451 : 0	3909 : 1

In the most recent data available the average household income in Hart County is **$42,744** compared to **$56,009** in Kentucky.

Our Population is Aging Population by Age Group Area Charts

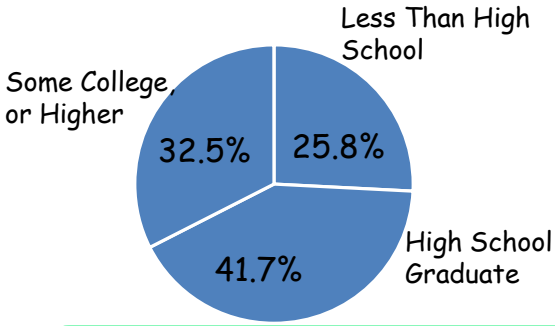




Diet and Exercise - self-reported behavior	County	Ky	USA
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	36%	54%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers wo report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%

Logan County Health Profile

Educational Attainment



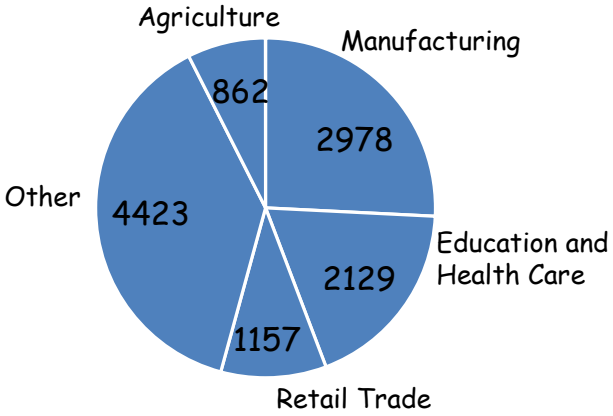
Demographics	
Logan County Total	26,838
White Persons	23,998
Black Persons	1,538
Hispanic or Latino Origin	1,068
Other	234

Social and Economic Factors

Indicators	Logan
Families below the Poverty level	12.4%
Children in single parent households	28%
Uninsured adults (18-64)	23%

Major Industries

(Persons Employed)



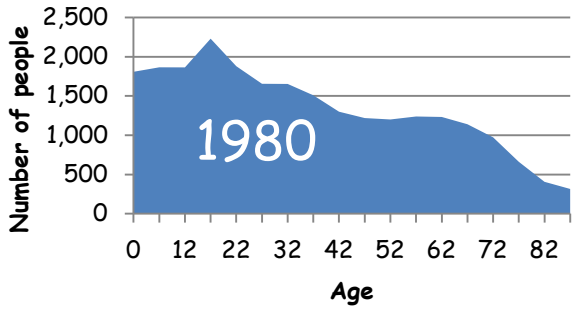
In the most recent data available the average household income in Logan County is **$47,841** compared to **$56,009** in Kentucky.

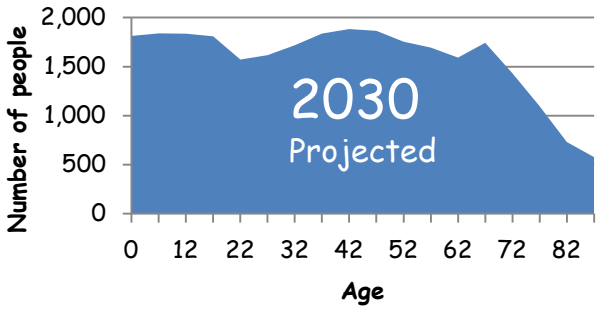
Health Care Access

Indicators	Logan	Kentucky
Primary Care Physician Ratio	2708 : 1	922 : 1
Dentist rate per 1000	0.3	0.6
Mental Health Provider Ratio	27077 : 0	3909 : 1

Our Population is Aging

Population by Age Group Area Charts

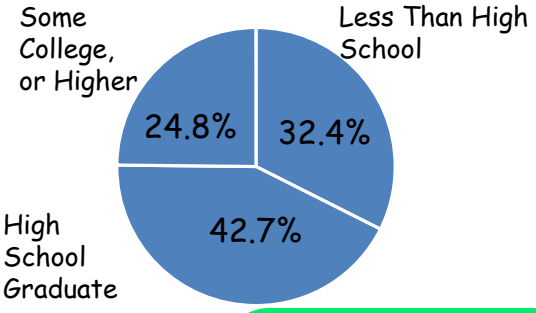




Diet and Exercise - self-reported behavior	County	Ky	USA
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	32%	54%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers wo report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%

Metcalfe County Health Profile

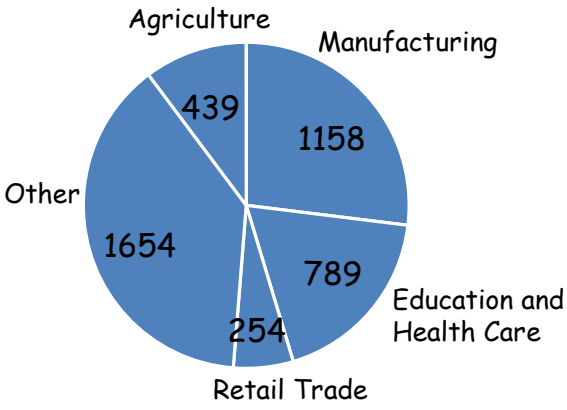
Educational Attainment



Demographics	
Metcalfe County Total	10,130
White Persons	9,785
Black Persons	139
Hispanic or Latino Origin	119
Other	87

Major Industries

(Persons Employed)



Social and Economic Factors

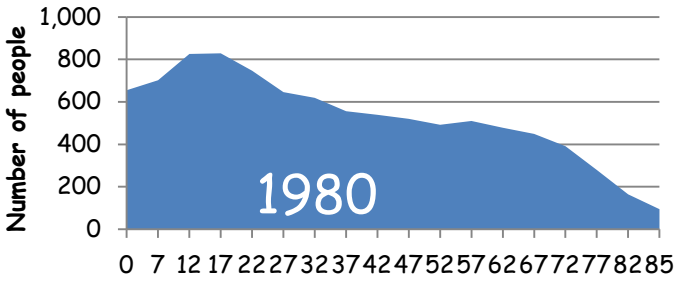
Indicators	Metcalfe
Families below the Poverty level	12.7%
Children in single parent households	29%
Uninsured adults (18-64)	25%

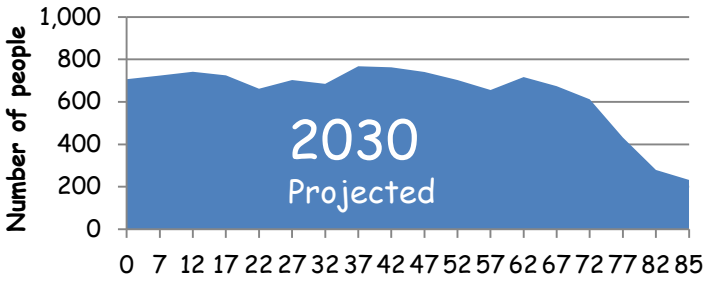
In the most recent data available the average household income in Metcalfe County is **$41,514** compared to **$56,009** in Kentucky.

Health Care Access

Indicators	Metcalfe	Kentucky
Primary Care Physician Ratio	2034 : 1	922 : 1
Dentist rate per 1000	0.2	0.6
Mental Health Provider Ratio	10169 : 0	3909 : 1

Our Population is Aging
Population by Age Group Area Charts

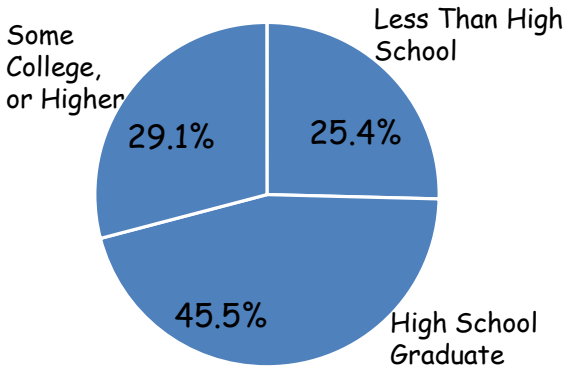




Diet and Exercise - self-reported behavior	County	Ky	USA
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	41%	54%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers wo report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%

Monroe County Health Profile

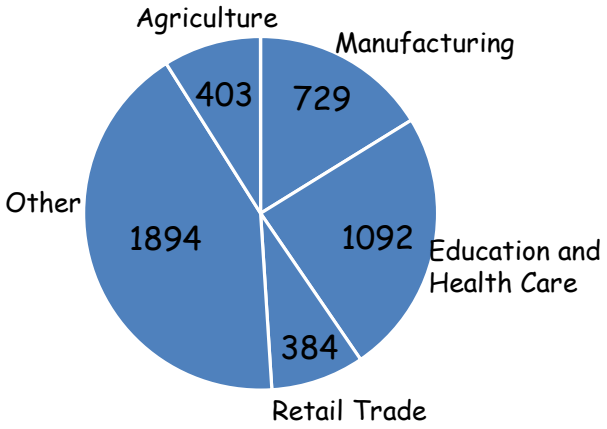
Educational Attainment



Demographics	
Monroe County Total	11,089
White Persons	10,448
Black Persons	233
Hispanic or Latino Origin	274
Other	134

Major Industries

(Persons Employed)



In the most recent data available the average household income in Monroe County is **$37,012** compared to **$56,009** in Kentucky.

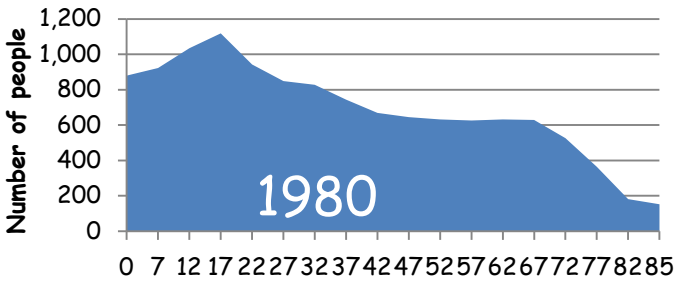
Social and Economic Factors

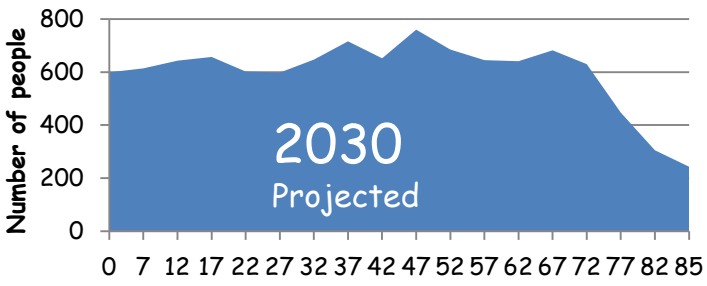
Indicators	Monroe
Families below the Poverty level	20%
Children in single parent households	41%
Uninsured adults (18-64)	27%

Health Care Access

Indicators	Monroe	Kentucky
Primary Care Physician Ratio	1439 : 1	922 : 1
Dentist rate per 1000	0.5	0.6
Mental Health Provider Ratio	11521 : 0	3909 : 1

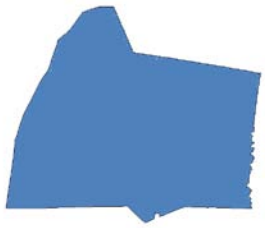
Our Population is Aging
Population by Age Group Area Charts



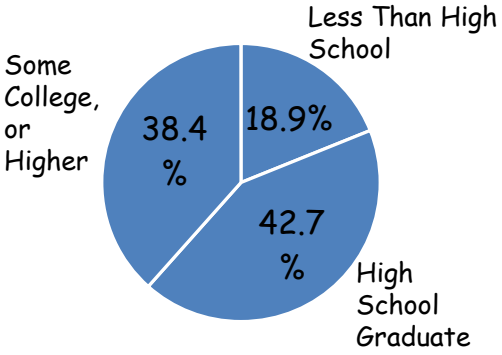


Diet and Exercise - self-reported behavior	County	Ky	USA
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	36%	54%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers who report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%

Simpson County Health Profile



Educational Attainment



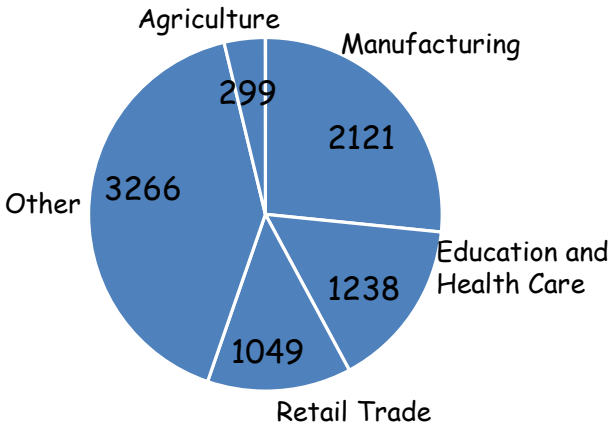
Demographics	
Simpson County Total	17,214
White Persons	14,846
Black Persons	1,759
Hispanic or Latino Origin	106
Other	503

Social and Economic Factors

Indicators	Simpson
Families below the Poverty level	12.3%
Children in single parent households	34%
Uninsured adults (18-64)	21%

Major Industries

(Persons Employed)

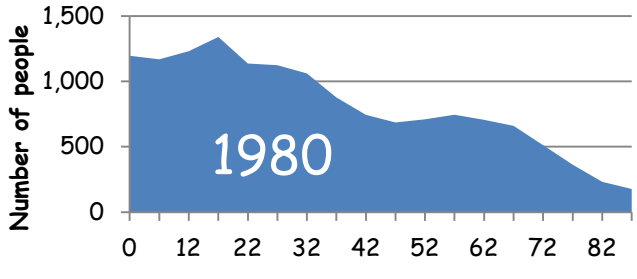


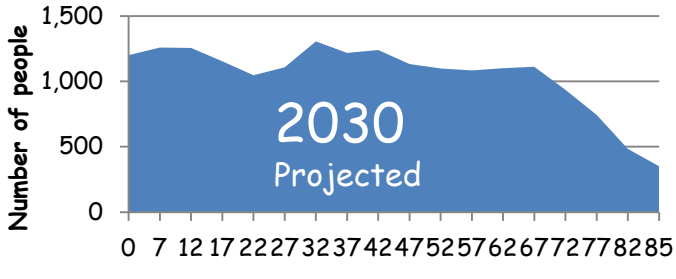
In the most recent data available the average household income in Simpson County is **$51,524** compared to **$56,009** in Kentucky.

Health Care Access

Indicators	Simpson	Kentucky
Primary Care Physician Ratio	1217 : 1	922 : 1
Dentist rate per 1000	0.4	0.6
Mental Health Provider Ratio	17037 : 1	3909 : 1

Our Population is Aging
Population by Age Group Area Charts

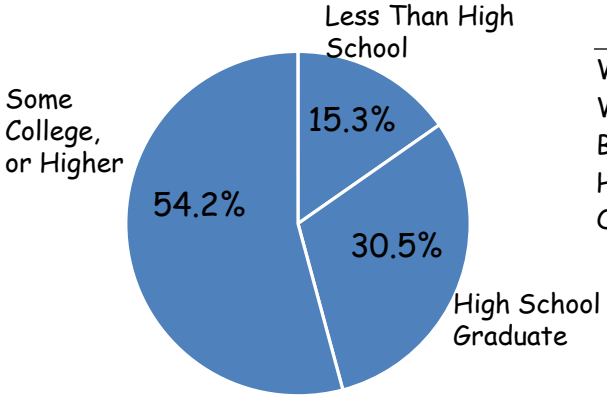




Diet and Exercise - self-reported behavior	County	Ky	USA
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	37%	54%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers wo report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%

Warren County Health Profile

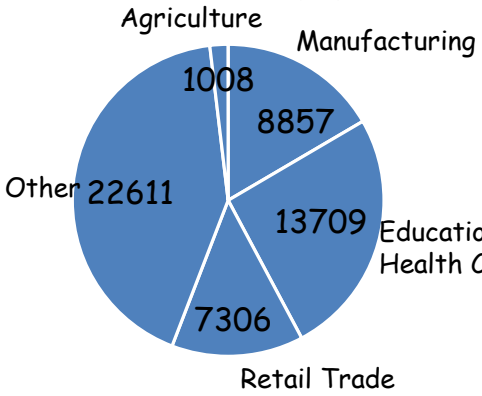
Educational Attainment



Demographics	
Warren County Total	109,775
White Persons	90,213
Black Persons	10,065
Hispanic or Latino Origin	4,762
Other	4,735

Major Industries

(Persons Employed)



Social and Economic Factors

Indicators	Warren
Families below the Poverty level	11.9%
Children in single parent households	33%
Uninsured adults (18-64)	21%

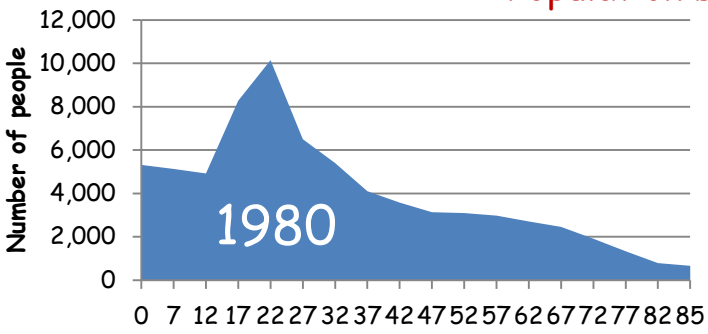
In the most recent data available the average household income in Warren County is **$58,856** compared to **$56,009** in Kentucky.

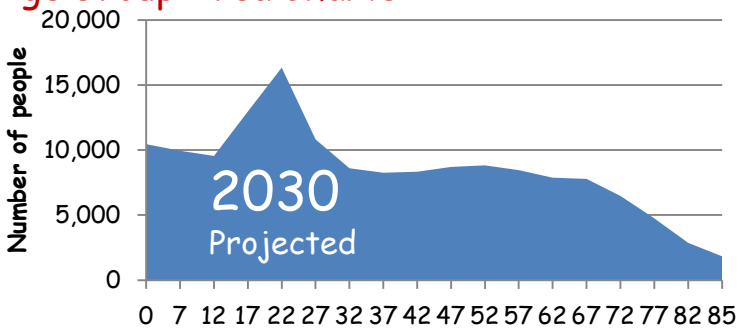
Health Care Access

Indicators	Warren	Kentucky
Primary Care Physician Ratio	896 : 1	922 : 1
Dentist rate per 1000	0.7	0.6
Mental Health Provider Ratio	3135 : 1	3909 : 1

Our Population is Aging

Population by Age Group Area Charts





Diet and Exercise - self-reported behavior	County	Ky	USA
BRFS = (adult) Behavior Risk Factor Survey	*2008*	*2009*	*2009*
% Adults reporting they are sedentary - no physical activity	31%	54%	49%
Adults who eat 5 or more fruits/vegetables daily	unavailable	21.1%	23.4%
YRBS = Youth Risk Behavior Survey		*2010*	*2009*
% High schoolers wo report they are sedentary	unavailable	20%	23.10%
Teens grade 9-12 who eat 5/+ fruits or veggies daily	unavailable	16.7%	22.3%
Youth grade 9-12 drinking soda 1/+ daily	unavailable	36.4%	29.2%