Community Health Assessment
2018

DAVIESS, HANCOCK, HENDERSON, MCLEAN, OHIO, UNION AND WEBSTER COUNTIES

www.healthdepartment.org

Director's Letter

We are pleased to present the Green River District's Community Health Assessment (2018). This is the third comprehensive community health assessment that we have completed in our region since we committed to a collaborative process to continuously assess our communities' health status and needs in 2012. The previous Community Health Assessments and the resulting Community Health Improvement Plans provided a foundation for this assessment and report. During this assessment, the health department and our partners took opportunities to update and expand on the successes of our previous work.

This report presents a variety of qualitative and quantitative data that was collected from primary and secondary sources. We hope that this document is a useful tool for anyone seeking to understand what is unique about the strengths, needs, and challenges that the local communities in Daviess, Hancock, Henderson, McLean, Ohio, Union, and Webster Counties are facing related to health. This information is intended to be used by a wide cross-section of partners to help make decisions or decide where to focus efforts to improve our region's health.

Both the Community Health Assessment and Community Health Improvement Plans are continuous efforts and will always be works in progress. It takes many years of dedication, education and support to move a community toward an improved health status. Personally, I'm grateful that we have so many talented and resourceful partners that share our passion for making our communities healthier. Thank you for your role in improving the lives of the residents within our community, the Green River District, and across Kentucky!

Clayton Horton
Public Health Director
Green River District Health Department

Our Mission:

The mission of the GRDHD is to promote, protect and strengthen the health and well-being of all by helping to develop and maintain healthy lifestyles and environmentally safe communities.

Our Values:

Accountability, Compassion, Innovation, Integrity, Respect

Acknowledgements

Conducting a large-scale community health assessment (CHA) of the size would not be possible without the contributions of many members of our community. The Green River District Health Department would like to express its gratitude for the contributions made by those who participated in the development of this assessment.

Special thanks to the following agencies and individuals that contributed to the successful assessments and completion of this report:

- Clayton Horton, Public Health Director
- Carrie Conia, Technical Consultant, Accreditation Coordinator
- Jessica Austin, Senior Epidemiologist
- Merritt Bates Thomas, Nutrition Services Supervisor
- Abby Beerman, Epidemiologist
- Brooke Fogle, Public Health Program Coordinator
- Green River District Health Department Staff
- Center for Disease Control Staff
- Kentucky Department of Public Health
- University of Kentucky Public Health Students
- University of Louisville Public Health Students
- Western Kentucky University Public Health Students

- Daviess County Extension Office
- Green River Regional Health Council
- Hancock County Health Coalition
- Hancock County Public Library
- Healthy Henderson Health Coalition
- Healthy Horizons Health Coalition
- McLean County Extension Office
- Methodist Hospital
- Ohio County Health Coalition
- Ohio County Hospital
- Owensboro Health
- Partnership for a Healthy McLean County
- River Valley Behavioral Health
- Union County Health Coalition
- Webster County Extension Office
- Webster County Health Coalition

Table of Contents

Community Health Assessment Methodology

The methodology used for the 2018 Community Health Assessment was Mobilizing for Action through Planning and Partnerships (MAPP). This interactive, community-driven strategic planning process was a natural selection after its success in the previous cycles (2012-2015) and (2015-2018). The MAPP framework assesses the capacity of the public health system in meeting the specific health status needs of a community or in Green River's case, each of the seven counties we serve. It naturally builds a stronger public health infrastructure through partnerships and promotes community responsibility for health.

MAPP uses four unique assessments to identify issues influencing public health and the resources to address them. The assessments used in the MAPP process include: Community Health Status Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment and the Local Public Health System Assessment. GRDHD utilized a variety of methods to inform the MAPP assessments.

	Themes and Strengths Assessment	Forces of Change Assessment	Local Public Health System Assessment	Health Status Assessment
CASPER	X	X		
Community Dialogue		X		
Photo Voice	X		X	
Data Sheet				X
NPHPSP LPHS			X	

NACCHO Community Roadmap

Previous CHA and CHIP Cycles

COMMUNITY HEALTH ASSESSMENT-

In spring 2012 and again in fall/winter 2014-2015, Green River District utilized the community health assessment process based on Mobilizing for Action through Planning and Partnerships (MAPP), defined above.
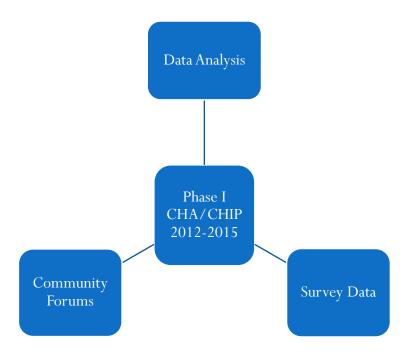
Green River District considered three perspectives in assessing the health of our communities during 2012; a fourth perspective was added in 2015. This contribution of community data perspective, organizational perspective, individual/household perspective and historical perspective of the Community Health Assessment served to identify top health issues in all seven counties.

COMMUNITY HEALTH IMPROVEMENT PLAN-
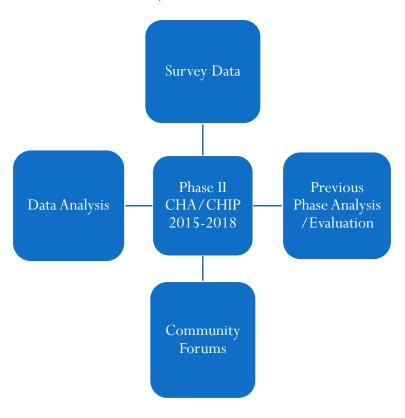
Local communities utilized the results of the Community Health Assessment as a guide to establish priorities and develop strategic planning efforts to effectively improve the health of our communities through the Community Health Improvement Plan. County partners created work groups to focus on specific strategic initiatives and identified agencies or individuals to lead each work group. As groups implement evidence based programs and complete the steps toward achieving their established goals, status reports are submitted to the Green River District Health Department and shared through the Green River Regional Health Council.

Two (3 year) phases of CHA/CHIPs have been undertaken in the Green River District Community Health Improvement Plan. Each phase included two components: a CHIP which was built upon a Community Health Assessment (CHA). Improvements in the process occurred during Phase II by adding a review of the CHA/CHIP Cycle and implementing necessary adjustments. Phase III (2018-2021) will continue to review the cycle and add improvements and adjustments as necessary.
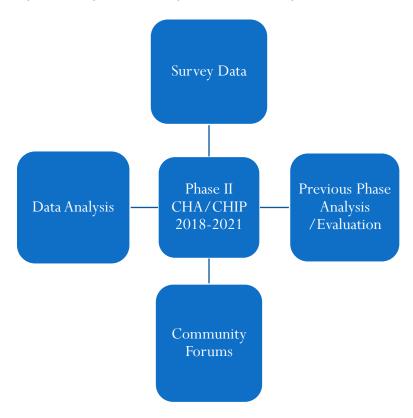
The 2012-2015 CHA/CHIP (Phase I) used a three pronged approach to identify strategies to lead to improved health outcomes.

```
                    Data Analysis

                         |

                     Phase I
                    CHA/CHIP
                    2012-2015

        Community                    Survey Data
         Forums
```

The 2015-2018 CHA/CHIP (Phase II) used a four pronged approach to identify strategies to lead to improved health outcomes.

```
                     Survey Data

                         |

    Data Analysis    Phase II       Previous
                    CHA/CHIP      Phase Analysis
                    2015-2018      /Evaluation

                         |

                     Community
                      Forums
```

The 2018-2021 CHA/CHIP (Phase III) will use the same four pronged approach as Phase II: Data Analysis, Surveys, Community Forums and Analysis of the previous cycles.

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                    ┌─────────────┐
                    │ Survey Data │
                    └──────┬──────┘
                           │
┌──────────────┐   ┌───────┴───────┐   ┌──────────────┐
│ Data Analysis├───┤   Phase II    ├───┤Previous Phase│
│              │   │   CHA/CHIP    │   │   Analysis   │
│              │   │   2018-2021   │   │ /Evaluation  │
└──────────────┘   └───────┬───────┘   └──────────────┘
                           │
                    ┌──────┴──────┐
                    │  Community  │
                    │   Forums    │
                    └─────────────┘
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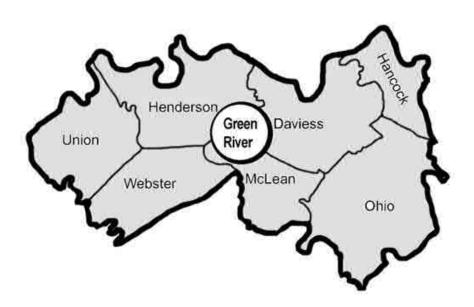
2012-2015 CHIP Initiatives

- Reduce Substance Abuse/Tobacco Use
- Reduce Obesity
- Improve/Increase Access to Care
- Teen Issues

2015-2018 CHIP Initiatives

- Reduce Substance Abuse/Tobacco Use
- Reduce Obesity
- Reduce Diabetes
- Improve Healthy Lifestyles
- Improve/Increase Access to Care
- Teen Issues

Green River District Vision
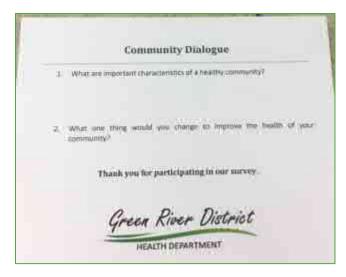
Community Dialogue

BACKGROUND-

- The visioning phase guides the community through a collaborative, creative process that leads to a shared community vision and common values.
- This will provide focus, purpose, and direction in order to achieve a shared vision for the future. A shared community vision provides an overarching goal for the community—a statement of what the ideal future looks like. Values are the fundamental principles and beliefs that guide a community-driven planning process
- This will build enthusiasm for the process, set the stage for planning and provide a common framework throughout the upcoming assessments.
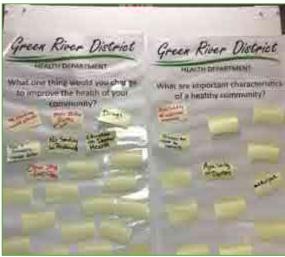
METHODOLOGY-

The Community Dialogue assessment covered the visioning portion of the assessment. GRDHD in conjunction with community partners and coalition members set up the community dialogue boards or dispersed feedback cards at local events around the region.

Two questions were asked: What are important characteristics of a healthy community? What one thing would you change to improve the health of your community?

The purpose was to engage different communities to get a broader sense of "community" and "improvement".
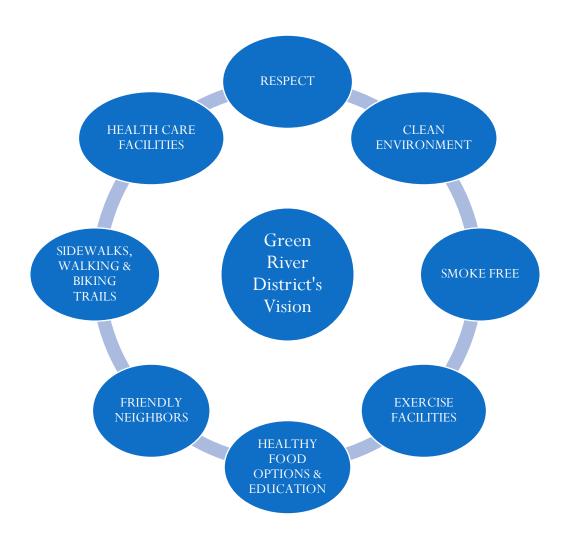
Checkout the video GRDHD created to greater explain the Community Dialogue Boards!

https://youtu.be/QmxafcZj9-k

RESULTS-

Determined by the information obtained from the community dialogue feedback, each community described their idyllic community. Overall, the Green River District Region has expressed that in order to have a healthy community there must first be universal Respect. This includes but is not limited to Respect for: the citizens including cultural diversity, property, federal, state, and local laws. As well as a district that keeps the environment clean and free of litter including the implementation of a smoke-free ordinance including e-cigarettes and smokeless tobacco. Many counties in our district were in agreement that to have a healthy community there must be access to local health care facilities including hospitals and clinics and a free or low cost exercise facility in each county. This would be complimentary to access to healthy food options and continuous education on choosing healthy options. Last but not least, the community members value friendly neighbors, parks, access to safe sidewalks, running and biking trails.

The following are arranged in a circular diagram around the center "Green River District's Vision":

- RESPECT
- CLEAN ENVIRONMENT
- SMOKE FREE
- EXERCISE FACILITIES
- HEALTHY FOOD OPTIONS & EDUCATION
- FRIENDLY NEIGHBORS
- SIDEWALKS, WALKING & BIKING TRAILS
- HEALTH CARE FACILITIES

Discussion/Recommendations-

Green River District Health Department in conjunction with community partners and coalition members set up the community dialogue boards or dispersed feedback cards at local events in each county around the region. Events included: Multicultural festival, World's Greatest Baby Showers, Community Drug Forum, Resource Fair, Senior Center and local coalition meetings. The information obtained from the community dialogue feedback in each county would then guide each community to envision their idyllic community. In hopes to gather even more community input, GRDHD hosted health forums in each county in the Green River District. One method of collecting feedback was Poll Everywhere, the interactive audience response system. The audience in each county was asked "What one thing would you change to improve the health of your community?", "What are important characteristics of a healthy community?" and "What makes your county unique?" Since this is Green River District's third Community Health Assessment, Community Health Improvement Plan cycle the counties in our region already had their ideal community's visions in place. However, these assessments proved useful in determining if the vision was still appropriate or if changes needed to be made to better align with future health outcomes. Beginning on **Appendix A** you will find the utopic vision of the Green River District counties.

Community Themes and Strengths Assessment

Coalitions

Background

The community themes and strengths assessment is a tool that is used to assess a community's perception of their community by asking "What is important to the community?", "How is the quality of life perceived in the community?" and "What assets does the community have that can be used to improve community health?" The assessment then allows a better understanding of community issues, assets, areas of improvement, concerns and the overall perception of the community.

Methodology

During each of the seven county community health forums Green River District asked "What one thing would you change to improve the health of your community?", "What are important characteristics of a healthy community?" and the CASPER tool (detailed below) attributed to the Community Themes and Strengths assessment and will specifically answer "How do you perceive the quality of life in your community?"
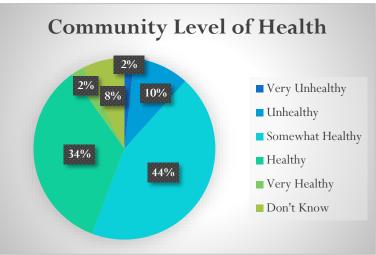
Findings

Access to Care, Health Behaviors and Youth Activities: The recurring themes in this segment of the Community Health Assessment forums are access to health care, health behaviors and youth activities.

➤ Each of the seven counties in the Green River District identified the lack of access to healthcare. This includes but is not limited to the shortage or complete absence of basic healthcare providers, mental health providers, mental health treatment facilities, addiction treatment facilities, prenatal and dental healthcare providers.

➤ Obesity, tobacco use, drug use, unhealthy eating and lack of exercise (paralleled with the absence of clean parks and well-lit walking trails) were specifically mentioned in the community forums.

➤ Concerns continue to grow for the health and safety of the youth mainly due to the fact that there is a tremendous absence of safe recreational activities and opportunities for our youth to be involved in.

Quality of Life: Refers to perceived physical and mental health that impacts overall health status. The following information derives from the CASPER assessment described fully in the next section.

- ➢ Overall, most of the survey participants rated their community's overall level of health as "Healthy or "Somewhat Healthy" The majority (44%) of households reported the health of their community as "Somewhat healthy" as opposed to 9.9% that rated their community as "Unhealthy".

Community Level of Health

Legend:
- Very Unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy
- Don't Know

Values shown: 2%, 2%, 8%, 10%, 34%, 44%

- ➢ The Green River District is a safe place to live. One hundred sixty-two households agreed or strongly agreed that "Our community is a safe place to live". Safety is a very important health indicator. If families do not feel safe they are less likely to explore their community or neighborhood.
- ➢ Forty-two percent (42%) of households surveyed disagreed or strongly disagreed that there are jobs available in our community. Jobs provide income which allows for needs to be met. Often times their can also be insurance and other benefits associated with good jobs. Benefits often help to improve job satisfaction and overall wellbeing.

Assets and Community Resources: The Green River District Health Department functions as a primary mechanism in delivering public health services. GRDHD makes strides every day to uphold the mission, vision and values of the agency. In doing so GRDHD has chosen to organize efforts and resources towards priorities set within the agency and each of the seven county health departments in the region. Below you will see Green River District Health Department's resources, assets and opportunities available to the community we serve and the partners we cherish. Through identifying these services community partners can analyze where growth and opportunities may lie to improve the district's health outcomes.

- ➢ Green River District Health Department administers public health services to seven county health departments. GRDHD offers the following programs and services: Family health, Personal Health, Women and Children's Health, Home Visiting, Adult Daycare, Access to Care, Community Health, Community Services, Inspections and Environmental Health, Public Health Emergency Preparedness and Epidemiology. For a full list and description of the programs and services available visit our website.
- ➢ Community members present at each of the community health forums were given the opportunity to highlight their community assets and resources. You can find their unique individualized responses beginning on **Appendix B.**

Community Themes and Strengths Assessment

CASPER

Background

The Green River District is comprised of seven counties located in Western Kentucky. The seven counties include Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster. The population is 212,000.

GRDHD will use CASPER to inform two parts of the MAPP assessment. CASPER is a tool and methodology promoted by the Centers for Disease Control and Prevention for conducting a post-disaster rapid needs and health assessment. It provides the ability to rapidly obtain accurate and timely data in a relatively inexpensive manner. This methodology utilizes multistage cluster sampling and is well suited to efficiently gather information from a random and representative sample of the population served by the GRDHD. Additionally it was seen as an opportunity to train GRDHD and outside volunteers on the CASPER methodology.

The objectives of this CASPER assessment

1. Inform the MAPP Themes and Strengths Assessment
2. Inform the MAPP Forces of Change Assessment
3. Increase visibility of the Green River District Health Department in the community.
4. Exercise ability to conduct CASPER, if needed for disaster situation.

GRDHD requested some technical assistance from Centers for Disease Control and Prevention (CDC) and Kentucky Department for Public Health (KDPH) to conduct the assessment. KDPH furnished field equipment for interview teams that included android based tablet computers that allowed field entry of data, safety equipment such as visibility vests and flashlights, backpacks, and clipboards. CDC personnel provided assistance in designing the CASPER sampling frame, and data analysis guidance.
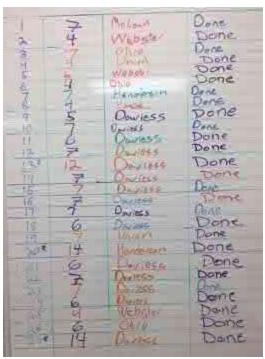
Methodology

GRDHD staff developed a standardized survey instrument prior to the assessment. The survey collected information on household perceptions of ability to access services, characteristics of the community, overall health concerns, strengths, and challenges or weaknesses within the community related to health and overall wellbeing. Response option cards were used as a visual for listing of possible response options for leading health problems, threats to health of the community, positive and negative occurrences impacting the community, and environmental concerns within the community. See survey instrument in **Appendix C.**

A two-stage sampling method was used to select a representative sample of households to be interviewed across the seven county district. During this selection of 30 clusters, three of the clusters were randomly selected twice, meaning 14 surveys would need to be completed in those clusters. It appears there are only 27 clusters, but when you account for three clusters being selected twice there are 30 clusters and a goal of completing 210 interviews. In the second stage, interview teams quasi-randomly (systematically) selected seven from each of the 30 selected clusters.

Field surveys were planned to be conducted over a three day operational period, Thursday, Friday, and Saturday in afternoon and early evening hours. An operational period that included week days and a weekend were selected in an attempt to maximize the opportunity to reach residents when they were home. Three days of sampling were planned so every reasonable effort could be made to reach the randomly selected households. Field surveying was conducted during daylight hours only up to approximately 6:30 PM.

Field survey teams were recruited from GRDHD staff, volunteers from KDPH, volunteers from other local health departments, and public health graduate students from the University of Kentucky, University of Louisville, and Western Kentucky University. Volunteers and staff were assigned to one of 15 - two person interview teams. A two and a half hour just-in-time training on CASPER methodology, use of tablet computers for data collection, field safety, and interviewing techniques was conducted by GRDHD, KDPH, and CDC personnel at the beginning of the operational period on September 28th. Each team was issued field equipment, a GRDHD agency vehicle, and provided an assignment of one or two clusters. Detailed road maps and aerial photographs of each cluster were provided to survey teams. Teams would then travel to their assigned cluster and familiarize themselves with the cluster layout.

The use of block groups were challenging for teams to cover. Selection of the first household within each cluster was randomly chosen. Then each household was systematically selected based on the estimated number of households in that cluster or the number of road miles within the cluster. The goal number of interviews using the following formula – (total number of housing units/road miles in the cluster) / (# goal interviews 7) = n house. Teams would travel past the randomly selected starting point and then attempt to contact the nth house (e.g. if there were 200 households in the cluster and seven interviews needed, teams attempted to interview every 20th household). If the selected household was unavailable (minimum of 3 attempts to contact) or

declined to participate in the assessment, teams then continued systematically from that house to the next (n^{th}) house on the street until a survey was completed.

The survey instrument was preloaded on to field teams' tablet computers using Epi Info Companion App for Android. Teams were provided paper copies of the survey for ease of reading and in case of computer failure in the field. Interview records from each tablet computer were synced to Epi Info 7 database which was used to perform weighted cluster analysis and to report data collected on households in the seven county district.

FINDINGS
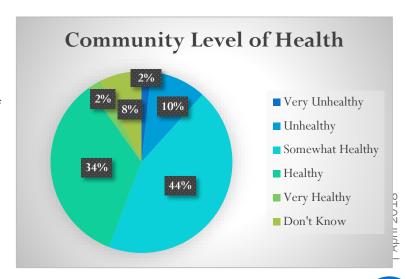
Interviews were completed at 185 households within the seven county district. The goal number of interviews was 210. Over the three days of sampling, interviews were completed at 185 households for a completion rate of 88.10% (185/210). Field teams approached and attempted to contact residents at an estimated 301 households. The CASPER had a contact rate (completed interviews/housing units where contact was attempted) of 61.46% (185/301). Interview teams were successfully able to reach a person at 225 of the attempted households for a cooperation rate of 82.22% (185/225). Most of the housing units visited were single family homes (88.4%). The remaining were apartments and condominiums (5.4%), mobile homes (5.1%) or other (1.0%). Interviews were obtained from all seven counties in the Green River District.

Completion Rate	88.10%
Cooperation Rate	82.22%
Contact Rate	61.46%

Analysis of all survey data including unweighted and weighted frequencies can be found in tables 1 through Table x in **Appendix C.**

Discussion/Recommendations-

Overall, most of the survey participants rated their community's overall level of health as "Healthy or "Somewhat Healthy" The majority (44%) of households reported the health of their community as "Somewhat healthy" as opposed to 9.9% that rated their community as "Unhealthy".

Community Level of Health

- Very Unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy
- Don't Know

2% 2% 8% 10% 34% 44%

The MAPP Community Themes and Strengths Assessment helps to answer the questions:

"What is important to the community?"

"What assets do we have that can be used to improve community health?"

"How is quality of life perceived in our community?"

The next section of the survey gauged the household's level of agreement with a multitude of statements concerning quality of life, availability of services/activities, accessibility of services, community engagement, and community support. The consensus of this section was that households reporting "Agree" or "Strongly Agree" with the statement "My household is satisfied with the quality of life in our community" at 56.22% and 28.65% respectively."

The bulk of the CASPER Survey consisted of a Likert Scale section that measured level of agreement with statements concerning quality of life, the health care system, available resources, and networks of support which advises the MAPP Themes and Strengths Assessment. Based on the survey results, overwhelmingly, households agreed (Agreed or Strongly Agreed) that our community is a safe place to live (85.6%), there are good support networks (79.46%), and neighbors know and trust one another (83.78%).

There was less consensus about assets in the community including satisfaction with the health care system; 34.59% of households were neutral or disagreed that the health care system was satisfactory. The availability of jobs in the community also received a lower rating with 42.70% of households having a neutral or a negative rating for availability of jobs.

75.9% of households reported receiving regular dental care including check-ups and cleanings.

Less than a quarter (22.7%) of households reported not getting regular dental care and of those households, 53.95% stated cost/insurance as the barrier for seeking regular dental care

Followed by 18.77% who did not see a need for dental care.

85.41% of households reported everyone in their household had a healthcare provider that they see on at least an annual basis for check-ups.
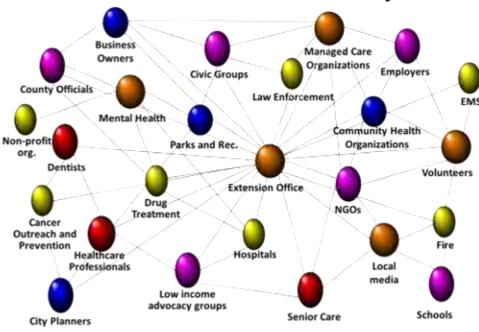
40 households or 21.6% of households surveyed admitted to delaying needed medical care at one point or another.

The main reason for those households who had delayed care was due to cost (52.6% – 20 of 37 who gave a reason for delaying care).

Local Public Health System Assessment

National Public Health Performance Standards Program

Green River District Public Health System

BACKGROUND-

The Local Public Health System Assessment is a broad community assessment that involves all the organizations and entities that contribute to the health and well-being of a community. This assessment analyzes a community by asking the questions:

"What are the components, activities, competencies and capacities of our local public health system?"

"How are the essential services being provided to our community?"

The Local Public Health System Assessment is a tool that is used to better inform the community of core processes in Public Health and the essential services provided and delivered to the community. Therefore recognizing the strengths and weaknesses presented in the community along with which community partners are participating in the assessment is a crucial step. The National Public Health Performance Standards Program (NPHPSP) tool was used to measure the Green River Region's capacity to deliver the ten Essential Public Health Services (EPHS).

METHODOLOGY-

The NPHPSP seeks to ensure that strong, effective public health systems are in place to deliver EPHS. Developed as a collaborative effort of seven national public health organizations led by the Centers for Disease Control and Prevention (CDC), the NPHPSP provides instruments to assess state, local and governance capacities. There are four key concepts that frame the national standards including their design around the ten EPHS, a focus on public health systems, a structure that describes optimal standards of performance, and applicability to quality improvement processes. A public health system is defined as "all public, private, and voluntary entities that contribute to public health activities within a given area." Depicted as a network of entities, this construct recognizes the contributions and roles of partners in the health and well-being of communities.

To ensure representation from each county and various members of the LPHS, the Green River Regional Health Council and a subject matter expert focus group completed the assessment.

Responses were cast and tabulated using the scale below, Assessment results point to areas of relative strength and challenges for the public health system.

Essential Public Health Services

1. Monitor health status to identify community health problems.

2. Diagnose and investigate health problems and health hazards in the community.

3. Inform, educate, and empower people about health issues.

4. Mobilize community partnerships to identify and solve health problems.

5. Develop policies and plans that support individual and community health efforts.

6. Enforce laws and regulations that protect health and ensure safety.

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

8. Assure a competent public and personal health care workforce.

9. Evaluate effectiveness, accessibility and quality of personal and population-based health services.

10. Research for new insights and innovative solutions to health problems.

- **Optimal Activity:** Greater than 75% 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.

- **Moderate Activity:** Greater than 25%, but no more than 50% of the activity described within the question is met.

- **Minimal Activity:** Greater than zero but no more than 25% of the activity described within the question is met.

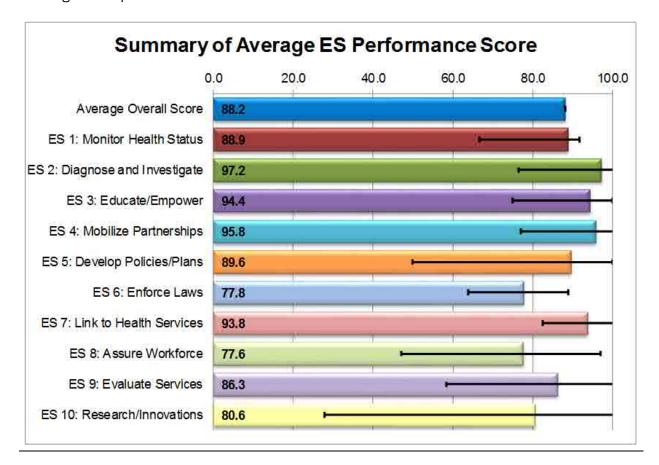- **No Activity:** 0% or absolutely no activity

RESULTS-

Overall, scores for the district fall in the "optimal activity" range with the average performance score for each Essential Service (ES) being greater than 75%. The black bars within the

graph below provides the range of responses contributing to each ES rating. Questions address awareness, frequency, quality and comprehensiveness, usability, and involvement of the LPHS in meeting core requirements of the essential services.

Summary of Average ES Performance Score

ES	Score
Average Overall Score	88.2
ES 1: Monitor Health Status	88.9
ES 2: Diagnose and Investigate	97.2
ES 3: Educate/Empower	94.4
ES 4: Mobilize Partnerships	95.8
ES 5: Develop Policies/Plans	89.6
ES 6: Enforce Laws	77.8
ES 7: Link to Health Services	93.8
ES 8: Assure Workforce	77.6
ES 9: Evaluate Services	86.3
ES 10: Research/Innovations	80.6

Highest:
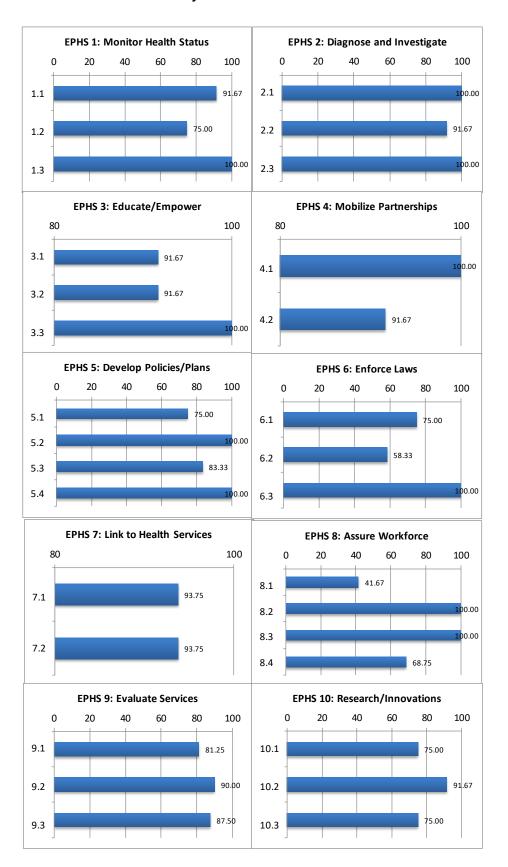
GRD ranked highest in ES 2: Diagnose and Investigate with a 97.2% optimal activity range. ES 2 scores reflect our readiness and effectiveness in responding to health problems or hazards within the region. Questions addressed items such as surveillance, reporting, investigation, response protocol, resource availability and roles.

EPHS 4: Mobilizing Partnerships ranked 95.8% optimal activity. ES 4 scores focus on how well we engage people in local health issues by convening partnerships, planning and implementing collaborative health projects and building a comprehensive approach to health improvement.

Lowest:

ES 8 (Assure a competent workforce) and 6 (Enforce Laws) ranked lowest of the essential services at 77%. ES 8 focused on the assessment, planning and development of the workforce. In addition to enforcement, ES 6 ranked the involvement in reviewing, evaluating, and improving of laws, regulations and ordinances. For both of these areas, scores may have been influenced by knowledge level of participants.

Performance Scores by Essential Public Health Service for Each Model Standard

EPHS 1: Monitor Health Status

- 1.1: 91.67
- 1.2: 75.00
- 1.3: 100.00

EPHS 2: Diagnose and Investigate

- 2.1: 100.00
- 2.2: 91.67
- 2.3: 100.00

EPHS 3: Educate/Empower

- 3.1: 91.67
- 3.2: 91.67
- 3.3: 100.00

EPHS 4: Mobilize Partnerships

- 4.1: 100.00
- 4.2: 91.67

EPHS 5: Develop Policies/Plans

- 5.1: 75.00
- 5.2: 100.00
- 5.3: 83.33
- 5.4: 100.00

EPHS 6: Enforce Laws

- 6.1: 75.00
- 6.2: 58.33
- 6.3: 100.00

EPHS 7: Link to Health Services

- 7.1: 93.75
- 7.2: 93.75

EPHS 8: Assure Workforce

- 8.1: 41.67
- 8.2: 100.00
- 8.3: 100.00
- 8.4: 68.75

EPHS 9: Evaluate Services

- 9.1: 81.25
- 9.2: 90.00
- 9.3: 87.50

EPHS 10: Research/Innovations

- 10.1: 75.00
- 10.2: 91.67
- 10.3: 75.00

Discussion/Recommendations-

Again, using the Poll Everywhere interactive audience response system the audience was asked to contribute to this assessment. GRDHD asked "Where do you fit into the Public Health System?" at the community health forums. For the Green River District the most present participants belonged to the Healthcare/Hospital System, Public Health Department and the Educational or Youth Development Organization (Schools, College/University, Childcare, FRYSC, etc.). You can see the range of the Public Health System involved in each county in **Appendix D**.

Local Public Health System Assessment

PhotoVoice

METHODOLOGY-

PhotoVoice is a unique survey which uses photo images to capture the experience of the participants. It is able to capture the reality of the participant's environment in an effective and impactful manner, while not being limited by the barriers of language and communication.

Anyone with access to a camera, whether on their phone or handheld, could participate in PhotoVoice. Each question of the PhotoVoice could be answered with as many pictures as necessary. If the answers were submitted digitally or on social media the participants were asked to use hashtag specific tags to identify the county in which they were referring to.

PhotoVoice 2017 Questions:

1. **What do you identify as healthy within your community? #GRHealthy**
   a. The Green River Region has identified access to safe sidewalks, recreational facilities, non-smoking workplaces and businesses, walking trails and parks crucial to a healthy community.
2. **What do you identify as unhealthy within your community? #GRUnhealthy**
   a. The Green River Region has identified abandoned homes and lots, litter, dumping, smoking, cigarette litter, unkempt existing recreational areas and the lack of community recreational activities for both kids and adults as unhealthy.
3. **When it comes to the health of your community, what aspects do you believe are unique to your county?**
   a. The results to this question can be found on the individual county compilation documents beginning on **Appendix E.**

#DreamDaviess #GoalOhio #StrongHancock #ImprovingHenderson #MissionMcLean #UnifiedUnion #VisionWebster

Checkout the video GRDHD created to greater explain PhotoVoice!

https://youtu.be/zeM4RdLDlxo

RESULTS-

The community forums held in each county were presented with a sample of the photos submitted using the PhotoVoice survey. Please see the complete individual county results compiled from the photos submitted in the **Appendix section E.**

Discussion/Recommendations-

Green River District Health Department was interested in feedback from those in attendance at the forum. Using Poll Everywhere we asked them same PhotoVoice survey question, "What do you identify as healthy within your community?" The verbal and digital responses varied amongst the crowd but were comparable with the photos received for each county. We reminded those present at the community forums that there was still time for them to submit actual photos for the PhotoVoice survey. The request was indeed followed up with a few photos. Below is the top ten Healthy Aspects of Green River District.

TOP 10

Healthy Aspects of Green River District

10. Health Coalitions/Health Minded Groups

9. Employer Engagement in Health

8. Exceptional Schools and Teachers

7. Downtown Riverfront

6. Smoke-Free Areas

5. Fitness Facilities

4. Farmer's Markets

3. Family Friendly Community Events

2. Walking Trails/Tracks

1. Parks

Again, using Poll Everywhere we asked them the same PhotoVoice survey question, "What do you identify as unhealthy within your community?" The verbal and digital responses varied amongst the crowd but were comparable with the photos received for each county. Below is the top ten list of what the people of Green River District identify as unhealthy within the community.

TOP 10

Unhealthy Aspects of Green River District

10. Lack of Mental Health Providers/Services

9. Lack of Play and Recreational Sports Areas

8. Poverty

7. E-Cigarettes/Vape Shops

6. Poor Housing Conditions

5. Lack of Sidewalks

4. Litter

3. Drug Use

2. Tobacco Use

1. Unhealthy Food/Restaurant Options

Community Health Status Assessment
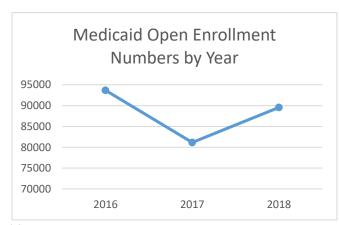
Data

METHODOLOGY-

The Community Health Status Assessment helps to provide a quantitative analysis of the health of the community. The GRDHD Accreditation Team met periodically through 2017 to discuss areas of focus and specific health indicators needed to illustrate a picture of the health of the community. The availability of timely data and reliable data sources was a huge factor in selecting health indicators. Healthy People 2020 helped to guide the indicators topics. GRDHD Epidemiologists proposed the indicators and the possible data sources which were approved by the Accreditation Team. The follow health indicator topics were selected.

- Access to Care (including Prevention services)
- Environmental Quality
- Infectious Disease
- Maternal, Infant, and Child Health
- Mental Health
- Mortality
- Nutrition, Physical Activity, Obesity
- Social Determinants
- Substance Abuse & Tobacco

A full data sheet of selected health indicators can be found in **Appendix F**.

ACCESS to CARE

We know that the ability to access health services profoundly affects the overall health of a person. We also know that those who do not have medical insurance are less likely to seek care whether preventative or for a serious health condition. Kentucky has seen major increases in the number of our insured populations. The graph to the right shows the number of individuals who were insured during Kentucky Medicaid's Open Enrollment Period over the past 3 years. In the most recent 2018 Open Enrollment, Kentucky saw a 10% increase over the previous year's enrollment when the majority of other states saw on average a 5% decrease in the number of enrollees. The number of providers available in each of our seven counties has also increased over the past several years including primary care and mental health providers.

Medicaid Open Enrollment Numbers by Year

ENVIRONMENT

The environment in which we live plays a major role in our overall health. Pollution, climate, hazards, water, and our physical surroundings all have immediate and long-term effects on our health. The environment is not just the air we breathe and the water we drink. Our environment includes the conditions in which we live, our housing, work exposures, the temperature outside. The Green River District Health Department has made a special effort to educate on and include environmental factors into the discussion of overall health. HealthyPeople2020 has established Environmental Quality as one of its Leading Health Indicators for 2020 goals. Focus areas include

- Outdoor air quality
- Surface and ground water quality
- Toxic substances and hazardous wastes
- Homes and communities
- Infrastructure and surveillance
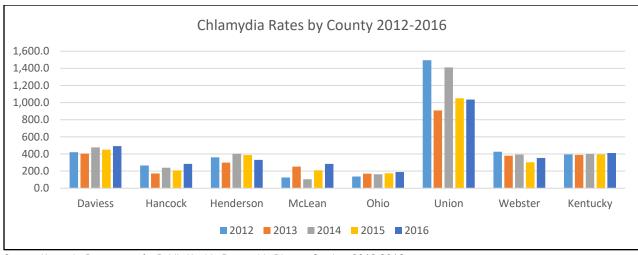- Global environmental health

It is important to remember all of these factors contribute to our overall health and even the temperature outside can increase our risk for certain conditions or illnesses such as asthma attacks, or heat exhaustion.

	Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster
Number of days at unhealthy levels of ozone	24 Days	18 Days	28 Days	19 Days	19 Days	23 Days	19 Days
Air Quality: Particulate Matter	11.0µg/m3	10.7µg/m3	10.9µg/m3	10.6µg/m3	10.4µg/m3	10.4µg/m3	10.4µg/m3
Extreme Heat Days (above 90°F)	29 Days	21 Days	35 Days	26 Days	21 Days	43 Days	37 Days
Percent of people with access to a park within 1/2 mile.	38%	3%	34%	2%	14%	12%	11%

Source: 2012-2015 National Environmental Public Health Tracking Network

INFECTIOUS DISEASE
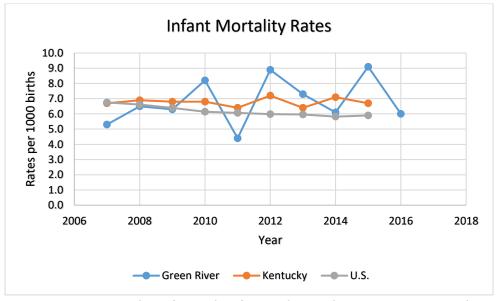
Awareness and education concerning infectious diseases is very important. In the last decade, we have seen public health emergencies caused by emerging infectious diseases such as Ebola and Zika Virus. The burden of illness caused in a single flu season has inundated the news cycle for weeks and we have seen a resurgent of vaccine-preventable diseases that once seemed close to eradication. Infectious disease can be costly and even lead to death in some situations. More commonly tracked infectious diseases include sexually transmitted infections. Pictured below is a graph showing trends of Chlamydia infections by county from 2012 to 2016. The CDC shows that STD rates are heavily influenced by socioeconomic determinants and health disparities. Stigma around accessing reproductive and sexual health services is still a major barrier for testing for STD's and getting needed education and prevention.

Chlamydia Rates by County 2012-2016

Chart showing Chlamydia rates by county for years 2012, 2013, 2014, 2015, 2016. Counties: Daviess, Hancock, Henderson, McLean, Ohio, Union, Webster, Kentucky. Y-axis ranges from 0.0 to 1,600.0.

Source: Kentucky Department for Public Health, Reportable Disease Section, 2012-2016

MATERNAL, INFANT, CHILD HEALTH

Healthy moms have a higher probability of having healthy babies. Preterm births and infant mortality rates are some of the leading indicators for the overall health and gauge of the healthcare system in a nation. The US has seen an increase in infant mortality in years past and in 2011 ranked higher in infant deaths than 46 other countries.

Infant Mortality Rates

Line chart showing infant mortality rates (Rates per 1000 births) by year from 2006 to 2018 for Green River, Kentucky, and U.S.

Source: CDC Wonder, Infant Birth/Infant Death Records 2007-2015 (KY & US data)
Kentucky Office of Vital Statistics, Infant mortality rates 2007-2016

Kentucky moms have some of the highest smoking rates during pregnancy and some of the Green River District counties top the Kentucky percentage of moms smoking during pregnancy. Babies born to mothers who smoke have a higher risk of being pre-term and have a low birth weight which contributes to other health concerns such as under developed lungs.

(2013-2015)	Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster	Kentucky
% of mothers Smoking during pregnancy	16.6%	16.1%	21.5%	20.5%	22.2%	22.0%	19.5%	20.6%
% of babies born at **Low Birth weight**	7.3%	7.6%	10.2%	11.4%	8.5%	9.8%	8.4%	8.7%
Teen Births (per 1,000 ages 15-19)	39.7	55.8	44.7	50.1	58.5	50.1	42.0	34.6

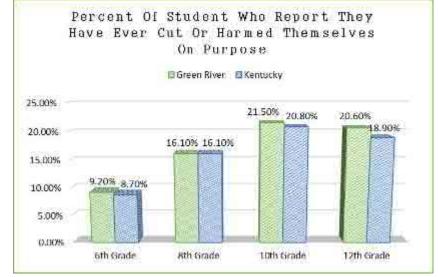Source: Kentucky Department for Public Health, Office of Vital Statistics, 2013-2015.

MENTAL HEALTH

According to HealthyPeople.gov the burden of mental illness in the Unites States is among the highest of all diseases, and mental disorders are among the most common causes of disability. Mental health has such a close impact on physical health it must be considered when viewing overall health of a person and a community.

Mental health has become more and more concerning in our youth as well. In the graph depicted to the right, youth in Green River District and the state of Kentucky are seeing a need to harm themselves on purpose. Mental health disorders can be successfully treated and addressing mental health early on can reduce the burden of chronic illnesses associated with mental illness.
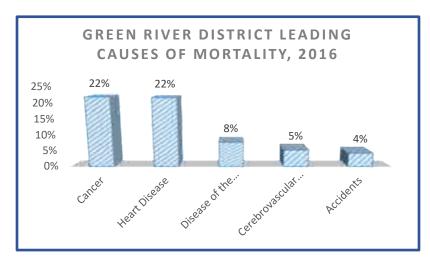
In 2016, the leading cause of hospitalization for 10-19 year olds was unspecified bipolar disorder. Without proper treatment, mental health issues in youth can exacerbate into adulthood hindering people from living a healthy, typically lifestyle, and are at increased risk for drug, alcohol, and/or tobacco addictions.

MORTALITY
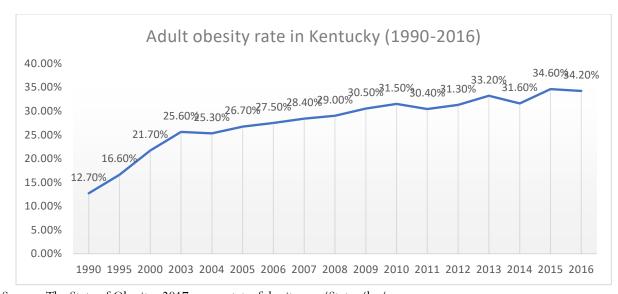
The leading cause of death in the Green River District is Cancer, followed by Heart Disease. Both causes of death can be directly correlated with many behavioral and lifestyle choices, such as smoking, poor diet, and sedentary lifestyles. Curbing the trends on poor health behaviors could have an impact on overall morbidity and mortality associated with cancers and heart disease.

GREEN RIVER DISTRICT LEADING CAUSES OF MORTALITY, 2016

Cancer 22%, Heart Disease 22%, Disease of the... 8%, Cerebrovascular... 5%, Accidents 4%

Source: Kentucky Department for Public Health, Vital Statistics Branch, Leading Causes of Death 2015-2016.

NUTRITION, PHYSICAL ACTIVITY, OBESITY

It was reported by "The State of Obesity: Better Policies for a Healthier America" that in 2017 Kentucky had the 7th highest adult obesity rate in the nation. Obesity and lack of exercise are related to increase risk for cancer and heart disease which are the two leading causes of death for the Green River Region. Poor nutritional habits and lack of physical activity have a direct correlation with obesity rates. The CDC's 2017 Behavioral Risk Factor Surveillance Survey (BRFSS) report indicates that 32.4% of Green River adults are obese. Obesity can contribute to mental health issues and problems with everyday mobility.

Adult obesity rate in Kentucky (1990-2016)

1990: 12.70%, 1995: 16.60%, 2000: 21.70%, 2003: 25.60%, 2004: 25.30%, 2005: 26.70%, 2006: 27.50%, 2007: 28.40%, 2008: 29.00%, 2009: 30.50%, 2010: 31.50%, 2011: 30.40%, 2012: 31.30%, 2013: 33.20%, 2014: 31.60%, 2015: 34.60%, 2016: 34.20%

Source: The State of Obesity, 2017.www.stateofobesity.org/States/ky/

SOCIAL DETERMINANTS

According to HealthyPeople.gov "social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Social determinants have been proven to have one of the greatest impacts on overall health and be the hardest to change or impact. According to the U.S. Census Bureau estimates more than 18% of Kentuckians live in poverty. Poverty creates barriers for accessing health and making healthy lifestyle choices.
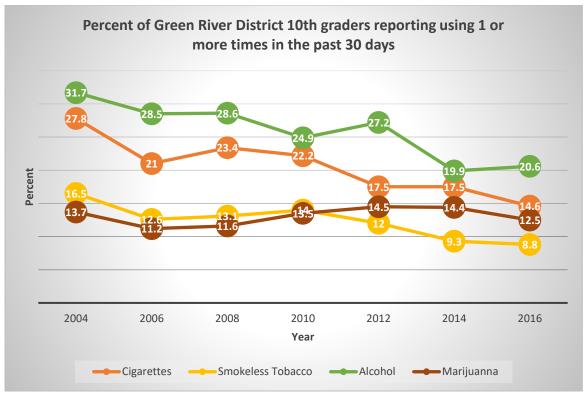
Social Determinents	Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster	Kentucky	US
Percent of Population below poverty	14.90%	13.80%	17.00%	17.30%	19.90%	20.70%	18.10%	18.50%	13.50%
Percent of population unemployed	4.50%	5.40%	4.70%	4.80%	6.50%	6.70%	5.90%	4.20%	4.90%
Percent of persons (25 yrs +) with a High School Diploma or higher	87.90%	88.20%	86.00%	81.70%	78.30%	83.20%	78.60%	84.20%	86.70%

Source: US Census Bureau, 2016

SUSTANCE ABUSE

Substance abuse leads to a multitude of family and community problems. It is one of the greatest concerns mentioned during the CASPER Survey. According to Healthy People 2020, substance abuse is associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, crime and is one of the most complex public health issues.
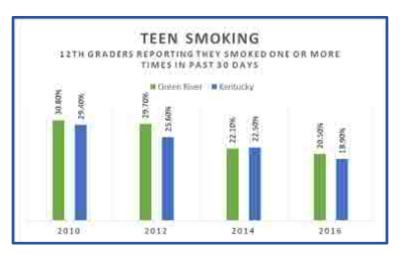
Substance abuse issues often start as experimenting among youth and escalate into a controlling addiction. Below are some of the substances most often experimented with by Green River District youth and can then escalate into harder drugs such as methamphetamines or opioids.

Percent of Green River District 10th graders reporting using 1 or more times in the past 30 days

|	2004	2006	2008	2010	2012	2014	2016
Cigarettes	27.8	21	23.4	22.2	17.5	17.5	14.6
Smokeless Tobacco	16.5	12.6	13.1	13.5	12	9.3	8.8
Alcohol	31.7	28.5	28.6	24.9	27.2	19.9	20.6
Marijuanna	13.7	11.2	11.6	14	14.5	14.4	12.5

Source: KIP Survey, 2016

TOBACCO
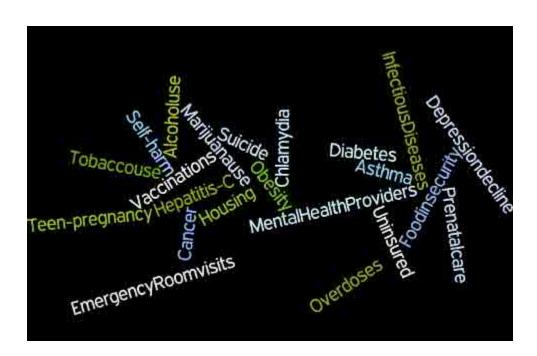
A report published by Campaign for Tobacco-Free Kids, states that health care costs in Kentucky, directly caused by smoking, amount to $1.92 billion a year. Kentucky is notorious for having the worst smoking rates among adults and teens within the nation. According to data collected by Kentucky Incentives for Prevention (KIP) the Green River District has seen a decrease in smoking rates among 12th graders over the past 6 years, but typically has a higher smoking rate than Kentucky teens as a whole.

TEEN SMOKING
12TH GRADERS REPORTING THEY SMOKED ONE OR MORE TIMES IN PAST 30 DAYS

Green River ■ Kentucky

	2010	2012	2014	2016
Green River	30.80%	29.70%	22.10%	20.50%
Kentucky	29.40%	25.60%	22.50%	18.90%

Tobacco use can lead to multiple forms of cancers as well as heart and lung disease.

DISCUSSION

To further engage the audience at the health forums hosted in each Green River District county in we decided to ask them to share feedback to contribute to this assessment. We did this by again using Poll Everywhere, the interactive audience response system. The audience in each county was asked to share "What is the most surprising statistic reviewed in the presentation today?" Below is what surprised the Green River District. Individual county results begin on **Appendix G.**

Forces of Change Assessment

CASPER

METHODOLOGY

The final section of the CASPER survey consisted of lengthy lists of response options to assess opinions on current problems, behaviors, events, and changes that have or could have a negative effect on the health of the community. There was also a question to capture any positive changes or events that might improve the health of the community. The section was designed to inform the MAPP Forces of Change Assessment and was designed to allow for open ended responses and input if ideas were not captured in the predefined response options.

"When asked to select the top three "pressing" health problems in the community, the majority of households mentioned alcohol and drug abuse. Second was cancers followed by Diabetes, Heart Disease/Stroke and then Mental Health."

Appendix C breaks down the frequencies of each of the health problems selected by households. "Other" notable health problems revealed during interviews included; Rape/sexual assault, infant deaths, lack of safe housing, firearm injuries, dental problems, and stress/anxiety, parenting issues, and Alzheimer's.

An estimated 61.18% of households reported Drug Abuse as a behavior that was a threat to the health of the community. Other behaviors that households saw as threatening to the community included texting while driving (29.45%), Tobacco/e-cig use (23.08%), lack of exercise (22.78%), Poor

eating habits (20.95%), and poor parenting (20.18%). See question 22 in appendix A for more results concerning threatening behaviors.

Two questions focused on any observed or expected changes that could impact health in a positive or negative way. Below you can see response results from 185 households on observed or expected changes. Respondents were asked to check "all that apply" to their community.

Positive	Negative
Education Opportunities (21.28%)	Loss of Businesses (30.82%)
New Businesses/Job Opportunities (19.74%)	Budget Cuts (28.77%)
Youth Activities/Services (15.89%	Loss of healthcare providers (25.86%)
Availability of Wellness Programs (14.89%)	Change in access to insurance (24.32%)
Revitalization of City/Area (14.09%)	Increase in crime (23.18%)

The final survey question focused on environmental threats to the community. The environment we live in plays a vital role in the overall health and wellbeing of the community. Sixty-nine (34.99%) households mentioned mosquitos as an environmental concern. Littering/Dumping was another concern mentioned by 59 (32.00%) households. Other frequently mentioned concerns included flooding/drainage problems (27.32%), Indoor/outdoor cigarette smoke (22.70%), and Abandoned homes/lots (24.01%).

> *"Both flooding/drainage problems and abandoned lots can increase mosquito populations which was the* <u>*top*</u> *mentioned environmental concern."*

Detailed results of the entire survey can be found in **Appendix C.**

DISCUSSION & RECOMMENDATIONS

The 2017 Community Health Assessment CASPER Survey was successfully completed in three days (Thursday, Friday, and Saturday). The three day timeframes allowed for households to be

visited during working hours and outside of working hours. We contribute our fairly high contact rate (61%) and completion rates (88%) to our selection of long days (10am to 6:30pm) working into evening hours and also including a weekend day as well.

Overall the survey met the intended goal to gather data from a random and statistically significant portion of the Green River District population. The information gathered adequately informed the MAPP Themes and Strengths Assessment as well as the Forces of Change Assessment for the Green River District Health Department Community Health Assessment. Doing face-to-face surveying also allowed GRDHD staff to be out in the community and gather firsthand information from community members. Hearing stories while surveying community members is another valuable piece of information that can help to guide services and programs.

This CASPER also provided a great opportunity for GRDHD Preparedness Staff to exercise their ability to mobilize volunteers and complete the CASPER Assessment which could prove to be very beneficial during a real world disaster in the Green River District. Relationships were further developed with Kentucky universities including; University of Kentucky, University of Louisville, and Western Kentucky University. Providing these quality hands on experience for public health students is invaluable for GRDHD and the students.

Some notable perspectives gathered from the survey include:

1. Lack of knowledge about Senior Services and resources. Sixty-six households did not know if "There are networks of support the elderly living along in our community". This is likely due to the households not yet needing to utilize such services. A good goal might be to ensure all community members are educated on resources for the elderly so they are able to access those services for themselves when the time comes, or they are able to assist family or friends with accessing support when they enter their "senior" years.
2. The Green River District is a safe place to live. One hundred sixty-two households agreed or strongly agreed that "Our community is a safe place to live". Safety is a very important health indicator. If families do not feel safe they are less likely to explore their community or neighborhood.
3. Those surveyed felt mosquitoes and issues that contribute to mosquito populations were a top environmental issue in their community. Mosquitos are known to carry disease causing viruses and with recent illnesses highlighted in the media it is no surprise that it was a notable issue that community members were concerned about.
4. Community members feel there is a need for more jobs in the community. Forty-two percent (42%) of households surveyed disagreed or strongly disagreed that there are jobs available in our community. Jobs provide income which allows for needs to be met. Often times their can also be insurance and other benefits associated with good jobs. Benefits often help to improve job satisfaction and overall wellbeing.

Drug and Alcohol Abuse were repeatedly revealed as a top threat in the community. Fifty-five percent of households felt Drug and Alcohol Abuse was one of the most pressing health problems. And 61% felt that Drug abuse was a behavior of concern in their community. Drug abuse affects overall health, relationships, and productivity of people who have a dependency, they also have negative effects on those close to them including family and friends.

Residents in seven counties get chance to answer health survey

By Renee Beasley Jones Messenger-Inquirer

1 hr ago   💬 0

Deanna Couts, left, of Cincinnati, and Merritt Bates-Thomas, Green River District Health Department public information officer, ask Sherrel Wilson, seated on right, questions during a health survey. Wilson is holding her grandson, Ky'Drien Owsley while her other grandson, Caiden Foreman, keeps himself busy during the 10-minute survey. GRDHD kicked off the seven-county project on Thursday. It ends Saturday, Sept. 30.

Next Steps

The findings of this Community Health Assessment are intended to provide a reference for community stakeholders to establish areas of focus which will improve the health of the community. Moving forward, GRDHD, partner agencies and local community coalitions will select priority issues, develop goals and implement evidence based programs, policies and interventions to address these areas through a Community Health Improvement Plan.

Understanding the data is crucial to selecting and implementing appropriate community priorities for action. Based on the information and feedback presented here, priority issues which may need expanded investigation include: access to care, food, housing, mental health, obesity (including nutrition, physical activity and chronic disease), substance and tobacco use, teen issues, transportation, and violence. Throughout the 2018-2021 cycle, additional data will be collected, analyzed and presented.

Contact Us

Green River District

HEALTH DEPARTMENT

1501 Breckenridge Street

270-686-7747

To review this document online and the full list of our programs and services please visit our website @:

http://healthdepartment.org/

Follow Us

https://www.facebook.com/GreenRiverDistrictHealthDepartment/
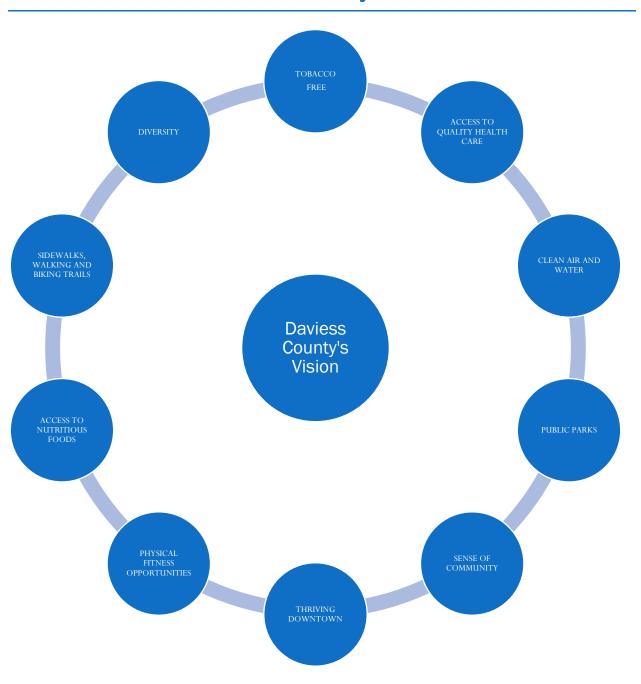
https://twitter.com/GRDHD
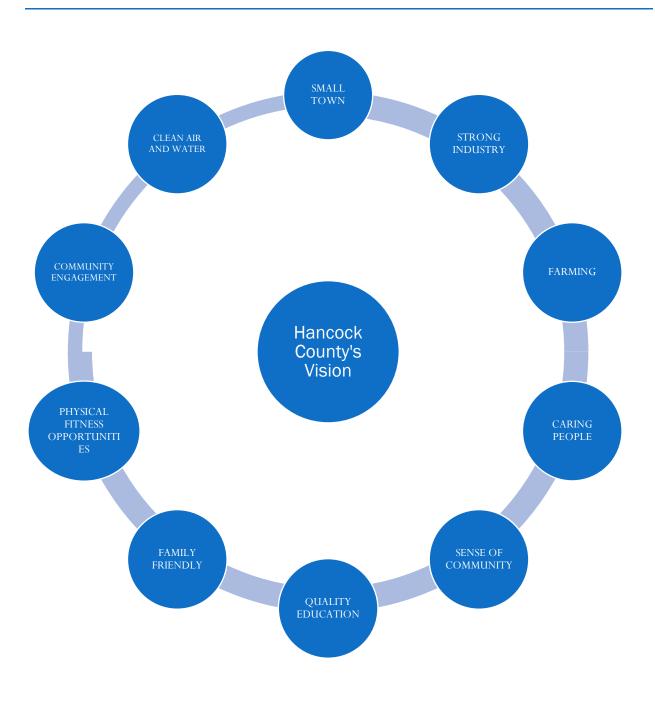
https://www.youtube.com/user/KyGreenRiverHealth

Appendix A

Daviess County Vision

TOBACCO FREE

ACCESS TO QUALITY HEALTH CARE

CLEAN AIR AND WATER

PUBLIC PARKS

SENSE OF COMMUNITY

THRIVING DOWNTOWN

PHYSICAL FITNESS OPPORTUNITIES

ACCESS TO NUTRITIOUS FOODS

SIDEWALKS, WALKING AND BIKING TRAILS

DIVERSITY

Daviess County's Vision

Appendix A

Hancock County Vision

A circular diagram with "Hancock County's Vision" at the center, surrounded by: SMALL TOWN, STRONG INDUSTRY, FARMING, CARING PEOPLE, SENSE OF COMMUNITY, QUALITY EDUCATION, FAMILY FRIENDLY, PHYSICAL FITNESS OPPORTUNITIES, COMMUNITY ENGAGEMENT, CLEAN AIR AND WATER

Appendix A

Henderson County Vision

Henderson County's Vision

- SENSE OF COMMUNITY
- PHYSICAL FITNESS OPPORTUNITIES
- SAFETY
- ACCESS TO QUALITY HEALTH CARE
- THRIVING DOWNTOWN
- TOBACCO FREE
- DRUG FREE
- MENTAL HEALTH RESOURCES
- QUALITY EDUCATION
- ACCESS TO NUTRITIOUS FOODS

Appendix A

McLean County Vision

Circular diagram with "McLean County's Vision" at the center, surrounded by:
- ACCESS TO GREEN RIVER
- ACCESS TO QUALITY HEALTH CARE
- SIDEWALKS, WALKING & BIKING TRAILS
- SENSE OF COMMUNITY
- STRONG FAMILY VALUES
- DRUG FREE
- ACTIVITIES FOR THE YOUTH
- ACCESS TO NUTRITIOUS FOODS
- AGRICULTURE

Ohio County Vision

Ohio County's Vision

- SENSE OF COMMUNITY
- ACCESS TO NUTRITIOUS FOODS
- HOMETOWN HOSPITAL
- SAFETY
- CLEAN WATER AND AIR
- ACCESS TO QUALITY HEALTH CARE
- PHYSICAL FITNESS OPPORTUNITIES
- TOBACCO FREE
- DIVERSITY
- QUALITY EDUCATION

Appendix A

Union County Vision

Union County's Vision

ACCESS TO NUTRITIOUS FOODS

SENSE OF COMMUNITY

HOMETOWN HOSPITAL

STRONG FAMILY VALUES

AGRICULTURE

RURAL COMMUNITY

STRONG INDUSTRY

TOBACCO FREE

Appendix A

Webster County Vision

Webster County's Vision

SENSE OF COMMUNITY

CARING PEOPLE

CLEAN AIR AND WATER

DIVERSITY

ACCESS TO QUALITY HEALTHCARE

ACCESS TO NUTRITOUS FOOD

RURAL COMMUNITY

DRUG FREE

TOBACCO FREE

ADDICTION TREATMENT

Appendix B

Daviess County
Community Themes and Strengths Assessment
Coalitions

What one thing would you change to improve the health of your community?

When poll is active, respond at **PollEv.com/grdhealth**   Text **GRDHEALTH** to **22333** once to join

"Better_public_info_campaign"	"Healthy food"	"More Drug rehabs"	"Mental-health-providers"	"Obesity awareness"
"Coordinate-efforts"	"Accessibility"	"Mental health access"	"Mentalhealth providers"	"Sidewalks" "Clean air"
"Decrease mental health stigma"	"Better coordination between organizations"	"Nutrition Awareness"	"Fitness"	"Access"
"Prevention education"	"Availability & affordability"	"Mental health"	"Mental health"	"Education"
"More education on preventive care"	"Addiction-treatment"	"Mental health"	"Access healthcare"	

What are important characteristics of a healthy community?

When poll is active, respond at **PollEv.com/grdhealth**   Text **GRDHEALTH** to **22333** once to join

Appendix B

Hancock County
Community Themes and Strengths Assessment
Coalitions

What one thing would you change to improve the health of your community?

- Smoke-free community industry, business
- Substance abuse

What are important characteristics of a healthy community?

Respond at PollEv.com/grdhealth   Text **GRDHEALTH** to **22333** once to join, then text your message

indoorwalkingareas
friendly indoorpool family
classes exercise
communityengagement
inexpensive-to-access
exercise facilities

Henderson County
Community Themes and Strengths Assessment

Coalitions

What one thing would you change to improve the health of your community?

"Single mom support"   "Judgmental attitudes"   "Priorities"   "Drug abuse"

"Compliance"

"Increased collaboration to mitigate barriers and address social determinants of health such such as employment, education, housing transportation, childcare supports"

"Empower"   "Increase engagement with pregnancy health care"   "End tobacco use"   "Resources"

"Updated interventions at local hospital"   "Families sharing healthy habits with resources"   "Lifestyle"

"More transportation options"   "Increase law enforcement to decrease crime"   "Mental health"

"Active mental health services"   "Activities for teens"   "Increase engagement with pregnancy health care"

"Access"   "Community engagement"   "Access"   "Reduce smoking"   "Learn to adapt"

"Support for stepfamilies"

What are important characteristics of a healthy community?

Appendix B

McLean County
Community Themes and Strengths Assessment
Coalitions

What one thing would you change to improve the health of your community?

When poll is active, respond at **PollEv.com/grdhealth** ☐ Text **GRDHEALTH** to **22333** once to join

"Stigma of seeking mental health services"   "Public-education"   "All communities working together"   "Strong-families"

"Mental health facility"   "Increase Access to care and providers"   "Opportunity"   "More-sidewalks-and-parks"

"Activities for youth"   "Dental-care"   "Opportunities for youth involvement"   "More-walkable-Community"

"Access-to-healthcare"   "Reduce smoking"   "Affordable housing"   "access to rehab for drug addiction"   "improve parks"

"More health care providers"   "Lower-obesity-rates"   "Improvement of sidewalks"   "Reducing drug and tobacco use"

"Reduce drug use"   "Activities for youth"

What are important characteristics of a healthy community?

When poll is active, respond at **PollEv.com/grdhealth** ☐ Text **GRDHEALTH** to **22333** once to join

access-to-healthcare
engaged-community-members
accessibility
smoke activities
education family centers youth lower-obesity-rates
exercise communication involvement free parks quality jobs provider enguaged
drug-free sidewalks
information healthcare
healthy-foods recycling opportunities

Appendix B

Ohio County
Community Themes and Strengths Assessment
Coalitions

What one thing would you change to improve the health of your community?

When poll is active, respond at **PollEv.com/grdhealth** Text **GRDHEALTH** to **22333** once to join

"Educations" "Substance_abuse" "Activity" "More preventative health measures" "Cancer-rates" "Recreation"

"walking trail" "Safety" "#youthactivities" "Trails with lighting" "Activities" "Invest_in_parks" "Inclusion"

"Mentalhealthoptions" "Youth_activities" "Healtheducation" "Mental health" "Economic -opportunity"

"Pediatric-care" "Pediatrics" "Nutrition-awareness" "Drug-free" "Metal-health-care" "Diversity"

"Smoke-free-County"

What are important characteristics of a healthy community?

Respond at **PollEv.com/grdhealth** Text **GRDHEALTH** to **22333** once to join, then text your message

Appendix B

Union County
Community Themes and Strengths Assessment
Coalitions

What one thing would you change to improve the health of your community?

When poll is active, respond at **PollEv.com/grdhealth**

"Public transportation to dr appt's."   ".Provide better nutrition education.."   "Workplace wellness involvement"

"Roadside/Pop-Up farmer's markets"   "Access to healthy restaurants"   "mentoring program for youth"

What are important characteristics of a healthy community?

When poll is active, respond at **PollEv.com/grdhealth**

Appendix B

Webster County
Community Themes and Strengths Assessment
Coalitions

What one thing would you change to improve the health of your community?

When poll is active, respond at **PollEv.com/grdhealth**   Text **GRDHEALTH** to **22333** once to join

"Food choices"   "healthy choices"   "Easier-access-lowcost-doctors"   "Drug free"   "Reduce smoking"   "Standardize"

"Drug abuse"   "Drug abuse"   "Access to care"   "Healthier restaurant options"   "Addiction"   "No drugs"

What are important characteristics of a healthy community?

When poll is active, respond at **PollEv.com/grdhealth**   Text **GRDHEALTH** to **22333** once to join

stability
support info
resources
activemotivation
cooperation heath energyenguaged
drug-free
mindset

Appendix C

Community Themes and Strengths

CASPER

      The table below details the results of the Likert Scale section of the survey that measured level of agreement with statements concerning quality of life, the health care system, available resources, and networks of support.

      Based on the survey results, overwhelmingly households agreed that our community is a safe place to live (85.6%), there are good support networks (79.46%), and neighbors know and trust one another (83.78%).

      There was less consensus about satisfaction with the health care system which 34.59% of households were neutral or disagreed that the health care system was satisfactory. The availability of jobs in the community also received a lower rating with 42.70% of households having a neutral or a negative rating for availability of jobs.

	Unweighted Analysis			Weighted Analysis		
	Frequency (n=185)	% of households		Projected Household Response/ Weighted Frequency	Weighted % of Households	95% Confidence Interval
My household is satisfied with the quality of life in our community.						
Strongly Disagree	3	1.62%		1790	2.15%	0.00 - 5.26%
Disagree	7	3.78%		3178	3.82%	1.02 - 6.63%
Neutral	16	8.65%		6320	7.60%	3.87 - 11.33%
Agree	104	56.22%		46456	55.85%	47.91 - 63.80%
Strongly Agree	53	28.65%		24552	29.52%	20.85 - 38.19%
Don't Know/Refuse	2	1.08%		877	1.05%	0.00 - 2.57%

The community has adequate health and wellness activities						
Strongly Disagree	8	4.32%		3946	4.74%	0.00 - 9.78%
Disagree	26	14.05%		12268	14.75%	8.43 - 21.07%
Neutral	19	10.27%		8841	10.63%	5.39 - 15.87%
Agree	90	48.65%		39200	47.13%	38.23 - 56.04%
Strongly Agree	26	14.05%		10737	12.91%	7.94 - 17.87%
Don't Know/Refuse	16	8.65%		8182	9.84%	4.49 - 15.18%

My household is satisfied with the health care system in our community.

	Frequency (n=185)	% of households		Projected Household Response/ Weighted Frequency	Weighted % of Households	95% Confidence Interval
Strongly Disagree	14	7.57%		7444	8.95%	4.66 - 13.24
Disagree	31	16.76%		14634	17.59%	11.28 - 23.91
Neutral	19	10.27%		7563	9.09%	4.23 - 13.96
Agree	97	52.43%		42222	50.76%	43.72 - 57.81
Strongly Agree	23	12.43%		10545	12.68%	7.53 - 17.83
Don't Know/Refuse	1	0.54%		767	0.91%	0.00 - 2.80
	Unweighted Analysis			Weighted Analysis		

My household has easy access to the medical specialists we need.

	Frequency (n=185)	% of households		Projected Household Response/ Weighted Frequency	Weighted % of Households	95% Confidence Interval
Strongly Disagree	8	4.32%		4311	5.18%	0.87 - 9.50
Disagree	30	16.22%		14787	17.78%	11.26 - 24.29
Neutral	12	6.49%		4231	5.09%	1.83 - 8.34
Agree	102	55.14%		45362	54.54%	45.55 - 62.53
Strongly Agree	32	17.30%		13716	16.49%	9.70 - 23.28
Don't Know/Refuse	1	0.54%		767	0.92%	0.00 - 2.80

This community is a good place to grow old (considering elder-friendly housing, transportation to medical services, elder day care, social support for elderly living alone, meals on wheels, etc.)

	Frequency (n=185)	% of households		Weighted Frequency	Weighted % of Households	95% Confidence Interval
Strongly Disagree	4	2.16%		2411	2.90%	0.00 - 5.82
Disagree	17	9.19%		8512	10.23%	3.24 - 17.23
Neutral	12	6.49%		5807	6.98%	3.13 - 10.83
Agree	100	54.05%		43628	54.45%	43.37 - 61.54
Strongly Agree	34	18.38%		14595	17.55%	10.87 - 24.12
Don't Know/Refuse	18	9.73%		8220	9.88%	3.92 - 15.84

There are networks of support for the elderly living alone in our community.

	Frequency (n=185)	% of households		Weighted Frequency	Weighted % of Households	95% Confidence Interval
Strongly Disagree	8	4.32%		3398	4.11%	1.19 - 7.03
Disagree	22	11.89%		10515	12.72%	7.16 - 18.28
Neutral	16	8.65%		7736	9.36%	4.86 - 13.86
Agree	61	32.97%		25753	31.15%	22.04 - 40.27
Strongly Agree	12	6.49%		5663	6.85%	0.47 - 13.23

	Frequency	% of households		Weighted Frequency	Weighted % of Households	95% Confidence Interval
Don't Know/Refuse	65	35.14%		29599	35.81%	25.62 - 45.99

There are jobs available in our community.

	Frequency	% of households		Weighted Frequency	Weighted % of Households	95% Confidence Interval
Strongly Disagree	10	5.41%		5040	6.06%	2.68 - 9.44
Disagree	46	24.86%		21802	26.21%	15.57 - 36.85
Neutral	23	12.43%		10551	12.69%	5.81 - 19.56
Agree	76	41.08%		31835	38.28%	29.52 - 47.03
Strongly Agree	20	10.81%		9124	10.97%	5.81 - 19.56
Don't Know/Refuse	10	5.41%		4823	5.80%	1.80 - 9.8

Businesses, agencies, and organizations contribute to improve and strengthen our community.

	Frequency	% of households		Weighted Frequency	Weighted % of Households	95% Confidence Interval
Strongly Disagree	1	0.54%		767	0.92%	0.00 - 2.82
Disagree	24	12.97%		11579	13.92%	6.88 - 20.96
Neutral	23	12.43%		10396	12.50%	6.99 - 18.01
Agree	109	58.92%		47033	56.55%	46.30 - 66.80
Strongly Agree	12	6.49%		5692	6.84%	3.04 - 10.65
Don't Know/Refuse	16	8.65%		7707	9.27%	4.43 - 14.10

	Frequency (n=185)	% of households		Weighted Frequency	Weighted % of Households	95% Confidence Interval

Our community is a safe place to live.

	Frequency (n=185)	% of households		Weighted Frequency	Weighted % of Households	95% Confidence Interval
Strongly Disagree	3	1.62%		1644	1.98%	0.00 - 4.33
Disagree	6	3.24%		2630	3.16%	0.53 - 5.80
Neutral	14	7.57%		6503	7.82%	2.56 - 13.07
Agree	121	65.41%		55050	66.15%	56.89 - 75.41
Strongly Agree	41	22.16%		17377	20.89%	13.55 - 28.23
Don't Know/Refuse	0	0.00%		0	0.00%	0

Neighbors know and trust one another and look out for one another.

	Frequency (n=185)	% of households		Weighted Frequency	Weighted % of Households	95% Confidence Interval
Strongly Disagree	6	3.24%		2630	3.16%	0.30 - 6.03
Disagree	11	5.95%		5800	6.97%	2.95 - 10.99
Neutral	10	5.41%		4886	5.88%	2.54 - 9.21
Agree	98	52.97%		43720	52.56%	43.16 - 61.97
Strongly Agree	57	30.81%		25005	30.06%	20.82 - 39.31
Don't Know/Refuse	3	1.62%		1133	1.36%	0.00 - 2.96

There are support networks for individuals and families (neighbors, support groups, faith community, agencies, and organizations) during times of stress and need.
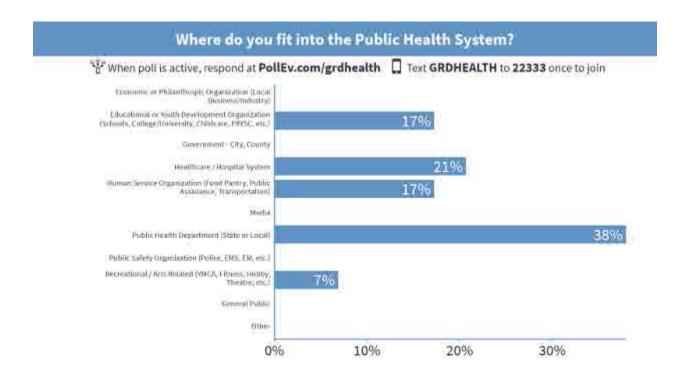
Strongly Disagree	1	0.54%		438	0.53%	0.56 - 1.61
Disagree	7	3.78%		3252	3.91%	1.06 - 6.76
Neutral	11	5.95%		4384	5.27%	1.36 - 9.18
Agree	109	58.92%		49510	59.53%	49.98 - 69.08
Strongly Agree	38	20.54%		16836	20.24%	12.90 - 27.59
Don't Know/Refuse	19	10.27%		8754	10.50%	5.69 - 15.36

When asking specifics about accessing healthcare of preventive care 85.41% of households reported everyone in their household had a healthcare provider that they see on at least and annual basis for check-ups. But 40 households surveyed admitted to delaying needed medical care at one point or another. The may reason for those who delayed care was due to cost 51%.

Does everyone in your household have a healthcare provider they see on at least an annual basis (for check-ups)?

Yes, everyone does	158	85.41%		70725	85.03%	79.22 - 90.85
Some household members do	19	10.27%		8065	9.70%	6.10 - 13.29
No, no one does	7	3.78%		3946	4.74	0.00 - 10.53
Don't know/Refuse	1	0.54%		438	0.53%	0.00 - 1.61

Has anone in your household ever delayed needed medical care?

Yes	40	21.62%		17817	21.42%	15.95 - 26.89
No	141	76.22%		63822	76.73%	70.21 - 83.26
Don't Know/Refuse	4	2.16%		1534	1.85%	0.00 - 4.26

	Frequency (n=176)					

If yes, what was the reason for delaying care?

Cost	20	11.36%		8620	10.91%	6.30 - 15.53
Unable to get appointment	3	1.70%		1315	1.67%	0.00 - 3.57
No transportation	1	0.57%		767	0.97%	0.00 - 2.97
Unable to get off work	2	1.14%		1381	1.75%	0.00 - 4.26
Was not an urgent need	5	2.84%		1861	2.36	0.26 - 4.45
Something Else/Don't Know	7	3.98%		3215	4.07	1.30 - 6.83
Refused	1	0.57%		219	0.28%	0.00 - 0.85
Never delayed care	137	77.84%		61630	78.00%	72.36 - 83.65

Daviess County
Local Public Health System Assessment

National Public Health Performance Standards Program

Where do you fit into the Public Health System?

When poll is active, respond at **PollEv.com/grdhealth** ☐ Text **GRDHEALTH** to **22333** once to join

Appendix D

Hancock County
Local Public Health System Assessment

National Public Health Performance Standards Program

Where do you fit into the Public Health System?

Economic of Philanthropic Organization (Local Business/Industry)	X
Educational or Youth Development Organization (Schools, College/University, Childcare, FRYSC, etc.)	X
Government - City, County	X
Healthcare / Hospital System	X
Human Service Organization (Food Pantry, Public Assistance, Transportation)	X
Media	
Public Health Department (State or Local)	X
Public Safety Organization (Police, EMS, EM, etc.)	
Recreational / Arts Related (YMCA, Fitness, Hobby, Theatre, etc.)	
General Public	
Other	

Appendix D

Henderson County
Local Public Health System Assessment

National Public Health Performance Standards Program

Where do you fit into the Public Health System?

Category	Percentage
Economic or Philanthropic Organization (Local Business/Industry)	3%
Educational or Youth Development Organization (Schools, College/University, Childcare, FRYSC, etc.)	23%
Government - City, County	7%
Healthcare / Hospital System	33%
Human Service Organization (Food Pantry, Public Assistance, Transportation)	
Media	
Public Health Department (State or Local)	13%
Public Safety Organization (Police, EMS, EM, etc.)	3%
Recreational / Arts Related (YMCA, Fitness, Hobby, Theatre, etc.)	
General Public	
Other	17%

Appendix D

McLean County
Local Public Health System Assessment

National Public Health Performance Standards Program

Where do you fit into the Public Health System?

When poll is active, respond at **PollEv.com/grdhealth**   Text **GRDHEALTH** to **22333** once to join

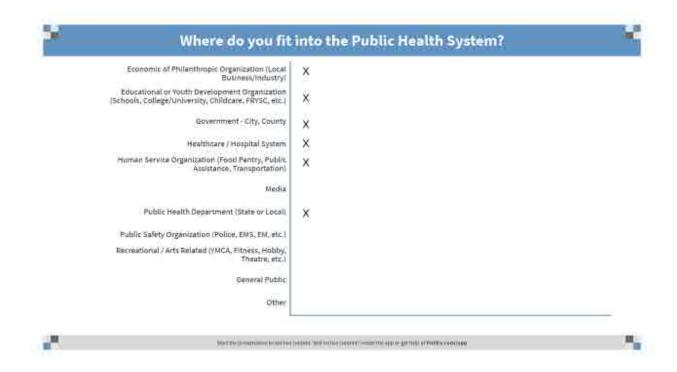| Category	Percent
Economic or Philanthropic Organization (Local Business/Industry)	6%
Educational or Youth Development Organization (Schools, College/University, Childcare, FRYSC, etc.)	12%
Government - City, County	
Healthcare / Hospital System	29%
Human Service Organization (Food Pantry, Public Assistance, Transportation)	
Media	
Public Health Department (State or Local)	29%
Public Safety Organization (Police, EMS, EM, etc.)	
Recreational / Arts Related (YMCA, Fitness, Hobby, Theatre, etc.)	
General Public	12%
Other	12%

Appendix D

Ohio County
Local Public Health System Assessment

National Public Health Performance Standards Program

Where do you fit into the Public Health System?

When poll is active, respond at **PollEv.com/grdhealth**   Text **GRDHEALTH** to **22333** once to join

Category	Percentage
Economic or Philanthropic Organization (Local Business/Industry)	6%
Educational or Youth Development Organization (Schools, College/University, Childcare, FRYSC, etc.)	25%
Government - City, County	3%
Healthcare / Hospital System	31%
Human Service Organization (Food Pantry, Public Assistance, Transportation)	16%
Media	3%
Public Health Department (State or Local)	16%
Public Safety Organization (Police, EMS, EM, etc.)	
Recreational / Arts Related (YMCA, Fitness, Hobby, Theatre, etc.)	
General Public	
Other	

Appendix D

Union County
Local Public Health System Assessment

National Public Health Performance Standards Program
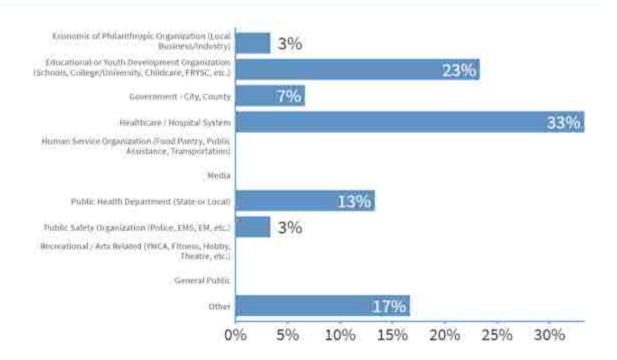

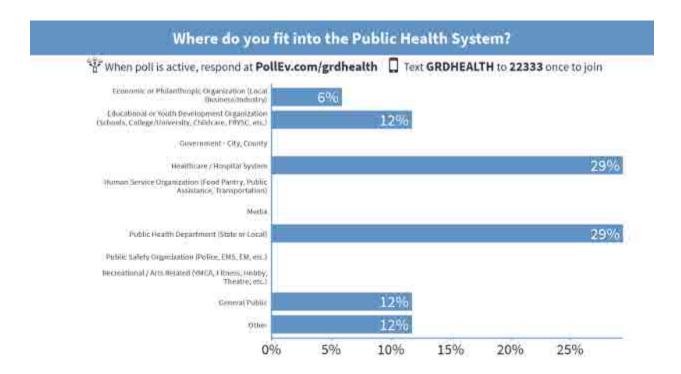Where do you fit into the Public Health System?

When poll is active, respond at **PollEv.com/grdhealth**

Appendix D

Webster County
Local Public Health System Assessment

National Public Health Performance Standards Program
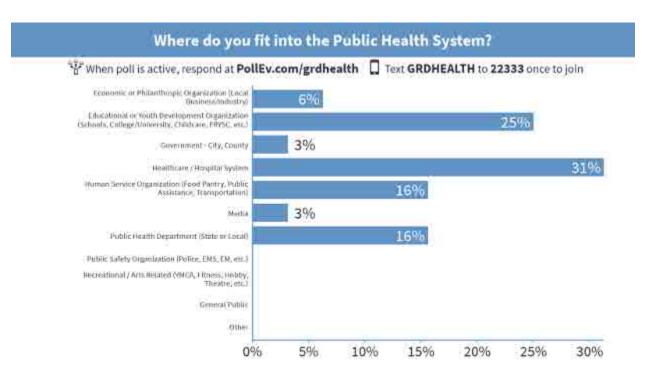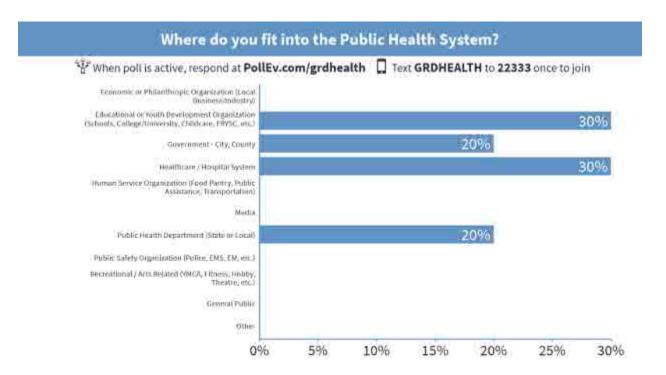
Where do you fit into the Public Health System?

When poll is active, respond at **PollEv.com/grdhealth**   Text **GRDHEALTH** to **22333** once to join

Category	Percentage
Economic or Philanthropic Organization (Local Business/Industry)	
Educational or Youth Development Organization (Schools, College/University, Childcare, FRYSC, etc.)	30%
Government - City, County	20%
Healthcare / Hospital System	30%
Human Service Organization (Food Pantry, Public Assistance, Transportation)	
Media	
Public Health Department (State or Local)	20%
Public Safety Organization (Police, EMS, EM, etc.)	
Recreational / Arts Related (YMCA, Fitness, Hobby, Theatre, etc.)	
General Public	
Other	

Axis: 0% 5% 10% 15% 20% 25% 30%

Appendix E

Daviess County Local Public Health System Assessment

PhotoVoice

When it comes to the health of your community, what aspects do you believe are unique to your county? #DreamDaviess

HEALTHY	
▪ Parks	▪ Disability assistance
▪ Farmer's market	▪ Bike rentals
▪ Walking trails-Greenbelt	▪ Fitness centers
▪ Hometown hospital	▪ Exercise stations at parks
▪ Safety signs	▪ Community service
▪ Access to recreational fields/courts	▪ Family activities
▪ Bike trails	▪ Health minded groups
▪ Smoke-Free signs and areas	▪ Downtown
▪ Agriculture	▪ Employer engagement in health
▪ Arts	

6 km
4 mi

When it comes to the health of your community, what aspects do you believe are unique to your county? #DreamDaviess

UNHEALTHY	
▪ Clogged sewage ▪ Litter ▪ Potholes ▪ Abundance of fast-food restaurants ▪ Lack of mental health providers for Medicaid patients	▪ Division of wealth ▪ Lack of sidewalks ▪ E-Cigarettes/Tobacco Use ▪ Drug use ▪ Vacant buildings

*These charts are a compilation of photos submitted using the PhotoVoice Survey technique as well as the interactive audience response system, Poll Everywhere.

Appendix E

Hancock County Local Public Health System Assessment

PhotoVoice

When it comes to the health of your community, what aspects do you believe are unique to your county?

#StrongHancock

HEALTHY	
▪ Healthcare facilities ▪ Faith based community ▪ Food pantry ▪ Local health center ▪ Senior citizen Home ▪ Senior Center ▪ Senior Center Van	▪ Growing industry ▪ Safety signs ▪ Pharmacies ▪ Smoke-Free workplaces and businesses ▪ Sidewalks ▪ Handicap accessible

When it comes to the health of your community, what aspects do you believe are unique to your county?

#StrongHancock

UNHEALTHY	
- Abandoned homes/lots - Cigarette outlets - Cigarette litter - Indoor smoking	- Dumping and litter - Uneven sidewalks - Unsafe roads and intersections - Unusable recreation sites

*These charts are a compilation of photos submitted using the PhotoVoice Survey technique as well as the interactive audience response system, Poll Everywhere.

Appendix E

Henderson County
Local Public Health System Assessment

PhotoVoice

When it comes to the health of your community, what aspects do you believe are unique to your county?

#ImprovingHenderson

HEALTHY	
- Public parks - Recreational activities - Thriving downtown riverfront - Family friendly - Hometown Hospital - Partnering with Deaconess Health - Golf - Bike rider lanes - Free health screenings	- RiverWalk - Mobile food packing event - Farmer's market - Great schools and teachers - Public library - Downtown small businesses - Health minded groups - Churches

When it comes to the health of your community, what aspects do you believe are unique to your county?

#ImprovingHenderson

UNHEALTHY	
- Dilapidated buildings - Litter - Abandoned homes/lots - Poor housing conditions - Lack of sidewalks - Tanning bed salons - Shortage of grocery stores	- Lack of hangout areas for teens - Abundance of fast-food restaurants - E-cigarettes - Vape Shops - Tobacco use - Pawn shops - Immense about of rental properties

*These charts are a compilation of photos submitted using the PhotoVoice Survey technique as well as the interactive audience response system, Poll Everywhere.

Appendix E

McLean County
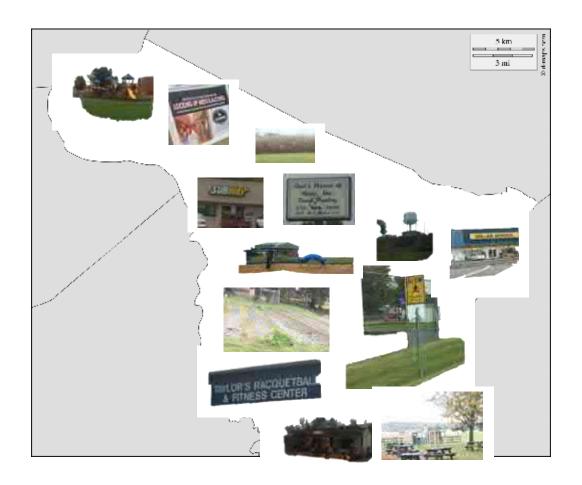## Local Public Health System Assessment

PhotoVoice

When it comes to the health of your community, what aspects do you believe are unique to your county?

#MissionMcLean

HEALTHY	
- Access to healthy food - Local business - Fitness center - Food pantry - Parks - Pharmacy - Walking track - Fresh air - Children athletics	- Growing industry - Health education signage - Clinics - Home gardens - Agriculture - Farmer's market - Community feeling - Downtown area - Family activities - Youth involvement in community activities

When it comes to the health of your community, what aspects do you believe are unique to your county?

#MissionMcLean

UNHEALTHY	
- Lack of recreational fields/courts - Lack of adult recreation facilities (golf course) - Litter/Dumping - Lack of access to dental healthcare - Absence of parental involvement - Poverty	- Abandoned homes/lots - Unkempt homes/businesses - Lack of housing - Burning trash - E-Cigarette/Tobacco use - Drug Use - Obesity

*These charts are a compilation of photos submitted using the PhotoVoice Survey technique as well as the interactive audience response system, Poll Everywhere.

Appendix E

Ohio County
Local Public Health System Assessment
PhotoVoice

When it comes to the health of your community, what aspects do you believe are unique to your county?

#GoalOhio

HEALTHY	
- Hometown Hospital - Parks - Exercise stations at parks - Community entertainment venue - Outdoor recreation sites - Community volunteers - Walking trails - Trail Town - Preschools - Health minded groups - Economic board - Family - Senior services	- Farmer's market - Home gardens - Free summer lunch program - Security lights at parks - Boat ramp access - Smoke free businesses - Access to safe sidewalks - Agriculture - Wellness center - Food bank - Public library - Anti-poverty services

When it comes to the health of your community, what aspects do you believe are unique to your county?

#GoalOhio

UNHEALTHY	
▪ Dilapidated buildings/recreation sites ▪ Litter/dumping ▪ Cigarette litter ▪ Landfill ▪ Lack of access to dental healthcare ▪ Lack of access to mental healthcare ▪ Lack of parks ▪ Poor water quality ▪ Abundance of fast-food restaurants ▪ Fire training center ▪ Bed bugs	▪ Coal mine smoke pollution ▪ Coke machines at parks ▪ Abandoned homes/lots ▪ Non-functional outdoor restrooms ▪ E-Cigarette/Tobacco use ▪ Drug use ▪ Alcohol use ▪ Domestic abuse ▪ Victim blaming ▪ Poverty ▪ Sexual assault

*These charts are a compilation of photos submitted using the PhotoVoice Survey technique as well as the interactive audience response system, Poll Everywhere.

Appendix E

Union County
Local Public Health System Assessment

PhotoVoice

When it comes to the health of your community, what aspects do you believe are unique to your county?

#UnifiedUnion

Healthy	
▪ Healthy school lunch ▪ Healthy snacks ▪ School gardens ▪ Gardening programs	▪ Hometown hospital ▪ Physical fitness facilities ▪ Youth sports ▪ Positive police involvement with youth

When it comes to the health of your community, what aspects do you believe are unique to your county?

Unhealthy	
▪ Increased drug use ▪ Obesity	▪ Lack of career opportunities ▪ "Brain Drain"

*These charts are a compilation of photos submitted using the PhotoVoice Survey technique as well as the interactive audience response system, Poll Everywhere.

Appendix E

Webster County
Local Public Health System Assessment

PhotoVoice

When it comes to the health of your community, what aspects do you believe are unique to your county?

#VisionWebster

HEALTHY	
▪ Walking trails ▪ Farmer's Market	▪ Parks ▪ Health oriented groups

When it comes to the health of your community, what aspects do you believe are unique to your county?

UNHEALTHY	
▪ Litter ▪ Tobacco Use	▪ Lack of safe sidewalks ▪ Lack of safe places for children to play

*These charts are a compilation of photos submitted using the PhotoVoice Survey technique as well as the interactive audience response system, Poll Everywhere.

Appendix F

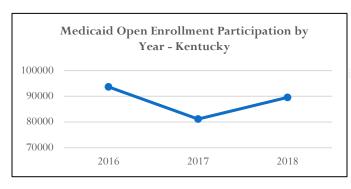# Community Health Status Assessment

Data

Demographics

	Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster	Kentucky	US
Demographics (2016)									
Overall Population	99,674	8,810	46,253	9,475	23,378	14,880	13,316	4,436,974	323,127,513
Person under 5 years	6.8%	6.9%	6.1%	5.9%	5.8%	5.4%	6.4%	6.2%	6.2%
Persons under 18 years	24.4%	25.6%	23.3%	23.9%	24.3%	19.3%	23.4%	22.8%	22.8%
Person 65 and over	16.4%	17.1%	16.5%	19.4%	17.3%	15.8%	17.0%	15.6%	15.2%
Race/Ethnic Distribution *									
White	88.9%	95.6%	87.1%	96.3%	93.9%	81.9%	88.6%	85.0%	61.3%
African American	4.9%	1.3%	7.9%	0.9%	1.9%	13.5%	4.0%	8.3%	13.3%
Hispanic or Latino	2.9%	1.5%	2.4%	1.5%	3.9%	1.9%	5.3%	3.5%	17.8%
Two or More Races	2.0%	1.1%	2.0%	1.2%	0.9%	1.7%	1.7%	1.9%	2.6%
Asian	1.4%	0.3%	0.5%	0.2%	0.3%	0.8%	0.5%	1.5%	5.7%
American Indian/Alaskan	0.1%	0.3%	0.3%	0.3%	0.3%	0.3%	0.4%	0.3%	1.3%
Native Hawaiian & Pacific Islander	0.1%	0.0%	0.1%	0.0%	0.0%	0.1%	0.4%	0.1%	0.2%
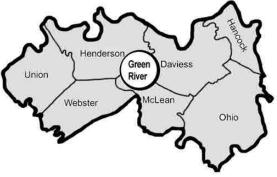
Social Determinants

| Social Determinants	Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster	Kentucky	US	Source
Percent of Population below poverty	14.90%	13.80%	17.00%	17.30%	19.90%	20.70%	18.10%	18.50%	13.50%	US Census, 2016
Percent of population unemployed	4.50%	5.40%	4.70%	4.80%	6.50%	6.70%	5.90%	4.20%	4.90%	Bureau of Labor Statistics, 2016
Percent of persons (25 yrs +) with a High School Diploma	87.90%	88.20%	86.00%	81.70%	78.30%	83.20%	78.60%	84.20%	86.70%	US Census, 2012-2016
Percent of persons with a Bachelor's Degree or higher	20.30%	11.20%	16.80%	10.90%	9.70%	11.30%	9.20%	22.30%	29.80%	US Census, 2012-2016
Food insecurity Rate	13.60%	12.80%	15.70%	13.60%	14.50%	18.50%	13.90%	15.80%		Map the Meal Gap, 2017
Percent of Housing Units with One or More Substandard Condition	24.33%	14.06%	29.59%	18.99%	24.59%	26.29%	22.87%	27.75%	31.71%	US Census Bureau, American Comm Survey, 2011-2015

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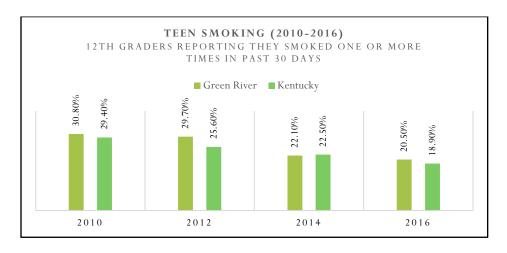
| Health Resources/Access to Care	Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster	Kentucky	Source
Total Primary Care Providers	62	0	24	2	6	3	2	3264	US Department of HHS, Health Resources and Services Admin, Area Health Resource File, 2014
Mental Health Providers	48	0	12	0	1	2	1	1325	Dept For Behavioral Health, Developmental and Intellectual Disabilities, Kentucky CHFS, Provider Directory
Number of hospital beds	447	0	192	0	25	25	0		Info provided by local hospitals
Number of long term care facilities	8	1	2	1	3	2	2		Kentucky CHFS, OIG, 2017
Percent Uninsured (under 65 years)	7%	7%	8%	10%	10%	11%	11%	10%	US Census Bureau's Small Area Health Insurance Estimates, 2014
Number of persons enrolled in the WIC program	2122	242	976	281	777	385	436		GRDHD WIC Enrollment (Nov. 2017)
Number of Medicaid recipients	29,647	2,309	14,348	2,821	8,617	5,190	3,990	1,399,633	CHFS, Dept for Medicaid, 2018
Percent of population that are Medicaid Recipients	30%	26%	31%	30%	37%	35%	30%	32%	CHFS, Dept for Medicaid, 2018

Medicaid Open Enrollment Participation by Year - Kentucky
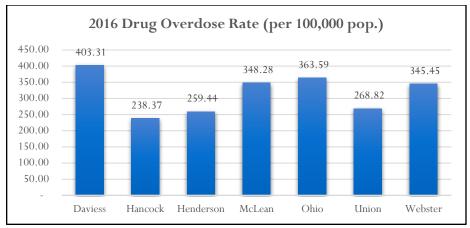
Tobacco & Substance Abuse
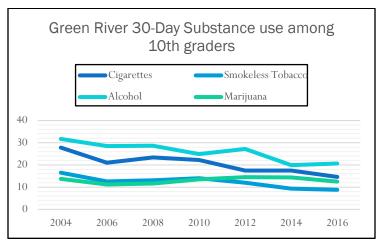
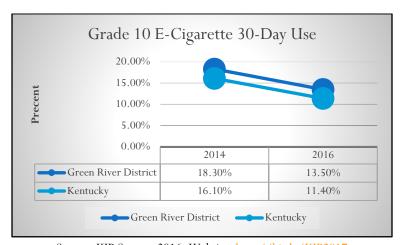| Tobacco/Substance Abuse	Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster	Kentucky	US	Source
Drug overdose (any substance)	402	21	120	33	85	40	46	4106		KIPRC, 2016
Adult smoking	20%	21%	22%	22%	23%	26%	22%	26%	14% (Top Performer)	County Health Rankings, 2017
Lung & Bronchus, Cancer Incidence Rate (2011-2015)	124.2	99.1	113.8	147.3	149.5	110.9	125.6	110.6		Kentucky Cancer Registry, 2017

TEEN SMOKING (2010-2016)
12TH GRADERS REPORTING THEY SMOKED ONE OR MORE TIMES IN PAST 30 DAYS

2016 Drug Overdose Rate (per 100,000 pop.)

Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster
403.31	238.37	259.44	348.28	363.59	268.82	345.45

Source: KIP Survey Website: http://www.mc.uky.edu/kiprc/   Website: http://bit.ly/KIP2017, Source: KIPRC, 2016

Green River 30-Day Substance use among 10th graders

Legend: Cigarettes, Smokeless Tobacco, Alcohol, Marijuana

Source: KIP Survey, 2016, Website: http://bit.ly/KIP2017

Grade 10 E-Cigarette 30-Day Use

Precent

	2014	2016
Green River District	18.30%	13.50%
Kentucky	16.10%	11.40%

Green River District   Kentucky

Source: KIP Survey, 2016, Website: http://bit.ly/KIP2017

Mental Health

Green River District	2014	2015	2016	2017	Source
Adults ever diagnosed with depressive disorder	17.9%	27.0%	19.0%	26.4%	BRFSS, 2017

Percent Of Students Who Report They Have Ever Cut Or Harmed Themselves On Purpose, 2016

Green River   Kentucky

	6th Grade	8th Grade	10th Grade	12th Grade
Green River	9.20%	16.10%	21.50%	20.60%
Kentucky	8.70%	16.10%	20.80%	18.90%

Source: Kentucky Incentives for Prevention, KIP Survey, 2016

Green River students reporting "During the past 12 months, they seriously considered attempting suicide?"

	6th grade	8th grade	10th grade	12th grade
Ever seriously considered attempting suicide	6.9%	12.7%	16.2%	14.1%

Source: Kentucky Incentives for Prevention, KIP Survey, 2016
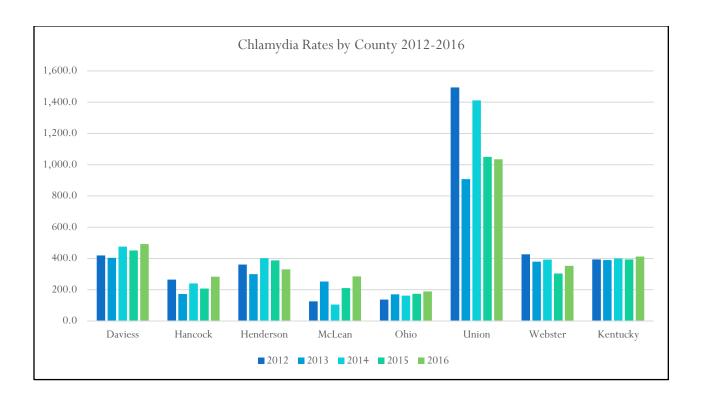
Environment

Source: 2012-2015 National Environmental Public Health Tracking Network

	Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster	National Standard
Number of days at unhealthy levels of ozone	24 Days	18 Days	28 Days	19 Days	19 Days	23 Days	19 Days	
Air Quality: Particulate Matter	11.0µg/m3	10.7µg/m3	10.9µg/m3	10.6µg/m3	10.4µg/m3	10.4µg/m3	10.4µg/m3	12.0µg/m3
Extreme Heat Days (above 90°F)	29 Days	21 Days	35 Days	26 Days	21 Days	43 Days	37 Days	
Percent of people with access to a park within 1/2 mile.	38%	3%	34%	2%	14%	12%	11%	
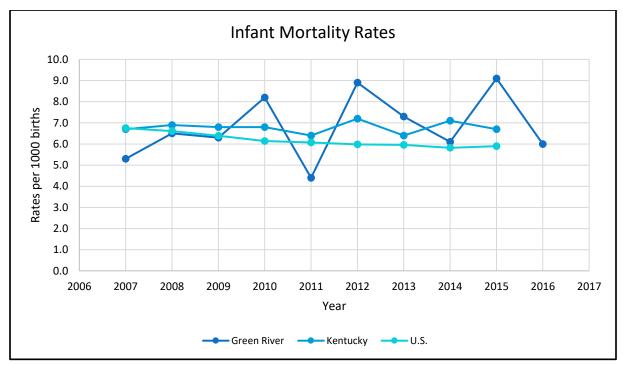
Infectious Disease

	Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster	Kentucky	Source
Chlamydia Rate (per 100,000 pop.)	451.3	207.1	387.9	210.3	173.4	1049.8	303.7	394.2	KDPH, Reportable Disease Branch, 2016
Hepatitis C Virus (Inpatient/ED Visits)	358	7	102	48	142	22	22		KIPRC, 2017
Vaccination rate of school age students	95.20%	94.90%	98.70%	96.60%	85.50%	97.00%	91.50%	95.20%	KY Annual School Immunization Survey Report, 2016

Chlamydia Rates by County 2012-2016

Maternal, Child Health
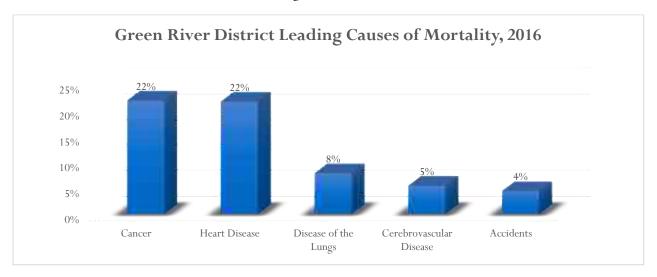
Maternal, Child Health	Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster	Kentucky	Source
Live Births (2015)	1392	124	549	84	281	167	141	55716	Kentucky Department for Public Health's Office of Vital Statistics
Prenatal Care within 1st Trimester (2016)	72.24%	72.57%	61.04%	77.23%	71.10%	64.54%	61.85%		KY Vital Statistics Files, Live Birth Certificate files, Year 2016
Smoking during pregnancy (2013-2015)	16.6%	16.1%	21.5%	20.5%	22.2%	22.0%	19.5%	20.6%	Kentucky Department for Public Health's Office of Vital Statistics
Low Birth weight (2013-2015)	7.3%	7.6%	10.2%	11.4%	8.5%	9.8%	8.4%	8.7%	Kentucky Department for Public Health's Office of Vital Statistics
Teen Pregnancy (per 1000 ages 15-19)	39.7	55.8	44.7	50.1	58.5	50.1	42.0	34.6	Kentucky Department for Public Health's Office of Vital Statistics

Infant Mortality Rates

Note: Some regional level rates contain counts equal to or greater than 5 but less than 20 in the numerator and are statistically unreliable and should be interpreted with caution.

Source: United States Department of Health and Human Services (US DHHS), Centers of Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS). Linked Birth / Infant Death Records 2007-2015

Green River District Leading Causes of Mortality, 2016

Leading Diagnosis for ED visits by Age, 2016

Ages	1	2	3	4	5
0-9 years	Acute upper respiratory infection (947)	Acute pharyngitis (365)	Nausea with vomiting (227)	Pneumonia (212)	Non-infective gastroenteritis and colitis (170)
10-19 years	Acute pharyngitis (267)	Other, Chest Pain (240)	Urinary tract infection (200)	Acute upper respiratory infection (193)	Nausea with vomiting (165)
20-29 years	Conditions complicating pregnancy & childbirth (526)	Chest Pain (462)	Urinary tract infection (397)	Nausea with vomiting (309)	Headache (257)
30-39 years	Chest Pain (741)	Headache (315)	Unspecified abdominal pain (307)	Urinary tract infection (266)	Migraine (254)
40-49 years	Chest Pain (919)	Headache (238)	Migraine (222)	Unspecified abdominal pain (208)	Low Back Pain (194)
50-59 years	Chest Pain (1044)	COPD with (acute) exacerbation (309)	Other Chronic Pain (216)	Bronchitis (192)	Urinary tract infection (190)
60-69 years	Chest Pain (642)	COPD with (acute) exacerbation (315)	Hypertension (163)	Urinary tract infection (146)	Syncope and collapse (102)

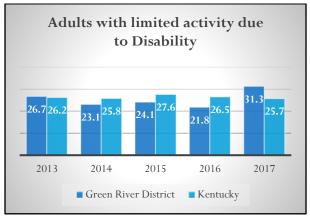| 70-79 years	Chest Pain (422)	COPD with (acute) exacerbation (247)	Urinary tract infection (182)	Hypertension (122)	Syncope and collapse (90)
80+ years	Chest Pain (286)	Urinary tract infection (185)	Hypertension (115)	Syncope and collapse (91)	COPD with (acute) exacerbation (83)

<u>Other – Risk Factors</u>

	2013	2014	2015	2016	2017
Obesity					
Green River District	31.8	31.3	34.2	30.1	32.4
Kentucky	31.3	33.2	31.6	34.6	34.2
Adults who get any physical activity					
Green River District				63.7	64.5
Kentucky				67.5	70.2
Adult Diabetes					
Green River District	9.2	11.9	13.6	12.1	17
Kentucky	10.7	10.6	12.5	13.4	13.1
Adult Asthma					
Green River District	7.6	9.2	16.4	11.4	11.4
Kentucky	11.1	9.5	11.9	11.9	11.6
Oral Health – Adults who visited dentist within past year					
Green River District	64.4		61.6		55.3
Kentucky	60.3		61.0		61.8
Disability – Adults with limited activity due to physical, mental, or emotional problems					
Green River District	26.7	23.1	24.1	21.8	31.3
Kentucky	26.2	25.8	27.6	26.5	25.7

Source: BRFSS, Area Development District (ADD) Profiles, 2014-2017

Adult Asthma Rate

Source: BRFSS,
Area Development District (ADD) Profiles, 2014-2017

Adults with limited activity due to Disability

Source: BRFSS, Area Development District (ADD) Profiles, 2014-2017

Appendix G

Community Health Status Assessment

Data

Daviess County
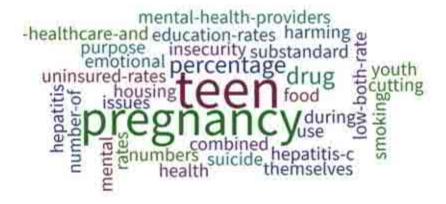

Hancock County

Henderson County

What is the most surprising statistic we've reviewed today?

McLean County

What is the most surprising statistic we've reviewed today?

Ohio County

What is the most surprising statistic we've reviewed today?

When poll is active, respond at **PollEv.com/grdhealth**   Text **GRDHEALTH** to **22333** once to join

vaccination-rate
marijuana-use-decrease
vaccinationrates
selfharm teen aged
cancer self-harm county
providers school alcohol-use
suicide lung yes hepc harm self
er-visits std rates diabetes
children number
hep hepatitis rate vaccination
vaccie-rates
overdoses overdose
teen-pregnancy mental-health-providers

Union County

What is the most surprising statistic we've reviewed today?

When poll is active, respond at **PollEv.com/grdhealth**

course
rates overdose chlamydia
county na 40
birth teen #is
much wonder
drug

Webster County

chlamydia
food insecurity
dental-care
self-harmrate
stdrates
teenpregnant