

## **Healthy Bullitt County 2020**

### **Community Health Improvement Plan: Year Four Report—Fiscal Year 2019 (July 1, 2018 – June 30, 2019)**

#### **Community Health Assessment (CHA)**

The fourth year of the five-year Community Health Assessment/Community Health Improvement Plan (CHA/CHIP) process was completed in June 2019. The next CHA/CHIP cycle will begin in 2020 and last through 2025. At the end of each year in the cycle, updates on workgroup activities are provided. The Year Four Report includes brief summaries of the activities completed during the first three years of the CHA/CHIP cycle and a detailed listing of activities completed during year four. A data appendix is also included; providing data for metrics since 2015 to identify trends in the community.

#### **Community Health Improvement Plan (CHIP)**

##### **Year One, Year Two and Year Three Recaps**

This is the second iteration of the community health assessment/community health improvement plan (CHA/CHIP) process for Bullitt County using the Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a six-phase, five-year cycle of community assessment and improvement. Year one involved a cross section of community partners coming together to create a vision of what a healthy Bullitt County looks like and plot a road map for the community to use to achieve that vision. The vision statement created by the group is:

“Our Vision for Bullitt County is a healthy community where all citizens enjoy physical, mental, and spiritual health through collaboration, commitment, and willingness to change for a greater quality of life.”

**Year One Overview**—Once our community partners adopted our vision, work began to evaluate the community using the four assessments identified in the MAPP protocol. The four assessments were: Community Health Status Assessment; Community Themes and Strengths Assessment; Forces of Change Assessment; and Local Public Health System Assessment. For more information about the 4 assessments that were completed, please see the 2nd Annual Report of the CHA/CHIP on our website.

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

**Year Two Overview**—This year is considered the first year of CHIP implementation. The focus was on developing Strategic Issue work groups through outreach to our community partners. Each of the four Strategic Issues (Strengthen Community Resources, Healthy Choices, Access to Healthcare, and Substance Abuse) has been established this year and a regular meeting date and time was set.

**Strategic Issue # 1: Strengthen Community Resources**—The Inter-Agency Council is a partnership among community business, agencies and civic groups that meets monthly. This group created the Community Resource Guide and updates it on a continual basis. They add resources to the guide, disseminate it throughout the community and encourage others to add their agency or service to the guide.

**Strategic Issue # 2 Healthy Choices** — The Coalition for Recreation, Education and Wellness (CREW) is the lead organization for this Strategic Issue. Their charge is to provide community opportunities and resources to increase healthy lifestyles. Some even highlights include:

- "Healthier You..." tips in the local newspaper
- A December activity calendar
- Introduction to Zumba course
- Diabetes education events
- Weight-loss challenges
- Work site wellness programs

Bullitt County Public Schools worked to increase physical activity among students and staff with walking challenges, physical education challenges, and weight loss challenges.

Additional areas of focus included eating more fruits and vegetables, reducing screen time, drinking non-sugared beverages, and promoting dental check-ups twice a year.

**Strategic Issue # 3 Access to Care** — The cross-sector aspect of these issue makes it challenging. Regulatory agencies, elected officials, economic development agencies, transportation, and the health care system involvement are all necessary to address this issue.

The Bullitt County Providers Coalition has become the lead agency and has evolved to a more community-based focus to increase access to care for all. The group meets monthly to discuss patient outreach and recruitment of providers to the area.

**Strategic Issue # 4 Substance Abuse**— Partners in Prevention (PIP) is a coalition that has been addressing this issue in the community for 24 years. PIP and the Access to Care work group have been working to assess resources in the county through meetings with local law enforcement agencies, local provider groups, schools, healthcare providers, and other community groups.

PIP held a community forum on substance abuse where local providers were invited to discuss treatment and therapy services, explain substance abuse treatment terminology and discuss when/where/how to access services. PIP also created a brochure of local substance abuse treatment facilities and distributed these to local law enforcement agencies, school counselors, local court system and other partners.

PIP also worked closely with the Safe and Drug Free Schools Coordinator at Bullitt County Public Schools to pass a 100% 24/7 Tobacco Free Campus policy for all schools. In July 2016, a comprehensive policy was passed, making all campuses and school-sanctioned events 100% tobacco free. PIP created and distributed awareness materials for this policy.

Naloxone (Narcan) trainings were held across the county in response to an increase in opioid overdose reports. In collaboration with the Kentucky Pharmacy Association and the Kentucky Department of Public Health, a naloxone training was held in September for county law enforcement, first responders, and community members. Over 65 community members attended and kits were issued to all who completed the training.

**Year Three Overview -** This is considered the second year of implementation of the CHIP. The focus was on continuing the work of each Strategic Issue work group. Bullitt County saw a lot of change in community partners and elected officials, leading to many new ideas.

**Strategic Issue # 1: Strengthen Community Resources—** The Inter-Agency Council continued to be an important partnership between local business, agencies and civic groups. Approximately 20-25 agencies are represented at each monthly meeting. Meetings begin with introductions and sharing of information and ends with one or two agencies giving a detailed presentation on services they provide to our community.

This group has also taken on the additional responsibility as the Lead Team for CHIP implementation. The three other CHIP work groups provide semi-annual progress reports to the Inter-Agency Council.

The online Community Resource Guide continues to be added to different websites and community partners are sharing this information with their clients. The resource guide is accessed an average of 10-20 times per day.

**Strategic Issue #2: Healthy Choices –** CREW sponsored a survey on physical activity to learn what barriers existed in our community and what resources community members were already using. A total of 567 surveys were completed; 82% of respondents were female and 86% of respondents lived in Bullitt County. The top three barriers identified in the survey included:

1. Too busy to exercise.
2. No motivation to exercise.
3. I already exercise as much as I like.

Respondents were also asked to identify possible solutions. These included: more fitness centers, more sidewalks, and a year-round aquatics center.

CREW plans to use these results to design a health education campaign to demonstrate that exercise can be both enjoyable and time efficient. The survey also revealed that only 30% of respondents listed utilizing free programs and events in the community so improved advertising is necessary.

CREW also continues to work on annual events, including Family Fest and Holiday Challenge. Family Fest was held in September and 210 people participate. Maintain, Don't Gain! Holiday Challenge in winter 2017 has 48 participants.

**Strategic Issue #3: Access to Care –**Biometric screenings have been taking place across the county with Bullitt County Public Schools and local government agencies. The biometric health

screening is part of a workplace health assessment that measures physical characteristics (such as height, weight, BMI, blood pressure, cholesterol, glucose and triglycerides) and makes referrals to primary care as needed. In 2018, we completed 508 biometric screenings across the county.

Participation on the Bullitt County Providers Coalition continues but due to turnover, the coalition is still working hard to meet its goals. The coalition is working hard to create a list of medical providers in the community and recruit them to the online community resource guide.

In November 2017, the Kentucky Department for Public Health identified an outbreak of hepatitis A virus (HAV). The primary risk factors are illicit drug use and homelessness. Bullitt County's first confirmed case was diagnosed in November 2017; the last previously confirmed case was in 2012. Community education and outreach on HAV prevention and vaccination continues.

Bullitt County Health Department's Director, Andrea Renfrow, serves on several advisory boards addressing social determinants of health and health equity. The Bullitt County Metro United Way advisory board is one such organization that works to direct grant funds to programs that impact social determinants of health. We continue to be involved with the Housing First initiative, whose mission is to end homelessness in Bullitt County by providing immediate shelter to women and women with children while coordinating resources and transitional housing services through community and business partnerships. The organization has secured 501(c)3 status and is a recognized non-profit.

**Strategic Issue #4: Substance Abuse** –PIP continues to work towards a drug-free community. The VIP poster campaign and calendars were completed by students within the community who commit to a drug-free life. Red Ribbon Week, an alcohol tobacco and other drug prevention campaign, was also completed within the schools in October 2017.

Smoke-free policy education cards were distributed to promote smoke-free campuses during football and basketball games. Early intervention programs at local high schools were provided by CenterStone. Other programs completed include Hidden in Plain Sight, Kick Butts Day, and Generation RX.

## **Year Four Report**

**Overview** – This is considered the three year of implementation of the CHIP. The focus was on continuing the work of each Strategic Issue work groups. Because there are many other coalitions and workgroups working on the opioid epidemic, BCHD has decided to spend this fourth/fifth year focusing on mental health and help promote our local mental health agency Centerstone. Centerstone is now sending BCHD information with immediate openings, new agencies providers, and BCHD worked on a new Substance Use and Addiction Resources (which more information can be found in Strategic Issue #4). BCHD will continue developing a list of such organizations and advocates, to include their specific focus so that resources are used most effectively and efficiently.

**Strategic Issue #1: Strengthen Community Resources** – Monthly meetings of the Local Interagency Council continue to be an opportunity for stakeholders to share information and learn about community resources. Attendance at the monthly meetings has increased 43.8% during fiscal year 2019; from 153 attendees in fiscal year 2018 to 220 in fiscal year 2019. Many new agencies have joined the Interagency Council over the past couple of years, and the group has now scheduled two guest speakers for each meeting instead of one.

The Local Interagency Council continues to promote the online community resource guide at each meeting. Meeting participants are encouraged to submit their information to the resource guide and to share it with their clients. A yearly review of CHA/CHIP activities is also completed by the group.

**Strategic Issue #2: Healthy Choices** – The Bullitt County Coalition for Recreation, Education and Wellness (C.R.E.W.) continues to be the lead organization for this Strategic Issue. C.R.E.W. organizes and leads many community events, focused on physical activity and healthy lifestyles. FamilyFest continues to be a popular event. In 2018, FamilyFest moved to Roby Elementary and saw an increase in attendance from 210 the previous year to 249.

C.R.E.W. also organized and led a Maintain, Don't Gain Healthy Holiday Challenge during November and December 2018. This program focused on eating healthy during the holiday season and maintaining your starting weight. A total of 70 community members participated in this program and it will become a yearly activity for C.R.E.W.

Diabetes education and outreach continues to be a focus of both C.R.E.W. and BCHD. The first Diabetes Education Day was held in November 2018 for community members to learn more about preventing diabetes or living with a diabetes diagnosis. One community member provided a success story to the Pioneer News on her experience with diabetes and Diabetes Education Day. The Diabetes Support Group has also seen increased attendance and participation following the hiring of a new health educator.

**Strategic Issue #3: Access to Care** – Our director Andrea Renfrow continues to be involved in Housing First in Bullitt County. Bullitt County Housing First works to end homelessness in Bullitt County by providing immediate shelter, coordinating resources, transitioning housing services throughout the community, and building business partnerships. Bullitt County has also started a White Flag Shelter for citizens in need of a warm place to sleep when the temperatures dip below 35 degrees. This shelter is operated by Mark 12 Ministries.

This year, BCHD continued to provide Go365 biometric screenings to organizations participating in the Kentucky Employees Health Plan. During 2018, we completed 506 screenings; between January and November 2019 were completed 611 screenings. 2019 is the last year for the Go365 program. Beginning in 2020, our new program will be called Stay Well and biometric screenings may change under this new program.

Bullitt County Provider's Coalition has stopped meeting due to low number of attendees, changes in administration, and not seeing much change/movement. BCHD is hoping to reform

this coalition in the future with new stakeholders and new government officials in the 2020 Community Health Assessment.

**Strategic Issue #4: Substance Abuse** – Partners in Prevention (PIP) was awarded a Drug-Free Communities (DFC) grant for \$600,000 over five years. In the past, many of PIP’s programs have been unfunded. This grant will enable the hiring of a coordinator for prevention and education in the county and allow many PIP programs and initiatives to continue.

BCHD hosted an Opioid Community Health Assessment with local stakeholders in May 2019 to identify strengths and areas for improvement in the county. The results of this workshop were used to draft a community Substance Use Disorder Plan. The purpose of this plan is to recognize when there is a “higher than usual” number of overdoses in the community and activate a response that will reduce the number of deaths. This plan is available upon request.

Substance Use and Addiction Resources was also updated this fiscal year, the first time since its original creation in 2016. The updated guide is currently being redistributed to local community organizations and first responders. The number of substance abuse providers in our area has nearly doubled since the original publication. You can find this Substance Use and Addiction Resources guide on BCHD’s website ([www.bullittcountyhealthdept.org](http://www.bullittcountyhealthdept.org)).

## APPENDIX

<b>Bullitt County Indicators</b>	<b>Year 4 (2019)</b>	<b>Year 3 (2018)</b>	<b>Year 2 (2017)</b>	<b>Baseline (2015)</b>	<b>Change (baseline-2019)</b>	<b>Data Source</b>
<b>Social Factors</b>						
Population	81,069	80,246	79,151	77,955	+3,114	US Census Bureau (2018)
White (%)	96.0%	96.2%	96.5%	96.7%	-0.7%	US Census Bureau (2018)
African American (%)	1.3%	1.2%	1.2%	1.1%	+0.2%	US Census Bureau (2018)
Hispanic (%)	2.1%	2.0%	1.9%	1.7%	+0.4%	US Census Bureau (2018)
High school graduation rate (% of persons age 25+)	87.3%	86.7%	86.3%	85.0%	+2.3%	US Census Bureau (2013-2017)
Bachelor's degree or higher (% of persons aged 25+)	13.9%	14.2%	14.3%	12.7%	+1.2%	US Census Bureau (2013-2017)
Unemployed (% of persons 16+)	4.2%	4.2%	4.1%	7.8%	-3.6%	Local Area Unemployment Statistics (Aug. 2019)
Persons below the poverty level (%)	9.2%	10.4%	9.6%	10.2%	-1.0%	US Census Bureau (2018)
Children living below the poverty level (% under 18)	12.0%	--*	14.5%	15.4%	-3.4%	Small Area Income and Poverty Estimates (2017)
Self-rated health status (% of adults reporting fair or poor health)	--*	17.0%	16.0%	21.0%	--*	BRFSS (2016)
Children in single parent households (%)	31.0%	31.0%	33.0%	33.0%	-2.0%	American Community Survey (2013-2017)
Median household income	\$62,600	\$58,702	\$54,755	\$57,462	+\$5,138	Small Area Income and Poverty Estimates (2017)
<b>Physical Factors</b>						
# of recreational facilities (per 100,000)	--*	17.7	20.2	8.0	--*	County Business Patterns (2016)
Air pollution – particulate matter days	--*	--*	10.7	13.5	--*	Kentucky Environmental Public Health Tracking Network (2012)
<b>Behavioral Factors</b>						
Prevalence of adult smoking (% age-adjusted)	--*	20.0%	20.0%	27.3%	--*	BRFSS (2016)
Prevalence of youth smoking (% of high school students)	--*	--*	--*	31.0%	--*	Kentucky Health Facts (2007)

Adult prevalence of obesity (% age-adjusted)	36.0%	36.0%	33.0%	30.3%	+5.7%	BRFSS (2015)
Sexually transmitted infections (Chlamydia rate per 100,000)	199.5	288.1	223.8	229.3	-29.8	National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (2016)
Binge drinking (% adults, age-adjusted)	--*	17.0%	17.0%	10.3%	--*	BRFSS (2016)
No exercise (% adults, age-adjusted)	25.0%	30.0%	29.0%	31.8%	-6.8%	BRFSS (2015)
Recommended fruit and vegetable intake (% adults)	9.0%	10.0%	11.0%	11.0%	-2.0%	Kentucky Health Facts (2015-2017)
Flu vaccination in the past year (% adults)	48.0%	31.0%	34.0%	36.0%	+12.0%	Centers for Medicare & Medicaid Services (2016)
Tooth loss (% adults missing 6 or more teeth)	--*	17.0%	19.0%	19.0%	--*	Kentucky Health Facts (2014-2016)
<b>Access to Care</b>						
Primary care providers (per 100,000)	--*	13.1	13.2	17.3	--*	Area Health Resource File (2015)
Immunization coverage for ages 19-35mo (%)	--*	--*	--*	86.0%	--*	Kentucky Health Facts (2007)
Uninsured adults (% under 65 years)	5.0%	6.0%	8.0%	13.7%	-8.7%	Small Area Health Insurance Estimates (2016)
Uninsured children (% under 19 years)	3.0%	4.0%	4.0%	5.8%	-2.8%	Small Area Health Insurance Estimates (2016)
Mentally unhealthy days per month (adults, per person, age-adjusted)	--*	4.1	3.9	4.9	--*	BRFSS (2016)
<b>Maternal and Child Health</b>						
Teen birth rate (ages 15-19, rate per 1,000)	26.0	28.0	30.0	30.0	-4.0	National Center for Health Statistics – Natality Files (2011-2017)
Pregnant women receiving adequate prenatal care (%)	74.0%	76.0%	77.0%	66.0%	+8.0%	Kentucky Health Facts (2013-2017)
Number of child victims of substantiated abuse	371	303	266	168	+203	KIDS Count Data Center (2018)
Low birth weight deliveries (%)	7.2%	7.0%	7.6%	8.1%	-0.9%	KIDS Count Data Center (2014-2016)



Moms who smoked during pregnancy (%)	16.0%	17.0%	18.4%	17.9%	-1.9%	KIDS Count Data Center (2014-2016)
Early childhood obesity (ages 2-4, %)	--*	--*	11.9%	14.4%	--*	Pediatric Nutrition Surveillance Program (2010)
<b>Diabetes Indicators</b>						
Diabetes screenings (% of Medicare enrollees that are screened)	--*	--*	85.0%	86.8%	--*	Dartmouth Atlas of Health Care (2014)
% of adult population with diabetes (age-adjusted)	--*	--*	13.2%	9.1%	--*	CDC Diabetes Interactive Atlas (2013)
<b>Cancers</b>						
Cancer deaths (rate per 100,000, age-adjusted)	192.0	178.5	170.1	162.9	+29.1	Kentucky Cancer Registry (2016)
Lung, trachea, and bronchus cancer deaths (rate per 100,000, age-adjusted)	63.8	70.1	61.7	54.6	+9.2	Kentucky Cancer Registry (2016)
Colorectal cancer deaths (rate per 100,000, age-adjusted)	13.3	14.6	18.1	14.4	-1.1	Kentucky Cancer Registry (2016)
Breast cancer deaths (rate per 100,000, age-adjusted)	15.2	17.4	11.6	17.5	-2.3	Kentucky Cancer Registry (2016)
Prostate cancer deaths (rate per 100,000, age-adjusted)	13.1	--*	13.2	13.6	-0.5	Kentucky Cancer Registry (2011 – 2016)
<b>Respiratory Illness</b>						
Adults with asthma (%)	17.0%	24.0%	21.0%	15.0%	+2.0%	Kentucky Health Facts (2015-2017)
Inpatient hospitalizations due to asthma (rate per 100,000, age-adjusted)	46.8	31	78	97	-50.2	Kentucky Environmental Public Health Tracking Network (2017)

Top Five Leading Causes of Death for Residents<sup>†</sup> of Bullitt Co., Kentucky, 2018\*

Leading Cause of Death	Number of Deaths
MALIGNANT NEOPLASMS (CANCER)	149
DISEASES OF HEART	123
CHRONIC LOWER RESPIRATORY DISEASES (EX. COPD)	49
ACCIDENTS (UNINTENTIONAL INJURIES)	46
CEREBROVASCULAR DISEASES	24

\*Mortality data for year 2018 are preliminary and subject to changes

<sup>†</sup>Resident mortality data includes deaths which have occurred to the residents of a specified geographic area, regardless of the place of occurrence

**Image 1.** Top five leading causes of death for residents in Bullitt County, Kentucky for 2018. Data from the Cabinet for Health and Family Services, Office of Vital Statistics.

\* No new data available.