



Laurel County  
**Health in Motion**  
Coalition

**Community Health  
Assessment (CHA)  
&  
Community Health  
Improvement Plan (CHIP)  
2018 - 2022**

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# Executive Summary

The Laurel County Health in Motion Coalition conducts the community health assessment process every three years.

**Goal:** To provide a comprehensive and unbiased health profile of Laurel County using partnerships among multiple agencies across the community.

**Objectives:** (1) Identify community health needs; (2) Determine the priority health needs; (3) Develop a community health improvement plan (CHIP) based on these identified needs; (4) Integrate the CHIP priorities into the strategic plans of local agencies.

The data collection process encompasses several elements including:

- Demographic Data
- Key Data Indicators
- Community Survey Data
- Forces of Change Brainstorming Results
- Focus Group Responses

The data was collected from May – November of 2018. After collection of the data, the coalition participated in a data review session in January 2019 and began to narrow the list of trending data in each of the data elements. The coalition determined the top priority areas that will be a part of the 2019 CHIP in February 2019.

During this time, members of the coalition also served on the community assessment steering committee for Saint Joseph London who was the responsible party for conducting focus groups within the community.

# About Laurel County Health in Motion Coalition

The Laurel County Health in Motion Coalition was officially named in April 2015. Previously the coalition had been referred to as the Laurel County Community Health Needs Assessment Coalition. The coalition was established in October 2011 through a partnership between Laurel County Health Department and Saint Joseph London. The coalition has been administering the CHA and CHIP process since its inception. This is currently the third iteration of the CHA/CHIP Process conducted by the coalition.

The Laurel County Health in Motion Coalition is affectionately referred to by coalition members as the HIM Coalition and is comprised at any given time of 15-20 community organizations and agencies. During the CHA CHIP planning process, the coalition meets monthly at the Laurel County Health Department.

The coalition's vision for a healthier community promotes participation of community partners and its residents engaging in willful cooperation to improve the safety and well-being, health, knowledge and access to resources toward the level of a healthy community.

More information about our coalition and its past work can be found at [this link](#) on the Laurel County Health Department's Website or by simply searching Laurel County Health in Motion Coalition in your web browser.

Questions and comments about the Laurel County Health in Motion Coalition or the 2018 Community Health Assessment can be sent to the coalition facilitator.

## **Laurel County Health in Motion Coalition**

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# About Laurel County

Laurel County is located in the southeastern portion of Kentucky. The county has a total of 444 square miles (434 square miles of land and 9.7 square miles of water). A portion of Laurel River Lake and the Daniel Boone National Forest is located in Laurel County. The county seat is London. Laurel County was the location of the Battle of Wildcat Mountain, a pivotal yet little known battle during the American Civil War that kept Confederate armies from advancing on Big Hill, a major stronghold during the war.<sup>1</sup>

The first Kentucky Fried Chicken was started in Laurel County in Colonel Harland Sanders hometown of North Corbin. Due to the history of chicken in the county, The World Chicken Festival is celebrated every year in Laurel County, drawing crowds of up to 250,000 people over the four-day festival.<sup>1</sup>

Laurel County has two public school systems: Laurel County School District and East Bernstadt Independent School District.<sup>1</sup>

Communities within Laurel County include: London (city), East Bernstadt, North Corbin, Lily, and Keavy.

For more information about London-Laurel County visit the following webpages:

- [Laurel County Tourism](#)
- [London-Laurel County Chamber of Commerce](#)
- [Levi Jackson Wilderness Road State Park](#)
- [Laurel County Historical Society](#)



# Methodology

The coalition uses the MAPP Framework to conduct the Community Health Assessment and Community Health Improvement Plan process.



The MAPP Framework is a community-driven strategic planning process for improving community health. This framework 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 the local public health system.

For the 2018 Laurel County Community Health Assessment Process, the HIM Coalition implemented the following three assessments outlined in the framework.

## **Community Status Assessment**

Answers the question, “how healthy are our residents?” and “what does the health status of our community look like?” This is typically performed as a collection on secondary data that has already been compiled by reliable data sources.

### **Community Themes and Strengths Assessment**

Provides an understanding of the issues residents feel are important by answering the following questions: “what is important to our community”, “how is quality of life perceived in our community,” “what assets do we have that can be used to improve community health?” This is typically completed through a community survey or focus groups or a combination of both.

### **Forces of Change Assessment**

Focuses on the identification of forces such as legislation, technology, and other issues that affect the context in which the community and its public health system operates by answering the following questions: “what is occurring or might be occurring that affects the health of our community or the local public health system”, “what specific threats or opportunities are generated by these occurrences?” This is typically done as a small group brainstorming session.

### **Additional Assessment**

The coalition also performed an **asset mapping** session, which is not a part of the MAPP Framework, alongside of the Laurel County Rural Community Opioid Response Consortium (LCRCORP), a local group that works on impacting the opioid crisis within our community. It was evident after the completion on the three assessments above that Substance Use Disorder (SUD) remains a top priority within our community so collaborating with this group to complete the final portion on the assessment seemed like a no-brainer.

# Social Determinants of Health

Healthy People 2020 defines social determinants of health as conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live.



<p><b>Economic Stability</b>                      Employment                      Food Insecurity                      Housing Instability                      Poverty</p>	<p><b>Education</b>                      Early Childhood Education and Development                      Enrollment in Higher Education                      High School Graduation                      Language and Literacy</p>
<p><b>Social and Community Context</b>                      Civic Participation                      Discrimination                      Incarceration                      Social Cohesion</p>	<p><b>Health and Health Care</b>                      Access to Health Care                      Access to Primary Care                      Health Literacy</p>
<p><b>Neighborhood and Built Environment</b>                      Access to Foods that Support Healthy Eating Patterns                      Crime and Violence                      Environmental Conditions                      Quality of Housing</p>	

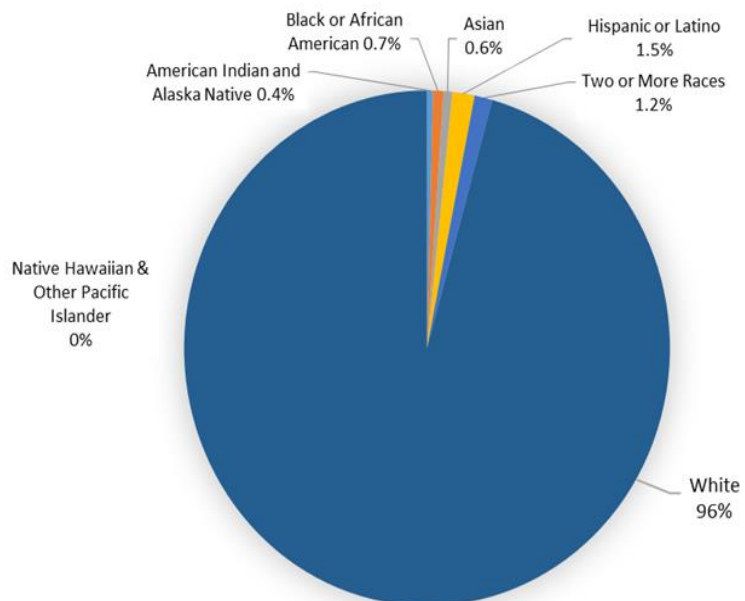
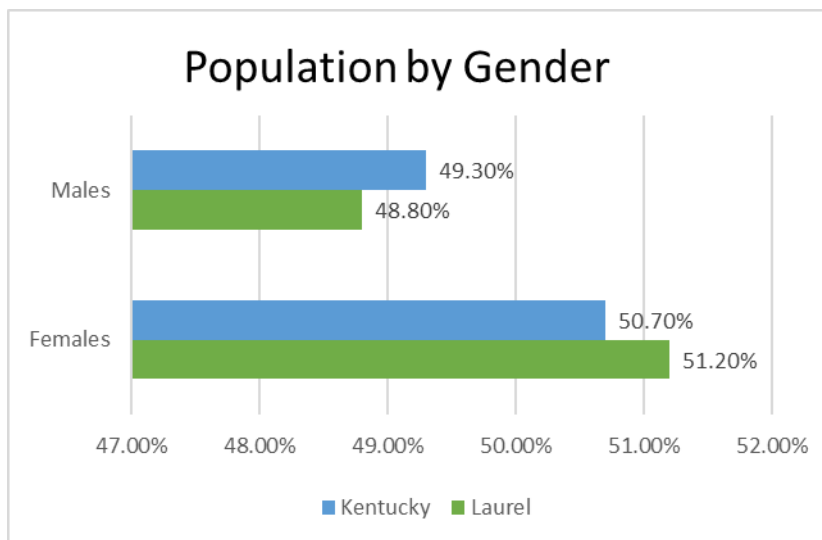
The Laurel County Health in Motion Coalition, through the work of the community health assessment and community health improvement process, hopes to make a positive impact in several of these social determinants of health areas. This assessment provides data indicators related to these SDOH.



# Community Status (Secondary Data) Assessment

## POPULATION DEMOGRAPHICS

Population by Age, 2017	Laurel	Kentucky
Total Population	60,174	4,454,189
Population (65 and Over)	16%	15.9%
Population (Under 18)	23.20%	22.70%
Population (Under Age 5)	6%	6.20%



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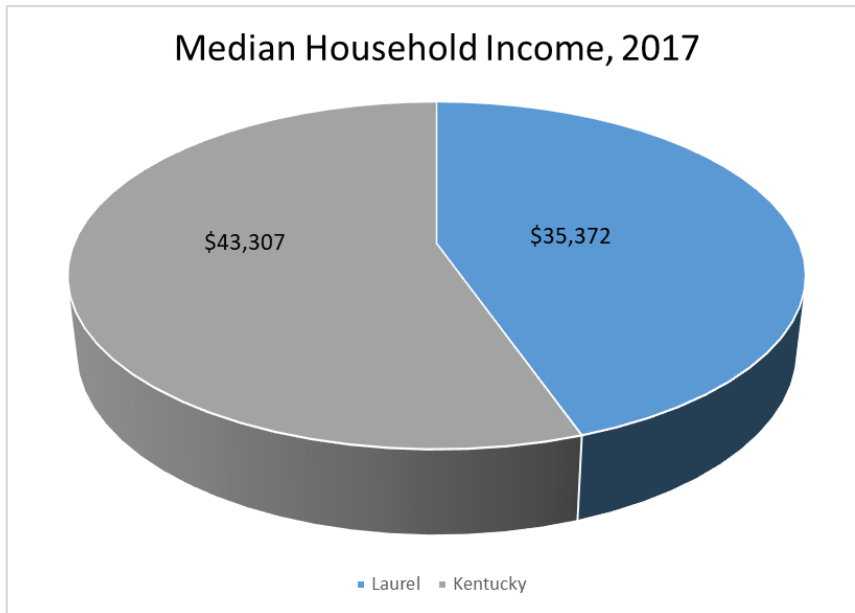
<https://www.census.gov/quickfacts/fact/table/laurelcountykentucky,KY/PST045217>

Laurel County Population by Race, 2016

## INCOME AND POVERTY

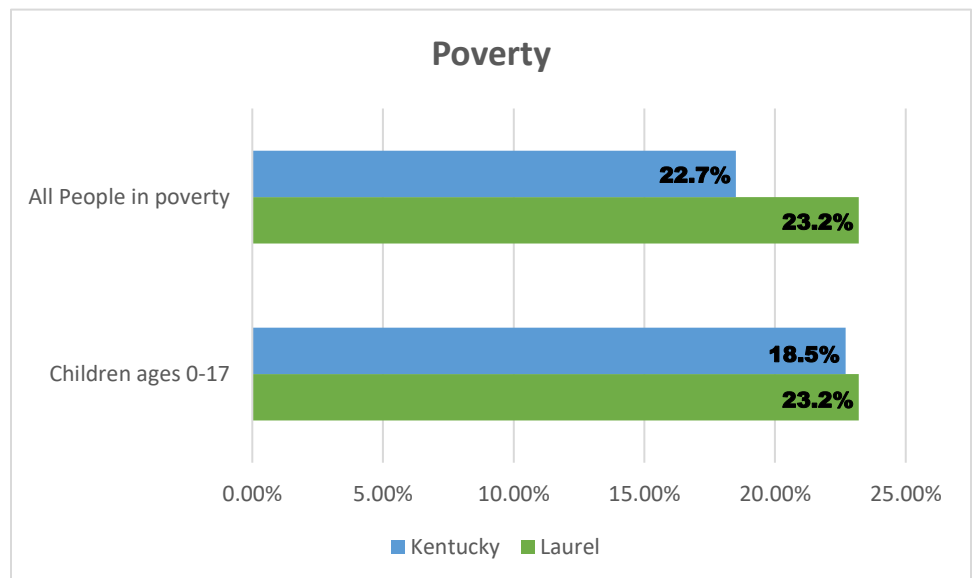
The median household income for Laurel County is substantially lower than that of Kentucky. Approximately 23.2% of children from ages 0-17 live in poverty in Laurel County, whereas, 18.2% when looking at the entire state. Educational attainment is important to consider when looking at income. There is a decrease of 10.2% in the number of individuals with a college degree in Laurel County when compared to Kentucky. (<https://data.ers.usda.gov/reports.aspx?ID=17829>) *USDA Economic Research Service County-level Data Sets, 2018*

Average Income	Laurel	Kentucky
Per capita income in past 12 months (in 2017 dollars)	\$20,446	\$25,888



Source:

<https://www.census.gov/quickfacts/fact/table/laurelcountykentucky,KY/PST045217>

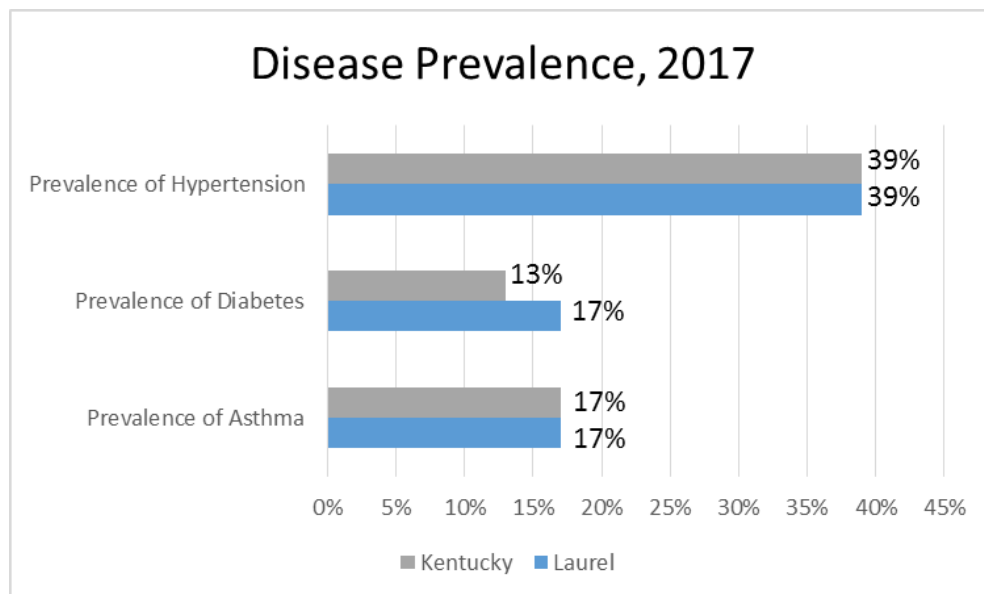


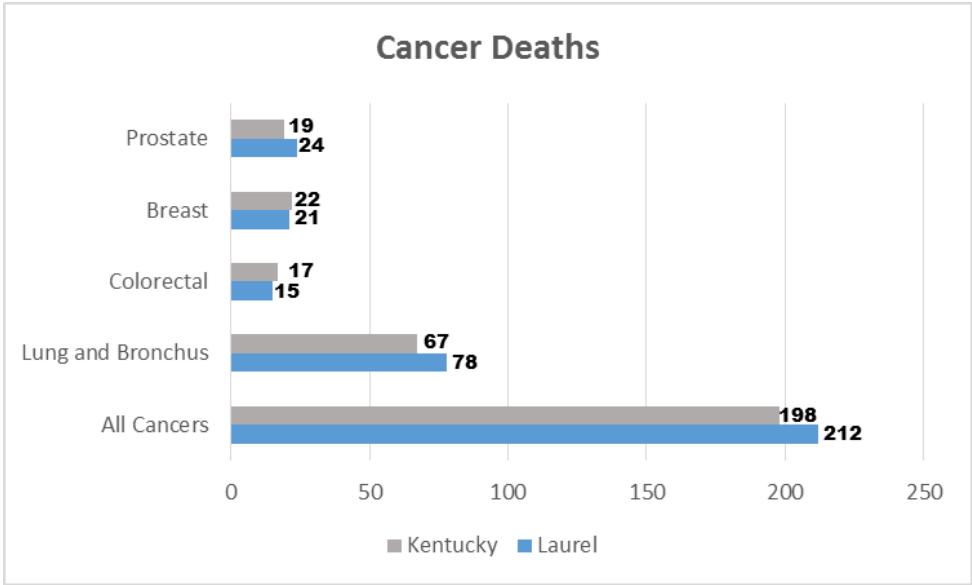
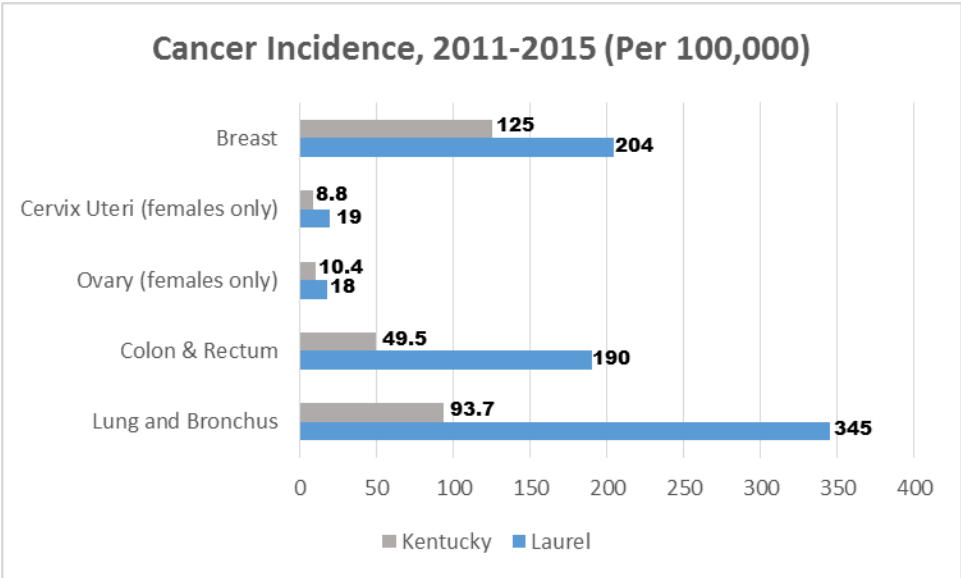
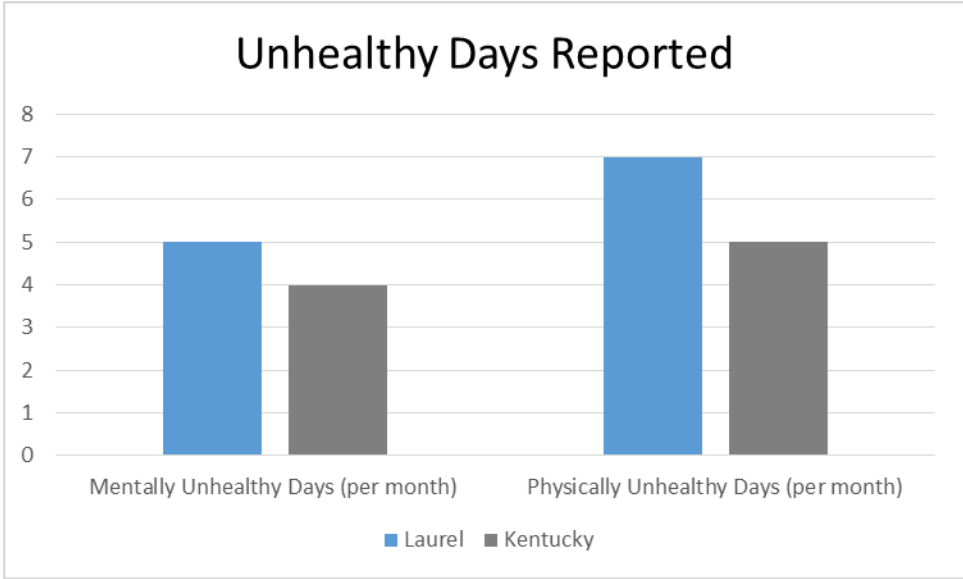
## HEALTH OUTCOMES

Health Outcomes tell us how healthy our county is. These outcomes can help us determine our community's quality of life (morbidity) and length of life (mortality). We look at the mortality (death) rates for different health related conditions and morbidity rates for the prevalence of different health-related conditions. The 2018 County Health Rankings ranks Laurel County at 63 out of 120 for overall health outcomes, 53<sup>rd</sup> for length of life, and 68<sup>th</sup> for quality of life. When asked about their health, 22% of adults in Laurel County reported less than good health.<sup>4</sup>

Causes of Death	Laurel	Kentucky
Premature Death (years lost per 100,000 population)	9,500	9,000
Total Mortality (per 100,000 population)	916	909
Heart Disease Deaths (per 100,000 population)	217	202
Stroke Deaths (per 100,000 population)	39	42
Occupational Fatalities (per 100,000 workers)	----	----
Motor Vehicle Deaths (per 100,000 population) *2018 County Health Rankings	19	15
Drug Poisoning Deaths (per 100,000 population) *2018 County Health Rankings	37	28
Firearm Fatalities (per 100,000 population) *2018 County Health Rankings	18	15
Homicides (per 100,000 population) *2018 County Health Rankings	6	5
Alcohol-Impaired Driving Deaths (%) *2018 County Health Rankings	22%	28%
Injury Deaths (per 100,000 population) *2018 County Health Rankings	89	88

Sources: <http://www.kentuckyhealthfacts.org/data/location/show.aspx?cat=3&loc=63>  
<http://www.countyhealthrankings.org/app/kentucky/2018/measure/outcomes/1/map>

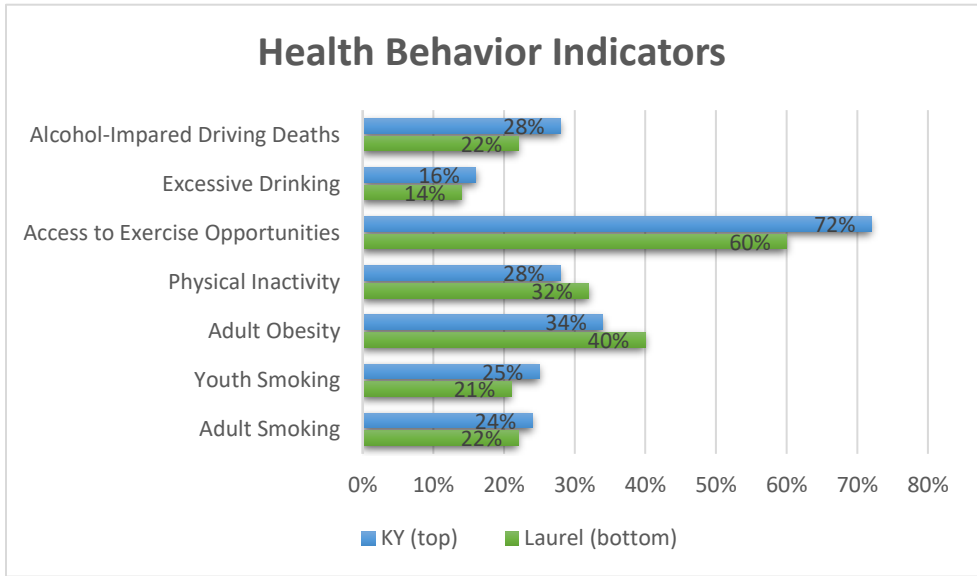




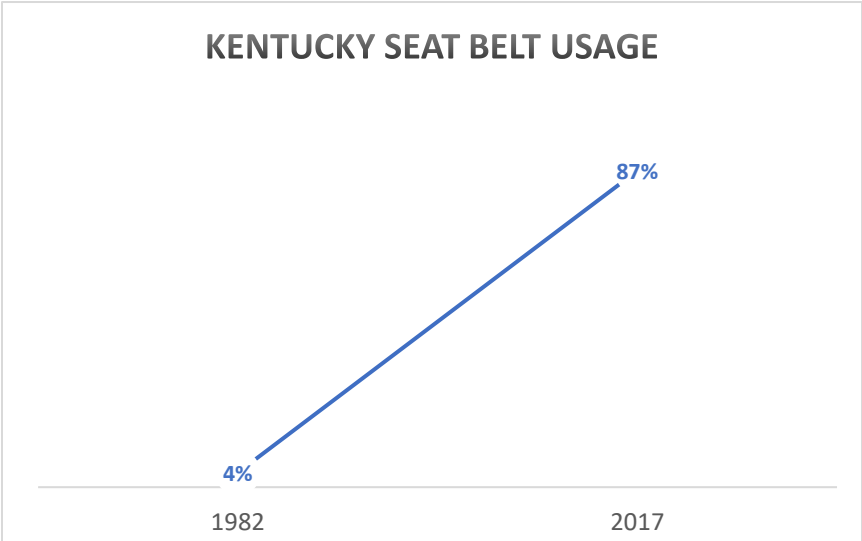
# HEALTH FACTORS

Health Factors tell us what influences the health of our community. These factors include things like Health Behaviors, Access to Care, Social and Economic Factors, and Environmental Factors. The 2018 County Health Rankings ranked Laurel County 79<sup>th</sup> out of 120 for overall health factors. Of the health factors categories ranked by the County Health Rankings, Laurel County ranked lowest in Social and Economic Factors (90<sup>th</sup> out of 120). Social and Economic Factors include education level, income, unemployment, poverty, and crime. Laurel County Ranked 76<sup>th</sup> for Health Behaviors, 54<sup>th</sup> for Clinical Care (Access to Care), and 30<sup>th</sup> for Physical Environment.

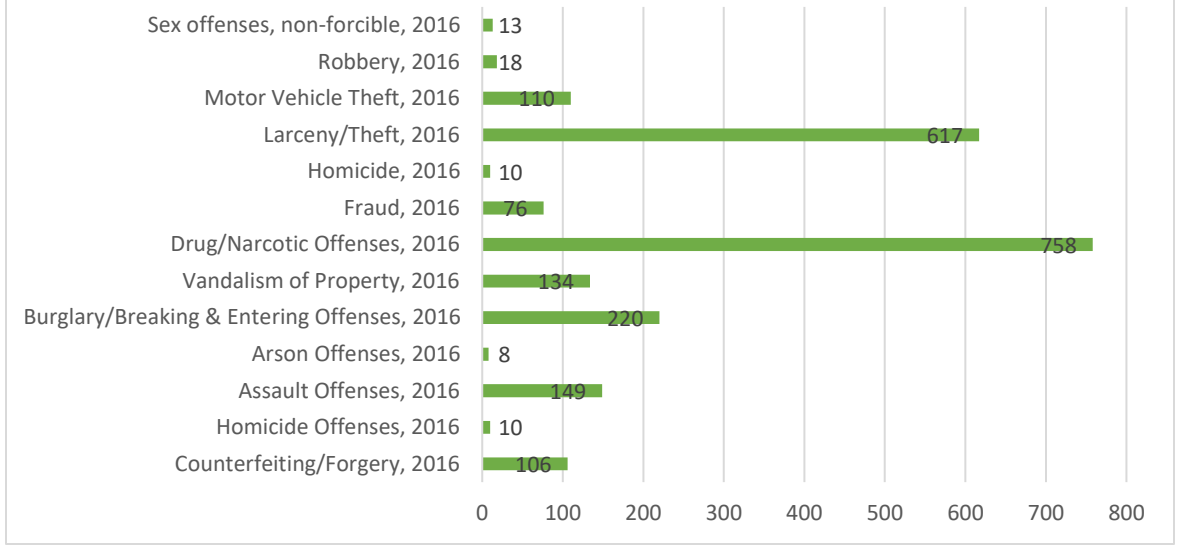
## Health Behaviors



Seat Belt County level data was not available, but statewide data is available. Statewide rates have increased from 4% in 1982 to 82% in 2017. When looking at the type of vehicle, pickups had the lowest rate at 78.8%. SUV's had the highest rate at 89.9%.



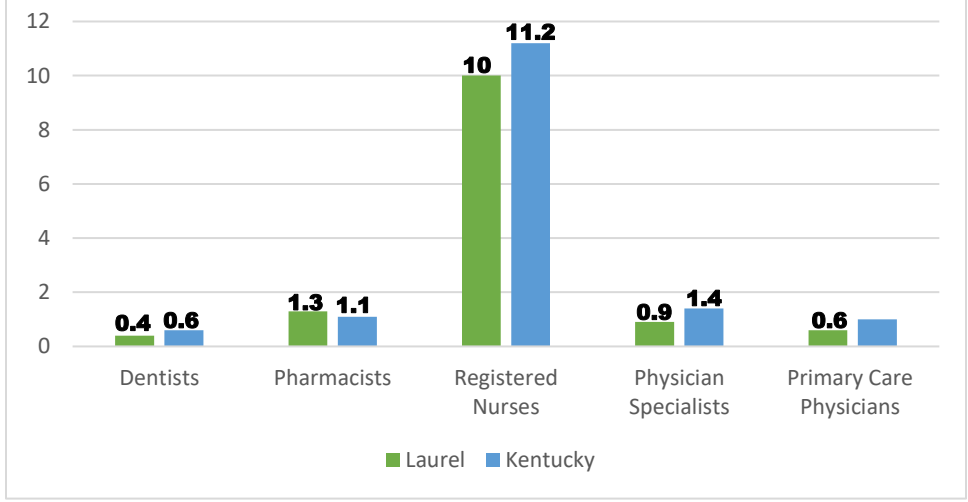
### Reported Crime Offenses, 2016



Source: [http://ksponline.org/pdf/cik\\_2016.pdf](http://ksponline.org/pdf/cik_2016.pdf)

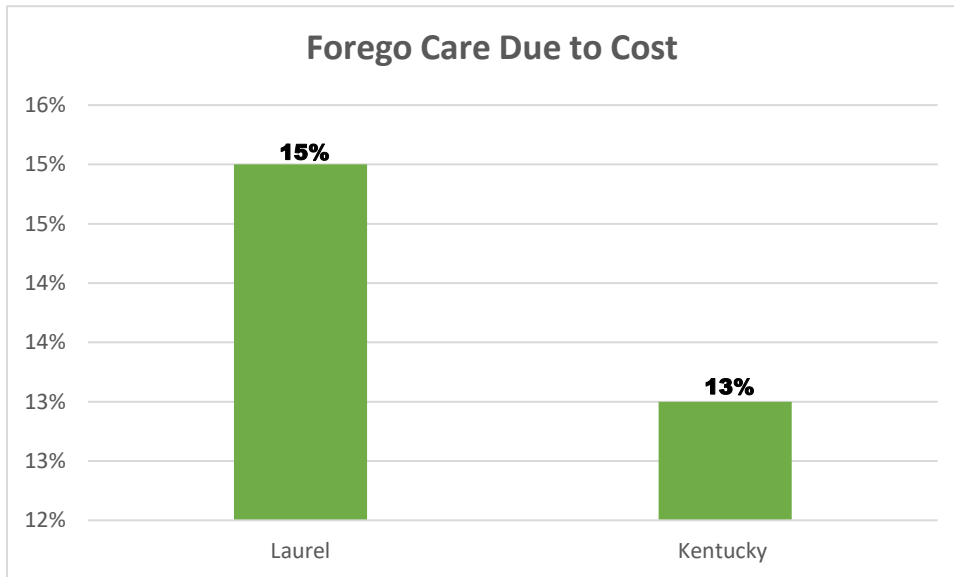
## Access to Care and Resources

### Health Care Providers (per 100,000 population)



Source: <http://www.countyhealthrankings.org/app/kentucky/2018/rankings/laurel/county/outcomes/overall/snAPSHOT>

### Forego Care Due to Cost



<http://www.kentuckyhealthfacts.org/data/location/show.aspx?cat=5%2c8&loc=63>

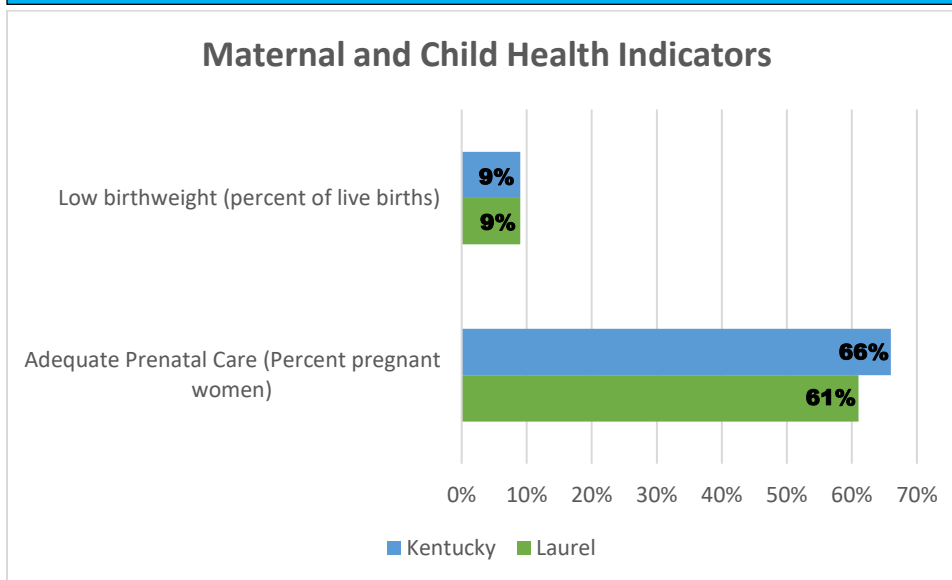
### Access to Resources

	Laurel	Kentucky
Limited Access to Healthy Foods	4%	6%
Food Insecurity	16%	16%
Health Care Costs	\$9,844	\$10,466

<http://www.countyhealthrankings.org/app/kentucky/2018/measure/outcomes/1/map>

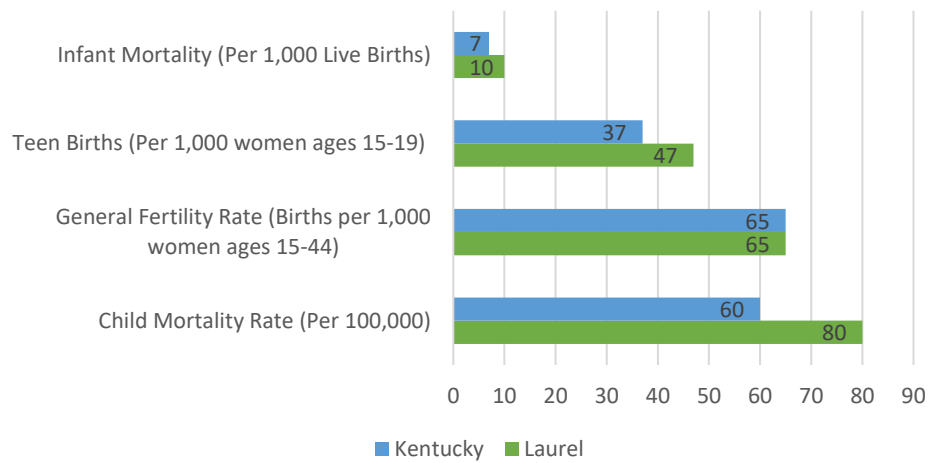
### Maternal and Child Health

#### Maternal and Child Health Indicators



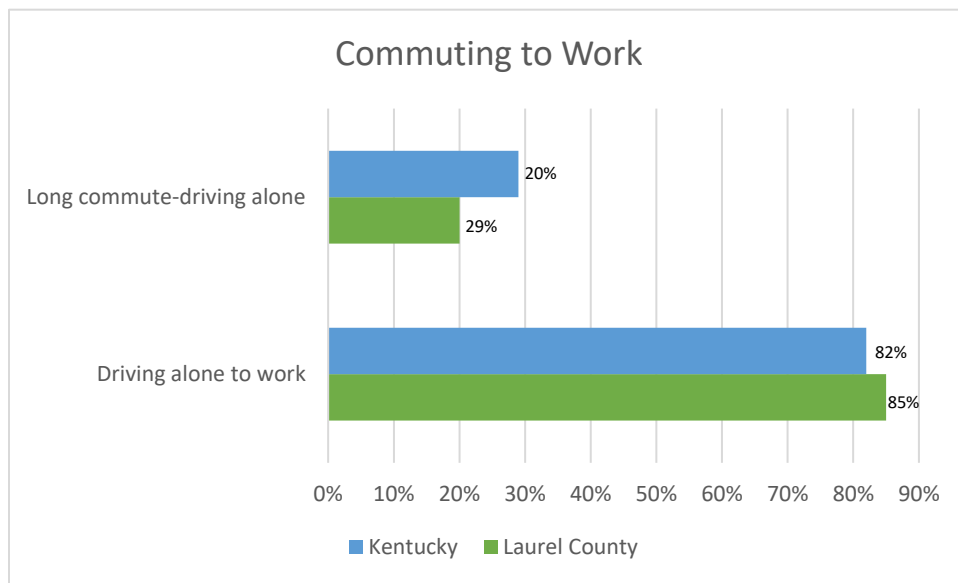
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## Maternal and Child Health Indicators



63

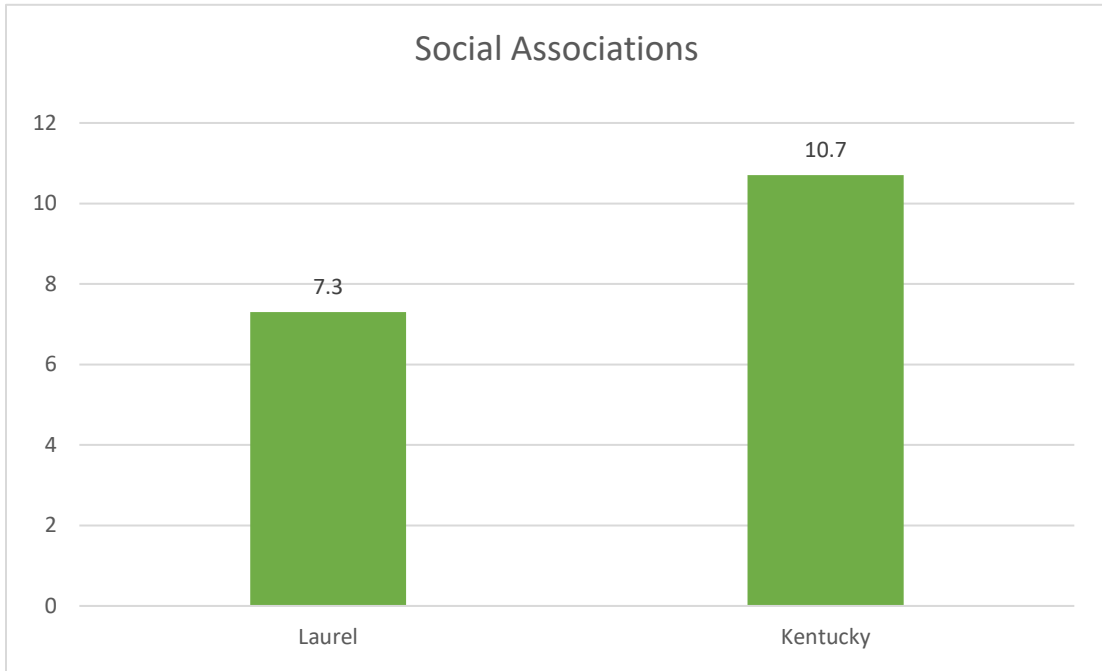
## Social and Environmental



Source:

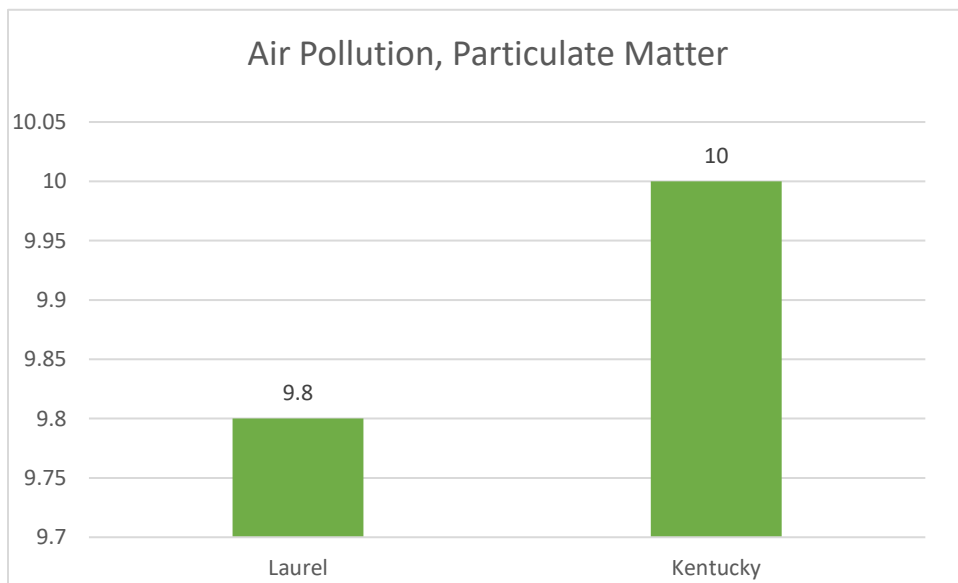
<http://www.countyhealthrankings.org/app/kentucky/2018/rankings/laurel/county/outcomes/overall/snAPSHOT>



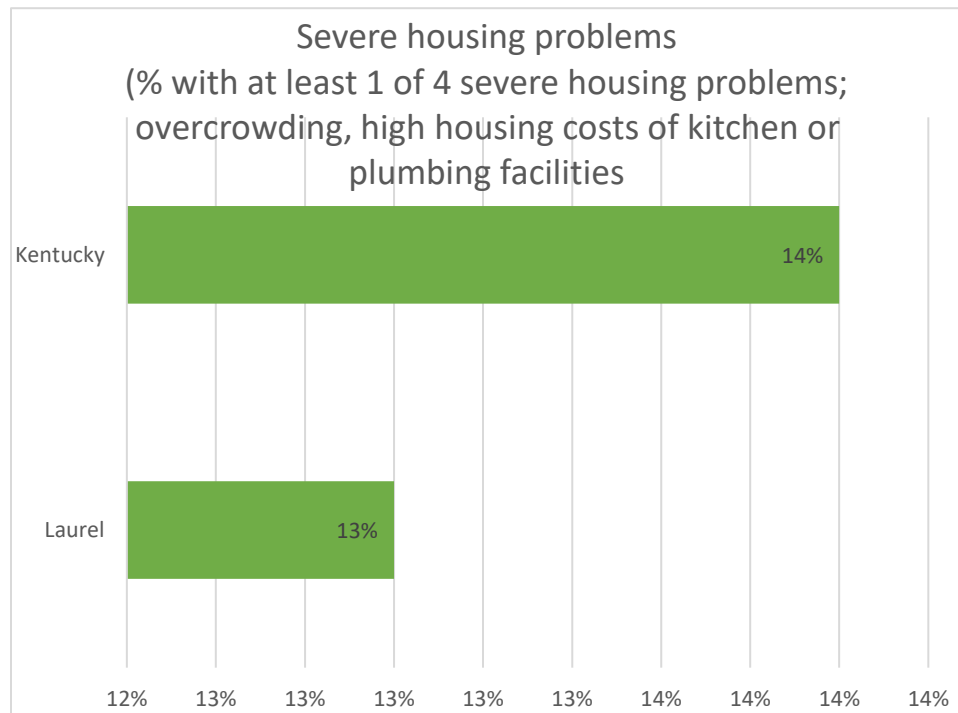


Source:

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<b>Disconnected Youth</b>	Laurel	Kentucky
% of teens and young adults ages 16-24 who are neither working nor in school	21%	16%

Disconnected youth are at an increased risk of violent behavior, smoking, alcohol consumption and marijuana use, and may have emotional deficits and less cognitive and academic skill than their peers who are working and/or in school. Studies show that both a lack of educational attainment and unemployment is linked to depression, anxiety and poor physical health.

Youth disconnection also has economic implications. The lost revenue and social service investments for disconnected youth (ages 16-24) are estimated to cost taxpayers \$93 billion a year and \$1.6 trillion over their lifetimes.

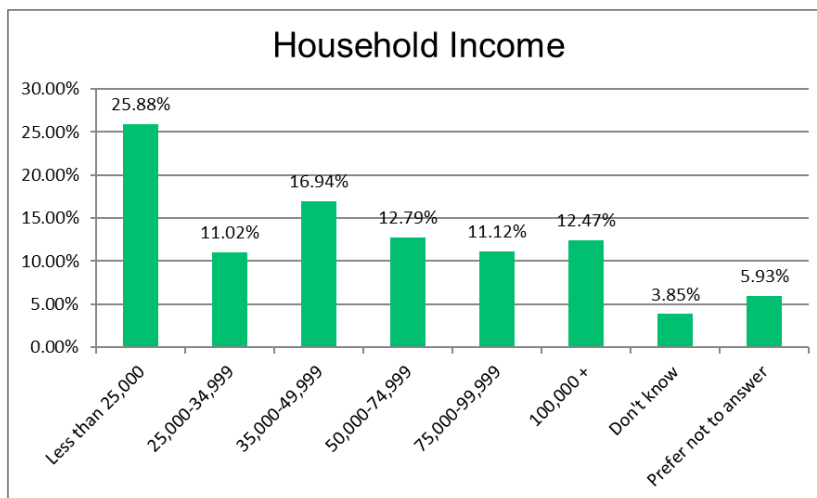
<http://www.countyhealthrankings.org/app/kentucky/2018/measure/outcomes/1/map>

# Community Themes and Strengths Assessment

## (Survey and Focus Groups)

The Community Themes and Strengths Assessment was conducted July-November 2018. A community survey was developed by the Laurel County Health in Motion Coalition and distributed both electronically and by paper copy to individuals in the community. Approximately 1,000 surveys were collected. The survey asked questions regarding quality of life, health care, economic opportunity, safety, risky behaviors, and access to care. Four focus groups were held and facilitated by Saint Joseph London and the University of Kentucky. The results of this assessment help to answer the questions: **what issues residents feel are important, how quality of life is perceived, and what community assets we have that can be used to improve community health?**

### Respondent Demographics/Socioeconomic Status



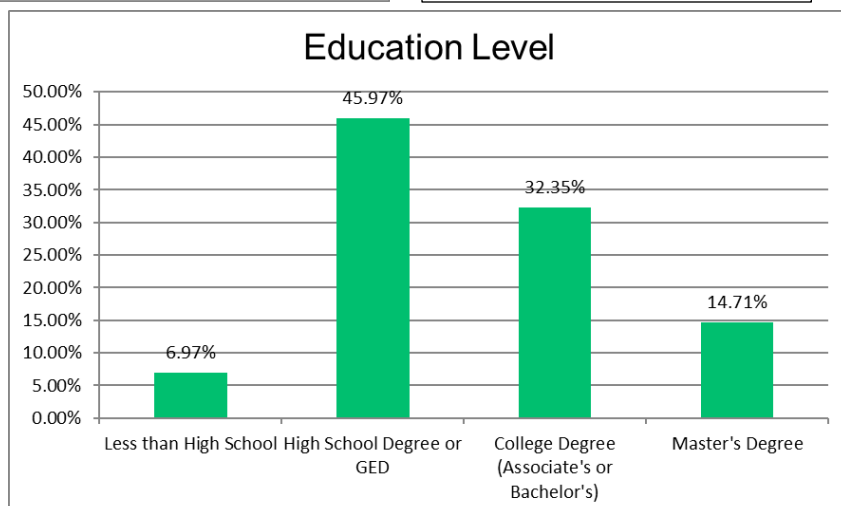
97% - Laurel County Residents

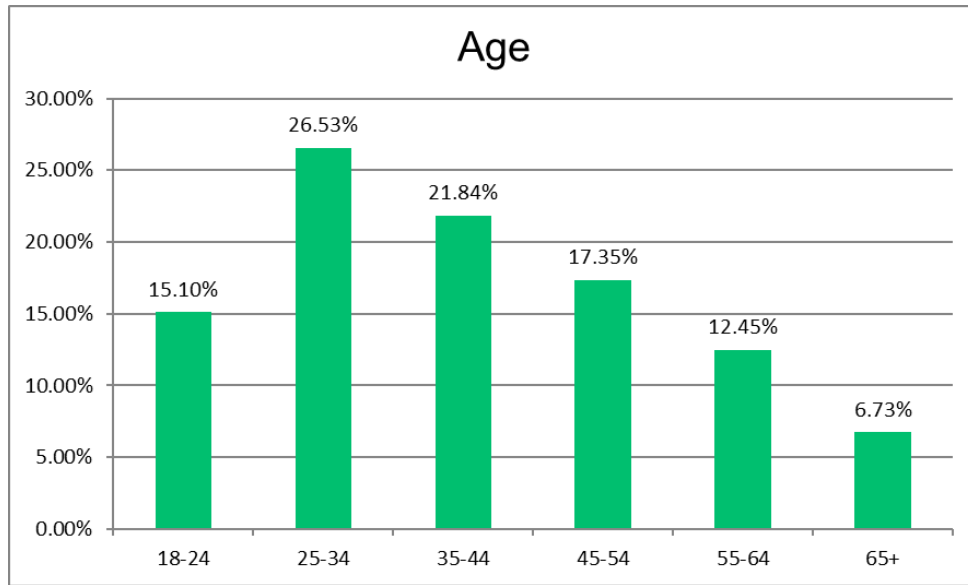
#### Gender:

84% female  
16% male

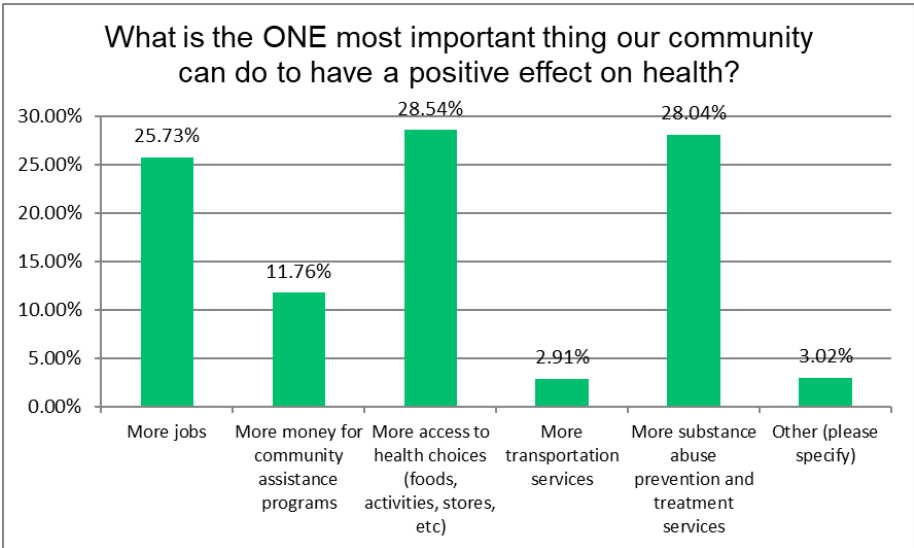
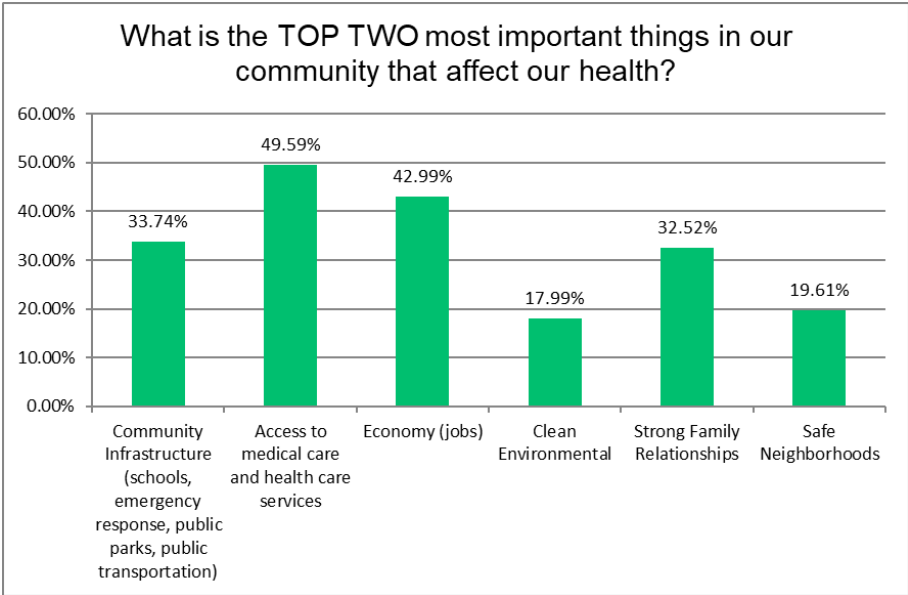
#### Race:

96% White  
0.71% Black/African American  
3.3% White/Hispanic

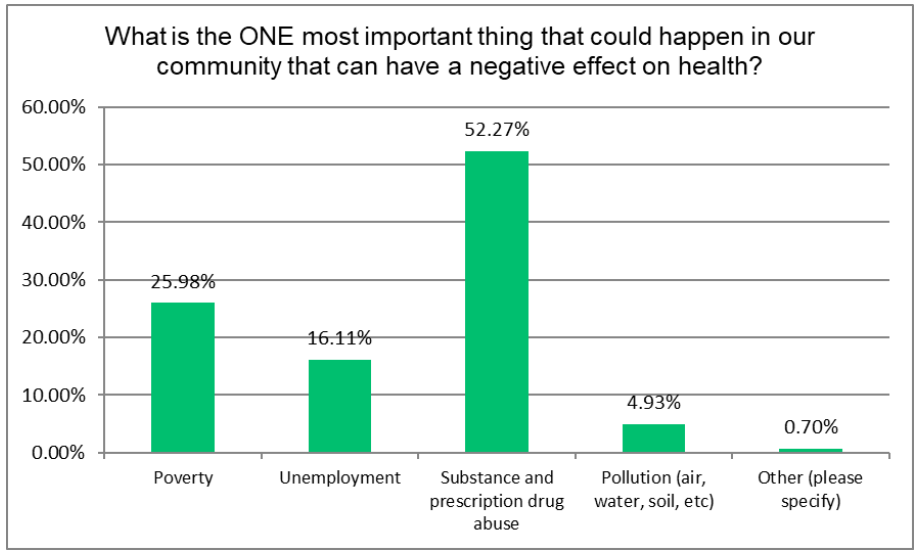




## Community Attributes Affecting Health

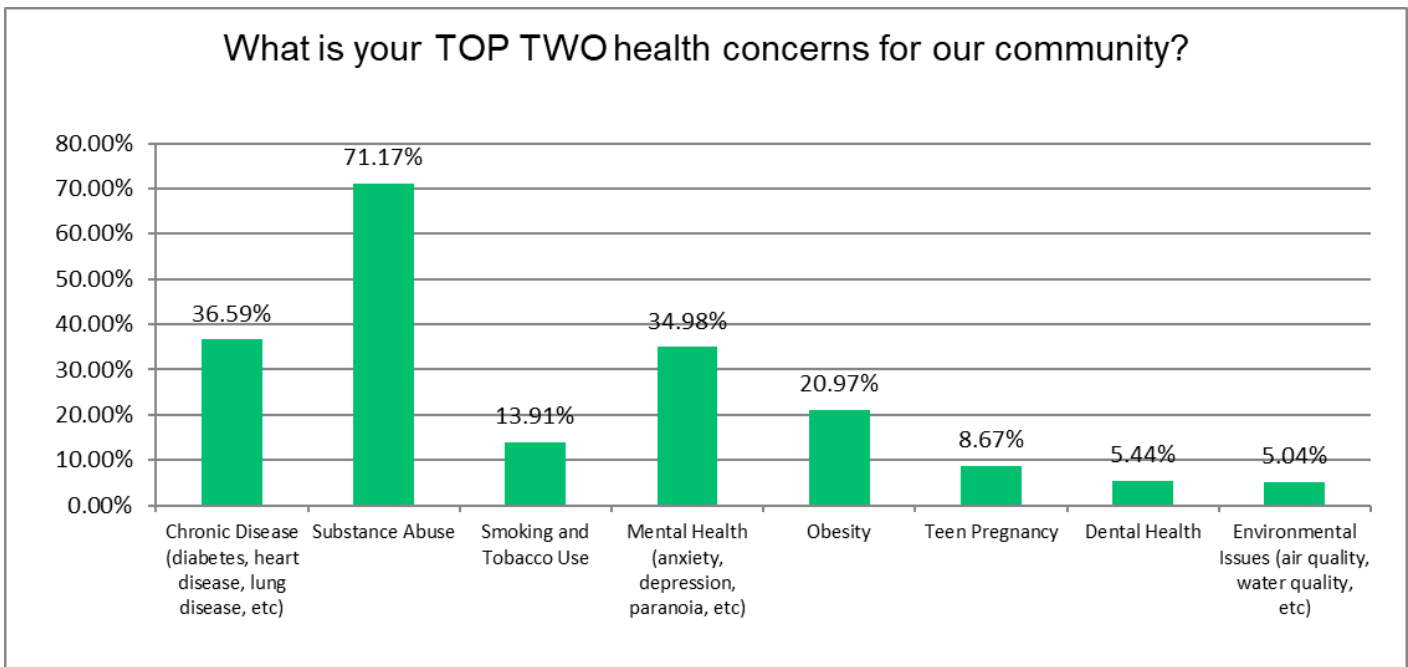


When asked what the one most important thing our community can do to have a positive effect on health, two choices arose from the respondents: (#1) More access to healthy choices, and (#2) More substance abuse prevention and treatment services. There was less than a 1% difference in the responses for these on the survey.



Substance and prescription drug abuse was identified at the most important thing that could happen in our community that can have a negative effect on health.

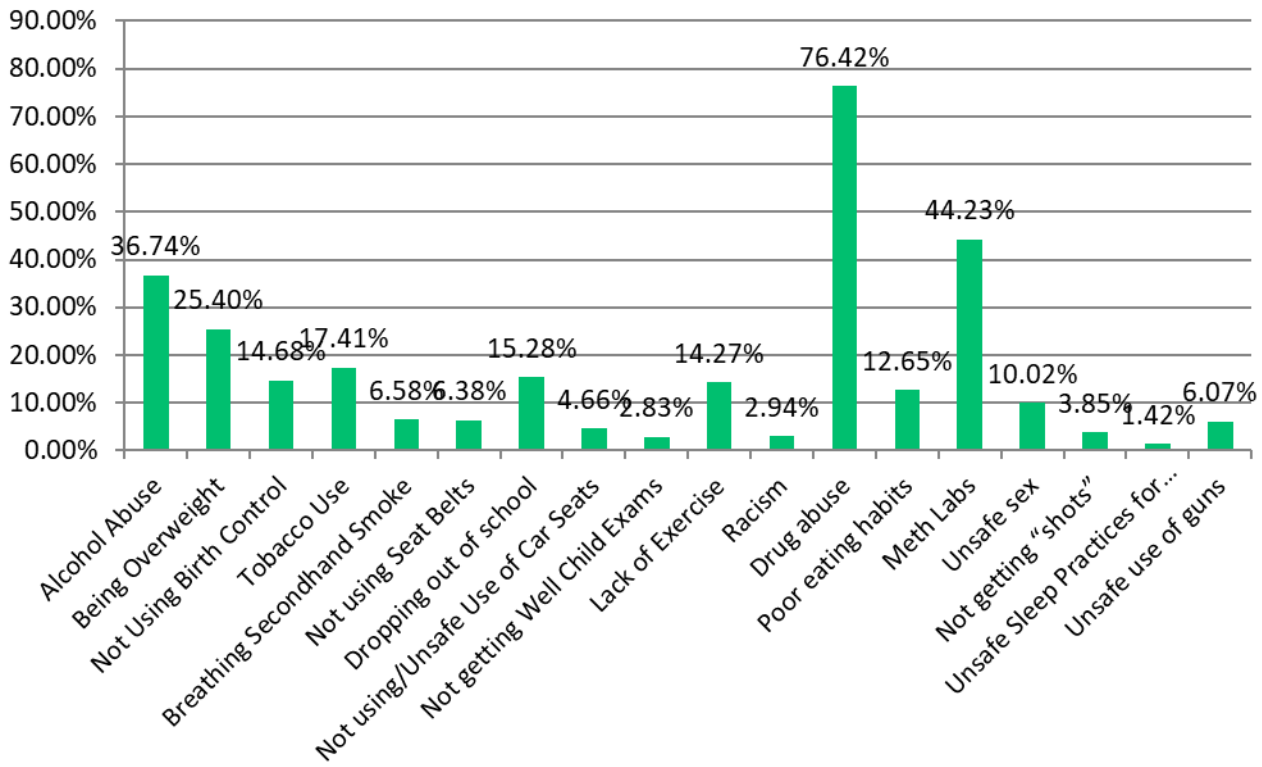
### Community Health Concerns and Risks



**Above:**  
 The top two health concerns identified in the survey were Substance Abuse (#1) and Chronic Disease (diabetes, heart disease, lung disease, etc.) (#2). Mental Health (anxiety, depression, and paranoia) came in #3 with 34.98% of respondents identifying it as a major health concern.

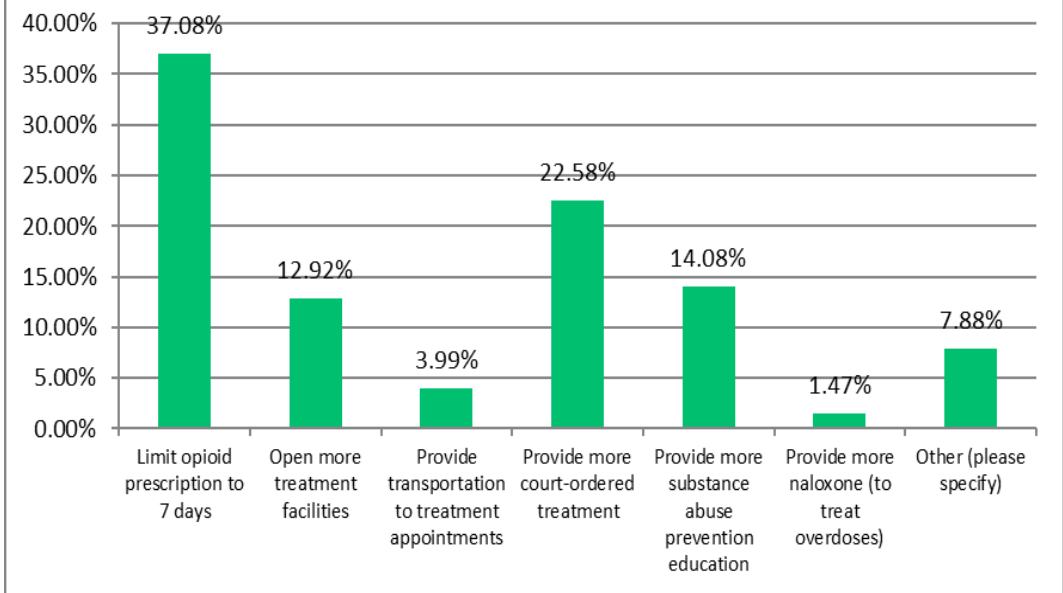
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 Substance-related behaviors were identified as the top three risky behaviors in the community, specifically, Drug Abuse (#1), Meth Labs (#2), and Alcohol Abuse (#3).

### What are the TOP THREE "Risky Behaviors" in our community?

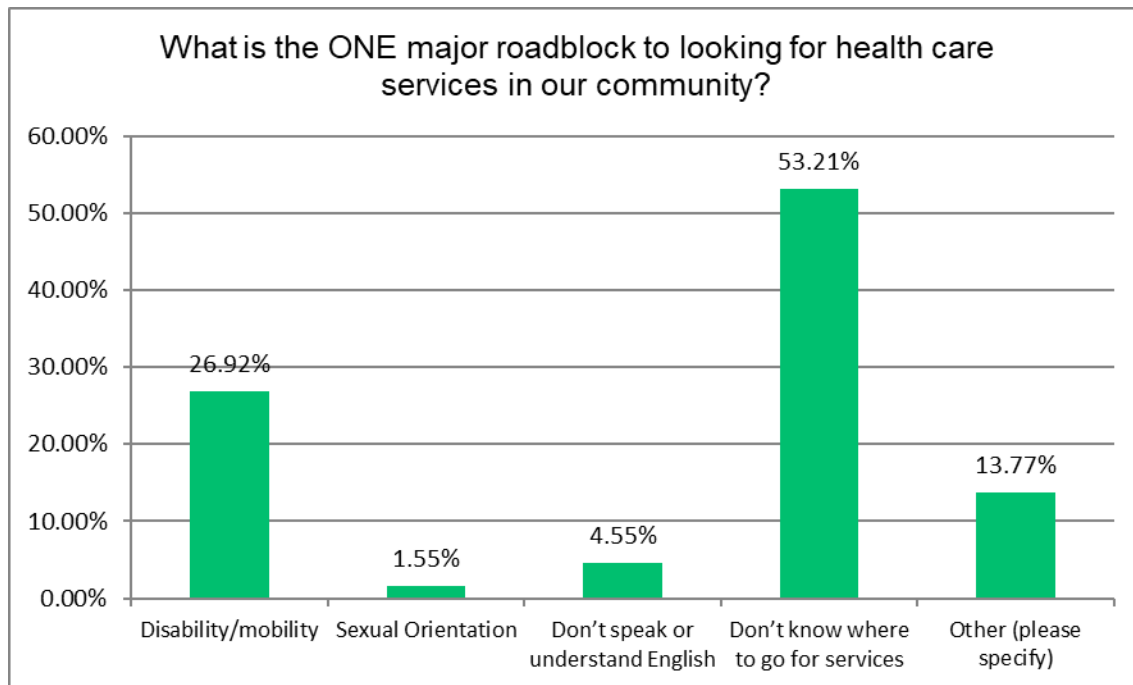
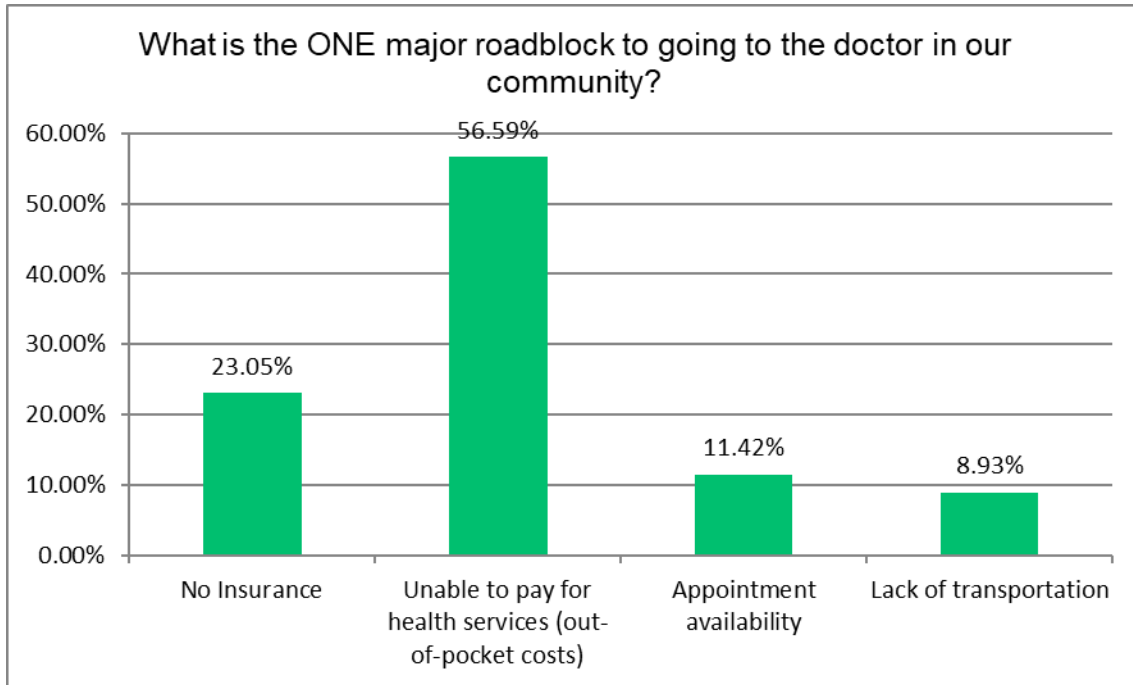


### Substance Use Disorder

#### What is the top priority our community can do to have a positive effect on the opioid crisis?



## Access to Care



Saint Joseph London contracted with the University of Kentucky Community & Economic Development Initiative of Kentucky (CEDIK) to conduct focus groups as part of the Laurel County Community Health Needs Assessment. Four focus groups were conducted from September to November 2018 including one with the Saint Joseph London Community Health Assessment Steering Committee, made of multiple local health system partners.

The participants in these focus groups were asked to share their thoughts on the health of Laurel County.

## Vision for a Healthy Laurel County

- Mental health
- Drug free
- Tobacco free
  - More support for smoking cessation
- Effective treatment options for substance abuse
- Public transportation
- Jobs with a living wage
- Affordable childcare
- Safe and affordable housing
- Assistance and services for caregivers (support groups)
- Recreation
  - YMCA
  - Bike trails and bike lanes
  - Parks
  - Affordable activities for young people
- Access to healthy foods
- Events for the 55+ community

# Focus Groups

## Most Significant Health Problems

- Substance abuse
  - Drugs, alcohol
  - Addiction counseling
- Cancer
- Smoking
  - Tobacco related illnesses and cancers
- Hypertension
- Transportation
- Lack of knowledge on resources
- Patient compliance
- Poor nutrition
  - Lack of nutrition education
  - Need for affordable and accessible healthy foods
- Diabetes and obesity
  - Children and adults
  - Inactivity in youth
- Cardiovascular disease
- Stroke
- Mental health
  - Weak behavioral health system
  - Depression
  - Anxiety
- Dental
  - Medicaid
- Compliance
  - Won't go to the doctor but will go to the ER/Urgent Care
- Caregiver support
  - Stress and anxiety in caregivers
- Insurance
  - Uninsured
  - Underinsured



# Perception of the Healthcare System

## Strengths

- Suboxone clinic for pregnant women
- Urgent care available
- Community Health Workers
- Support groups
  - Grandparent and Caregiver Support Group

## Opportunities

- Knowledge of resources- better communication between organizations
- Collaboration between hospital and school system
- Extended service hours
- Health education
  - Health literacy
  - Nutrition education
- Community transportation
- Safe sidewalks, a walkable community

# How to Better Meet Health Needs

- Mental health counselors
- More services for seniors
- Active community programs to support wellness
  - Mobile wellness van
- Affordable, quality healthcare
- After hours care
- Faster EMS response



College of Agriculture,  
Food and Environment



CHI Saint Joseph  
Health

# Forces of Change Assessment

The Forces of Change assessment was completed on November 15, 2018 by the Health in Motion Coalition. This assessment identified trends, factors, or events that influence the health and quality of life of the community and the work of the local public health system. It answers the questions: What is occurring that affects the health of our community? What threats or opportunities may be generated by these occurrences?

Top Forces	Opportunities	Threats	Factors/Resources	Category
Addiction/SUD/ Opioid Response	↑ in treatment/recovery employment	↑ Hepatitis Rates	SEP HRSA Opioid Response Narcan Suboxone/MAT	Medical Social Environmental Education Economic Legal
	↑ in education	Children raised by someone other than parents		
	↑ Housing	Homelessness		
	Family Preservation	Lack of funding for treatment		
Understanding of Care	↑ education on what care is available	↑ in break law to get money to live	Community Health Workers Patient Navigators Patient Assistance Program Outpatient Education Programs	Medical Economic
	↑ in finances for care	↑ in misuse of medications		
Access to Care and Services / Transportation	Education on what is available	Lack of support for working individuals	Community Health Workers Patient Navigators Patient Assistance Program Outpatient Education Programs Transportation Programs (RTEC, Insurance-funded programs, etc.)	Medical Education Economic Environmental
	↑ in services such as healthy stops program	↑ in rates of disease (cancers, heart disease, diabetes, etc.)		
		↓ in funding for transportation programs		

# Strategic Planning

The began strategic planning for the CHIP in January 2019 through the following process:

- Summarizing the results of each assessment
- Identifying Trends and Themes in the Assessments
- Comparing the prominent data to state and national indicators and benchmarks.

The coalition was provided with the results of each of the assessment that had been completed along with the following questions to consider during the strategic planning session.

## **Community Survey and Focus Groups**

1. What are the key themes related to quality of life?
2. What are the issues important to community members?
3. What are our community assets?

## **Community Health Status Assessment (Secondary Data)**

1. Which health indicators are higher for Laurel than the state of Kentucky?
2. How do those indicators compare to Healthy People 2020 Benchmarks?
3. How do those indicators compare to the Kentucky State Improvement Plan?

## **Forces of Change**

1. Which forces could have the most impact on our community's health?
2. Which forces do we have the ability to work on as a coalition?

## **The results of this strategic planning session resulted in the following findings:**

### Priority Area 1: Substance Use Disorder

- Including Dental Health
- Look Good Feel Better Approach to SUD (& Chronic Disease)
- Include tobacco and e-cigs
- Should focus more on family than we do now (ex ACE's)
- Wrap around services after recovery

### Priority Area 2: Chronic Disease

- Obesity
- Physical Inactivity
- Cancer Rates

### Priority Area 3: Poverty/Mental & Behavioral Health

*(after further discussion, the group felt like these were secondary causes of the other two priority areas)*

# Asset Mapping & Gap Analysis

The Health in Motion coalition completed Asset Mapping and Gap Analysis sessions around the top two health priorities identified in the results documented on the previous pages for the three assessments that had been completed. In order to align its work with others in the community, the coalition completed this session for the Substance Use Disorder priority in conjunction with the Laurel County Rural Community Opioid Response Program Consortium (LCRCORP) in March 2019. The session was facilitated by Dr. Angela Carman with the University of Kentucky College of Public Health. The coalition completed the session for the Chronic Disease priority during its monthly meetings in April and May 2019.

## Substance Use Disorder

Strengths	Gaps
<ul style="list-style-type: none"><li>• Faith-Based</li><li>• Advocates</li><li>• County Attorney Office</li><li>• Casey's Law-require someone to go to treatment through the court system, even if they do not want to go.</li><li>• Community Partner Motivation- our community wants to make a change</li><li>• MAT</li><li>• Family Centered</li></ul>	<ul style="list-style-type: none"><li>• Public knowledge of resources</li><li>• How to access resources</li><li>• Knowledge of coalition/consortium</li><li>• Ability to get assistance with multiple issues-mental health issues/substance use disorder</li><li>• Stigma related to mental health issues</li><li>• Stigma related to substance use disorder</li><li>• Transportation</li><li>• Consistency in self-help meetings- NA, AA, etc. meetings are moved around too often</li><li>• Interagency disconnects- Facility's within the community are not completely aware of all the resources available</li><li>• After care (Reentry into society/family) (specifically housing)</li><li>• Prevention through positive activities (such as alternate ways to spend time, specifically youth)</li><li>• Lack of appropriate childcare- only 2 daycares in the county that will service children under the age of 1, waiting list, too expensive</li></ul>

# Chronic Disease

Strengths	Gaps
<p><b>Obesity</b></p> <ul style="list-style-type: none"> <li>• Community Classes offered (DSME, Bite Size Learning)</li> <li>• Options for physical activity (as listed in P.A. assets below)</li> <li>• Farmers Market accepts both Senior and WIC Vouchers</li> <li>• Community Garden</li> <li>• Amazon Prime (makes Whole Foods items available for people who need access to more specialty foods)</li> <li>• Weight Watchers programs</li> <li>• TOPS programs</li> </ul> <p><b>Physical Activity</b></p> <ul style="list-style-type: none"> <li>• Trails, Parks, Paths</li> <li>• City Parks</li> <li>• Access to Fitness Classes</li> <li>• Good sidewalk network (within town)</li> <li>• Gyms</li> <li>• Map of Walking Paths posted on LCHD website</li> <li>• Tree Top Adventure</li> <li>• Volleyball Courts</li> <li>• Sports Availability (both private and public)</li> </ul> <p><b>Cancer</b> To be added</p>	<p><b>Obesity</b></p> <ul style="list-style-type: none"> <li>• Cost (of healthy foods and wt. programs)</li> <li>• Cultural/SEKY (country cooking) and attitudes toward health</li> <li>• Losing generation that can cook</li> <li>• Advertising Marketing geared more toward unhealthy foods</li> <li>• Motivation</li> <li>• Depression/Mental Health</li> <li>• No healthy meal meeting policies</li> <li>• Policies in pedestrian transportation and alternative modes of transportation (sidewalks, bike paths) – City/County Planning</li> </ul> <p><b>Physical Activity</b></p> <ul style="list-style-type: none"> <li>• Policy – Schools don't offer the minimum 150 minutes of recommended physical activity</li> <li>• Activities gauged toward younger generation</li> <li>• Walk with a Doc – expensive for hospital and low participation</li> <li>• Cost of Gym Memberships</li> <li>• Transportation issue for those outside of city limits</li> <li>• Cost of sports participation</li> <li>• Screen Time</li> </ul> <p><b>Cancer</b> To be added</p>



Laurel County  
**Health in Motion**  
Coalition

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

## **ACTION PLAN**

## **2019-2022**

# **Priority 1: SUBSTANCE USE DISORDER**

Goal #1: Support and enhance the services that will reduce the impact of alcohol, tobacco, and other drugs.

## **ACTION TEAM**

### **ACTION TEAM Lead Organizations:**

Laurel County ASAP

Laurel County RCORP (Opioid) Consortium

Operation UNITE

### **ACTION TEAM Members:**

<b>Name</b>	<b>Agency</b>
Brandi Gilley	Laurel County Health Dept / Laurel County ASAP
Christie Shrader	Laurel County ASAP
Tyler Caldwell	Laurel County RCORP
Magen Zawko	London City Police
Dawn Lang	Operation UNITE
Gabriella Hodges	Laurel County Health Dept
Tyler Caldwell	Laurel County Health Dept
Tara Sturgill	Laurel County Health Dept
Mollie Harris	CHI Saint Joseph London
Bobbi Jones	Cumberland River Regional Prevention Center
Rachel Cooper	Cumberland River Regional Prevention Center

## OBJECTIVES AND STRATEGIES

### **Objective 1.1: By 2023, increase the awareness and understanding of mental/behavioral health in Laurel County.**

<b>Outcome Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Data Source</b>
Adults aware of mental/behavioral health	TBD		Surveys and feedback from implemented strategies
Adults aware of mental/behavioral health services	TBD		

### **Strategies**

1.1.1	Establish baselines for levels of awareness and understanding of mental/behavioral health and mental illness in Laurel County. (All Members)
1.1.2	Conduct mental health first aid trainings in the community. (ASAP)
1.1.3	Implement and evaluate social marketing campaign about mental/behavioral health.
1.1.4	Implement Suicide Prevention Education in the Community (Ex: Ray of Sunshine).
1.1.5	Implement ACEs awareness education in the community (ASAP)



**Objective 1.2 Decrease youth substance use in Laurel County by 2023.**

<b>Outcome Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Data Source</b>
Youth tobacco use	14.3%	13.0%	YRBSS, 2017 *state data
Youth e-cigarette use	14.1%	12.0%	YRBSS, 2017
Youth alcohol use	26.6%	24.0%	YRBSS, 2017
Youth Prescription Pain Medication Misuse	10.9%	9.0%	YRBSS, 2017

**Strategies**

1.2.1	Implement Give Me A Reason Program (UNITE)
1.2.2	Implement Too Good for Drugs Educational Curriculum (Schools- who would get the data)
1.2.3	Implement Laurel County Family Matters Program (ASAP)
1.2.4	Implement e-cigarette and vaping education campaign (LCHD)
1.2.5	Implement youth alcohol education (if grant is approved) (LCHD & ASAP)
1.2.6	Implement Drug Take Back Programs (as extension of Accidental Dealer Campaign) (ASAP)
1.2.7	Implement Voice for Hope Video Series (LCRCORP)

**Objective 1.3 By 2023, increase participants in substance use disorder support programs.**

<b>Outcome Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Data Source</b>
Drug-Overdose Deaths (Any Drug)	14	10	KIPRC (2018)
Drug Overdose ER Visits and Hospitalizations (any substance)	141	130	KIPRC (2017)
Participants in SUD support programs			Reporting by facilitating agency
NAS Rates	53	40	KIPRC (2017)

**Strategies**

1.3.1	Implement Neonatal Abstinence Prevention Program with London Women’s Care (LCHD)
1.3.2	Implement HEART (Healing Empowering Actively Recovering Together) (LCRCORP)
1.3.3	Implement Harm Reduction Syringe Exchange Program (LCHD)
1.3.4	Implement SJL Parenting Program (SJL)
1.3.5	Consider other Harm Reduction Initiatives (All Action Team Members)
1.3.6	Implement Quick Response Team (QRT) Initiative (CRBH)

**Annual Progress Report CHIP YEAR: 1 2 3**

**Goal: Support and enhance the services that will reduce the impact of alcohol, tobacco, and other drugs.**

Strategy	Date(s) Implemented	Participation Numbers	Evaluation Completed	Description of Activity Implemented
Establish baselines for levels of awareness and understanding of mental/behavioral health and mental illness in Laurel County.				
Conduct mental health first aid trainings in the community.				
Implement and evaluate social marketing campaign about mental/behavioral health.				
Implement Suicide Prevention Education in the Community (Ex: Ray of Sunshine).				
Implement ACEs awareness education in the community (ASAP)				

Template - Completed Annually

Strategy	Date(s) Implemented	Participation Numbers	Evaluation Completed	Description of Activity Implemented
Implement Give Me A Reason Program (UNITE)				
Implement Too Good for Drugs Educational Curriculum (Schools- who would get the data)				
Implement Laurel County Family Matters Program (ASAP)				
Implement e-cigarette and vaping education campaign (LCHD)				
Implement youth alcohol education (if grant is approved) (LCHD & ASAP)				
Implement Drug Take Back Programs (as extension of Accidental Dealer Campaign) (ASAP)				
Implement Voice for Hope Video Series (LCRCORP)				

Template - Completed Annually

Strategy	Date(s) Implemented	Participation Numbers	Evaluation Completed	Description of Activity Implemented
Implement HEART (Healing Empowering Actively Recovering Together) (LCRCORP)				
Implement Harm Reduction Syringe Exchange Program (LCHD)				
Implement SJL Parenting Program (SJL)				
Consider other Harm Reduction Initiatives (All Action Team Members)				
Implement Quick Response Team (QRT) Initiative (CRBH)				

Template - Completed Annually

## **Priority 2: CHRONIC DISEASE**

Goal #1: Increase access to programs and services to support health and well-being.

### **ACTION TEAM**

#### **ACTION TEAM Lead Organizations:**

Laurel County Health Department  
Saint Joseph London

#### **ACTION TEAM Members:**

<b>Name</b>	<b>Agency</b>
Brandi Gilley	Laurel County Health Dept
Rita Taylor	Saint Joseph London
Lynnett Renner	Laurel County Health Dept
Judy O'Bryan	Laurel County Cooperative Extension
Carolee Epperson	Laurel County Health Department
Donna Standifer	Laurel County OPAC
Courtney Caudill	Wellcare
Sarah Kersey	Bluegrass Care Navigators

## OBJECTIVES AND STRATEGIES

### **Objective 2.1: By 2023, increase participation in programs providing healthy foods**

<b>Outcome Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Data Source</b>
Participation Community Gardens	100	150	SJL and Extension Tracking
Participation in WIC FMNP	25	35	LCHD WIC Reports
Participation in Home Meals Program	7500 (quarterly)	7500	OPAC/CVADD Tracking

### **Strategies**

2.1.1	Establish baselines for participation in Community Garden, WIC Farmers Market Program.
2.1.2	Provide healthy produce options through Community Gardening. (SJL, Extension)
2.1.3	Implement WIC Farmers Market Program (LCHD)
2.1.4	Provide Home-Delivered Meals to ages 60 and over (OPAC, CVADD)

**Objective 2.2: By 2023, increase knowledge about and participation in active living opportunities.**

<b>Outcome Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Data Source</b>
Adult knowledge about city parks and walking paths	0	Survey 500 individuals	Survey from HIM
Participation in walking/activity programs	0	45 annually	Reporting from facilitating agencies

**Strategies**

2.2.1	Promote London City Parks and walking paths.
2.2.2	Walking Program (Extension Office)
2.2.3	Implement Longest Day of Play
2.2.4	Promote availability of Free Use of Recumbent Exercise Equipment at OPAC for ages 60 and over



**Objective 2.3: By 2023, increase cancer prevention vaccinations and access to cancer treatment services.**

<b>Outcome Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Data Source</b>
Number of recipients of TCCC funds	457 (2016-2018)	500	TCCC Tracking Log
HPV Vaccination Completion Rates	11.73%	15%	WISE Coalition Data Reports

**Strategies**

2.1.1	Provide financial assistance for travel through Tri-County Cancer Coalition (LCHD)
2.1.2	Provide outreach and education for HPV vaccinations (W.I.S.E. Coalition)

**Objective 2.4: By 2023, increase education about managing and preventing chronic diseases (obesity, diabetes, heart disease, respiratory)**

<b>Outcome Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Data Source</b>
Participation in Diabetes Programs	28 (FY19)	100 (FY20- FY22)	LCHD Diabetes Program Tracking
Participation in Biometric Screenings	457 (FY19)	475	LCHD Biometric Screening Reports
Laurel County Breastfeeding Rates	43.5% (Avg - FY19)	48% (Yrly Avg)	LCHD Breastfeeding Reports

**Strategies**

2.2.1	Implement Diabetes Self-Management and Education Programs (LCHD, Extension)
2.2.2	Provide Biometric Screenings at worksites and at community events (LCHD)
2.2.3	Provide Breastfeeding Support and Promotion Programs (LCHD)
2.2.4	Implement Senior Programs for Chronic Disease (OPAC)
2.2.5	Implement Bite Sized Learning Programs (SJL)

**Annual Progress Report CHIP YEAR: 1 2 3**

**Goal: Increase access to programs and services to support health and well-being.**

Strategy	Date(s) Implemented	Participation Numbers	Evaluation Completed	Description of Activity Implemented
Establish baselines for participation in Community Garden, WIC Farmers Market Program.				
Provide healthy produce options through Community Gardening. (SJL, Extension)				
Implement WIC Farmers Market Program (LCHD)				
Provide Home-Delivered Meals to ages 60 and over (OPAC, CVADD)				

Template - Completed Annually

Strategy	Date(s) Implemented	Participation Numbers	Evaluation Completed	Description of Activity Implemented
Promote London City Parks and walking paths.				
Walking Program (Extension Office)				
Implement Longest Day of Play				
Promote availability of Free Use of Recumbent Exercise Equipment at OPAC for ages 60 and over				

Template - Completed Annually

Strategy	Date(s) Implemented	Participation Numbers	Evaluation Completed	Description of Activity Implemented
Provide financial assistance for travel through Tri-County Cancer Coalition (LCHD)				
Provide outreach and education for HPV vaccinations (W.I.S.E. Coalition)				
Implement Diabetes Self-Management and Education Programs (LCHD, Extension)				
Provide Biometric Screenings at worksites and at community events (LCHD)				

Template - Completed  
Annually

Strategy	Date(s) Implemented	Participation Numbers	Evaluation Completed	Description of Activity Implemented
Provide Breastfeeding Support and Promotion Programs (LCHD)				
Implement Senior Programs for Chronic Disease (OPAC)				
Implement Bite Sized Learning Programs (SJL)				

Template - Completed Annually

# TEEN PREGNANCY / MATERNAL AND CHILD HEALTH

Outcome Indicator	Baseline	Target	Data Source
Teen Pregnancy Rates			
Infant/Child Mortality Rates			

3.1 Objective: By 2023, decrease teen pregnancy rates in Laurel County.

## Strategies

3.1.1	Distribute Free Condoms (LCHD)
3.1.2	Implement Good Choices Education (Life Center)

3.2 Objective: By 2023, decrease infant/child mortality rates.

## Strategies

3.2.1	Conduct Child Fatality Review Board Meetings (LCHD)
3.2.2	Conduct Parenting Education Programs (LCHD and SJL)
3.2.3	Child Car Seat Safety Checks (LPD, CVADD)
3.2.4	Safe Sleep Education

**Annual Progress Report CHIP YEAR: 1 2 3**

**Teen Pregnancy / Maternal and Child Health**

Strategy	Date(s) Implemented	Participation Numbers	Evaluation Completed	Description of Activity Implemented
Distribute Free Condoms (LCHD)				
Implement Good Choices Education (Life Center)				
Conduct Child Fatality Review Board Meetings (LCHD)				
Conduct Parenting Education Programs (LCHD and SJL)				
Child Car Seat Safety Checks (LPD, CVADD)				
Safe Sleep Education				

Template - Completed Annually



# ACTION TEAMS

Purpose of Team: To Plan, Implement, and Report Strategies

Communication of Action Teams:

- The action team may need to communicate in between Quarterly Coalition Meetings through small, brief in-person meetings, conference calls or webinar meetings.
- A midpoint team meeting may be beneficial to make sure everything is on track.
- Brandi, as the Coalition Coordinator, will work with the action team to coordinate calls and/or team meeting dates and times, if needed.
- Each team should have a lead agency or individual(s) that will help keep them on track and communicate to the Coalition Coordinator on behalf of the team. *This person should not do all of the work of the group or even the majority of the work. All members should contribute to the action team to the best of their ability.*

**At each meeting the Action Teams will work through the Completed and Planned Activities Worksheet**

During this time, the action team should:

1. Make sure all members of the Action Team is included on the Action Team Members List
2. Identify someone to record the team's discussion on the worksheet and provide it to the coalition coordinator (Brandi) at the end of the meeting.
3. Make sure to include any participation numbers for activities (these numbers will be used for the annual report and for several of the outcome indicators listed in the action plan).
4. Identify someone to report out to the full coalition on your planning and implementation progress.
5. Determine if the team needs to meet before the next quarterly meeting (in-person, conference call, or webinar)
6. Each member should review the Coalition Membership Listing (located on the last pages of this action plan) to make sure their information is correct.



ACTION TEAM:

Date:

### Completed Activities

What activities have been completed?	Who led or was involved in the activity?	When was the activity/event completed?	Participation/attendance numbers (if available)	Was feedback or evaluation done? If so, who has the results?

TEMPLATE -  
completed during coalition meetings

## Planned Activities

List any activity that is planned for the near future	Who will be involved in the activity?	When is the activity planned to be implemented?	Are there any action steps that need to be completed by the next meeting?	Is feedback/an evaluation being considered?

Other relevant information related to this priority area to consider before the next meeting?



# MEMBERSHIP

Name	Organization	Email
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