Barren River Community HEALTH Planning Council

Community Health Plan for 2013-15

Barren River Community Health Planning Council

Barren River Community Health Planning Council

Our Vision for the BRADD

What would we like our community to look like in 10 or more years?
This vision statement below was adopted by the Council in December 2011.

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

Community Health Plan for 2013-15

Developed by the

Barren River Community Health Planning Council

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This Community Health Plan document is a product of the Barren River District Health Department's Health Information Branch - December 2012
www.BarrenRiverHealth.org

Acknowledgements

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

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Steve Caven	Jeff Moore	Beth Siddens
Dennis Chaney	Crissy Rowland	Korana Durham

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How can leaders of south central Kentucky's rural communities work together to improve our overall health status, thereby strengthening the local economy, contributing to educational successes, and improving quality of life?

In the fall of 2011, this question was addressed by a group of local health care and public health leaders, who formed a new Barren River Community Health Planning Council (Council). The result more than one year later was this regional Community Health Plan for 2013-15.

The seven partner organizations included:

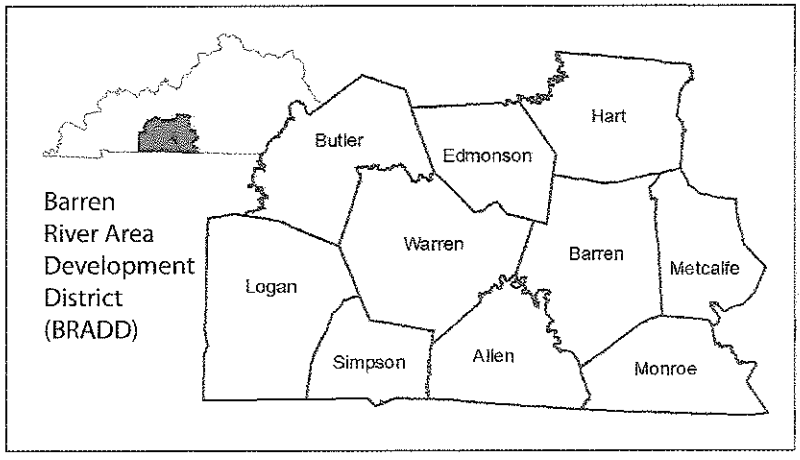
- Barren River District Health Department
- Caverna Memorial Hospital
- The Medical Center at Bowling Green
- The Medical Center at Franklin
- The Medical Center at Scottsville
- The Monroe County Medical Center
- TJ Samson Community Hospital

These partners convened leaders and experts from across the 10-county Barren River Area Development District, asking them to commit to a series of meetings through December 2012.

The Regional BRADD Community - The Barren River Area Development District (BRADD) covers 10 counties in south central Kentucky, and is home to 284,195 residents (2010 U.S. Census). Kentucky's fifteen area development districts were designated by the state legislature to assist local communities in the coordination of their economic development and community planning efforts, and in sharing resources toward these ends.

The 3,948-square-mile BRADD region is primarily rural, surrounding Bowling Green as the regional population, commercial, and educational center. Even during the economic recession affecting our country since 2009-10, the BRADD has enjoyed a relatively strong economy, with diversified industrial, retail, and farming sectors.

That is not to say, however, that the region is affluent compared to other U.S. communities. Southern Kentucky communities share the same socioeconomic characteristics as many of their

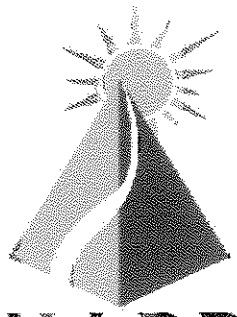


sister communities across the rural South. The combination of inadequate access to health care, cultural and social norms, and a widespread lack of health literacy have resulted in high rates of chronic disease and preventable health problems.

The Council - Council members are primarily individuals in high level leadership positions within local school systems, worksites, health care organizations, higher education, and human service agencies. Other members include elected officials and leaders in economic and business development. A third group are individuals with expertise to contribute to the process.

A complete list of council members and participating community members is included here, and in the companion document *Community Health Assessment,* published on the Barren River District Health Department's website at www.BarrenRiverHealth.org. This assessment document reports on the Council's activities and findings from November 2011 through May 2012. During this time, the Council conducted a community health assessment to identify and prioritize major community health issues and to explore factors contributing to our current population health status.

The Assessment Process - Staff of the Barren River District Health Department (BRDHD) facilitated and participated in this process, which was based on the national protocol called Mobilizing Action through Planning and Partnership (MAPP). MAPP is a community health assessment and strategic planning process developed by the National Association of City and County Health Officials. The MAPP protocol incorporates four complementary assessment steps, leading to strategic planning that has the flexibility to meet local needs and interests.



www.NACCHO.org

Local Adaptations - Two aspects of the local process were important and new for the health department:

1. This was the agency's first community health assessment in which all six local non-profit hospitals acted as full partners.
2. This was the BRDHD's first effort to facilitate regional planning by organizing participating organizations into Stakeholder Workgroups that

The Barren River District Health Department (BRDHD)

All council meetings were facilitated by the Barren River District Health Department (BRDHD). This agency serves eight member counties in south central Kentucky. They are listed here, with each county seat in parentheses:

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

The 8-county service area is home to 253,276 people, and is primarily rural in nature. The agency provides a wide array of public health services through health department facilities in each county seat. Services include preventive nursing, environmental health, epidemiology, group and individual health education, nutrition counseling, health planning, school nursing, coordinated school health, home visiting, and community health promotion. District administrative offices are located in Bowling Green. The agency's 218 public health professionals and support staff will operate during the 2012-13 fiscal year under a budget of $13,521,262.

could address priority issues on behalf of their peers across the region.

Attachment 1 presents the timeline used over 2011 and 2012 by the Council for implementing steps of the MAPP assessment and planning process. The general assessment questions are included below.

The BRCHPC's Assessment Questions

During the Council's assessment phase from November 2011 through May 2012, members explored these questions, seeking input from their peers, constituents, employees, organizations, and families:

- Considering local health status indicators and our own roles as community leaders, which should be our Priority Health Issues for collaborative action?

- Considering both local experience and national evidence on "what works," what are the gold standards for policy, education, and services that we recommend to our peers?

- In relation to our Priority Health Issues, what do local residents and key informants say about our regional system of health care, public health, and supportive services? In what ways are these institutions and providers most effective in providing needed services, and in helping local residents take responsibility for their health? In what ways are they least effective?

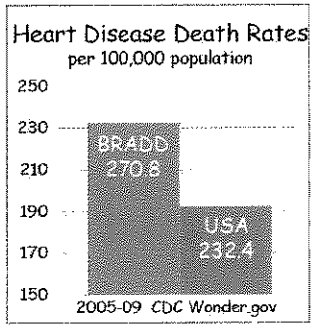
- Which forces and conditions contribute to, threaten, improve, or impact our health and the health care delivery system?

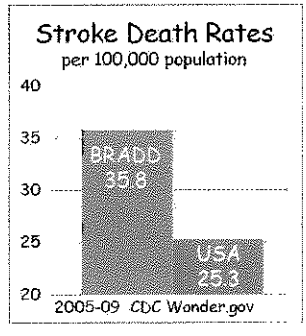
- Which possible strategies might address the factors and conditions contributing to our Priority Health Issues?

Five Priority Health Issues - One of the first assessment activities by the Council had been to analyze local population health data that had been contributed by Council members. From this analysis, they chose five major health issues affecting health status, the economy, and quality of life.

Cardiovascular Disease

This health problem includes heart disease, heart attack, stroke, high blood pressure, and other chronic diseases of the circulatory system. Cardiovascular diseases tend to run in families, but may also be related to lifestyle habits such as unhealthy diet, sedentary lifestyle, tobacco use, and uncontrolled stress. The Council's data show that our local BRADD death rates from stroke and heart disease are far above the U.S. rates.

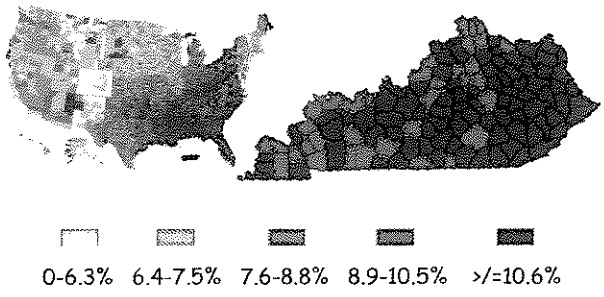




Diabetes

National data show that the high-rate "Diabetes Belt" includes Kentucky, where no county has a rate below 8.9% of the population.

Percent of Adults Diagnosed With Diabetes, 2009

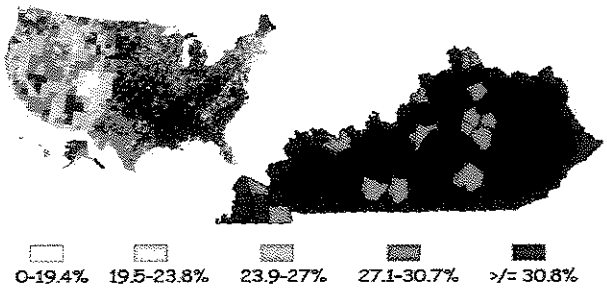


As with cardiovascular disease, type 2 diabetes is related to lifestyle habits such as an unhealthy diet and not being physically active. To control their diabetes, patients must work in partnership with their physician to use medications correctly, but also to learn how to eat right and be physically active.

Obesity

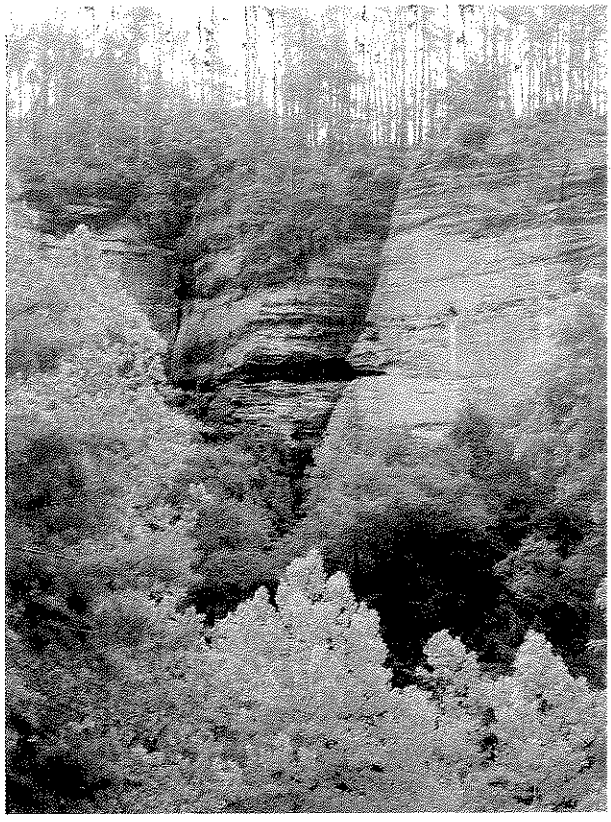
Obesity (being very overweight) is medically considered a chronic disease. It means that an adult's Body Mass Index (BMI) is 30 or above. A person whose BMI is between 25 and 25.9 is considered overweight. BMI is calculated from a person's weight and height. CDC data show that Kentucky also falls within the U.S. "Obesity Belt", and that in every Kentucky county almost 1/3 of adult residents
are not only overweight, but obese. Obesity is very hard on all body systems. It contributes to many serious health problems, including cardiovascular disease, diabetes, joint problems, sleep problems, some cancers, liver disease, and more.

Percent of Adults Who Were Obese (BMI>30), 2009



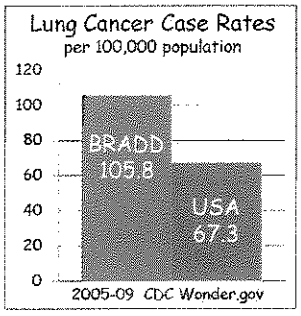
Lung Cancer

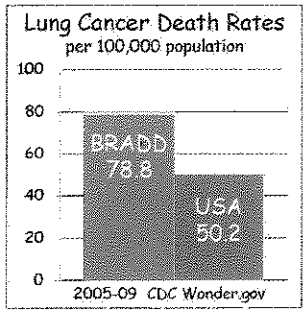
The #1 and #2 causes of lung cancer are smoking and exposure to radon. Radon is a colorless, odorless, radioactive gas that seeps out of the ground from the same types of rock formations that cause our caves, sinkholes, and karst topography. It is a health threat when the gas becomes trapped in homes, schools, and other buildings and we breathe it in.

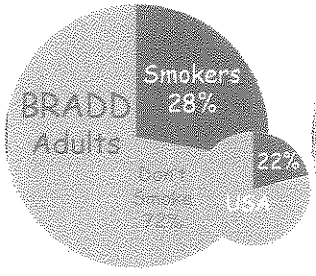


The medical community has labeled tobacco use as our #1 preventable health risk. Medical research long ago showed the link between smoking and lung cancer. Just as with losing weight, quitting tobacco is very difficult but not impossible. Tobacco users wanting to quit generally need the support of family, friends, and coworkers as well as partnerships with their

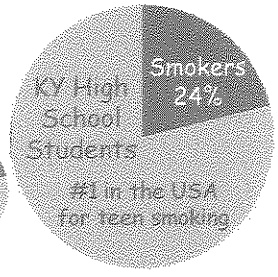
physicians. CDC survey data show that the percentage of smokers in the BRADD is higher than the U.S. rate, and that 1/4 of our teens smoke.







2011 CDC Behaviors Risk Factor Su



2011 CDC Youth Risk Behavior Survey

Drug Abuse and Addiction

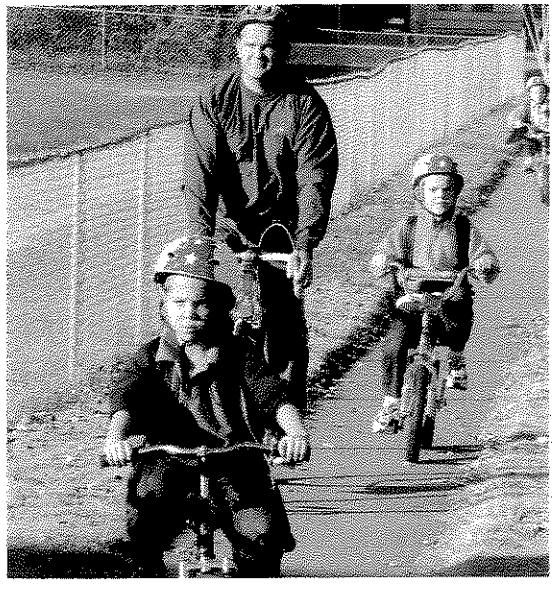
This issue has a significant effect on health and quality of life for BRADD residents. During the planning process, the Council chose to focus its efforts on the abuse of prescription medications. This problem is linked to family habits, social norms, and even how our health care system operates.

- In the 2010 local high school KIP surveys, 9.4% of BRADD 12th graders reported using prescription drugs without a prescription in the past month.
- 5.3% of these 12th graders reported that at least once in the past year they had used over-the-counter medications to get high. [1]
- A 2011 study looked at young adults ages 18-24 who were hospitalized for alcohol and drug overdoses. Between 1999 and 2008, the U.S. rate increased considerably, especially for patients using both together (76% increase). The rate of inpatient stays for prescription painkiller overdoses increased by 122%.[2]

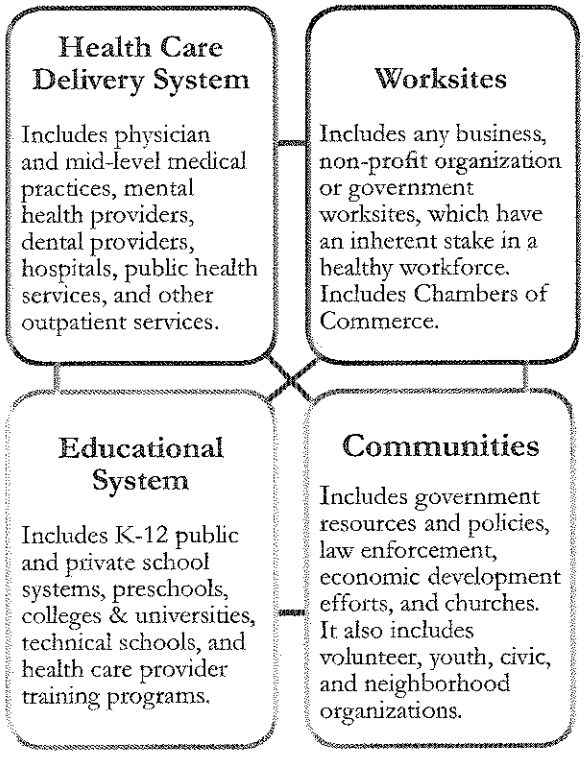
Council members see a need for education to:
(1) Help young adults see that prescription drugs are not a 'safe' form of recreation, and
(2) Teach adults how controlling access to can make a big difference.

1. BRADD composite data is from a special report created for the Council by Reach of Louisville. It includes data from 10 of our 14 public school systems.
2. J. Stud. Alcohol Drugs, 72, 774–786, 2011

NOTE: All other statistics are from the CDC Wonder compressed mortality data, the CDC's 2011 Behavior Risk Factor Surveillance System survey (adult health behaviors) or the CDC's 2011 Youth Risk Behavior Surveillance System survey (youth smoking). The obesity and diabetes maps were produced by the CDC's Diabetes Atlas. All are available at www.cdc.gov



Stakeholder Leadership Groups - The Council's public input process took a systems approach by looking at four segments of the community to explore what is happening now in relation to the Council's 5 Priority Health Issues.



For several assessment activities, Council members organized into workgroups in the four categories described above. Their first task was to begin developing local Gold Standards. These were policies, services, and education that their peer organizations might agree would be present in an ideal or "gold standard" situation. The ideal policies, services, and education were the cornerstones for questions used to gather public input through key informant and small group interviews.

Stakeholder work groups played their most important role after the assessment, when planning began. As they worked together, Stakeholder Workgroup members were asked to develop action plans with their peer leaders in mind.

Getting Down to Business - The formal planning process began during Meeting 10, in May 2012. Meeting 9 in April had been a special culminating event where Council members had reviewed and analyzed all elements of the four MAPP assessments, including public input from over 100 key informant interviews and survey input from over 12,000 residents. They generated ideas and sorted findings, developing the list presented in the Community Health Assessment Report as "Themes & Ideas From Meeting 9". This process was designed to move the Council quickly into action planning.

During Meeting 10th, members temporarily reorganized into groups by Priority Health Issue, then reviewed the Themes & Ideas related to their issue. By the end of the meeting, each group had 'given away' all of their items from Meeting 9 by assigning each to a Stakeholder Workgroup. From this point forward, all planning was conducted by Stakeholder Workgroups.

Summer and Fall of 2012 - Planning work continued through Meeting 17 in December 2013. At this time, the Council conducted an activity to look back and explore how the 16-month assessment and planning process had benefitted them and their organizations. Discussion centered around the benefits of relationships that had been formed, many of which had already led to collaboration between member organizations:

- Strategic partnerships are a key [to progress in community health improvement].
- The process has opened a lot of eyes to the fact that it is the community's health we are addressing, beyond the efforts of any individual organization or service provider.
- Members have learned how to better understand each other. We share the same goals, but we are each dealing with different barriers.
- Developing relations has helped to reduce

preconceived notions about other member organizations, and even removed some stigmas about their services.

Some members described specific examples of new partnership activities with other members. Others stated that the process had confirmed their own work and approaches as appropriate and sound.

Levels of Planning Across the Region - The charts below outline how Council members worked to conduct planning with both member counties and cross-county institutions in mind. Council members have been encouraged to incorporate appropriate aspects of the plan into their own strategic planning. The regional plan itself is vewied as an active document, and will be updated on a regular basis through 2015.

Three Levels of Collaborative Planning and Implementation

- **Regional Planning -** in Stakeholder Workgroups addressing the region's strategic issues in collaboration with peer leaders. Workgroups reflect four segments of the regional community:
  - Worksites
  - Health care providers
  - Schools systems
  - Community organizations and local government
- **County Level Planning -** by the Council's County Assessment Teams, who will bring the regional Community Health Plan back to existing county coalitions for collaboration.
- **Organizational Planning -** by individual member organizations that choose to incorporate the Council's findings and strategies into their own strategic planning process.

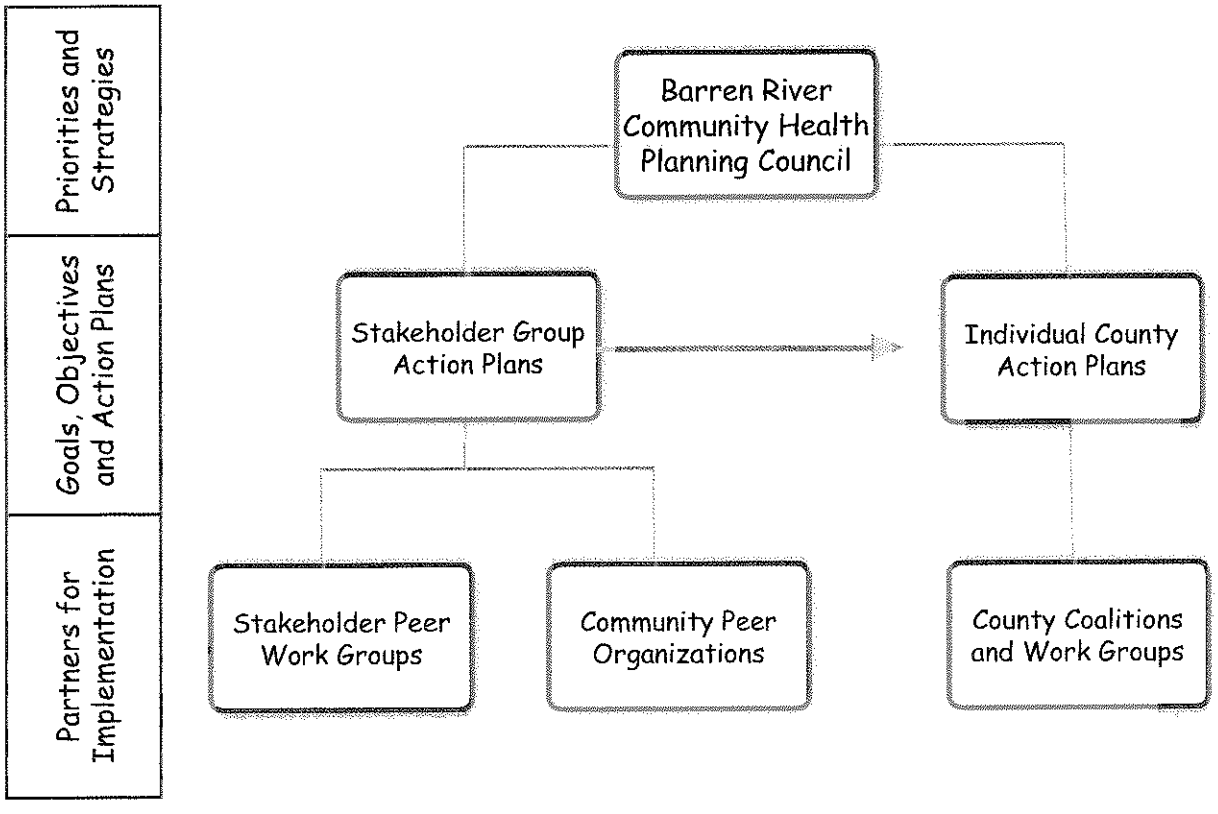


Table 2.

Barren River Community Health Planning Council
Action Plan for 2013-15

School Stakeholder Workgroup - School Health Summit

Goal: Marshall our collaborative resources to hold a single, major school health event that educates and supports the school health efforts of administrative, food service, and physical education staff at the school and district levels.

SMART Objective 1: By May 2013, host a high-profile School Health Summit that includes educational tracks for at least 250 administrative, food service, PE, and pupil personnel leaders at the school and school district levels, and that brings together the resources of at least 6 stakeholder organizations.

Strategy - Share guidelines and best practices for showcasing healthy choices in the school cafeteria, school policy, facility management, and the curriculum.		
Target Population - School leaders Possibilities include: superintendents; principals; school health coordinators, school board members and directors of: Pupil Personnel Human Resources Counseling Curriculum Food Service Physical Education		
Action Steps	**Responsible**	**Timeline**
1. Organize a School Health Summit committee of Council members and other stakeholder representatives. Include local, regional, and state-wide stakeholder organizations.	Council members representing: BRDHD School Health Center of Excellence Alliance for a Healthier Generation CTG Kentucky School Systems <u>Invite as partners</u>: KY Coordinated School Health program Action for Healthy Kids Foundation for a Healthy KY SOKY Get Fit coalition KY Association of School Administrators Kentucky Department of Education	SH Summit will be held in Spring 2013 Timeline for individual action steps to be developed by the SH Summit committee
2. Identify sponsors to provide a location, materials, equipment, lunch/snacks, promotional materials, etc. Develop a plan for maximum media coverage, to ensure a high profile event.		
3. Organize a conference with parallel tracks for multiple school leaders, including administrative, pupil personnel, human resources, food service, physical education, etc. Develop at least one session for state and federal elected officials.		
4. Develop an agenda that is based on best practices and proven strategies for schools, and includes guidance on: a. How to find success stories and ideas they can use; b. How to share their own successes with peers across the BRADD; c. How to measure progress and achievement from new policies, services, and/or educational strategies; and d. How to access funding and other community supports.		

School Stakeholder Workgroup - School Health Summit (continued)

Action Steps	Responsible	Timeline
5. Arrange professional development (PD) credits for school administrators and other school staff.	SH Summit Committ	Developed by Summit Committee
6. Develop an evaluation tool, and success indicators.		

Process Evaluation for Action Steps

1. Summit location and dates announced
2. Invitations released
3. Promotional plan underway, including media coverage arranged
4. Final agenda approved by the Summit Committee
5. Summit held, and evaluation report submitted to the Barren River Community Health Planning Council.
6. Media coverage documented.

Indicators of Success (Outcomes)

Summit evaluation surveys indicate a significant impact on knowledge, and intent to make changes in policy, services, and/or teaching.

Barren River Community Health Planning Council
Action Plan for 2013-15

School Stakeholder Workgroup - 5-2-1-0 Program

Strategy - Reach out to schools and promote a weekly reward program that is based on the USDA 5-2-1-0 nutrition campaign.

Target Population - • School districts • Elementary schools • Families

Goal - Students will be introduced to the USDA's 5-2-1-0 program to promote health eating choices/better nutrition.

SMART Objective 2 - By May 2013, at least 5 local school systems, and 15 local schools will participate in a new 5-2-1-0 reward points nutrition program.

Action Steps	Responsible	Timeline
1. Use the USDA materials to develop a marketing kit that includes the 5-2-1-0 materials and a checklist that families can use at home. Kits will include (1) local data on child obesity, and why this is a community and family problem; (2) Educational and promotional materials; and (3) A take-home sheet for families to record points, with isntructions on how to earn points.	BRDHD	Completed in November 2011
2. Develop a cover letter for the package that outlines the program purpose and ways that schools might implement it. Suggest that schools (a) set a goal (such as 140 points per child); (b) offer larger prizes in a drawing among students who reach their goals points; and (c) indentify businesses or clubs that might sponsor printing of 5-2-1-0 Log Forms.	Kim Flora, Joey Kilburn, Claudia Crump	October 9, 2012 meeting of that group
3. Present the program at the October 2012 quarterly meeting of school Directors of Pupil Personnel (DPPs). Suggest that schools start in January 2013, and implement 9-week cycles.	Joey Kilburn Claudia Crump	October 19, 2012
4. Meet individually with other School Health Coordinators to introduce the program.	Jacy Wooley	Complete by end of 2012
5. Introduce the program to BRDHD and other school nurses.	Grecia Wilson for Warren Co Schools Request help from Jenna Phelps.	October 2012 (Warren) October 1 (BRDHD)

School Stakeholder Workgroup - 5-2-1-0 Program (continued)

Action Steps	Responsible	Timeline
6. Make suggestions for how schools can be recognized for participation (examples: media coverage, website article, school newsletter to parents, BRDHD School Health Herald, etc.).	School Stakeholders Workgroup	October meeting
7. Distribute a feedback survey to parents and students after the first 9 weeks (distributed either by Friday folders or email).	BRDHD will coordinate	After first nine weeks

Action Steps Process Evaluation

1. Packet completed to show to schools.
2. Meetings completed.
3. Printing sponsors lined up.
4. Materials ordered for participating schools.
5. Materials delivered to participating schools.
6. Survey distributed via SurveyMonkey (or paper copies sent home); report of findings from feedback survey presented to the Council.

Indicators of Success (Outcomes)

1. At least 5 school systems are participating.
2. At least 15 schools are participating.
3. By fall 2015, the percent of children in participating schools who are overweight will decrease by 5%.

Barren River Community Health Planning Council
Action Plan for 2013-15

School Stakeholder Workgroup - School RNs

Strategy - Document the contributions of school nurses in PK-12th grade schools, building support for additional funding for these programs.

Target Population - All public schools and governing school boards

Goal - Maintain support for school nursing programs in our K-12 schools.

SMART Objective 3 - By December 2015, maintain the school nurse programs (either health department

Action Steps	Responsible	Timeline
1. Develop a presentation for school boards, Directors of Pupil Personnel (DPPs), state-level officials, and state legislators that documents the importance of school nurses. Include the following information: a. The current number of school nurses, b. Number of students with allergies and chronic medical conditions, c. Number of school nursing contacts, and d. Attendance data.	School Health Coordinators Directors of Pupil Personnel (DPPS) BRDHD staff WKU faculty to help with the data collection, the survey(ies), and/or developing a presentation. Darlene Shearer at WKU	By end of 2013
2. Conduct a survey of teachers and parents to collect their input on the benefits of current school nurses, and to document any support for (or lack of support for) increasing the number in other schools.		
3. Document the current use of school nurses by DPPs when working with the courts on truancy cases, where the nurse is able to function as an objective medical professional for determining when a child is too sick for school attendance. Documentation will use both data and stories.		
4. Locate and establish a reliable fund for school nurse programs.	BRDHD and school systems	
Process Evaluation for Action Steps		
1. Data collected for developing presentation(s). 2. Teachers and/or parents surveyed, and results organized for inclusion in the presentations. 3. Data (and stories) from Truancy Court collected and organized.		

School Stakeholder Workgroup - School RNs (continued)

Indicators of Success (Outcomes)
Maintaining the existing number of school nurses over a 3-year period, including those working under a health department contract, and those employed directly by the schools. Baseline: There are currently: * 41 schools and 37 nurse positions under the BRDHD program, and * Several positions employed directly by the school system (Edmonson Co., Hart Co., and Warren Co. systems)
Long Term Outcomes for Schools, Students, and Families:
1. Improvement in attendance rates. 2. Reductions in the number of students who are out of school for one week or longer. 3. Decrease in the time parents are away from work tending to the medical need of children with chronic medical issues. 4. Increase in the numbers of students with tube feeding, catheter, nebulizers treatments, diabetes, etc. who receive appropriate medical support during the school day, and individual education related to their health conditions.
Notes: Need state and/or federal funding to provide nurses in the schools

Barren River Community HEALTH Planning Council

Barren River Community Health Planning Council Action Plan for 2013-15

Worksite Stakeholder Workgroup - Lung Cancer

Goals - Reduce the number of smokers within BRADD worksites.
Reduce the impact of smoking-related illnesses

SMART Objective 1: Support development of at least 8 new cessation programs within local worksites and/or the community.

Strategy 1 - Educate employees (and employers) on the effects of tobacco use.

Target Population - A focus on "me" the employee or employer:
- Employers - Employees - Family members

Action Steps	Responsible	Timeline
1. Work with hospitals and health departments to explore how we might support them in providing more on-site education and cessation programs	Crissy Rowland will ask the Smoke Free Communities Coalition to explore this.	April 2013
2. Inventory the existing community cessation programs and services. Among other information, learn: a. How they are maintaining data on participants and on their quit rates, and b. Information that worksites can use for referrals and possibly contract programs.		
3. Inventory the existing tobacco cessation programs and policies within our worksites.		
4. Work with health insurance carriers on economic incentives for use of NRT and cessation opportunities	Ask Healthcare group to include this when working with insurance companies.	
Process Evaluation for Action Steps	**Data Sources**	**Who is collecting data?**
1. Inventory of community cessation programs.	SOKY Smoke Free Communities Coalition	After April 2013
2. An inventory of worksite cessation programs and policies.		
3. Report to the Council on the status of existing cessation programs and workplace policies, etc., and on the possibility of expanding the number of on-site programs.	Crissy Rowland	After April 2013
Indicators of Success (Outcomes)	**Data Sources**	**Who is collecting data?**
1. The number of employees (and/or family members) enrolled in a cessation program.	Crissy Rowland	After April 2013

Worksite Stakeholder Workgroup - Lung Cancer (continued)

Strategy 2 - Educate other community groups on the effects of secondhand smoke and on tobacco usage in general.

Target Population - The community at large

Action Steps	Responsible	Timeline
1. Identify champions to promote community education classes, and educate on secondhand smoke.	Crissy Rowland will ask the Smoke Free SOKY coalition for help with these steps.	December 31, 2013
2. Incorporate smoking cessation resources into a statewide website.	Cecilia Watkins	April 2013
3. Add secondhand smoke and smoking cessation as a topic within the Worksite Wellness Workshop proposed under the nutrition strategy.	Crissy Rowland	December 2013
Action Steps Process Evaluation		
1. The number of education classes provided through government offices, businesses, medical facilities, schools, clubs, civic organizations, and churches.		
2. Website includes smoking cessation resources.		
3. Tobacco and secondhand smoke added to the local workshop for employers.		
Indicators of Success (Outcomes)		
The number of non-smokers compared to baseline data.		

Barren River Community Health Planning Council
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Worksite Stakeholder Workgroup - Healthy Food Choices

Goals - Healthy employees and improved productivity.

SMART Objective 3 - By December 2013, provide tools to at least 25% of BRADD employers that will help them foster healthier habits among their employees.

Strategy 1 - Share Eat Smart Kentucky: A Guidelines for Healthy Foods and Beverages at Meetings, Gatherings and Events.

Target Population - Employees of worksites represented in the Health Council

Action Steps	Responsible	Timeline
1. Ask Chamber Directors in all BRADD counties for a distribution list for pdf document.	1 and 2 - Tonya Matthews	Completed by June 2013
2. Worksite group forwards a pdf document to their contacts		
3. Distribute copies of model worksite Healthy Eating policies, and encourage worksites to consider adoption of one that fits their situation. These policies, designed to create a work environment that is more supportive of healthy eating, include policy elements such as: a. Event foods will be healthy choices; b. Maintaining refrigerators for employees to store foods from home for meals; c. Offering more (or only) healthy choices in food/beverage vending machines; and d. Building healthy food requirements into food vendor contracts.	Cecilia Watkins	April 2013
4. Dietitians train worksite staff on healthy food choice.	Ask MNT to help	End of 2013
5. Develop a simple survey regarding use of the guidelines and worksite wellness	Cecilia Watkins	End of 2013
Action Steps Process Evaluation		
Evaluation plan to be developed by the workgroup		
Indicators of Success (Outcomes)		
Number of worksites reporting back use of the guidelines		

Worksite Stakeholder Workgroup - Healthy Food Choices (continued)

Strategy 2 - Implement Healthy Monday programs within BRADD worksites.

Target Population - Employers and employees in south central Kentucky worksites

Action Steps	Responsible	Timeline
1. Plan media and social media campaigns • Ask hospitals to partner on this • Include Facebook and Twitter pages	1. 2. and 3. Robyn Minor	By end of January 2013
2. Arrange for a representative of the national "Healthy Mondays" campaign to speak at Chamber Breakfast		
3. Find sponsors for Chamber Breakfast		
4. Social media: - Facebook – "Healthy Monday SOKY" page - Weekly tweets – goals and tips - Pinterest – healthy, quick recipes	Faceook - Twitter – Robyn Minor Pinterest -	
5. Healthy potlucks	Plan during Spring 2013	
6. Health clubs - "Healthy Monday" discount Kroger & Houchins receipts	Plan during Spring 2013	
7. Restaurant menus	Plan during Spring 2013	
Action Steps Process Evaluation		
1. Media coverage tracking 2. Chamber breakfast done, and a report to the Council on the number of worksites represented 3. Number of followers in social media outlets.		

Strategy 3 - Resource sharing among employers: sharing of best practices on nutrition, physical activity and tobacco

Target Populations - • HR groups, including the SHRM organizations
• Chamber members and leaders • Local government leaders

Action Steps	Responsible	Timeline
1. Work with a local worksite to host a Worksite Wellness Workshop at their facility. Cover these issues: a. Sharing local community resources as well as state-wide resources b. Sharing of testimonials from local employers c. Encouraging worksites to open up their own physical activity resourses and facilities for use by family members and/or community d. The health and economic effects of tobacco use	Lovis Patterson will explore hosting this workshop at Logan Aluminum, in partnership with the local SHRM. group	All activities to be completed during 2013

Worksite Stakeholder Workgroup - Healthy Food Choices (continued)

Action Steps	Responsible	Timeline
2. Work with state officials to develop a useful worksite wellness website, possibly on one of these websites; KY Department of Labor KY OSHA KY Department for Public Health (Teresa Lovely) KY Department of Economic Development This might include model policies among other resources	All worksite stakeholder members	April 2013
3. Train on website (work with state sponsor)	Teresa Lovely and Cecilia Watkins	April 2013
4. Promote website and other strategies to worksites (media release, etc.)	Teresa Lovely and Cecilia Watkins	
5. Conduct a survey of local employers regarding our resource sharing activities, asking questions such as: a. Did you receive these resources and tools? b. Have you found them useful?	Teresa Lovely and Cecilia Watkins	April 2013

Action Steps Process Evaluation
A survey of employers completed, and showing: • The % who have received our tools and resources; • The % who have found them helpful; • The % who are considering policy changes; and • The % who have made policy changes.

Indicators of Success (Outcomes)
• Good participation in workshop • Website developed • Website utilized • Best practices identified

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Health Care Stakeholder Workgroup - Reduce Readmissions

Goal - Prevent readmissions to the hospital within 31 days

Overall Objective - By December 2013, collaborate with appropriate health professionals to understand and maximize resources for patients and care providers with diabetes (DM) and congestive heart failure (CHF) to improve health outcomes, thus reducing readmissions within 30 days by 20%.

SMART Objective 1 - A 20% reduction from baseline in the number of hospital readmissions for diabetes and congestive heart failure for all payers by December 31, 2013.

Strategy 1 - Work with the KHA to formalize and improve a discharge planning process for diabetes and congestive heart failure.

Target Population - Physicians and discharge planners.

Action Steps	Responsible	Timeline
1. Hear from KHA about its "Project Red" best practice model.	Emily Martin	December 31 of 2013.
2. Convene hospitals from throughout the BRADD region to work together.		
3. Promote inter-hospital collaboration to capture patient discharges from one hospital where the patients are usually seen at another hospital.		
4. Convene point people from each hospital around discharge planning to engage in communication and collaboration.		
Action Steps Process Evaluation		
See "Project Red" evaluation indicators		
Indicators of Success (outcomes)		
A 20% reduction from baseline in the number of hospital readmissions for diabetes and congestive heart failure for all payers by December of 2013.		
Quarterly reports to the Health Planning Council on progress to date.		

Health Care Stakeholder Workgroup – Reducing Readmissions (continued)

Strategy 2 - Help payers identify / inventory case management resources that exist to help prevent readmissions. **Target Population** - Discharge planners and utilization review staff.		
Action Steps	**Responsible**	**Timeline**
1. Provide a venue for case management "point person," who can come in and speak to health care providers about case management resources that are available.	Barren River District Health Department	December 31, 2013
2. Develop a matrix of case management services that are available, along with relevant contact information. a. Look at readmission rates by providers to see if there is a difference. b. Look at discharge specific to payers.	Plan during Spring 2013	
Process Evaluation for Action Steps		
Attendance from eight hospitals within our region		
Representatives from three Managed Care Organizations to attend and participate in the forum. (Anthem, Humana, Medicare)		
Indicators of Success (Outcomes)		
A 20% reduction from baseline in the number of hospital readmissions for diabetes and congestive heart failure for all payers by December of 2013.		

Health Care Stakeholder Workgroup – Reducing Readmissions (continued)

SMART Objective 2 - By January 2014, increase by ___% the number of medical providers within the BRADD whose practices are using electronic medical records (EMRs), and increase by ___% the number who report they are aware of the benefits of EMR use.
NOTE: Planning during Spring 2013 will further develop this objective.

Strategy - Increase provider awareness and use of EMRs.

Target Population – Health care Providers

Action Steps	Responsible	Timeline
1. Inventory "meaningful use" practices as they relate to EMRs	Vicky McFall	January 2013
2. Try and determine who is and isn't using EMRs, and use this inventory as baseline data.		
3. Finances - Begin a grant search for available funding that might help the Council accomplish this		
4. Establish contact with the regional education centers and Kentucky Health Information Exchange. See if they have any resources already inventoried.		
Process Evaluation for Action Steps		
1. Baseline data available 2. Making platform / forum 3. Providing platform / forum		
Indicators of Success (Outcomes)		
An increase in the number of providers who have and use EMRs over the baseline number.		

Health Care Stakeholder Workgroup – Reducing Readmissions (continued)

SMART Objective 3 - By September 30, 2015, develop a collaborative model for reaching people without access to care using the WKU Mobile Health Units working in collaboration with the Council's member providers, and identified partners.

Strategy - Increase utilization of WKU's Mobile Units throughout the region.

Target Population – Hard-to-reach/rural/underserved communities throughout the state (focusing on the BRADD area.

Action Steps	Responsible	Timeline
1. Partner with WKU to understand how their mobile units are a part of the regional infrastructure. a. WKU mobile unit and the Medical Center to discuss possibility of a partnership. b. Partnership between WKU mobile unit and Fairview to go to Edmonson County every first and third Tuesday. c. Partnership between WKU mobile unit and Monroe County to visit diabetes fairs, women's health forum, and Wellness Center. d. Partnership between WKU mobile unit and the CHC Free Clinic.	The BRDHD (to facilitate the process) All Health Care Stakeholder workgroup members (for data points)	December 31st, 2013
2. Hospitals will contribute data.	Hospital partners	
3. Move the conversation forward between the WKU mobile unit and the hospital.	Doris Thomas, Linda Rush	
4. Analyze the hospital data to determine where to send the mobile units.	BRDHD	
5. Determine a specific schedule for the WKU mobile units based upon hospital data.	Chandra Ellis-Griffith	
6. Partner with physicians to serve as a resource for them.	To be planned during Spring of 2013	Planned in Spring 2013
7. Gather data on hard-to-reach/rural/underserved communities that have their medical home and whether they have a doctor within that medical home.		
8. Market the WKU mobile units and their schedules within these communities.		
9. Partner with Doug Anderson and dieticians.		
10. Develop a collaborative model for reaching people without access to care.	BRDHD to facilitate	

Notes: WKU Mobile Unit services and programs include

Dental unit:
- Dental sealant program for 2nd graders on Mondays and Wednesdays.
- Fluoride varnish program for Head Start students on Tuesdays andThursdays.
- Comprehensive care program once a month.

Nursing unit:
- Immunization program
- Bone density screening, cholesterol check, blood pressure screening, blood sugar screening
- Follow-ups and medications
- "Blitz" clinic in McCreary County
- Referrals, labs, "cybermedicine" (e.g. counseling)
- Medical nutrition therapy (e.g. sodium intake)

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Health Care Stakeholder Workgroup – Increasing Referrals

Goal - Increase referrals to existing local services

SMART Objective 4 - By December, 2013, produce a referral resource document that helps providers and families throughout the BRADD connect with services and programs for both preventive health and disease control support.

Target Population - Health care providers, patients who want to improve their health

Strategy 1 - Inventory existing resources in the BRADD for weight management and diabetes control, and inventory best practices that are research-based.

Action Steps	Responsible	Timeline
1. Survey resource providers across the BRADD to inventory existing resources for referrals. Use a SurveyMonkey format, and forward links to fitness centers, insurance companies, employers who offer weight loss and other health improvement programs, and health care providers.	BRDHD (to create survey draft for the work group members to finalize for distribution)	December 31, 2012 Survey release: January of 2013
2. Promote survey participation with media stories and interviews.		
3. Within the survey, focus on resources and services that are already in place, and then ask respondents to list resources and services in other areas of the country that they feel are successful.		
Process Evaluation for Action Steps		
1. Survey tool developed, edited, and ready to be released. 2. Survey participation plan developed, to help maximize our response rate. 3. A completed report of evidence-based and successful services or programs across the US that can be shared with providers for possible replication in our area.		
Indicators of Success (Outcome)		
A 10-county inventory of services and programs that can be used as the basis for Strategy 2 below.		

Note: A successful program example is the C-Care program at T.J. Samson Hospital – employees and family members with diabetes get their medications for free as long as they are keeping their appointments.

Health Care Stakeholder Workgroup – Increasing Referrals (continued)

Strategy 2 - Directory of available services: marketing, etc.

Action Steps
1. Develop a resource and services directory for physicians and other providers in paper and electronic (web-based) formats. Ensure that the format is also appropriate for patient use 2. Within the resource document, include credentialing, cost for the general consumer, insurance accepted, program certification, etc. 3. Use the current *Physical Activity Resource Guide* as a model, but adopt a more cost-effective format. Explore whether or not these two could be the same document. 4. Develop a plan for distributing the Guide among various target populations (medical & other providers, families, etc.) 5. Explore hospital medical staff meetings as a possible opportunity for introducing the Guide to providers. Other opportunities will include personal visits. 6. Explore ways to ensure that the referral is perceived as important by the patient (to ensure a low no-show rate) using materials and messages.
Action Steps Process Evaluation
1. Committee identifies the format(s) that would be most accessible and useful (examples include printed copies, online copies, electronic documents, etc.) 2. Draft document(s) ready for trial distribution, to gather input and suggestions during real-world use. 3. Final draft ready for distribution, with a plan for regular updates.
Indicators of Success (Outcome)
A 10-county *BRADD Resource and Service Directory* that is useful for referrals and locating support for health improvement.

Health Care Stakeholder Workgroup – Increasing Referrals (continued)

Strategy 3 - Coordinate continuing medical education for health care providers on this objective.

Target Population - Health care providers

Action Steps and Evaluation - To be planned during summer or fall 2013

Strategy 4 - Identify what funding is available, including grant opportunities, partnerships with insurance companies, etc.

Target Population - Possible funding partners

Action Steps	Responsible	Timeline
1. Explore how insurance companies might be approached as possible partners on this objective.	Aetna: Melody Prunty Anthem: Doug Anderson Humana: Medicaid MCOs: Dennis Chaney Cigna: Vicki McFall Tri-Care: Annette Runyon	To be planned during summer or fall 2013
2. Survey participating insurance companies on successful and evidence-based programs in other US communities. Ask them, "What are you aware of that works nationally, or that maybe you're even considering implementing?"		
Process Evaluation for Action Steps		
1. Reports from each participating Council member on their contacts with insurance company representatives, and representatives of other possible partner organizations.		
2. A survey report on recommended evidence-based programs and strategies.		
Indicators of Success (Outcomes)		
To be planned during summer or fall 2013.		

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Community Stakeholder Workgroup - Food Choices

Goal - Increase access to and awareness of healthy food options.

SMART Objective 1 - Throughout the 3-year period, collaborate to promote the marketing of locally grown foods, including both the purchase and production of healthy foods in BRADD counties.

Target Population - All community residents

Strategy - Collaborate with, and help promote community "local foods" events, and farming opportunities.

Action Steps	Responsible	Timeline
1. Inventory the farmers' markets in the BRADD, for evaluation purposes. Include which ones participate with WIC and/or the Senior Program. [see NOTE below]	Local partner organizations include: the South Central KY Get Fit coalition, UK Extension offices, WKU Office of Sustainability, Local Food for Everyone Initiative, and farmer's markets. Local partners include: Michelle Howell Diane Sprowl Christian Ryan-Downing Pat Margolis Felicia Davenport Brad Schneider Sharli Rogers Amita Sheroa Jennifer Wethington Brittany Ryan	Timeline for all activities is May 2012 - October 2015
2. Replicate and expand our 2012 Food Day Bowling Green event, with the goal of an annual event in multiple BRADD counties. Do this by collaborating locally, and by coordinating with the national celebration.		
3. Support follow-up activity from the UK Extension "Farm and Foods Day' (9-14-12), including a possible repeat in 2013.		
4. Help promote, and create opportunities for, the new WKU Mobile Market vehicle.		
5. Promotional activities for these events/activities will include: a. Cross-promote through existing networks of hospitals, large employers, organizations, families, etc. b. Email flyers to all Council members and ask that they distribute them through their contact networks. c. Promote each event through the BRDHD's School Health Center of Excellence newsletter or distribution list. d. Work with local grocery stores.		
Action Steps Process Evaluation		
1. Evaluations analyzed from 2012 Food Day, and Farm and Food Day events. 2. Reports on promotional activities		

Community Stakeholder Workgroup - Food Choices (continued)

Indicators of Success (Outcomes)
1. Increased purchase and consumption of local foods
2. Food Day and other events held per plans developed by the group each year.
3. Increase in the number of farmers participating in farmers' markets and/or the number of markets in BRADD counties.
4. Increase in the number of schools participating in Farm-to-School programs.
5.Increase in number of food service establishments that use locally-sourced foods.

NOTE: (Data may be available on KY Market Maker website: http://ky.marketmaker.uiuc.edu/

Barren River HEALTH Planning Council

Barren River Community Health Planning Council
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Community Stakeholder Workgroup - Food Choices

Goal - Increase access to and awareness of healthy food options.

SMART Objective 2 - By December 2015, develop Food Policy Councils in each BRADD county that can address current barriers to food access, and educate the public on the value of locally grown foods to improve health status as well as the economy.

Target Population - All county residents.

Strategy - Increase advocacy for healthy food choices. Community food system assessments will identify disparate populations and those lacking access to healthy food choices (for example, low-income populations, minority groups, food deserts, groups with high rates of nutrition-related health issues, etc.).

Action Steps	Responsible	Timeline
1. Establish Food Policy Councils throughout the BRADD.	Partners for Steps 1-6: UK Extension Agents KY Dept. of Agriculture WKU Office of Sustainability Barren River District Health Department WKU Local Food for Everyone initiative Community Food Alliance to provide training on to conducting assessments	Timeline for steps 1-6: November 2012 – December 2015
2. Conduct a community food systems assessment in each BRADD county.		
3. Seek grant funding to address concerns identified by community food system assessment.		
4. Educate the public about benefits of obtaining healthy foods.		
5. Increase access to local foods by educating selected target populations about healthy foods they can buy with their programs benefits: WIC clients, SNAP clients, and Senior Nutrition participants. Explore available data reports that can be used for evaluation.		
6. Share "Shining Star" examples of existing food gleaning programs and efforts across the 10 counties.		
7. Support the implementation of WKU's Food Day Achievement Awards 2013 (called "Local Food Hall of Fame), and promote it among farms.	Partners listed below. Awards to be developed by WKU Local Foods Initiative	Tracking reported every six months, beginning in spring 2013
8. Develop a plan for measuring sales levels (with participating farmers), to help with outcome measurement.	WKU Local Foods Initiative.	

Community Stakeholder Workgroup - Food Choices (continued)

Action Steps Process Evaluation
1. Minutes from meetings of Food Policy Councils
2. Increases in food sales in all BRADD counties will be reported through the Local Food for Everyone publication *eat.*
3. (Action Step 4) During classroom programs, students (college and public schools) will be surveyed before and after the program, to measure knowledge and attitude changes.
4. (Action Step 6) Shining Stars methodology developed for sharing good ideas.
5. (Action Step 7) Award of the first Food Day Achievement Awards 2013.
Indicators of Success (Outcomes)
1. Community Food Systems Assessment reports, including action plans for each county
2. Grants applied for and/or received
3. Completed Food Council action plans
4. Replication or adaptation of food gleaning programs
5. Increases in utilization/redemption rates of food benefits (WIC, SNAP, Senior) at farmer's markets

Barren River Community Health Planning Council
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Community Stakeholder Workgroup - Walking and Bike Trails

Goal - Recognize communities who develop walking and biking trails.

Strategy - Create (expand) health and physical activity resource guides.

Target Populations -
1. All populations across the region
2. Medical providers needing a resource to share with patients who need more physical activity.

SMART Objectives 3 and 4 -
3. In Spring 2013, collaborate with the Southern Kentucky Get Fit coalition to expand their *Health and Physical Activity Resource Guide* to include a larger geographic area (at least three more counties not currently served: Barren, Butler, Edmonson, Metcalfe, and Monroe).
4. For other counties, explore by Spring 2014 the development of new physical activity resource guides in collaboration with other publishing partners and coalitions.

Action Steps	Responsible	Timeline
1. Get information on parks and recreation opportunities for all counties.	The current Physical Activity Resource Guide is a project of the Southern Kentucky Get Fit coalition, with printing and ad sales provided by *The Country Peddler*	The existing publication will be distributed in Spring 2012. We need updates for the 2013 edition.
2. Wider distribution (in all counties) of the existing *Health and Physical Activity Resource Guide.* It currently includes information only on Bowling Green/Warren Co, Franklin/ Simpson County, and Russellville/Logan County.		
3. Cover printing costs through ads sales and sponsors. Seek a 'printer sponsor' such as *The Country Peddler.* Designate an "owner" to maintain and update the document, and ensure quality control	Additional pages will create a need for additional advertising sales. Help with advertising leads may be necessary	
4. Distribute the resource guides during Fitness Day activities in schools.	Additional planning to be conducted in Spring 2013.	
5. Create an electronic version of the guide and post link on various websites.		
6. Possible publication in Butler, Edmonson, Metcalfe, and Monroe, possibly as a one-page document in rural areas or a newspaper insert.		

Community Stakeholder Workgroup - Walking and Bike Trails (continued)

NOTE: The current resource guide was developed for distribution to physician offices, to be shared with patients who need to be more physically active.
Process Evaluation for Action Steps
1. Layout of 2013 guide includes additional geographic areas / counties. 2. New guide(s) for other counties developed and printed. 3. An organization onboard as the "owner" of any new guides.
Indicators of Success (Outcomes)
1. Number of distributed copies 2. Results from a survey of facilities to explore expanded usage

Strategy - Increase ownership and use of bicycles.

Target Population - BRADD residents of all ages.

SMART Objective 5 - By Spring 2014, organize at least 5 programs across the 10-county BRADD to increase the ownership and/or use of bicycles for transportation and active living.

Action Steps	Responsible	Timeline
1. Develop school-based bike shops, offered occasionally to provide affordable routine maintenance	Bike shops 4-H / UK Extension Service Bowling Green league of Bicycles (BGLOB) K-12 schools WKU Police Departments KY Bike Commission (KBBC) For Bike Racks: Riding clubs Vocational school welding & design students	Promotion during May 2013 for National Bike Month Fitness event & awareness dates in 2013.
2. Provide educational programs such as Bike Rodeos and Adult Biking Safety programs. Incorporate these programs in with existing community events—health fairs, festivals, school programs, etc.		
3. Encourage Bike racks to be more available across the BRADD in public places.		
4. Address security and bike locks		
5. "Rack" ride – promote the unique design and placement of bike racks throughout communities.		
Process Evaluation for Action Steps		
1. Create "trackable" activities and contests 2. Track participation in programs		

Community Stakeholder Workgroup - Walking and Bike Trails (continued)

Strategy - Develop a regional workshop for Bike/Ped facilities

Target Population - Community leaders / champions
Specific target audience would be local officials, public works departments, parks and recreation departments, and community advocates.

SMART Objective 6 - By March 2014, involve at least at least 1 representative from every BRADD County and BRADD cities with population greater than 1000 in an educational and promotional event that provides guidance on the planning, funding, and development of new bicycling paths and facilities in BRADD communities.

Action Steps	Responsible	Timeline
1. Pull together (convene) a workgroup or coordinating committee, and identify funding to support it	BRADD Board and staff KYTC (Bike/Ped Coordinator) KY Bike Commission KY Rails to Trails Council Other "Greenway communities" Mammoth Cave (National Parks Service) NPS Rivers, Trails, and Conservation Program	Workgroup or committee will be organized in Spring or summer 2013 Target date for the workshop is February or March 2014
2. Participate in Statewide Bike Summit, April 11-13, 2013 (http://kywalkbikesummit.com)		
3. Set date and place		
4. Set objectives for the participants, using these topics: Funding, Planning, Construction Oversight, Maintenance.		
5. Secure trainers / speakers		
6. Establish an agenda and publicize it		

Process Evaluation for Action Steps
1. At least ___# participants, from at least __ # counties or communities represented.
Indicators of Success (Outcomes)
At least ___# of plans and projects developed as a result Feedback/Input from participant evaluation forms

NOTE: The NPS Rivers, Trails, and Conservation program website address is:
http://www.nps.gov/ncrc/programs/rtca/

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Cross-Cutting Initiative on Prescription Drug Abuse

Goal - Build upon and expand our successful collaborations by activating new partners and bringing new resources into the effort to prevent prescription medication abuse by teens and young adults.

Strategies - Achieve wider use by the public of existing prescription drug (Rx drug) safe disposal sites. Develop an education program on prescription drug abuse prevention for family members and other adults, increasing awareness, particularly among families with children in middle school and high school.

Target Populations -
1. Children and teens, with a special emphasis on middle school and high school students.
2. Parents, grandparents, older siblings, and other family members of teens and young adults, who can help control access to prescription drugs.
3. Healthcare providers who are involved in prescribing, dispensing, and educating patients about their medications.

Responsible - The Barren River District Health Department (BRDHD) and LifeSkills Regional Prevention Center (RPC) will take the lead on all activities for this plan. Key partners for implementation will be school systems, and county-level community health coalitions. Other important partners will be the media, employers, church leaders, and community organization leaders.

SMART Objective 1 - Develop more effective educational messages for the target populations by gathering input on knowledge and beliefs from at least 5,000 parents/grandparents and other adults.

Action Steps	Responsible	Timeline
1. Analyze existing data from the RPC's 2012 survey of parents that covered knowledge and attitudes about prescription drug abuse. Use this data to develop more effective educational messages for target populations by gathering additional input (examples: Do families understand the health risks of Rx drug abuse? Do adults understand their role in preventing access by teens? Are adults talking to teens about Rx drug abuse?)	BRDHD and RPC	May 2013
2. In counties and school systems with an insufficient number of participant responses, collect more surveys.		
3. Develop at least one Key Message for each target population: Healthcare providers Parents and grandparents Other adults School personnel Teens and young adults.	BRDHD and RPC	May 2013

Process Evaluation for Action Steps	Responsible	Timeline
1. Key messages will be ready and reported to the BRCHPC.	BRDHD and RPC	July 2013
2. Message testing will be included where possible in evaluation of educational activities.	BRDHD	August 2013

SMART Objective 2 - Educators and staff of at least 50 additional schools will report using a curriculum/ program that is designed for Rx drug abuse prevention.
SMART Objective 3 - Following the survey, training opportunities, and materials distribution, at least 90 percent of responding schools will be using our student and/or family educational materials.

Action Steps	Responsible	Timeline
1. Send a survey to multiple teachers/staff at 100% of local schools asking about current use of drug education curricula. Follow up by conducting key informant interviews with at least 15 school leaders to help identify barriers to Rx drug abuse education.	BRDHD and RPC to take the lead on working with key partners for implementation: • School systems • County-level community health coalitions. The training workshop for #2 will be in collaboration with CTG Kentucky.	By end of school year 2012-13
2. Host a training workshop for teachers and other appropriate staff from at least 15 local middle/high schools. Provide materials as needed: Generation Rx, PEERx, Mind Over Matter.		By end of August 2013
3. The materials (Play-Doh, book, and printouts) for "Brain Train" will be provided to 60 classrooms at 2nd and 3rd grade levels, and partners will promote their use by faculty, staff, or school volunteers.		
4. Offer articles for both student and parent newsletters to 100% of schools.		
5. Offer educational flyers that can be sent home via students to at least 25 schools.		
6. Provide at least 20 middle schools and high schools with locally produced educational materials for their use that include evidence-based content, but present information in a color scheme and theme that is tailored to each school.		
Process Evaluation for Action Steps	**Data Sources**	**Who is collecting data?**
1. Training workshop provided.	Report & evaluations	CTG Kentucky
2. At least 60 2nd and 3rd grade classrooms provided with materials and teacher's guides for the "Brain Train" curriculum.	Reported via RPC data system	RPC
3. Newsletter articles and educational flyers sent to schools.		
4. Locally-produced "school theme" materials sent to 20 schools.		
5. In Quearter 4, ask school staff across the region to provide input on our support for drug prevention education, and input on ways we can support their educational efforts most effectively.	Email survey	BRDHD

Indicators of Success (Outcomes)	Data Sources	Who is collecting data?
1. At least 15 schools participate in curriculum training for middle schools and high schools.	Sign-in sheets	RPC
2. At least 60 schools report that they are using the *Brain Train* curriculum materials provided.	Reports from schools	
3. At least 90 percent of responding schools report that they are using our student and/or family educational materials.	Reports from schools	

SMART Objective 4 - As a result of public education, at least 60 percent of law enforcement agencies maintaining safe drug disposal bins will report a significant increase in usage. (Depending on law enforcement agency, this may be reported in pounds, number of bags, or number times emptied per month)

Action Steps	Responsible	Timeline
1. Provide education to an estimated 55 groups of adults through presentations at worksites or meetings.	BRDHD and RPC will take the lead. They will ask partners within the BRCHPC to help identify worksites and distribute these posters.	By August 2013
2. Offer 2-4 articles to local churches, worksites, and organizations for use in their own newsletters, bulletins, or other communication channels.		
3. Provide educational posters to at least 25 worksites that are locally produced and based on input received under Objective #1 above. Tailor poster copy and design to individual worksites and/or communities, using local data where available. At least two versions will target specific subpopulations: * Young adults (18-21) * Parents/adults who can affect access.		By August 2013
4. Provide education to at least 22 teen groups through small-group sessions during school events, church youth groups, community organizations and other community venues.		By August 2013
5. Host a training workshop for law enforcement officers on their role in prevention of prescription drug abuse, providing an update on community and healthcare preventon efforts as well.	RPC	By June 2013
6. In collaboration with law enforcement partners, develop a system for routine reporting of prescription medications they have received and destroyed, using the measurement method that fits their agencies. Follow up with phone calls to gather data.	BRDHD and RPC	August 2013
7. Gain media exposure for our messages through at least 6 articles or TV/radio interviews, by organizing coverage of events, sending press releases, submitting articles ready to print, and arranging appearances on talk programs.	BRDHD	August 2013

Process Evaluation for Action Steps	Data Sources	Who is collecting data?
1. All educational sessions provided per schedule, with evaluation surveys collected after at least 50% of sesions.	RPC data system	RPC
2. All newsletter articles and posters, etc. delivered per schedule.	RPC data system	RPC
3. Reproting from law enforcement agencies will be via phone or email contacts.	Law enforcement	BRDHD and RPC
4. Media contacts and coverage will be counted through BRDHD's regular media reporting system	BRDHD data	BRDHD
Indicators of Success (Outcomes)	**Data Sources**	**Who is collecting data?**
1. A significant increase in prescription medication disposal is reported by at least 60% of reporting law enforcement agencies.	Reporting via phone or email contacts.	BRDHD and RPC
2. Adult and teen groups who received education provide positive feedback, and indicate an intent to follow up on our recommendations appropriate for their age group (prevention, peer education, monitoring, proper disposal in the home, etc.)	Participant evaluation surveys	BRDHD and RPC
3. At least 50% of worksites receiving our posters report having used them within the worksite.	Email survey	BRDHD and RPC
4. At least 50% of organizations, churches and/or worksites who received our educational articles report having used them at least once in their newsletters, bulletins, or other communication channel.	Phone or email survey	BRDHD and RPC

SMART Objective 5

At least 200 healthcare providers will receive group education on Rx drug abuse and their prevention role.

Action Steps	Responsible	Timeline
1. Collaborate with hospitals or other organizations to provide at least two educational sessions for physicians that provide CME credit. Explore working with state officials who are providing training on the KASPAR data system to reduce prescription drug abuse.	BRDHD and RPC	August 2013
2. Collaborate with partner organizations to provide at least one educational session for dentists & hygienists that provides CE credit.		
3. Collaborate with other organizations to provide at least three training sessions with nursing and/or CHES continuing education credit.		
4. To promote participation in these educational sessions, work with partners to use traditional announcements, plus alternative channels (messaging through churches, news coverage, direct mailings, etc.).		

Process Evaluation for Action Steps	Data Sources	Who is collecting data?
1. All professional education sessions held.	RPC data system	BRDHD and RPC
2. Participant counts and evaluation feedback will be gathered through our partnership with the hospitals, medical/dental societies, or other organizations arranging continuing education credits. We will also ask to work with them on the analysis of participant evaluation data, to help explore how we might make this education more useful, accessible, and appealing to other providers. Press releases will be an excellent means of sharing success in our efforts at provider education. Feedback comments can also be used in articles to gain publicity on the project's mission.	Partner and RPC data collection; BRDHD sign-in sheets	BRDHD and RPC
Indicators of Success (Outcomes)	**Data Sources**	**Who is collecting data?**
1. Provider education evaluations will indicate that learning objecties were met, and that the majority of participants felt the sessions were useful in helping them understand their role in prevention.	Session evaluations	Session providers

Barren River Community Health Planning Council
Community Health Plan for 2013-2015

Attachments

1. MAPP Process Timeline for 2011-12

2. Individuals and Organizations Involved in the Assessment and Planning Process

Barren River Community Health Planning (

MAPP Phase	Sept. 2011	Oct. 2011 1 meeting	Nov. 2011 2 meetings	Dec. 2011	Jan. 2012 2 meetings	Feb. 2012 2 meetings	Mar. 2012	April 20:
Organize for Success/ Partnership Development	Step 1: Organize Barren River Community Health Planning Council							
Visioning		Step 2: Establish our vision for the community, & for the health service system						
Four MAPP Assessments		Step 3: Community Health Status Assessment Forces of Change Assessment						
Identify Local and Multi-County Strategic Issues						Review findings and begin to identify strategic issues	Review findings and begin to identify strategic issues	Step 4 Identify priorit strateg issues
Formulate Goals and Strategies								Develop Develop st Step 5 Se
The Action Cycle								

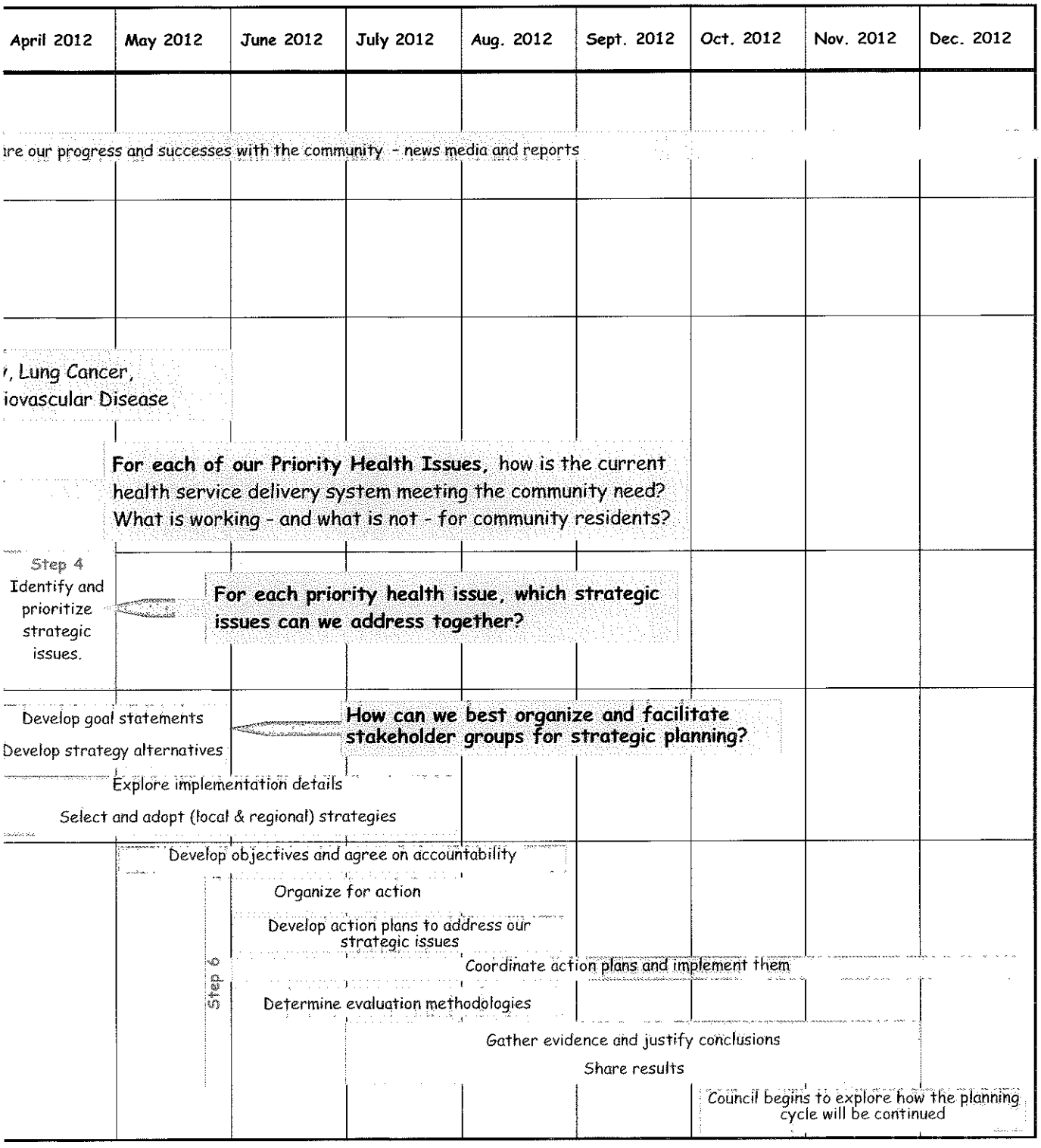
Beginning with meeting 1, share our pr

Five Priority Health Issue chosen: Obesity, Lung C
Diabetes, Drug Abuse & Addiction, and Cardiovascul

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

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

nning Council - Timeline for 2011-2012



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

Attachment 2. Individuals and Organizations Involved in the Assessment and Planning Process

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

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

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

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

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

Barren River District Health Department Facilitators

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