

Madison County Community Health Improvement Plan (MCCHIP)

2015-2020



This document is the 2015-2020 Community Health Improvement Plan for Madison County, Kentucky and has been written by the staff of the Madison County Health Department.

Madison County Community Health Improvement Plan 2015-2020

Table of Contents

Introduction

Definitions

- What is a Community Health Assessment?
- What is a Community Health Improvement Plan?

MCCHIP Process

- How Did We Develop This Plan and how is the Plan Structured?
- Madison County Health and Wellness Network's Plan
- How Will We Use This Plan?

2015-2020 Madison County Community Health Improvement Plan (MCCHIP) —Year 1

Appendix 1 *2016 Goals and Strategic Priorities-Madison County Health and Wellness Network*

Introduction

Madison County Health Department (MCHD) has engaged for over fifteen years in conducting community health assessments (CHA) and writing community health improvement plans (CHIP), with a five year planning cycle, for Madison County, Kentucky. The most recent CHA is for the 2015-2020 planning cycle, and it may be accessed on the MCHD website at <http://www.madisoncountyhealthdept.org/PublicHome.html> This CHIP was developed from data and conclusions drawn from this CHA, and it can also be found on the agency's website, along with documents from previous planning cycles.

Definitions

Definitions are taken from the Public Health Accreditation Board, Acronyms and Glossary of Terms

(http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf, accessed 09/17/15)

What is a Community Health Assessment?

Community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. (Turnock, B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009).

This definition of community health assessment also refers to a Tribal, state, or territorial community health assessment.

What is a Community Health Improvement Plan?

A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community (Adapted from: United States Department of Health and Human Services, *Healthy People 2010*. Washington, DC; Centers for Disease Control and Prevention, National Public Health Performance Standards Program, www.cdc.gov/nphpsp/FAQ.pdf).

How Did We Develop the Plan and how is the Plan Structured?

The 2015-2020 Madison County Community Health Improvement Plan (MCCHIP) is modeled on a community health improvement plan model used by Pierce County, Washington. Its purpose is to improve health outcomes for the three health issues and associated Projects identified during the 2015-2020 CHA sessions and in the Madison County Health and Wellness Network's (MCHWN) focus groups.

The top three health issues that were identified at the CHA session in April 2014 are listed below (**bolded** typeface). The top three Impact Projects, which were identified and prioritized at the second CHA session in May 2015, are listed in bulleted format and in priority order under the health issue they pertain to. Responsible parties that have agreed to take on these projects and/or that are stakeholders in these projects are listed in the "Responsible for Implementation" section of each of the tables associated with the Impact Projects (see below).

1. Mental health

- Educational trainings
- Family system training/support
- Workplace mental wellbeing

2. Substance Abuse/ATOD

- Education, parenting programs, and skills to shift towards a change in attitudes
- Needle exchange program
- Additional treatment options

3. Healthy Life Styles (obesity, physical activity, diabetes)

- Increasing awareness of existing community programs by creating a centralized information source

- Comprehensive intergenerational health education
- Increased farmers' markets/community gardens

The documentation for the Impact Projects undertaken is organized into a table format in the MCCHIP. The data field sections in each table include focus area; vision; impact project number and name; health priorities addressed; evidence-based resources and programs; objectives; social determinants of health (SDOHs) impacted; policy changes planned/desired; strategies; performance measures, and. Definitions for these sections are listed below:

- Focus area--one of the three main health issues identified during the CHA in 2015
- Vision—a statement as to what Madison Countians should strive for as they seek to remedy or mitigate the three health issues
- Impact Project number—the priority order of each of the top three impact projects and its name
- Health priorities addressed--applicable state and national health priorities from Healthy Kentuckians 2020 (<http://chfs.ky.gov/NR/rdonlyres/20BB6896-A602-426B-9F5F-E6230A9CAAC4/0/HealthyKentuckians2020FINAL62013.pdf>) and Healthy People 2020 (<https://www.healthypeople.gov/>) are referenced in the MCCHIP under the “health priorities addressed” section.
- Evidence-based resources and programs—“evidence-based” means that a practice has been rigorously evaluated in experimental evaluations – like randomized controlled trials – and shown to make a positive, statistically significant difference in important outcomes. Public health practices that are evidence-based come from The Community Guide (<http://www.thecommunityguide.org/>) and similar resources.
- Objectives— something that the Impact Projects are intended to attain or accomplish in a specific time frame/deadline
- Social determinants of health (SDOHs) impacted—according to CDC, “the social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics”. Common SDOHs include poverty, homelessness, lack of treatment options, lack of providers, high school graduation rates, and so forth. This section shows what SDOHs are affected positively by the Impact Projects, thus reducing health disparities and promoting health equity in Madison County.
- Policy changes planned/desired—desirable policy changes that would positively affect the Impact Projects.
- Strategies-- a directed course of action to achieve an intended set of goals that pertain to the Impact Projects
- Performance measures—a quantitatively methods to benchmark progress on the Impact Projects.

- Responsible for implementation—which community partners are responsible for Impact Projects.

The MCHWN's planning was initially organized around projects based on the same focus areas as the CHA. Another focus area, Access to Care, was also addressed. After completing a number of projects in each focus area, the MCHWN's leadership, including the Network Director and the Advisory Board, decided to consolidate its emphasis into one large project. This project focuses on identification and case management of high-utilizing emergency room patients through the creation of a community care model. Its long-range objective is to improve the health of Madison County by managing the care of high-utilizers, thus freeing up resources to manage other population health strategies. The MCHWN's plan, *2016 Goals and Strategic Priorities-Madison County Health and Wellness Network*, is formatted differently from the MCCHIP in that it consists of short-term, medium-term, and long-term goals/outcomes over a one to five year time frame. It is included in Appendix 1 to the MCCHIP.

How Will We Use This Plan?

The plan guides Madison County community organizations, health care systems, health department, social service agencies, and other community stakeholders in our collaborative work together. As we noted in the CHA, many, if not most, of the Impact Projects are based in other community groups unaffiliated with the health department that have assumed responsibility for them. Therefore, it may be challenging to achieve a uniform format across all Projects, and not all strategies may fit the strict definition of being "evidence based". Health department staff will attend as many Project meetings as we can, however, in order to track Projects and record progress and outcomes. We see the value in the number of partners that are collaborating with us on these Projects. To quote from our previous statement in the CHA, "we do not wish or intend to usurp their ownership or enthusiasm".

We will track our progress toward completing each of the Impact Projects as we seek to improve health outcomes for the three health issues. The MCHWN's planning process will also be tracked and reported on as it progresses. We will report progress back to the community each year in an annual report that will be appended to this original document, and the MCCHIP will be updated accordingly. (Both the CHA and the MCCHIP will be posted on the health department's public website.) Other Projects may be added across the five year planning cycle as current ones are deemed complete or community stakeholders identify new ones to work on.

Madison County Community Health Improvement Plan 2015-2020

Year 1 calendar year 2016

Guiding Principle: The aim of the Madison County Community Health Improvement Plan (MCCHIP) is to protect and promote the health and well-being of the citizens of Madison County, Kentucky.

Focus Area #1: Mental Health		
Vision: All Madison County citizens have behavioral and emotional well being.		
Impact Project #1 : Educational trainings		
Health Priorities Addressed: HP 2020AH-8 Increase the proportion of adolescents whose parents consider them to be safe at school; IVP-35 Reduce bullying among adolescents; MHMD-1 Reduce the suicide rate; MHMD-2 Reduce suicide attempts by adolescents; HKY 2020 HCC-1-c5. Reduce the suicide rate among Kentuckians; HKY 2020 Prev-6-1. Reduce deaths caused by unintentional injuries to no more than 45.32 per 100,000 people.		
Evidence Based Resources and Programs: Green Dot; QPR		
Objectives: By December 2016, increase the quality, availability, and effectiveness of educational trainings for health care professionals and citizens who deal with mental health issues.		
SDOHs Impacted: Violence mitigation across all sectors of society in Madison County; but especially in poor communities. Reduction of suicide rates, especially in adolescents, who are in developmental transition, and particularly sensitive to environmental influences, including family, peer group, school, neighborhood, policies, and societal cues, that can either support or challenge their health and well-being.		
Policy Changes Planned/Desired: None anticipated in Year 1.		
<p>Strategies:</p> <ul style="list-style-type: none"> • Anti-bullying training at Madison County and Berea Independent School districts • Green Dot programs for school districts and at St. Joseph Berea • QPR (Question, Persuade, Refer) programming for suicide prevention • Educational programs on adolescent suicide prevention 	<p>Performance Measures:</p> <ul style="list-style-type: none"> • Number of training sessions • Number of training sessions • Number of training sessions • Number of programs 	<p>Responsible for Implementation:</p> <ul style="list-style-type: none"> • School districts • School districts and St. Joseph Berea • Safety Coalition • MCHWN, MCHD, NAMI

Focus Area #1: Mental Health		
Vision: All Madison County citizens have behavioral and emotional well being.		
Impact Project #2: Family system training/support		
Health Priorities Addressed: HP 2020 MHMD-1 Reduce the suicide rate; MHMD-2 Reduce suicide attempts by adolescents; MHMD-4.1 Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs); MHMD-4.2 Reduce the proportion of adults aged 18 years and older who experience major depressive episodes (MDEs). HKY 2020 HCC-1-c5. Reduce the suicide rate among Kentuckians		
Evidence Based Resources and Programs: evidence-based counseling and education programs delivered by mental health professionals		
Objectives: By December 2016, increase the quality, availability, and effectiveness of community-based programs designed to improve mental health and enhance quality of life for individuals and families		
SDOHs Impacted: Increase access to mental health family system support and training across all SES levels and in all venues, including college campuses in Madison County.		
Policy Changes Planned/Desired: None for Year 1		
Strategies:	Performance Measures:	Responsible for Implementation:
<ul style="list-style-type: none"> • NAMI Support Group meetings • Mental health support groups for seniors • Parenting and grandparenting classes • Campus based mental health awareness activities 	<ul style="list-style-type: none"> • Number of meetings and attendees • Number of meetings and attendees • Number of meetings and attendees • Number of activities and events 	<ul style="list-style-type: none"> • NAMI • St. Joseph Berea • Extension Office • Student health and counseling services at ECU and Berea, NAMI @ ECU

Focus Area #1: Mental Health		
Vision: All Madison County citizens have behavioral and emotional well being.		
Impact Project #3: Workplace mental wellbeing		
Health Priorities Addressed: HP 2020 HRQOL/WB-1.2 Increase the proportion of adults who self-report good or better mental health; HKY 2020 Prev-6-1. Reduce deaths caused by unintentional injuries to no more than 45.32 per 100,000 people.		
Evidence Based Resources and Programs: active shooter and violence de-escalation trainings		
Objectives: by the end of December 2016, identify availability and/or awareness of workplace mental wellbeing programs in Madison County; increase numbers of active shooter and other de-escalation trainings in workplaces		
SDOHs Impacted: increase access to mental health support services in all workplaces; increase access to information and trainings on active shooter and violence de-escalation trainings in workplaces.		
Policy Changes Planned/Desired: None for Year 1		
Strategies: <ul style="list-style-type: none"> Identify workplaces that offer workplace mental health wellbeing/EAP services Promote trainings to de-escalate workforce violence and active shooter trainings 	Performance Measures: <ul style="list-style-type: none"> Number of workplaces identified Number of trainings held 	Responsible for Implementation: <ul style="list-style-type: none"> Safety Coalition for both strategies

Focus Area #2 Alcohol, Tobacco, and other drugs (ATOD)		
Vision: Reduce substance abuse (ATOD) to protect the health, safety, and quality of life for all citizens of Madison County		
Impact Project #1 : Education, parenting programs, and skills to shift towards a change in attitudes		
Health Priorities Addressed: HP 2020 SA-2 Increase the proportion of adolescents never using substances (all objectives); SA-3 Increase the proportion of adolescents who disapprove of substance abuse (all objectives); SA 4 Increase the proportion of adolescents who perceive great risk associated with substance abuse (all objectives).		
Evidence Based Resources and Programs: Evidence-based substance abuse curricula and programming must be identified and obtained to supplement existing school and community anti-drug curricula		
Objectives : By the end of December 2016, apply for Drug-Free Communities (DFC) grant to target youth 18 and under; hold Forums and ascertain evidence-based solutions that are defined/discovered through those events; continue parenting/grandparenting classes		
SDOHs Impacted: remove barriers to increase available effective drug education programs in order to deter substance abuse in all young people(school-aged) in Madison County		
Policy Changes Planned/Desired: None in Year 1		
Strategies:	Performance Measures:	Responsible for Implementation:
<ul style="list-style-type: none"> • Drug-Free Communities grant application • Faith Task Force Solution Forums • Parenting/grandparenting classes • Parent Forum(s) 	<ul style="list-style-type: none"> • Apply for DFC grant • Number of forums held • Number of classes held • Number of attendees 	<ul style="list-style-type: none"> • ASAP, MCHD, and other grant partners • Faith Task Force • Extension Office • School systems and FRYSCs

Focus Area #2 Alcohol, Tobacco, and other drugs (ATOD)

Vision: Reduce substance abuse (ATOD) to protect the health, safety, and quality of life for all citizens of Madison County

Impact Project #2 Establish a needle exchange program in Madison County

Health Priorities Addressed: HPP2020 goals, including HIV, Reduce new HIV infections, objectives HIV-7, Reduce new AIDS cases among adolescents and adults who inject drugs and Immunizations; Infectious Diseases (VP-12 Reduce nonfatal unintentional injuries ILL , objective ILL 26, Reduce New Hepatitis C Infections; and Injury and Violence Prevention, IVP 12, Reduce non-fatal unintentional injuries. HKY 2020 goals, including HCC-2b.5, Reduce the rate of new HIV infections among adult and adolescent Kentuckians by 10%; HCC-2f-5. Reduce the incidence of acute viral hepatitis C infections by 5%.

Evidence Based Resources and Programs: harm reduction syringe exchange program (HRSEP) set up based on information from the Kentucky Department for Public Health, CDC, and other national resources.

Objective 1: By the end of December 2016, research and determine the feasibility of establishing a needle exchange; educate elected officials, community groups, the Board of Health, and the public.

SDOHs Impacted: disease prevention for the community at large but especially for people who use injectable drugs (PWID); referral to treatment for PWID; first responder safety; neighborhood safety.

Policy Changes Desired/Planned: Establishment of a needle exchange in Madison County, Kentucky under the guidelines promulgated by SB 192.

Strategies:	Performance Measures:	Responsible for Implementation:
<ul style="list-style-type: none"> • Educate MCHD senior leadership and infection control staff about needle exchanges • Educate the Madison County Board of Health and determine interest in going ahead with a needle exchange • Depending on response of Board of Health (above), educate key leaders in local governments about needle exchanges and seek action from appropriate elected bodies. 	<ul style="list-style-type: none"> • Education sessions for Board and MCHD staff • Number of discussions with government contacts; action taken by governments. 	<ul style="list-style-type: none"> • MCHD staff • Other community stakeholders and subject matter experts once interest in needle exchange is determined

Focus Area #2 Alcohol, Tobacco, and other drugs (ATOD)

Vision: Reduce substance abuse (ATOD) to protect the health, safety, and quality of life for all citizens of Madison County

Impact Project #3 : Additional treatment options

Health Priorities Addressed: HP SA 7-SA 21 (all inclusive). HKY 2020 Prev 12 (all inclusive) for tobacco

Evidence Based Resources and Programs: Freedom from Smoking (FFS)

Objective 1: By the end of December 2016, expand offerings of FFS to new settings other than the health department. No definite timeline for final action on jail options at this time.

SDOHs Impacted: access to FFS in various settings for people who otherwise might not be able to attend; ATOD treatment for incarcerated population in order to rehabilitate and reduce recidivism.

Policy Changes Desired/Planned: expansion of FFS to new settings in the community.

Strategies:	Performance Measures:	Responsible for Implementation:
<ul style="list-style-type: none"> • Examine the need for increasing ATOD treatment options at the Madison County Detention Center • Expand availability of Freedom from Smoking classes 	<ul style="list-style-type: none"> • Part of continuing evaluation of future options for the county detention center and governmental action in this area • New programs in worksites and other non-health department settings. 	<ul style="list-style-type: none"> • Jail Task Force • Madison County Health Department

Focus Area #3 Healthy Life Styles (obesity, physical activity, diabetes)

Vision: Every citizen of Madison County has access to services, activities, infrastructure, and educational offerings that allow him/her to lead a healthy lifestyle.

Impact Project #1: Increasing awareness of existing community programs by creating a centralized information source

Health Priorities Addressed: HKY 2020, Improve access to comprehensive, quality health care services, including IA-1-1. Increase the proportion of persons with medical insurance and IA-1-2. Increase the proportion of adults with a usual medical provider; IA-2-5. Increase physical activity among persons with disabilities; PREV 10-2, Increase awareness of policymakers of effective strategies that enhance access to and availability of physical activity opportunities through built environments and PREV 10-4, Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscles-strengthening activity. HP 2020, AHS 1-AHS 8 (inclusive); PA 1-PA 3 (inclusive). Surgeon General’s Step It Up! 2015 Call to Action to Promote Walking and Walkable Communities (<http://www.surgeongeneral.gov/library/calls/>)

Evidence Based Resources and Programs: centralized information source will list/reference evidence-based community resources; physical activity guide will list resources and promote physical activity in many settings; planning for and development of public trails will promote walkability in the community.

Objectives: By end of December 2016, evaluate and consider selection of a centralized information source; update and promote MCHD Physical Activity Guide; continue planning for new multimodal trails; apply for PHAP placement in late 2016 to staff for development of comprehensive pedestrian plan for Madison County.

SDOHs Impacted: reduction of barriers to care for citizens through creation/adoption and promotion of a centralized information source on community programs that is available to all; share information on physical activity resources on health department website so it is available to anyone with internet ; plan for public trails in the county that are accessible

Policy Changes Desired/Planned: adoption of a centralized, updated information source that lists community programs that all providers/agencies can access and use to coordinate care; begin development of new trails and pedestrian plan for all Madison County

Strategies:	Performance Measures:	Responsible for Implementation:
<ul style="list-style-type: none"> • Evaluation of centralized information sources such as 211 • Updating and promotion of Madison County Physical Activity Guide • Planning for multimodal trails • Recruitment of PHAP 	<ul style="list-style-type: none"> • Number of meetings and discussions on centralized information source options • Track internet traffic to updated Guide on MCHD website • Number of meetings held • Getting a PHAP on board in fall 2016 	<ul style="list-style-type: none"> • Madison County Health and Wellness Network • Madison County Health Department • Friends of Boone’s Trace and Built Environment Task Force of Madison County Safety Coalition • MCHD

Focus Area #3 Healthy Life Styles (obesity, physical activity, diabetes)

Vision: Every citizen of Madison County has access to services, activities, infrastructure, and educational offerings that allow him/her to lead a healthy lifestyle.

Impact Project #2: Comprehensive intergenerational health education

Health Priorities Addressed: HP 2020 Diabetes D-1-D3 (inclusive), Weight Status NWS 8-11 (inclusive), Food Insecurity, NWS-12 and NWS- 13. HKY 2020, Diabetes HCC-1a-3 and HCC-1a-4.

Evidence Based Resources and Programs: ADA and AADE evidence-based diabetes prevention and diabetes-self management courses; WIC participation and food instruments

Objectives: By the end of December 2016, promote and increase participation in DPP and DSME programs; educate families about physical activity alternatives in community settings; educate families about healthy eating and nutrition and increase their access to WIC in the clinic and in farmers’ markets.

SDOHs Impacted: access to diabetes education (prevention and DSME) for all in the community, particularly African American citizens; access to health education and healthy eating options for everyone

Policy Changes Desired/Planned: N/A

Strategies:	Performance Measures:	Responsible for Implementation:
<ul style="list-style-type: none"> • Increase overall participation in DPP and DSME programs • WIC EBTs for farmers’ markets • Increase WIC participation • Second Sunday event • Second Saturday events • Increase awareness and participation by African American population in DPP and DSME • Hispanic Health Fair 	<ul style="list-style-type: none"> • Number of DPP and DSME classes offered in the community and numbers of participants in each class • Dissemination and depletion of WIC vouchers for farmers’ markets • WIC participation rate • Number of attendees at Second Sunday event • Number of attendees at Second Saturday events • Number of attendees at church events and DPP/DSME classes • Number of attendees 	<ul style="list-style-type: none"> • Madison County Diabetes Coalition • MCHD • MCHD • Extension Office and community partners, including MCHD, that are part of Second Sunday • Berea Farmers Market • MCHD and congregation of First Baptist Church on Francis Street, Richmond • MCHD, ECU BSN program, community partners

Focus Area #3 Healthy Life Styles (obesity, physical activity, diabetes)

Vision: Every citizen of Madison County has access to services, activities, infrastructure, and educational offerings that allow him/her to lead a healthy lifestyle.

Impact Project #3: Increased farmers’ markets/community gardens

Health Priorities Addressed: HP 2020 Weight Status NWS 8-11 (inclusive), Food Insecurity, NWS-12 and NWS- 13, Food and Nutrient Consumption NW-14 and NW-15

Evidence Based Resources and Programs: while farmers’ markets and community gardens may not be an evidence-based resources or programs, “community gardens” have 11 citations/links and “farmers’ markets” have one citation/link on HealthyPeople.gov

Objectives; By end of December 2016, increase the number of community gardens planted in Madison County; increase number of summer feeding programs in Madison County; increase partners, total harvest, and families served by Grow Appalachia (See program goals at <http://growappalachia.berea.edu/history-goals/>)

SDOHs Impacted: eliminate barriers and increase access to healthy, fresh fruits and vegetables for all citizens of Madison County; decrease food insecurity in Madison County.

Policy Changes Desired/Planned: N/A

Strategies:	Performance Measures:	Responsible for Implementation:
<ul style="list-style-type: none"> • Victory Gardens in Berea • Grow Appalachia programs • Summer feeding programs 	<ul style="list-style-type: none"> • Change in the number of community gardens planted in Berea from 2015 to 2016 • Change in the number of partners, total harvest, and families served from 2015-2016 • Change in number of summer feeding programs and numbers of people served by these programs over the previous year 	<ul style="list-style-type: none"> • Sustainable Berea • Grow Appalachia • Madison County Public Library, churches, Berea College, and other feeding sites.

Strategic Priorities Planning Calendar - Baptist Health Richmond

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Advisory Board	Approval of 2016 Plan		Quarterly Strategic Plan Update			Quarterly Strategic Plan Update			Quarterly Strategic Plan Update		Approval of 2017 plan	
HRSA		Quarterly Review			Quarterly Review	Planning session for 2017 goals		Quarterly Review	Planning session for 2017 goals	Executive Team Interviews	Review/refine 2017 plan	Rollout 2017 Goals
Network		Check-in update status of goals	Finalize 2016 Tactics	Check-in update status of goals	Check-in update status of goals	Check-in update status of goals	Check-in update status of goals	Check-in update status of goals	Check-in update status of goals	Check-in update status of goals	Check-in update status of goals	
Community				Town Hall Meetings					Town Hall Meetings			
			Strategy Assessment				Execution			Strategy Development		