





COMMUNITY HEALTH IMPROVEMENT PLAN

A Healthy **Today** for

a Brighter Tomorrow.

ADAIR COUNTY • CASEY COUNTY • CLINTON COUNTY • CUMBERLAND COUNTY • GREEN COUNTY • McCREARY COUNTY • PULASKI COUNTY • RUSSELL COUNTY • TAYLOR COUNTY • WAYNE COUNTY



VISION STATEMENT

The Lake Cumberland District Health Department will be a progressive leader providing innovative solutions to achieve optimal health status for our communities.

MISSION STATEMENT

The Lake Cumberland District Health Department prevents illness and injury, promotes good health practices, and assures a safe environment to protect and improve the health of our communities.

A Healthy **Today** for a Brighter **Tomorrow**.

Lake Cumberland District Health Department

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www.LCDHD.org



ACKNOWLEDGEMENT

A special thank you to the ten community health coalition members and organizations for your assistance in the development of the Lake Cumberland District Health Department Community Health Improvement Plan.



Adair County (Working Actively Toward Community Health) W.A.T.C.H. Coalition



Casey County Community Health Empowerment Coalition (CHEC)



Clinton County Health Coalition



Cumberland County Health Coalition



Green County Health and Wellness Coalition



McCreary County Health and Wellness Coalition



Pulaski County (Working on Wellness) WOW Coalition



Russell County Health and Wellness **C**oalition

Taylor County Wellness Coalition

Taylor County Wellness Coalition



Wayne County Health



OVERVIEW

Community Health Improvement Plan

A community health improvement plan (CHIP) is a long-term, systematic effort to address public health problems in a community. It is based on the results of community health assessments.

Mobilizing for Action Through Planning and Partnerships

The Lake Cumberland District Health Department utilized the Mobilizing for Action through Planning and Partnerships (MAPP) tool to complete a community health assessment (CHA) and community health improvement plan (CHIP). MAPP is a community driven strategic planning process which helps communities apply strategic thinking to prioritize health issues and identify resources to address them. MAPP is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The assessments used in the MAPP process include Community Health Status Assessment, Community Strengths and Risks Assessment, Forces of Change Assessment, and the Local Public Health System Assessment. The MAPP assessment were completed between November 2017 and November 2018 across the ten counties. There were 5,356 community members that participated in the four MAPP assessments. The Lake Cumberland District Community Health Assessment summarized the data collected from this process. Through the consensus of the ten health coalitions, each county identified their top priority health issues which are below:

Adair – Substance Use, Tobacco Use, Obesity and Physical Inactivity

Casey – Substance Use, Tobacco Use, Obesity and Physical Inactivity

Clinton – Obesity, Substance Use and Food Insecurity

Cumberland – Chronic Disease (Obesity,and Tobacco Use) and Substance Use Green – Substance Use, Chronic Disease (Obesity and Tobacco Use), Health Equity McCreary – Substance Use, Tobacco Use, Obesity, Teen Pregnancy Pulaski – Chronic Disease (Obesity and Tobacco Use) and Substance Use Russell – Chronic Diseases (Tobacco Use, Cancer and Obesity) Taylor – Chronic Disease (Tobacco Use and Obesity) and Substance Use Wayne – Substance Use and Obesity

The top priorities are similar across all counties, with the exception of Health Equity and Food Insecurity. As a result of similarity of top health priorities, the ten health coalitions approved for a district community health improvement plan, instead of a county specific. Healthy Equity opportunities will be interwoven through the CHIP, to assure that everyone has the opportunity to equally achieve his or her full health potential.

Lake Cumberland District CHIP Workplan: 2019-2023

The following Community Health Improvement Workplan has been created for community partners to coordinate and target resources for the priority health issues to help improve the overall health status of citizens across the Lake Cumberland District. Each county formed workgroups for each priority health issue to develop policies and define actions to target efforts that promote positive health behaviors and outcomes. Evidence-based interventions will be tailored toward populations at higher health risk as identified in the 2022 Lake Cumberland District Community Health Assessment. Each Priority Health Issue has its own detailed listing of the goals, objectives, strategies, timeframes, action items and corresponding responsible parties. Strategic planning sessions check performed annually to revise and update CHIP and workplan activities as needed.

Note:

* Denotes activities addressing CHA Populations at Higher Health Risk: elderly, individuals living in poverty, individuals with substance use disorders and underserved/uninsured individuals

+ Denotes activities addressing policy and system level changes to alleviate health inequities and improve the health of populations at higher health risk

LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT COMMUNITY HEALTH IMPROVEMENT PLAN WORKPLAN: 2019-2023

PRIORITY HEALTH ISSUES: Chronic Disease (Obesity and Physically Inactivity) Substance Use/Overdoses, Tobacco Use, Teen Pregnancy

Priority Health Issue Focus #1 CHRONIC DISEASE (OBESITY AND PHYSICAL INACTIVITY):

Goal 1: People who live, work and play in the Lake Cumberland District will make healthier behavior choices.

Objective 1.1

By June 30, 2023 adult obesity rates will decrease from 36% to 33% in the Lake Cumberland District. (Baseline: 36%) (Reporting agency: LCDHD)

| Indicators | Adair | Casey | Clinton | Cumb. | Green | McCreary | Pulaski | Russell | Taylor | Wayne | Kentucky | Data Source |
|---------------|-------|-------|---------|-------|-------|----------|---------|---------|--------|-------|----------|-----------------------------|
| Adult Obesity | 37% | 37% | 35% | 34% | 38% | 38% | 34% | 35% | 34% | 40% | 33% | County Health Ranking, 2018 |

Objective 1.2

By June 30, 2023 the enrollment and participation of diabetes prevention program and diabetes self-management classes will increase district wide by 10%. (Baseline: DPP - 17 DSME - 18) (Reporting agency: LCDHD)

Objective 1.3

By 2023, decrease the percent of adults who report no leisure time physical activity from 34% to 30% in the Lake Cumberland District. (Baseline: 33%) (Reporting agency: LCDHD)

| Indicators | Adair | Casey | Clinton | Cumb. | Green | McCreary | Pulaski | Russell | Taylor | Wayne | Kentucky | Data Source |
|---------------------|-------|-------|---------|-------|-------|----------|---------|---------|--------|-------|----------|----------------------------|
| Physical Inactivity | 36% | 32% | 34% | 38% | 34% | 33% | 30% | 30% | 34% | 35% | 28% | County Health Ranking 2018 |

Strategies: Inform, educate and empower people about health issues

| | Overall Progress | Rate progress of action | Rate OVERALL PROGRESS of each strategy and action step, as follows: |
|---|-------------------------|-----------------------------|---|
| | of strategy: | step on a scale of 1 to 5: | |
| | | 1 | Green: The strategy is proceeding as expected or is on target to begin at a future date. |
| | | 1- no progress/ not started | Yellow: The strategy is not proceeding as expected. Help may be needed to get it back to |
| (A) Implement community wide health fair to promote health screenings, | | 2 - little progress | green. |
| health education, physical activity and nutrition in the communities across | | 3 - some progress | Red. The strategy is in serious danger of not meeting expectations. Immediate help is needed to move it to yellow or green. |
| the Lake Cumberland District. | | 4 - moderate progress | |
| | | | Blue: This strategy has not started |
| | | 5 - excellent | |
| | | progress/completed | Gray: The strategy is completed. |
| | | | This strategy has been discontinued |

| Action Steps | Timeframe | Organization (s) Responsible | Target Number | Actual Number | Self-Rating of Action Step | Self-Rating of Overall Progress |
|--|------------------------------|---------------------------------|--------------------------|------------------|--|---|
| 1. Identify a place and date for the health fair | Start: 1/2019 End: 6/2023 | County Hospitals | 1 per county | 8 | 2019 –2020 – 5 2021 – 5 2022 – 5 | 2019 <mark>Green</mark> 2020 – <mark>Yellow - Pandemic</mark> 2021 – <mark>Yellow - Pandemic</mark> 2022 – Green |
| 2. Recruit vendors to attend and provide preventive screenings, health education and health activities | Start: 1/2019 End: 6/2023 | County Hospital | 10 vendors per county | 100 | 2019 –2020 – 5 2021 – 5 2022 – 5 | 2019 – <mark>Green</mark> 2020 – <mark>Yellow - Pandemic</mark> 2021 – <mark>Green</mark> 2022 – Green |
| 3. Provide annual health fair | Start: 1/2019 End: 6/2023 | County Hospital | 1 per county | 10 | 2019 –2020 – 5 2021 – 5 2022 – 5 | 2019 – Yellow - Pandemic 2020 – Yellow - Pandemic 2021 – Yellow - Pandemic 2022 – Yellow - Pandemic |

Notes/Comments: Pandemic Response March 2020 – April 2021 (Reports are bi-annual – December and June)

<u> 2019 – June</u>

Planning for annual health fairs is occurring

<u> 2019 – December</u>

August – Green County Health Fair – 10 vendors/educational booths

September - Russell County Health Fair - 2,200 attended - 45 vendor/educational booths

September – Casey County Health Fair – 10 vendors/educational booths

September – Cumberland County Health Fair/Bluegrass Days – 15 vendor/educational booths

September – Adair County Health Fair – preventive care (blood draw only) no vendor/education booths

October – Clinton County Health Fair

2020 June & 2020 December

Pandemic – no health fairs

<u> 2021 – June & 2021 December</u>

Planning began for health fairs, but high numbers of COVID-19 impacted and limited health fairs were held.

Adair, Casey, Clinton and Russell held health fairs, but local hospitals only provided preventive blood screenings for the community. No vender/education booths were present.

<u> 2022 – June</u>

Taylor County Hospital held a health fair in the spring with preventive blood screenings and minimal vendor/education booths.

Strategies: Provide equal opportunities for all individuals across the LCD to engage in physical activity activities

| | Overall Progress | Rate progress of action | Rate OVERALL PROGRESS of each strategy and action step, as follows: |
|---|------------------|-------------------------------------|---|
| | of strategy: | step on a scale of 1 to 5: | Green: The strategy is proceeding as expected or is on target to begin at a future date. |
| | | 1- no progress/ not started | |
| (B) + Promote cycling, running and walking activities across the Lake | | 2 - little progress | Yellow: The strategy is not proceeding as expected. Help may be needed to get it back to green. |
| Cumberland District. | | 3 - some progress | Red: The strategy is in serious danger of not meeting expectations. Immediate help is |
| | | 4 - moderate progress | needed to move it to yellow or green. |
| | | | Blue. This strategy has not started |
| | | 5 - excellent progress/completed | Gray: The strategy is completed. |
| | | | This strategy has been discontinued |

| Action Steps | Timeframe | Organization (s) Responsible | Target Number | Actual Number | Self-Rating of Action Step | Self-Rating of Overall Progress | | | | | |
|---|---|---|--------------------|------------------|---------------------------------------|--|--|--|--|--|--|
| 1. +Work with Casey County to become a Certified Trail Town | Start: 12/2019 End: 6/2023 | Casey County Tourism | 1 county | 1 | 2019-2020 – 4 2021 – 4 2022 - 5 | 2019 – Green 2020 – Green 2021 – Green 2022 – Green | | | | | |
| 2. Develop listing of available physical activity opportunities across the ten counties and promote via LCDHD website | Start: 1/2022 End: 6/2023 | Wellness Outreach and Education/Health Policy and Promotion | 1 per county/10 | 10 | 3 | 2019 <mark>Green</mark> 2020 – <mark>Yellow</mark> 2021 – <mark>Yellow</mark> 2022 – Gray | | | | | |
| Notes/Comments: Health Department: P | Notes/Comments: Health Department: Pandemic Response March 2020 – April 2021 (<i>Reports are bi-annual – December and June</i>) | | | | | | | | | | |

(B1)

<u> 2019 - June</u>

5/28/2019

As far back as 2017 it was a dream of the Casey Health Empowerment Coalition for Liberty, KY to become a certified trail town. With news that the Green River Blueways Water Trail Master Plan was near completion and the opportunity to join with this initiative with their ultimate goal to acquire Water Trail Designation from the National Park Service and National Water

Trail Systems. The Task Force will continue to work as a large group, but the individual communities should also work with others within their region on specific projects. Liberty/Casey County was one of the individual communities and interest sparked.

Meetings were held and information gathered and shared, however in March 2019 the movement became dedicated and real. With a newly hired Tourism and Economic Development Director, regular meetings began and progress continually made. Liberty obtained the official workbook and began working through each page and forming appropriate committees. Meetings began in person then went to zoom and were back and forth through the pandemic.

2019- December

Task Force meetings - March 4, 2020, 4/15/2020, 5/21/2020,

<u>2020-June</u>

Task Force meetings -March 4, 2020, 4/15/2020, 5/21/2020, 6/17/2020, 8/19/2020 Fiscal Court presentation 9/21/2020 to gain local government support

<u>2020 – December</u> Task Force meetings - 3/17/2021, 4/28/21

<u>2021 – June</u> Task Force meetings - 7/21/21, 9/15/21, 11/17/21

<u> 2021 – December</u>

Task Force meetings -1/19/22, 1/26/22, 2/22, 2/23/22, 3/16/22, 4/13/22, 5/17/22

5/28/22 The Trial Run was held May 28, 2021 in collaboration with Live in Liberty Music Festival. There were 100 participants for the trial run and the event was a tremendous success. With the completion of the trial run, Liberty fulfilled all the requirements to submit the official application. A variety of trails routes (1 mile – 5 miles) were used to accommodate all ages.

<u> 2022 – June</u>

Task Force meetings - June 3/2022, 7/20/22 Trail Town Application submitted 8/22/22 9/7/22 meeting to plan dedication - Dedication set for 10/29/22

(B2) List of physical activity for LCDHD website

2021 June

Two trails are listed for each county on LCDHD website. Additional trail and other physical activity options will be incorporated on the website.

(B3) Community walk/run events 2021– June Adair – Casey – Turkey Trott 5-K Clinton Cumberland Green - Green Cow Days 5K 9/21/19 McCreary – East Pine Knot Wellness Event Pulaski – Miles with Maroons, Alton Blakey 5K, Race to Feed Kids, Pilgrim's in the PEK, Shamrock Shuffle Russell – Lake Fest 5 K Taylor-I'm a Dam Runner 5 K Wayne –

2021 – December

Casey County 5K Color Fun Run 6/11/22 Taylor- I'm A Dam Runner, 5/13/22 Taylor/Adair Trail Race at Homeplace 5/10K 12/11/21

<u> 2022 – June</u>

Taylor Freedom 5K 7/1/22, Tracy Pitman 5K 8/13/22Cumberland, River Festivus Head for the Hills 5K 8/20/22Russell County – Lake Fest 5 KRussell – Longest Day of PlayGreen, Cow Days 5K 9/17/22Adair Running with the Blue Raiders 5K 9/24/22Liberty/Casey Trail Town 5K 10-29-22Taylor County Costume Fun Run 10/31/22, Turkey Trot 5K 11/11/22

Strategies: Provide equal opportunities for all individuals across the Lake Cumberland District to engage in nutrition activities

| (C) * Increase Nutrition and Diabetes health education activities and opportunities | Overall Progress of strategy: | Rate progress of action step on a scale of 1 to 5:1- no progress/ not started2 - little progress3 - some progress4 - moderate progress5 - excellent progress/completed | Rate OVERALL PROGRESS of each strategy and action step, as follows: Green: The strategy is proceeding as expected or is on target to begin at a future date. Yellow: The strategy is not proceeding as expected. Help may be needed to get it back green. Red: The strategy is in serious danger of not meeting expectations. Immediate help is needed to move it to yellow or green. Blue: This strategy has not started Gray: The strategy is completed. | | | | | | |
|---|----------------------------------|--|---|--------------------------------------|----------------------------|---|--|--|--|
| Action Steps | Timeframe | Organization (s) Responsible | Target Number | egy has been dis Actual Number | Self-Rating of Action Step | Self-Rating of Overall Progress | | | |
| *Provide DSME classes to underserved individuals free of charge. | Start: 1/2019 End: 6/2023 | Wellness Outreach & Education | 1 per county each year | 50 | 3 | 2019- Green 2020- Yellow – Pandemic 2021- Yellow – Pandemic 2022- Yellow | | | |
| 2. *Provide DPP classes to underserved free of charge | Start: 1/2019 End: 6/2023 | Wellness Outreach & Education | 1 per year | 5 | 3 | 2019- Green 2020- Yellow – Pandemic 2021- Yellow – Pandemic 2022- Yellow | | | |
| | 6/2023 March 2020 – April 20: | Education 21 (Reports are bi-annu | | | 3 | | | | |

2020 June 35 participants across 10 counties

2021 June 39 participants across 10 counties

2022 June 38 participants across 10 counties

(C2) <u>2019 June</u> DPP class schedules are being prepared for both in-person and virtual.

2021 June 17 participants across 10 counties

Priority Health Issues Focus Area #2: SUBSTANCE USE/DRUG OVERDOSES,

Goal 2: Reduce the number of overdose deaths by illicit drugs and prescription drugs in Lake Cumberland

Objective 2.1

By June 30, 2023, decrease substance use related overdose deaths as listed in the Kentucky Injury Prevention and Research Center profiles from 29.45 to 29 per 100,000 across Lake Cumberland District. (Baseline: 29.45) (Reporting agency: LCDHD) **Objective 2.2** By June 30, 2023, increase encounters through harm reduction syringe exchange program services offered in additional counties in the LCDHD region, from 4 to 5 operational HRSEP

(Baseline: 4) (Reporting agency: LCDHD)

Objective 2.3

By 2023, increase distribution of Narcan kits/treatment through HRSEP by 50% across the Lake Cumberland District. (Baseline 2018: # 1000 annually) (Responsible agency: HRSEP KIRP)

Strategies: Provide evidence-based prevention programming in the Lake Cumberland District

| | Overall Progress of strategy: | Rate progress of action step on a scale of 1 to 5: | Rate OVERALL PROGRESS of each strategy and action step, as follows: |
|---|----------------------------------|---|--|
| | | 1- no progress/ not started | Green. The strategy is proceeding as expected or is on target to begin at a future date. Yellow: The strategy is not proceeding as expected. Help may be needed to get it back to |
| (A) +*Expand harm reduction program and access for individuals with substance | | 2 - little progress3 - some progress | green. Red: The strategy is in serious danger of not meeting expectations. Immediate help is |
| use disorder | | 4 - moderate progress 5 - excellent | needed to move it to yellow or green. Blue: This strategy has not started |
| | | progress/completed | Gray: The strategy is completed. This strategy has been discontinued |

| Action Steps | Timeframe | Responsible | | Actual Number | Self-Rating of Action Step | Self-Rating of Overall Progress |
|--|------------------------------|---------------------------------------|---------------------|---------------------|-------------------------------|--|
| 1. Educate local government agencies of the benefits of HRSEP access. | Start: 1/2019 End: 6/2023 | Health Department | 2 | 2 | 5 | 2019- G ray |
| Promote HR activities by stigma reducing media messaging. | Start: 1/2019 End: 6/2023 | ADANTA Behavior Health Agency/AROC | 1 media campaign | 1 | 4 | 2019- Green 2020- Yellow – Pandemic 2021- Yellow – Pandemic 2022- Green |
| (2A1) <u>2019 June</u> Taylor County fiscal court and city council a <u>2020 December</u> Taylor County HRSEP has opened with app | | | ylor County Hea | lth Department. | | |
| (2A2) <u>2019 June</u> Media campaign discussion has started. 2022 June | | | | | | |
| Billboards have been placed across the ten across the ten counties. | counties. Posters ar | e placed in various agencies/or | ganizations acro | oss the ten countie | es. Social media/paid | media advertisements are occurr |

Strategies: Provide evidence-based prevention programming in the Lake Cumberland District

| (B) *Expand access & marketing of Naloxone | Overall Progress of strategy: | Rate progress of action step on a scale of 1 to 5: 1- no progress/ not started 2 - little progress 3 - some progress 4 - moderate progress 5 - excellent progress/completed | Rate OVERALL PROGRESS of each strategy and action step, as follows: Green: The strategy is proceeding as expected or is on target to begin at a future date. Yellow: The strategy is not proceeding as expected. Help may be needed to get it back to green. Red: The strategy is in serious danger of not meeting expectations. Immediate help is needed to move it to yellow or green. Blue: This strategy has not started Gray: The strategy is completed. This strategy has been discontinued |
|---|----------------------------------|--|---|
|---|----------------------------------|--|---|

| Action Steps | teps Timeframe Org Res | | Target Number | Actual Number | Self-Rating of Action Step | Self-Rating of Overall Progress |
|--|------------------------------|----------------|--|------------------|-------------------------------|---|
| 1. Provide trainings to first responders and community at large - Naloxone provided to those who attend the training | Start: 1/2019 End: 6/2023 | KIRP | 1 per county each year | 10/50 | | 2019- <mark>Green</mark> 2020- Yellow – Pandemic 2021- Yellow – Pandemic 2022- Green |
| 2. Educate local policy makers/stakeholders on Naloxone | Start: 1/2019 End: 6/2023 | KIRP | 1 per county | 10 | | 2019- <mark>Green</mark> 2020- Yellow – Pandemic 2021- Yellow – Pandemic 2022- Green |
| Notes/Comments: Pandemic Response (2B1) <u>2022 June</u> Training is provided each time Naloxone is Naloxone distributed to: Pulaski 2561, Tay | distributed. | | b i-annual – December 3, community events 27 | , | | |
| (2B2) 2022 June Talked with policymakers in three counties | (Pulaski, McCrear | y and Russell) | | | | |

Priority Health Issue Focus #3: TOBACCO USE

Goal 1: Reduce exposure to secondhand smoke in the LCD

Objective 3.1:

By June 30, 2023, adults smoking rates will decrease by 3% across the LCD. (Baseline: 24%) (Reporting Agency: LCDHD)

| Indicators | Adair | Casey | Clinton | Cumb. | Green | McCreary | Pulaski | Russell | Taylor | Wayne | Kentucky | Data Source |
|-----------------------------|-------|-------|---------|-------|-------|----------|---------|---------|--------|-------|----------|-----------------------------|
| Prevalence of Adult Smoking | 23% | 25% | 25% | 22% | 21% | 31% | 23% | 24% | 24% | 24% | 24% | County Health Ranking, 2018 |

Objective 3.2

By June 30, 2023, one city/county in the LCD will adopt a smoke free ordinance. (Baseline: 2) (Reporting Agency: LCDHD)

Objective 3.3

By June 30, 2023, ten childcare facilities will adopt a tobacco free policy. (Baseline: 68) (Reporting Agency: LCDHD)

Strategies: Provide evidence-based prevention programming across the LCD / Policy Changes

| | Overall Progress of strategy: | Rate progress of action step on a scale of 1 to 5: | Rate OVERALL PROGRESS of each strategy and action step, as follows: |
|------------------------------------|----------------------------------|--|--|
| (A) Implement Freedom from Smoking | | 1- no progress/ not started 2 - little progress | Green: The strategy is proceeding as expected or is on target to begin at a future date. Yellow: The strategy is not proceeding as expected. Help may be needed to get it back to green. |
| (FFS) Cessation Program | | 3 - some progress | Red. The strategy is in serious danger of not meeting expectations. Immediate help is needed to move it to yellow or green. |
| | | 4 - moderate progress 5 - excellent | Blue. This strategy has not started |
| | | progress/completed | Gray: The strategy is completed. This strategy has been discontinued |

| Action Steps | Timeframe | Organization (s) Responsible | Target Number | Actual Number | Self-Rating of Action Step | Self-Rating of Overall Progress |
|---|------------------------------|------------------------------|---|-------------------|----------------------------------|---|
| 1. Train one staff and recruit community organization/partners to become trained in FFS. | Start: 1/2019 End: 6/2023 | Health Department | 10 | 2 new 2 recert | 3 | 2019-Yellow Pandemic 2020-Yellow Pandemic 2021-Yellow Pandemic 2022- Green |
| 2. Schedule three FFS program across the community (virtual and in person) | Start: 1/2019 End: 6/2023 | Health Department | 1 yearly (5 total) | 2 virtual | 3 | 2019-Yellow Pandemic 2020-Yellow Pandemic 2021-Yellow Pandemic 2022- Green |
| Promote FFS via social media, health coalitions and stakeholders across LCD | Start: 6/2019 End: 6/2023 | Health Department | 10 coalition, 20 social media ads | 30 | | 2019-Yellow Pandemic 2020-Yellow Pandemic 2021-Yellow Pandemic 2022- Green |

(3A1) <u>2021</u>

One staff recertified in FFS.

2022 – June

One staff trained in FFS and one staff recertified in FFS. One community partner trained in FFS

(3A2)

<u>2021 – December</u> FFS class was held virtual – 12 signed up and 7 finished the class.

<u> 2022 – June</u>

FFS class held virtually 7 signed up and 6 finished the class.

(3A3)

2020 - December FFS classes were promoted via coalition members, community partners, placed on social media for LCDHD.

<u>2021 – December</u> FFS classes were promoted via coalition members, community partners, placed on social media for LCDHD.

| | Overall Progress of strategy: | Rate progress of action step on a scale of 1 to 5: | Rate OVERALL PROGRESS of each strategy and action step, as follows: |
|--|----------------------------------|---|--|
| | | 1- no progress/ not started | Green: The strategy is proceeding as expected or is on target to begin at a future date. Yellow: The strategy is not proceeding as expected. Help may be needed to get it back to |
| (B) Promote Quit Now Kentucky (QNK) (adults) and My Life My Quit (MLMQ) (smoking cessation programs) to substance use/behavior health | | 2 - little progress3 - some progress | green. Red: The strategy is in serious danger of not meeting expectations. Immediate help is needed to move it to yellow or green. |
| centers/schools in LCD | | 4 - moderate progress 5 - excellent | Blue: This strategy has not started |
| | | progress/completed | Gray: The strategy is completed. This strategy has been discontinued |

| Action Steps | Timeframe | Organization (s) Responsible | Target Number | Actual Number | Self-Rating of Action Step | Self-Rating of Overall Progress |
|---|------------------------------|---------------------------------|---|------------------|-------------------------------|---|
| 1. Implement a social media campaign on QNK (adults), MLMQ (youth) | Start: 1/2019 End: 6/2023 | Health Department | 50 posts | 10 | 3 | 2019- <mark>Yellow Pandemic</mark> 2020-Yellow Pandemic 2021- Yellow Pandemic 2022- Green |
| 2. Provide fliers/posters to coalition partners for their organizations/schools to share with clients | Start: 1/2019 End: 6/2023 | ASAP/Schools | 13 schools 9 hospitals 10 healthcare facilities (annually) | 13 9 10 | 4 | 2019- <mark>Yellow Pandemic</mark> 2020-Yellow Pandemic 2021- Yellow Pandemic 2022- Green |
| 3. Provide fliers/posters for HANDS program, WIC, DPP, SEP to distribute | Start: 6/2019 End: 6/2023 | Health Department | 100 (annually) | 200 | 4 | 2019- <mark>Yellow Pandemic</mark> 2020-Yellow Pandemic 2021- Yellow Pandemic 2022- <mark>Green</mark> |

Notes/Comments: Pandemic Response March 2020 – April 2021 (Reports are bi-annual – December and June)

(3B1)

<u>June 2022 –</u>

10 QNK post were posted to LCDHD website. Information was provided for local health coalitions and ASAP boards to post on their social media. 6 MLMQ posters were posted to LCDH website. Information was provided for local health coalitions and ASAP board to post on their social media. December 2021, ten (10) QNK post were posted to LCDHD website. Information was provided for local health coalitions and ASAP board to post on their social media. 6 MLMQ posters were posted to LCDH website. Information was provided for local health coalitions and ASAP board to post on their social media. 6 MLMQ posters were posted to LCDH website. Information was provided for local health coalitions and ASAP board to post on their social media.

(3B2)

June 2021

QNK fliers were shared with coalition members to place in their organizations. (200 across the district- virtual coalition meetings)

A resource list has been created of behavior health/substance use centers for all counties. *Substance use center (outpatient) continue to grow monthly. These should be reviewed quarterly for updates.

December 2021-

QNK fliers were shared with coalition members to place in their organizations. (200 across the district- virtual coalition meetings) 13 school districts (middle and high schools) were providing a set of 6 posters to be placed in the schools

June 2022

13 school districts (middle and high schools) were provided a set of 6 posters to be placed in the schools

<u>(3B3)</u> June 2022

QNK was provide in packets for all the programs (approximately 200 packet/year)

Strategies: Provide evidence-based prevention programming across the LCD / Policy Changes

| (C) + Mobilize and educate community partners/stakeholders to work toward on adopting a smoke free ordinance. | Overall Progress of strategy: | Rate progress of action step on a scale of 1 to 5:1- no progress/ not started2 - little progress3 - some progress4 - moderate progress5 - excellent progress/completed | Green: The s Yellow: The s green. Red: The stra needed to mo Blue: This str Gray: The str | trategy is procee trategy is not pr | eding as expected or oceeding as expected s danger of not meet r green. arted ed. | nd action step, as follows: is on target to begin at a future date. d. Help may be needed to get it back to ing expectations. Immediate help is |
|---|----------------------------------|--|---|--|--|--|
| Action Steps | Timeframe | Organization (s) Responsible | Target Number | Actual Number | Self-Rating of Action Step | Self-Rating of Overall Progress |
| 1. Choose two counties/cities | Start: 1/2019 End: 6/2023 | Health Department/Coalition/ASAP | 2 | 1 | 3 | 2019- Yellow 2020- Yellow Pandemic 2021- Yellow Pandemic 2022- Yellow |
| 2. Create a task force community from coalitions. | Start: 1/2019 End: 6/2023 | Health Department | 2 | 1 | 3 | 2019- Yellow 2020- Yellow Pandemic 2021- Yellow Pandemic 2022- Yellow |
| 3. Brand the task force | Start: 1/2019 End: 6/2023 | Taskforce | 2 | 1 | 3 | 2019- <mark>Yellow</mark> 2020- Yellow Pandemic 2021- Yellow Pandemic 2022 <mark>-</mark> Yellow |

| 4. Create a social media campaign. | Start: 6/2019 | Taskforce | 26 different | 3 | 3 | 2019- Yellow Pandemic | | |
|---|-----------------|-----------|--------------|---|---|------------------------------------|--|--|
| | End: 6/2023 | | messages | | | 2020- <mark>Yellow Pandemic</mark> | | |
| | | | | | | 2021- Yellow Pandemic | | |
| | | | | | | 2022 <mark>- Yellow</mark> | | |
| 5. Provide educational encounters across | Start: 6/2019 | Taskforce | 20 | 2 | 3 | 2019- Yellow Pandemic | | |
| the communities. End: 6/20236/19 2020- Yellow Pandemic | | | | | | | | |
| | | | | | | 2021- Yellow Pandemic | | |
| | | | | | | 2022 <mark>- Yellow</mark> | | |
| 6. Implement stakeholder policymaker | Start: 12/ 2023 | Taskforce | 12 surveys | 0 | 1 | 2022 - <mark>Blue</mark> | | |
| readiness survey | | | | | | | | |
| Notes/Comments: Pandemic Response March 2020 – April 2021 (Reports are bi-annual – December and June) | | | | | | | | |
| | | | | | | | | |
| (3C1) | | | | | | | | |

2019 June

One (1) county was selected to explore a smoke free ordinance (McCreary). This county was selected due to health outcome data and strong coalition engagement. A grant was submitted to assist with this initiative in McCreary County.

<u> 2020 - 2021</u>

A grant was awarded to McCreary County Coalition for \$25,000 over 4 years to work toward a smoke free ordinance in August 2020. The pandemic shut down everything in March 2019 - April 2021.

(3C2) (3C3)

2019 June

Task force formed in McCreary County and name/branded – Clearing The Air.

2022 December & 2022 June

Subcommittee continued meeting (virtual and in person), social media and newspaper articles are submitted to raise awareness of dangers of secondhand smoke – monthly. Three events were attended where educational information was provided. Progress is slow, but things are starting to take shape.

(3C4)

December 2022

A social media campaign has been created. An outside agency is assisting with the design, implementation and boost.

June 2022

Implementation continues.

(3C5)

June 2022

Two events were attended (Eagle Community and Back to School Event).

(3C6)

Not started – targeted to begin fall 2023

| (D) + Mobilize childcare directors to adopt a tobacco free policy | Overall Progress of strategy: | Rate progress of action step on a scale of 1 to 5:1- no progress/ not started2 - little progress3 - some progress4 - moderate progress5 - excellent progress/completed | Green: The s Yellow: The s green. Red: The stra needed to mo Blue: This str Gray: The str | trategy is procee trategy is not pr | eding as expected or oceeding as expected s danger of not meet r green. arted ed. | nd action step, as follows: is on target to begin at a future date. d. Help may be needed to get it back to ing expectations. Immediate help is |
|---|----------------------------------|--|---|--|--|--|
| Action Steps | Timeframe | Organization (s) Responsible | Target Number | Actual Number | Self-Rating of Action Step | Self-Rating of Overall Progress |
| 1. Select ten childcare facilities | Start: 1/2019 End: 6/2023 | CCHC Coordinator | 10 | 12 | 5 | 2019- Green 2020- Yellow Pandemic 2021- Green 2022- Gray |
| 2. Educate the director on secondhand smoke | Start: 1/2019 End: 6/2023 | CCHC Coordinator | 10 | 12 | 5 | 2019- Green 2020- Yellow Pandemic 2021- Yellow Pandemic 2022- Green |
| 3. Provide educational materials to childcare staff and parents on benefits of tobacco free policy. | Start: 1/2019 End: 6/2023 | CCHC Coordinator | 10 | 12 | 5 | 2019 Green 2020- Yellow Pandemic 2021- Yellow Pandemic 2022- Green |
| 4. Create a draft policy for review. | Start: 6/2019 End: 6/2023 | CCHC Coordinator | 10 | 12 | 5 | 2019- Green 2020- Yellow Pandemic 2021- Yellow Pandemic 2022- Green |
| 5. Adopt a tobacco free policy. | Start: 6/2019 End: 6/2023 | CCHC Coordinator | 10 | 12 | 5 | 2022- Green |

Notes/Comments: Pandemic Response March 2020 – April 2021 (Reports are bi-annual – December and June)

<u>(3C1)</u>

2019 June

Eight (8) childcare facilities were selected: Linda's Childcare (Pulaski), Momma Carolyn's (Cumberland), Momma Hen's (Wayne), PJ's Childcare 1 (Pulaski), PJ's Childcare 2(Pulaski), Children's House (Pulaski), Giving Tree (McCreary), Tree Tops (Pulaski)

<u>June 2021 –</u>

Four additional childcares were selected for education to start discussion for tobacco free grounds: Julie's Childcare (Cumberland), Little Panthers (Cumberland), Little Lakers (Russell), Little Sprouts (Russell)

<u>(3C2), (3C3)</u> 2019 June

Educational information presentation packet created for childcare directors. Meetings scheduled to deliver packets and discuss policy information.

<u>2022 June</u>

Worked continued on educating directors, workers and parents. Policy discussion continues.

<u>(3C4)</u> 2019 June

Draft policies were created for review.

<u>2022 June</u>

Have reached back out to childcare facilities to discuss moving forward on adoption of policies. Shared draft policy with childcare facilities.

<u>(3C5)</u>

December 2022

Revisited and follow up with childcare facilities. Work continuing on adoption of policy.

<u>June 2022</u>

Nine childcares' facilities adopted tobacco free policy: Linda's Childcare (Pulaski), Momma Carolyn's (Cumberland), Momma Hen's (Wayne), PJ's Childcare 1 (Pulaski), PJ's Childcare 2(Pulaski), Children's House (Pulaski), Giving Tree (McCreary), Tree Tops (Pulaski), Julie's Childcare (Cumberland)

Priority Health Issue Focus #4: TEENAGE PREGNANCY

Goal 1: Reduce teen pregnancy births across the LCD

Objective 4.1:

By June 30, 2023, reduce teen birth rates (adolescent females age 15-19) to rates noted below in the Lake Cumberland District. (Baseline: Adair 15.3; Casey 51.2; Clinton 26.6; Cumberland 26.6; Green 37.3: McCreary 47; Pulaski 42.5; Russell 36.9; Taylor 27.7; Wayne 58.5 2023 projected rates: Adair 13; Casey 50; Clinton 25; Cumberland 25; Green 35; McCreary 45; Pulaski 35, Russell 35; Taylor 25; Wayne 57) (Reporting agency: LCDHD)

| (A) Implement evidence based teen pregnancy prevention curriculum in 13 school districts (Making A Difference (MAD) program – 8 th grade and Reducing the Risk (RTR) program – 9 th grade | Overall Progress of strategy: | Rate progress of action step on a scale of 1 to 5:1- no progress/ not started2 - little progress3 - some progress4 - moderate progress5 - excellent progress/completed | Green: The s Yellow: The s green. Red: The stra needed to mo Blue: This str Gray: The str | strategy is proce strategy is not pr | eding as expected or roceeding as expected us danger of not meet or green. tarted ted. | nd action step, as follows: is on target to begin at a future date. d. Help may be needed to get it back to ing expectations. Immediate help is |
|--|----------------------------------|--|---|---|---|--|
| Strategies: Provide evidence-bas | ed prevention pr | ogramming across the L | | | | |
| Action Steps | Timeframe | Organization (s) Responsible | Target Number | Actual Number | Self-Rating of Action Step | Self-Rating of Overall Progress |
| 1. Train staff in evidence-based programs | Start: 1/2019 End: 6/2023 | Health Department | 6 | 8 | 5 | 2019- Green 2020- Yellow Pandemic 2021- Yellow Pandemic 2022- Gray |
| 2. Meet with school administration to discuss implementation strategies/schedule programs | Start: 1/2019 End: 6/2023 | Health Department | 13 | 13 | 4 | 2019- Green 2020- Yellow Pandemic 2021- Green 2022- Gray |
| Implement of evidence-based programs (MAD and RTR) | Start: 6/2019 End: 6/2023 | Health Department/School District | 13 | 13 | 4 | 2019- Green 2020- Yellow Pandemic 2021- Yellow 2022- Gray |

(4A1)

2019 June Three staff trained in MAD. Two staff trained in RTR.

<u>2021 June</u>

Two staff (new) trained in RTR.

<u>2022 June</u>

One staff (new) trained in MAD.

(4A2)

2019 June Meet with Wayne County superintendent

2019 December

Meet with Adair, Casey, Clinton, Cumberland Green, McCreary, Pulaski, Russell, Taylor, Wayne, Campbellsville and Science Hill superintendents regarding program implementation.

<u>June 2021</u>

Phone calls were done with all superintendents for approval of virtual programs due to pandemic.

June 2022

Correspondence was done with all superintendents regarding program implementation.

(4A3)

December 2019

Programs implemented in Adair, Casey, Campbellsville, Cumberland, Green, McCreary, Pulaski, Russell, Somerset, Taylor and Wayne (RTR #2400 students).

<u>June 2021</u>

Programs were implemented virtually. RTR was completed in Adair, Casey, Clinton, Cumberland, McCreary, Pulaski, Russell, Taylor and Campbellsville (# 1500 students) MAD was completed in Adair, Casey, Clinton, Cumberland, Green, McCreary, Russell, Taylor and Wayne. (# 1000 students)

June 2022

Program supplies are being prepared for FY 23 implementation in person

| (B)To revise and brand a resource page for youth and parents on adolescent health topics on LCD 1- no progress/ not started Green: The strategy is proceeding as expected or is on target to begin at a future date. Yellow: The strategy is not proceeding as expected. Help may be needed to get it back to green. | | Overall Progress of strategy: | Rate progress of action step on a scale of 1 to 5: | Rate OVERALL PROGRESS of each strategy and action step, as follows: |
|--|-------------------------------|----------------------------------|--|---|
| website 3 - some progress Red. The strategy is in serious danger of not meeting expectations. Immediate help is needed to move it to yellow or green. | page for youth and parents on | | 1- no progress/ not started 2 - little progress | Yellow: The strategy is not proceeding as expected. Help may be needed to get it back to green. Red: The strategy is in serious danger of not meeting expectations. Immediate help is |

| | | 4 - moderate progress | | | | | |
|---|--|--|---|-------------------|-------------------------------|--|--|
| | | | <mark>Blue:</mark> This str | rategy has not si | tarted | | |
| | 5 - excellent | | | | | | |
| | | progress/completed | bleted Gray: The strategy is completed. | | | | |
| | | | This s | trategy has beer | n discontinued | | |
| | <u> </u> | | 11115 5 | ualegy nas beel | | | |
| | | | | | | | |
| o | | | 1.00 | | | | |
| Strategies: Provide evidence-b | | | | Astesl | Calf Dating of | | |
| Action Steps | Timeframe | Organization (s) Responsible | Target Number | Actual Number | Self-Rating of Action Step | Self-Rating of Overall Progress | |
| 1. Create a resource page/branded | Start: 1/2019 | Health Department | 1 | 1 | 5 | 2019- Gray | |
| 1 0 | End: 6/2023 | | | | | | |
| 2. Promote page JUST4Teens | Start: 1/2019 | Health Department | 1 | 1 | 4 | 2019- <mark>Green</mark> | |
| and JUST4Parents via social | End: 6/2023 | | | | | 2020-Yellow Pandemic | |
| media. | | | | | | 2021- <mark>Yellow</mark> | |
| | | | | | | 2022- Green | |
| 2020 December Just4Teens and Just4Parents resource | page was created/bra | nded on LCDHD website. | | | | | |
| <u>(4B2)</u> | | | | | | | |
| <u>December 2019</u> | | | | | | | |
| Created and distributed over 4000 pare | nt packets to schools. | In the packet were pamphlets o | n "How to talk to y | our Teen about | STD's", "Sexual Res | consibility" and a flip chart to "Choosing | |
| to Wait." | | | | | | | |
| #50 packets were given to each school | | | | | | | |
| # 100 packets were distributed at # ope | | | | | | | |
| # 10 packets provided to parent via requ | uest | | | | | | |
| <u>2020 June</u> | | | | | | | |
| Contracted with Forcht Broadcasting to | build teen page and ru | un ads on 4/1/2020 | | | | | |
| Teen Connect page designed and on W | | | eptember 13, 2020 | 0 | | | |
| Surveyed 656 youth to determine the m | | | | | | | |
| Created messaging and pushed out those messages using those platforms identified in the survey. | | | | | | | |
| | Created a professionally made TV ad which aired 50,000 times in a 30-day period with the ad then linked to the | | | | | | |
| Created a professionally made TV ad w | hich aired 50,000 time | es in a 30-day period with the ad | I then linked to the |) | | | |
| Created a professionally made TV ad w LCDHD website. The website links are s | hich aired 50,000 time shared at the end of ea | es in a 30-day period with the ad ach day during virtual RTR class | I then linked to the s. | | | | |
| Created a professionally made TV ad w | hich aired 50,000 time shared at the end of ea | es in a 30-day period with the ad ach day during virtual RTR class | I then linked to the s. | | on social media | | |
| Created a professionally made TV ad w LCDHD website. The website links are s Just4Teens page is promoted during cla | hich aired 50,000 time shared at the end of ea | es in a 30-day period with the ad ach day during virtual RTR class | I then linked to the s. | | on social media | | |
| Created a professionally made TV ad w LCDHD website. The website links are s | hich aired 50,000 time shared at the end of ea assroom presentations | es in a 30-day period with the ad ach day during virtual RTR class both virtual and in person, inclu | I then linked to the s. | | on social media | | |
| Created a professionally made TV ad w CDHD website. The website links are s Just4Teens page is promoted during cla <u>June 2021</u> #100 packets were given to each schoo | hich aired 50,000 time shared at the end of ea assroom presentations | es in a 30-day period with the ad ach day during virtual RTR class both virtual and in person, inclu | I then linked to the s. | | on social media | | |
| Created a professionally made TV ad w LCDHD website. The website links are s Just4Teens page is promoted during cla | hich aired 50,000 time shared at the end of ea assroom presentations ol FRYSC/Counselors nselor | es in a 30-day period with the ad ach day during virtual RTR class both virtual and in person, inclu | I then linked to the s. | | on social media | | |

REVISED/UPDATED August 2022

Priority Health Issue Focus #5: YOUTH TOBACCO USE (vaping)

Goal 1: Reduce youth vaping across the LCD

Objective 4.1:

By June 30, 2023, reduce vaping rates from 24.1% (10th graders – 30-day use) to 22% in the Lake Cumberland District. (Baseline data: 24.1%) (Reporting agency: LCDHD)

| | Overall Progress | Rate progress of action step on a scale of | Rate OVERALL PROGRESS of each strategy and action step, as |
|--|------------------|--|--|
| | of strategy: | 1 to 5: 1- no progress/ not started 2 - little progress | follows: Green: The strategy is proceeding as expected or is on target to begin at a future date. |
| (A) Inform and educate the community about the dangers of youth vaping | | 3 - some progress | Yellow: The strategy is not proceeding as expected. Help may be needed to get it back to green. |
| | | 4 - moderate progress5 - excellent progress/completed | Red. The strategy is in serious danger of not meeting expectations. Immediate help is needed to move it to yellow or green. |
| | | | Blue: This strategy has not started Gray: The strategy is completed. |
| | | | This strategy has been discontinued |

| Action Steps | Timeframe | Organization (s) Responsible | Target Number | Actual Number | Self-Rating of Action Step | Self-Rating of Overall Progress |
|---|------------------------------|------------------------------|------------------------------------|------------------|-------------------------------|------------------------------------|
| 1. Host community forums (parents and youth) | Start: 6/2022 End: 6/2023 | Health Department | 4 | | | |
| 2. Implement a media campaign (social) on vaping. | Start: 6/2022 End: 6/2023 | Health Department/ASAP/ | 1 | | | |
| 3. Attend community meetings providing education on youth vaping and dangers. | Start: 6/2022 End: 6/2023 | Health Department | 30 | | | |
| 4. Do focus groups with youth | Start: 6/2022 End: 6/2023 | ADANTA RPC | 5 across 13 school districts | | | |
| 5. Work with middle and high schools in the school districts to implement evidence based curriculum | Start: 6/2022 End: 6/2023 | Schools | 13 school districts | | | |

Notes/Comments: Pandemic Response March 2020-April 2021

(Reports are bi-annual – December and June)

(4A1) <u>2022 June</u> Vaping was added to the CHIP. Work has just started on this initiative.