Madison County Community Health Assessment 2020

in partnership with

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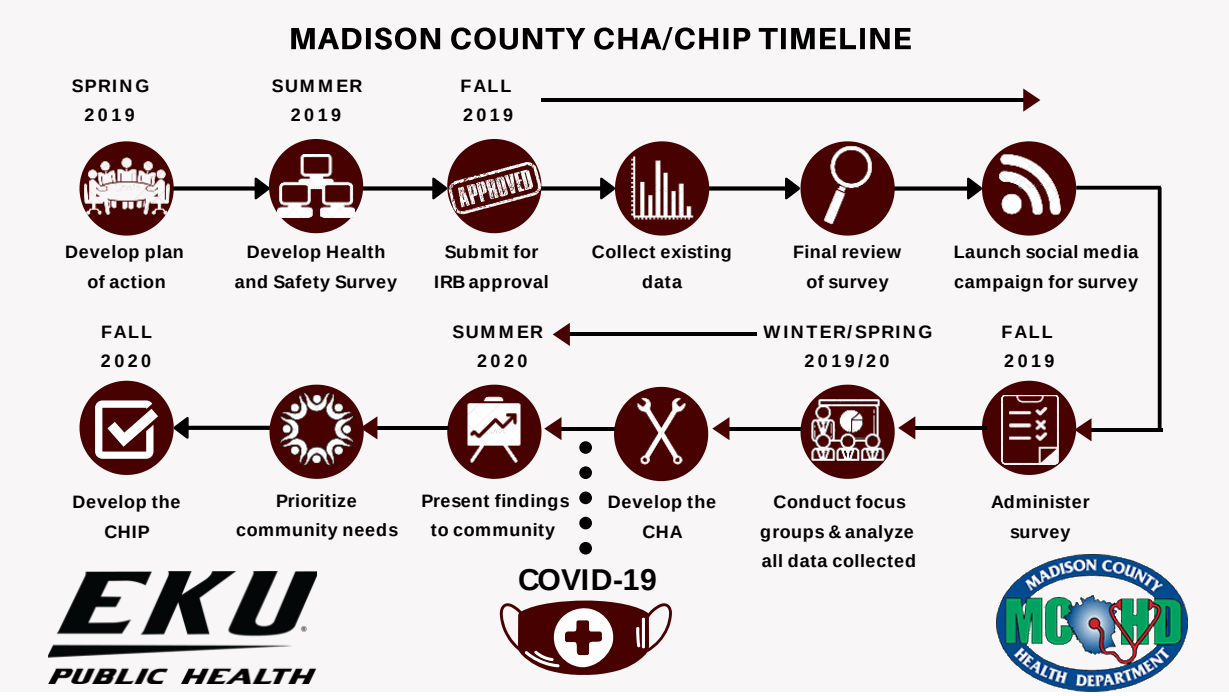
Introduction to the Community Health Assessment

The 2020 Madison County Health Department Community Health Assessment (CHA) is a joint project of the health department and public health program students and faculty from Eastern Kentucky University. This is an excellent and ongoing partnership that allows us to identify and share information with you on our community's most pressing public health issues. The purpose of the community health assessment is to learn about the health status of the population, to identify assets, resources, and areas for improvement, and to determine factors that contribute to health issues. Figure 1 is a timeline of the major milestones of the community health assessment and community health improvement planning process. This assessment used a variety of sources of data to describe the health of our community. Included in this document are the findings from three major sources of data:

1. The Madison County Health and Safety Survey
2. Existing sources of population level data on social determinants of health, health behaviors, and health status of Madison County vs. Kentucky and the United State
3. Community Focus Groups

Vitally important to the community health assessment is input from community stakeholders—those who live, work, play, go to school and worship in Madison County. The results from the community health assessment were presented to the community through a video linked on the Madison County Health Department website. This document is a more thorough version of the results presented in the video. After viewing the video, stakeholders were asked to give opinions about what they think should be the priorities of the community health improvement plan.

Figure 1. Madison County Community Health Assessment/Health Improvement Plan Timeline



Madison County Health and Safety Survey Results

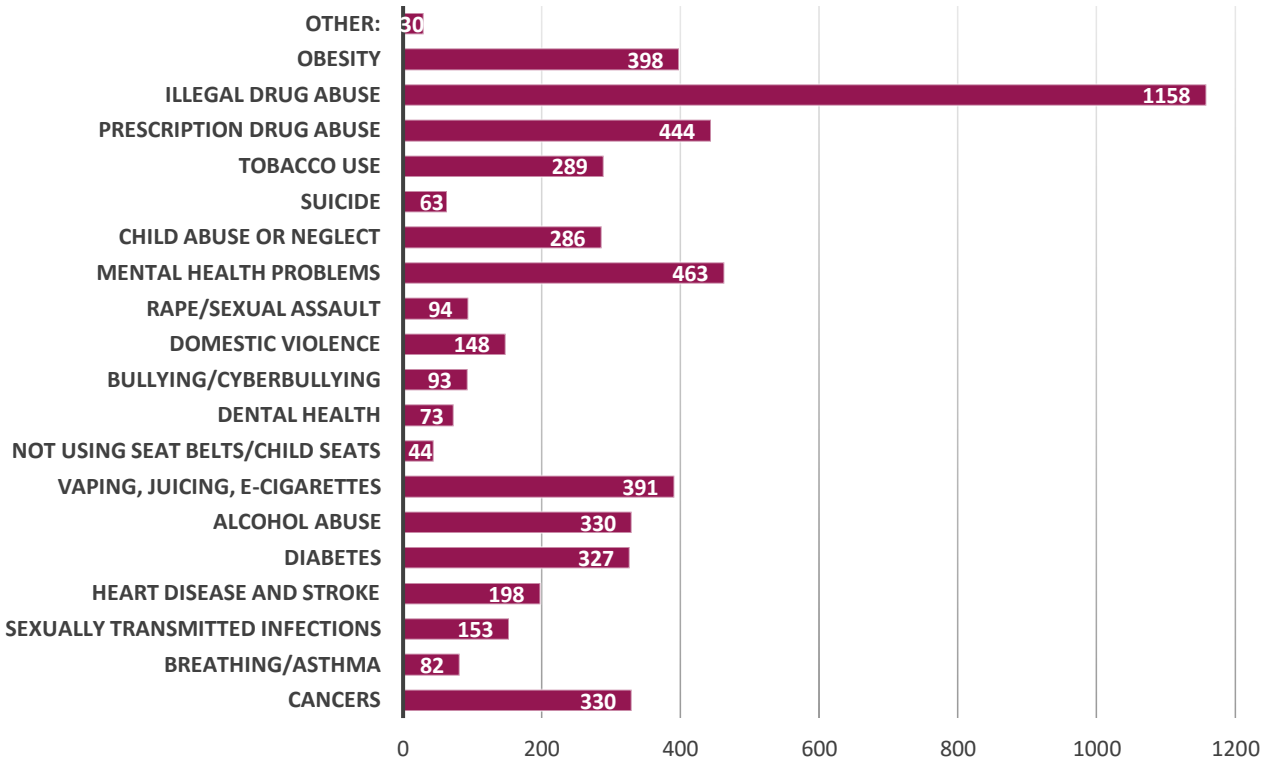
During fall 2019, the Madison County Health and Safety Survey was conducted. The survey had a total of 38 questions about major health issues, community beliefs about health, safety and connectedness, satisfaction with action on issues, and basic demographics. The survey was available in online and paper versions in both English and Spanish languages. A total of 1,335 people responded using the online version, 617 completed the paper version, and 41 of the surveys were completed using the Spanish version of the survey. The goal was to reach as many people a possible to represent the overall population of Madison County. Table 1 shows select demographic characteristics of the survey respondents as compared to the actual population data from Madison County. Overall, the survey sample is fairly similar to the actual population demographics of Madison County. The full results from each question on the survey can be found on the next several pages of this document.

Table 1. Comparison of survey and Madison County demographic characteristics

Characteristics	Survey	Madison County*
Age		
18-19	6%	--
20-29	26%	20%
30-39	22%	12%
40-49	22%	13%
50-59	14%	12%
60 -69	8%	10%
70 -79	2%	6%
80+	0.3%	3%
Sex		
Male	20%	48%
Female	78%	52%
Other	2%	--
Race/Ethnicity		
American Indian/Alaskan Native	0.3%	0.3%
Asian	1%	1%
Pacific Islander/Native Hawaiian	1%	0.1%
Black or African American	4%	5%
White	87%	92%
Two or more races	2%	2%
Prefer not to answer	3%	--
Education		
High school graduate or higher	93%	87%
Bachelor's degree or higher	60%	31%

*United States Census Bureau, 2018

Figure 2. Three greatest health problems in Madison County*



*Number of responses for the survey question: "What are the three greatest health problems in Madison County?

Figure 3: Rating of community's overall health

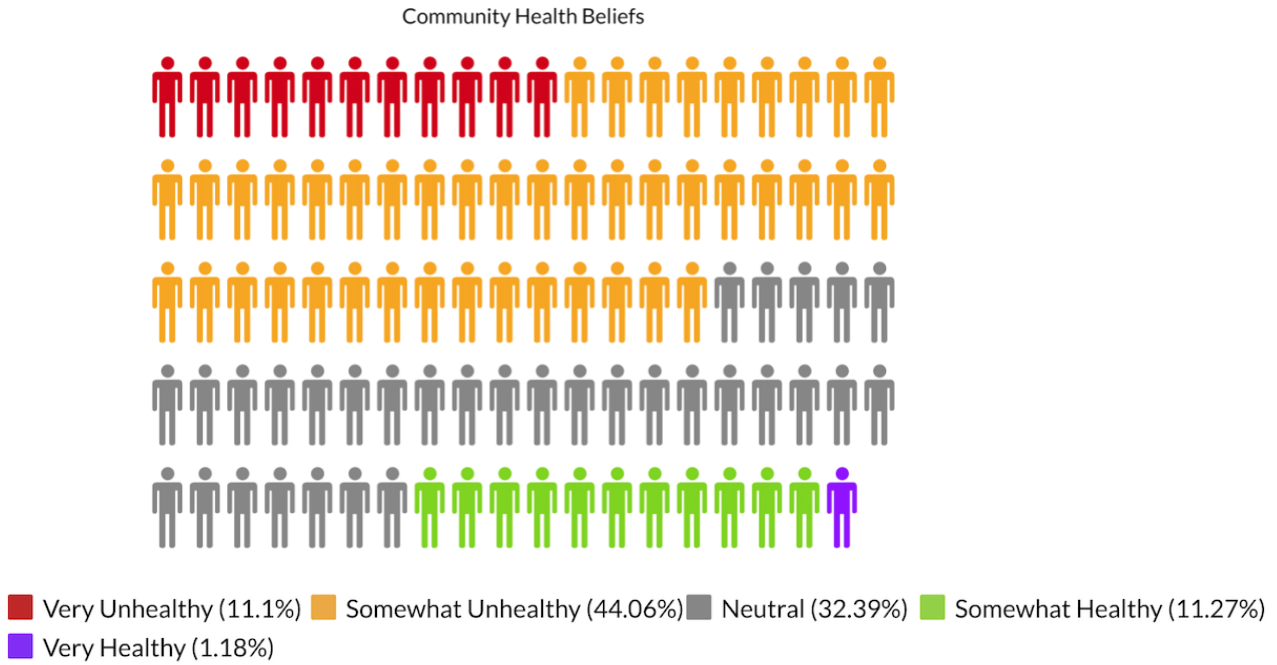
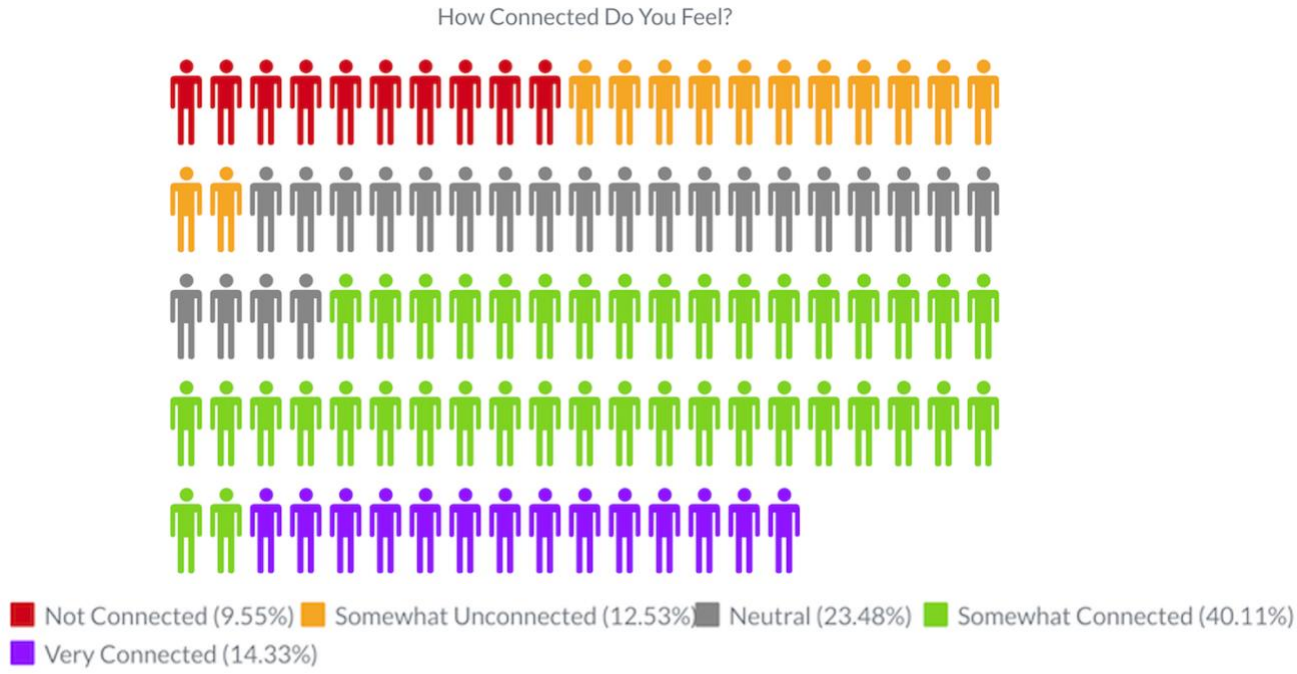


Figure 4: Rating of connection* to community



***Connected means having healthy relationships with other people in your community.**

Figure 5: Rating of community's safety

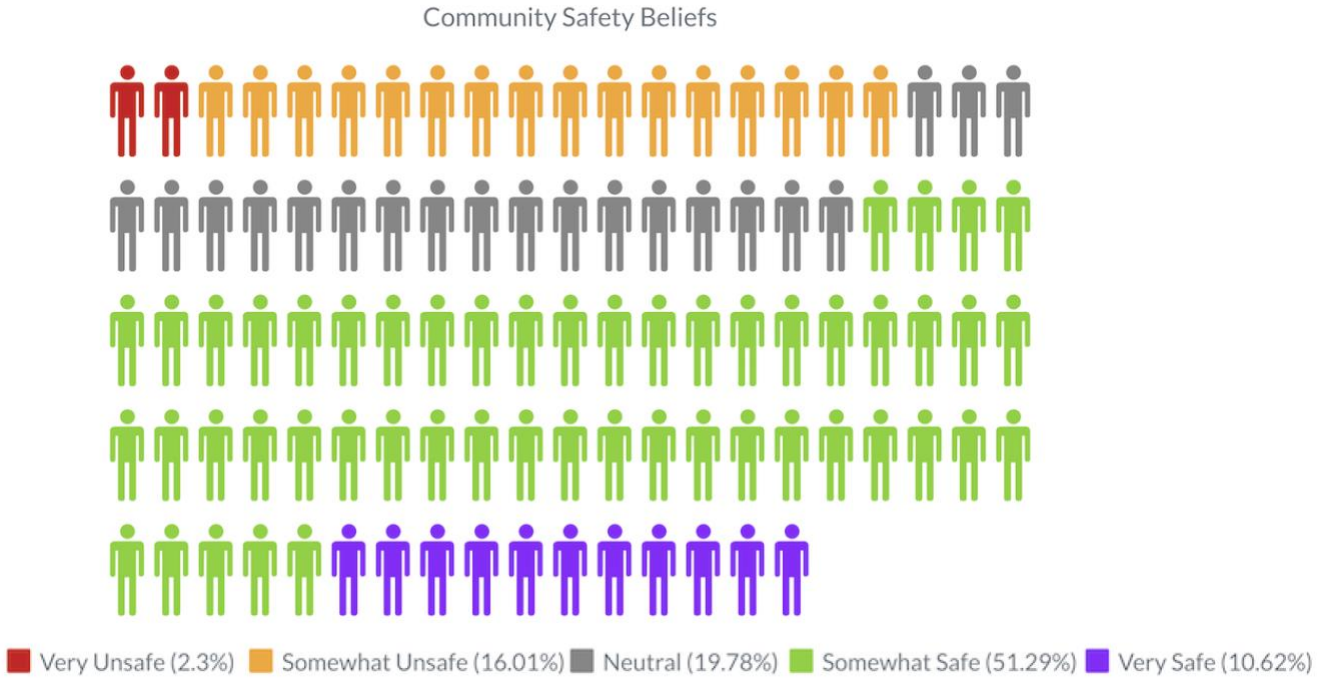


Table 2. Community beliefs about overall health, connectedness, and safety

Question 2: Community 's Overall Health	Very Unhealthy # (%)	Somewhat Unhealthy # (%)	Neutral # (%)	Somewhat Healthy # (%)	Very Healthy # (%)	Total # of responses
How would you rate your community's overall health?	197(11.1%)	782(44.1%)	575(32.4%)	200(11.3%)	21(1.2%)	1775
Question 3: Connection to Community	**Not Connected**	**Somewhat Unconnected**	**Neutral**	**Somewhat Connected**	**Very Connected**	**Total # of responses**
How connected do you feel to your community?	170(9.6%)	223(12.5%)	418(23.5%)	714(40.1%)	255(14.3%)	1780
Question 4: Community's Safety	**Very Unsafe**	**Somewhat Unsafe**	**Neutral**	**Somewhat Safe**	**Very Safe**	**Total # of responses**
How would you rate the safety of your community?	41(2.3%)	285(16%)	352(19.8%)	913(51.3%)	189(10.6%)	1780

Table 3: Satisfaction with what is being done about these issues*

Issue	Very unsatisfied # (%)	Somewhat unsatisfied # (%)	Neutral # (%)	Somewhat satisfied # (%)	Very satisfied # (%)	Average score
Availability of healthcare.	97(6%)	247(15.2%)	349(21.4%)	613(37.6%)	323(19.8%)	3.5
Children/youth have access to basic medical services.	64(3.9%)	199(12.3%)	354(21.8%)	652(40.2%)	352(21.7%)	3.63
Availability of mental health services.	288(17.8%)	414(25.6%)	435(26.9%)	351(21.7%)	127(7.9%)	2.76
Availability of jobs.	125(7.7%)	339(20.9%)	460(28.3%)	541(9.7%)	158(9.7%)	3.17
Ability to afford a basic but decent standard of living.	192(11.9%)	406(25.1%)	412(25.4%)	460(28.4%)	149(9.2%)	2.98
Access to public transportation.	341(21%)	399(24.6%)	470(29%)	284(17.5%)	129(7.9%)	2.67
Quality of public schools.	91(5.6%)	195(12%)	443(27.4%)	567(35%)	323(20%)	3.52
Availability of quality childcare.	132(8.2%)	247(15.3%)	715(44.2%)	382(23.6%)	141(8.7%)	3.09
Safety at schools.	62(3.8%)	185(11.4%)	423(26.1%)	633(39%)	319(19.7%)	3.59
Acceptance of diverse groups of people.	135(8.3%)	289(17.9%)	442(27.3%)	561(34.7%)	191(11.8%)	3.24
Safe neighborhoods.	51(3.2%)	221(13.7%)	420(25.9%)	750(46.3%)	177(10.9%)	3.48
Homelessness.	310(19.2%)	569(35.2%)	516(31.9%)	184(11.4%)	37(2.3%)	2.42
Availability of affordable housing.	212(13.1%)	377(23.3%)	523(32.3%)	400(24.7%)	105(6.5%)	2.88
Availability of places for outdoor activities.	135(8.3%)	318(19.7%)	335(20.7%)	574(35.5%)	256(15.8%)	3.31
Availability of parks and recreation facilities.	87(5.4%)	258(15.9%)	329(20.3%)	652(40.2%)	296(18.2%)	3.5
The amount of litter and trash I see in my community.	283(17.5%)	449(27.7%)	375(23.1%)	387(23.9%)	126(7.8%)	2.77
Availability of safe, connected sidewalks.	215(13.3%)	387(23.9%)	427(26.4%)	451(27.9%)	139(8.6%)	2.95
Availability of safe, connected bike paths.	305(18.9%)	351(21.8%)	556(34.5%)	276(17.1%)	125(7.7%)	2.73
Availability of places for physical activity.	115(7.1%)	307(19%)	462(29.6%)	524(32.5%)	206(12.8%)	3.25
Health issues related to climate change.	144(8.9%)	259(16.1%)	906(56.2)	166(10.3%)	138(8.6%)	2.93
Suicide Prevention.	149(9.2%)	384(23.8%)	743(46%)	265(16.4%)	73(4.5%)	2.83
Enough to eat.	75(4.6%)	260(16.1)	412(25.4%)	541(33.4%)	331(20.4%)	3.49
Access to fresh foods.	99(6.1%)	275(17%)	380(23.5%)	578(35.7%)	285(17.6%)	3.42
Location of farmer's markets.	78(4.8%)	213(13.1%)	453(27.9%)	580(35.7%)	299(18.4%)	3.5
Screen time for youth.	265(16.4%)	382(23.7%)	727(45.1%)	158(9.8%)	80(5%)	2.63
Response to the opioid epidemic.	443(27.4%)	506(31.3%)	403(24.9%)	199(12.3%)	66(4.1%)	2.34

*Survey question: How satisfied are you about what is being done about these issues?

Table 4: Ranking of average satisfaction with what is being done about these issues from highest satisfaction to lowest satisfaction*

Issue	Average score
Child/Youth Access Basic Medical Services	3.63
Safety at Schools	3.59
Quality of Public Schools	3.52
Availability of Healthcare	3.5
Availability of park and recreation facilities	3.5
Location of farmers markets	3.5
Enough to eat	3.49
Safe neighborhoods	3.48
Access to fresh foods	3.42
Availability of places for outdoor activities	3.31
Availability of places for physical activity	3.25
Acceptance of Diverse groups of people	3.24
Availability of Jobs	3.17
Availability of Quality Childcare	3.09
Afford basic but decent standard of Living	2.98
Availability of safe, connected sidewalks	2.95
Health Issues related to climate change	2.93
Availability of Affordable Housing	2.88
Suicide Prevention	2.83
Amount of litter and trash seen in comm.	2.77
Availability of Mental Health Services	2.76
Availability of safe, connected bike paths	2.73
Access to Public Transportation	2.67
Screen time for youth	2.63
Homelessness	2.42
Response to Opioid Epidemic	2.34

* Ranking of means for survey question: How satisfied are you about what is being done about these issues?

Figure 6: Number and % of Respondents by Gender

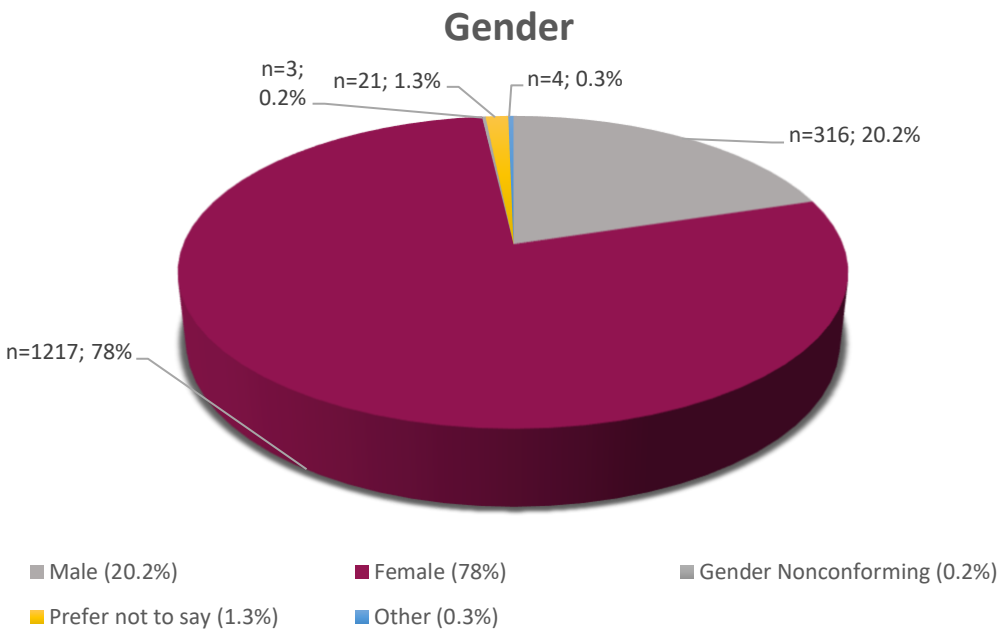


Figure 7: Number and % of Respondents by Age Group

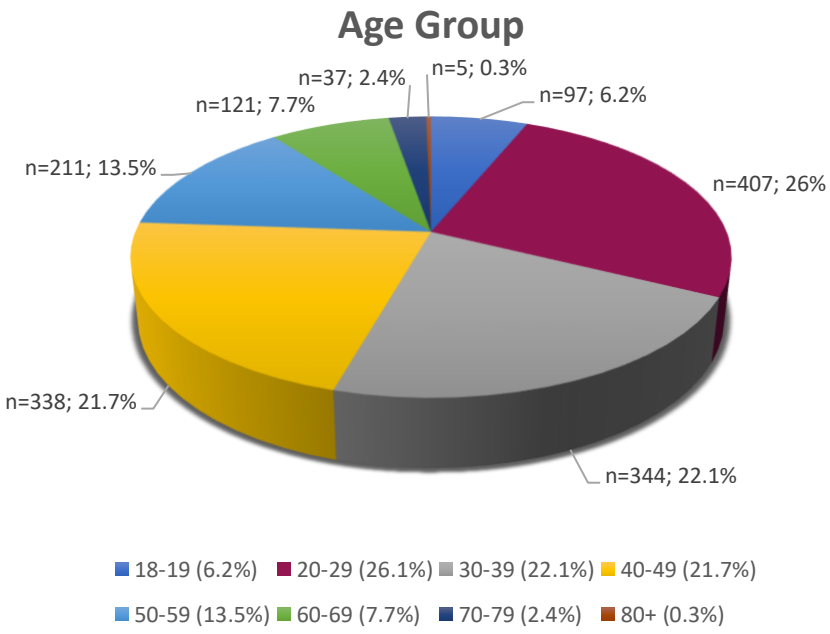


Figure 8: Number and % of Respondents by Race

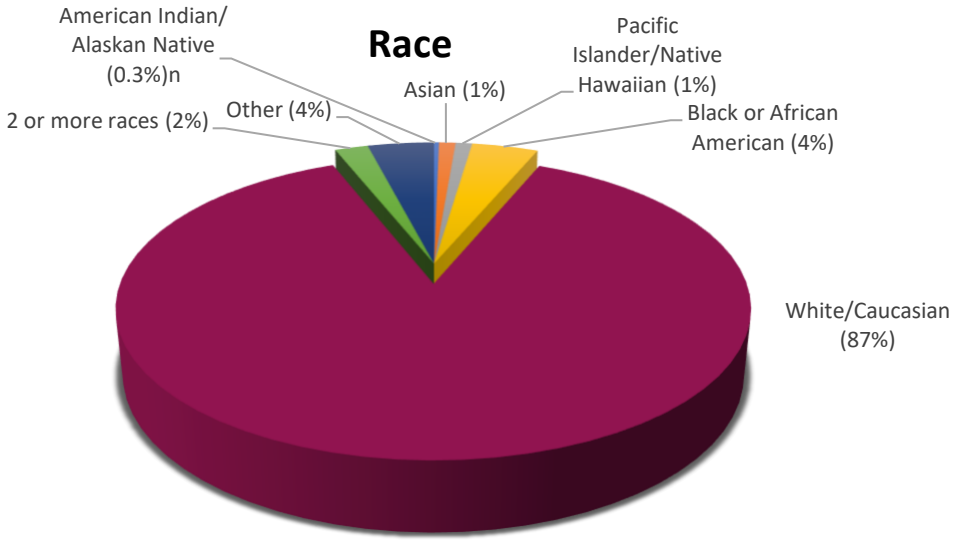


Figure 9: Number and % of Respondents by Hispanic/Latino

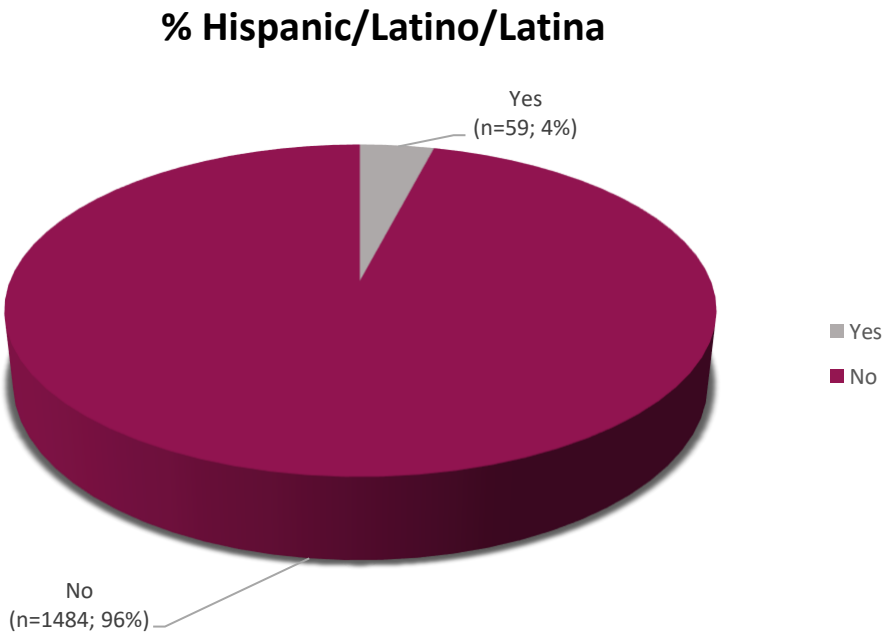


Figure 10: Number and % of Respondents by Healthcare Usage

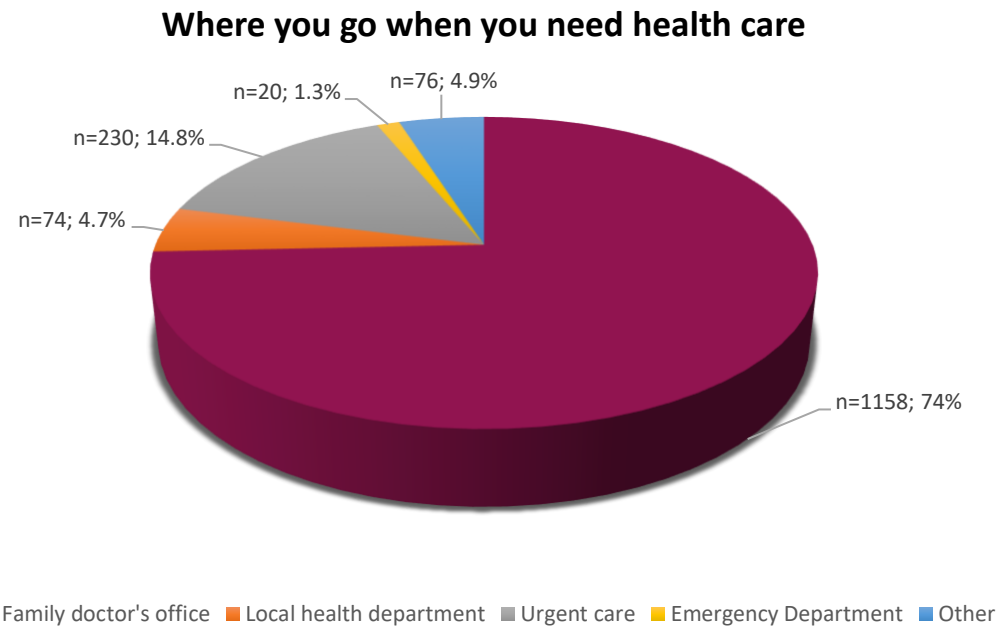


Figure 11: Number and % of Respondents by Education

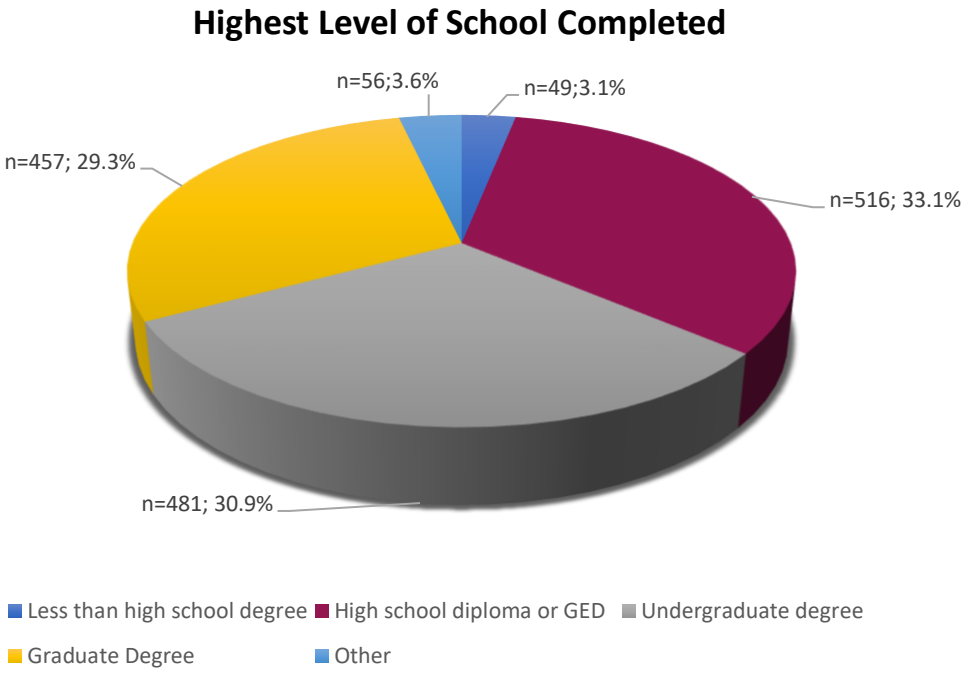


Figure 12: Number and % of Respondents by Reason in Madison County

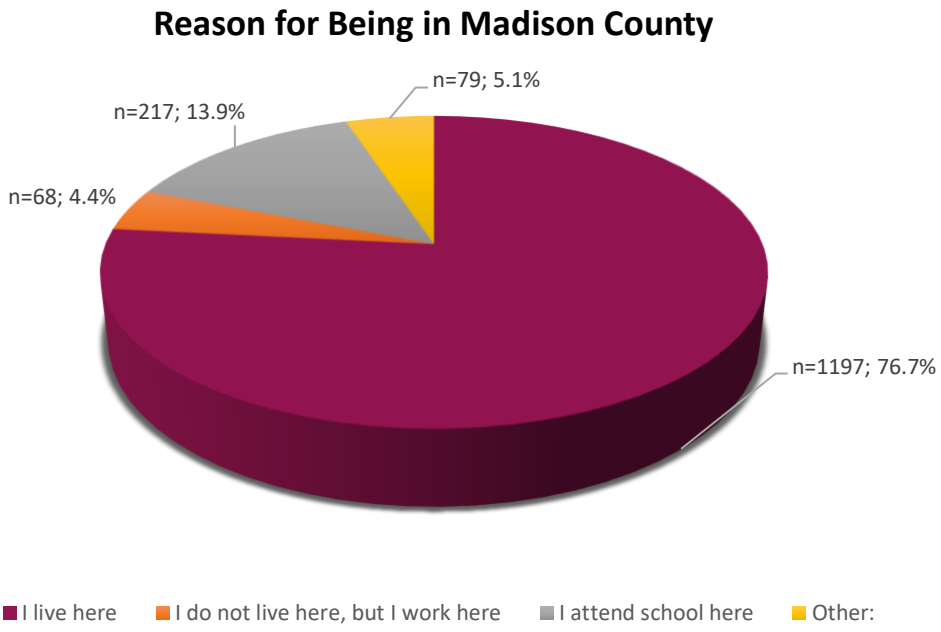
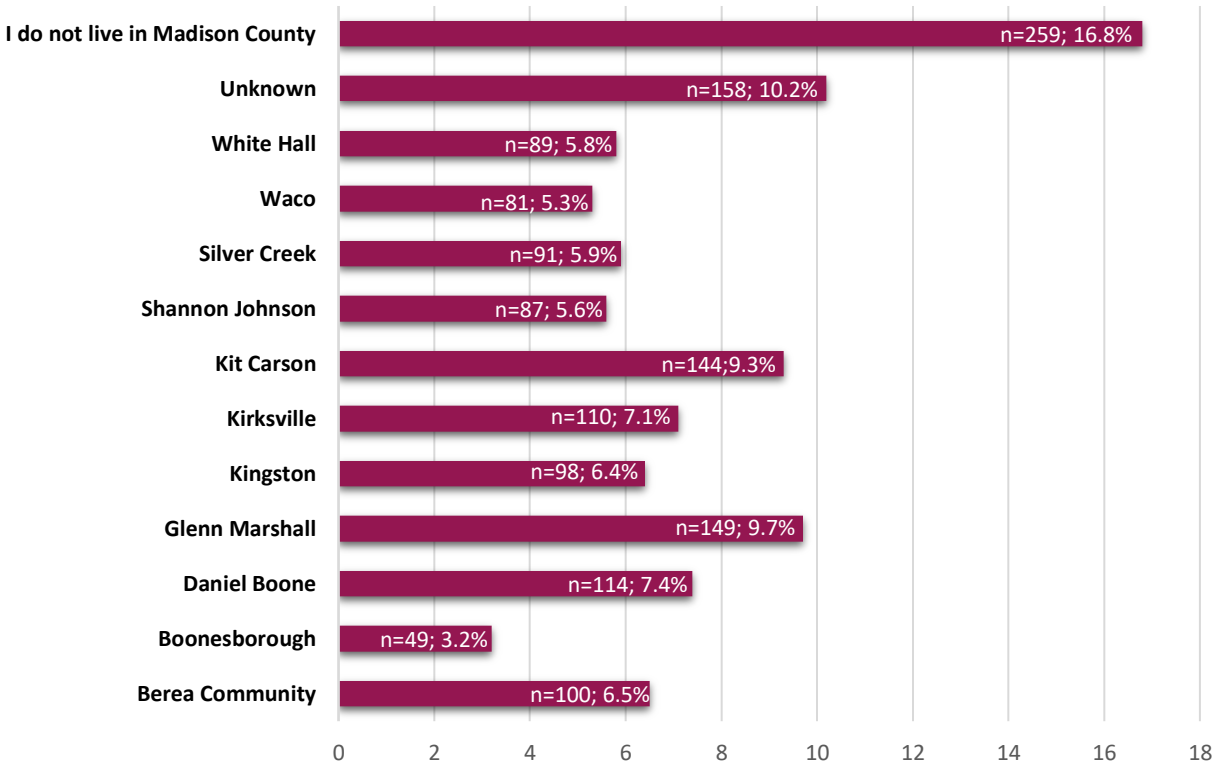


Figure 13: Number and % of Respondents by Elementary School District



Existing Social Determinants of Health Data for Madison County

Using existing population level data as part of this community health assessment helps compare Madison County to Kentucky and the United States. Table 5 presents existing data based on categories of the social determinants of health– the factors in the environments of where we live, work, and play – that influence our health. The data sources and year of data collection follows the table. All existing data in Table 1 is prior to COVID-19. Nonetheless, these data help spotlight areas of health in which we are doing well and areas which may need improvement.

Table 5: Comparison of Existing Data (Madison County, KY, and US)

		Madison Co.	KY	US	
Economic Security	Poverty (All Ages)	16.5%	16.7%	13.1%	⚠
	Poverty (Under 18)	17.6%	22.3%	18%	⚠
	Unemployed	3.9%	4.3%	2.6%	⚠
		Madison Co.	**KY**	**US**	
Education	Kindergartners Ready to Learn	48.7%	51.1%	-	⚠
	3rd Grade Reading Scores	3.1	3.2	3.4	✓
	High School Graduation	95%	90%	96%	✓
		Madison Co.	**KY**	**US**	
Environment	Severe Housing Problems	16%	14%	9%	✗
	Violent Crimes Per 100,000	173	222	63	⚠
		Madison Co.	**KY**	**US**	
Food	Food Insecurity	14.2%	14.8%	11.5%	⚠
	Food Environment Index	6.9	7	8.6	⚠
		Madison Co.	**KY**	**US**	
Health	Poor Physical Health Days	4.7	5.1	3.1	⚠
	Poor Mental Health Days	4.7	5	3.4	⚠
	Poor or Fair Health Days	20%	24%	12%	⚠
	Mental Health Provider Ratio	770: 1	440: 1	290: 1	✗
	Primary Provider Ratio	1,820: 1	1,520: 1	1,030: 1	✗
	Dentist Ratio	2,150: 1	1,540: 1	1,240: 1	✗
		Madison Co.	**KY**	**US**	
Health Behaviors	Adult Smoking	19%	25%	14%	⚠
	Adult Physical Inactivity	23%	29%	20%	⚠
	Adult Excessive Drinking	18%	17%	13%	⚠
	Frequent Mental Distress	15%	16%	11%	⚠
	Suicide Deaths Per 100,000	16	17	11	⚠

✓ if MC better (or similar to) state AND nation
⚠ if MC similar (slightly above or below) state AND nation
✗ if MC worse than BOTH state and nation

Existing Data Definitions and Sources

Economic Security:

- Percent in poverty (All Ages and Under 18); data from 2018 (U.S. Census Bureau, 2019)
- Unemployment: Percentage of population ages 16 and older unemployed but seeking work; data from 2018 (County Health Rankings & Roadmaps, 2018)

Education:

- High school graduation: Percentage of ninth-grade cohort that graduates in four years; data from 2016-2017 (County Health Rankings & Roadmaps, 2018)
- Reading Scores: Average grade level performance for 3rd graders on English Language Arts standardized tests. For example, a score of 3.5 indicates that the 3rd graders are performing half a grade level better than expected for 3rd graders. The data is from 2016 for this measure. (County Health Rankings & Roadmaps, 2018)
- Kindergartners ready to learn, School Year 2018-2019 (Madison County Schools, not Berea Independent) (Kentucky Youth Advocates, 2019)

Food:

- Food insecurity refers to USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Reported as 2018 data. (Feeding America, 2018)
- Food Environment Index: Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best); data from 2015 - 2017 (County Health Rankings & Roadmaps, 2018)

Environment:

- Violent Crimes: Number of reported violent crime offenses per 100,000 population. County Health Rankings; data from 2014 and 2016 (County Health Rankings & Roadmaps, 2018)
- Severe Housing Problems: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities; data from 2012-2016 (County Health Rankings & Roadmaps, 2018)

Health:

- Poor mental health days: Average number of mentally unhealthy days reported in past 30 days; data from 2017 (County Health Rankings & Roadmaps, 2018)
- Poor physical health days: Average number of physically unhealthy days reported in past 30 days; data from 2017 for this measure (County Health Rankings & Roadmaps, 2018)
- Poor or Fair Health days: Percentage of adults reporting fair or poor health; data from 2017 (County Health Rankings & Roadmaps, 2018)
- Ratio of population to primary care physicians; data from 2017 (County Health Rankings & Roadmaps, 2018)

- Ratio of population to mental health providers; data from 2019 (County Health Rankings & Roadmaps, 2018)
- Ratio of population to dentists; data from 2018 (County Health Rankings & Roadmaps, 2018)

Health Behaviors:

- Adult smoking: Percentage of adults who are current smokers; data from 2017 (County Health Rankings & Roadmaps, 2018)
- Physical Inactivity: Percentage of adults age 20 and over reporting no leisure-time physical activity; data from 2016 (County Health Rankings & Roadmaps, 2018)
- Excessive Drinking: Percentage of adults reporting binge or heavy drinking; data from 2017 (County Health Rankings & Roadmaps, 2018)
- Suicide Deaths: Number of deaths due to suicide per 100,000 population; data from 2014-2018 (County Health Rankings & Roadmaps, 2018)
- Frequent mental distress: Percentage of adults reporting 14 or more days of poor mental health per month; data from 2017 (County Health Rankings & Roadmaps, 2018)

Existing Data References

County Health Rankings & Roadmaps (2018). Madison (MI). *County Health Rankings*. https://www.countyhealthrankings.org/app/kentucky/2019/rankings/madison/county/outcomes/overall/snapshot

Feeding America (2018). Food Insecurity in Madison County. https://map.feedingamerica.org/county/2017/overall/kentucky/county/madison

Kentucky Youth Advocates (2019). Kentucky Kids Count: Madison County Profile. https://kyyouth.org/wp-content/uploads/2019/11/2019-Madison.pdf

U.S. Census Bureau (2019). QuickFacts: United States; Kentucky; Madison County, Kentucky. https://www.census.gov/quickfacts/fact/table/US,KY,madisoncountykentucky/PST0452

Community Focus Groups

Methods and Data Collection

In the Winter and early Spring of 2020, prior to Covid-19 restrictions, two separate community focus groups were convened. Groups of 7 to 8 community members representing law enforcement, city government, local businesses, school system officials, faith-based leaders, medical care providers, social workers, and a nonprofit housing organization met for an approximately one-hour long interview. All participants consented to being interviewed. Interviews were audio recorded and then transcribed. A semi-structured interview guide (Table 6) was used to guide conversation. Thematic analysis of interviews was conducted to reveal key themes.

Results

Thematic analysis of transcribed interviews reveals five key themes:

1. Need for more drug abuse treatment,
2. Need for increased childhood intervention,
3. Need for greater social connectedness,
4. Need for increased availability of mental health counseling, and
5. Built environment improvement.

Theme 1. Need for more drug abuse treatment. Across participants in all sectors of employment and volunteer backgrounds was an acknowledgment and palpable concern for the drug issues impacting our county.

> "When you look at the need and the lack of resources it makes sense that drug abuse and mental health are among the top reported health concerns in our community" – Social Work Representative

Participants indicated that, to their knowledge, there were only limited treatment resources generally and even fewer long-term treatment options for those seeking drug abuse recovery.

> "There's not necessarily a lot of resources for people who suffer from addiction in Madison County. We have Liberty place for females but when we start looking at male opportunity in a long-term residency there's not anything close. ….and unfortunately, the places who are taking people are 4 to 6-week programs which is enough to get them through withdrawals but not teach them new life habits and new life behaviors before sending them back out in the community." -Law Enforcement Representative

Participants acknowledged that the root of the drug abuse issue in the county is multifaceted, requiring more treatment options but also more robust prevention efforts aimed at risk factors throughout the lifespan.

" [in Kentucky] We have around 9,600 kids that are displaced from their biological parents…it impressed upon me to start working with the real problem, and the real problem is the family unit and addiction etcetera. Kind of like a spider web – we run into it and are like "yuck", and we knock it down but the next day it's back so you have to kill the spider. Well, the spider is drugs and the spider is the breakdown of the family." – Faith-based Representative

Theme 2. Need for increased childhood/early intervention. Participants spoke repeatedly of their concern for children in the community. There was wide spread agreement among focus group members indicating that in order to address the current community reported issues of drug abuse and mental health, it is imperative to intervene early and often. Participants specifically indicate intervention in the school, community volunteerism, and family wide intervention as chief concerns.

"If you don't intervene early you will reap what you sow in middle school and high school and there are barriers that happen later … If we don't intervene early in families – listen, we can talk about KPREP scores all we want but it doesn't matter…" -School System Official

"How do we get to the root of the problem before they get to drugs… that's my thing. I want to help people who are in recovery - I want to help with all that. But with kids I can do something that could possibly keep them from going down that road in the first place." - Community Volunteer and Business Leader

"… we have a lot of teenagers that while they look like adults, their brain isn't functioning as an adult. The part of their brain that says, "hey man, don't do this" doesn't develop until they're 25 years old. So, our kids and our teens really need someone around them to set up fences to set up barriers – not out of being mean but to protect them. Because if we can get them to their mid-twenties without them using and suffering from an addiction and helping them overcome the pressures of teenage years I think we can be really successful moving forward" – Law Enforcement Representative

"most of the resource time that is taken with students – with behavioral outliers, meaning, behavior beyond typical age expected behavior – the patterns for children in these categories always involve either drug addicted parents that have been moved to foster (or bouncing through foster) and the rise of grandparents raising grandchildren because their children are in jail or on drugs. I have a couple of sets of great grandparents raising kids who need trauma informed care…. Resources from the state of Kentucky are shrinking and um, whatever anyone's opinion is concerning getting resources to Kentucky schools is the fact is the legislation is in place and it sounds good but if you really read it, it says "as funding is available"… so we spend a lot of time in early intervention trying to make sure what might look like over identified special education populations are actually just the outcomes of misplaced family units… and you can almost always tie it to a drug issue somewhere and if grandparents are involved I can almost guarantee it. … It is becoming overwhelming… there's violence towards

teachers … we need mental health care in schools for the teachers who are there because we are not equipped to deal with the severity and volume of need." – School System Educator

In addition to external intervention in a child's life was also the repeated mention of improving the parent child relationship through training, mentoring, and greater availability of educational resources for parents and grandparents raising children.

"They're going to cast their belief systems on the children one way or another… family dynamic is huge [in the fight against addiction]" – Law Enforcement Representative

"If I could change one thing, if I had one choice to improve something in our community it would be functioning family units. Period. I'm not even gonna type cast any of that - just functioning. I have a home, I have food, Maslow's [Hierarchy of Needs] is met in the home. If that can be done, I'm telling you, …you could have resilience…" -School System Official

"If I could focus on one thing it would be parenting. I think the result of so many problems that we are facing is the result of parents not being present in their child's life and not knowing how to parent. Right? I mean anyone can father a child but it takes a real man to be a father. So, if you could really focus on those dynamics of positive parenting and teaching people how to parent I think we could start seeing an impact in multiple areas within our community." – Law Enforcement Participant

Theme 3. Need for greater social connectedness. As one participant put it, "You're going to find community somewhere. We are social creatures." Focus group members told stories of how being more connected to heathy relationships in the community is protective for them. They also gave examples of how when people do not have healthy family relationships, friendships, or organizational ties they have witnessed a greater proclivity to poor choices that impact health and quality of life. Participants acknowledge that even having one healthy relationship could prove to be protective.

"You hear it all the time – One person changed my life – think if you could build that in to the community." Law Enforcement Representative

"Even if you don't come from a family that is well functioning – if there is an adult who can fill in the gap for you to show you things can be different and that you can make your family tree different… the masses are in our community schools we need to pour resources into them." – School Official Representative

"All people want to be loved and belong, and if we can show those kids that they're loved and that they belong to a community… think about how that impacts their confidence and then long-term decisions" – Community Volunteer and Faith-based Leader

Participants spoke about working with parents to improve life in the home as a way to improve social connectedness on a family level but also spoke of the need to continue improving connections between community members through availability of recreation, activities, and volunteerism. Participants also acknowledge how having a place to work is an important protective factor that connects people to others and provides accountability.

> "even employment. If a person doesn't have a job and a purpose to get up every day and go do something the chance of them walking down a path they shouldn't – and it could be a number of things – starts going up exponentially… having opportunities for people to work is important"

Theme 4. Need for increased availability of mental health counseling. Focus groups members repeatedly mentioned the stigma for seeking mental health care and the lack of accessible resources for mental health.

> "the number one issue I see in school is mental health. I could have two mental health counselors in every school and we still wouldn't have enough." – School System Official

> "the children need trauma treatment. If we don't find that for kids I'm not sure what the outcome is going to be for our future – it really is scary. Because if they are going through so much stuff and they don't know how to deal with it or have an out…" – School System Educator

> "because there is so often stigma with addiction and mental health people are afraid to reach out – so we have to overcome the fear of reaching out." -Nonprofit housing organization Representative

Theme 5. Built environment improvement. Focus group members cited patterns of greater concern in the community based on geographical location.

> "There are areas of Madison County, and I can name streets, … we cannot home visit without three people and I have a cop on a call for a welfare check at the same time… honestly is as much for our safety as it is for the health of the child. Parents are very mad at me when that happens but it's part of my job. The community has to learn to trust what we [school system] do. They have to understand that we will advocate for the student" – School System Educator

> "There are lines in the community district that are harder than others. And the students that come out of those areas, the housing is worse, the poverty level is terrible, um the amount of police activity is more… as an educator it's like a fire hydrant has been turned on us and what was once a job where reading writing mathematics, social studies were our main job, and I still keep reiterating that to teachers so they don't lose hope." – School System Official

Suggestions were made concerning increased walkability, safety, and cleanliness of the physical environment to reduce the disparities people in these "harder areas" face.

"There are areas of Madison county and I don't know if "beautification" is it but it is – when you are a kid from on [street name redacted] I'm telling you there is a bias on you from the get go. And we are taught not to have it but everybody in this community has that bias." – School System Educator

"We've held on to a property on [street name redacted] for 15 years because nobody wants to live there. Why is that? They're scared. Nobody wants to live there. Are we doing these families a service by putting them in a neighborhood like that? But maybe we are doing a service to the neighborhood community by building new houses…" – Nonprofit Housing Organization Representative

Further, participants indicated the need for a centralized location to provide services. One participant summed up their experience in helping community members who are financially struggling:

"For instance we see a lot of people who are like "hey I'm trying to get my food stamps or my social security worked out and they need to see my mortgage statement, how much I pay, So they've gotta come to us – these people are income limited so the likelihood that they have dependable transportation to get themselves to our office, to the social security administration, to the food stamp office – when they're actually open- and then back home… if we could centralize all that so they could go to one place and get everything done…" – Nonprofit Housing Organization Representative

Table 6: Focus Group Semi-Structured Interview Guide

Semi-Structured Interview Guide
A recent community survey represents that citizens feel the top health problems in the community are: 1) Illegal Drug Abuse 2) Mental Health 3) Prescription drug abuse 4) Vaping 5) Cancer 6) Obesity • Do you agree with this list generally? Why? Why not? • Are there population segments that you feel are disproportionality impacted by any of these health issues? What contributes to that? • How do you think the general environment (physical, social, political) of our county plays into these health issues? • Are there areas that we are doing well in? What contributes to this? • Do you have suggestions for how some of these aforementioned health issues might be addressed better? • Are there interventions that you are familiar with in our community that address any of these issues? • If you could wave a magic wand and fix one issue in our county what would it be and why?

Next Steps

The next steps are to prioritize the community needs and identify evidence-based strategies for addressing the priority community needs. The voice and feedback of our community partners is critical to developing a community health improvement plan.

Next steps:

1. Complete this brief survey to tell us what you think are the priorities for the community health improvement.
2. Late September/early October, publish list of priorities and/or underlying issues.
3. Complete another brief survey to tell us what you are doing to address the priorities/underlying issues.
4. Identify evidence-based strategies.
5. Develop and publish a community health improvement plan.

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