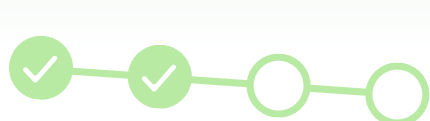


COMMUNITY HEALTH ASSESSMENT 2025-2028

Including the Community Health Improvement Plan!



BRIGHT
Coalition

Barren River Initiative to Get Healthy Together



Contents

- *About BRIGHT, **pg. 3***
- *BRIGHT Stakeholders, **pg. 4***
- *BRIGHT Board Members, **pg. 5***
- *BRIGHT Sponsors, **pg. 6***
- *Community Health Assessment Framework, **pg. 7-8***
- *Methodology, **pg. 9***
- *Full Reports & Committee Members, **pg. 10***
- *Demographics of Survey Respondents, **pg. 11-13***
- *Demographics of BRADD Region, **pg. 14-15***
- *Priority Survey Findings, **pg. 16-18***
- *Correlations, **pg. 19-21***
- *BRADD Regional Health Department Demographics, **pg. 22***
- *The Community Health Improvement Plan, **pg. 23***
 - *Diabetes, **pg. 24***
 - *Nutrition, **pg. 25-26***
 - *Physical Activity, **pg. 27***
 - *Mental Health, **pg. 28-29***
 - *Substance Use Disorders, **pg. 30-31***
 - *Tobacco & Vaping Prevention, **pg. 32***
- *Additional Data, **pg. 33***
- *Notes, **pg. 34***
- *Join BRIGHT, **pg. 35***



About BRIGHT

The Barren River Initiative to Get Healthy Together (BRIGHT) Coalition is a non-profit health coalition that serves the 10-county Barren River region. These 10 counties include: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, and Warren. The BRIGHT Coalition works to ensure that every resident in the Barren River Area Development District (BRADD) enjoys the highest quality of life with safe environments to live, work, and play. Healthy individuals, families, and communities are the cornerstone of this vision. BRIGHT strives to provide equal opportunities with an emphasis on personal responsibility for health and wellness through collaboration with all stakeholders.

Established in 2011 by seven community partners—Barren River District Health Department, Caverna Memorial Hospital, The Medical Center at Bowling Green, The Medical Center at Franklin, The Medical Center at Scottsville, Monroe County Medical Center, and TJ Samson Community Hospital—the BRIGHT Coalition was founded to address the question, "How can leaders from local communities in South Central Kentucky work together to improve health, boost the economy, foster educational success, and enhance the overall quality of life?" The BRIGHT Coalition has since grown to include over 47 organizations across the BRADD region. To guide its health improvement efforts, the BRIGHT Coalition conducted the 2025-2028 Community Health Assessment (CHA). This assessment identified six key health priorities, which were used to develop the Community Health Improvement Plan (CHIP) included in this document.



In the BRADD region, people frequently travel across county lines for work, shopping, family, and healthcare. As a regional coalition, BRIGHT partners have adopted a systems approach to addressing health disparities, fostering a safe environment, and enhancing the overall quality of life for all residents.

BRIGHT Stakeholders

These participating partners are invested in the Community Health Assessment (CHA), which serves as an outline for goals and objectives within and outside of the coalition. BRIGHT stakeholders come from public health, community health centers, hospitals, higher education, mental healthcare, local farms, public schools, privately owned businesses, non-profits, and more. BRIGHT is seeking to add even more stakeholders to this list! Anyone interested in joining BRIGHT's mission should visit www.brightcoalition.org and fill out the contact form. BRIGHT is thankful for the participation of these entities and is excited for future collaboration as we strive to make the Barren River region a healthier place for all.

A Plus (A+) Family Healthcare

Aetna

Allen County Health Department

American Red Cross

Barren River Area Development
District (BRADD)

Barren River District Health
Department

Behavioral Health Group

Bowling Green Independent
Schools

Bowling Green Parks & Recreation

City of Bowling Green

Fairview Community Health Center

Get Healthy Simpson

Goodwill Industries

Graves Gilbert Clinic

International Center of Kentucky

Lifeskills, Inc.

Logan County Health Coalition

Med Center Health

Monroe County Health Department

Passport Health Plan

Refuge BG

Russellville Independent Schools

The Foundry

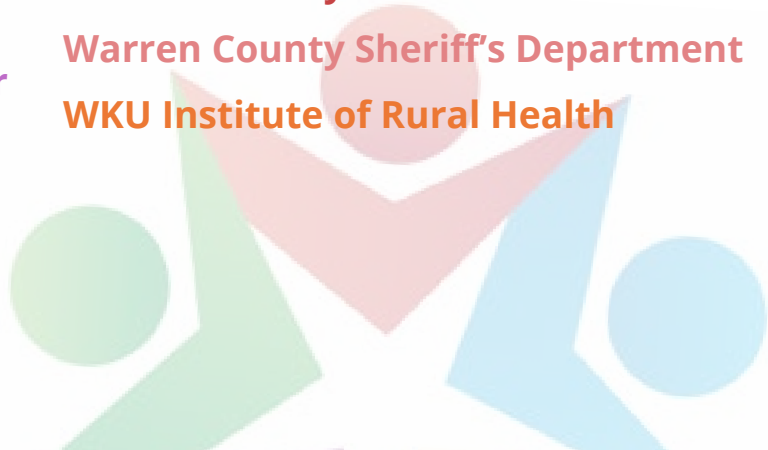
UK Extension Office

Warren County Parks & Recreation

Warren County Schools

Warren County Sheriff's Department

WKU Institute of Rural Health



BRIGHT Board Members



Annette Runyon, Chair
The Medical Center at Franklin



Sarah Widener, Co-Chair
The Medical Center at Bowling Green



John Lillybridge, Treasurer
Fairview Community Health Center



Charity Crowe, Secretary
UK Healthcare



Amanda Reckard, Facilitator
Barren River District Health Department



Amanda Howard
The Medical Center at Scottsville
Cal Turner Rehab & Specialty Care



Brittany Sowders
A+ Family Health Care



Caysea Cooper
Behavioral Health Group



Gracie Harris
Warren County Public Library



Kim Link
WKU Institute for Rural Health



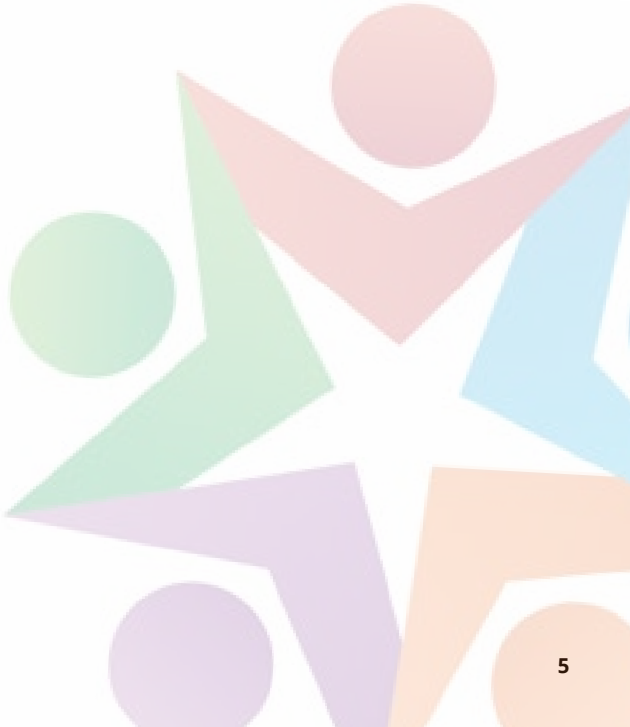
Matthew L. Hunt
Barren River District Health Department



Melanie Watts
Lifeskills, Inc.



Scott Williams
Allen County Health Department



BRIGHT Sponsors

BRIGHT is grateful for the dedicated support of the following sponsors.
We couldn't be BRIGHT without you!

Allen County Health Department

Barren River District Health Department

Graves Gilbert Clinic

Lifeskills, Inc.

Grantibly

Med Center Health



THANK YOU TO OUR SPONSORS!

Community Health Assessment Framework

Every three years, the BRIGHT Coalition completes a CHA for the BRADD region, which entails surveying the community, collecting data, and analyzing results to see what the biggest issues or needs are for the community. The data can then be used to design programs, implement services, develop policies, allocate community resources, and more. Throughout this resource, we've spotlighted local data that gives insight into our social and economic **context**, physical **environment**, everyday **behaviors**, and health **outcomes**.



Social Determinants of Health

The Office of Disease Prevention and Health Promotion defines the Social Determinants of Health (SDOH) as, "...the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." The 5 domains of SDOH are **economic stability**, **education** access and quality, **healthcare** access and quality, neighborhood and built **environment**, and **social and community context**.

The Community Health Improvement Plan (CHIP) aims to improve health outcomes while holistically considering social determinants of health.

BRIGHT's Priority Health Areas

Six **Priority Health Areas** were chosen by the coalition based on responses received from the 2025 Community Health Assessment Survey and local data. These priorities, along with our cross-cutting initiatives, will guide the coalition's work over the next three years. BRIGHT focuses on improving health outcomes involving **tobacco and vaping prevention**, **diabetes**, **substance use disorders**, **nutrition**, **physical activity** and **mental health**.

Tobacco & Vaping
Prevention
Diabetes
Substance Use Disorders



Nutrition
Physical Activity
Mental Health

Community Health Assessment Framework

For the 2025 CHA and CHIP, the coalition is using the Community Health Assessment Toolkit. This toolkit provides a nine-step process, as seen below. Steps one through six are the process for the Community Health Assessment, while steps seven through nine focus on the Community Health Improvement Plan.



Source: Association for Community Health Improvement. (2017). Community Health Assessment Toolkit. Accessed at www.healthycommunities.org/assesstoolkit

Methodology of Data Collection

The Community Health Assessment gathered **1,783 survey responses** after data cleaning, across the 10-county BRADD region which includes Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren Counties.

Methodology

The survey was created and administered in Alchemer, an online survey platform used by health departments around the country. While the Data Committee reviewed similar surveys by other health departments around the state and used some questions, most of the questions in this survey were created by Dr. Lauren McClain in consultation with the Data Committee. The goal of the survey is to learn about community members' thoughts and experiences related to the priorities of BRIGHT, namely Physical Health, Nutrition, Diabetes, Tobacco Use, Substance Use, Mental Health, and Other Community Health Needs. We focused on both community strengths and barriers to good health as well as respondents' attitudes and knowledge of certain health issues and sociodemographic background indicators. Questions were written at a 5th grade reading level. All questions were closed-ended. Data analysis was conducted in SAS and Excel.

The survey link was shared in a variety of ways: through the BRIGHT Coalition membership who shared it on their social media pages and with their networks, the BRIGHT social media pages, through email listservs of community nonprofits, at community events (see Table 2 on the Community Health Assessment Executive Summary, located at www.BRIGHTCOALITION.org/Community-Health-Assessment-Reports for a list of events), on table tents or small flyers at Graves Gilbert Clinic and Med Center Health locations and at a few local businesses, as stickers on pizza boxes at Papa John's in Bowling Green, and through the local newspapers. Paper surveys were also made available at the Med Center Health Franklin and Scottsville locations in waiting rooms. The Behavioral Health Group also made paper surveys available to clients. Direct mailing invitations were sent to a random selection of 50 addresses in the 10 counties (550+ invitations) to encourage participation. Table 3 shows the increase in responses in low participating counties before and after mailing the survey invitation. Not all efforts to share the survey were successful or have unknown levels of success. We asked a number of school districts to send announcements to their families but that was not permitted. We reached out to a number of organizations specifically to increase participation of hard-to-reach groups and asked them to send the survey invitation out but we are not sure if that happened consistently.

Full Reports

If you would like to read the full executive summary of the Community Health Assessment survey or the Qualitative Data report, you can scan the QR code below or visit www.BRIGHTCOALITION.org/Community-Health-Assessment-Reports .



**Scan the QR code to read
the full quantitative and
qualitative reports!**

Data & Survey Committee

The Community Health Assessment was created, distributed, and analyzed by BRIGHT'S Data & Survey Committee, a dedicated group of professionals in healthcare, public health, evaluation, cooperative extension, and more.

Amanda Reckard (Co-Chair)

Barren River District Health Department

Dr. Kim Link (Co-Chair)

Western Kentucky University

Sarah Widener

The Medical Center at Bowling Green

Annette Runyon

The Medical Center at Franklin

Susan Willis

Barren River District Health Department (at time of data collection)

Olivia McGhee

Barren River District Health Department

Ashli McCarty

Barren River District Health Department

Dr. Qingfang Song

Western Kentucky University

Dr. Susan Eagle

Western Kentucky University (at time of data collection)

Lynn Blankenship

University of Kentucky Cooperative Extension Service

Dr. Lauren McClain

Grantibly

Demographics & Health Outcome Correlations



Photo: Painting from a participant at the BG PRIDE Festival, October 2024.



Photo: Jamie Boler, Red Elephant Studio. The Local Good Mini Market, Allen County, Kentucky.

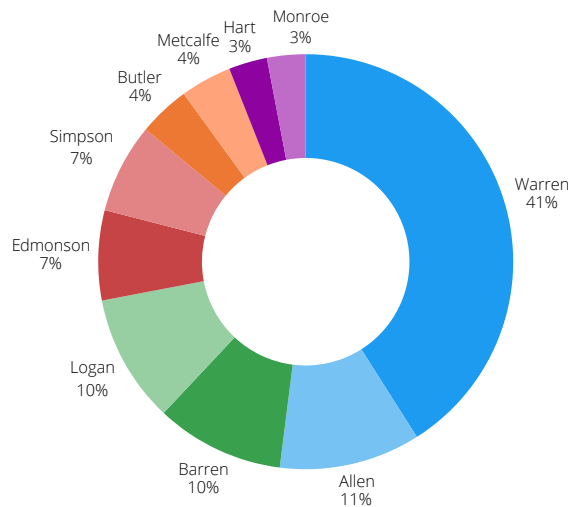


Photo: Amanda Reckard. The Frosty Freeze, Simpson County, Kentucky.

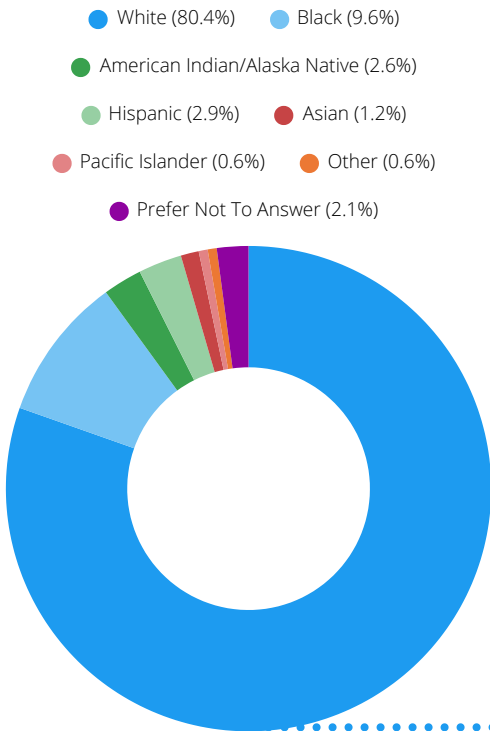
Demographics of Survey Respondents

The following information includes the demographics of those who completed the CHA survey.

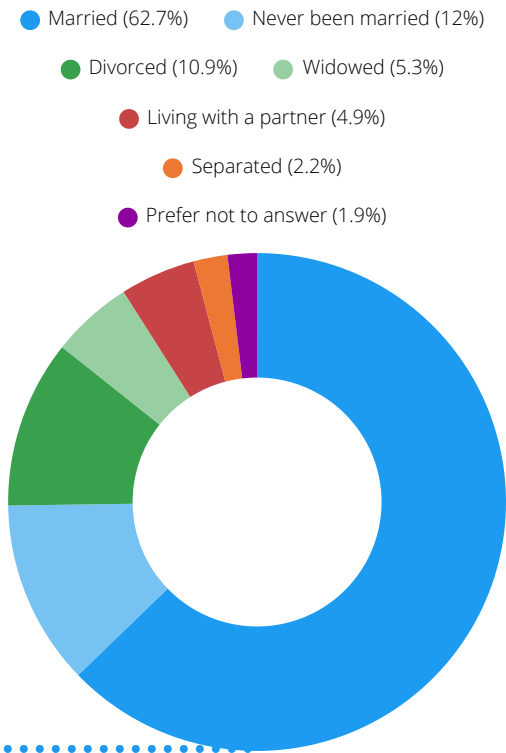
County of Residence



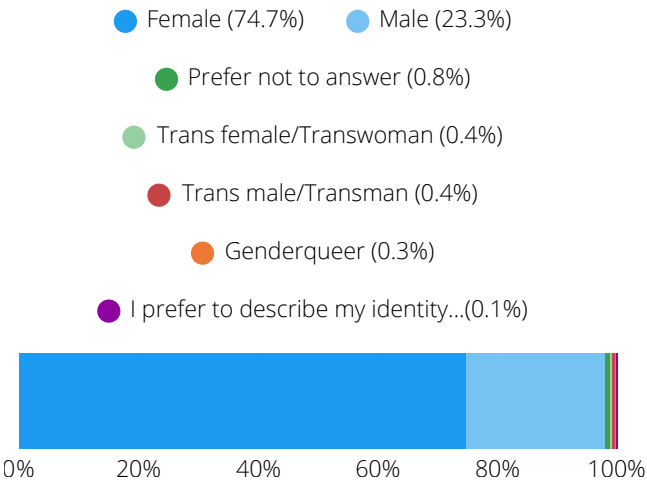
Race/Ethnicity



Marital Status

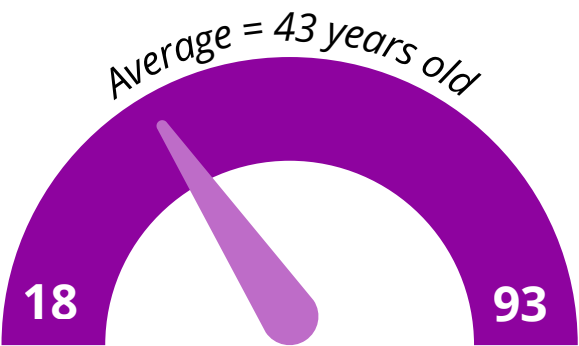


Gender

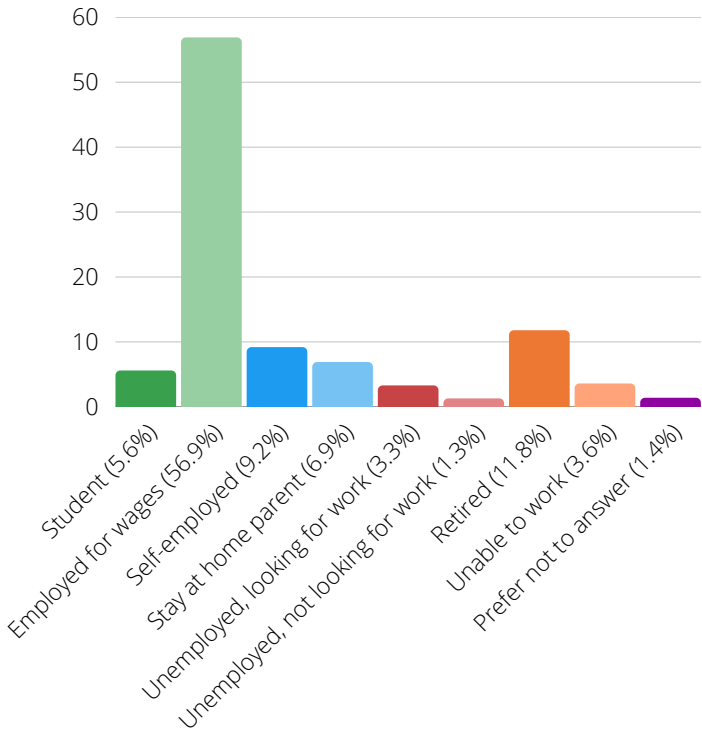


Demographics of Survey Respondents

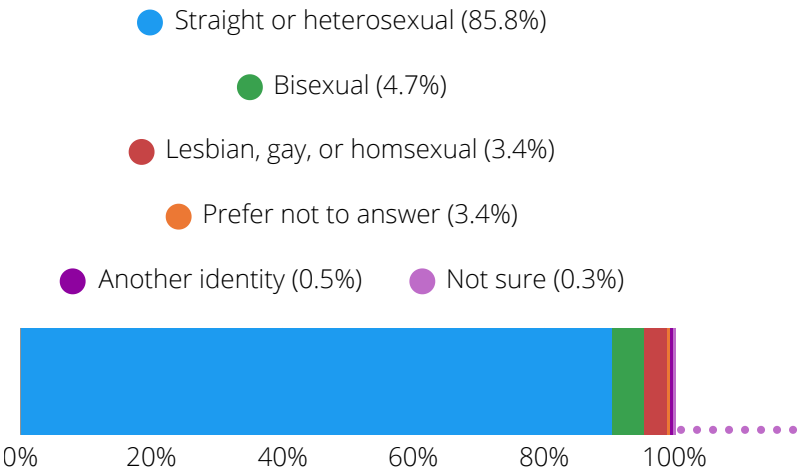
Age of Respondents



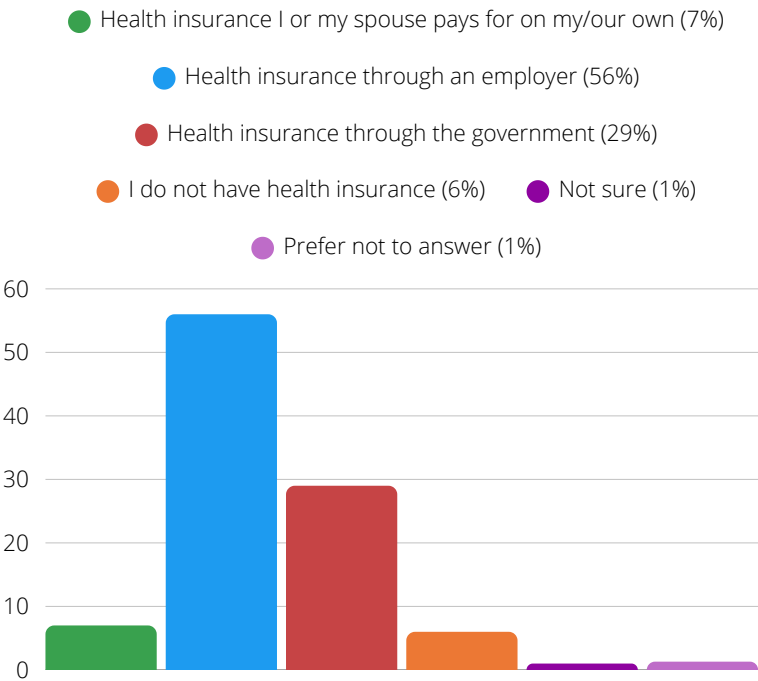
Employment



Sexual Identity

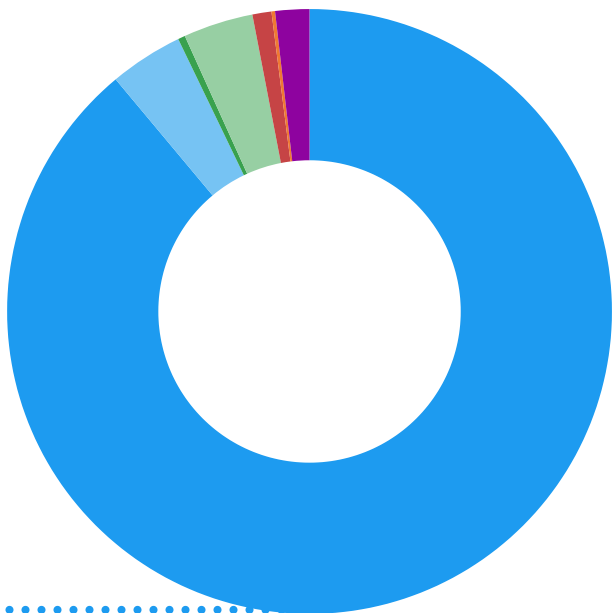
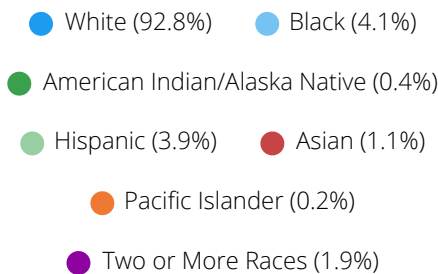


Health Insurance



Demographics of the BRADD Region

Race/Ethnicity



Source: U.S. Census Bureau ACS Quick Facts of BRADD Counties.

Total Veterans (age 18+)

16,095

total veterans in the BRADD area (2019-2023).

Source: U.S. Census Bureau ACS Quick Facts of BRADD Counties.

Household & Language

5.7%

of persons (5+ years old) in BRADD speak a language other than English at home.

Source: U.S. Census Bureau ACS Quick Facts of BRADD Counties.

Sex of Residents

50.2%

female persons.

Source: U.S. Census Bureau ACS Quick Facts of BRADD Counties.

Average Median Household Income

\$54,610

average median household income (2023 dollars).

Source: U.S. Census Bureau ACS Quick Facts of BRADD Counties.

Percentage of Population Living with a Disability

15.2%

of BRADD residents under 65 years old.

Source: U.S. Census Bureau ACS Quick Facts of BRADD Counties.

Demographics of the BRADD Region

Percentage of Uninsured Adults

7.5%

of BRADD residents under 65 years old.

Source: U.S. Census Bureau ACS Quick Facts of BRADD Counties.

Percentage of BRADD's Population Living in Poverty

17.4%

of persons in poverty.

Source: U.S. Census Bureau ACS Quick Facts of BRADD Counties.

Average Travel Time to Work

26.1

minutes of travel time, workers age 16+ years (2019-2023).

Source: U.S. Census Bureau ACS Quick Facts of BRADD Counties.

Percentage of Adults Who Smoke

20.3%

of BRADD residents who currently smoke.

Source: U.S. Census Bureau ACS Quick Facts of BRADD Counties.

Overdose Fatality

43

fatal overdoses in the BRADD area in 2024.

Source: Overdose Mapping Application Program.

Percentage of Adults with BMI of 30 or higher

39.9%

average of adults in BRADD counties with a BMI of 30 or higher.

Source: County Health Rankings 2024.

Limited Access to Healthy Foods

4.6%

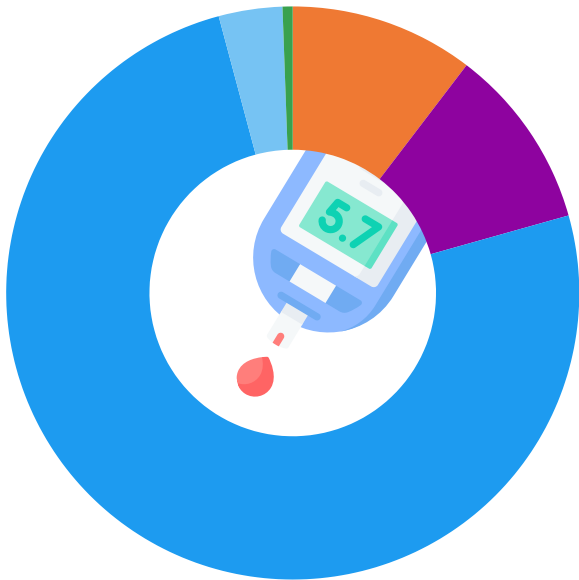
of BRADD population who are low-income and don't live close to a grocery.

Source: County Health Rankings 2024.

Priority Survey Findings

Diabetes Prevalence

- Yes, I am diabetic (182)
- Pre-diabetic (180)
- No, not diabetic (1,319)
- I don't know (63)
- Prefer not to say (10)



Source: The BRIGHT Community Health Assessment Report 2025.

10.4%
of respondents are diabetic.

Source: The BRIGHT Community Health Assessment Report 2025.

Of those who are diabetic or prediabetic, **51.3%** have been referred to a dietitian and **57.4%** have received diabetes education.

Source: The BRIGHT Community Health Assessment Report 2025.

Physical Activity

The average number of hours BRADD residents spent sitting on a typical weekday (not including sleep or those who are wheelchair bound).

7.2 hours

Source: The BRIGHT Community Health Assessment Report 2025.

The average number of hours BRADD residents sleep during the week.

6.95 hours

Source: The BRIGHT Community Health Assessment Report 2025



Photo: Laurie Butler. Edmonton Courthouse, Metcalfe County, Kentucky.

Priority Survey Findings

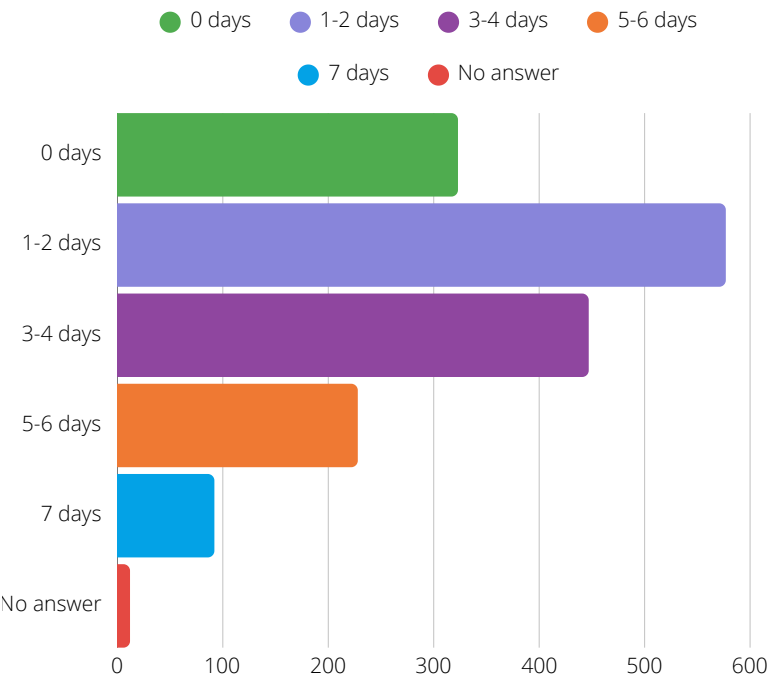
Physical Activity Cont.

Respondents were asked to report how many days per week they engage in exercise.

34.4%

of respondents exercise 1-2 days a week on average.

Source: The BRIGHT Community Health Assessment Report 2025



Source: The BRIGHT Community Health Assessment Report 2025

Mental Health

Respondents were asked to provide a list of things their family may have a need for but are unable to get.

9 out of 10



counties ranked **mental health care** as their first (or second) most pressing need.

Source: The BRIGHT Community Health Assessment Report 2025

Nutrition

16%

Source: The BRIGHT Community Health Assessment Report 2025

of respondents reported going **without food 1-5 times in the last 30 days** due to a lack of money or resources.

15%

Source: The BRIGHT Community Health Assessment Report 2025

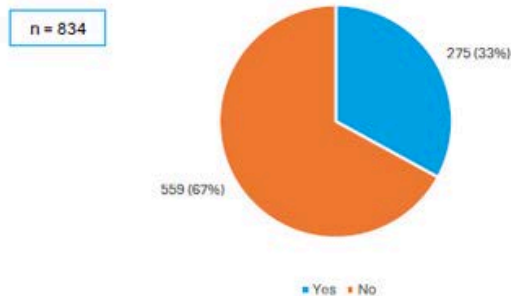
of respondents reported **visiting a food bank or similar services 1-5 times in the last 30 days**.

Priority Survey Findings

Substance Use Disorders

For respondents who indicated they had at least one alcoholic beverage in the last 30 days, they were asked if they ever felt they should cut down on drinking.

Figure 23: For respondents who had at least one drink in the last 30 days:
Have you ever felt you should cut down on your drinking?



Most people in the community are aware of several types of support available for those wanting to stop using drugs or drinking too much alcohol, however...

400 responses indicated respondents don't know what's available or are unaware of any resources.

Tobacco & Vaping Prevention

25.1%

Source: The BRIGHT Community Health Assessment Report 2025

of respondents reported smoking cigarettes **everyday or some days.**

9%

Source: The BRIGHT Community Health Assessment Report 2025

of respondents reported using chewing tobacco or snuff **everyday or some days.**

17.5%

Source: The BRIGHT Community Health Assessment Report 2025

of respondents reported using e-cigarettes or other electronic vaping products **everyday or some days.**

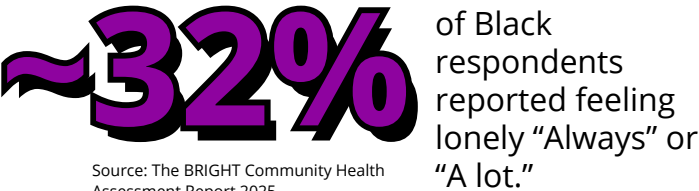


Correlations Between Variables

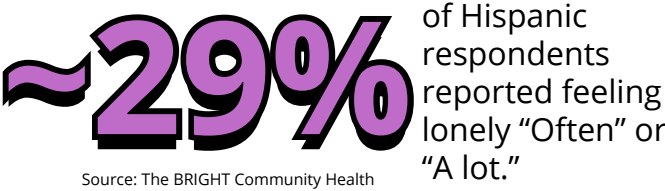
By Race

Health equity means understanding differences in health outcomes—and working together to close the gap. While **Hispanic respondents** reported the most physical activity, they also faced the greatest barriers to care and mental health challenges—while **White respondents** reported the best overall health, and **Black respondents** more often rated their health as only fair or poor.

Loneliness Doesn't Look the Same for Everyone.



Source: The BRIGHT Community Health Assessment Report 2025



Source: The BRIGHT Community Health Assessment Report 2025



Source: The BRIGHT Community Health Assessment Report 2025

A significantly higher percentage of White respondents (38%) report never feeling lonely, compared to Black (19.6%) and Hispanic (28.9%) groups.

By Age

Mental Health

Respondents ages 18-19 years old reported an average of

20 days

of poor mental health per month.

Source: The BRIGHT Community Health Assessment Report 2025

Barriers to Mental Health Services

Stigma cited as the main barrier to mental health care by 20-29 year olds.

Cost/ logistics cited as the main barrier to mental health care by 30-44 year olds.

Source: The BRIGHT Community Health Assessment Report 2025

Correlations Continued

Financial Wellbeing

“Living comfortably”

is how most 18-19 year old's and those over 44 years old, described their financial wellbeing.

“Getting by”

is how most 20-44 year old's described their financial wellbeing.

Tobacco & Alcohol

All under 44 years old indicated that they

WANT TO QUIT tobacco.

Only 25 to 29 year old's indicated they felt the need to

CUT BACK on alcohol.

Data indicated peak experimentation of tobacco and alcohol in late 20's.

Housing Stability

Respondents to the Community Health Assessment reported **stable housing**.

Summary Takeaways

- **Mental Health/Loneliness**
 - Black respondents were most likely to feel lonely “Always” or “A lot.”
 - Stigma and cost/logistics were cited as the main barrier to mental health services by those 20-29 years old and 30-44 years old.
 - Youth (18-19) respondents have the highest number of poor mental health days per month.
 - Older adults report best mental health outcomes.
- **Financial Wellbeing**
 - Most 20-44 year old's report “getting by” as the way to describe their financial wellbeing, while 18-19 and those over 44 years old describe “living comfortably.”
- **Tobacco and Alcohol**
 - Those under 44 years old indicated a desire to quit tobacco.
- **Housing status** among respondents is stable.



Photo: Amanda Reckard. Mammoth Cave National Park. Edmonson County, Kentucky.

Correlations Cont.

By Variables

Is there a relationship between when a person last visited the doctor and their self-reported physical and mental health? There is not a statistically significant relationship between when a person last visited the doctor and their self-reported physical health, however, there is a relationship between when they last visited the doctor and their mental health in that people who don't visit a doctor regularly tend to report worse mental health compared to those who see their doctor more often.

Is there a relationship between self-reported physical health and mental health? Yes, there is a relationship (a correlation) between physical health and mental health in that those with better physical health are likely to also report better mental health and vice versa. There is also a negative relationship between physical health and the number of days their mental health was not good in that those who better physical health is more likely to report fewer days when their mental health was not good.

How are the number of barriers to health services respondents perceive related to physical and mental health? Number of barriers to health services is highly associated with all physical and mental health indicators – more barriers to health services are associated with greater time since last visited a doctor, worse physical and mental health, more days sick, more days when mental health is not good, more days of alcohol use, greater tobacco use, and higher likelihood of having diabetes.

How is financial well-being related to physical and mental health? Greater financial well-being (feeling more financially secure and having a higher income) is associated with better physical and mental health, fewer reported barriers to health services, less reliance on food banks or skipping meals, less alcohol use, less smoking of cigarettes and e-cigarettes or vaping, although not less chewing tobacco.

Is there a relationship between tobacco and alcohol use and housing? Yes, those who use tobacco products more often and who drink alcohol more often are more likely to have insecure housing.

Full list of correlations between variables can be found on pages 37 through 39 in the Community Health Assessment Executive Summary.

BRADD Region Health Department

Demographics

Sex

Total number of visits: 13,694
Female: 8,346, or 61% of the total patients
Male: 5,319, or 39% of the total patients

Age Groups

0-9	8,426 (62% of total patients)
10-14	382 (3%)
15-19	609 (4%)
20-24	1,086 (8%)
25-29	1,092 (8%)
30-34	806 (6%)
35-44	675 (5%)
Over 44	618 (5%)

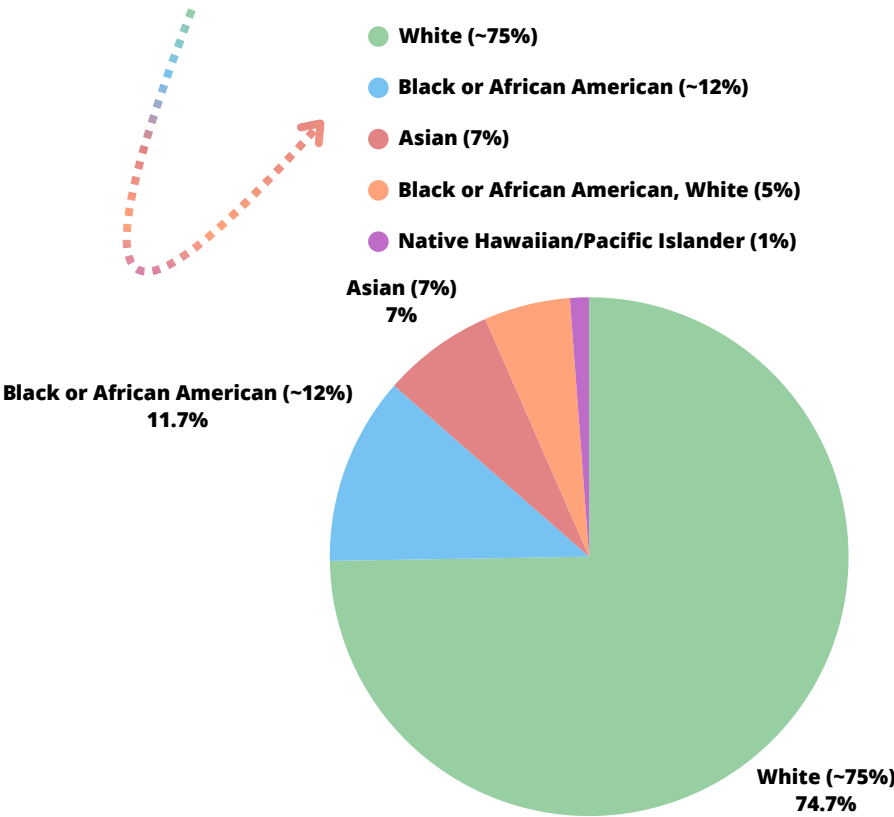
Languages Spoken

Arabic, Burmese, Chin Hakha, Chin Tedim, Dari, English, Gujarati, Haitian Creole, Karen, Karenni, Khmer, Kinyarwanda, Mandarin, Nepali, Pashto, Rohingya, Rundi, Sorani, Spanish, Swahili, Ukrainian, Vietnamese, Zo.

Ethnicity

Not Hispanic or Latino = 11,412, or 83% of the total patients
Hispanic or Latino = 2,077, or 15% of the total patients
Other = Over 1%

Race



Source: Barren River District Health Department, Clinical Services department.

The Community Health Improvement Plan



Photo: Amanda Reckard. Civil War Mural, Hart County, Kentucky.



Photo: Amanda Reckard. Book Mural, Barren County, Kentucky.



Photo: Clinton Lewis. Vanmeter Hall at Western Kentucky University, Warren County, Kentucky.

Diabetes

Chair: Amy Meador, Allen County Health Department
Co-Chair: Kim Powell, Barren River District Health Department

All goals and objectives will be achieved through the resources provided by our collaborating partners.

Goal 1 Enhance access to resources for diabetic patients and healthcare providers in the region.

Objective 1 Expand and Promote Regional Diabetes Education Resources.

Strategy 1.1 — Collaborate with the Warren County Library to enhance the "Start Here Warren County" resource for diabetes education and other needs.

- **Timeline**

- Comprehensive list of diabetes education resources complete and distributed by November 2025. This will include the beginning of the promotion of "Start Here Warren County."

Strategy 1.2 — Research and collaborate with similar websites in surrounding counties to expand their resources or consider developing a BRIGHT specific platform to provide comprehensive community support.

- **Timeline**

- Have three (3) BRADD region county platforms piloted by end of 2026.

Strategy 1.3 — Diabetes group members will participate in local events to share information about diabetes and available resources.

- **Timeline**

- Attend at least one community event per quarter throughout each year of this CHIP cycle.



"When we looked at the physical health, health issues, you know, it was all the cardiovascular kind of things, and then diabetes were the top two."

Faith-Based Community
Organization Leader for Low-
Income Preschool Programming



Goal 2 Enhance provider engagement to improve compliance and increase participation rates in Diabetes Self-Management Education and Support (DSMES).

Objective 1 Increase provider referrals to diabetes education by 10%.

Strategy 2.1 — Evidence based provider education supported by national data.

- **Timeline**

- All information prepared by June 2026.
- Distribute toolkits annually to five (5) healthcare facilities and five (5) individual providers in each BRADD county. Additionally, provide toolkits to two (2) dietitians in the BRADD region each year and share them at community events.

Nutrition

Chair: Lana McChesney, Barren River District Health Department
Co-Chair: Elizabeth Howard, Barren River District Health Department

All goals and objectives will be achieved through the resources provided by our collaborating partners.

Goal 1 *To enhance food access and nutrition education across ten (10) counties by bridging resource gaps, fostering partnerships, and empowering communities to make healthy food choices.*

Objective 1 *Expand the knowledge of food banks and meal resources across all counties to improve food access by 10%, addressing the needs of 180 individuals identified in our survey.*

Strategy 1.1 — Collaborate with the Warren County Library to enhance the "Start Here Warren County" resource for food and other needs.

- **Timeline**

- Comprehensive list complete and distributed for Warren County by November 2025.

Strategy 1.2 — Research and collaborate with similar websites in surrounding counties to expand their resources or consider developing a BRIGHT-specific platform to provide comprehensive community support.

- **Timeline**

- Have three (3) BRADD region county platforms piloted by end of 2026.

Strategy 1.3 — Develop and maintain an up-to-date list of food banks and meal opportunities in each of the ten (10) counties.

- **Timeline**

- Have all food bank and meal opportunity lists up-to-date and on a maintenance schedule by June 2026.

“...it’s very expensive, to buy those international ingredients to make meals, it’s very expensive. Only those who are with Medicaid, they can afford...SNAP, food stamps...They can afford...”

Community Leader, Refugee Population



“Diabetes” painting from a booth participant at the BG Pride Festival, October 2024.

Nutrition

Chair: Lana McChesney, Barren River District Health Department
Co-Chair: Elizabeth Howard, Barren River District Health Department

Objective 2 *Encourage healthy eating within BRADD communities to enhance collaboration among underserved groups by 10%. Currently, our efforts focus on the Med Center Health Adult Day Center and The Hive.*

Strategy 2.1 — *Provide educational support to refugees on how to prepare nutritious meals using American ingredients.*

- **Timeline**

- *Have outline for this program by June 2026.*

Strategy 2.2 — *Support cooking classes at senior care facilities and centers for individuals with intellectual disabilities.*

- **Timeline**

- *BRIGHT Coalition members support classes once per quarter in 2025, 2026, 2027, and 2028.*

Objective 3 *Promote healthier eating habits by implementing a structured meal planning initiative that educates and engages the community with monthly focused themes.*

Strategy 3.1 — *Implement a year-long meal planning initiative with monthly health focused themes.*

- **Timeline**

- *June 2025-June 2028.*

Strategy 3.2 — *Organize an in-person event in partnership with a chef or other collaborator to educate participants on meal preparation and nutrition.*

- **Timeline**

- *Host one event by June 2028.*



Photo: David Jackson. Old Mulkey Meeting House, Monroe County, Kentucky.

“

“Just think with us, we came to this country, adults...And within a year or two, you're having a number of medical conditions... One doctor looked at me and said, ‘Apart from allergies, you're eating all those chicken and fat and everything. Your body, even though you don't look skinny, your good bacteria are gone.’ He told me to try to get the same kind of ethnic food I used to eat, and my health became better.”

Community Leader, Refugee Population

”

Physical Activity

Chair: Olivia McGhee, Barren River District Health Department

All goals and objectives will be achieved through the resources provided by our collaborating partners.

Goal 1 Enhance access to resources for physical activity in the region.

Objective 1 Increase the region's overall physical activity level by 2% while reducing participants' sedentary time by 13–14 minutes per day.

Strategy 1.1 — Create a comprehensive, accessible list of physical activity resources for all counties.

- **Timeline**

- Comprehensive list of physical activity resources in Warren County complete and distributed by November 2025. This will include collaborating with “Start Here Warren County.”
- Have three (3) BRADD region county platforms piloted or enhanced by the end of 2026.

Strategy 1.2 — Organize a large-scale physical activity event, starting in a smaller BRADD county (e.g. Allen County).

- **Timeline**

- First Event: Completed by December 2026.
- Expansion (2027):
 - Use the first event as a model.
 - Host again in the first county.
 - Expand to an additional county.

Strategy 1.3 — Expand outreach by promoting physical activity in BRADD communities through accessible, free, and low-cost resources.

- **Timeline**

- Get ready for back-to-school events and participate in them in July 2025. Stay engaged in fairs.
- Ongoing efforts to keep resource availability up to date.

Strategy 1.4 — Promote healthy work environments.



“[The children] need nutrition, movement, exercise, and sleep.”

Family Resource Coordinator from Local School District



Mental Health

Chair: Susan Willis, Ashley Vicari Counseling
Co-Chair: Bridjunnie Garnett, American Red Cross

All goals and objectives will be achieved through the resources provided by our collaborating partners.

Goal 1 *Strengthen community well-being by actively supporting the BRIGHT Coalition, enhancing mental health resources, and breaking the stigma surrounding mental health. Through collaboration, education, and increased access to support, we strive to create a more informed, resilient, and connected community.*

Objective 1 *Support BRIGHT focus groups in addressing community needs, indirectly improving mental health.*

Strategy 1.1 — *Establish regular collaboration between each BRIGHT focus groups and mental health initiatives through check-ins and a coordination plan.*

- **Timeline**
 - Check in system established by June 2025.

Strategy 1.2 — *Actively support the goals of Physical Activity, Nutrition, Diabetes, Tobacco & Vaping Prevention, and Substance Use Disorders focus groups by participating in their events as mental health representatives.*

- **Timeline**
 - Complete by Sept. 2025.

Objective 2 *Expand mental health education in the region through local organizations.*

Strategy 2.1 — *Expand engagement with mental health organizations to encourage their active participation in the BRIGHT Coalition.*

- **Timeline**
 - Continuous throughout the project.



Photo: Jamie Boler, Red Elephant Studio. Allen County Courthouse, Allen County, Kentucky.

Mental Health

Chair: Susan Willis, Ashley Vicari Counseling
Co-Chair: Bridjunnie Garnett, American Red Cross

Strategy 2.2 — To increase mental health education and promotion for diverse populations in the BRADD area, develop culturally relevant materials and offer accessible, community-based workshops while partnering with local organizations to build trust.

- **Timeline**

- Use feedback and data to guide continuous improvements to the strategy.

“ [We] need more services for the entire family not just for our child...especially single moms or single dads or grandparents, they don't get that mental health help the child can get. But the caregiver needs help they can't get because they can't afford it, and insurance just doesn't cover it.”

Family Resource Coordinator for Local School District

”

“

“I do think that for everybody at large, but specifically for the disability population, better access to mental health providers.”

Community Leader for
Special Needs Population

“We do not have mental health providers in rural areas and there's still a lot of stigma associated with mental illness. I think with short-term it would be great if we, somehow, we could normalize mental health.”

Leader in the
Agricultural Community

”

Photo: Amanda Reckard. Bridge over the Green River, Butler County, Kentucky.



Substance Use Disorders

Chair: **Brian Ray**, Barren River
District Health Department
Co-Chair: **Sasha Buckner**, UK Healthcare

All goals and objectives will be achieved through the resources provided by our collaborating partners.

Goal 1 *Raise awareness of available substance use disorders resources and services in the community.*

Objective 1 *Decrease the percentage of residents in the region who are unaware of resources for overcoming substance use disorders and excessive alcohol use by 15%. The Community Health Assessment Survey revealed that 104 out of 1,598 respondents reported a lack of awareness about available resources.*

Strategy 1.1 — *Create a comprehensive, accessible list of substance use disorders resources for all counties.*

- **Timeline**

- *Comprehensive list of substance use disorders resources in Warren County complete and distributed by November 2025. This will include collaborating with “Start Here Warren County”.*
- *Have three (3) BRADD region county platforms piloted or enhanced by the end of 2026.*

Strategy 1.2 — *Host Recovery Rallies in rural BRADD communities to strengthen support for individuals in recovery and reduce stigma.*

- **Timeline**

- *First Event: Completed by December 2026.*
- *Expansion (2027):*
 - *Use the first event as a model.*
 - *Host again in the first county.*
 - *Expand to an additional county.*

“People don’t want to admit they have a problem because they’re afraid of how they’ll be treated.”

Leader of a Substance Use Treatment Program



Photo: Amanda Reckard, Fork in the Road, Simpson County, Kentucky.

Substance Use Disorders

Chair: **Brian Ray**, Barren River
District Health Department
Co-Chair: **Sasha Buckner**, UK Healthcare

Goal 2 Increase resources for Harm Reduction or Substance Use Disorders.

Objective 1 Increase the amount of harm reduction services or substance use disorders services by 10%.

Strategy 1.1 — Expanding outreach to serve more clients in existing harm reduction locations and mobile units.

- **Timeline**

- Develop materials: By August 2025 have the first set complete and a new set of materials every year.
- Contact three (3) new resources to include one (1) physician and one (1) non-chain pharmacy in a rural community every six (6) months. And three (3) contacts in Warren County every six (6) months.

Strategy 1.2 — Establish at least one harm reduction site or site focused on substance use disorders in the region and expand access to harm reduction and safe sex resources.

- **Timeline**

- By March 2028.



“I’m sure you hear this quite often, but we see a lot of families that struggle with addiction issues.”

Leader of an Organization
Focused on the Prevention of
Child Abuse



Photo: Amanda Reckard. Kentucky Stonehenge, Hart County, Kentucky.

Tobacco & Vaping Prevention

Chair: Kathy Thweatt, *Barren River District Health Department*, **Co-Chair:** Brandalyn Reddick, *Allen County Health Department*

All goals and objectives will be achieved through the resources provided by our collaborating partners.

Goal 1 *Reduce tobacco and vaping product initiation, especially among youth, by fostering a comprehensive education and awareness campaign that increases access to smoking cessation resources, promotes healthy lifestyles, and empowers students to make informed decisions about their health.*

Objective 1 *Reduce daily cigarette smoking among surveyed individuals by 5% over the next three years by increasing access to smoking cessation resources and education.*

Strategy 1.1 — *Collaborate with local BRADD schools and their mixed media programs to create videos or advertisements with students highlighting the benefits of not smoking or vaping.*

- **Timeline**

- *First projects: Completed by March 2026.*
- *Ongoing: New projects launched annually, with each year's videos completed by March.*

Strategy 1.2 — *Explore opportunities to provide cessation resources and support for community members.*

- **Timeline**

- *Continual*

Strategy 1.3 — *Increase access to Operation Parent resources by leveraging BRIGHT's social media pages and website, empowering parents and caregivers to engage K-12 children on technology use, substance abuse, and mental health prevention.*

- **Timeline**

- *Begin June 2025, End June 2028.*

Strategy 1.4 — *Create a comprehensive, accessible list of tobacco and vaping cessation resources for all counties.*

- **Timeline**

- *Comprehensive list of tobacco and vaping resources in Warren County complete and distributed by November 2025. This will include collaborating with "Start Here Warren County."*
- *Have 3 BRADD region county platforms piloted or enhanced by the end of 2026.*



*"[A long-term health goal I would like to see is] No vaping...Not putting anything that's not needed in your body. And they start **younger and younger and younger.**"*

Family Resource Coordinator from Local School District



Additional Data

“We don’t have an adequate number of dentists who accept the medical card. We do have a dental team come twice a year...but we have so many uninsured families.

Family Resource Coordinator from Local School District

“There are so many good families out there who just need, like, they just need the extra support and help. And so not counting someone out based on what you may see or perceive, but like, really getting to know people and know their stories is huge, and that’s a lot of what like, that connection that the ongoing home visitor makes with the families, I think, is what makes our program so successful.”

Leader of Programming for Pregnant and New Mothers

“I could have a lot more clientele, out here where I am if we had transportation, and I know that that’s a major issue for everybody because the transportation issues in this town are either too expensive or they’re not big enough to take care of [the] county.”

Leader for the Aging Population

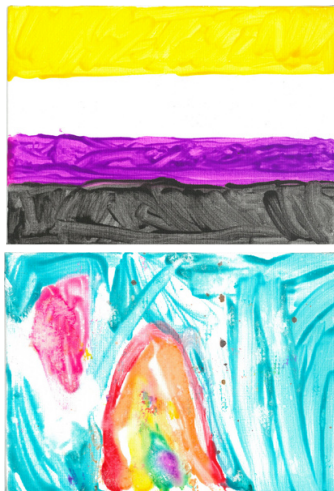
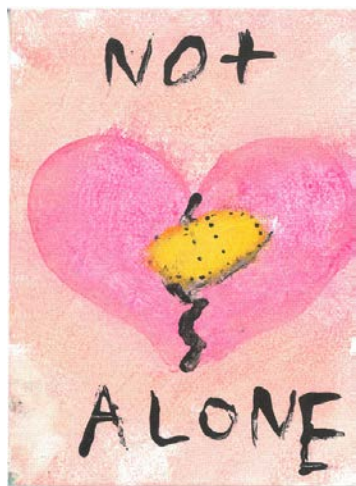
“Well, I know that food insecurity is a big deal with a lot of families we serve because a lot of the families we serve, of course, are low income. Health doesn’t matter if you can’t afford food.”

Leader of an Organization Focused on the Prevention of Child Abuse

“You know, and it’s sad because some of these people are having to think whether ‘Do I take my medicine, do I pay for my medicine, or do I eat?’”

Leader of Community Fitness Facility in a Rural County

The BRIGHT Coalition tabled at BG PRIDE in October 2024. Participants were asked to paint a picture using anything but a paintbrush, representing how BRADD residents face barriers to accessing healthcare.







Notes



Interested in joining the BRIGHT Coalition?

When you join BRIGHT, you...

-  *Learn more about the state of public health and healthcare in the BRADD area.*
-  *Create relationships with community partners.*
-  *Grow in critical thinking by exercising problem solving for different key issues.*
-  *Join a community of like-minded health professionals!*



***Visit www.brightcoalition.org/join-us-contact
and fill out the contact form!***



BRIGHT
C o a l i t i o n

Visit us on the web at
www.brightcoalition.org

Follow us on social media!



@theBRIGHTcoalition



@BRIGHTCoalition