



Mercer County Health Department  
Community Health Needs Assessment and  
Community Health Improvement Plan  
2016 - 2021

Serving Mercer County since 1938

The Mercer County Health Department is committed to the three tenets of Public Health:  
Prevent, Promote and Protect

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Local Public Health System Assessments

## Letter from Health Department Director



We are pleased to present Mercer County Health Department's Community Health Needs Assessment and Community Health Improvement Plan for 2016 – 2021. This document will be used to anchor our Strategic Plan, a summary of goals and objectives that will guide our work as we move into the future. It represents our firm commitment to prevention, promotion and protection.

Public health is in a time of significant change. Resources are from shrinking, both from the state and the federal government. Many services and programs once the purview of health departments have been co-opted by other providers. Health care reform has further challenged health departments to stay relevant and to stay open.

Many thanks to those who participated in the Community Health Need Assessment on November 5, 2015 and the Community Health Improvement Planning session held on February 2, 2016. Particular thanks to those whose interest in health promotion and disease prevention has birthed the newly formed Mercer County Preventable Disease Coalition.

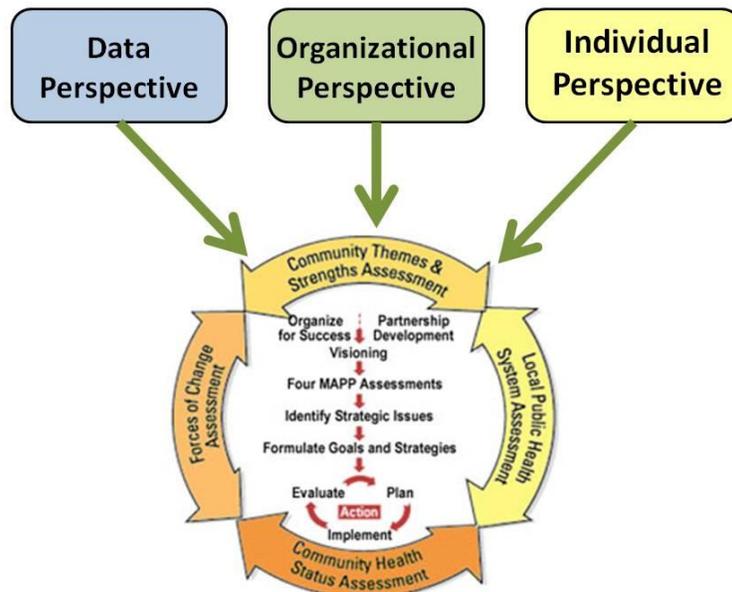
Kathy Crown-Weber, RD/CDE  
Public Health Director

# Community Health Assessment Process

## Methodology

The Mercer County Health Department utilized a community health assessment process based on Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a community-driven strategic planning process which helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The assessments used in the MAPP process include Community Health Status Assessment, Community Strengths and Risks Assessment, Forces of Change Assessment, and the Local Public Health System Assessment.

The Mercer County Health Department augmented the MAPP process with a Three Perspective approach to gathering information. Data gathered in conjunction with the Community Health Status Assessment provided a Data Perspective on the health of each community. Information gathered during Community Forums, primarily attended by representatives of community partner organizations, provided the Organizational Perspective. In an effort to add the perspective of individual citizens of each county, both paper and electronic surveys were distributed. Information from these surveys provided the Individual Perspective. See results Appendix 1. In addition, the Local Public Health System Assessment was completed in each county utilizing the asset mapping approach.



## Organizing –Community Partners

Michelle Thomas, James B Haggin Memorial Hospital  
Jack Coleman, Mercer Transformation  
Deanna Arnold, James B Haggin Memorial Hospital  
Cathy Akins, Mercer County Health Department  
John Crossfield, Mercer Board of Health  
Stacy Blacketer, Mercer County Health Department  
Deanna Ashmore, Mercer Cooperative extension  
Susannah Jones, Mercer Habitat for Humanity  
Marisa Aull, University of Kentucky  
Ida Roberts, ASK Foundation  
Robert Morse, Harrodsburg Herald  
Camille Watson, Aetna Health Insurance  
Linda Curtsinger, James B Haggin Memorial Hospital  
Lydia Russell, James B Haggin Memorial Hospital  
Ashley Moss, Wilderness Trace YMCA  
Kim Travllian, Bluegrass CAP  
Angela Russell, Bluegrass CAP  
Catherine Ferguson, DCBS  
Rhonda Burkhead, Hitachi  
Jody Gilpin, Wilderness Trace YMCA  
Susan Readnower, Harrodsburg ATC  
Taylor Readnower, Southern Kentucky AHEC  
Dick Webb, Mercer Industrial Authority  
Mike Harden, Harrodsburg Rotary  
Justice Welch, Mercer EMS  
Judy Collins, Regional Epidemiologist  
Becky Underwood, Mercer County Health Department  
Audrey Powell, Ephraim McDowell Health  
Kim Anderson, Mercer ASAP  
Vance Smith, Mercer Board of Health  
Kay Smith, Citizen  
Barry Steele, Farmer’s National Bank  
Michelle Ellis, Bluegrass.org  
Emily Steer, Mercer County Health Department  
Kathy Crown-Weber, Mercer County Health Department  
Dr. Angie Carman, University of Kentucky/moderator

## Visioning Process: What would a healthy Mercer County look like?

Community partners participated in a discussion to determine a vision for the collaborative work using the question “What does a healthy Mercer County look like?” Results of the discussion are included in the table below.

<b>Visioning: What does a healthy Mercer County look like?</b>	
Access to Physical Activity	Good Nutrition
Services → Economic, Social, Spiritual	Education – General
Health Education	Safe Housing
City Sewer	Transportation
Zero Child Abuse	Sidewalks
Drug Free	Financial Aspect of Care
Life Skills	Active, Involved, Respected LHD
Respected Local Government	Family Support
Mental Health Services	Increased Jobs
Decrease Tobacco Use: Smoke Free	Proper Hand Washing
Increased Green Space	Decreased Teen Pregnancy
Decreased Chronic Disease	Collaboration Between Elected Officials
Community Gardening	Accountability
Less Crime	Increase Participation in Health Care

## Community Health Status Assessment

A facilitated discussion of the current health of Mercer County was held with community partner forum participants. Following the Mobilizing Action through Planning and Partnerships (MAPP) model, participants were provided with secondary data statistics on social, behavioral, and physical factors of Mason and Robertson county, maternal child health information, diabetes, respiratory, cancer and substance abuse information.

## Data Perspective:

Mercer County Health Data				
Indicators	Mercer	Kentucky	US	Data Source
<b>Social Factors</b>				
Population	21,319	4,413,457	318,857,056	US Census Bureau (2014)
Race Stats				
White(%)	93.3%	88.3%	77.4%	US Census Bureau (2014)
African American (%)	3.9%	8.2%	13.2%	US Census Bureau (2014)
Hispanic (%)	2.5%	3.4%	17.4%	US Census Bureau (2014)
High School Graduation Rate (% of persons age 25+)	83.9%	83.5%	86.3%	US Census Bureau (2010-2014)
Bachelors Degree or higher (% of persons age 25+)	18.9%	21.8%	29.3%	US Census Bureau (2010-2014)
Unemployed: Persons 16+ (%)	8.3%	8.3%	7.4%	Local Area Unemployment Statistics (2013)
Persons in Poverty (%)	16.8%	19.1%	14.8%	US Census Bureau (2009—2013)
Children Living Below Poverty Level Under the age of 18 (%)	23.7%	25.9%	21.7%	Small Area Income and Poverty Estimates (2014)
Self Rated Health Status (% of Adults who report fair or poor health)	15.0%	21.0%	17.0%	County Health Rankings (2015)
Children in Single Parent Households (%)	33.0%	34.0%	31.0%	County Health Rankings (2015)
Median Household Income	\$43,903	\$42,914	\$53,657	Small Area Income and Poverty Estimates (2014)
<b>Behavioral Factors</b>				
Prevalence of Adult Smoking (%; Age-adjusted)	25.0%	26.1%	18.1%	BRFSS (2006—2012)
Prevalence of Youth Smoking (% of High School Students)	25.0%	25.0%	23.0%	Kentucky Health Facts (2007)
Adult Prevalence of Obesity (%; Age-adjusted)	32.4%	32.1%	27.1%	CDC (2012)
Sexually Transmitted Infection (Chlamydia rate per 100,000)	291.6	395.3	456.7	CDC (2012)
Binge drinking: adults (%; Age-adjusted)	7.5%	12.2%	16.9%	BRFSS (2006—2012)
No exercise: adults (% ; Age-Adjusted)	25.4%	27.8%	22.6%	BRFSS (2006—2012)
Recommended Fruit and Vegetable Intake (% adults)	17.0%	11.0%	-	Kentucky Health Facts (2011 - 2013)
Flu Vaccination in the Past Year (% adults)	41.0%	41.0%	-	Kentucky Health Facts (2012-2014)
Tooth Loss (% of adults missing 6 or more teeth)	23.0%	24.0%	-	Kentucky Health Facts (2012-2014)
<b>Physical Factors</b>				
# of Recreational Facilities (per 100,000)	2	328	30,393	County Business Partners (2013)
Air Pollution - particulate matter days	13.2	13.47	11.3	CDC Wonder (2011)
<b>Access to Care</b>				
Primary Care Providers (per 100,000)	42.3	64.5	74.5	Area Health Resources Files (2012)
Immunization Coverage for ages 19-35mo (%)	79.0%	80.0%	81.0%	Kentucky Health Facts (2007)
Uninsured Adults (% under 65 years)	16.4%	16.8%	16.8%	Small Area Health Insurance Estimates (2013)
Uninsured Children (% under 19 years)	7.2%	6.5%	7.5%	Small Area Health Insurance Estimates (2013)
Mentally unhealthy days: adults (per person; Age-adjusted)	4.4	4.3	-	BRFSS (2006—2012)
<b>Respiratory Illness</b>				
Adults with Asthma (%)	14.0%	15.5%	13.4	BRFSS (2011—2012)
Number of Inpatient Hospitalizations due to Asthma (0-17 yr olds)	15	6,837	-	2009-2011 KY Cabinet for Health and Family Services

## Mercer County Health Data Continued

Indicators	Mercer	Kentucky	US	Data Source
<b>Maternal &amp; Child Health</b>				
Teen Birth Rate (ages 15-19; rate per 1,000)	50.9	39.5	26.5	National Vital Statistics System-Nativity (2013)
Pregnant Women Receiving Adequate Prenatal Care (%)	72.0%	67.0%	-	Kentucky Health Facts (2009—2013)
Number of Child Victims Of Substantiated Abuse	85	17,917	-	KIDS Count Data Center (2013)
Low birth weight deliveries (%)	9.8%	8.8%	8.0%	National Vital Statistics System-Nativity (2011—2013)
Moms Who Smoked During Pregnancy (%)	28.0%	22.5%	-	Kids County Data Center (2011—2013)
Third Graders Overweight and Obese (age 2-4 yrs; %)	14.7%	15.6%	-	Kids Count Data Center (2010)
<b>Diabetes Indicators</b>				
Diabetes Screenings (% of Medicare enrollees that receive screening)	82.7%	85.2%	84.6%	Dartmouth Atlas of Health Care (2012)
% of adult population with diabetes (Age-adjusted)	9.7%	10.8%	9.1%	CDC (2012)
<b>Cancers</b>				
Cancer Deaths (rate per 100,000; Age-adjusted)	197.4	200.5	166.2	National Vital Statistics System-Mortality (2011—2013)
Lung, trachea, and bronchus cancer deaths (rate per 100,000; Age-adjusted)	68.2	69.1	44.7	National Vital Statistics System-Mortality (2011—2013)
Colorectal Cancer Deaths (rate per 100,000; Age-adjusted)	21.9	17.4	14.9	National Vital Statistics System-Mortality (2011—2013)
Breast Cancer Deaths (rate per 100,000; Age-adjusted)	30.7	22.5	21.6	National Vital Statistics System-Mortality (2009—2013)
<b>Total # of Drug Overdose Hospitalizations</b>				
All Drugs	104	29,683	-	KSPAN (2009—2013)
Heroin	-	610	-	KSPAN (2009—2013)
Pharmaceutical Opioids	27	6,720	-	KSPAN (2009—2013)
Benzodiazepine	25	8,239	-	KSPAN (2009—2013)
<b>Total # of DUI Arrests</b>				
Adult	76	22,427	-	Kentucky State Police (2014)
Juvenile	3	112	-	Kentucky State Police (2014)
Male	70	17,134	-	Kentucky State Police (2014)
Female	9	5,519	-	Kentucky State Police (2014)
White	74	20,491	-	Kentucky State Police (2014)
African American	5	1,943	-	Kentucky State Police (2014)
Total	9	22,553	-	Kentucky State Police (2014)
<b>Total Number of Arrests by Drug Type</b>				
Opium or Cocaine and Their Deratives	7	2,519	-	Kentucky State Police (2014)
Marijuana	93	15,131	-	Kentucky State Police (2014)
Meth	47	5,224	-	Kentucky State Police (2014)
Heroin	15	2,653	-	Kentucky State Police (2014)
Other Drugs and Synthetic Narcotics	145	32,808	-	Kentucky State Police (2014)
Total	307	58,335	-	Kentucky State Police (2014)



## Mercer County Health Data Continued

Indicators	Mercer	Kentucky	US	Data Source
<b>Total Number of Collisions Involving Drunk Drivers</b>				
Fatal Collision	1	143	-	Kentucky State Police (2014)
Injury Collision	10	1,432	-	Kentucky State Police (2014)
Property Damage Collision	11	2,759	-	Kentucky State Police (2014)
Total	22	4,334	-	Kentucky State Police (2014)
<b>Total Number of Drivers Under Influence of Drugs</b>				
Fatal Collision	3	191	-	Kentucky State Police (2014)
Injury Collision	2	571	-	Kentucky State Police (2014)
Property Damage Collision	3	796	-	Kentucky State Police (2014)
Total	8	1,558	-	Kentucky State Police (2014)
<b>Total Number of All Controlled Substance Doses</b>				
Hydrocodone	227,705	43,141,185	-	KASPER (2015)
Oxycodone	4,412	19,491,230	-	KASPER (2015)
Naloxone	25,175	3,452,141	-	KASPER (2015)
Total	819,205	148,304,214	-	KASPER (2015)
<b>Total # of Drug Overdose Deaths</b>	12	4,931	-	KSPAN (2009—2013)

Data Collected: 1/29/2016

Forum participants reviewed the data and discussed, utilizing a nominal group technique, those factors they felt were revealed through the secondary data.

Positives	Negatives
Increase in primary care physicians	Lack of transportation
Fruit and Vegetable intake	Cancer Rates
Decrease in unemployment rate	Teen Birth Rate
	Smoking during pregnancy
	Venues for physical activity
	Overdose Deaths
	Smoking and E-Cigs
	Uninsured Children
	Child Abuse

## Organizational Perspective:

### Community Themes and Strengths Assessment

Following the MAPP model, forum participants were asked to identify the elements found in each county that are strong and could be utilized to build toward a stronger community and also those elements that could be risky when considering building a healthier community.

<b>Community Strengths and Risks Assessment</b>	
<b>Strengths</b>	<b>Risks</b>
Library	Poverty
Extension Office	Dentist
Community Knowledge (High Median Age)	Mental Health (No Resources or Facilities)
Churches Available for Support	Tobacco Shacks
Industry	Fast Food (2X)
Anderson Dean Park	Lack of Exercise
Faith Based Community	Lack of Knowledge or Resources (2X)
Interagency Council	Poor Family Unity
WIC Program	Lack of Demand for Healthy Food and Practices
Local Health Department (2X)	Socially Fragmented
Medical	Knowledgeable Agencies Not Working Together
Primary Care Available	Lack of Smoke Free Policies
Communication	Drugs (Lack of Resources) (4X)
Compassion	Package Liquor Sales
Local Hospital (3X)	Expanded Medicaid Go Away
Access to Healthcare (2X)	Teen Birth Rate
New Physicians (2X)	Lack of Individual Responsibilities
Community Programs	No Abstinence Program in Schools
	Family Engagement

### Forces of Change Assessment

Following the MAPP model, forum participants were asked if Mercer County had experienced change, positive or negative, with regard to the impact the change has had or could have on the health of the citizens in that county. The following tables detail participant responses.

<b>Forces of Change Assessment</b>	
<b>Positive</b>	<b>Negative</b>
Extension Services	Influx of Heroin
YMCA Reopening	Trend from FT to PT Jobs
Access to Primary Care	Decreased Respect for Authority
Sanitation – Sewer in Burgin	Desensitized to Specific Events
Tobacco Free Burgin School	Increased Kids in Foster care or with

	Grandparents
KASPER Program	Alcohol Sales
Critters w/o Litters	Dropout Rates
KYNECT	Abstinence Programs out of Schools
Transformation Group – Poverty	Home Sales/Ownership
Increased Collaboration	Acceptance of Marijuana
Free Wi-Fi Downtown	Large Employer Sold
HOSA	Knowledge of Services
Generosity – Endowment, Time, and Support	Decreased Funding
Faith Based Community	
Health Service Connection	
211 Info and Referral Services	
Emergency Pre and Med Reserve Corp	

### Local Public Health System Assessment

As part of the community needs assessment process, Mercer conducted a Local Public Health Needs Assessment using an asset mapping approach. Public Health System Asset Mapping refers to a community-based approach of assessing the resources and programs of the public health system within a specific community as they relate to the 10 Essential Public Health Services. Once gathered, this asset map of public health system programs and services is distributed to community partners for use in referring citizens in the community to appropriate services. In addition, the Public Health System Asset Map is utilized during the community health improvement planning process to provide a list of assets that can be used toward strategic initiatives or gaps in the system that must be filled before strategic initiatives can be addressed. See Appendix 2 for individual county Local Public Health System Assessments using this approach.



## **Individual Perspective**

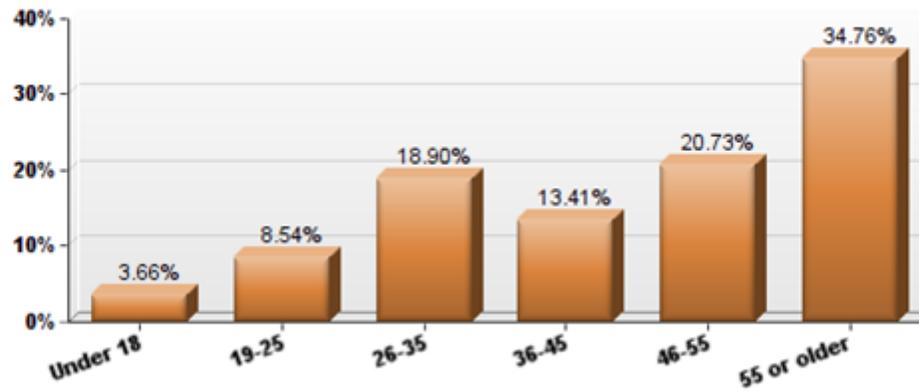
The community partners, led by the Mercer County Health Department, launched a survey to assess the thoughts and opinions of individual citizens in Mercer County on topics of community value, quality of life, community improvements needed and community change. The coalition received 165 completed surveys. The following results were reviewed with the forum participants via PowerPoint presentation and utilized in the community health improvement planning process to identify strategic initiatives.

# Individual Perspective

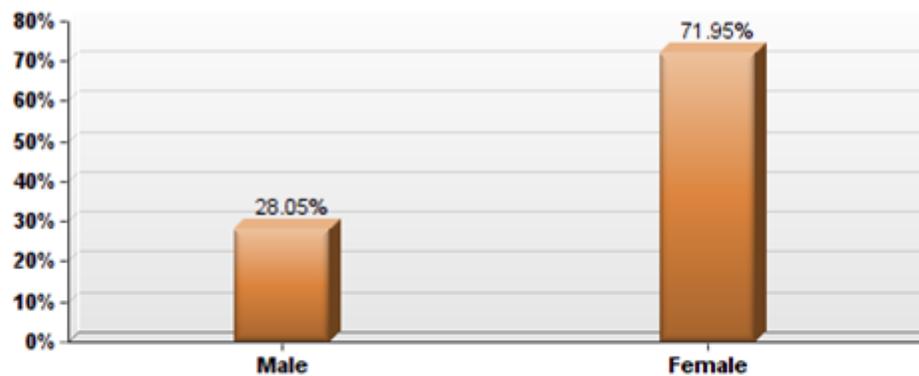
## Results of Community Survey

165 Responses

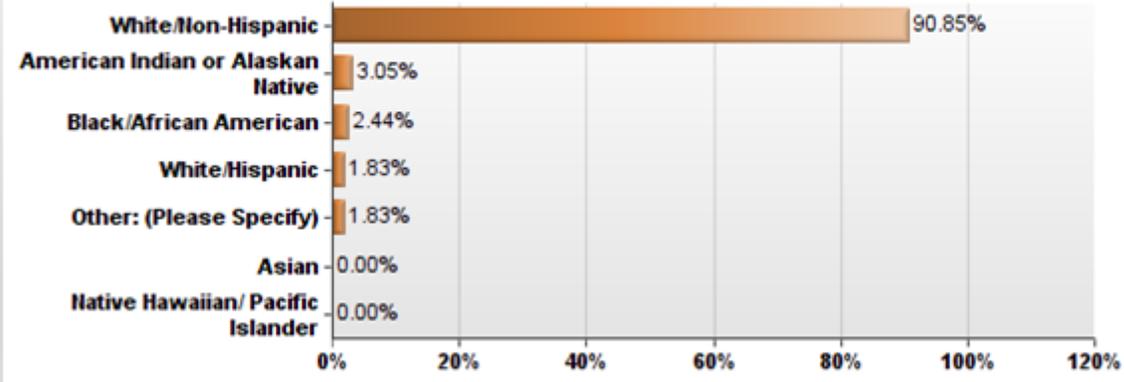
## Demographics: Age



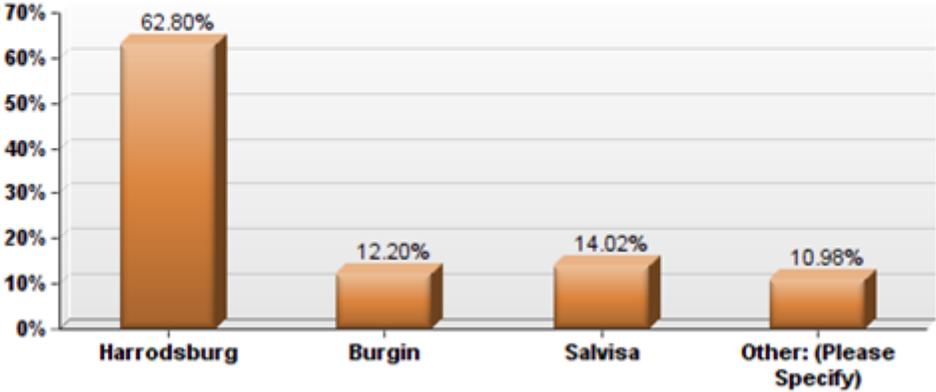
## Demographics: Gender



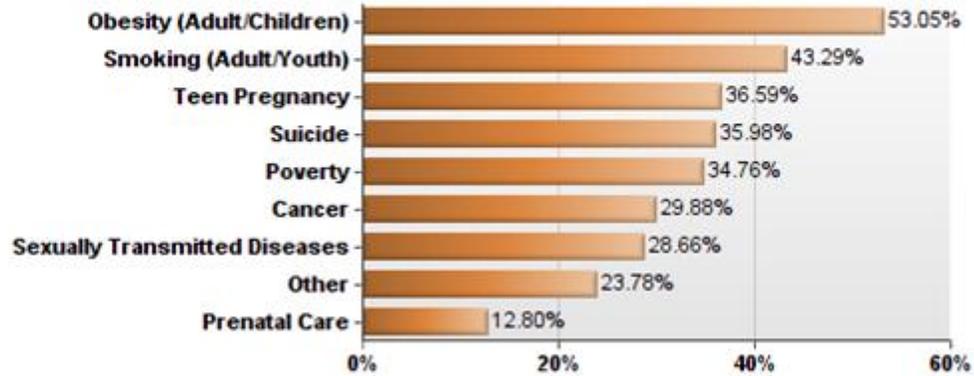
# Demographics: Race



Select the area in Mercer County closest to where you live:



## Top Three Issues which Need to be Addressed in our Community



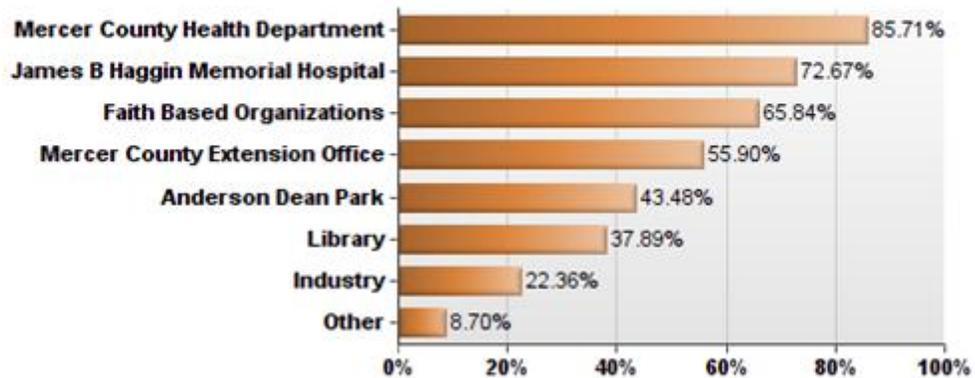
## Other Issues that Need to be Addressed in our Community

1. Substance Abuse/Drug Abuse/Drug Culture

2. Drinking/Alcohol Abuse

3. Domestic Violence

## What are the Strengths of our Community that can Help our Citizens be Healthier



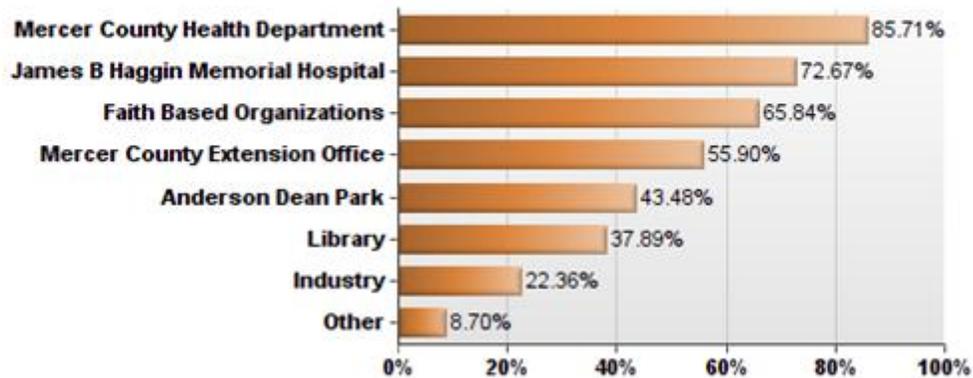
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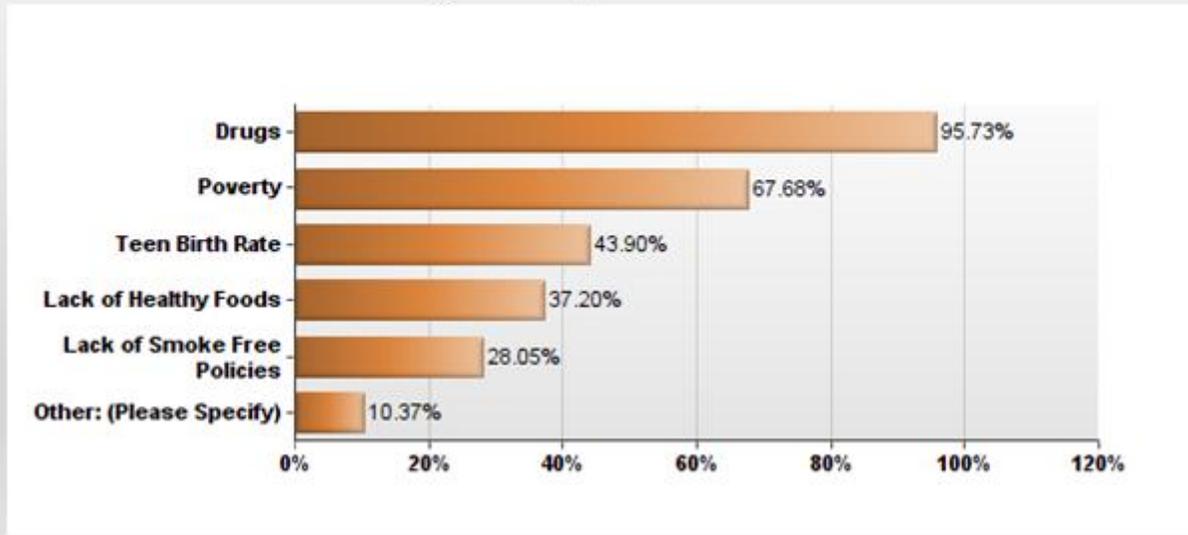
## Other Strengths of our Community that can Help our Citizens be Healthier

**1. Health and Fitness Facilities**

**2. KYNECT**

**3. Schools**

## What are the issues and risks in our community that might impact health



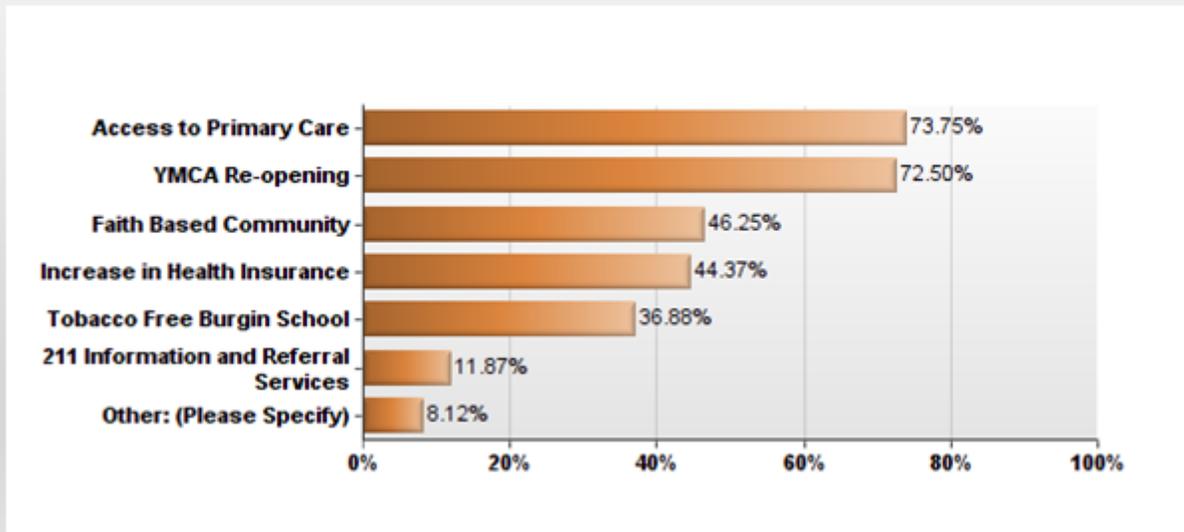
## Other issues and risks in our community that might impact health

**1. High Cost of Health Foods/Lack of Affordable Healthy Foods**

**2. Loss of Health Insurance**

**3. Lack of Health Education**

## What events that are occurring, or might occur, in our community, could have a positive impact on Health



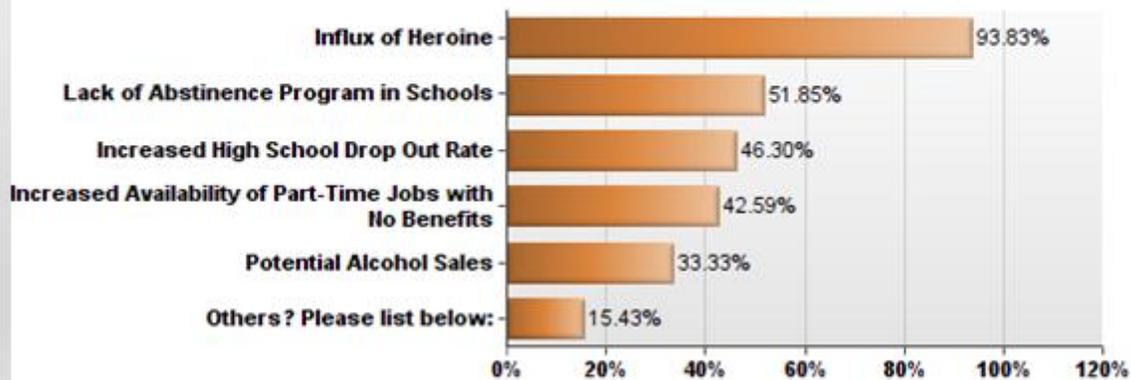
## Other events that are occurring, or might occur, in our community, could have a positive impact on Health

1. **Burgin Sewer Project**

2. **Haggin Hospital**

3. **Campbellsville University Opening a Satellite Campus in Mercer County**

## What events that are occurring, or might occur, in our community, could have a negative impact on Health



## Other events that are occurring, or might occur, in our community, could have a negative impact on Health

1. **Drugs/Increase of Illegal Drugs**

2. **Economy, Unemployment, and Poverty**

3. **Lack of Sexual Education Classes**

# Community Health Improvement Plan Process

## Methodology

Continuing the methodology described under the Community Health Assessment Process Mercer County Health Department convened community partner groups to synthesize the information obtained in the community health assessment process into strategic initiatives, goals and objectives. Each community group was given information from each of the assessments and organized into the Three Perspectives – data, organizational and individual. From this information, the partners participated in a consensus building activity through which strategic initiatives emerged. County partners created workgroups to focus on specific strategic initiatives and identified agencies/individuals to lead each workgroup. *Through a connection to the University of Kentucky, a review of evidenced-based programs by strategic initiative was provided to workgroups for consideration.*

## Strategic Issue Identification/Goals and Objectives<sup>[u1]</sup>

Each of the Strategic Initiatives selected should be listed with the measurable goals and objectives and timelines

### Strategic Initiative #1 – Poverty

Goal #1 In FY 2017, the Mercer County Health Department (MCHD) will work with the existing Mercer County Interagency Council to identify at least one agency currently addressing poverty in Mercer County.

Objective #1 – In FY 2017, the Mercer County Health Department (MCHD) will work with the existing Mercer County Interagency Council to identify specific areas where MCHD can partner with the above identified agency to reduce the burden of poverty.

Objective #2 – In FY17, the MCHD will work with the existing Mercer County Interagency Council to increase participation in poverty-related programs administered by the MCHD, such as WIC.

### Strategic Initiative #2 – Family Issues

Goal #1 In FY 2017, the Mercer County Health Department (MCHD) will work with the existing Mercer County Interagency Council to identify at least one agency currently addressing family issues in Mercer County.

Objective #1 – In FY 2017, the Mercer County Health Department (MCHD) will work with the existing Mercer County Interagency Council to identify specific areas where MCHD can partner with the above identified agency to address family issues in the populations served by the MCHD.

Objective #2 – In FY17, the MCHD will work with the existing Mercer County Interagency Council to increase participation in family issue-related programs administered by the MCHD, such as HANDS.

### **Strategic Initiative #3 – Drugs**

Goal #1 In FY17 MCHD will target HIV/HCV, diseases that can be spread through the use of injected illegal drugs.

Objective #1 – FY 17 MCHD will partner with Mercer ASAP to develop and seek approval for a Harm Reduction Syringe Exchange Program.

Objective #2 –FY17, MCHD will gather baseline data on HIV/HCV as well as syringe exchange and use this data to measure effectiveness of HRSEP.

Objective #3 – FY 17 MCHD partner with CHA CHIP attendees to increase community awareness of HIV/HCV

### **Connection to State and National Health Goals**

Mercer County developed strategic initiatives addressing Poverty, Family Issues and Substance Abuse. These initiatives align closely with state and national priorities. Specifically, [Kentucky Health Now](#) places a heavy emphasis on Physical Activity, Nutrition and Substance Abuse. Furthermore, one of the major focus areas in the [CDC Winnable Battles](#) is Tobacco Use.

### **Communication and Distribution Plan**

The Mercer County CHA/CHIP document is posted on our local health department website (<http://health.mercercounty.ky.gov>) for community review. The document will also be distributed, electronically, to all participating community partners and hard copies will be given to all twelve Mercer County Board of Health Members. In addition, the MCHD staff of fifteen.

## **Appendix**

Three Perspectives Document – Appendix 1

Local Public Health System Assessments – Appendix 2

# Mercer County Community Health Assessment: Three Perspectives on Community Health



## The Three Perspectives

- **Data**
  - Objective
  - Statistics from National, State, and Local Sources
- **Organization**
  - Community Health Forums
- **Individual**
  - Surveys completed by Citizens of Bullitt County

# Data Perspective

## • Positives

Prevalence of Adult Smoking

- 24.7% (KY is 26.1%)

Adequate Prenatal Care – 72.0%

- 72.0% (KY is 66.0%)

Cancer Deaths – 197.4 Per 100,000

-(KY is 200.5 Per 100,000)

STI's – 291.6 Per 100,000

-(KY is 394.4 Per 100,000)

Mercer County Health Data				
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<b>Social Factors</b>				
Population	21,319	4,413,457	318,857,056	US Census Bureau (2014)
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African American (%)	3.9%	8.2%	12.6%	US Census Bureau (2014)
Hispanic (%)	2.5%	3.3%	16.6%	US Census Bureau (2014)
High School Graduation Rate (% of persons age 25+)	83.9%	83.0%	85.9%	US Census Bureau (2009—2013)
Bachelors degree or higher (% of persons age 25+)	18.9%	21.5%	28.8%	US Census Bureau (2009—2013)
Unemployed persons 16+ (%)	8.3%	8.3%	7.4%	Local Area Unemployment Statistics (2013)
Persons Below the Poverty Level (%)	16.8%	18.8%	15.4%	US Census Bureau (2009—2013)
Children Living Below Poverty Level Under the age of 18 (%)	23.7%	25.5%	22.2%	Small Area Income and Poverty Estimates (2013)
Self Rated Health Status (% of Adults who report fair or poor health)	15.0%	21.0%	17.0%	County Health Rankings (2015)
Children in single parent households (%)	33.0%	34.0%	31.0%	County Health Rankings (2015)
Median Household Income	\$43,903	\$43,307	\$52,250	Small Area Income and Poverty Estimates (2013)

# Organizational Perspective

## Top Health Concerns from Data Review

• Teen Pregnancy	• Children – Single Parent Homes
• Smoking/Pregnant	• Recreational Facilities
• Lack of Adult Exercise	• Poverty Level
• Obesity – Adult/Children	• Suicide
• Cancer Rates	• Disability
• Respiratory	• STD
• Air Pollution	• Secondary Education
• Dental Health	• Prenatal Care
• Uninsured Children	• Population Changes
• Adult and Youth Smoking	• Low Birth Weight
• Children – Born/Substance Abuse	

# Organizational Perspective

## Community Strengths

• Library	• Local Health Department (2X)
• Extension Office	• Medical
• Community Knowledge (High Median Age)	• Primary Care Available
• Churches Available for Support	• Communication
• Industry	• Compassion
• Anderson Dean Park	• Local Hospital (3X)
• Faith Based Community	• Access to Healthcare (2X)
• Interagency Council	• New Physicians (2X)
• WIC Program	• Community Programs

# Organizational Perspective

## Community Risks

• Poverty	• Knowledgeable Agencies Not Working Together
• Dentist	• Lack of Smoke Free Policies
• Mental Health (No Resources or Facilities)	• Drugs (Lack of Resources) (4X)
• Tobacco Shacks	• Package Liquor Sales
• Fast Food (2X)	• Expanded Medicaid Go Away
• Lack of Exercise	• Teen Birth Rate
• Lack of Knowledge or Resources (2X)	• Lack of Individual Responsibilities
• Poor Family Unity	• No Abstinence Program in Schools
• Lack of Demand for Healthy Food and Practices	• Lack of Family Engagement
• Socially Fragmented	

# Organizational Perspective

## Positive Changes in Community

• Extension Services	• Increased Collaboration
• YMCA Reopening	• Free Wi-Fi Downtown
• Access to Primary Care	• HOSA
• Sanitation – Sewer in Burgin	• Generosity – Endowment, Time, and Support
• Tobacco Free Burgin School	• Faith Based Community
• KASPER Program	• Health Service Connection
• Critters w/o Litters	• 211 Info and Referral Services
• KYNECT	• Emergency Pre and Med Reserve Corp
• Transformation Group – Poverty	

# Organizational Perspective

## Risky Changes in Community

- |  |                                      |
|--|--------------------------------------|
| • Influx of Heroin                                   | • Abstinence Programs out of Schools |
| • Trend from FT to PT Jobs                           | • Home Sales/Ownership               |
| • Decreased Respect for Authority                    | • Acceptance of Marijuana            |
| • Desensitized to Specific Events                    | • Large Employer Sold                |
| • Increased Kids in Foster care or with Grandparents | • Knowledge of Services              |
| • Alcohol Sales                                      | • Decreased Funding                  |
| • Dropout Rates                                      | • Abstinence Programs out of Schools |

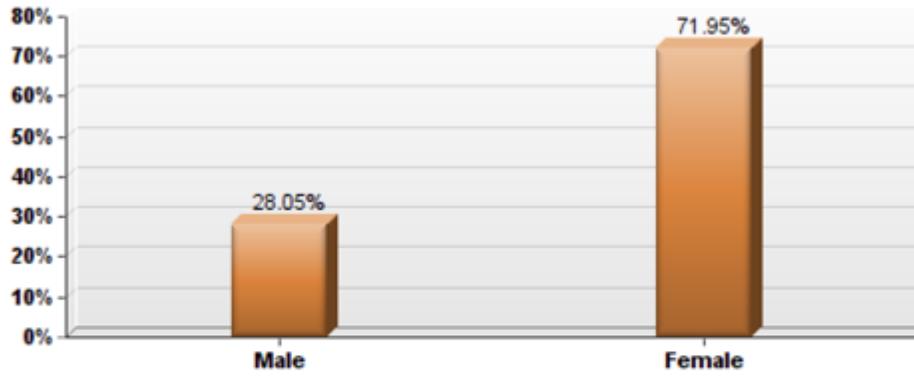
# Individual Perspective

## Results of Community Survey

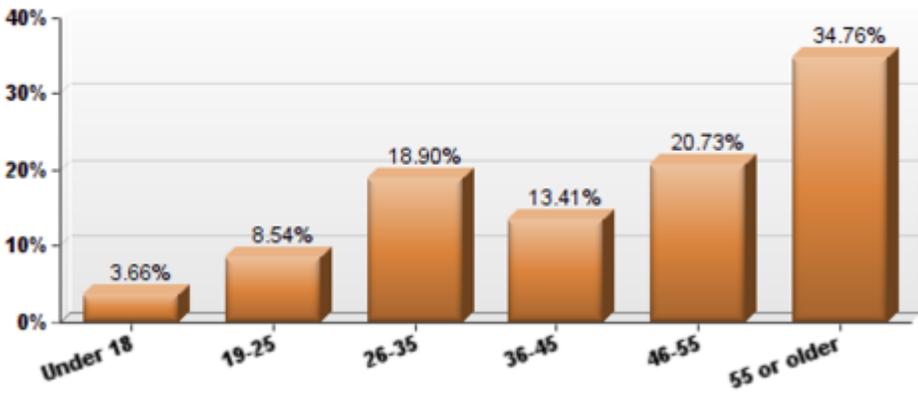
165 Responses

[u2]

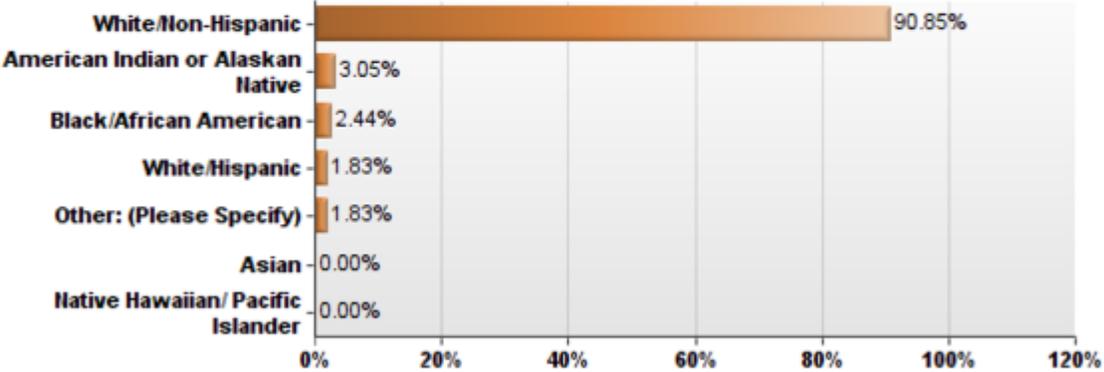
## Demographics: Gender



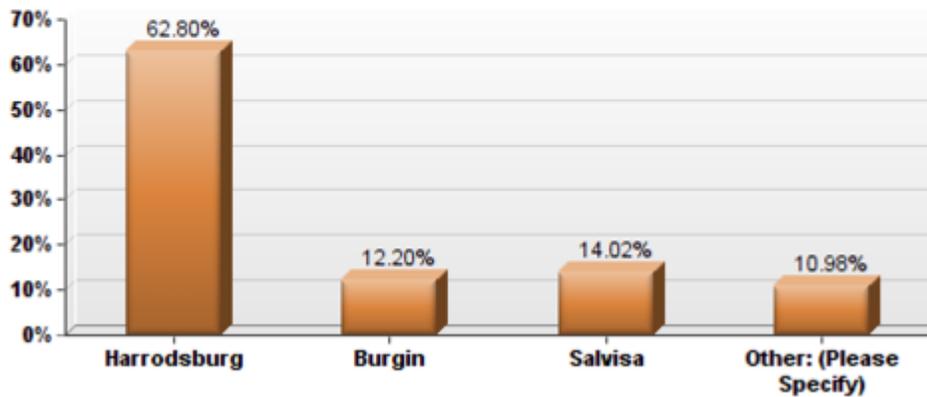
# Demographics: Age



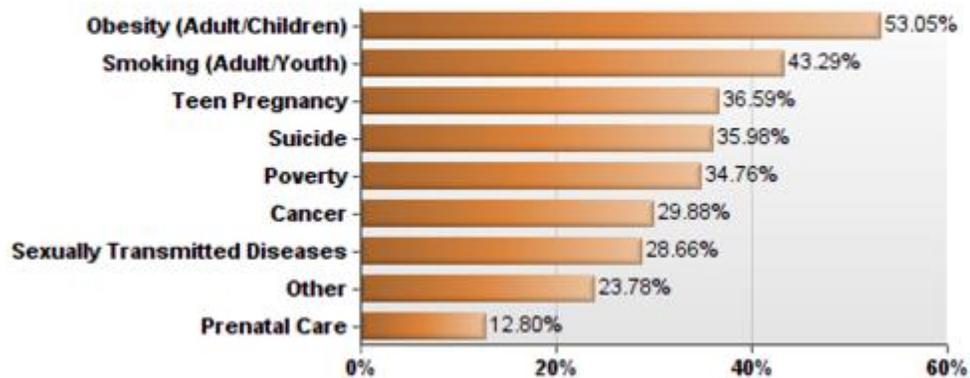
# Demographics: Race



Select the area in Mercer County closest to where you live:



Top Three Issues which Need to be Addressed in our Community



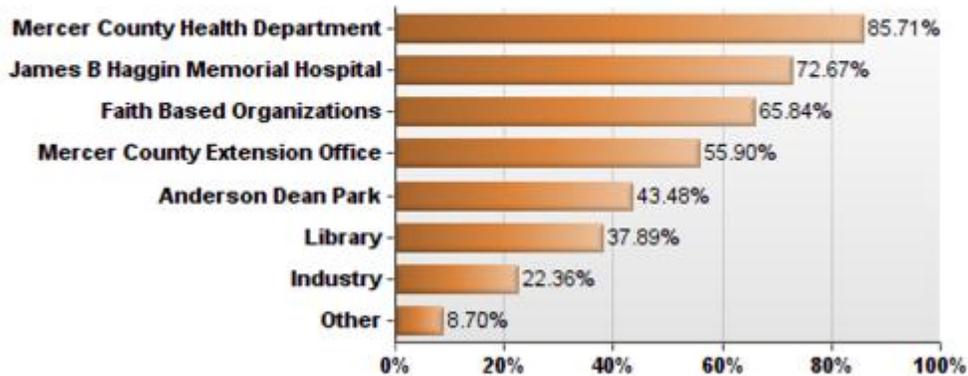
## Other Issues that Need to be Addressed in our Community

1. Substance Abuse/Drug Abuse/Drug Culture

2. Drinking/Alcohol Abuse

3. Domestic Violence

## What are the Strengths of our Community that can Help our Citizens be Healthier



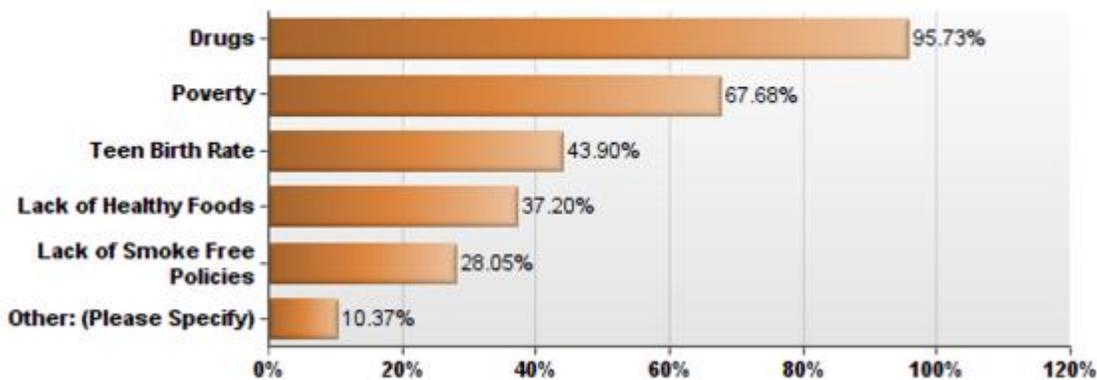
## Other Strengths of our Community that can Help our Citizens be Healthier

1. Health and Fitness Facilities

2. KYNECT

3. Schools

## What are the issues and risks in our community that might impact health



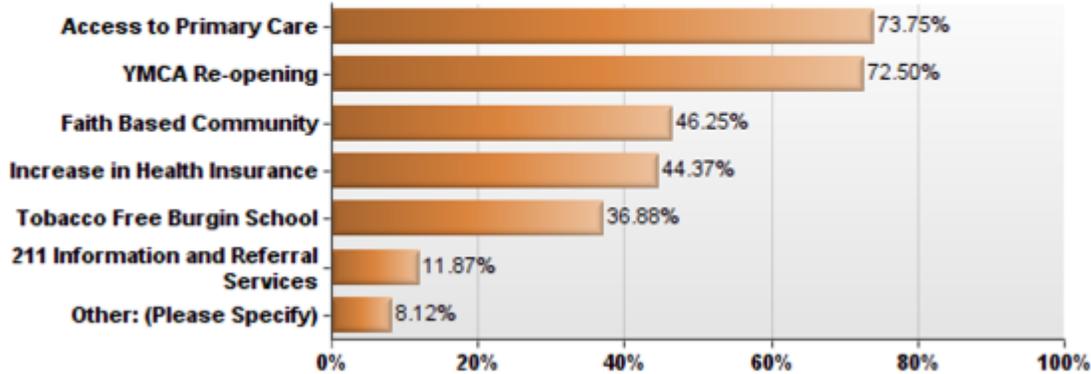
## Other issues and risks in our community that might impact health

**1. High Cost of Health Foods/Lack of Affordable Healthy Foods**

**2. Loss of Health Insurance**

**3. Lack of Health Education**

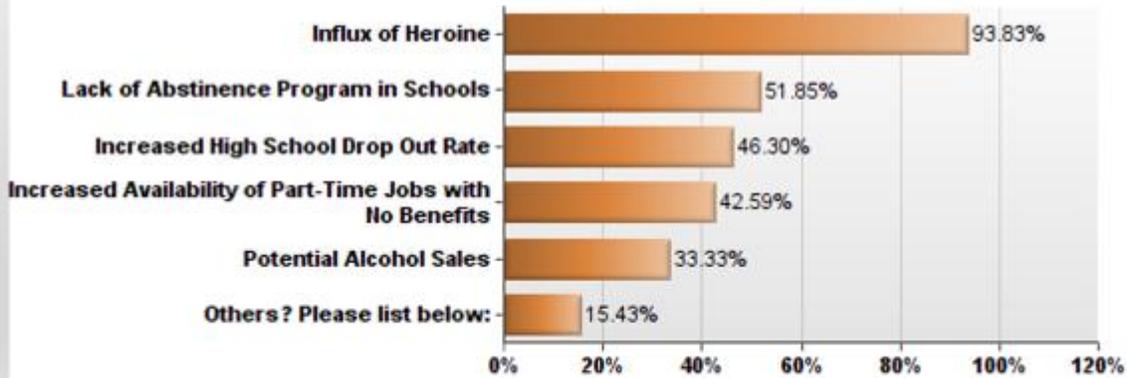
## What events that are occurring, or might occur, in our community, could have a positive impact on Health



## Other events that are occurring, or might occur, in our community, could have a positive impact on Health

1. Burgin Sewer Project
2. Haggin Hospital
3. Campbellsville University Opening a Satellite Campus in Mercer County

## What events that are occurring, or might occur, in our community, could have a negative impact on Health



## Other events that are occurring, or might occur, in our community, could have a negative impact on Health

1. **Drugs/Increase of Illegal Drugs**
2. **Economy, Unemployment, and Poverty**
3. **Lack of Sexual Education Classes**

## Appendix 2

### Mercer County Local Public Health Systems Assessment (November 5 2015)

#### EPHS #1 – Monitor Health Status to Identify Community Health Problems

Organization	Service
Mercer County Health Department	Well child, Lead Testing, Pap Smears, Breast Exam, WIC, Prenatal Program, Evaluate Patients on Daily Basis
Bluegrass.org Prevention	Needs Assessment
Mercer County Health	Participate in Community Partnerships (Schools, Interagency, Daycares) & Collaborate with Community Partners
EMH	CHNA and Population Health Work Plan
Burgin Family Connections FRYSC	Prevention Efforts

#### EPHS #2 – Diagnose and Investigate Health Problems

Organization	Service
A.S.K Foundation	Addiction Support and Education & Relapsed Prevention Education Services
Mercer County Health Department	TB, STD, DX, RX, NEDDS (Reportable Disease Investigation), & Disease Surveillance
EMH	Report Abuse and Report ID
Bluegrass.org Prevention	Find Areas that Need Improvement in Communities
CAC	Prescription Assistant
James B. Haggin Hospital	Provide Preventative Testing

#### EPHS #3 – Inform, Educate, and Empower People about Health Issues

Organization	Service
Bluegrass.org Prevention	Provide Materials and Education/Trainings About Substance Abuse and Mental Health Awareness
CLS	Adult Education
EMH	Diabetes Education, Pulmonary Rehab, Cardiac Rehab, Nutrition, Safe Medication Use, Prenatal Classes, Healthy Lifestyle Classes, Disease Specific Education for Patients and Family
MRC	Educate the Community on Preparedness and Offer Training to the Community
Burgin Family Connection FRYSC	Prevention (Drug Abuse, Substance Abuse, & Teen Pregnancy) & Parenting Program
HOSA	Leukemia and Lymphoma & Organ Donation

Mercer County Health Department	B/P, Diabetes (Diabetes Newsletter, Self-Management Classes, and Support Group), Birth Control, Vaccines, STD's , HANDS, and Nutrition
James B. Haggin Hospital	Community Education Programs, Community Health Forum, Community Health Fair, and Present Health Issues at Seminars at Local Library to Inform the General Population
Mercer County Extension	Nutrition Classes, Hand washing, and Food Safety
Mercer County Health	Community Resource Calendar, Interagency, Participate in Health Fairs, and Press Release Electronic Billboard
Passport Health Plan	

**EPHS #4– Mobilize Community Partnerships and Action to Identify and Solve Health Problems**

<b>Organization</b>	<b>Service</b>
MRC	Recruited Volunteers for the Medical Reserve Corps to Assist with Health Events and Disasters & Work with Community Partners to Access Health Risk in the Event of a Disaster
Marshall County Health Department	Haggin Extension Diabetes Coalition & Care Collaboration with Haggin Partners
EMH	Serve on Community Boards: School Health, Economic Development, Chamber, 4-H, School for Grants, & Health Department for Education
James B. Haggin Hospital	Occupational Medicine & Works with Local Healthcare Providers to Give a United Approach to Solving Problems
MCEO	Provide Resources
CLS	Clothing and Food Bank
Mercer County Health	Partner with Community Agencies, Develop Coalitions, Facilitate Programs Addressing Identified Problems, and ASAP
Bluegrass.org Prevention	Work with Community Coalitions
Mercer ASAP	Board Consists of Numerous Community Partners (Everyone Welcome) and Give Money to Community Organizations through Mini-Grants
Mercer County Community Endowment	Seek Cooperation Among Interested Parties in Funding Organizations Seeking Financial Assistance
HFH	Provide Affordable Decent Homes to Low Income People and Automatically Include Design to Meet Individual Health Requirements

**EPHS #5– Develop Policies and Plans that Support Individual and Community Health Efforts**

<b>Organization</b>	<b>Service</b>
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Bluegrass.org Prevention	Provide Education about Policy Development
Mercer County Health	SF Policy Advocacy and Education & Partner with Stakeholders to Create Policy
Mercer County Health Department	BOH
MRC	Work with State and Local Government Agencies to Develop Plans and Policies in the Event of Disasters
A.S.K. Foundation	Transportation Program, Life Skills Program, Continuing Education Plans, & Working to Develop Policies and Plans for Court Ordered Individuals
Burgin Family Connection FRYSC	Recommend School Policies
EMH	Testimony at City County Consul, Testimony at State, Testimony at DC
Mercer ASAP	Social Host Ordinance & Inform and Educate about Upcoming Ordinances

**EPHS #6 - Enforce Laws and Regulations that Protect Health and Ensure Safety**

<b>Organization</b>	<b>Service</b>
EMH	Report (ID, Abuse, etc.) and Public Health
Mercer County Health Department	Environmental Laws (Septic, Food, School, Pool, RVP, Rabies, etc.)
MCAD	Immunization Requirements in Schools
MCEO	We Offer Canning Classes

**EPHS #7 - Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable.**

<b>Organization</b>	<b>Service</b>
Mercer County Health Department	Referrals for Mental Health, Dental Health, Cardio/Diabetes Control, Maternal and Child Health Coordination, & If We Don't Know it, We Send it On
James B. Haggin Hospital	Health Fair & Have Agreement with Physicians Outside of Mercer County to Come to the Hospital and Treat Patients
Mercer County Health	Community Resource Calendar, Interagency, HANDS
MCHR	PCP's Offices/Hospitals
Bluegrass.org Prevention	Provides Network of Referrals and Bluegrass.org Info Line
Burgin Family Connection FRYSC	Community Baby Showed and Referrals: Vision, Hearing, Child Development, Learning Difficulties, Behavioral Challenges, Health, and Insurance
CLS	Resource Calendar

CAC	\$ FN Server
EMH	Free Clinic & Free Screening

HFH	Forward IC Provided Health announcements and Information to Partners and Families
MRC	Work with Groups to Help Inform the Communities about Local Health and Events
A.S.K. Foundations	Addiction Placement
Mercer ASAP	Refer to Mental Health and Substance Abuse Services
Passport Health Plan	

**EPHS #8 - Assure a Competent Public Health and Personal Health Care Work Force**

<b>Organization</b>	<b>Service</b>
Mercer County Health	Ongoing Trainings and Professional Development
Bluegrass.org Prevention	Emphasis on Staff Continuing Education and Certification
James B. Haggin Hospital	Extension Training, Seminars, Use of Consultants for Best Practices, & Employ Primary Care Physicians to Provide Competent and Local Healthcare Providers
Mercer ASAP	Encourage and Provide Board Member and Community Trainings
A.S.K. Foundation	Workforce Reintegration and Job Readiness Training
Mercer County Health Department	Diabetes CEU Newsletter for Area Providers & Workforce Development Policy
EMH	Verify Credentials, Skills Validation of Clinical Staff, Continuing Education, Clinical Site for Health Recuperation
Burgin Family Connection FRYSC	As Board Member for Mercer Early Childhood Council

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

<b>Organization</b>	<b>Service</b>
James B. Haggin Hospital	KY Hospital Engagement Network, Early Intervention Team, Use Consultants to Analyze Local Needs, Present Info to the Board, and Make Decisions to Address Shortcomings
Mercer County Health Department	QI with WIC
EMH	PI, Community Work plan, Report, Reassess with Trend Lines
Bluegrass.Org Prevention	Evaluate Programs and Education to Gauge Effectiveness
Burgin Family Connection FRYSC	Prevention
Mercer ASAP	Evaluate Programs Implemented
Passport Health Plan	

**EPHS #10 - Research for new insights and innovative solutions to health problems.**

<b>Organization</b>	<b>Service</b>
James B. Haggin Hospital	Address Underserved Areas, Research the Needs of the Community for Physicians & Recruited and Hire Ones where the Skill is not Available Locally

Marshall County Health Department	Immunization Registry, CDC (Website) for Vaccines and Diseases
Bluegrass.Org Prevention	Works with Needs Assessments and KIP Data. Implement Research Based Programs
A.S.K. Foundation	Community Pole and Assessment of Needs of Individuals (Specifically those Effected by Drugs and Alcohol)
Mercer County Extension	University of Kentucky
EMH	Population Health Research, Standards of Care, and EBP
Burgin Family Connection FRYSC	As a Board Member of ASAP
Mercer County Health	Collect/Review Data/Report