

# Madison County Comprehensive Community Health Improvement Plan (MCCHIP) 2009-2014 with 2011 Review and Addendum



Madison County, Kentucky, U.S.A.

Compiled by

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# Community Partners

*A special appreciation is given to the following individuals who served as community partners in the MAPP-ing of the community, selection of health priorities and recommended interventions in the original document of 2009. Their professional and personal experiences serve as valuable assets in the preparation of this document.*

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# Community Partners

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## Madison County Health Department Staff

*The following staff has assisted with forum facilitation through the community assessment process and in the development of the Madison County Community Health Improvement Plan (CHIP.)*

*Melanie Adams-Johnson, RN  
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*Leslie Farris  
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*Christie Green  
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Safety Coordinator*

*Michelle Malicote, RN  
School Health Nursing Supervisor*

*Kelly Owens  
Tobacco Prevention Coordinator*

*Allis Reppert  
Health Educator*

*The CHIP is a viable document providing direction for selected services and addressing the health needs most important to the health and welfare of the community. Periodic review of the Plan will be conducted to determine progress on success with reaching established goals and results will be reported back to the community. Respectively submitted,*

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# 2011 Review and Addendum

*A focus group assembled on August 26, 2011 to review and provide recommended changes for community interventions of the three priority areas. The following community partners participated in the focus group.*

*Sheila Albright, MSN, RN  
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# 2011 Review and Addendum

***Madison County Health Department Staff  
Participating in Discussions:***

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Health Education Director*

*Small Group Facilitators:  
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Lloyd Jordison, RN  
Deborah Magsaysay, CDC Associate  
Kelly Owens, MPH, CHES  
Otto Reick, RS*



# 2011 Review and Addendum

The following questions were provided for the focus groups' discussion. A matrix of cumulative responses is shown for each discussion question.

## **PRIORITY # 1. PHYSICAL HEALTH: OVERWEIGHT, OBESITY AND LACK OF PHYSICAL ACTIVITY**

*GOAL: REDUCE THE PREVALENCE OF OVERWEIGHT AND OBESITY THROUGH INCREASED PHYSICAL ACTIVITY AND IMPROVED NUTRITIONAL INTAKE.*

Related to Priority # 1, what changes have occurred (deletions or additions) in the listed Intervention Strategies for your facility/ group/ agency/institution?

What is the most important community intervention needed (that is not already in place) to help the county achieve the set goal? Rank Order Responses

<b>Agency Name</b>	<b>What Changes Have Occurred</b>	<b>( += add/- = delete)</b>
Madison County Schools	+ Fitness Lab 2 days of PE instead of 1 + + Breakfast and lunch based on nutritional level + PACS NOW - nutritional information and Fit Club + 3 run events – Spoonbread Festival, Starlight Mile, Pumpkin Run + Learn Well/ Be Well Clinics + 2 clinics for students/ staff	
M.C. Extension Service	+ Exercise room + Cooking club special nutritional meal - WE CAN Program - Walk the trails +Facebook & Website Announcements	
Nathaniel House	+ Access gym at Bluegrass Army Depot	
EKU	+ Healthy U at EKU tracking chart for foods + Reduced gym membership cost + Public Health Nurse on-site to support employees with diabetes + Public Health awareness + Increase Wellness Center + Law Enforcement Complex walking trail open EKU has wonderful facilities but horrible parking. + Farmers Market on campus during summer	
<b>EKU Students</b>	+ Challenges to eat healthy and get moving	
<b>EKU, DCOE</b>	+ Small Steps, Big Rewards + ECU Today	
<b>M.C. Health Department</b>	+ Promote WIC (awareness) - Walking Club + Website	

# 2011 Review and Addendum

AGENCY NAME	WHAT CHANGES HAVE OCCURRED	( += ADD/- = DELETE)
<b>Diabetes Center of Excellence) (DCOE)</b>	+ Community garden Diabetes Fair	
<b>YMCA</b>	+ Activate America + After School program -Weight Reality series + Facebook	
<b>M.C. Fiscal Court &amp; Bluegrass Army Depot</b>	+ Battlefield & Whitehall Parks & Trail; Depot in process of adding walking paths	
<b>Berea Healthy Communities</b>	+ Safe Routes to School + Safe Kids - Pedestrian Safety Program	
<b>Berea Parks Department</b>	+ Monday's with Maggie Grade 3-5. Children's Activity program to all elementary schools in Berea; Free + Focus more on teens and seniors + Group Fitness Classes that serve over 200 people a week; Affordable -VERB Summer Score Card + Trail Systems Increase; Possibly add 13 mile trail + Berea PD 10K race/5K walk	
<b>MEPCO Home Health</b>	Wellness Committee Body Recall Clinical Guidelines/ Pathways includes Physical Activity & Healthy Nutrition Patient education committee to help rehabilitate patients toward wellness. Evidence based education for patients helps keep patients out of hospitals + Safer Communities Bad Economy	
<b>Seniors in Community Representative</b>	-Teleford YMCA –Expensive; Pools are very full; prohibitive for many seniors to use	
<b>Richmond Chamber of Commerce</b>	+ Health & Wellness Committee, Chamber Challenge	
<b>Berea College</b>	+ Increased availability of locally grown organic food for students. + Year round farmers market +Discussing/planning for wellness program that is broad In scope	
<b>Sustainable Berea/ Berea College; Grow Appalachia</b>	+ Community Garden; Shared space and knowledge	

# 2011 Review and Addendum

## **PRIORITY #1 MOST IMPORTANT INTERVENTION NEEDED**

- Increasing accessibility and affordability for physical activity for children being raised by grandparents. Supervision.
- County-wide program similar to Healthy U at ECU programs with incentives, agency buy into promotion.
- Increase community awareness relationship between healthy living and mental health safe. Walking paths after school program.
- Free physical activity opportunities in the community for schools.
- Consistent supply of fresh affordable produce.
- Advocate for legislation for physical activity everyday in schools.
- More sidewalks needed, especially in Richmond.
- More green space in Richmond and Berea that people can walk or bike safely within the city limits.
- Disseminate information in a format that people can understand that isn't so passive.
- Needs to be accessible.
- Increase blood pressure screenings for staff, faculty & students.
- Need more Walkability. Unsafe to ride bikes in Madison County locations.
- Creative Education, better terminology. Reframe education and live the message to create positive role models that will trickle into community.
- Partnership -College student buddying with elementary and middle school to increase fitness.
- Policy for land use and development for Healthy Built Environment.
- Community Gardens.
- Education - What is a healthy plate. How to Shop?
- School grounds available for physical activity after school hours.
- Public Spaces for physical activity, accessible.
- Education for parents and teachers on healthy snacks.
- Intervention to improve multi-modal paths in Richmond.
- Change food culture, access to healthy choices.
- Improved communication network.
- Food labeling at restaurants.
- Bring services to people outside city limits.
- Berea - sidewalks need repair.
- Free health fairs for seniors.
- Increase green space in Madison County.
- Effectively communicating information across the life-span.



# 2011 Review and Addendum

## PRIORITY # 2. ALCOHOL, TOBACCO AND OTHER DRUGS

GOAL: REDUCE THE HEALTH AND FINANCIAL IMPACT OF ALCOHOL, TOBACCO AND OTHER DRUGS (ATOD) ON MADISON COUNTY.

Related to Priority # 2, what changes have occurred (deletions or additions) in the listed Intervention Strategies for your facility/group/agency/institution?

What is the most important intervention needed (that is not already in place) to help achieve the set goal? Rank Order Responses.

AGENCY NAME	WHAT CHANGES HAVE OCCURRED ( += ADD/- = DELETE)
Madison County	+Faculty member monitoring right outside of school grounds Ghost Out program Middle School and High School ATOD education
MCHD & Cities' Police Departments	+ Prescription Drug Disposal Program - Teen Drug Court
Comprehensive Care Center	+ Parent Drug testing before prescribing children ADHD meds
M.C. Health Department	+ Referral to tobacco quit line
EKU	+ Smoke Free Campus proposed
EKU Student Representative	
Judicial	+ New sentencing laws
M.C. Health Department	+ E-cigs prohibited included in Clean Indoor Air Regulation + Counseling on smoking, alcohol, drugs + referral
Berea Community Schools	+ Smoke detectors in bathrooms
M.C. Extension Service	
Law Enforcement	+ Prescription Drug Disposal Drop Boxes + Drug Task Force + Tip Line
Berea Parks & Recreation	+ Ball Park Complex Smoke free
MEPCO Home Health	
Seniors in Community Representative	Caregivers stealing seniors drug.
PA.C. Regional Medical Center	+ Increased enforcement of smoke free facility & grounds.
Multi-Agency	

# 2011 Review and Addendum

## **PRIORITY #2**

## **MOST IMPORTANT INTERVENTION NEEDED**

More signage for no smoking + Emphasis on middle school aged

- Awareness on negative connection between mental health and drug use
- Increase awareness to women who are pregnant and using tobacco

More education for community members on how to report smoking in smoke-free zones

**••• Increase awareness on prescription drug addiction after injury - encourage other methods (physical therapy) instead of pain pills**

More emphasis on Kasper System

Awareness on children being over medicated

Education on what ADHD really is

Targeted Education for kids against use of tobacco products, especially in sports.

**••• Comprehensive drug and alcohol rehab program needed**

Smoke Free ECU campus

- Neighborhood level capacity - Building Communities - taking care of their own develop community watch, Etc.
- Limited Rehabilitation/Prevention services, More services for people in poverty – affordable
- Higher taxes on cigarettes.

Expanding HANDS program

Funding cuts – eliminate programs that aren't effective.

Would like to make smoke free campus. Needs policies, not programming. Students are saying this is what they want.

Alcohol moving from bars to apartments. R/T policy changes

Increase number of counselors in mental health

More mentorship for kids/teens for kids at risk

**••• Coordinated community effort for drug, alcohol, tobacco prevention and control**

Policy restricting drive-up alcohol purchases

Periodic roadblocks for DUI and seat belt use; Increase frequency of roadblocks

Pill Dragon to incinerate collected drugs

Renew Funding for existing resources

Rehabilitation and long-term therapy for kids

Safer Communities - stealing drugs from seniors and harming them.

- Programs to prepare young people for employment. Emphasize that you have to have a clean record to be employed.

Prescription Drug abuse; need pharmacies to be more aware of problem & disposal drug boxes.

Chronic smoking- breaking barriers in educating individuals.

- Programs in hospitals to address drug seeking individuals.

Increase funding for drug court and treatment intervention rather than jail time

Safer Communities - stealing drugs from seniors and harming them.

**••• Address drug (ATOD) addiction culture.**

# 2011 Review and Addendum

PRIORITY # 3. HEALTH CARE DISPARITIES: WOMEN AT-RISK FOR PRE-TERM DELIVERIES OR LOW BIRTH WEIGHT INFANTS; UNINSURED/UNDERINSURED; SPANISH SPEAKING INDIVIDUALS; AND THE HEALTH ILLITERATE.

*Goal: Reduce barriers that interfere or prohibit individuals and families from seeking preventive health and medical care by improving accessibility to health information and services.*

Due to the scope of Priority # 3, **rank order the # 1 subgroup which needs the greatest attention** by the community?

**What is the greatest health or social issue present in the county today?**

## POPULATION SUBGROUP WHICH NEEDS THE GREATEST ATTENTION

- **Women at risk for preterm deliveries and low birth weight infants.**
- **Uninsured/underinsured individuals**

**Spanish speaking individuals**

**Health illiterate**

## MOST NEEDED COMMUNITY INTERVENTION

Collaborative Effort. Further assess and indentify needs for population

Transportation - transits system - no agency to help with gas

- Agency to help individuals with gas costs

•• Branch locations: closer for people to access

•••• Uninsured person – navigator

•• Client advocate network

Encourage clinics to apply for funding for health care.

Improve awareness of public health services

Referral service for physicians.

•••• Educate elected officials. Educate people who elect officials

Show impact when services are cut. Disseminate this information to communities.

advocate or investigate feasibility for FQHC

Foundation to support health ministries and clinics that provide free/reduced health services.

Educate about low cost options; pamphlets

Companies to include dental and vision insurance in health policies

- Awareness of dental health

Review of costs of health care

(Truth in Billing Legislation)

NOTE: All groups indicated that the issues of these population groups are intermingled and it is difficult to single out the greatest priority group.

# 2011 Review and Addendum

## **Priority 3 WHAT IS THE GREATEST HEALTH OR SOCIAL ISSUE PRESENT IN THE COUNTY TODAY?**

- Children psychological issues / social issues due to parents substance abuse
- Obesity - all ages
- Poor and underserved, and uninsured/ underinsured
- Drug Abuse
- Accessibility : transportation, buttons to open doors (auto)
- Future Employability of young people
- Physical Health

Domestic violence

Birth Control accessibility

Chronic Illness

Mental health issues

Economy

"The System"

ATOD in the 20 -30 year old population (young adults)

Elderly resources, needs voice

## **PARTICIPANTS WERE PROVIDED INFORMATION FROM THE FOLLOWING DOCUMENTS TO AID IN THE DISCUSSION.**

*2011 COUNTY HEALTH RANKINGS REPORT*

*KENTUCKY HEALTH FACTS FOR MADISON COUNTY*

*KIDS COUNT, MADISON COUNTY PRESCRIPTION DRUG USE/ABUSE REPORT 2011*

*MADISON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) 2009-2014*

In 2007, the Madison County Health Department adopted the utilization of the Mobilizing for Action through Planning and Partnership (MAPP) process developed by the National Association of County and City Health Officials (NACCHO.) Under the direction of the health department, a group of community leaders and residents used this comprehensive guide of community assessment and program planning as the bases for the MCCHIP.

The Madison County public health system partners developed the shared vision of a healthy community as:

*“People in Madison County will have access to resources that empower them to achieve health lifestyles, supported by a continuously improving, safe and economically sound environment. It will strive to become a model community where all people who live work and play can engage in activities that promote quality of life.”*

The core values serving as the underlying foundation of the vision are:

- |                                    |                                |
|------------------------------------|--------------------------------|
| <i>Communication</i>               | <i>Education</i>               |
| <i>Collaboration</i>               | <i>Comprehensive/inclusive</i> |
| <i>Communication among leaders</i> | <i>Accountability</i>          |
| <i>Caring</i>                      | <i>Leadership</i>              |
| <i>Accessibility</i>               | <i>Policy Development.</i>     |
| <i>Empowerment</i>                 |                                |



GIBSON BAY GOLF COURSE, RICHMOND, KY

The MCCHIP serves as the strategic plan to address the priorities identified through assessment of the following areas:  
Community Health Status Indicators

- |                            |                                 |
|----------------------------|---------------------------------|
| Local Public Health System | Community Themes and Strengths. |
| Forces of Change           |                                 |



The Community Health Status Assessment 2007 report is a culmination of statistical data rendering a picture of the county through the following indicators:

- *Demographic Characteristics*
- *Socioeconomic Characteristics*
- *Health Resources Availability/ Accessibility*
- *Behavioral Risk Factors*
- *Environmental Health*
- *Social and Mental Health*
- *Maternal and Child Health*
- *Death, Illness and Injury*

Baseline data, selected from a variety of reputable sources, covers the years from 2000 to 2005. Local county data is shown in comparison with three other Kentucky counties in several selected indicators. Both state and national rates are utilized for comparison to local data as well. The report can be seen in its entirety on the Madison County Health Department's website

<http://www.madisoncountyhealthdept.org>

Five community forums, conducted in spring 2007, solicited county residents' opinions associated with health care access, health care costs, health care quality and lifestyle. Two forums were open to the public and conducted in the cities of Richmond and Berea. One forum was conducted with local school systems' Family Resources and Youth Service Centers' Directors. A fourth forum was held with teens who served as instructors of a abstinence based curriculum in the schools and another forum was with the Faith Task Force, an interdenominational group from several churches in the county.

Information from the Community Health Status Assessment 2007 report, results of the forums, and The Health of Kentucky – A County Assessment was shared at a large community forum in the spring 2008. Forty four individuals attended representing the school system, chamber of commerce, hospitals, private health care practitioners, indigent care clinics, university, local governments, businesses, faith based community organizations, homemakers' clubs,



**Brainstorming by attendees of The Health of Kentucky- A County Assessment. The conference was held April 2008 at Eastern Kentucky University.**

# 2011 Review and Addendum

walking/biking organization, spouse abuse shelter, adult day care centers, adult and children protective services, hospice, cooperative extension service, parks and recreation department and health department. The day long forum discussion resulted in a list of community and health challenges that consisted of the following:

- *Aging population*
- *Inadequate mental health services*
- *High tobacco use*
- *High levels of obesity due to physical inactivity*
- *Inadequate flu shot use*
- *Inadequate breast screening rates*
- *Domestic violence*
- *Pre-term births greater than nationally*
- *High smoking among pregnant women*
- *Heart and cardiovascular disease*
- *Deaths due to lung, breast and prostate cancers*
- *Motor vehicular deaths.*

A smaller task force was formed from the representatives present. The task force met in the fall of 2008 and established the vision and selected the priority goals to serve as the foundation of the plan.

## **The health priorities selected for the 2009-2013 Madison County Community Comprehensive Health Improvement Plan are:**

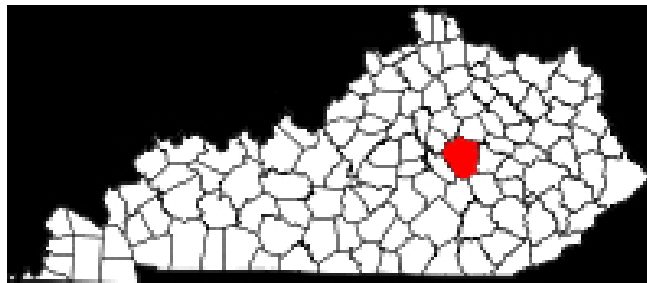
- *Overweight, Obesity and Lack of Physical Inactivity*
- *Alcohol, Tobacco and other Substance Use and Abuse*
- *Health Care disparities (women at-risk for pre-term deliveries or low birth weight infants; uninsured/underinsured; Spanish speaking individuals; health illiterate)*
- *Limited available Mental Health Services*
- *Quality of Life Challenges (aging population; Spanish speaking population; economic disadvantaged; illiteracy; crime/fear of violent crime)*
- *Lack of adequate health prevention, screening and education*



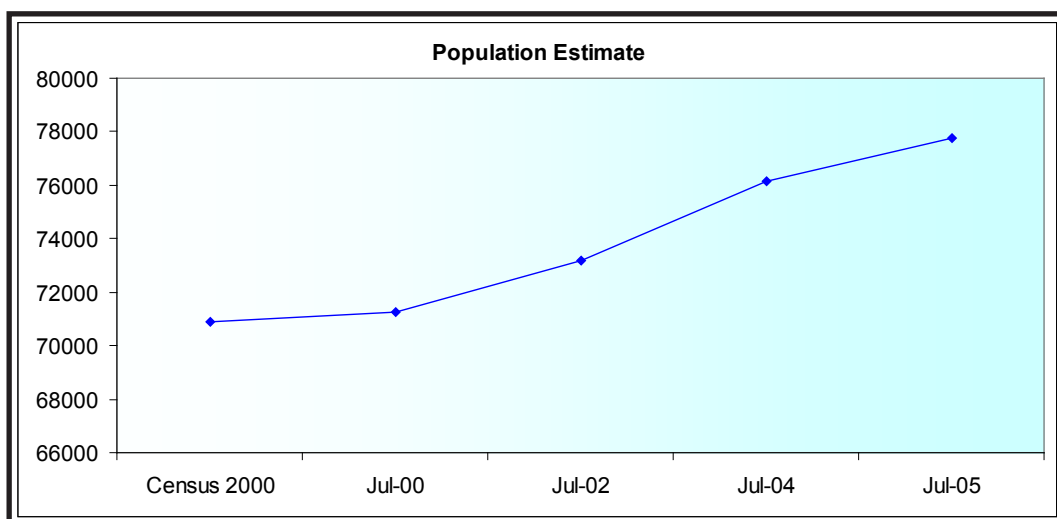
## Location and Size

Madison County is located in central Kentucky and is bisected north to south by Interstate 75. The county population, along with both cities, has seen rapid growth in recent years. Richmond, the county seat, is the tenth fastest growing city in Kentucky with a growth rate of 13.78%. Berea is the third fastest growing city in the state with a growth rate of 34.3%.

In 2005, the county population was 77,749 (59% urban, 41% rural.) The county's 2009 population is estimated at approximately 82,000.



## Madison County, Population Growth Estimate, 2000-2005



Area	Census 2000	Jul-00	Jul-02	Jul-04	Jul-05
Madison Co	70872	71261	73198	76136	77749

Source: <http://sig.reachoflouisville.com>

## Gender and Age

In 2005, the median age of residents was 33 years old (males: 31 years old, females: 35 years old.) Males numbered 34,208 (48%) and females were 36,664 (51.7%) in the population. The median age for 1) white residents: 33 years old; 2) black residents: 30 years old; 3) American Indian residents: 51 years old; 5) Asian residents: 24 years old; 6) Hispanic or Latino residents: 15 years old; 7) other race residents: 43 years old.  
White Non-Hispanic (92.4%)

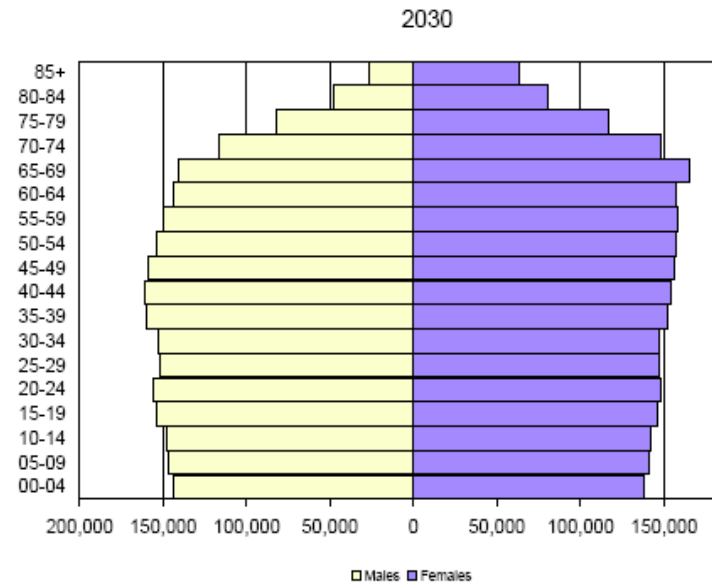
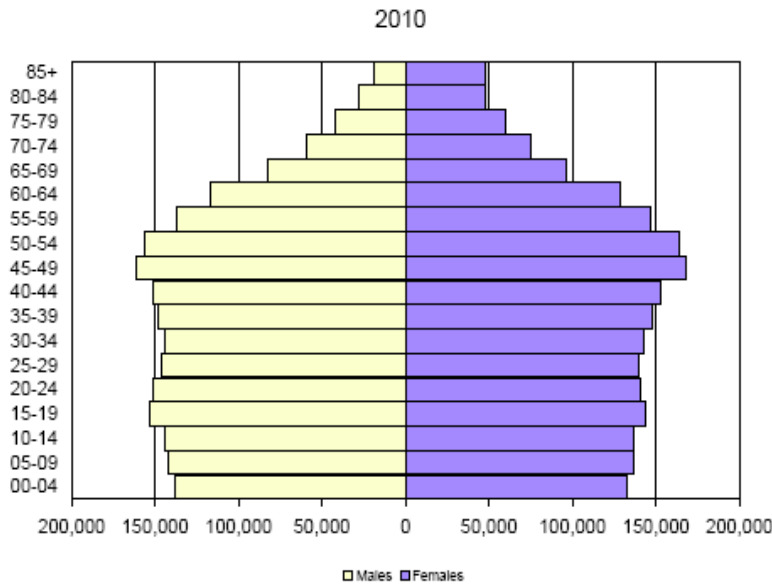
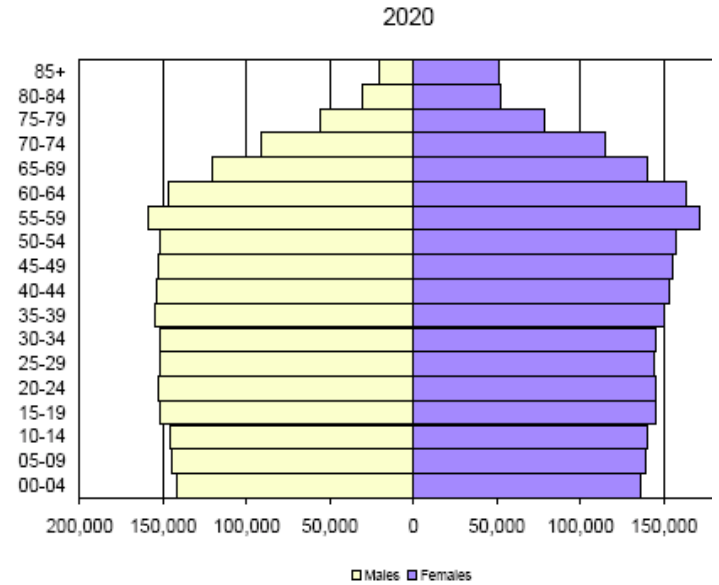
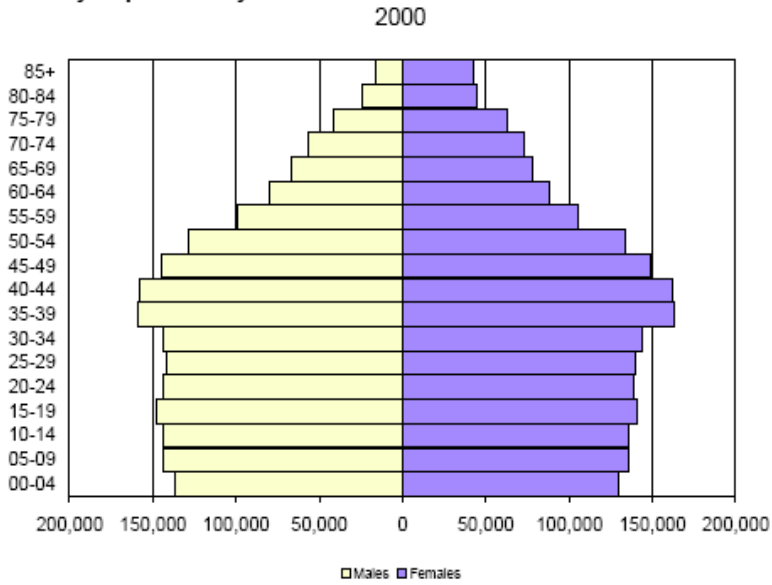
## Races in Madison County, Kentucky

Black (4.4%)  
 Two or more races (1.2%)  
 Hispanic (1.0%)  
 American Indian (0.7%)  
 The greatest increase among race was seen in the Hispanic population.

## County's Aging Population

Madison County's population is showing change in an aging population as the baby boomers reach retirement.

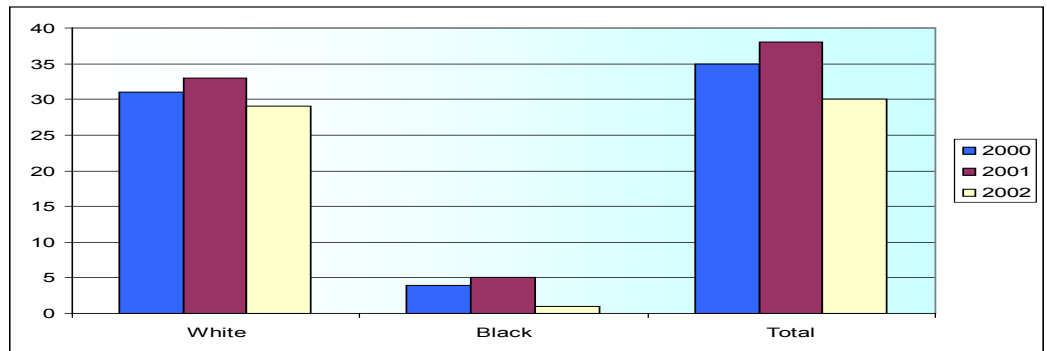
### Kentucky Population Pyramids



Source: Census 2000, *How Many Kentuckians 2004 Edition*, Kentucky Population Research, Urban Studies Institute, University of Louisville. Review edition: 11/2004.  
Produced by Alicia Crouch, Kentucky Education Cabinet

- Madison County had a higher percentage of preterm births than nationally and approximately 21% of multiple delivery births were Very Preterm.
- Smoking among pregnant women was high, approximately 22% of pregnant women reported smoking during pregnancy.
- From 2000-2002, the number of births to females, age 10-17, mirrored the state. 2,513 in 2000 and 2,159 in 2002

**Madison County,  
Number of Births to Females, Ages 10-17  
2000-2002**



Year	White	Black	Total
2000	31	4	35
2001	33	5	38
2002	29	1	30

Source: <http://chfs.ky.gov/NR/rdonlyres/90686019->

## Households

### Households

The median income households were \$32,861 in 2000 with a slight increase to \$33,925 in 2002. Children, ages 5 years or less and living below the poverty level grew 33% from 1990 to 2000. Adults, aged 25+ with less than a 9<sup>th</sup> grade level of education, increased 13% in the same time period.



In 2000, the average household size was 2.42 individuals with the average family size being 2.90. According to the

## Employment

2005-2007 data, average household size increased to 2.54 with the average family size also increasing to 3.08.

Source: [http://factfinder.census.gov/servlet/SAFFacts?\\_event=&geo\\_id=05000US21151&\\_geoContext=01000US%7C04000US21%7C05000US21151&\\_street=&\\_county=Madison+County&\\_cityTown=&\\_state=&\\_zip=&\\_lang=en&\\_sse=on&ActiveGeoDiv=&\\_useEV=&pctxt=fph&pgsl=050&\\_submenuId=factsheet\\_1&ds\\_name=ACS\\_2007\\_3YR\\_SAFF&\\_ci\\_nbr=null&q\\_r\\_name=null&reg=null%3Anull&\\_keyword=&\\_industry=](http://factfinder.census.gov/servlet/SAFFacts?_event=&geo_id=05000US21151&_geoContext=01000US%7C04000US21%7C05000US21151&_street=&_county=Madison+County&_cityTown=&_state=&_zip=&_lang=en&_sse=on&ActiveGeoDiv=&_useEV=&pctxt=fph&pgsl=050&_submenuId=factsheet_1&ds_name=ACS_2007_3YR_SAFF&_ci_nbr=null&q_r_name=null&reg=null%3Anull&_keyword=&_industry=)



MADISON COUNTY COURTHOUSE, RICHMOND, KY

## Education

### Employment

The county's unemployment level was 2.7% in 2000 and rose to 6.5 percent in 2004, an increase of 3.8 %. In 2003, retail trade was the largest employer for both Richmond and Berea, followed by construction and health care. The number of Medicaid recipients under the age of 18 increased steadily from 2000 to 2005.



In 2000, approximately 12.0% of the county's families lived below the poverty level. Data for 2005-2007 estimated 14.1 % of families lived accordingly.

Source: [http://factfinder.census.gov/servlet/SAFFacts?\\_event=&geo\\_id=05000US21151&\\_geoConte](http://factfinder.census.gov/servlet/SAFFacts?_event=&geo_id=05000US21151&_geoConte)

EASTERN KENTUCKY UNIVERSITY, RICHMOND, KY

xt=01000US%7C04000US21%7C05000US21151&\_street=&\_county=Madison+County&\_cityTown=&\_state=&\_zip=&\_lang=en&\_sse=on&ActiveGeoDiv=&\_useEV=&pctxt=fph&pgsl=050&\_submenuId=factsheet\_1&ds\_name=ACS\_2007\_3YR\_SAFF&\_ci\_nbr=null&q\_r\_name=null&reg=null%3Anull&\_keyword=&\_industry=

## Education

Berea College, founded in 1855, was the first interracial and co-educational college in the

south. The school had many set-backs during the Civil War due to southern pro-slavery

sympathizers and continues with struggles to operate until 1950 when an amended Day Law allowed integration above the high school level. Berea College was the first college in



**KIRKSVILLE ELEMENTARY STUDENTS ATTEND HEALTH FAIR.**

## Food Security and Insurance

The percent of students enrolled in Madison County Public Schools who received either free or reduced price lunches went from 44.1% (2000) to 44.7% (2005). During the same period the number of county youth age 19 and younger who received Food Stamps rose from 2,266 in 2000 to 3,696 in 2005.

From 2000 to 2005, the number of youth under the age 19 enrolled in the Kentucky Health Insurance Program (KCHIP) increased from 371 to 1262. Total number of the county's Medicaid recipients increased from 8041 in 2000 to 9920 in 2005. In 2000, it was estimated that 13.1% of the county's population (70,872) were not covered by health insurance.

In a report released in 2007 by the Kentucky Institute of Medicine, *The Health of Kentucky A County Assessment*, Madison County



**B. MICHAEL CAUDILL MIDDLE SCHOOL, RICHMOND, KY**

## County Health Ranking

ranked as the 20<sup>th</sup> healthiest county among Kentucky's 120 counties.

*“Increased community emphasis on regular primary care visits and screenings can help lower death rates for breast, prostate, and other forms of cancer. Early detection and treatment can save lives. Improved nutrition and increased physical activity can help*

### The report outlines the county's following strengths:

- *Low smoking*
- *Good oral health*
- *Low motor vehicle deaths*
- *High graduation rate*
- *Well insured*
- *Availability of primary care physicians*
- *Low diabetes*
- *Low lung/bronchus cancer rates*
- *Low colorectal cancer rates*

### The challenges shown in the report are:

- *Obesity*
- *Low birth weight infants*
- *Infant mortality*
- *Breast cancer*
- *Prostate cancer*

### Outliers

- *Aging patient population*
- *Limited activity*
- *High cardiovascular deaths.*

Recommendations from the report were:

*reduce obesity and lessen the risks for diabetes, heart disease, and other illnesses. Attention to the needs of its older population and its impact on physician and other health resources also should become a focus of the county's health planning.”*

Source: <http://www.kyiom.org.healthky2007a.pdf>

## PHYSICAL HEALTH: OVERWEIGHT, OBESITY AND LACK OF PHYSICAL ACTIVITY

Overweight, obesity and lack of physical activity is directly related to many of the chronic diseases seen in our population today. Health problems such as heart disease, high blood pressure, cancers and diabetes and depression are directly linked to an individual's weight and physical inactivity. Recent studies have shown that cancers such as colorectal and breast are linked to obesity, physical inactivity and diets high in fats. Many in our population do not consume the recommended amounts of fruits and vegetables and adhere to the recommended serving sizes. Diets high in sugars, fried foods and fast foods have contributed to the chronic disease seen among our population.



### Definition

Being overweight or obese is based on an individual's Body Mass Index (BMI.) BMI is a measured using a math ratio of a person's weight and height. BMI is considered to be a more accurate predictor of a chronic disease risk factor than weight alone.

BMI greater than 25.0 puts an individual at risk for the development of

BMI	WEIGHT STATUS
<i>Less than 18.5</i>	<i>underweight</i>
<i>18.5 and 24.9</i>	<i>normal weight</i>
<i>25.0 and 29.9</i>	<i>overweight</i>
<i>Greater than 30</i>	<i>obese</i>

chronic disease.

It is recommended that all "adults have a minimum of 2 ½ hours a week of moderate intensity aerobic physical

activity or at least one hour of vigorous physical activity."

"It is recommended children and adolescence have one or more hours of moderate or vigorous aerobic physical

activity a day, including vigorous intensity physical activity at least three days a week."

Source: <http://www.hhs.gov/news/press/2008pres/10/20081007a.html>

In 2002, it was estimated that approximately 20% of the Bluegrass Area Development District (BGADD) population, of which Madison County is a

part, were obese. About 24% of the area's population lacked participation in physical activity. Related to nutrition, 80.5% of the population consumed less than the recommended 5 fruits and vegetables per day. Females were reported to be the most obese and physically inactive while males reported being the lowest consumers of fruits and vegetables.

Source: Kentucky Behavioral Risk Factor Surveillance System 2002 Report, Cabinet for Health and Family Services, Department for Public Health, Division of Epidemiology and Health Planning, Surveillance and Health Data Branch, Frankfort, KY

## GOAL

Reduce the prevalence of overweight and obesity through increased physical activity and improved nutritional intake.

### Outcome Objectives:

By the year 2014,

- Increase the intake of fruits and vegetables by adults by 5%, from 19.5% (2002) to 24.5%.
- Increase the number of people who engage in the recommended amount of daily/weekly physical activity by 5%, from 23.5 % (2002) to 29 % .
- Increase the number of elementary and middle schools who engage in the recommended amount of daily physical activity to 100%.

### Impact Objectives:

- Increase the number of local community groups who implement policies on healthy snacks and foods at meetings, group gatherings, etc.
- Increase the number of individuals and families engaging in regular physical activities.
- Increase the number of physical activity events in the community.
- Increase the number of local food services that provide healthy choices to consumers.

### Suggested Intervention Strategies:

1. **PRESENT INFORMATION ON THE BENEFITS OF REGULAR PHYSICAL ACTIVITY AND HEALTHY NUTRITION FOR COUNTY RESIDENTS ACROSS THE LIFESPAN.**

*Programs, Activities, &/or Methods of Delivery*

#### MADISON COUNTY HEALTH DEPARTMENT

- Clinic patients are counseled on recommended amount of age appropriate physical activity and nutrition at visits.
- Lobby bulletin boards and public displayed brochures are available on various physical activity and nutrition topics.
- Website contain up to date information on topics and displays links to other professional resources [www.madisoncountyhealthdept.org](http://www.madisoncountyhealthdept.org) Presentations are available to various community groups, i.e., schools, worksites, youth organizations, churches, community organizations on healthy nutrition and physical activity.
- Diabetes Prevention classes and Walking Club is available to public <http://www.madisoncountyhealthdept.org>
- VERB Summer Scorecard, a physical activity program for 9-13 year olds, is available each summer.



- The Madison County Physical Activity Directory is displayed on the agency's website <http://www.madisoncountyhealthdept.org>
- Agency staff serves on Madison County School System and Berea Independent School Systems' Wellness Committees; advocates for increasing physical activity at all level and promoting nutritious food served in the food services, at classroom parties, and in school events.
- Agency staff serves as collaborating partners with local agencies to conduct 2nd Sunday, a county wide walking/biking event on the second Sunday in October.
- Agency staff serves as collaborating partners with Madison County Greenways and Trails to promote continued growth of Rails to Trails development and walking/biking paths in both cities and out in the rural areas of the county.
- Agency's Wellness Committee promotes physical activity of all employees through yearly events.
- HANDS staff refers to the Woman, Infant and Children program for nutrition and promotes healthy nutrition and physical activity for all family members.

## **MADISON COUNTY COOPERATIVE EXTENSION SERVICE**

- Family & Consumer Science Newsletter provides information on various nutrition and physical activity programs and health messages
- WE! Can Program, a nutrition program for parents of 7 to 12 year olds, is provided in community groups.
- Website contains information on program offered by agency <http://ces.ca.uky.edu/madison>
- 2nd Sunday Walking/Bicycling county wide event that unites several community agencies and businesses promoting physical activities and healthy nutrition for all age groups
- Walk the Trails, a walking program, is promoted within the Homemaker clubs
- Weight the Reality Series, a nutrition program focuses on weight loss and healthy nutrition plans. Two sessions held at the Telford YMCA include time with a personal trainer.
- 4-H Clubs offers Nutrition Education Program with Jump Clubs in various local schools.
- Homemakers Cooking School

### **Other programs offered include:**

- Get Health, Get Points Contest for Homemakers Clubs
- School Fitness Clubs (physical activity and nutrition)
- Food Safety Lessons
- Food Preservation Workshops
- Various presentations on healthy nutrition to local groups

## **PATTIE A. CLAY REGIONAL MEDICAL CENTER**

- Referred individuals can receive nutrition counseling by a registered dietitian on specialized dietary plans.
- Serves as community partner for the Richmond Health Fair
- Website provides health resource information <http://www.pattieaclay.org/>

## **ST. JOSEPH BERE A**

- Referred individuals can receive nutrition counseling by a registered dietitian on specialized dietary plans
- Sponsors Get Health Berea, a community wide event which promotes health education booths, screening services, bike race and a walk/run.
- Website provides health resource information <http://www.sjhlex.org/homepage.cfm?id=917>
- Public can participate in an on-line health risk assessment through the *Know Your Health KY - "Take Your Risk Assessment"* <http://www.knowyourhealthky.com/>

## **WHITE HOUSE CLINIC**

- Individuals seen for care receive dietary counseling as requested by primary care provider. Daily physical activity is recommended for all clients.
- Serves as host on educational programs
- Website provides health resource information <http://www.whitehouseclinics.com/>

## **MADISON COUNTY SCHOOLS**

- The Coordinated School Health Model is utilized.
- Elementary Schools provide a variety of physical activity through Physical Education classes.
- Newly built middle school has a walking trail as part of the outdoor track.
- All elementary schools utilize outdoor playground equipment.
- Events scheduled by the system wide Wellness Committee includes the Pumpkin Run in the fall and a health fair in the spring.
- Board of Education has a healthy foods policy for classroom parties and student rewards/incentives.
- Physical activity for students meets the KY state physical education requirements.
- In addition to schools' sports teams, some school offer Walking/Jump Clubs.
- Website provides information on selected school sponsored events <http://www.madison.kyschools.us/dist>

## BEREA INDEPENDENT SCHOOL SYSTEM

- Wellness Committee will assess level of physical activity and nutrition provided within school in 2009-2010 school years. Recommendations for change will be made based on results.
- Safe Routes to Schools has proposed implementation start-up date for the 2010-2011 school years.
- Website provides information on selected school sponsored events
- <http://www.berea.k12.ky.us/>

## BEREA COLLEGE

- Wellness Committee makes recommendations for student and staff physical activity events outside of physical education and collegial sports.



**BEREA COLLEGE, BEREA, KY**

- On campus food service uses fresh fruits and vegetables grown on college farm.
- Website information provides information on selected college events <http://www.berea.edu/>

## EASTERN KENTUCKY UNIVERSITY - HEALTHY YOU

- Promotes incentive programs for employee physical activity engagement and provides healthy nutrition information in presentations and at an annual campus wide health fair.
- Website information provides information on selected university events <http://www.hr.eku.edu/wellness>

## PACS Now

- Delivers a variety of healthy nutrition programs in K-12 classroom settings, at health fairs, and in worksites, including *Eat Five and Thrive*, *NOW Nutrition Olympics*, *NOW Nutrition Bingo*, *Nutrition Education Workshops Training and Professional Development*.

## TELFORD YMCA

- Provides a variety of physical activities for all ages
- Website provides information on physical activities and wellness programs offered at the center <http://telfordymca.org>



**PACS NOW STAFF DISTRIBUTED PRIZES AT THE 2009 VERB GRAND FINALE, HELD AT BEREA COMMUNITY POOL.**

2. **PROMOTE THE CREATION AND SUSTAINABILITY OF CITIES' AND COUNTY ENVIRONMENTS CONDUCIVE TO PARTICIPATION IN PHYSICAL ACTIVITY, INCLUDING WALKING AND BICYCLING PATHS/TRAILS, PEDESTRIAN RIGHTS, SIDEWALKS IN GOOD REPAIR, IMPROVED LIGHTING, MARKED CROSSWALKS, AND REDUCED SPEED ZONES.**

*Programs, Activities, &/or Methods of Delivery*

#### **MADISON COUNTY HEALTH DEPARTMENT**

- Collaborates with Madison County Greenways and Trails to support development of Rails to Trails Program.
- Advocates for schools to adopt the Walking School Bus @ least twice per year in selected neighborhoods.
- Collaborates with cities' government & local schools to seek Safe Routes to School funding.

#### **MADISON COUNTY GREENWAYS & TRAILS**

- Advocates for Rails to Trails development and walking/biking paths in Berea, Richmond and throughout the county.
- Posts information on bicycle rides and walks/runs on website
- <http://www.madisonkytrails.org/about.html>

#### **MADISON COUNTY FISCAL COURT**

- Develops biking and walking trails in county's parks.
- Displays information on parks & trails on website.
- Develops improved trails system throughout county as part of the Madison County Comprehensive Plan.
- <http://www.madisoncountyky.us>



**BATTLEFIELD PARK, MADISON COUNTY, KY**

#### **RICHMOND CITY GOVERNMENT**

- Develops improved city infrastructure based on the City of Richmond's Comprehensive Improvement Plan.
- Displays city walking paths on website
- <http://parks.richmond.ky.us/AthleticLeagues/1000MileClubforms/Suggested%20Running.pdf>
- [http://parks.richmond.ky.us/Parks/LR\\_Amenities.htm](http://parks.richmond.ky.us/Parks/LR_Amenities.htm)

#### **BEREA CITY GOVERNMENT**

- Develops improved city infrastructure based on the City of Berea's Comprehensive Improvement Plan.
- Displays city walking paths on website

[HTTP://CITYOFBEREA.COM/GISSURVEY/PDFs/BEREATRAILMASTERPLAN.PDF](http://CITYOFBEREA.COM/GISSURVEY/PDFs/BEREATRAILMASTERPLAN.PDF)

### 3. INCREASE INFORMATION WITHIN COUNTY AND CITIES ON PUBLIC ACCESS TO DIFFERENT TYPES OF PHYSICAL ACTIVITY PROGRAMS AND FACILITIES

*Programs, Activities, &/or Methods of Delivery*

#### MADISON COUNTY HEALTH DEPARTMENT

- Maintains an up-to-date *Madison County Physical Activity Directory* and displays it on website.
- Display a calendar of scheduled physical activity events on website, in health department lobbies, and in community presentations
- Assist other agencies in publicizing information on cable community calendar, local governments' tv channels, school channels, and other community agencies' website

#### MADISON COUNTY SCHOOL SYSTEM

- Informs students and parents of county wide events through school system's website
- <http://www.madison.kyschools.us/dist/index.php>



#### MADISON COUNTY COOPERATIVE EXTENSION OFFICE

- Utilizes Family and Consumer Science Newsletter, lobby bulletin board to display information.

#### CITIES OF BERA AND RICHMOND GOVERNMENTS

- Displays information on a variety of physical activities on Parks & Recreation websites
- <http://cityofbera.com/parksrec.htm>
- <http://parks.richmond.ky.us/>

#### LAKE REBA, RICHMOND, KY

### 4. ADVOCATE FOR POLICIES IN SCHOOLS, SENIOR CENTERS, WORKSITES, AND OTHER COMMUNITY GROUPS THAT ARE CONSISTENT WITH INCLUSION OF HEALTHY NUTRITION AND PHYSICAL ACTIVITY.

*Programs, Activities, &/or Methods of Delivery*

#### MADISON COUNTY HEALTH DEPARTMENT

Staff serves as a member on Coordinated School Health Advisory Council, Madison County School System;

Advisory Board of Madison County Cooperative Extension Service Board and Family & Consumer Science Committee

### 5. PROMOTE EXPANDED NUTRITION AND PHYSICAL ACTIVITY IN SCHOOLS AND OTHER COMMUNITY SETTINGS

## MADISON COUNTY HEALTH DEPARTMENT

- Promotes healthy classroom snacks, healthy cafeteria food service and physical activity programs in local school systems, i.e., 1% or Less, 5 A Day, School Wellness Committee, School, worksite and community health fairs, Safe Routes to School

## MADISON COUNTY COOPERATIVE EXTENSION SERVICE

- Provides presentations on healthy nutrition with a variety of community groups in diverse locations.
- Provide information and improve skills among all groups needed to purchase, prepare and consume healthy foods

## MADISON COUNTY COOPERATIVE EXTENSION SERVICE

- Provides lessons on Expanded Food Nutrition Education Program with parents and youth in diverse settings

## SUSTAINABLE BERA

- Promotes Farmers Markets and development of community infrastructure for healthy living
- Website provides information promoted by organization <http://www.madisoncountyhealthdept.org/diabetesclass.html>

## BEREA COLLEGE FARM

- Produces foods grown on college farm and made available to the public through the local year round Farmers Market.
- Provides information on website <http://bereacollege.locallygrown.net>

*Advocate for restrictions on unhealthy food advertising aimed toward children*

- **Currently not addressed by local agencies.**

*Provide information throughout the county on increased access to healthy food choices*

## MADISON COUNTY COOPERATIVE EXTENSION SERVICE, SUSTAINABLE BERA, BERA COLLEGE FARM

- Promotes the Farmers' Markets.
- Extension Services Farmers' Market Customer Appreciation Day at Richmond Farmers Market

### Barriers to Overcome

- Cost
- Time constraints
- Lack of knowledge and access to reputable information
- Attitudes about nutrition, healthy food choices, and physical activity
- Concerns about safety that prevent use of outdoor recreation
- Creation of accessible physical activity areas in rural areas of county
- Lack of support for expansion of newly developed roadways to include broad shoulders for walking/biking lanes
- Lack of space for community garden space
- Limited training available on home food preservation
- Unhealthy diet

### Risk Factors

- Physical inactivity
- Lack of education
- Low income
- Limited areas to engage in outdoor physical activities through cities and county
- Lack of knowledge about county parks, walking/biking trails, and public sponsored physical activity events
- Lack of time
- Lack of accessible playgrounds, exercise facilities due to cost and location
- Poor eating habits/Use of food as a stress reducer
- Personal lifestyle does not include healthy nutrition and daily physical activity
- Low access to affordable healthy foods
- Easy accessibility to fast or processed foods
- Advertising unhealthy foods to children & adults

Health Priority #1

### Evaluation Resources

- Annual Reports from various community groups
- KY Behavioral Risk Factor Surveillance Survey (BRFSS) Reports
- VERB Summer Scorecard Participants
- Local Industries Wellness Programs
- Number of Farmers Markets and locations in the county.
- Number of miles allocated to shared use paths in cities and throughout the county.





## ALCOHOL, TOBACCO AND OTHER DRUGS ATOD

**Goal:**

**Reduce the health and financial impact of alcohol, tobacco and other drugs (ATOD) on Madison County.**

**Outcome Objectives:**

By 2014,

- Reduce the number of adults smokers by 5%, from 26% (2007) to 21%
- Reduce the number of middle school youth by 5%, from 24% to 19%
- Reduce the number of high school youth who use tobacco by 5%, from 44% to 39%
- Reduce the number of adults who heavy or binge drink by 2%, from 8% (2002) to 6%

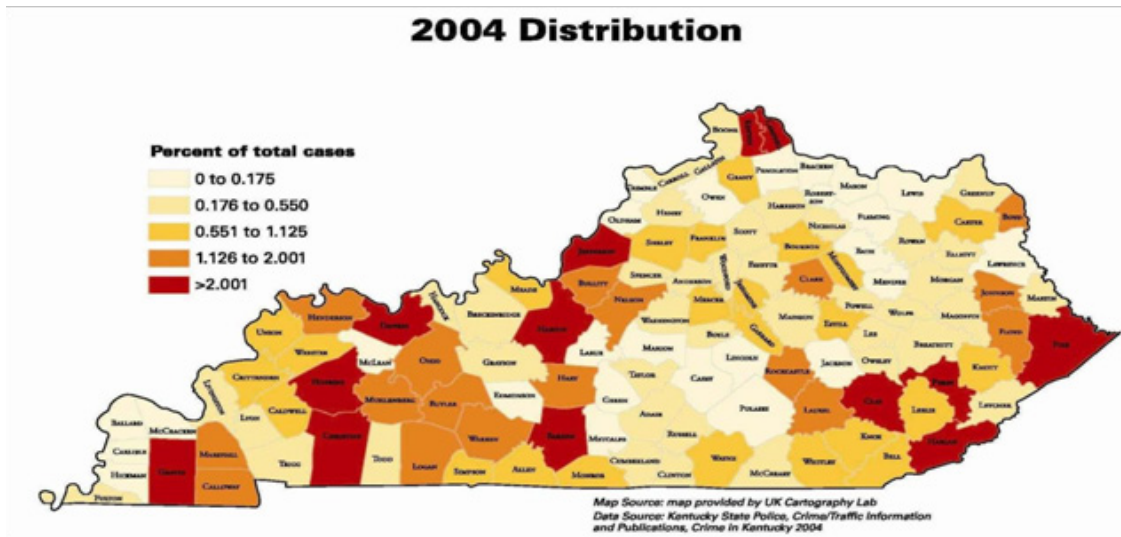
**Impact Objectives:**

- Continue to assess the number of students enrolled in the Madison County School and Berea Independent School Systems that report living in smoking households
- Increase the presentations on hazards of smoking in daycare centers and elementary schools
- Continue to provide Cooper Clayton Smoking Cessation groups in both Richmond and Berea
- Increase the number of health care providers who refer patients to the smoking cessation groups
- Increase information to both adults and youth on the health, financial and social hazards of ATOD

**Suggested Intervention Strategies:**



## 2004 DISTRIBUTION OF METHAMPHETAMINE-RELATED ARRESTS



Source: <http://cdar.uky.edu/Downloads/Methamphetamine%20Report%2003-20-2008.pdf>

**Methamphetamine, a drug of choice, has garnered county and statewide attention with “meth” raids in private homes.**

## GOAL

**REDUCE THE HEALTH AND FINANCIAL IMPACT OF ALCOHOL, TOBACCO AND OTHER DRUGS (ATOD) ON MADISON COUNTY.**

### Outcome Objectives:

By the year 2014,

- Reduce the number of adults smokers by 5%, from 26% (2007) to 21%
- Reduce the number of middle school youth who use tobacco by 5%, from 24% to 19%
- Reduce the number of high school youth who use tobacco by 5%, from 44% to 39%
- Reduce the number of adults who heavy or binge drink by 2%, from 8% (2002) to 6%

### Impact Objectives:

- Continue to assess the number of students enrolled in the Madison County School and Berea Independent School Systems that report living in smoking households
- Increase the presentations on hazards of smoking in daycare centers and elementary schools
- Continue to provide Cooper Clayton Smoking Cessation groups in both Richmond and Berea
- Increase the number of health care providers who refer patients to the smoking cessation groups
- Increase information to both adults and youth on the health, financial and social hazards of ATOD

## Suggested Intervention Strategies:

### MADISON COUNTY HEALTH DEPARTMENT

Provide Cooper Clayton Smoking Cessation groups in both Berea and Richmond yearly.

Display information on group offerings on agency’s website, display flyers within health department lobbies, and distribute flyers to hospitals, clinics and primary care providers.

Survey students/families’ reporting of student who live in smoking household through parents/guardians’ school start-up health services form

Provide the following youth tobacco use prevention education and cessation program in local schools:

Tobacco Assessment Program (TAP)

Tobacco Education Program (TEG)

Teens Against Tobacco Use (TATU)

### LIFESKILLS PROGRAM

with Madison County Teen Drug Court.

### PRESENT INFORMATION ON TOBACCO USE CONSEQUENCES IN COMMUNITY SETTINGS, I.E., DAYCARE CENTERS, K-12, COLLEGE AND UNIVERSITY CLASSES.

- Provide vouchers for nicotine replacement therapy with financial assistance from Madison County ASAP.
- Smoke Free Campus

### REINFORCE SMOKE FREE ENVIRONMENTS FOR EMPLOYEES AND/OR PUBLIC.

#### MADISON COUNTY HEALTH DEPARTMENT

- Clean Indoor Air Regulation enacted by Madison County Board of Health, 2007, making all public places smoke free.
- Smoke Free campus
- Offers nicotine replacement therapy assistance to employees who choose to quit smoking.

#### ST. JOSEPH BEREА, PATTIE A. CLAY REGIONAL MEDICAL CENTER, WHITE HOUSE CLINICS

- Smoke Free campus

#### MADISON COUNTY SCHOOL SYSTEM AND BEREА INDEPENDENT SCHOOL DISTRICT

- Enforcement of tobacco free school policy for youth and adults

#### Blue Grass Prevention

Richmond City Government Drug Free Worksite

Madison County Drug Task Force

### CONTINUE TO SUPPORT COMMUNITY WIDE SERVICES FOR ALCOHOL AND SUBSTANCE USE PREVENTION AND ABUSE

Madison County ASAP	Dry Dock (Alcoholics Anonymous)	ATOD use as part of the social and family culture
Bluegrass Regional Mental Health/Mental Retardation Board (Comprehensive Care Center)	UNITE Liberty Place	Adults promoting ATOD use among youth

## BARRIERS TO OVERCOME

- ATOD use as part of the social and family culture
- Adults promoting ATOD use among youth
- Lack of enforcement of tobacco and alcohol sales to underage youth
- Drug trafficking
- Low cost of cigarettes
- ATOD use considered to be a “right of passage” for youth
- Limited financial support for treatment of alcohol and other drugs abuse
- Limited residential treatment facilities



**High School students from around Kentucky participate in the 2007 “Help Overcome Tobacco” conference held at Madison County Fairgrounds.**

## RISK FACTORS

- Denial of health hazards of smoking and dip tobacco use, alcohol and other drugs misuse
- Driving under the influence of alcohol and other drugs
- Chronic diseases associated with ATOD use
- Recognition of substance addiction as a disease

## EVALUATION RESOURCES

- Free and Clear @ St. Joseph Berea – a smoking cessation tracking database
- Responsible Beverage Servers Training Reports
- KY Quit Line calls for Madison County
- KASPER Prescription Reporting System
- DUI Arrest Reports
- Falls Reports
- Motor Vehicle Accidents Reports
- Hospital Emergency Departments’ E-codes for drug overdoses and poisonings
- KY KIP Survey, Madison County Data
- Tobacco School Policy Survey
- Tobacco Worksite Policy Survey

## HEALTH CARE DISPARITIES

### WOMEN AT-RISK FOR PRE-TERM DELIVERIES OR LOW BIRTH WEIGHT INFANTS; UNINSURED/UNDERINSURED; SPANISH SPEAKING INDIVIDUALS; AND THE HEALTH ILLITERATE.

Smoking during pregnancy, a delay in obtaining early prenatal care, and a lack of knowledge related to accessibility of public assisted health insurance are factors that place pregnant women at risk for delivery of preterm and low birth weight infants. Health risks of preterm or of low birth weight infants may include respiratory and circulatory difficulties, Sudden Infant Death Syndrome (SIDS), and other health problems. These problems may cause lifelong health conditions that affect life functioning, cause disabilities, and increase health costs.



PAC REGIONAL MEDICAL CENTER, RICHMOND, KY

A lack of health care services during pregnancy often leads to low birth weights and/or premature births. From 1999 to 2002, approximately 9% of pregnant women in Madison County received inadequate prenatal care. Several factors contribute to the delay of seeking services, including denial of pregnancy; lack of health insurance or underinsurance coverage; limited information about public health insurance availability for prenatal care; lack of transportation; English spoken as a Second Language; lack of qualified medical interpreters, and lack of community resources knowledge.

In 2000, approximately 13 % of Madison County's general population lacked health insurance coverage. Approximately 9% of those were youth under the age of 18. Although lower than state and nation rates, it placed a burden on several residents in their attempts to obtain the necessary medical care. From 2000 to 2005, youth under the age of 19 enrolled in the Kentucky Child Health Insurance Program (KCHIP) steadily increased.

The number of individuals who speak Spanish as a primary language continued to climb and became the fastest growing minority in the county. The migrant worker program assists individuals from Mexico and other Latin and South American countries who come into the county to work on farms, in construction and industries. Some choose to remain in the county and to make it "their home away from home."

Many county residents, including many of the Spanish speaking individuals, struggle with reading and comprehending general public information. These language barriers can place many persons at risk for delayed of medical treatments, health screenings, following prescribed medical regimes and medications, keeping referrals, and understanding preventive interventions.



SAINT JOSEPH HOSPITAL, BEREA, KY

## GOAL

Reduce barriers that interfere or prohibit individuals and families from seeking preventive health and medical care by improving accessibility to health information and services.

### Outcome Objectives

**By the year 2014,**

- Reduce the number of pregnant women who smoke by 2%, from 22% (2005) to 20%.
- Increase the number of pregnant women who seek adequate medical care during pregnancy by 5%, from 9% (2002) to 4%.
- Increase the number of Qualified Medical Interpreters in the utilization of care to pregnant women.
- Increase the number of youth receiving KCHIP by 15%, from 1262 youth to 1451.
- Provide health literacy information to all medical providers in the county.

### Impact Objectives:

- Reduce the number of infants born with low birth weights or preterm
- Increase number of youth who have health insurance coverage
- Reduce health care services barriers for individuals who speak English as a Second Language
- Increase availability of simple language health information for all health care providers in county.

## Suggested Intervention Strategies

### **IMPLEMENT A SMOKING CESSATION PROGRAM AT THE RICHMOND WOMEN'S HEALTH CARE CENTER**

MADISON COUNTY HEALTH DEPARTMENT

- Provide a Smoking Cessation on-site at the Center Proposed (implementation date 2010)

### **INFORM WOMEN OF CHILD-BEARING AGE ABOUT PUBLIC RESOURCES AVAILABLE DURING PREGNANCY.**

- All public and private health and social services agencies and schools will have information available for distribution.
- Through the HANDS program pursue implementing child birth classes a scheduled times throughout the year.

### **INCREASE THE AVAILABILITY AND UTILIZATION OF CERTIFIED MEDICAL INTERPRETERS IN THE DELIVERY OF PRENATAL, DELIVERY AND POST-NATAL SERVICES TO WOMEN WHEN ENGLISH AS A SECOND LANGUAGE.**

- All public and private health and social services agencies to have a Directory of Qualified Medical Interpreters by Language Spoken (to be developed) available to provide language services during prenatal, delivery and post-natal services.

*NOTE: Due to the complexity of services associated with women at risk during pregnancy and the potential consequences of a delay in obtaining services, this is perceived to be a crucial intervention.*

### **INCREASE THE NUMBER OF COUNTY YOUTH RECEIVING KCHIP BY 15%, FROM 1262 (2005) TO 1451.**

- Poverty
  - All public and private health and social service providers will have KCHIP information for distribution.

MADISON COUNTY HEALTH DEPARTMENT

- KCHIP information will be displayed in clinic lobbies.
- Public Health Education Team will provide KCHIP information at all community health fairs.
- 

### **PROVIDE HEALTH LITERACY INFORMATION TO HEALTH CARE PROVIDERS VIA MEDICAL STAFF IN-SERVICE OFFERINGS, STAFF MEETINGS, AND THROUGH PRINTED MATERIALS.**

MADISON COUNTY HEALTH DEPARTMENT

Initial implementation: 2010.

### **UTILIZE PRINTED SIMPLE LANGUAGE HEALTH INFORMATION IN SPANISH AND OTHER INTERNATIONAL LANGUAGES**

- All public and private health and social service providers to make available health and social information in dominate language spoken by clients.

MADISON COUNTY HEALTH DEPARTMENT

- Data base of resources for printed health information in different languages will be posted on Madison County Health Department's website; Implementation date 2009.

### **DEVELOP VENUES FOR INTRODUCTION OF HEALTH LITERACY INFORMATION INTO A VARIETY OF COLLEGE OFFERED CLASSES**

To be developed.

### **DEVELOP A CLIENT ADVOCATE NETWORK TO ASSIST WITH OBTAINING NEED HEALTH SERVICES AND HEALTH INFORMATION.**

To be developed.

## BARRIERS TO OVERCOME

- Smoking as part of the social and family culture
- Refusal to quit smoking/Addiction
- Expressed desire to have a “small weight baby”
- Pregnant women accepting the risks to the unborn due to smoking
- Lack of a Smoking Cessation Program for Pregnant Women
- Lack of health care insurance
- Under-insurance for adequate health care
- Lack of work site provided health insurance
- Increase of individuals who speak English as a Second Language
- Lack of Qualified Medical Interpreters available
- Low Literacy/Low health Literacy

## RISK FACTORS

- Low educational levels
- Inadequate transportation
- Low reading and comprehension skills
- Lack of reading and comprehension skills of clients by health care providers
- Low utilization of Qualified Medical Interpreters
- Lack of information about community resources



## EVALUATION RESOURCES:

- Birth records
- Attendance at Smoking Cessation groups; number of women who quit smoking
- KY Tobacco Report
- KY BRFSS Report
- National Assessment of Adult Literacy/Health Literacy Component Report
- Attendance at presentations on Health Literacy



# Health Promotion Recommendations

## ENGAGE IN THE RECOMMENDED DAILY AMOUNT OF PHYSICAL ACTIVITY BY YOUTH AND ADULTS.

**Children and Adolescents** -- One hour or more of moderate or vigorous aerobic physical activity a day, including vigorous intensity physical activity at least three days a week. Examples of moderate intensity aerobic activities include hiking, skateboarding, bicycle riding and brisk walking. Vigorous intensity aerobic activities include bicycle riding, jumping rope, running and sports such as soccer, basketball and ice or field hockey. Children and adolescents should incorporate muscle-strengthening activities, such as rope climbing, sit-ups, and tug-of war, three days a week. Bone-strengthening activities, such as jumping rope, running and skipping, are recommended three days a week.

**Adults** -- Adults gain substantial health benefits from two and one half hours a week of moderate intensity aerobic physical activity, or one hour and 15 minutes of vigorous physical activity. Walking briskly, water aerobics, ballroom dancing and general gardening are examples of moderate intensity aerobic activities. Vigorous intensity aerobic activities include racewalking, jogging or running, swimming laps, jumping rope and hiking uphill or with a heavy backpack. Aerobic activity should be performed in episodes of at least 10 minutes. For more extensive health benefits, adults should increase their aerobic physical activity to five hours a week moderate-intensity or two and one half hours a week of vigorous-intensity aerobic physical activity. Adults should incorporate muscle strengthening activities, such as weight training, push-ups, sit-ups and carrying heavy loads or heavy gardening, at least two days a week.

**Older adults** -- Older adults should follow the guidelines for other adults when it is within their physical capacity. If a chronic condition prohibits their ability to follow those guidelines, they should be as physically active as their abilities and conditions allow. If they are at risk of falling, they should also do exercises that maintain or improve balance.

**Women during pregnancy** -- Healthy women should get at least two and one half hours of moderate-intensity aerobic activity a week during pregnancy and the time after delivery, preferably spread through the week. Pregnant women who habitually engage in vigorous aerobic activity or who are highly active can continue during pregnancy and the time after delivery, provided they remain healthy and discuss with their health care provider how and when activity should be adjusted over time.

**Adults with disabilities** -- Those who are able should get at least two and one half hours of moderate aerobic activity a week, or one hour and 15 minutes of vigorous aerobic activity a week. They should incorporate muscle-strengthening activities involving all major muscle groups two or more days a week. When they are not able to meet the guidelines, they should engage in regular physical activity according to their abilities and should avoid inactivity.

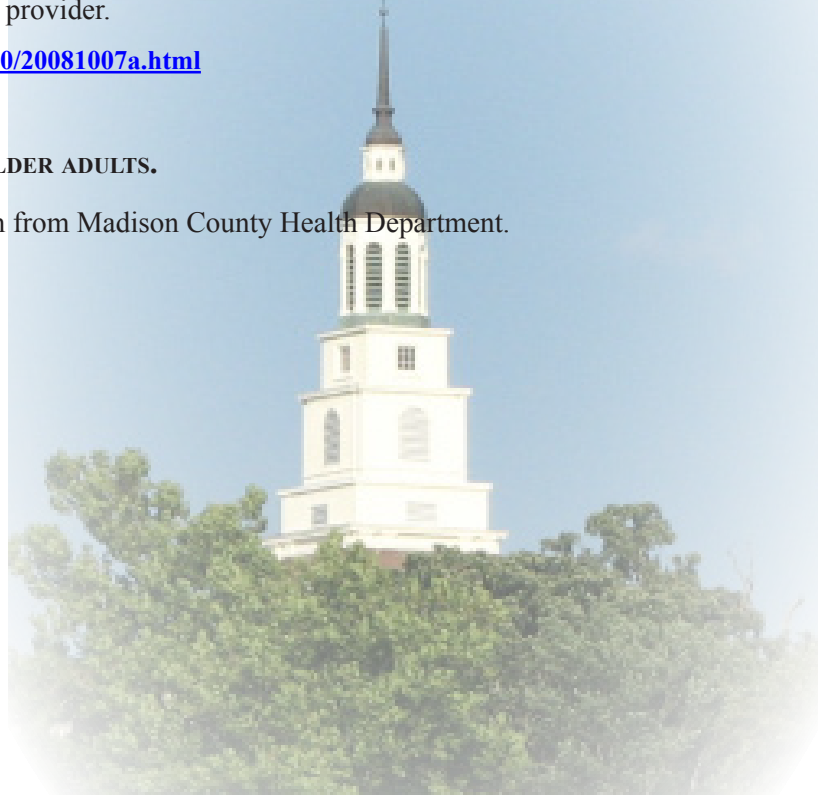
**People with chronic medical conditions** -- Adults with chronic conditions get important health benefits from regular physical activity. They should do so with the guidance of a health care provider.

Source: <http://www.hhs.gov/news/press/2008pres/10/20081007a.html>

## DRINK AT LEAST 8 GLASSES OF WATER DAILY.

## OBTAIN RECOMMENDED IMMUNIZATIONS FOR INFANTS TO OLDER ADULTS.

Discuss with health care provider or seek information from Madison County Health Department.



# Health Promotion Recommendations

**USE PHYSICAL ACTIVITY AND CONSUME FOODS WHICH PROMOTE A RECOMMENDED WEIGHT FOR BODY FRAME AND HEIGHT.**

Source: <http://www.mypyramid.gov/STEPS/stepstohealthierweight.html>

**EAT HEALTHY FOODS THAT INCLUDE A VARIETY OF FRUITS AND VEGETABLES, WHOLE GRAINS, LOW IN FATS, CHOLESTEROL AND ADDED SUGARS.**

Source: <http://www.health.gov/dietaryguidelines/dga2005/document/html/brochure.htm#b2>

**OBTAIN HEALTH SCREENINGS AND EXAMS RECOMMENDED FOR CHILDREN AND ADULTS ACCORDING TO AGE.**

Discuss with health care provider or seek information from Madison County Health Department.

**QUIT SMOKING AND USING SPIT TOBACCO**

**DRINK ALCOHOLIC BEVERAGES IN MODERATION**

**USE CAFFEINE LOADED DRINKS SUCH AS COFFEE, TEAS AND ENERGY DRINKS IN SMALL AMOUNTS**

**DRINK 1% OR SKIM MILK DAILY UNLESS OTHERWISE ADVISED BY YOUR HEALTH CARE PROVIDER**

