

Community Health Needs Assessment FY 2013



KentuckyOne Health

Continuing Care Hospital

Foreword

IRC Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. To comply with the *Affordable Care Act* and federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from people who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment, which is both a document and a description of a process, is intended to document how KentuckyOne Health hospitals are in compliance with IRC Section 501(r). The health needs of each community have been identified and prioritized so that each hospital may adopt an implementation plan to address specific needs of the community it serves. Furthermore, statewide trends and common themes have been identified so that the strength, breadth, and depth of KentuckyOne Health can be leveraged to create measurable health improvement.

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Introduction

During 2012, a community health needs assessment was conducted by Continuing Care Hospital (CCH) to support its mission to enhance the health of people in the communities it serves, to comply with the *Patient Protection and Affordable Care Act of 2010* and federal tax-exemption requirements, and to identify health needs of the community to help prioritize the allocation of hospital resources to meet those needs. Based on current literature and other guidance from the Treasury and IRS, the following steps were completed as part of the community health needs assessment:

- The “community” served by was defined utilizing inpatient data on patient origin. This process is further described in *Community Served by the Hospital*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported using various sources (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by County-Healthrankings.org. Health factors with significant opportunity for improvement were noted.
- An inventory of health care facilities and resources was prepared.
- Through a collaborative process conducted by the Lexington-Fayette County Mobilizing for Action through Planning and Partnership Coalition (“Coalition”), community input was obtained through a household survey administered to 6,000 randomly selected Lexington-Fayette County households. Additionally, three focus groups were conducted by the Coalition involving a total of 77 adults who were low-income, African American or Hispanic.
- Continuing Care Hospital conducted key informant interviews with five individuals having specialized knowledge of the health needs of the community served by the hospital.

Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were prioritized utilizing a method that weighs: 1) the size of the problem; 2) the seriousness of the problem; 3) the impact of the problem on vulnerable populations; 4) how important the problem is to the community; 5) prevalence of common themes; 6) how closely the need aligns with the strategies and strengths of the hospital and KentuckyOne Health; and 7) an evaluation of existing hospital programs responding to the identified need. Information gaps were identified during the prioritization process and reported.

Executive Summary

Continuing Care Hospital identified community health needs by undergoing an assessment process in collaboration with the Lexington-Fayette County Health Department and the Lexington-Fayette County Mobilizing for Action through Planning and Partnership (MAPP) Coalition. Over 1,200 residents provided input through a community health survey. Another 77 adults participated in three focus groups intended to identify needs in minority and low-income households and five individuals with specialized knowledge participated in key informant interviews. In addition, secondary data was compiled from demographic and socioeconomic sources as well as national, state and local sources of information on disease prevalence, health indicators, health equity and mortality.

This was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups, and the community as a whole. Health needs were prioritized utilizing a method that

weighs: 1) the impact on vulnerable populations; 2) the importance to the community; 3) the size of the problem; 4) the seriousness of the problem; 5) prevalence of common themes; 6) how closely the need aligns with the strategies and strengths of the hospital and KentuckyOne Health; and 7) an evaluation of existing hospital programs responding to the identified need. The hospital engaged **BKD, LLP** to assist with compiling secondary data and prioritizing identified health needs.

Subsequently, Continuing Care Hospital leadership entered into a dialogue to discuss the results of the evaluation and select health priorities. Participants were given the opportunity to revise rankings and debate issues until a consensus was reached on a composite ranking of health issues. The process identified the following issues with scores of 14 or more (on a scale of 28):

- | | |
|-------------------------------------------|-----------------------------------|
| Obesity | Stroke |
| Chronic Health Diseases | Cancer |
| Heart Disease | Drug Abuse |
| Access to Care/Cost of Care | Chronic Lower Respiratory Disease |
| Uninsured | Excessive Drinking |
| Lack of Health Knowledge/Health Promotion | |

As a result of the analysis, the following areas were identified as the priorities on which Continuing Care Hospital will focus over the next three years.

Continuing Care Hospital Priorities	Correlated Community Health Need
Obesity	Obesity Lack of Health Knowledge/Health Promotion Chronic Health Diseases
Chronic Health Diseases	Chronic Health Diseases Heart Disease Lack of Health Knowledge/Health Promotion Stroke Cancer Chronic Lower Respiratory Disease Access to Care/Cost of Care Uninsured

Continuing Care Hospital will continue to work with the community to execute an implementation plan to realize goals to address these identified health needs.

Organization Description

The Continuing Care Hospital (CCH) is licensed as a general acute care hospital, and addresses the unique and complicated physical, emotional, spiritual, nursing, and rehabilitation needs of the long-term acute care patient.

CCH has a separate and dependent governing board with its own Medical Directors.

There is no limitation regarding diagnosis type, patient age, length-of-stay and scope of services provided.

Continuing Care Hospital is part of KentuckyOne Health, the largest health systems in Kentucky with more than 200 locations including hospitals, outpatient facilities and physician offices and more than 3,100 licensed beds. An 18-member volunteer board of directors governs KentuckyOne Health, its facilities and operations, including Continuing Care Hospital, with this mission:

Our Purpose

To bring wellness, healing and hope to all, including the underserved.

Our Future

To transform the health of communities, care delivery and health care professions so that individuals and families can enjoy the best of health and wellbeing.

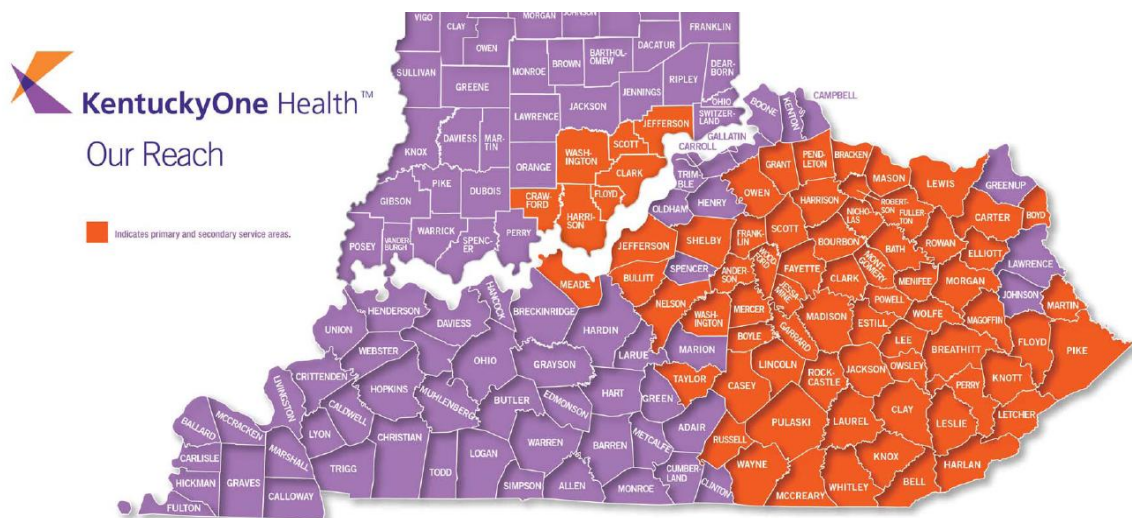
Our Values

Reverence: Respecting those we serve and those who serve.

Integrity: Doing the right things in the right way for the right reason.

Compassion: Sharing in others' joys and sorrows.

Excellence: Living up to the highest standards.



How the Assessment was Conducted

Continuing Care Hospital collaborated with the Lexington-Fayette County Health Department and the Lexington-Fayette County Mobilizing for Action through Planning and Partnership (MAPP) Coalition to conduct the Community Health Needs Assessment. The appendix includes a list detailing the organizations which participated in the MAPP Coalition as well as Lexington-Fayette County's Community Assessment Report, Community Health Status Report and Community Health Improvement Plan.

The assessment included a survey to obtain the community's opinion about ten important health, social and environmental issues in Fayette County. Furthermore, the study results articulated specific needs related to health insurance and quality of life of Fayette County residents. A random sample of 6,000 households was selected. Disproportionate stratified sampling was applied to three strata to control the number of minority households in the sample. Under this design, there were 2,000 Hispanics (33 percent), 1,000 African Americans (16.6 percent), and 3,000 White households (50 percent) in the total sample. Surveys were mailed on June 17, 2010, with a cover letter in both English and Spanish. A total of 1,228 completed surveys were obtained providing an overall response rate of 20.4 percent and a margin of error of +/- 2.8 at the 95 percent confidence interval. About 21 percent of the respondents were 65 or older and 40 percent of the respondents were between the ages of 45-64 years. About 32.1 percent of the respondents were between ages 25-44 years. In terms of gender distribution, 26.2 percent of survey respondents were male and 70 percent were female. About 74.1 percent of the survey respondents were White, 17.5 percent were Black, 2.1 percent were Asian or Pacific Islander, and about 2.5 percent were Hispanic.

Three focus groups were conducted across the Lexington Fayette County area between October 16 and November 1, 2010. Willing participants were recruited in collaboration with the neighborhood associations and Hispanic population advocates in Fayette County. All focus group participants were: 1) Winburn, Central Parkway or Cardinal Valley area residents; 2) African Americans or Hispanics; 3) low-income households. A total of 77 adults participated in these focus groups which were designed to encourage participants to identify the issues important to their communities. The list of questions posed to the focus groups is included in the appendix of this report.

The Lexington-Fayette County MAPP Coalition also conducted a Forces of Change Assessment as well as an assessment of Local Public Health Performance.

In addition, the hospital engaged five individuals with specialized knowledge of the health needs of the community served in key informant interviews.

Finally, secondary data was compiled from demographic and socioeconomic sources as well as national, state and local sources of information on disease prevalence, health indicators, health equity and mortality. The hospital engaged **BKD, LLP** to assist with compiling secondary data and prioritizing identified health needs.

Community Served by the Hospital

Identification and Description of Geographical Community

Lexington (officially Lexington-Fayette Urban County) is a major city—the second largest in the state of Kentucky. As of 2011, the Lexington-Fayette metro area had a population of 301,569, ranking it 63rd in size nationally. The Lexington-Fayette metro area is home to six counties: Clark, Fayette, Jessamine, Bourbon, Woodford and Scott. Lexington-Fayette metro is located in the center of the inner Bluegrass Region.

Defined Community or Service Area

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, hospitals are the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community.

Continuing Care Hospital defines its service area for this community health needs assessment based on where the majority of its inpatients reside. Based on the patient origin of inpatient discharges from July 1, 2011 to June 30, 2012, management has identified the community as listed on *Exhibit 1* representing patient origin of the top zip codes in its community. It is followed by a map showing Continuing Care Hospital's geographic location and the footprint of the community identified in *Exhibit 1* which includes the Lexington-Fayette metro area, as well as the counties of Franklin, Madison Montgomery. The map displays the hospital's defined community, identifies the zip codes that comprise this community, and illustrates its geographic relationship to surrounding counties, significant roads and highways. A demographic snapshot for these zip codes is provided in *Exhibit 2* and these zip codes are listed with additional corresponding demographic information in *Exhibits 3* through *8*.

When specific information is not available by zip code, this community health needs assessment relies on county-level data. County-level data will be analyzed for counties within Lexington-Fayette metro area only.

Exhibit 1
Continuing Care Hospital CHNA Community
Summary of Inpatient Discharges by Zip Code (Descending Order)
7/1/11-6/30/12

Zip Code	City/State	County	Discharges	Percent of Total Discharges
40505	Lexington, KY	Fayette	13	6.3%
40504	Lexington, KY	Fayette	13	6.3%
40324	Georgetown, KY	Scott	13	6.3%
40391	Winchester, KY	Clark	10	4.8%
40356	Nicholasville, KY	Jessamine	10	4.8%
40517	Lexington, KY	Fayette	8	3.8%
40509	Lexington, KY	Fayette	8	3.8%
40475	Richmond, KY	Madison	8	3.8%
40502	Lexington, KY	Fayette	7	3.4%
40601	Frankfort, KY	Franklin	7	3.4%
40383	Versailles, KY	Woodford	4	1.9%
40515	Lexington, KY	Fayette	4	1.9%
40353	Mount Sterling, KY	Montgomery	4	1.9%
40508	Lexington, KY	Fayette	3	1.4%
40503	Lexington, KY	Fayette	2	1.0%
40511	Lexington, KY	Fayette	2	1.0%
40514	Lexington, KY	Fayette	1	0.5%
40390	Wilmore, KY	Jessamine	1	0.5%
40513	Lexington, KY	Fayette	1	0.5%
	Other Fayette & Jessamine		1	0.5%
	Other Kentucky		83	39.9%
	All other		5	2.4%
			<u>208</u>	<u>100.0%</u>

Community Population and Demographics

Continuing Care Hospital CHNA community consists of zip codes in eight counties: Fayette, Franklin, Jessamine, Clark, Woodford, Scott, Madison, and Montgomery. Almost 50 percent of the hospital's discharges came from the Lexington-Fayette Urban County. *Exhibit 2* shows the demographics and socioeconomic characteristics of Continuing Care Hospital's CHNA community for the most recent period available.

**Exhibit 2
2012 Demographic Snapshot
Continuing Care Hospital CHNA Community**

DEMOGRAPHIC CHARACTERISTICS						
	Selected Area			2013	2018	% Change
	Area	USA				
2000 Total Population	487,012	281,421,942	Total Male Population	284,318	297,535	4.65%
2013 Total Population	580,951	314,861,807	Total Female Population	296,633	309,896	4.47%
2018 Total Population (est)	607,431	325,322,277				
% Change 2013 - 2018	4.56%	3.32%				
Average Household Income 2013	\$ 59,411	\$ 69,637				

POPULATION DISTRIBUTION						HOUSEHOLD INCOME DISTRIBUTION			
Age Group	Age Distribution					2013 Household Income	Income Distribution		
	2013	% of Total	2018	% of Total	USA 2013 % of Total		HH Count	% of Total	USA 2013 % of Total
0 - 14	110,479	19.02%	116,787	19.23%	19.63%	<\$15K	39,106	16.69%	13.81%
15 - 17	20,629	3.55%	21,925	3.61%	4.11%	\$15 - 25K	29,206	12.46%	11.58%
18 - 24	68,682	11.82%	62,098	10.22%	9.96%	\$25 - 50K	61,786	26.36%	25.29%
25 - 34	84,593	14.56%	86,648	14.26%	13.08%	\$50 - 75K	43,037	18.36%	18.11%
35 - 54	156,931	27.01%	159,441	26.25%	26.93%	\$75 - 100K	26,056	11.12%	11.73%
55 - 64	68,722	11.83%	74,884	12.33%	12.37%	Over \$100k	35,176	15.01%	19.48%
65+	70,915	12.21%	85,648	14.10%	13.93%				
Total	580,951	100.00%	607,431	100.00%	100.01%	Total	234,367	100.00%	100.00%

RACE/ETHNICITY				
Race/Ethnicity	Race/Ethnicity Distribution			
	2013 Pop.	% of Total	USA % of Total	
White Non-Hispanic	461,154	79.38%	62.31%	
Black Non-Hispanic	58,794	10.12%	12.28%	
Hispanic	34,084	5.87%	17.33%	
Asian & Pacific Island Non-Hispan	13,207	2.27%	5.13%	
All Others	13,712	2.36%	2.94%	
Total	580,951	100.00%	100.00%	

Includes: Select Zip Codes Within KY Counties of Clark, Fayette, Franklin, Jessamine, Madison, Montgomery, Scott and Woodford
Source: The Nielsen Company

The U.S. Census Bureau has compiled population and demographic data based on the 2010 census. The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data to estimate population trends from 2013 through 2018.

Exhibit 3 illustrates that the overall population is projected to increase slightly over a five-year period from 580,951 in 2013 to 607,431, a 4.6 percent increase. However, the people who utilize health care services the most, those ages 65 years and over, are projected to increase 20.8 percent from 70,915 to 85,648. The projected change to the composition of the total community of males and females is projected to remain approximately the same over the five-year period.

Exhibit 3
Continuing Care Hospital CHNA Community
Estimated 2013 Population

Zip Code	City	County	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Median Age of Total Population		
								Male	Female	
40505	Lexington, KY	Fayette	4,845	10,290	7,457	3,963	26,555	39.8	13,227	13,382
40504	Lexington, KY	Fayette	4,884	12,727	5,665	3,608	26,884	32.8	13,216	13,668
40324	Georgetown, KY	Scott	9,880	18,369	10,736	4,253	43,238	34.9	21,210	22,028
40391	Winchester, KY	Clark	6,646	12,983	9,772	5,389	34,790	40.3	16,988	17,802
40356	Nicholasville, KY	Jessamine	8,833	15,908	10,718	4,876	40,335	36.7	19,592	20,743
40517	Lexington, KY	Fayette	7,425	17,794	7,656	3,689	36,564	32.3	17,482	19,082
40509	Lexington, KY	Fayette	7,663	16,098	7,866	3,426	35,053	34.4	16,782	18,271
40475	Richmond, KY	Madison	10,133	27,416	13,532	6,746	57,827	33.4	28,162	29,665
40502	Lexington, KY	Fayette	3,640	10,881	7,076	4,441	26,038	40.2	12,554	13,484
40601	Frankfort, KY	Franklin	9,103	19,169	14,409	7,683	50,364	40.2	24,438	25,926
40383	Versailles, KY	Woodford	4,421	8,059	7,151	3,331	22,962	41.5	11,094	11,868
40515	Lexington, KY	Fayette	7,202	15,124	9,868	3,310	35,504	36.3	17,262	18,242
40353	Mount Sterling, KY	Montgomery	4,346	8,379	5,731	3,126	21,582	38.6	10,463	11,119
40508	Lexington, KY	Fayette	2,729	17,319	4,288	1,742	26,078	23.9	13,120	12,958
40503	Lexington, KY	Fayette	4,552	11,863	7,573	4,443	28,431	39	14,028	14,403
40511	Lexington, KY	Fayette	7,076	16,333	7,451	2,984	33,844	33.8	17,865	15,979
40514	Lexington, KY	Fayette	3,416	6,202	4,536	1,396	15,550	36.9	7,487	8,063
40390	Wilmore, KY	Jessamine	1,439	3,655	1,650	1,050	7,794	31.4	3,829	3,965
40513	Lexington, KY	Fayette	2,246	3,882	3,971	1,459	11,558	42.5	5,519	6,039
PROVIDER SERVICE AREA			110,479	252,451	147,106	70,915	580,951		284,318	296,687
PROVIDER SERVICE AREA										
(Projected 2018 Population)			116,787	252,716	152,280	85,648	607,431		297,535	309,896

Source: The Nielsen Company

Exhibit 4 shows the population of the community by race by illustrating three different categories: white, black and other residents. A review of specific zip code areas shows a relatively large percentage of black residents in several zip codes representing the highest discharges from Continuing Care Hospital.

Exhibit 4
Continuing Care Hospital CHNA Community
Estimated 2013 Population vs. Projected 2018 Population with Percent Difference

Zip Code	City	County	Estimated 2013				Projected 2018				Percent Total		
			White	Black	Other	Total	White	Black	Other	Total	White	Black	Other
40505	Lexington, KY	Fayette	18,453	5,436	2,666	26,555	18,484	5,690	3,255	27,429	67.4%	20.7%	11.9%
40504	Lexington, KY	Fayette	18,408	3,456	5,020	26,884	18,395	3,731	6,074	28,200	65.2%	13.2%	21.5%
40324	Georgetown, KY	Scott	38,232	2,420	2,586	43,238	40,662	2,497	3,170	46,329	87.8%	5.4%	6.8%
40391	Winchester, KY	Clark	31,936	1,688	1,166	34,790	31,723	1,656	1,330	34,709	91.4%	4.8%	3.8%
40356	Nicholasville, KY	Jessamine	37,218	1,361	1,756	40,335	38,275	1,378	2,061	41,714	91.8%	3.3%	4.9%
40517	Lexington, KY	Fayette	25,860	7,003	3,701	36,564	25,767	7,689	4,290	37,746	68.3%	20.4%	11.4%
40509	Lexington, KY	Fayette	26,095	5,208	3,750	35,053	27,808	6,114	4,529	38,451	72.3%	15.9%	11.8%
40475	Richmond, KY	Madison	52,175	3,002	2,650	57,827	54,640	3,049	3,084	60,773	89.9%	5.0%	5.1%
40502	Lexington, KY	Fayette	22,803	1,335	1,900	26,038	23,140	1,537	2,100	26,777	86.4%	5.7%	7.8%
40601	Frankfort, KY	Franklin	42,207	5,254	2,903	50,364	42,100	5,446	3,376	50,922	82.7%	10.7%	6.6%
40383	Versailles, KY	Woodford	20,485	1,096	1,381	22,962	20,569	1,037	1,612	23,218	88.6%	4.5%	6.9%
40515	Lexington, KY	Fayette	30,297	2,581	2,626	35,504	32,022	2,871	2,973	37,866	84.6%	7.6%	7.9%
40353	Mount Sterling, KY	Montgomery	20,158	677	747	21,582	20,730	594	884	22,208	93.3%	2.7%	4.0%
40508	Lexington, KY	Fayette	16,734	7,115	2,229	26,078	17,467	7,160	2,387	27,014	64.7%	26.5%	8.8%
40503	Lexington, KY	Fayette	25,159	910	2,362	28,431	26,022	976	2,655	29,653	87.8%	3.3%	9.0%
40511	Lexington, KY	Fayette	19,162	10,065	4,617	33,844	20,869	10,596	5,833	37,298	56.0%	28.4%	15.6%
40514	Lexington, KY	Fayette	13,475	662	1,413	15,550	14,283	741	1,704	16,728	85.4%	4.4%	10.2%
40390	Wilmore, KY	Jessamine	7,297	126	371	7,794	7,381	120	421	7,922	93.2%	1.5%	5.3%
40513	Lexington, KY	Fayette	9,294	337	1,927	11,558	9,696	366	2,412	12,474	77.7%	2.9%	19.3%
PROVIDER SERVICE AREA			475,448	59,732	45,771	580,951	490,033	63,248	54,150	607,431	2.9%	10.4%	8.9%
Kentucky (1,000s)			3,769	342	293	4,404	3,815	354	342	4,511	84.6%	7.8%	7.6%
U.S. (1,000s)			196,201	38,662	79,999	314,862	195,933	40,292	89,098	325,322	60.2%	12.4%	27.4%

Source: The Nielsen Company

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for them. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household income, poverty, unemployment rates and educational attainment for the community served by the hospital. These standard measures will be used to compare the socioeconomic status of the counties served internally as well as to the state.

Income, Poverty and Unemployment

Exhibit 5 presents the median household income and median age in each zip code. Median household incomes range from \$20,703 to \$86,367. Shaded zip codes have median household income below the federal poverty level for a family of four. These same zip codes have percentages of population in poverty which is unfavorable compared to state and national averages. Unemployment rates for Continuing Care Hospital’s CHNA community are slightly favorable compared to state and national averages for almost all zip codes.

Exhibit 5
Continuing Care Hospital CHNA Community
Median Household Income and Age of Community

Zip Code	City	County	Estimated 2013		
			Median Household Income	Population in Poverty	Unemployment Rate
40505	Lexington, KY	Fayette	\$ 31,065	14.24%	6.59%
40504	Lexington, KY	Fayette	\$ 30,191	17.67%	6.63%
40324	Georgetown, KY	Scott	\$ 48,642	8.55%	7.00%
40391	Winchester, KY	Clark	\$ 43,452	10.70%	8.21%
40356	Nicholasville, KY	Jessamine	\$ 47,800	9.99%	7.29%
40517	Lexington, KY	Fayette	\$ 35,653	12.43%	6.71%
40509	Lexington, KY	Fayette	\$ 60,698	9.33%	6.93%
40475	Richmond, KY	Madison	\$ 42,514	17.74%	7.62%
40502	Lexington, KY	Fayette	\$ 45,972	8.48%	6.54%
40601	Frankfort, KY	Franklin	\$ 44,754	12.87%	7.29%
40383	Versailles, KY	Woodford	\$ 48,420	7.59%	8.13%
40515	Lexington, KY	Fayette	\$ 57,337	5.06%	7.15%
40353	Mount Sterling, KY	Montgomery	\$ 45,972	14.11%	8.68%
40508	Lexington, KY	Fayette	\$ 20,703	39.58%	6.50%
40503	Lexington, KY	Fayette	\$ 39,736	8.11%	6.65%
40511	Lexington, KY	Fayette	\$ 45,396	14.33%	6.81%
40514	Lexington, KY	Fayette	\$ 72,490	1.73%	6.85%
40390	Wilmore, KY	Jessamine	\$ 40,973	11.31%	7.35%
40513	Lexington, KY	Fayette	\$ 86,367	4.11%	6.75%
	Kentucky		\$ 39,905	18.98%	8.40%
	United States		\$ 49,297	15.33%	7.90%

 Median household income below 2012 Federal Poverty Level for a family of two adults and two children.

Source: The Nielsen Company/Zipdatamaps.com

Exhibit 6 presents the average annual resident unemployment rates for counties in Continuing Care Hospital’s defined community illustrating that unemployment rates for all counties have risen in recent years. Most of the counties are similar to Kentucky’s state average which is slightly less favorable than national averages.

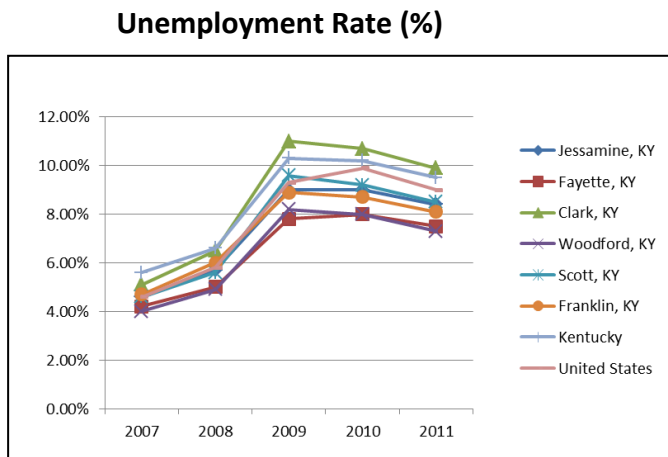


Exhibit 6
Continuing Care Hospital CHNA Community
Unemployment Rates (%)
2007-2011

County	2007	2008	2009	2010	2011
Jessamine, KY	4.6%	5.7%	9.0%	9.0%	8.4%
Fayette, KY	4.2%	5.0%	7.8%	8.0%	7.5%
Clark, KY	5.1%	6.5%	11.0%	10.7%	9.9%
Woodford, KY	4.0%	4.9%	8.2%	8.0%	7.3%
Scott, KY	4.6%	5.6%	9.6%	9.2%	8.5%
Franklin, KY	4.7%	6.0%	8.9%	8.7%	8.1%
Kentucky	5.6%	6.6%	10.3%	10.2%	9.5%
United States	4.6%	5.8%	9.3%	9.9%	9.0%

Source: FDIC

Uninsured Status

Exhibit 7 presents health insurance coverage status by age (under 65 years) and income (at or below 400 percent of poverty) for each county compared to the state of Kentucky.

Exhibit 7
Continuing Care Hospital CHNA Community
Health Insurance Coverage Status by Age (Under 65 years) and Income (At or Below 400%) of Poverty
2010

County	All Income Levels				At or Below 400% of FPL			
	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured
Jessamine, KY	7,643	18.4%	33,858	81.6%	6,946	23.8%	22,251	76.2%
Fayette, KY	46,721	18.5%	206,210	81.5%	42,185	25.8%	121,175	74.2%
Clark, KY	5,336	17.7%	24,816	82.3%	4,836	22.8%	16,422	77.2%
Woodford, KY	3,802	17.9%	17,437	82.1%	3,378	26.4%	9,437	73.6%
Scott, KY	5,467	13.2%	35,968	86.8%	4,819	19.2%	20,223	80.8%
Franklin, KY	7,043	17.4%	33,444	82.6%	6,294	23.9%	20,060	76.1%
Kentucky	640,974	17.5%	3,012,207	82.5%	585,339	22.4%	2,032,203	77.6%

Source: U.S. Census Bureau, SAHIE/ State and County by Demographic and Income Characteristics

Education

The educational attainment of community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. *Exhibit 8* indicates Fayette County residents obtain a bachelor’s degree or higher at rates greater than state and national averages.

Exhibit 8
Continuing Care Hospital CHNA Community
Educational Attainment by County - Ages 25 and Over

County/State	High School Graduates	Bachelor's Degree or Higher
Jessamine, KY	84.70%	27.20%
Fayette, KY	88.30%	39.10%
Clark, KY	81.10%	18.20%
Woodford, KY	88.00%	30.40%
Scott, KY	86.80%	26.10%
Franklin, KY	85.50%	27.50%
Kentucky	81.00%	20.30%
United States	85.00%	27.90%

Source: U.S. Census Bureau, Current Population Survey

Community Health Care Resources

The availability of health care resources is critical to the health of a county’s residents and a measure of the soundness of the area’s health care delivery system. An adequate number of health care facilities and health care providers are vital to sustain a community’s health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. The next section addresses the availability of health care resources to the residents of Continuing Care Hospital’s service area.

Hospitals

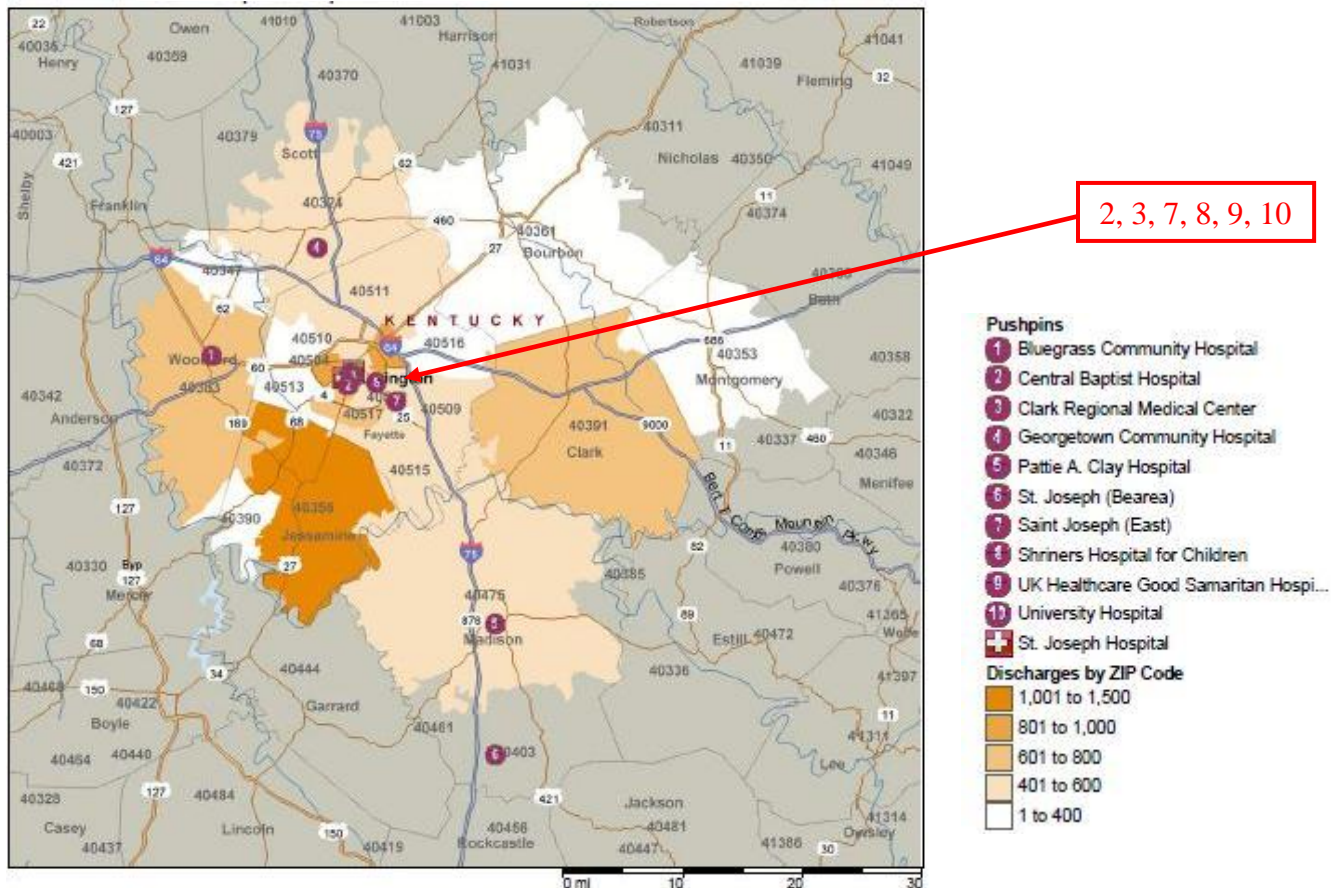
There are a large number of hospitals in Continuing Care Hospital’s service area with 2,075 licensed acute care beds, 31 psychiatric beds, 56 neo-natal level II beds and 58 neo-natal level III beds. *Exhibit 9* summarizes hospital services available to the residents of Continuing Care Hospital’s service area.

Exhibit 9
Continuing Care Hospital CHNA Community
Summary of Area Hospitals

Facility	County	State	Facility Type	Acute Beds	Psychiatric Beds	Neo Natal Level II	Neo Natal Level III
1 Bluegrass Community Hospital	Woodford	KY	Short Term Acute Care	25	-	-	-
2 Central Baptist Hospital	Fayette	KY	Short Term Acute Care	383	-	32	-
3 Clark Regional Medical Center	Clark	KY	Short Term Acute Care	75	-	-	-
4 Georgetown Community Hospital	Scott	KY	Short Term Acute Care	75	-	-	-
5 Pattie A. Clay Hospital	Madison	KY	Short Term Acute Care	105	-	-	-
6 Saint Joseph Berea	Madison	KY	Short Term Acute Care	25	-	-	-
7 Saint Joseph East	Fayette	KY	Short Term Acute Care	144	-	16	-
8 Saint Joseph Hospital	Fayette	KY	Short Term Acute Care	433	-	-	-
9 Shriners Hospital For Children (PED/ORTHO)	Fayette	KY	Short Term Acute Care	50	-	-	-
10 UK Healthcare Good Samaritan Hospital	Fayette	KY	Short Term Acute Care	191	31	-	-
11 University Hospital	Fayette	KY	Short Term Acute Care	569	-	8	58
				<u>2,075</u>	<u>31</u>	<u>56</u>	<u>58</u>

Source: <http://chfs.ky.gov>

Continuing Care Hospital Competitors



Long-Term Care Skilled Nursing Facilities

The Kentucky Cabinet for Health and Family Services reports 28 long-term care facilities within Continuing Care Hospital’s service area. The total number of ambulatory care clinics reported for the entire state of Kentucky is 310. The 28 clinics reported for CCH’s service represent nine percent of Kentucky’s total long-term care facilities reported.

**Exhibit 10
Continuing Care Hospital CHNA Community
Summary of Skilled Nursing Facilities**

	County	Facility Type
Clark Regional Medical Center	Clark	Long-Term Care
Kindred Transitional Care & Rehab-Fountain Circle	Clark	Long-Term Care
Bluegrass Care & Rehabilitation Center	Fayette	Long-Term Care
Cambridge Place	Fayette	Long-Term Care
Cardinal Hill Rehabilitation Unit	Fayette	Long-Term Care
Homestead Nursing Center	Fayette	Long-Term Care
Lexington Country Place	Fayette	Long-Term Care
Mayfair Manor	Fayette	Long-Term Care
Northpoint/Lexington Healthcare Center	Fayette	Long-Term Care
Pine Meadows Health Care	Fayette	Long-Term Care
Richmond Place Rehabilitation And Health Center	Fayette	Long-Term Care
Rose Manor Health Care	Fayette	Long-Term Care
Sayre Christian Village Nursing Home	Fayette	Long-Term Care
Tanbark Health Care Center	Fayette	Long-Term Care
The Willows At Hamburg	Fayette	Long-Term Care
Uk Healthcare Good Samaritan Hospital	Fayette	Long-Term Care
Bradford Square Care And Rehabilitation Center	Franklin	Long-Term Care
Golden Livingcenter - Frankfort	Franklin	Long-Term Care
Royal Manor	Jessamine	Long-Term Care
Thomson-Hood Veterans Center	Jessamine	Long-Term Care
Wesley Village	Jessamine	Long-Term Care
Berea Health Care Center	Madison	Long-Term Care
The Terrace Nursing & Rehabilitation Center	Madison	Long-Term Care
Kenwood Health And Rehabilitation Center	Madison	Long-Term Care
Madison Health And Rehabilitation Center	Madison	Long-Term Care
Telford Terrace	Madison	Long-Term Care
Windsor Care Center	Montgomery	Long-Term Care
Taylor Manor Nursing Home	Woodford	Long-Term Care

Source: <http://chfs.ky.gov/os/oig/directories.htm>

Other Licensed Facilities

There are licensed facilities other than hospitals and long-term care facilities in the Lexington-Fayette metro area. These facilities include home health, hospice, adult day care, ambulatory surgery centers, rehabilitation agencies and private duty nursing providers. A complete inventory may be obtained through the Kentucky Cabinet for Health and Family Services at <http://chfs.ky.gov/ohp/con/inventory.htm>.

Health Departments

There are several county health departments located within Continuing Care Hospital's CHNA community: Lexington-Fayette County Health Department (LFCHD); Jessamine County Health Department; Clark County Health Department, Woodford County Health Department, Scott County Health Department, Madison County Health Department, Montgomery County Health Department and Bourbon County Health Department. Continuing Care Hospital has relied on information provided by the Lexington-Fayette County Health Department since a large percentage of the hospital's discharges originate in Lexington-Fayette metro area.

LFCHD has more than 170 highly-trained employees providing a wide range of services to the people of Lexington including:

- Communicable disease control
- School health
- Health education and counseling
- Restaurant and hotel regulations and inspections
- Vector control

Health Status of the Community

This section of the assessment reviews the health status of Fayette County residents. As in the previous section, comparisons are provided with the state of Kentucky and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of Fayette County residents that make up the community will enable Continuing Care Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2010*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

Numerous factors have a significant impact on an individual’s health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. People who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle/Behavior	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/Drug Abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Mental illness Suicide
Poor Nutrition	Obesity Digestive disease Depression
Driving at Excessive Speeds	Trauma Motor vehicle crashes
Lack of Exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/Drug abuse Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, the law does

not require reporting the incidence of a particular disease, except when the public health is potentially endangered.

Due to limited morbidity data, this health assessment relies heavily on death and death rate statistics for leading causes in death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Exhibit 11 reflects leading causes of death for each county and compares the rates, per thousand, to the state and U.S. rates, per thousand.

Exhibit 11
Continuing Care Hospital CHNA Community
Leading Causes of Resident Deaths: By County

	Fayette	Jessamine	Clark	Woodford	Scott	Franklin	KY	US
	Rate*	Rate*	Rate*	Rate*	Rate*	Rate*	Rate*	Rate*
Cause of Death - All Ages (Rate)								
All causes	700.6	757.3	913.2	803.5	624.5	909.7	946.0	798.8
Diseases of Heart	172.7	163.3	255.9	192.5	192.3	209.8	253.4	211.1
Malignant Neoplasms	167.5	137.3	194.9	221.8	144.9	257.5	223.9	183.8
Chronic Lower Respiratory Disease	34.2	45.0	46.5	25.1	31.6	64.4	61.0	43.2
Cerebrovascular Diseases	37.5	40.2	49.4	45.0	39.5	70.6	50.7	46.6
Unintentional Injuries	40.9	49.7	64.0	67.0	23.7	39.5	54.3	39.1
Alzheimer's Disease	21.8	33.1	37.8	25.1	15.8	43.6	27.1	22.9
Diabetes Mellitus	24.4	18.9	17.4	12.6	18.4	14.5	28.0	24.6
Intentional Self Harm (Suicide)	11.6	-	26.2	-	13.2	9.4	-	10.9
Influenza and Pneumonia	16.5	28.4	-	-	23.7	24.9	23.9	-
Pneumonitis due to Solids and Liquids	-	-	-	16.7	-	-	-	-
Atherosclerosis	-	-	-	-	13.2	-	-	-
Nephritis, Nephrotic Syndrome and Nephrosis	16.1	23.7	17.4	20.9	-	14.5	21.3	14.3
Septicemia	-	-	17.4	16.7	-	21.8	13.8	11.2

*Age-adjusted rates are per 100,000 population.

Source: <http://chfs.ky.gov/>

Health Outcomes and Factors

Health Statistics and Rankings

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work, and play. And a better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from *County Health Rankings*, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model ranks all 50 states and the counties within each state based on two types of health outcomes—how long people live (mortality) and how healthy people feel (morbidity)—and four health factors. These are defined below:

- Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors – rankings are based on weighted scores of four factors:
 - Health behaviors (6 measures)
 - Clinical care (5 measures)
 - Social and economic (7 measures)
 - Physical environment (4 measures)

Those having high ranks, *e.g.* 1 or 2, are considered to be the “healthiest.” A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of this community health needs assessment, the relative health status of Lexington-Fayette metro area is compared to the state of Kentucky and a national benchmark. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

The following table from County Health Rankings summarizes the 2012 health outcomes for all counties that comprise the majority of the community for Continuing Care Hospital. Each measure is described and includes a confidence interval or error margin surrounding it— if a measure is above the state average and the state average is beyond the error margin for the county, then further investigation is recommended.

Health outcome rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. While most of the counties within Continuing Care Hospital's service area compare favorably to state of Kentucky, each measure was significantly below national benchmarks with opportunities for improvement.

Exhibit 12
Continuing Care Hospital CHNA Community
Health Outcomes (2012)

	Fayette County	Jessamine County	Clark County	Woodford County	Scott County	Franklin County	KY	National Benchmark [Ⓜ]
Mortality	*	12	20	45	11	7	43	
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)		7,043	7,762	8,775	6,971	6,510	- 8,761	5,466
Morbidity	*	12	10	91	6	18	32%	
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)		14%	14%	25%	13%	17%	10%	22%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)		3.5	3.6	7.5	2.2	4.4	12.0	4.7
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.5	3.7	4.5	3.1	3.7	51.0	4.3
Low birth weight - Percent of live births with low birth weight (<2500 grams)		8.6%	8.3%	9.9%	8.3%	8.2%	9.0%	9.0%

[Ⓜ] 90th percentile, i.e., only 10% are better

* County Health Ranking out of 120 Kentucky counties

Source: Countyhealthrankings.org

A number of different health factors shape a community’s health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment.

Exhibit 13 summarizes the health factors for the four counties included in Continuing Care Hospital’s primary service area. The community has a very good supply of physicians. However, the community is challenged by high rates of adult smoking, obesity, and sexually transmitted infections. In addition, the violent crime rate in Fayette County is significantly higher than state and national benchmarks.

Exhibit 13
Continuing Care Hospital CHNA Community
Health Factors (2012)

	Fayette County	Jessamine County	Clark County	Woodford County	Scott County	Franklin County	KY	National Benchmark [¶]
Health Behaviors	*	3	19	17	1	6	43	
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	18%	29%	29%	15%	17%	28%	27.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	31.0%	31.0%	30.0%	32.0%	33.0%	33.0%	33.0%	25.0%
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	24.0%	31.0%	13.0%	28.0%	31.0%	32.0%	31.0%	21.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	11.0%	11.0%	21.0%	8.0%	11.0%	10.0%	10.7%	8.0%
Motor vehicle crash death rate - Motor vehicle deaths per 100K population	12.0	21.0	319.0	25.0	15.0	12.0	22	12
Sexually transmitted infections - Chlamydia rate per 100K population	489.0	210.0	54.0	200.0	182.0	579.0	311	84
Teen birth rate - Per 1,000 female population, ages 15-19	41.0	43.0	54.0	29.0	42.0	51.0	52	22
Clinical Care	*	1	16	18	4	9	28	
Uninsured - Percent of population under age 65 without health insurance	16.0%	17.0%	16.0%	14.0%	13.0%	16.0%	17.0%	11.0%
Primary care physicians - Ratio of population to primary care physicians	581:1	1,674:1	1,626:1	1,376:1	1,540:1	2,042:1	1232:1	631:1
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	54.0	62.0	83.0	48.0	63.0	83.0	104	49
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	86.0%	85.0%	84.0%	86.0%	83.0%	83.0%	82.0%	89.0%
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	71.0%	70.0%	68.0%	74.0%	62.0%	67.0%	63.0%	74.0%
Social & Economic Factors	*	40	32	45	2	7	29	
High school graduation - Percent of ninth grade cohort that graduates in 4 years	78.0%	75.0%	75.0%	93.0%	78.0%	77.0%	78.0%	X
Some college - Percent of adults aged 25-44 years with some post-secondary education	73.0%	57.0%	53.0%	60.0%	63.0%	56.0%	55.0%	68.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	8.1%	9.3%	10.8%	8.1%	9.5%	8.9%	10.5%	5.4%
Children in poverty - Percent of children under age 18 in poverty	24.0%	24.0%	26.0%	17.0%	16.0%	23.0%	26.0%	13.0%
Inadequate social support - Percent of adults without social/emotional support	16.0%	21.0%	21.0%	13.0%	17.0%	17.0%	20.0%	14.0%
Children in single-parent households - Percent of children that live in household headed by single parent	35.0%	29.0%	32.0%	29.0%	27.0%	37.0%	32.0%	20.0%
Violent crime rate - Deaths due to homicide per 100,000 population (age-adjusted)	662.0	214.0	147.0	X	213.0	257.0	288	73
Physical Environment	*	47	66	59	72	63	24	
Air pollution-particulate matter days - Annual number of unhealthy air quality days due to fine particulate matter	2	-	-	-	-	1	2	-
Air pollution-ozone days - Annual number of unhealthy air quality days due to ozone	-	2	-	-	-	-	2	-
Limited access to healthy foods - Percent of population who are low-income and do not live close to a grocery store	7.0%	13.0%	9.0%	18.0%	12.0%	-	7.0%	-
Access to recreational facilities - Rate of recreational facilities per 100,000 population	14.0	11.0	6.0	-	4.0	12.0	8	16
Fast food restaurants - Percent of all restaurants that are fast-food establishments	50%	51%	57%	36%	52%	54%	54.0%	25.0%

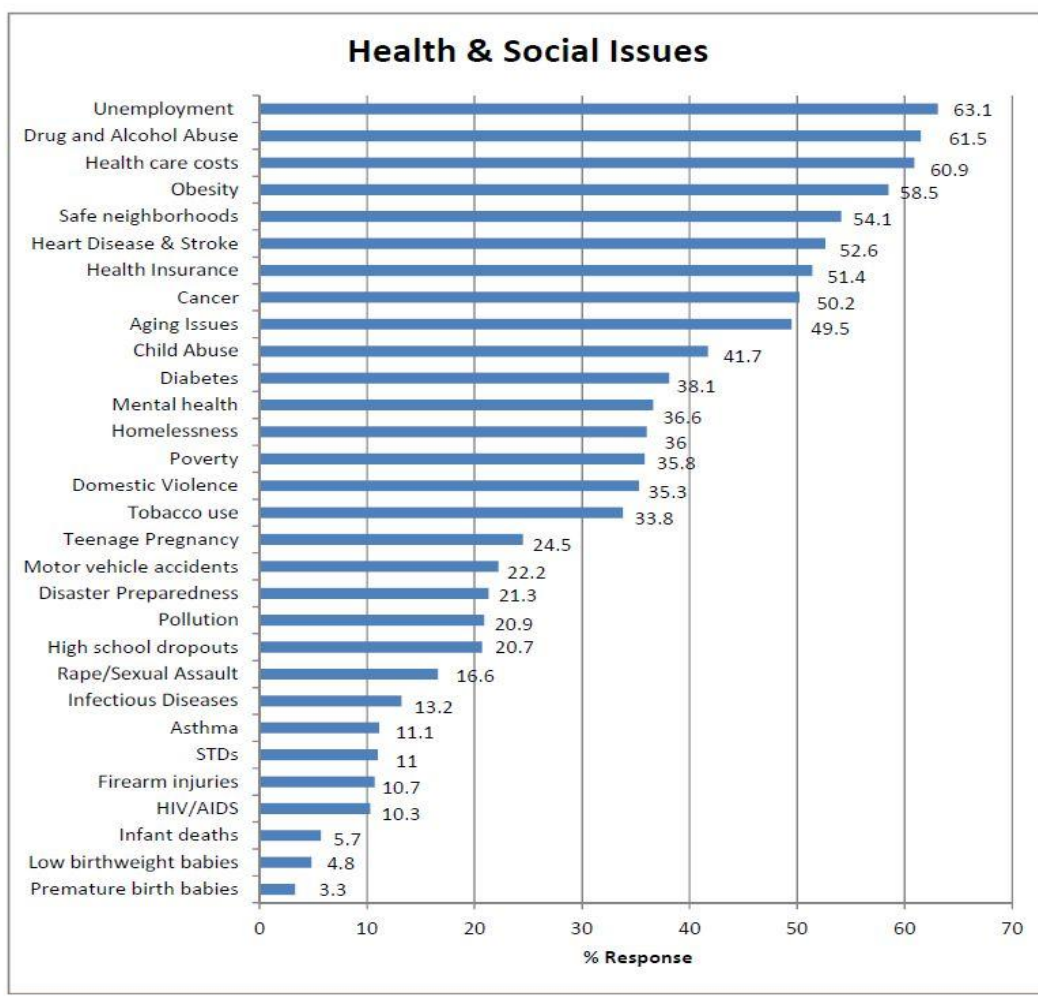
¶ 90th percentile, i.e., only 10% are better
 Note: X indicates unreliable or missing data
 * County health ranking out of 120 Kentucky counties

Primary Data

Community Input-Surveys

As previously stated, to obtain feedback from the general public, a household surveys was administered by the Lexington-Fayette County Health Department in collaboration with the Lexington-Fayette County MAPP Coalition. The objective of the survey was to solicit the community’s opinion about ten important health, social, and environmental issues in Lexington-Fayette County. A total of 1,229 completed surveys were obtained. The following issues were identified as important health and social issues in Fayette County by a majority of survey respondents. The issues are ranked by percentage response from the survey.

- | | |
|---------------------------|-----------------------------|
| 1. Unemployment | 6. Heart Disease and Stroke |
| 2. Drug and Alcohol Abuse | 7. Health Insurance |
| 3. Health Care Costs | 8. Cancer |
| 4. Obesity | 9. Aging Issues |
| 5. Safe Neighborhoods | 10. Child Abuse |



Forces of Change Assessment

The Lexington-Fayette county Health Department also conducted a Forces of Change Assessment in June, 2011. The findings were organized into eight categories: 1) Demographics, 2) Economics, 3) Environment, 4) Health Care, 5) Housing, 6) Infrastructure, 7) Social Issues and 8) Public Health System. Results for Health Care and Public Health System are summarized in the tables below.

Health Care		
Trends, Factors, Events	Threats	Opportunities
Health care services	Limited mental health services	Collaborate to improve availability of mental health services
High health care costs	Poor health status of community residents	Improves access to health care
Increase in chronic diseases	<ul style="list-style-type: none"> • Increase in health care services • Poor health status 	<ul style="list-style-type: none"> • Jobs in health care sector • Improve health related screening for early intervention • Health promotion
Decreased federal money for health care facilities	None identified	Improve health care access
Increased demand for health care services	Limited resources	Seek funding resources to improve health care access
Increased health care costs and increase in number of uninsured	Citizens not seeking health care services in timely manner	Improve access to health care
Increase in obesity rates	More chronic diseases down the road	Health promotion

Source: Lexington-Fayette County Health Department, *Community Assessment Report*

Public Health System		
<i>Trends, Factors, Events</i>	<i>Threats</i>	<i>Opportunities</i>
Weather related emergencies	Community not prepared for weather related emergency	Organize for weather related emergency preparation
Budget cuts	Dwindling public health service	Collaborate to use existing resources efficiently
Smoking ban	None identified	Highlight positive outcomes related to smoking ban
Low health literacy	Local population not educated about resources related to health care access and prescription drugs	Educate low-income population about different resources
Increase in sexually transmitted diseases	Increased demand for services	Health education and outreach
Increase in global travel	Threat of emerging infectious diseases	Better surveillance
Chronic diseases	Increase in health care services	Health promotion
Diverse and rich institutions	Not enough collaboration	Collaborative partnerships

Source: Lexington-Fayette County Health Department, *Community Assessment Report*

Community Input – Key Informant Interviews

Key informant interviews were conducted with the following five individuals having specialized knowledge regarding health needs of individuals served by Continuing Care Hospital.

- Beth Monarch, Cardinal Hill, Chief Operating Officer
- Marty Lautner, Cardinal Hill, Chief Financial Officer
- Deborah Stanley, M.D., Healthfirst Bluegrass, Medical Director
- David Elsen, High Street YMCA, Executive Director
- Nicole Brown, VOA Kentucky, Chief Operating Officer

The discussions were guided by BKD personnel and focused on the following issues:

- Health and quality of life for residents of the primary community
- Barriers to improving the health and quality of life for residents of the primary community
- Opinions regarding important health issues that affect community residents and the types of services that are important to address these issues
- Delineation of the most important health care issues or services discussed and actions necessary to address those issues

Key Informant Interview Results

Health and Quality of Life for Residents of the Primary Community

The majority of key informants noted that health and quality of life have declined or stayed the same for the community served by Continuing Care Hospital. Key informants believe the decline is due to the poor nutrition, lack of physical activity and negative repercussions from the economic hardships many in the community are facing. One key informant believes that quality of life for children in the community is improving due to improved access to care.

Underserved Populations

Key informants identified persons with lower income, those who are uninsured/underinsured, as well as ethnic minorities (Hispanic and African American) as underserved populations due to lack of access to health services and lack of education regarding services. In addition, those with mental illness were identified as underserved due to possible misdiagnosis and lack of knowledge for their caregivers regarding available services.

Barriers to Health

Knowing where to go to obtain services and cost or expense related to health care were identified as major barriers to health. These barriers tie directly to the underserved populations (lack of education regarding services, lack of access to care, etc.) and the two areas were agreed upon by all key informants.

Critical Health Issues

When asked their opinion on the most critical health and quality of life issues for the community served by Continuing Care Hospital, key informants identified physical inactivity, poor nutrition and substance abuse issues as critical health concerns. Heart disease, diabetes and obesity were noted as chronic health conditions for the community.

“The health system is not going to sustain itself unless we focus on preventive care and become more vested in preventive care.”

Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups

Three focus groups were conducted by the Lexington-Fayette County Health Department during the timeframe of October 16 through November 1, 2010. All focus group participants were low-income African Americans or Hispanics. The focus groups were designed to encourage participants to identify important health and social issues in their communities. A total of 77 adults participated in these focus groups. Major categories of health and social issues that were identified by the focus groups include:

- Drug and alcohol abuse
- Neighborhood safety and security
- Chronic health issues (e.g. cancer, coronary heart disease, stroke, diabetes, high cholesterol, high blood pressure, dental care, and obesity)
- Lack of Education regarding obesity and proper nutrition
- Trash

- Inadequate/unsafe housing/living conditions
- Inadequate access to health care
- Unemployment
- Severe weather assistance
- Recycling

Sentiments raised by focus group participants include:

“The issue of drugs and safety was identified s the number one issue by two focus groups.”

“Seniors are vulnerable to violence because of their prescripion drugs.”

“Obesity needs to be addressed. The neighborhood population needs to learn about healthy eating for African-American population through cooking classes.”

“More primary care centers are needed to provide timely medical appointments for low-income families.”

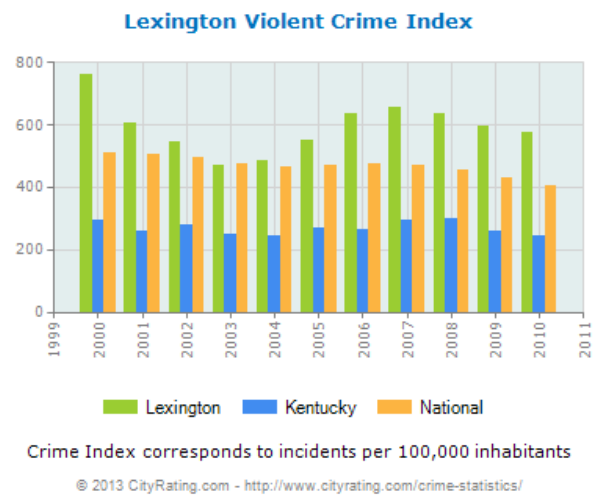
Violence in the Community

According to www.cityrating.com, the violent crime rate for Lexington in 2010 was higher than the national rate by 42.34 percent and higher than Kentucky’s rate by 136.81 percent.

Exhibit 14
Continuing Care Hospital CHNA Community
Lexington Crime Statistics Summary

2010 Crime (Actual Date)	Incidents
Aggravated Assault	1,026
Arson	39
Burglary	2,679
Forcible Rape	87
Larceny and Theft	7,704
Motor Vehicle Theft	641
Murder and Manslaughter	18
Robbery	593
Crime Rate (Total Incidents)	12,937
Property Crime	11,024
Violent Crime	1,724

Source: www.cityrating.com/crimestatistics



Priority Community Health Needs Identified

An analysis of community health information and community input was conducted and is included in *Appendix E*. Health needs identified through community surveys, focus groups and key informant interviews (if applicable) were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Leading Causes of Death: Leading causes of death for the community were reviewed and the death rates for the leading causes of death for each county within the Continuing Care Hospital CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. Adjusted death rate resulted in a health need for the CHNA community.

Primary Causes for Inpatient Hospitalization: The primary causes for inpatient hospitalization resulted in an identified health need for the community.

Health Outcomes and Factors: An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Continuing Care Hospital CHNA community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to national benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

Primary Data: Health needs identified through community surveys, focus groups and key informant interviews (if applicable) were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

As a result, the following summary list of needs was identified:

- Cancer
- Heart disease
- Chronic lower respiratory disease
- Stroke/Cerebrovascular disease
- Motor vehicle crash rate
- Sexually transmitted infections
- Teen birth rate
- Drug and alcohol abuse
- Health care costs
- Obesity
- Access to care/health insurance
- Access to care/uninsured
- Aging issues
- Child abuse
- Unemployment
- Safe neighborhoods
- Chronic health diseases
- Lack of physical inactivity
- Poor nutrition
- Lack of health knowledge
- Lack of primary care physicians in surrounding counties
- Limited mental health services

To facilitate prioritization of identified health needs, a ranking and prioritization process was used. Health needs were ranked based on the following seven factors. Each factor received a score between 0 and 4.

- 1) **How many people are affected by the issue or size of the issue?** For this factor ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized for health outcomes and factors: >20% of the community population=4; >10% and <20%=3; >5% and <10%=2 and <5%=1. Chronic diseases were rated based on state ranking for incidence of the disease. A factor of 1-4 was assigned based on which quartile the state was reported in.
- 2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating for this factor.
- 3) **The impact of the problem on vulnerable populations.** Needs associated with vulnerable populations identified through the Community Health Needs Assessment process were rated for this factor.
- 4) **How important the problem is to the community.** Needs identified through community surveys and/or focus groups were rated for this factor.
- 5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors and Primary Data) identified the need.
- 6) **How closely does the need align with KentuckyOne Health strategies?**
- 7) **Does the hospital have existing programs which respond to the identified need?**

Each need was ranked based on the seven prioritization metrics:

Continuing Care Hospital Prioritization of Health Needs								
	How many people are affected by the issue?	What are the consequences of not addressing this problem?	What is the impact on vulnerable populations?	How Important is it to the community?	How many sources identified the need?	How closely does the need align with KentuckyOne Health strategies?	Does the hospital have existing programs which respond to the identified need?	Total Score *
Obesity	4	3	4	4	3	3	4	25
Chronic Health Diseases	4	3	4	0	3	3	4	21
Heart Disease	4	4	0	3	3	4	2	20
Access to Care- Cost of care	2	2	4	4	2	2	3	19
Uninsured	3	2	4	3	3	1	3	19
Lack of Health Knowledge/Health Promotion	4	2	4	0	2	4	3	19
Stroke	4	4	0	3	2	4	2	19
Cancer	1	4	0	3	3	4	2	17
Drug Abuse	4	2	4	4	2	1	0	17
Chronic Lower Respiratory Disease	4	4	0	0	2	4	2	16
Excessive Drinking	2	2	4	0	3	3	0	14
Lack of Primary Care Physicians	4	3	0	0	1	4	0	12
Physical Inactivity	4	3	0	0	2	3	0	12
Limited access to Healthy Foods	3	3	0	0	2	3	0	11
Aging Issues	3	2	0	2	1	1	2	11
Adult Smoking	3	3	0	0	1	3	0	10
Children in Poverty	4	4	0	0	1	1	0	10
Children in single-parent households	4	4	0	0	1	1	0	10
Limited Mental Health Services	3	3	0	0	1	2	0	9
Child Abuse	1	3	0	2	1	1	0	8
Motor Vehicle Crash Rate	1	3	0	0	1	1	0	6
Teen Birth Rate	1	2	0	0	1	1	0	5
Sexually transmitted infections	1	1	0	0	1	1	0	4
Violent Crime Rate	1	1	0	0	1	1	0	4

*Highest potential score = 28

APPENDICES

Appendix A: Fayette County Health Status Report



Community Health Status Report

LEXINGTON
FAYETTE
COUNTY
HEALTH
DEPARTMENT

Fayette County 2011



Lexington-Fayette County Health Department's Public Health staff participate in a variety of community services and events



Prevent.

Promote.

Protect.

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The Leading Health Indicators reflect the major health concerns in the United States at the beginning of the 21st century.

The 10 Leading Health Indicators

The 10 Leading Health Indicators are categories of measures of health identified by the Healthy People 2010 Committee. For each indicator, many measures were selected to show progress or regress. Below you will find the indicators and references to where measures associated with those indicators can be found.

Physical Activity

Pages 5, 8, 15, and 23

Overweight and Obesity

Pages 5, 8, 15, 23, and 24

Tobacco Use

Pages 5, 8, 15, and 24

Substance Abuse

Page 7

Responsible Sexual Behavior

Pages 5, 21, and 22

Mental Health

Pages 5, 7, and 9

Injury and Violence

Page 5

Environmental Quality

Pages 5, 12, 13, 19, and 20

Immunization

Pages 5, 10, 15, 19, and 21

Access to Health Care

Pages 5, 7, and 16



Prevent.

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Protect.

Public Health in Fayette County

Vision

The Lexington-Fayette County Health Department is a recognized leader in health promotion, health protection, personal healthcare, and prevention of disease

Mission

The Lexington-Fayette County Health Department will improve the health of the community

Public Health

- Prevents epidemics and spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

10 Essential Public Health Services

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

Fayette County's Report Card

The pull-out report below is Fayette County's "grade" for each of the 10 Leading Health Indicators. Each "grade" is based on how we compare to other regions; Kentucky and the US.



Physical Activity: Recent media attention named Fayette County the "Most Sedentary City", but Fayette County has added walking trails and bike lanes in addition to providing more opportunities such as Second Sunday.



Obesity: With obesity approaching 1 in 3 residents in Fayette County, the community needs to continue to focus on reducing obesity in Fayette County by providing and promoting for healthy activities.



Tobacco Use: An indoor smoking ban was passed in 2004 and further strengthened in 2010, making Fayette County exceptionally appealing by providing fresh air in public places.



Substance Use: Nearly 8% of residents claim to have recently used or abused illicit or illegal drugs. Focus should be placed on restricting access to and providing education on "gateway drugs".



Responsible Sexual Behavior: Rates of STIs continue to trend upwards, and resources should be focused to ward prevention and reducing the risk of spread.



Mental Health: With almost 1 in 5 individuals reporting fair to poor health and with nearly 1 in 2 days being the average number of days a resident has poor physical or mental health, providing ways for residents to cope with stress, overcome depression, etc. should be a priority.



Injury and Violence: Fayette County continues to be a safe place to live. With low rates for accidental injuries and violent crimes, residents should feel safe to move throughout their communities without risk of harm from others but with caution for unintentional injuries.



Environmental Quality: Fayette County meets air quality standards by the EPA, but should remain committed to reducing ozone pollution through expansion and promotion of mass transit systems.



Immunization: Immunization rates among school-age children is incredibly high and efforts should continue to prevent morbidity among children. Adults should be increasingly targeted for booster vaccination as immunity wanes over time with some vaccines.



Access to Healthcare: There is a vast healthcare system in place in Fayette County to provide for the care of Fayette residents and residents of Central Kentucky. Increased collaboration and communication is key for the system to provide access to not just the insured residents but for residents that may fall through cracks in the system.



How has Fayette County changed?

A comparison of the 2000 and 2010 US Census



“Basic human principles don’t change, but demographics and other circumstances do, and so should our responses to them.”

---Jon Kyl

Every 10 years, the United States (US) Census Bureau conducts a count of every person living in the US. Originally designed to allot representation in Congress, the US Census has become a useful tool in communities that plan for and provide services to their residents, and provides information that allows agencies within those communities to target certain populations in a time where resources are scarce and services must be targeted for full effect.

In 2010, the Lexington-Fayette County Health Department participated in the Complete Count Committee to ensure Fayette County had the best snapshot of our community. Since 2000, Fayette County has become:

- Older: Careful attention should be directed toward whether the increase in age is due to the overall increase in life expectancy or whether Fayette County fails to attract and retain young professionals, of which a failing community is a consequence.
- More diverse: While Fayette County has increased diversity, the community should continue to maintain diversity, and not allow the community simply flip to an opposing side of uniformity.
- More educated: Fayette County’s large educational network, public and private, are instrumental in developing an educational base, but careful attention should be directed toward retaining and recruiting professionals through a variety of engagements that enhance social and environmental appeal of Fayette County.

Population Size: 295,803 **+13.5%**
 Population density: 1040 people per sq mi **+13.5%**
 Individuals Below Poverty Level: 20.4% **+88.8%**
 Families Below Poverty Level: 3.0% **+72.1%**
 Age distribution (Average age: 37.2 **+12.7%**)

- Less than 20: 24.9% **+13.1%**
- 20-34: 27.0% **+9.5%**
- 35-64: 37.5% **+15.4%**
- 65 and over: 10.5% **+19.0%**

Race and ethnicity

White: 75.7% **+6.1%** Black: 14.5% **+22.4%**
 American Indian: 0.2% **+48.9%** Asian/Pacific Islander: 3.3% **+49.4%**
 Hispanic: 6.9% **+139.2%**

Educational attainment

No high school diploma: 11.2% **-9.8%**
 High school diploma: 22.1% **+13.1%**
 Some college, no degree: 27.9% **+15.2%**
 Bachelor’s degree or higher: 36.5% **+17.3%**



Access to Care

Certain populations within Fayette County face increased challenges to access quality, affordable healthcare. In addition, these select populations suffer from many disparate health conditions which place them at risk for serious illness in later stages of life. While certain aspects of the Affordable Care Act (2010) remain in limbo, communities should continue to give special attention to strategies targeting these groups with a focus placed on preventive services and education.

Collaborations among agencies within Fayette County is the best practice for addressing concerns with at-risk populations in light of dwindling resources. Further research in communities with similar best practices would be ideal to identify opportunities for outreach and engagement.

Health Insurance

Uninsured individuals: 19.3%

Medicaid Eligible Adults and Children: 35,948

Children receiving Medicaid: 22,741

Persons receiving AFDC: 6,083

Vulnerable Populations

Populations vulnerable to lack of access to care include the following individuals:

No high school diploma: 21,417

Unemployed: 11,282

Have major depression: 26,564

Have recent drug use/abuse: 23,210

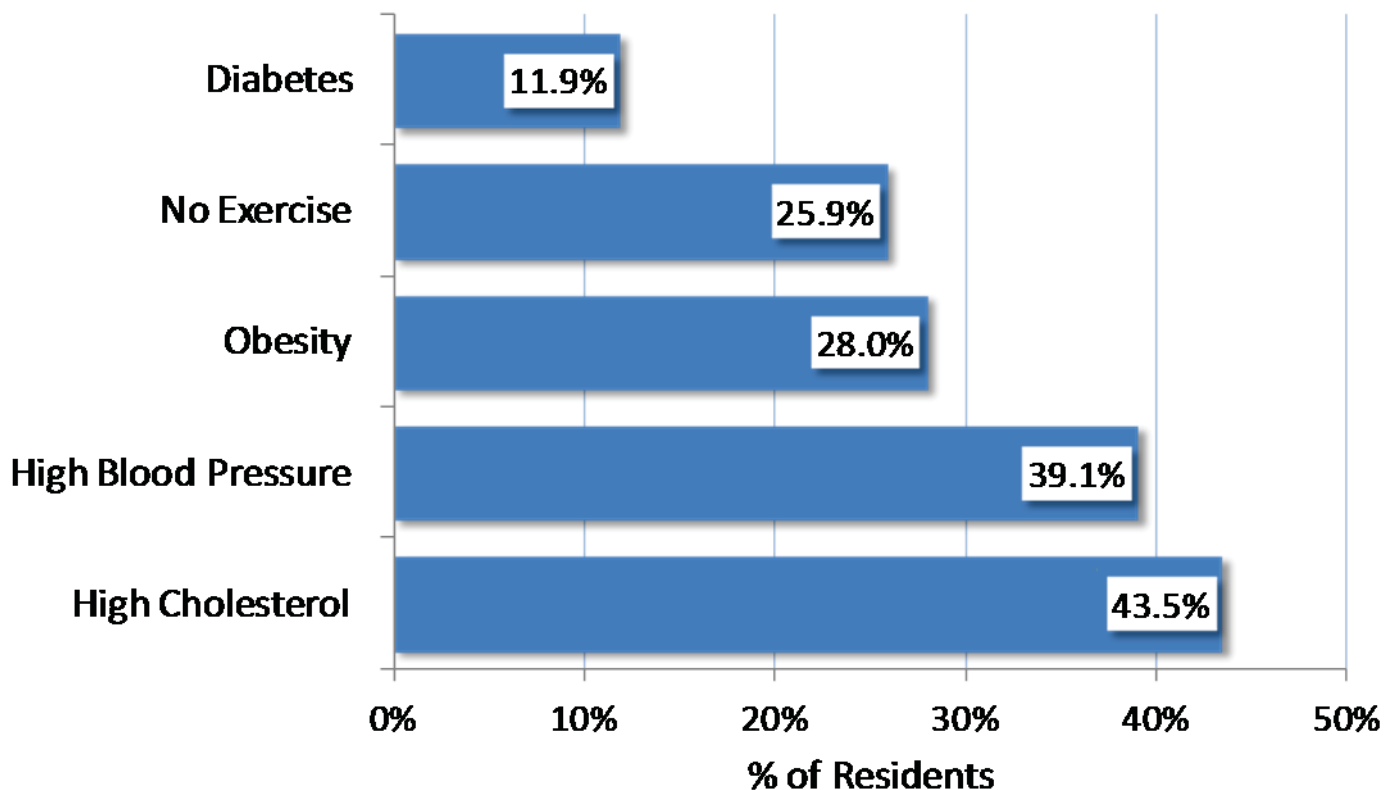


Risk Factors for Poor Health

Fayette County continues to address physical activity with events such as Second Sunday and the opening of the Legacy Trail. Physical activity has been shown to reduce morbidity and encourage other health behaviors which can lessen the burden of chronic diseases and conditions in a community.

Fayette County should continue to build upon past successes and continue to motivate healthier lifestyles for its residents. National recognition as “Most Sedentary City” should serve to highlight the need to advertise Fayette County’s opportunities for physical exercise and healthy atmosphere.

While Fayette County does fare much better than the rest of Kentucky in terms of risk factors for poor health, obesity—and its host of ill health effects—was recently selected as a strategic issue by Fayette County’s Community Assessment group, and currently plans to develop actions and measurable objectives to address this issue.



Summary Measures of Health

Self-Rated Health Status: 17.4%

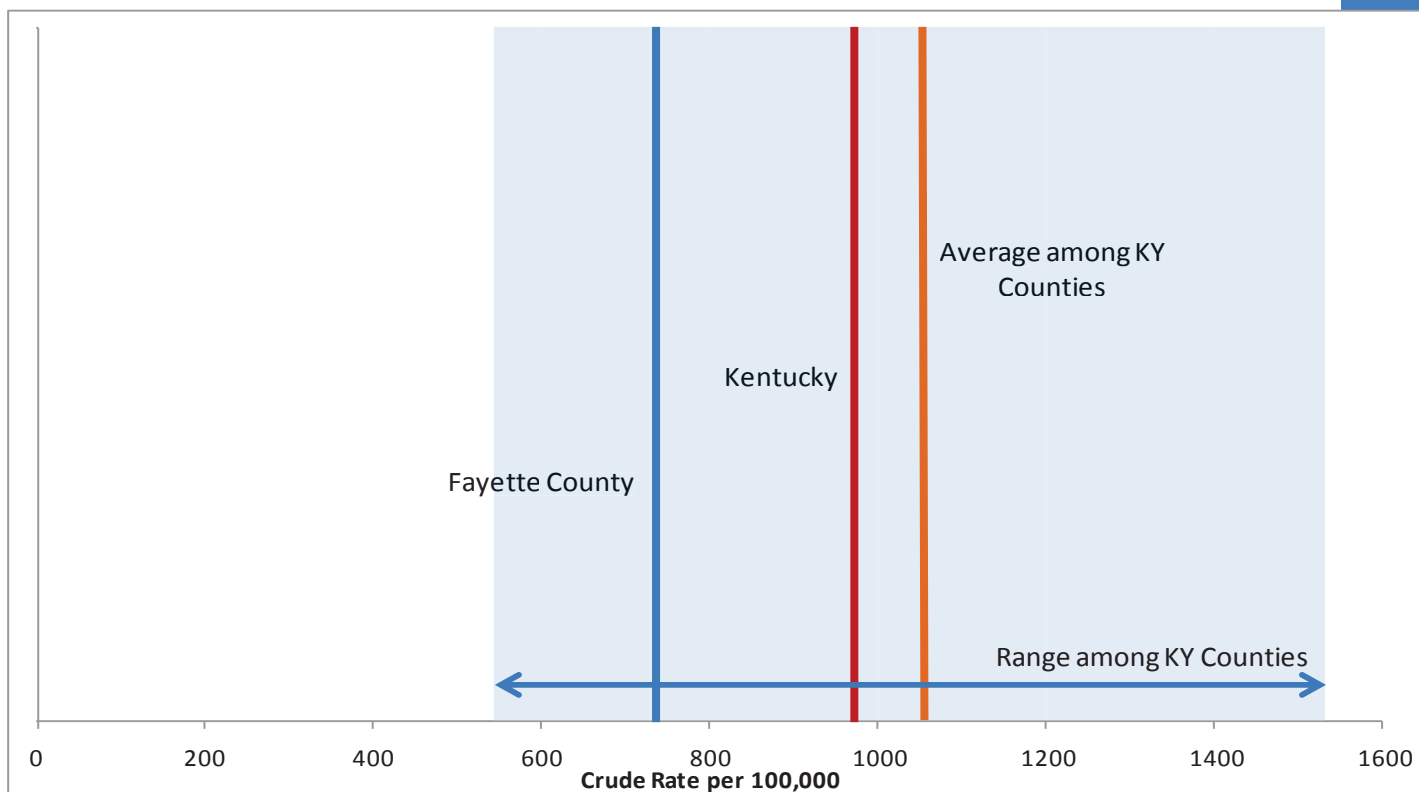
(Percent of Adults in Fayette County who report fair to poor health)

Average Number of Unhealthy Days in Past Month: 12.2 days

(Average Number of Days reported where Physical or Mental Health was Not Good)



All Causes of Death





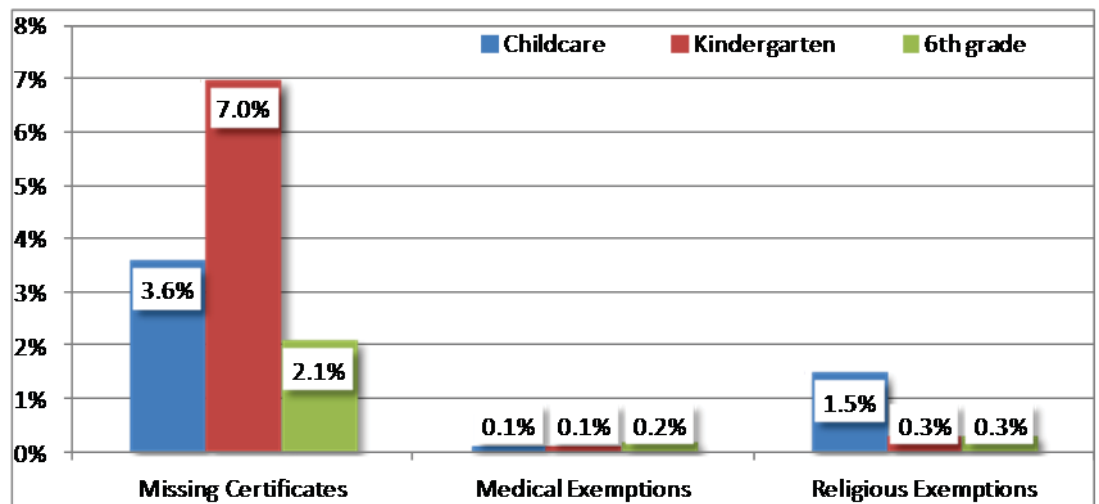
“An ounce of prevention is worth a pound of cure.”

—Henry de Bracton

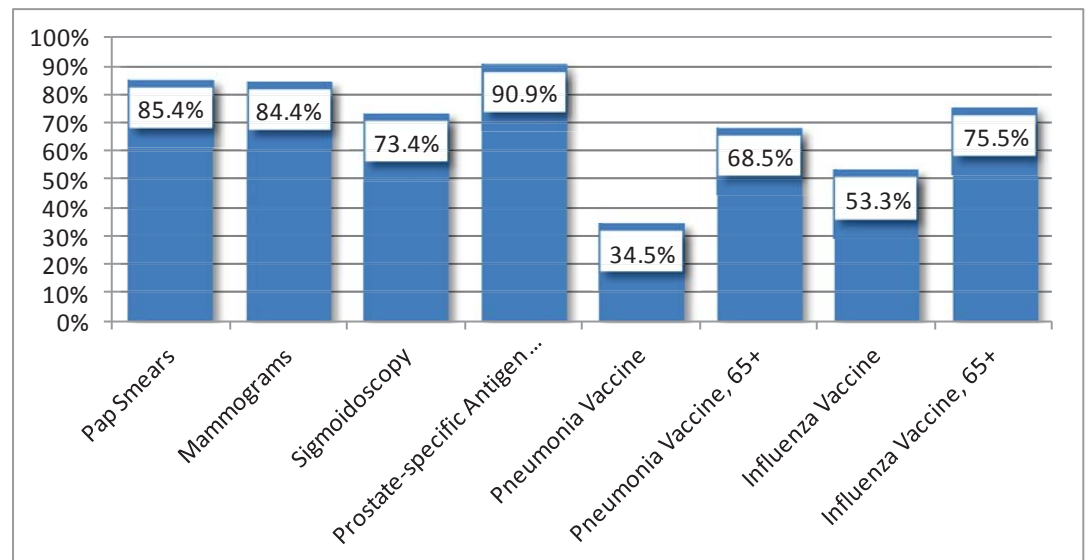
Preventive services are a precursor to a healthy community. Fayette County currently engages in a number of preventive services with the graphs below focusing on vaccination and preventive screening programs.

It is evident that Fayette County performs well in preventive services but continued outreach and education should be focused on those most at-risk and least likely to seek preventive care.

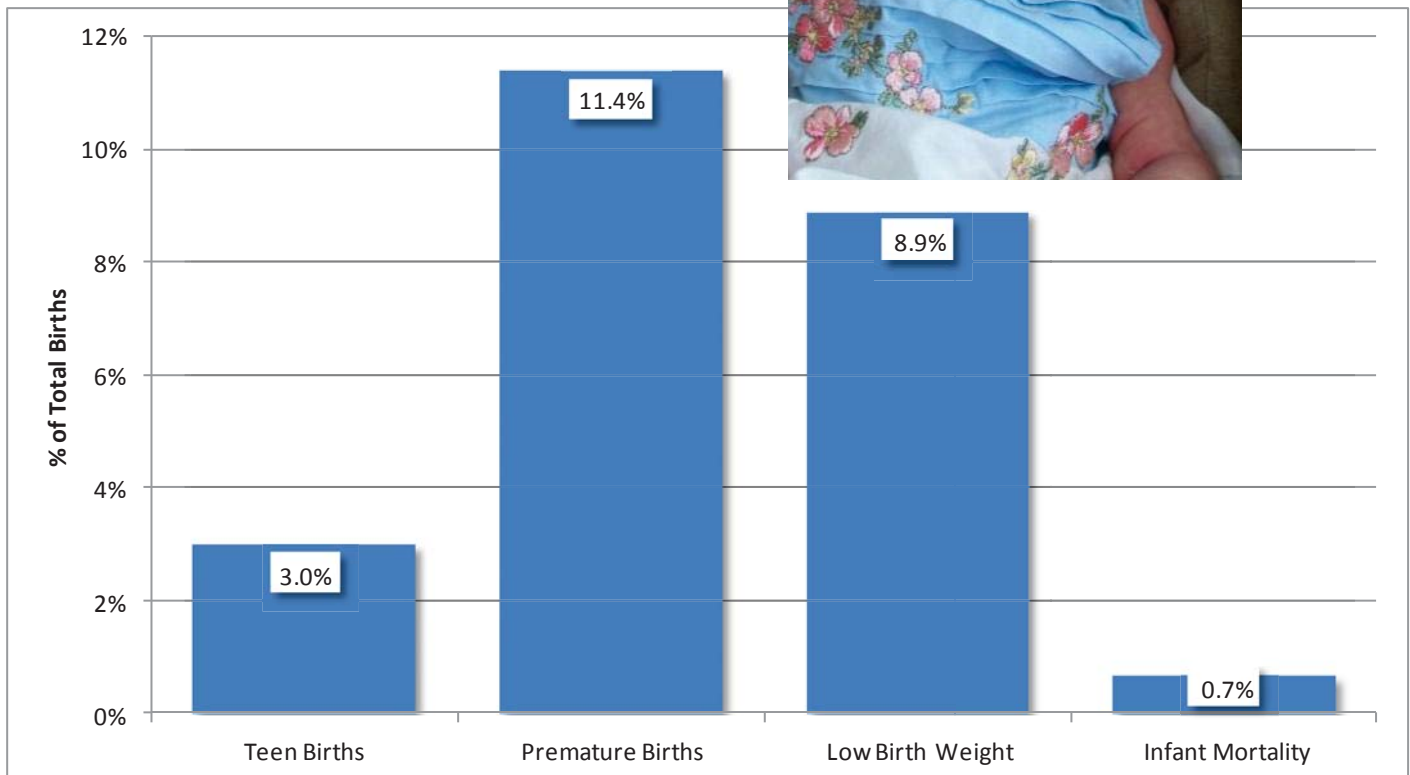
Child Preventive Services



Adult Preventive Services



Select Measures of Birth



Select Causes of Death

Lung Cancer: 476 deaths

Rate (age-adjusted): 62.9 per 100,000

Breast Cancer: 88 deaths

Rate (age-adjusted): 19.7 per 100,000

Prostate Cancer: 78 deaths

Rate (age-adjusted): 28.5 per 100,000

Stroke: 108 deaths

Rate (age-adjusted): 40.4 per 100,000

Heart Attack: 78 deaths

Rate (age-adjusted): 28.8 per 100,000

Diabetes: 61 deaths

Rate (age-adjusted): 22.5 per 100,000

Environmental Health

Environmental Health encompasses two aspects of health. The first is addressed by the Environmental Health unit of the health department and deals with issues that impact the public’s health. The second aspect is the direct health of the environment which is measured in many different ways, either through directly analyzing the air and the water for pollutants or observing people and nature to see deleterious effects. Both aspects combine to provide a picture of the health of the environment that we live in and move throughout.

While Fayette County fares better than other large populated areas, ozone and small particulate matter are still the primary pollutants which have significant health risks particularly to small children with asthma. Since ozone is attributable to “urban smog”, Fayette County should focus on efforts to reduce carbon emission by increasing the availability of bike paths and urban trails, expanding and diversifying mass transit systems, and providing for simplicity and convenience in downtown areas where carbon emissions are concentrated.

Air Quality Standards Met by County

Nitrogen Dioxide	Sulfur Dioxide	Ozone	Particulate Matter	Lead
Yes	Yes	Yes	Yes	Yes

Percentage of Days that Air Quality was

Moderate to Unhealthy: 26.9%

Primary Air Quality Pollutants:

Ozone and Particulate Matter (<2.5µm)

Percent of Days Ozone was Primary Pollutant: 55.8%



Rabies Among Animals

Human rabies is very rare in Kentucky but risk of exposure still remains because of rabies among the wild animal population. Since rabies vaccination is not routine for the general population, individuals should take care in avoiding contact with wild animals such as bats and raccoons. With laws requiring routine vaccination of domestic animals such as felines and canines, the risk to the community is low and allows for a pet-friendly city. Caution should continue and enforcement of non-vaccinated animals should be a priority to keep mortality of this very serious illness at bay.

2005: 5 (29.4%)

2006: 4 (13.3%)

2007: 2 (9.5%)

2008: 4 (8.9%)

2009: 9 (21.4%)

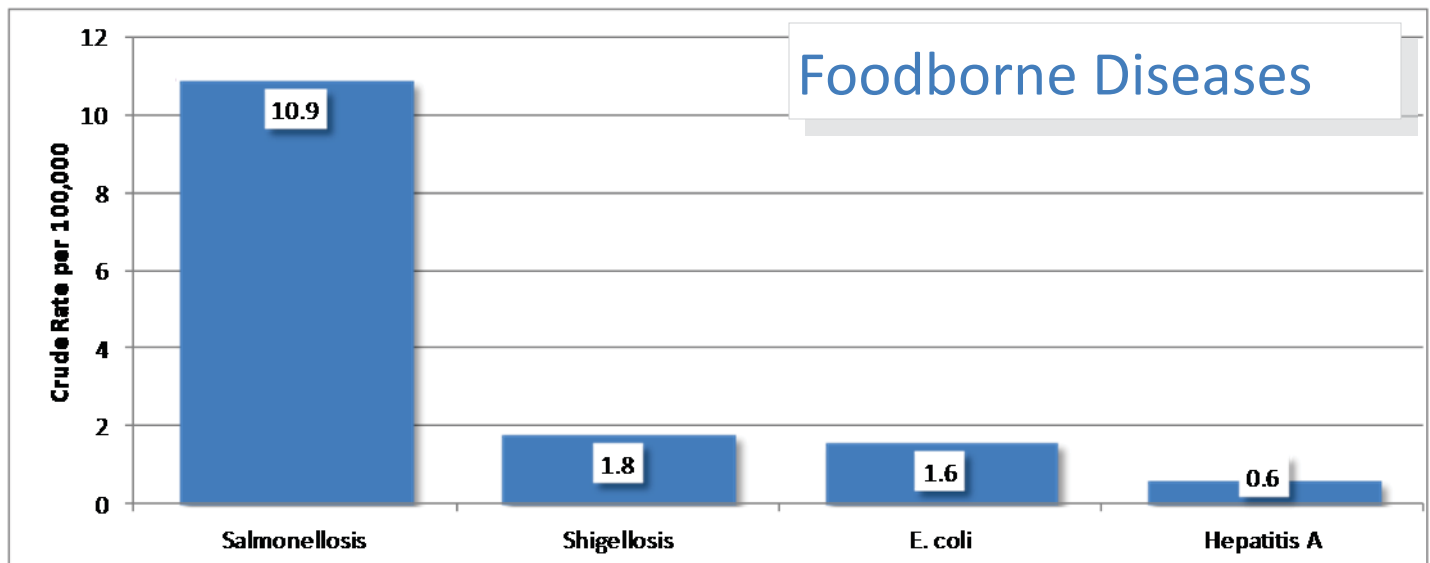
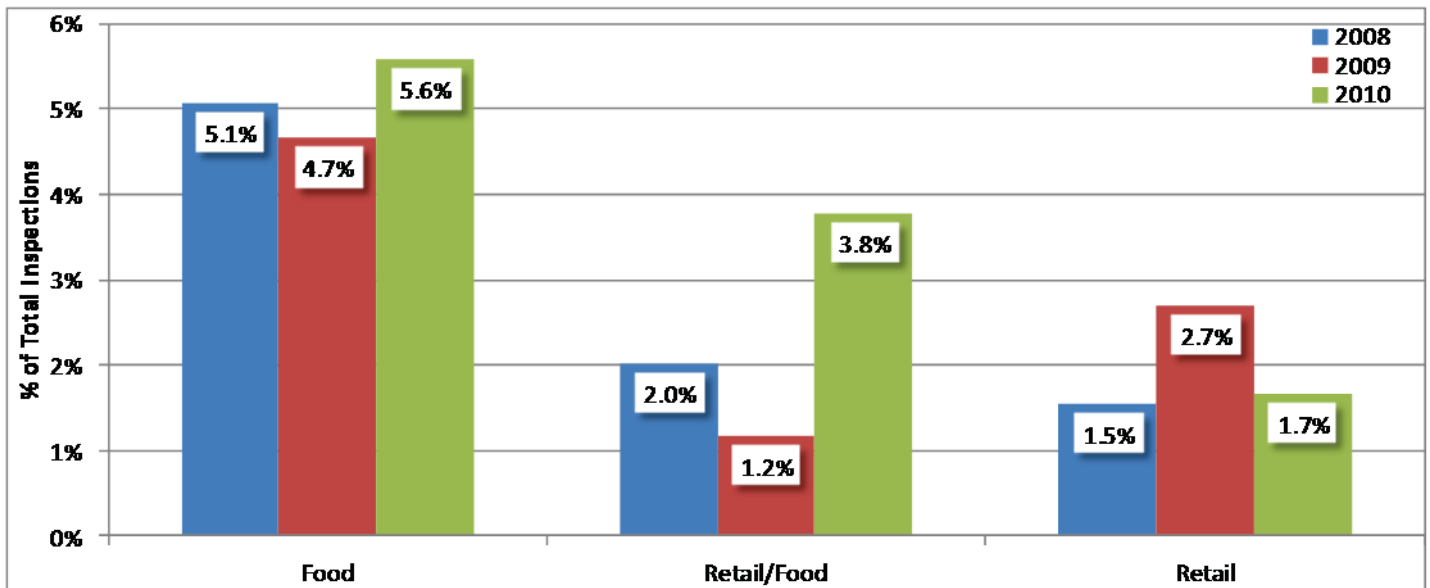
2010: 1 (4.8%)

Food Safety

Regulatory food safety in public food service establishments is the mandated responsibility of the local health department, and in Fayette County that responsibility falls to the Lexington-Fayette County Health Department's Environmental Health unit. From 2008 to 2010, Environmental Health performed over 13,000 inspections in establishments that provide food-related services. Ensuring quality food service through education and enforcement not only provides reassurance to the community that the places they eat are clean but also prevents potential foodborne illnesses that are detrimental to households and to businesses. Environmental Health works closely with Epidemiology to prevent the spread of foodborne illnesses and to identify food safety issues that have the potential to contribute to foodborne outbreaks.



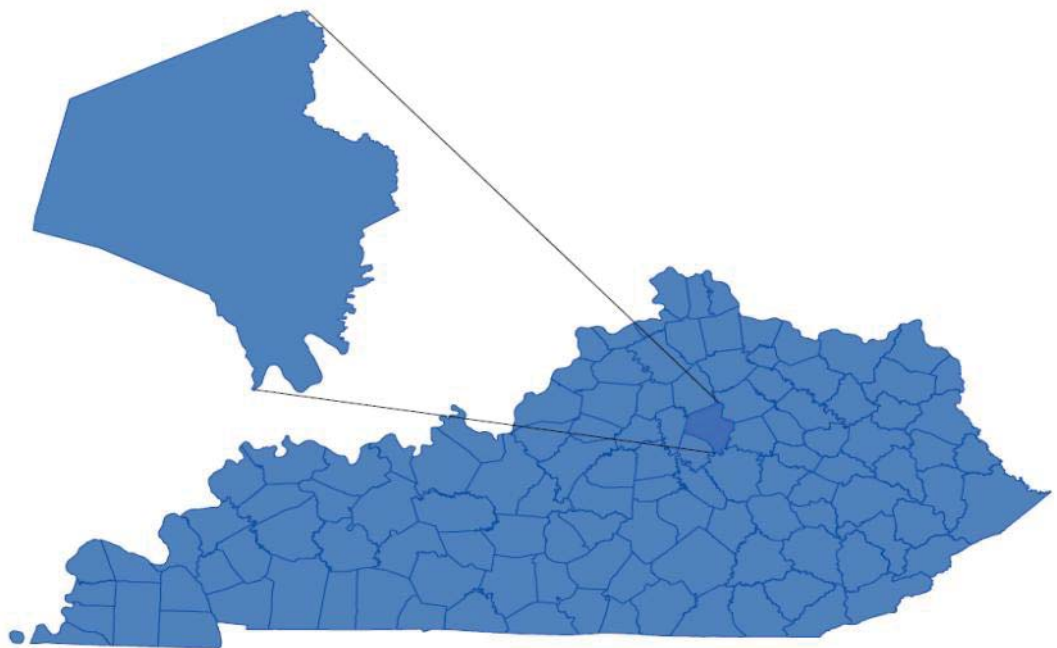
Failed Food Safety Inspections



Fayette County: A Comparison

While having information about your community is a necessary step in making decisions that can affect change, it is also meaningful to see how your community compares to other communities around you. In the following section you will see much of the same information in the preceding pages only with the extra benefit of being able to see how Fayette County compares with Kentucky as a whole.

While Fayette County acts as a regional healthcare center for Central Kentucky and statistics are based on residency, it is faced with increased risk of morbidity because of travel into its commercial, economic, and residential centers. The greatest risk is with infectious disease but the excellent healthcare established through regional partners should continue to develop collaborations to address chronic diseases and conditions and factors that increase the risk of poor health.

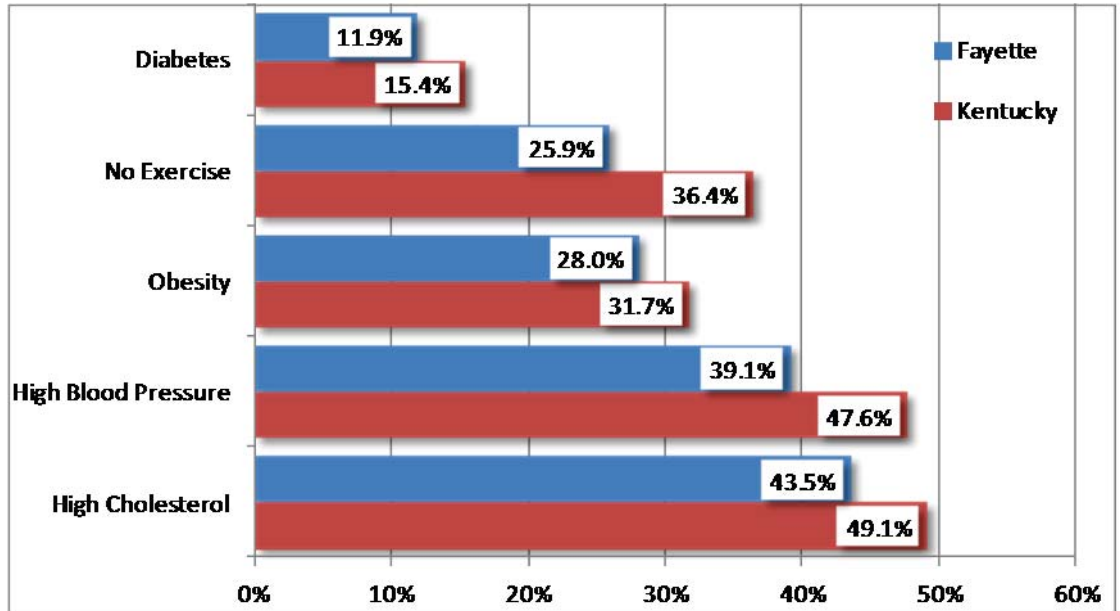


Kentucky		Fayette County
4,339,367	Population	295,803
110	Pop. per Sq. Mile	1040
12.2%	% Racial Minority	24.3%
3.1%	% Hispanic	6.9%
23.6%	% Under 18 years old	21.2%
13.3%	% 65 and Older	10.5%

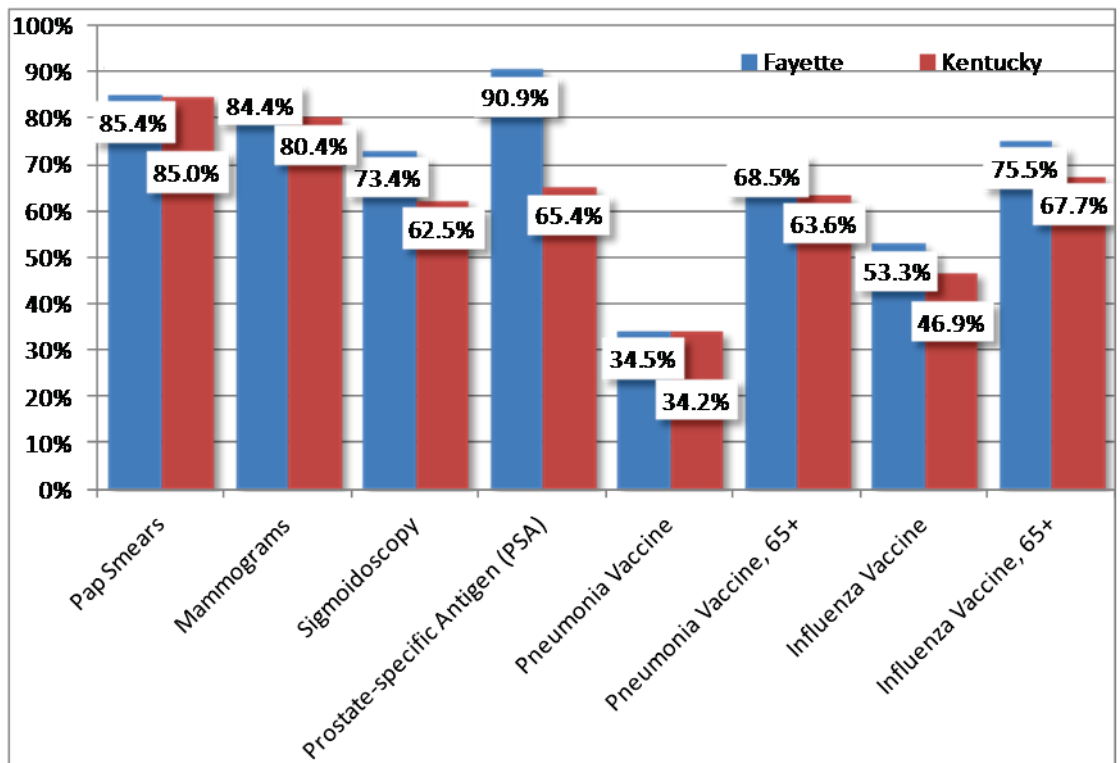


“The greatest wealth is health.”
—Virgil

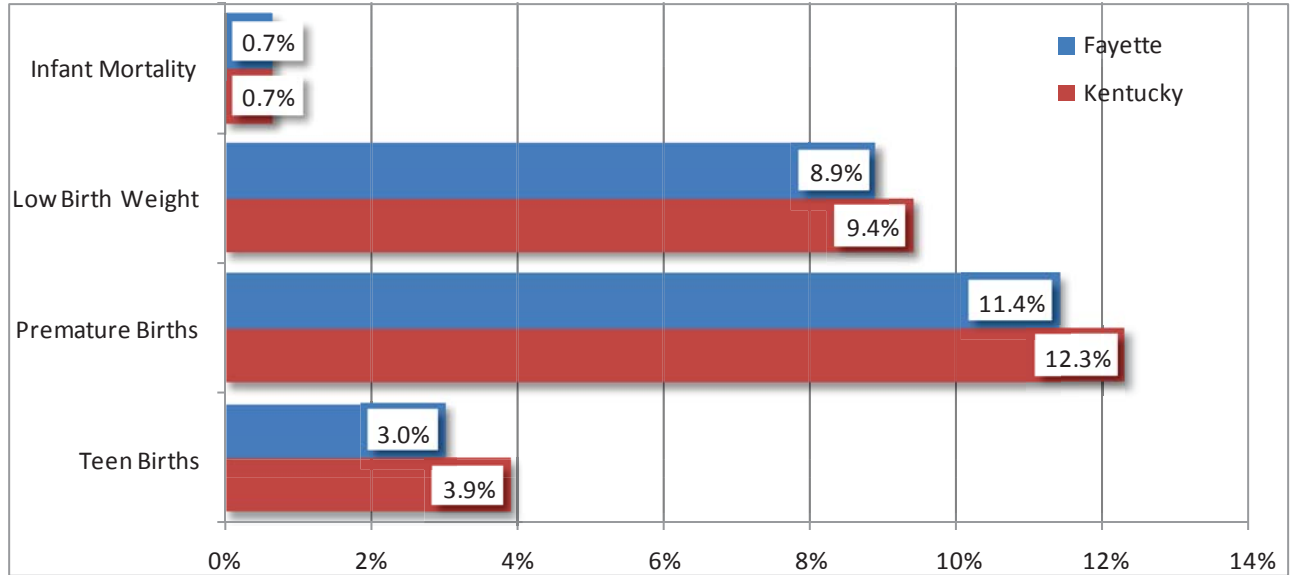
Risk Factors for Poor Health



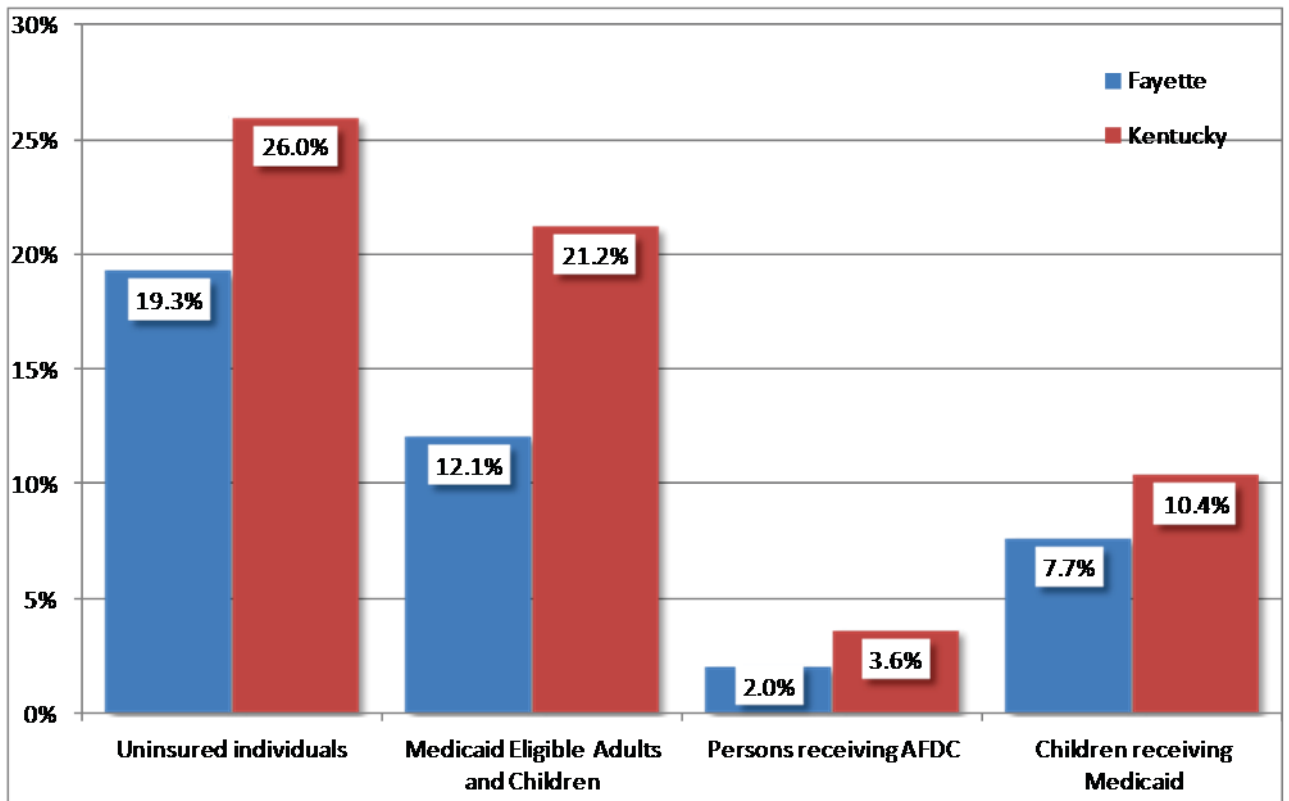
Adult Preventive Services



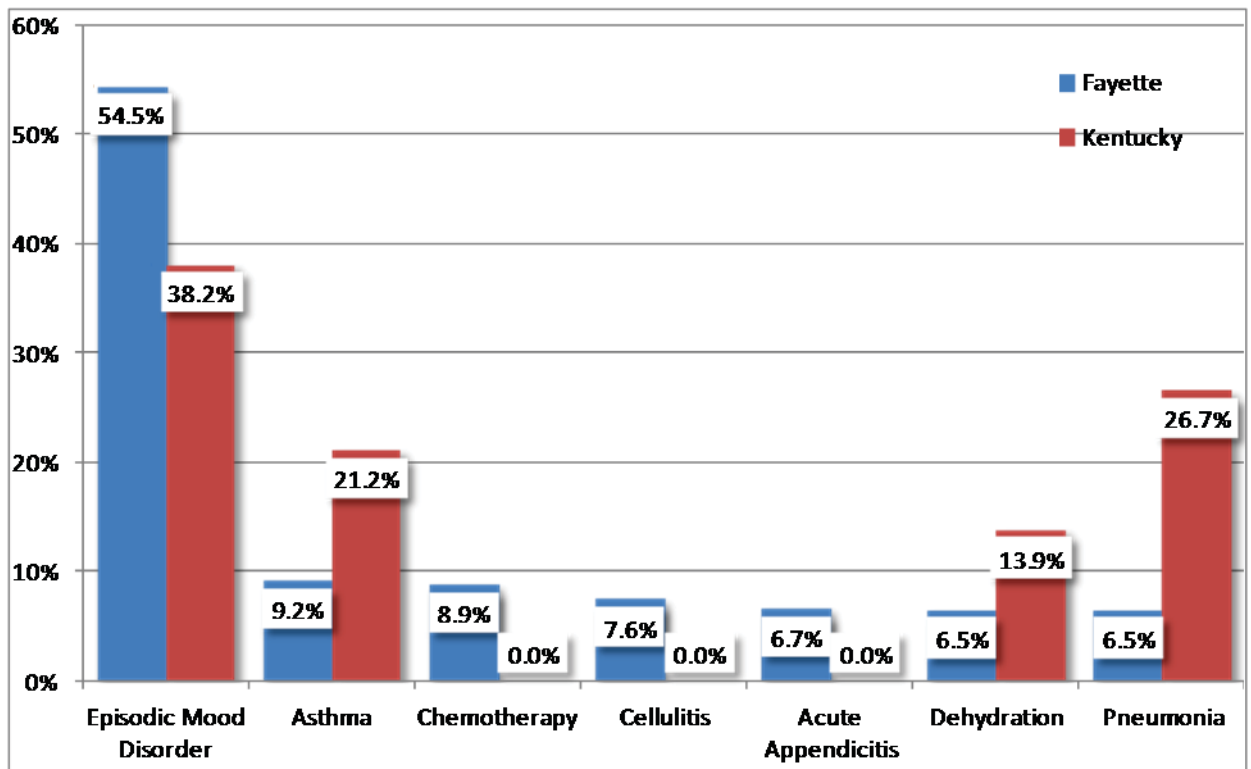
Select Measures of Birth



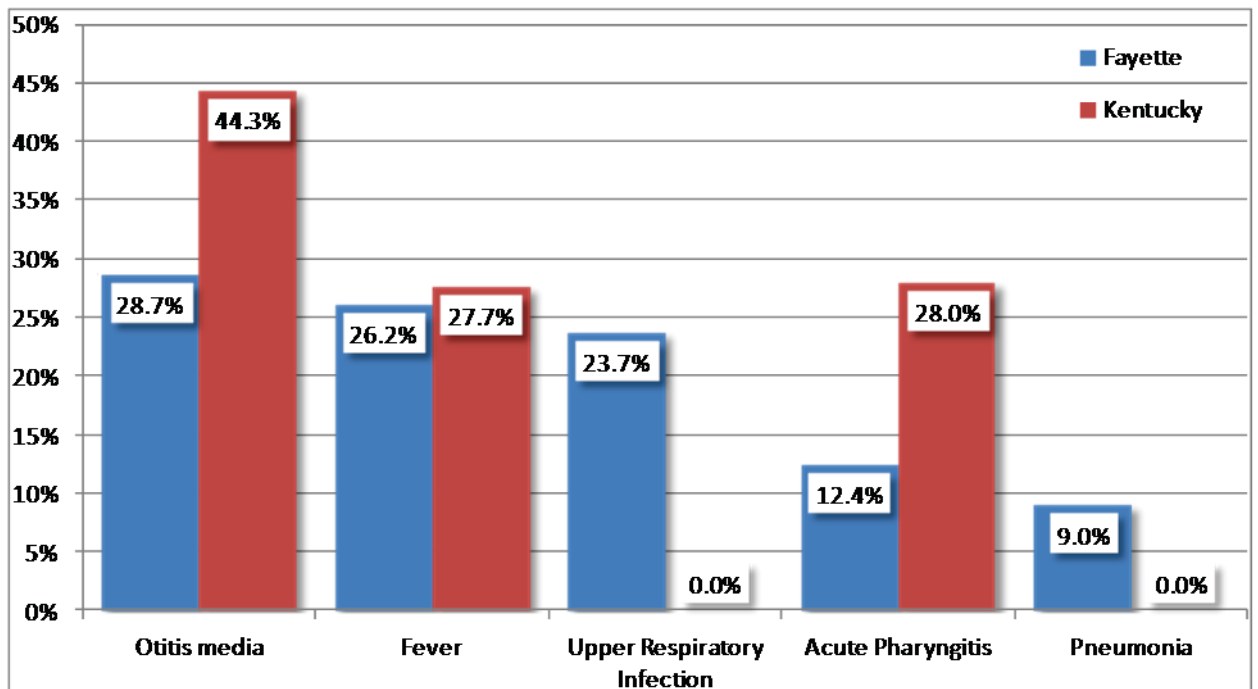
Access to Care



Top 5 Inpatient Hospitalizations, Age 0-17



Top 5 Emergency Visits, Age 0-17



Fayette County Report Card

Premise

Population-based health trends (incidence, prevalence, frequencies, etc.) are contemporary statistics widely used to reflect a community's health. We assert that the greater the proportion of Fayette County residents "exposed" to Health Department interventions, the greater the likelihood that Lexington-Fayette County Health Department programs impact Fayette County's health trends.

Purpose

State countywide health goals, summarize and report important Fayette County health trends based on stated goals, and evaluate whether Fayette County has achieved those goals.

Benchmarks

Healthy People 2010 is a federal initiative stating United States national health objectives by identifying the most significant preventable threats to health and establishes national goals to reduce these threats. *Healthy Kentuckians 2010* is Kentucky's commitment to the federal initiative. Each measure's indicator is based on whether Fayette County achieved the *Healthy People 2010* goals, *Health Kentucky 2010* goals, or compares favorably to its peers.

Interpretations

The "indicators" (Favorable, Caution, and Unfavorable) below reflect the proportion of county residents receiving Health Department interventions *and* the proportion of County residents receiving intervention services elsewhere (See **Premise**). A fair assessment of the "indicators" requires an appreciation that some Health Department programs enroll a significant proportion of Fayette County's residents, other Health Department programs do not, and often the largest proportion of at-risk residents receive intervention service elsewhere in the community.

References

Healthy People 2010 Objectives: <http://www.healthypeople.gov/>

Healthy Kentucky 2010 Goals: <http://chfs.ky.gov/dph/hk2010.htm>

Communicable Disease

Communicable Disease control is the regulatory mandate of the Fayette County Health Department. Epidemiology and surveillance is a Core Function of the health department and one of the 10 Essential Public Health Services. While other health-care agencies can evaluate, diagnose, and treat residents, only the health department has the experience and the specialized training to investigate diseases, identify contacts, and prevent the spread of disease.

Despite accounting for only 6.9% of Kentucky's population, Fayette County investigates 7.5% of all communicable disease cases in the state and 52.2% of all cases in Central Kentucky.



This symbol shows that Fayette County is in a favorable condition.



This symbol shows that Fayette County should be cautious and monitor the

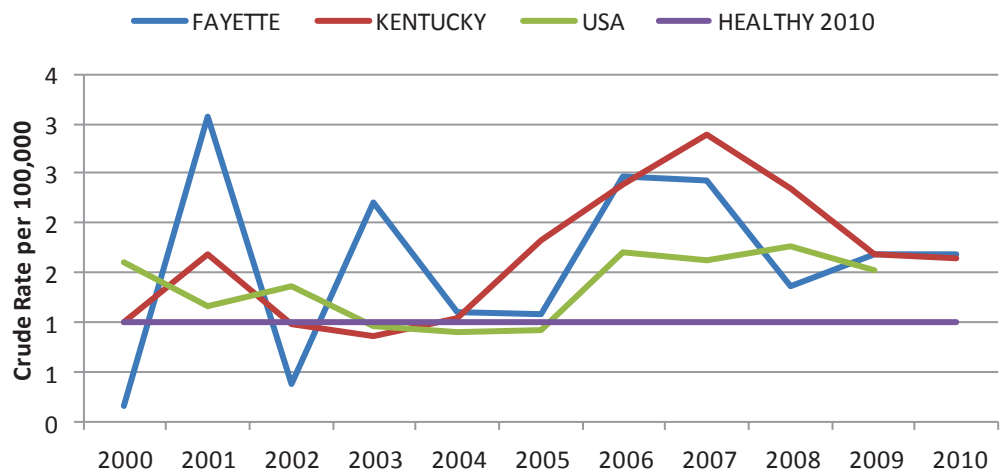


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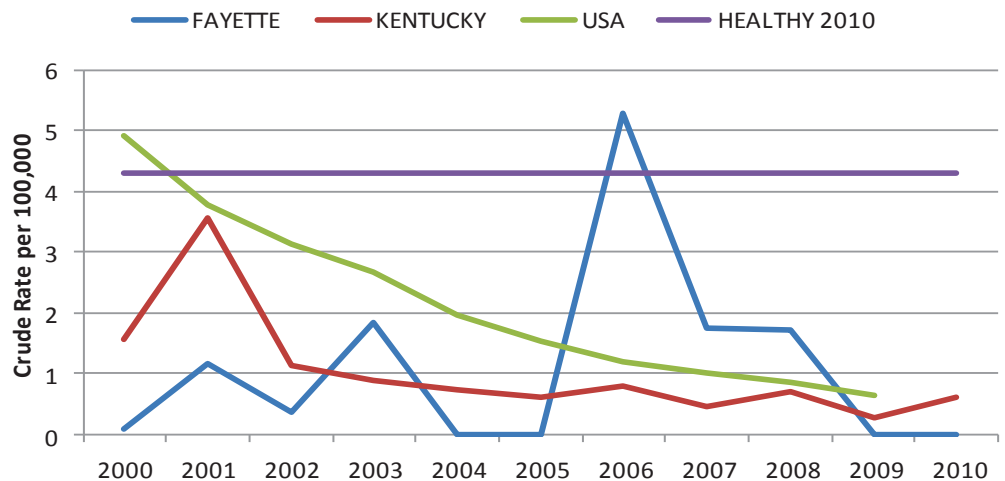
COMMUNITY
HEALTH
STATUS
REPORT



E. coli Incidence

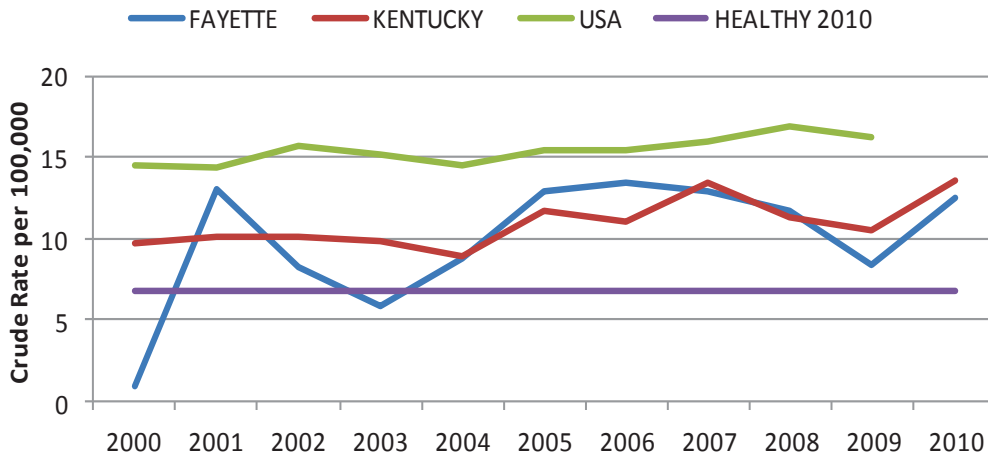


Hepatitis A Incidence





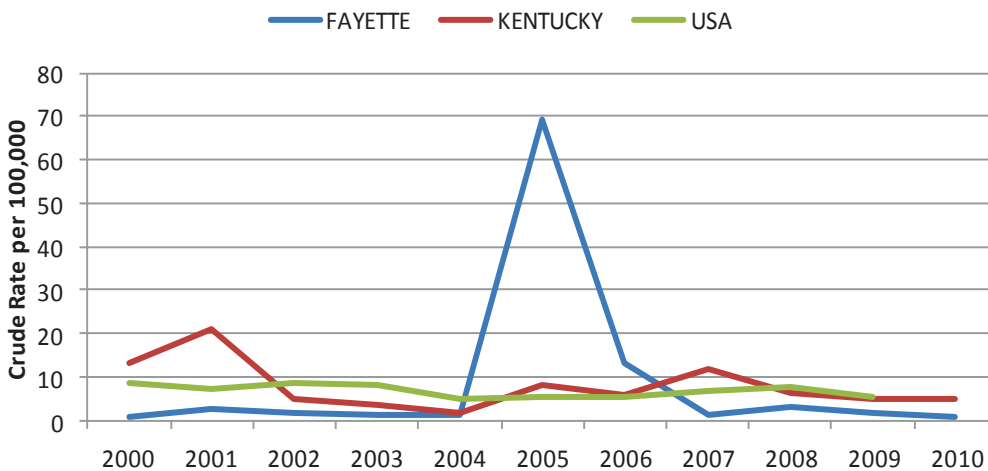
Salmonellosis Incidence



This symbol shows that Fayette County is in a favorable condition.



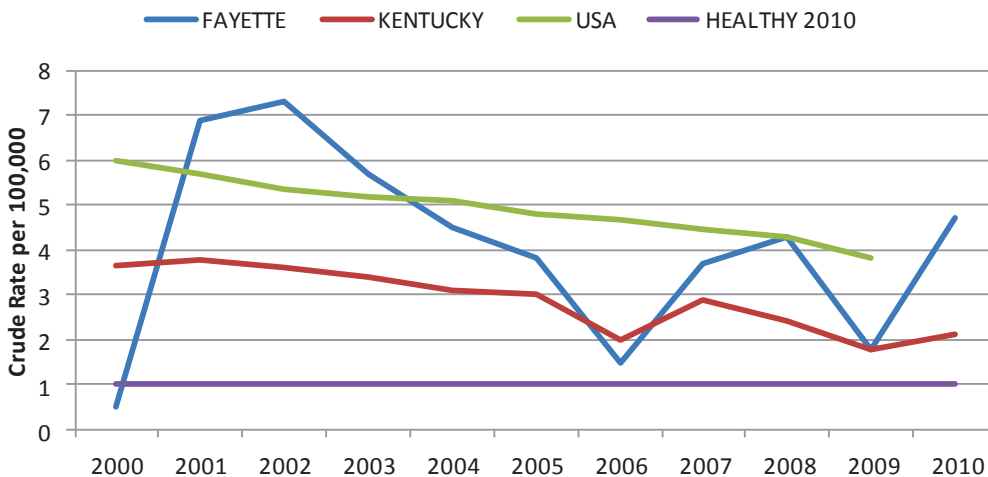
Shigellosis Incidence



This symbol shows that Fayette County should be cautious and monitor the



Tuberculosis Incidence



This symbol shows that Fayette County is in an unfavorable condition.

COMMUNITY
HEALTH
STATUS
REPORT



This symbol shows that Fayette County is in a favorable condition.



This symbol shows that Fayette County should be cautious and monitor the

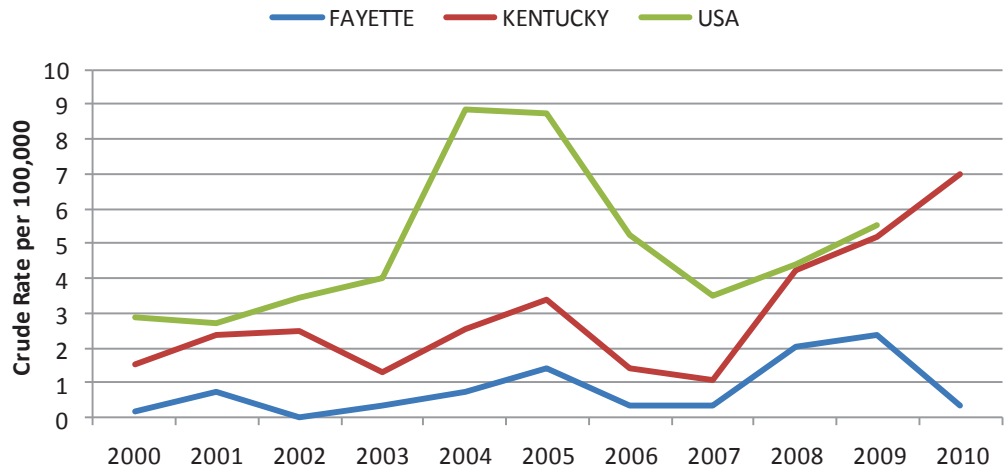


This symbol shows that Fayette County is in an unfavorable condition.

COMMUNITY
HEALTH
STATUS
REPORT



Pertussis Incidence



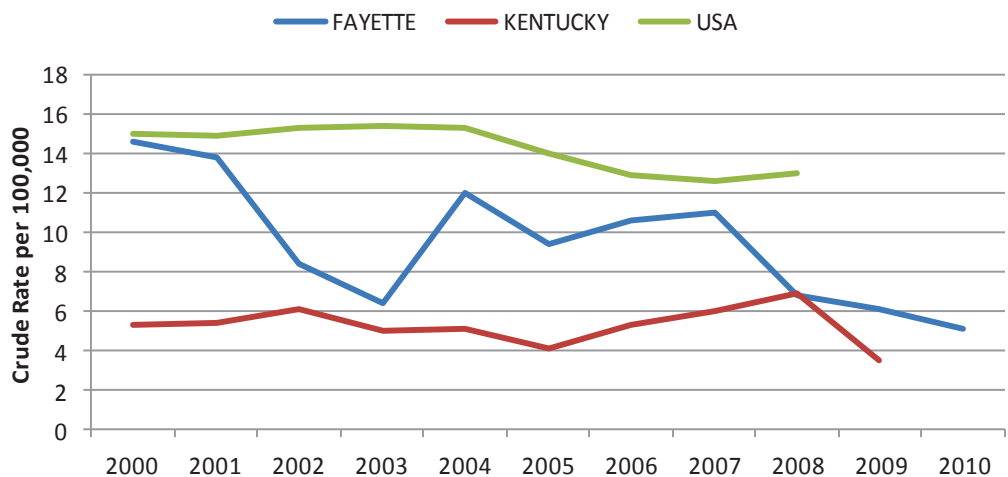
Sexually Transmitted Infections

Reporting of sexually transmitted infections (STI) is mandated through Kentucky Administrative Regulations, and the Lexington-Fayette County Health Department employs Disease Intervention Specialists (DIS) that investigation reports, provide counseling to patients, identify sexual contacts, and advocate for preventive treatment. The DIS cover investigations in 73 counties from Central to Eastern Kentucky.

Fayette County continues to see increases in STIs, and continued efforts should be directed toward prevention and control. With funding cuts and reductions in resources, collaborations should be developed to continue the mission of the health department.

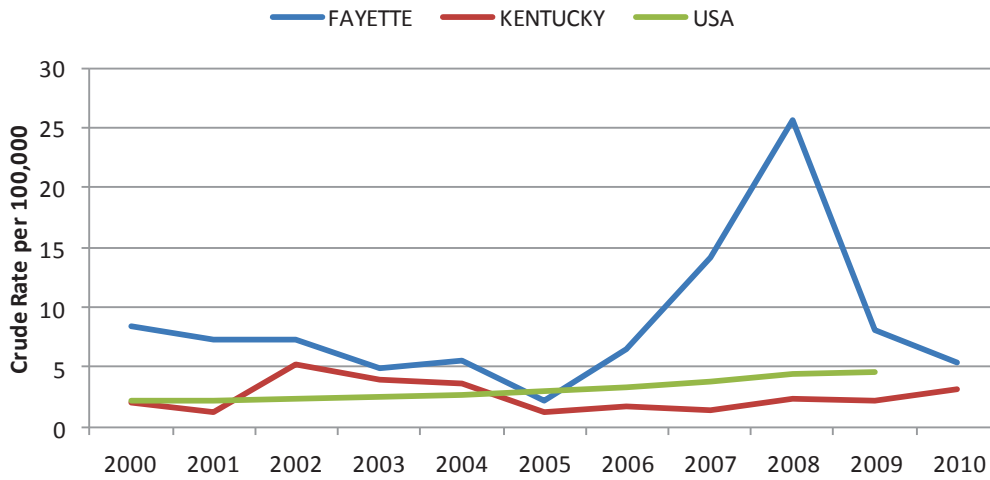


AIDS Prevalence





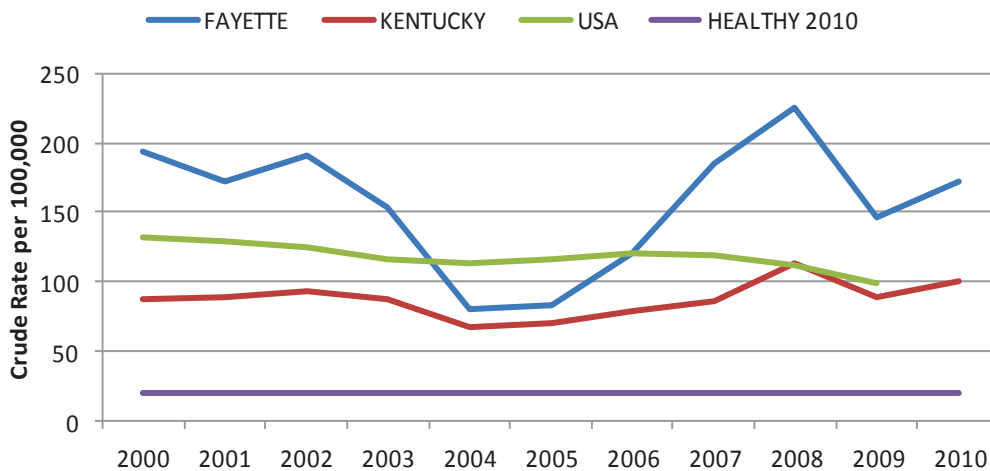
Syphilis Incidence, Primary and Secondary



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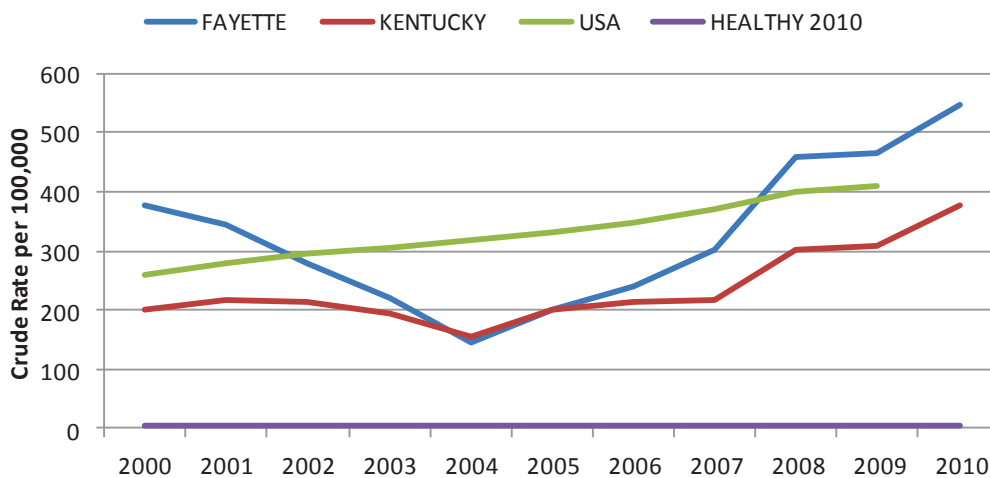
Gonorrhea Incidence



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Chlamydia Incidence



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Chronic Disease

Chronic disease is expected to be a major burden in the United States in the coming decades as obesity and heart disease rates continue to climb. Efforts to facilitate a healthier community should be prioritized in order to reduce chronic disease impact in the community.

Fayette County's rates for mortality related to chronic disease continue to decline along with the state and the nation but the rates remain high, and could potentially increase as the population ages.



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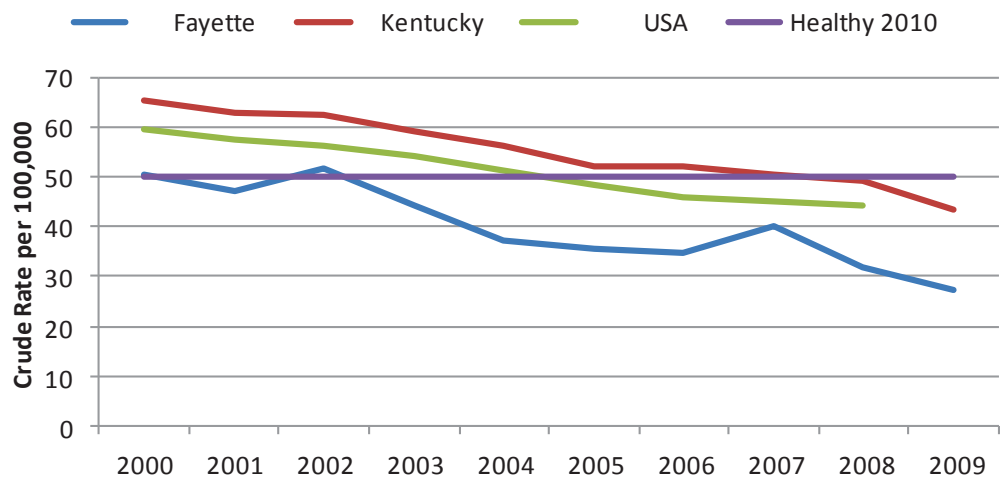


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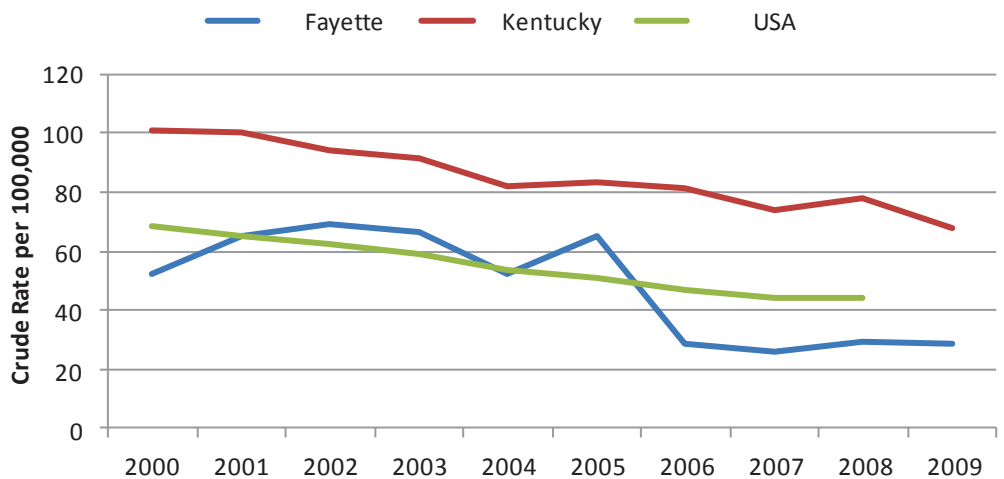
COMMUNITY
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Chronic Disease -- Stroke

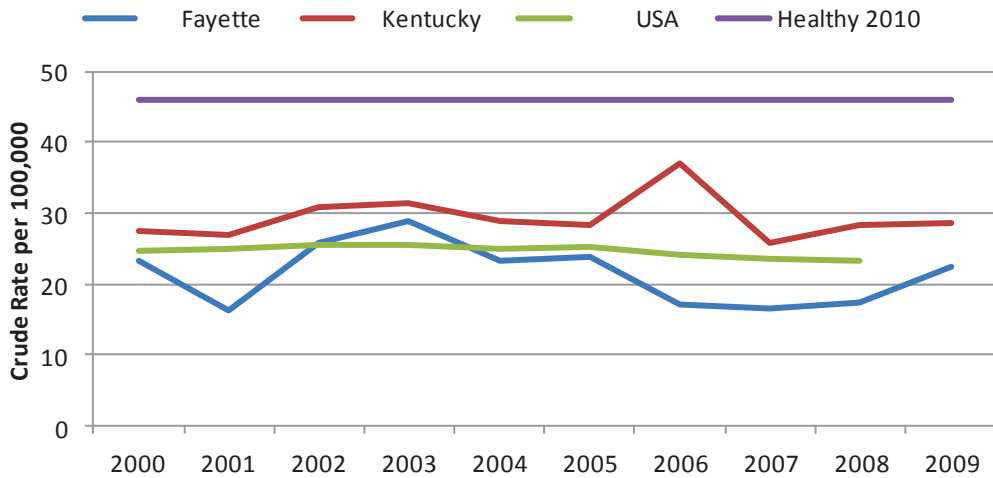


Chronic Disease -- Heart Disease





Chronic Disease -- Diabetes



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Cancer

Despite advances in cancer screening and treatment, cancer remains a source of increased morbidity and mortality. Healthcare agencies should prepare for newly insured residents covered under the Affordable Care Act (2010) and focus on prevention of detectable and treatable cancers.

Fayette County's rate of newly diagnosed cancers should be evaluated with caution. Small numbers of newly diagnosed cancers can lead to large fluctuations in rates, and erroneously give the impression of significant increases or declines. Also, the vast healthcare network in Fayette County allows for increase likelihood of screening and more frequent follow-up of abnormal results which can increase the likelihood of newly identified cancers.



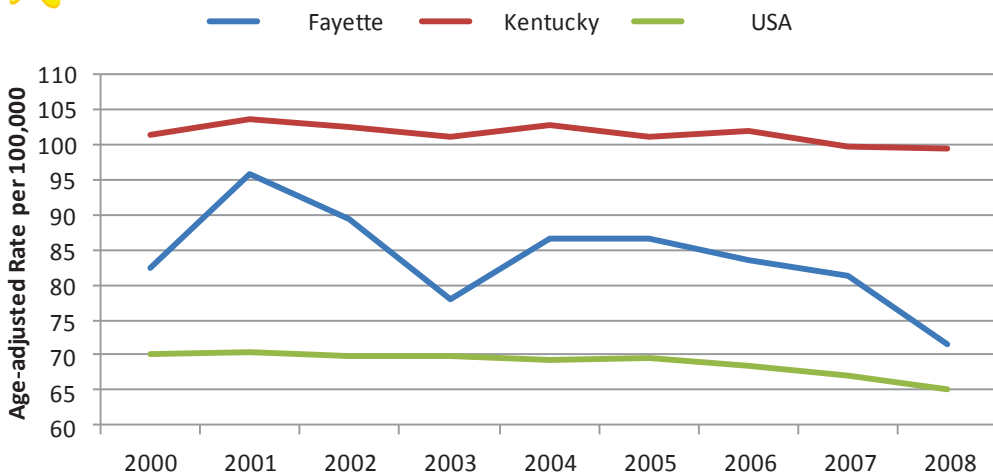
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Lung Cancer Incidence





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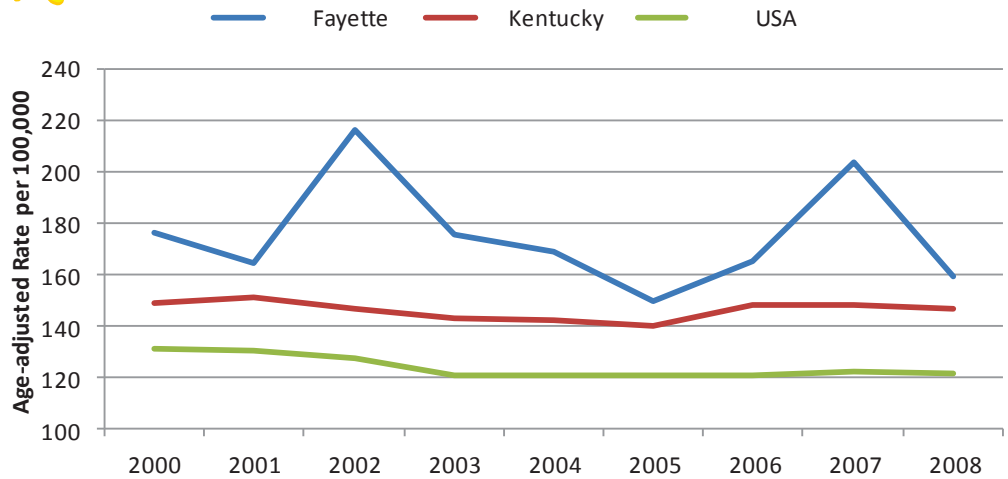


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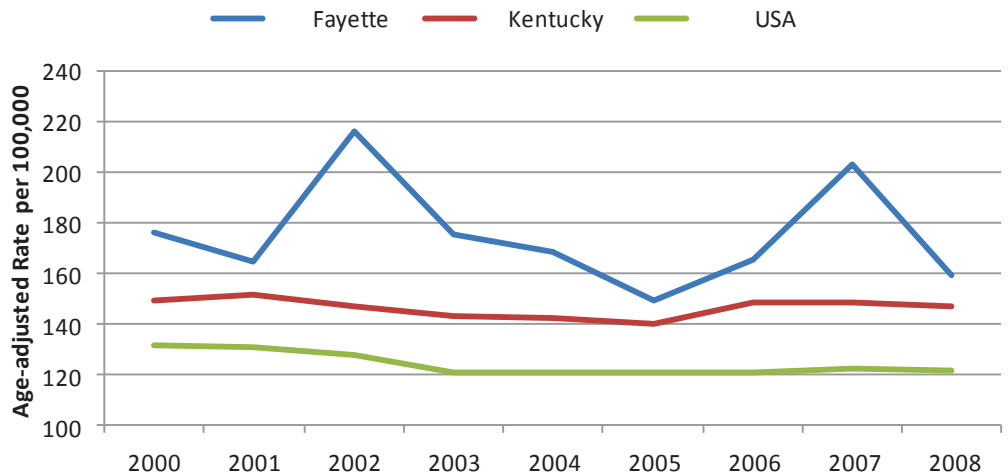
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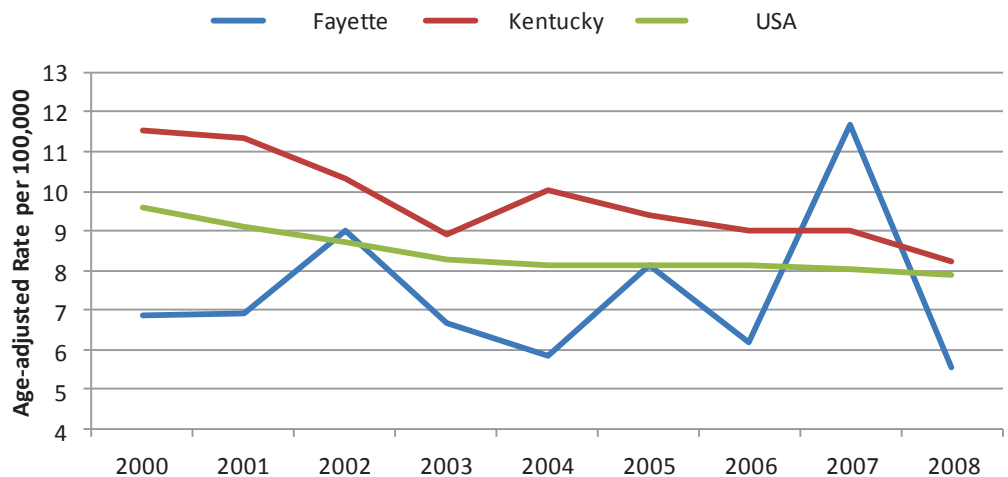
Breast Cancer Incidence



Prostate Cancer Incidence

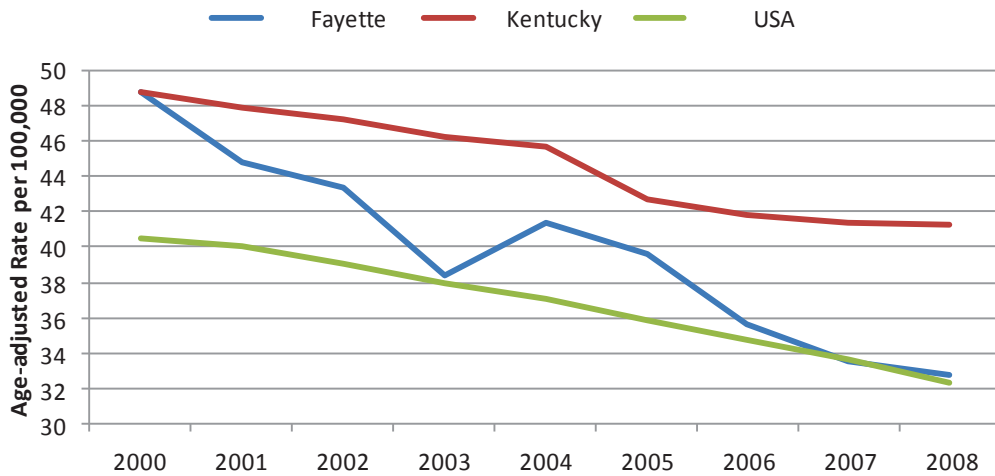


Cervical Cancer Incidence





Colon Cancer Incidence



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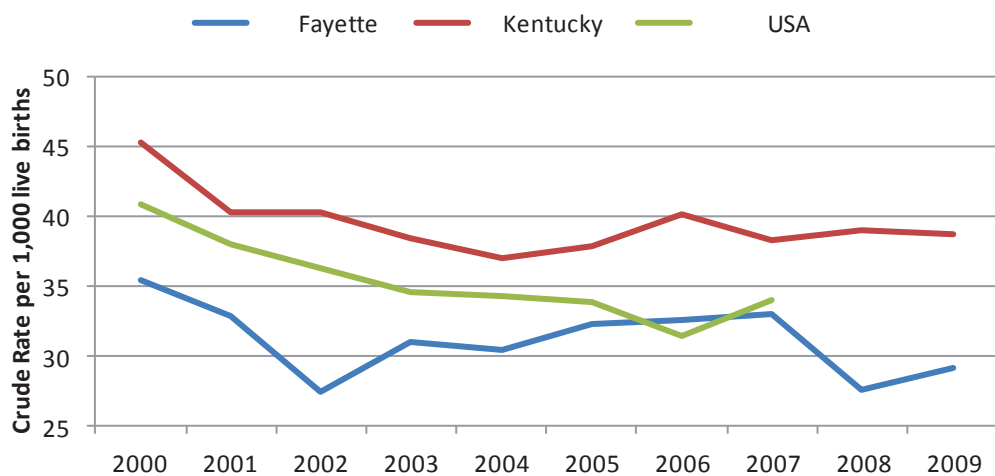
Maternal Health

Maternal health focuses on both the mother and the child, and evaluates measures that allow for risky pregnancies or pregnancy outcomes. Fayette County should focus on education that promotes safe sex among teenagers, and provides education on prenatal care in the event of unplanned pregnancies.

The Lexington-Fayette County Health Department had programs such as a Family Planning and HANDS that directly impact the rates of the following measures, however, careful evaluation should be directed toward determining the degree to which those programs impact the rates. In general, Fayette County fares better than the state but small numbers of events cause year-to-year fluctuations that should be evaluated with caution.



Teen Births (<18 Years of Age)



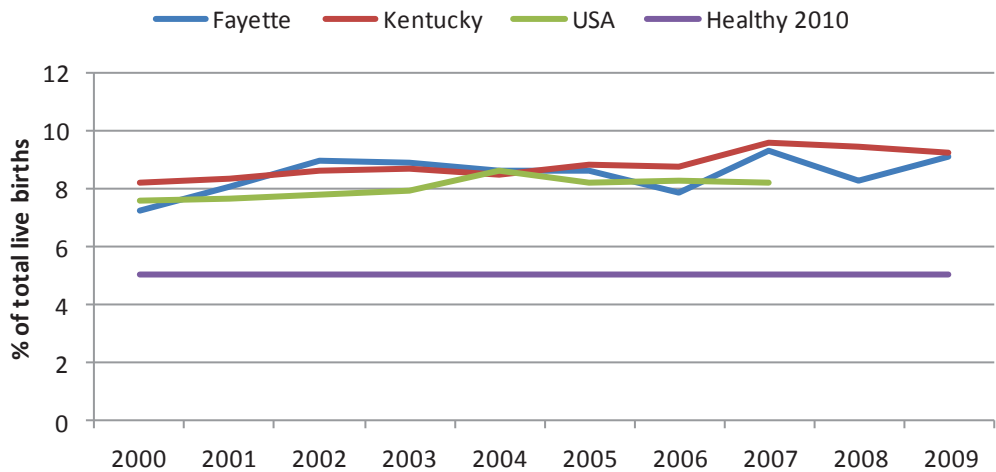
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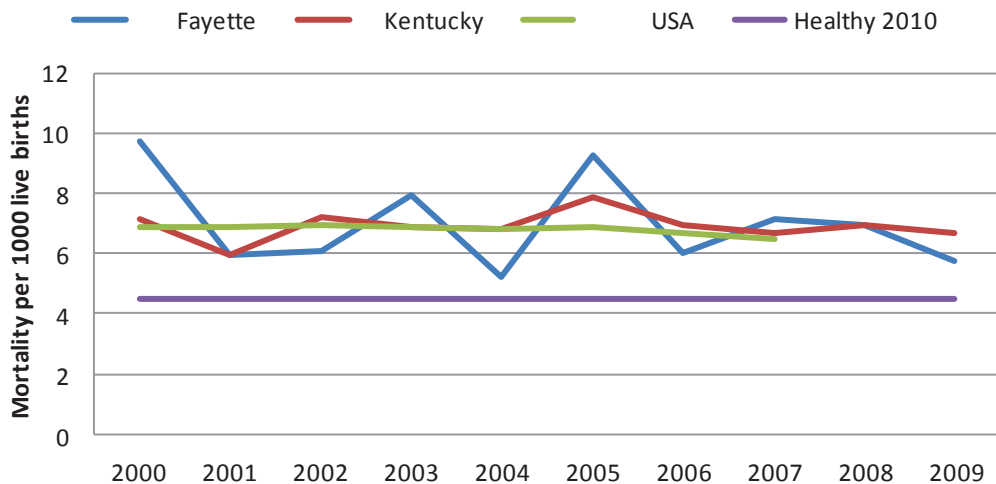
Low Birth Weight



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Infant Mortality



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Lexington-Fayette County
Health Department
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Fax: 859-288-7512
E-mail: LFCHD.Epi@ky.gov

www.lexingtonhealthdepartment.org
"Caring for the Community"

The Lexington-Fayette County Health Department's (LFCHD) unit of Epidemiology plays a vital role in monitoring, preventing, investigating and controlling infectious and communicable diseases in Fayette County. In Kentucky, health care providers and laboratories are required by law to report infectious and communicable diseases to the local health department serving the jurisdiction in which the patient resides. Each reported disease requires an investigation by the Epidemiology unit to determine a source of infection, whether additional individuals need to be contacted, and to provide education to the patient regarding their illness.

For a complete listing of reportable diseases, reporting requirements, or for consultation on communicable disease issues, please contact the Epidemiology unit at:

859-231-9791, Monday-Friday, 8-4:30pm.

859-335-7071, After-hours, weekends, and emergencies



twitter.com/LFCHD



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Facebook

While the Lexington-Fayette County Health Department makes every effort to ensure the accuracy of the information provided, the data presented in this report is compiled from multiple agencies on a local, state, and national level, and as such, the Lexington-Fayette County Health Department does not guarantee the accuracy of the information presented from outside agencies.

A complete listing of the data measures, their sources, and the definitions used in compiling the information will be made available on our website at www.lexingtonhealthdepartment.org.

Questions, comments, and concerns can be addressed by calling Andrew Waters at 859-899-4238 or by email at AndrewD.Waters@ky.gov

**Appendix B: Lexington-Fayette County Health
Department Community Assessment Report**



Community Assessment Report

Lexington-Fayette County Health Department

April 2012



OVERVIEW

This document is a compilation of all of the community assessment information that has been compiled at the Lexington-Fayette County Health Department and will serve as the foundation for the community health improvement plan for the Lexington-Fayette County area.

The assessments include:

- 1) **Themes and Strengths Assessment**, compiled June 2011 (pages 2-3; Appendix A pages 25-35)
- 2) **Local Public Health Performance Assessment**, compiled July 2011 (page 4; Appendix B pages 36-63)
- 3) **Forces of Change Assessment**, compiled June 2011 (pages 4-8)
- 4) **Focus Group Assessment**, compiled January 2010 (pages 8-19; Appendices C & D pages 64-67)
- 5) **Community Health Status Report**, compiled 2011 (pages 19-22)
- 6) **Community Resources and Assets**, compiled 2012 (pages 23-24)

THEMES AND STRENGTHS ASSESSMENT

Objectives: The objective of this study was to **identify the community's opinion about 10 important health, social, and environmental issues in Fayette County**. Furthermore, the study results articulated specific needs related to health insurance and quality of life of Fayette County residents.

Methods: A **random sample of 6000 households was selected**. Disproportionate stratified sampling was applied to three strata to control the number of minority households in the sample. Under this design, there were 2000 Hispanics (33%), 1000 African Americans (16.6%), and 3000 White households (50%) in the total sample. Surveys with cover letters were mailed to 6000 households in Fayette County on June 17, 2010. The cover letter was provided in English and Spanish to accommodate for the language barrier among Hispanic population. Postcard reminders about the survey were sent to the households on July 6, 2010.

Results: A total of **1228 completed surveys** were obtained providing an overall response rate of 20.4% and a margin error of +/- 2.8 at the 95% confidence level. **Unemployment, drug and alcohol abuse, health care costs, obesity, and safe neighborhoods were identified as important issues by the majority of survey respondents**. Similarly, littering, energy efficiency, clean drinking water, recycling, and flood drainage problems were identified as important environmental issues by the majority of survey respondents. **About 15.4% of survey respondents reported being uninsured**, whereas 46.4% and 57.7% reported being without dental and vision insurance. **Only 3.7% survey respondents reported poor health status**. About 21% of respondents were 65 or older and 40% of respondents were between the ages of 45-64 years. About 32.1 % respondents were between ages of 25-44 years. In terms of gender distribution, 26.2 % of survey respondents were male and 70% were female. About 74.1% of the survey

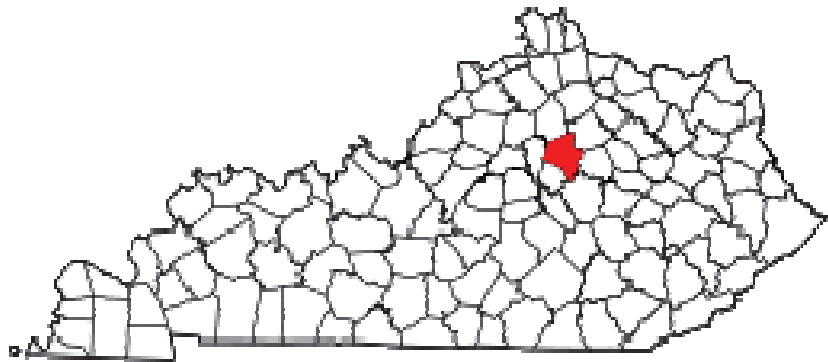


respondents were White, 17.5% were Black, 2.1% were Asian or Pacific Islander, and about 2.5% were Hispanic. In terms of household income distribution, 13.8 % reported income of less than \$10,000 and 27.4% reported household income between \$10,000 and \$34,999.

Conclusion: This assessment provides a wealth of data about the opinions of Fayette County residents about various health, social, and environmental issues in Fayette County. By and large, the majority of Fayette County residents reported excellent or good health status and insurance coverage. However, about 13.3% survey respondents reported being uninsured. Moreover, 46.4% and 57.7% of survey respondents reported no dental and vision insurance.

Recommendations/Next Step: These survey results can be used to strengthen advocacy efforts and stakeholder engagement in the community. The Lexington Fayette County Health Department conducted five focus groups with targeted community residents in October and November 2010 to determine the issues that residents feel are most important to their community. The focus groups participants were asked to discuss what they see as their main issues and concerns before exploring the primary themes. They were asked to prioritize issues and concerns and were given the opportunity to offer suggestions for how concerns could be most effectively addressed. **The Lexington-Fayette County Health Department shared the results of this survey with other community stakeholders at a retreat in June 2011.** A local public health system assessment was conducted in June 2011 to evaluate how well the many agencies within a local public health system are collectively performing based on elements of the 10 Essential Public Health Services. The data from this survey and qualitative data from focus groups were reviewed with other stakeholders at a meeting for local public health system assessment. In the fall of 2011, the Lexington Fayette County Health Department conducted a one day retreat with selected community members and community stakeholders to develop goals related to community issues identified by community members in the survey and five focus groups. During this retreat, the participants identified potential strategies for achieving each goal and for achieving the community vision.

More detailed frequency data and graphical representations of the survey findings can be found in Appendix A (pages 23-33).



LOCAL PUBLIC HEALTH PERFORMANCE ASSESSMENT

The National Public Health Performance Standards Program (NPHPSP) provides a framework with which to assess the performance and activities of local public health departments. The Lexington Fayette County Health Department utilized the criteria put forth by the NPHPSP to assess its own processes and activities. **A full summary of the results from the performance assessment can be found in Appendix B (pages 34-61).**



FORCES OF CHANGE ASSESSMENT

The findings from this assessment were organized into 8 categories that are summarized in tables below. **The tables focus on the following categories: 1) Demographics, 2) Economics, 3) Environment, 4) Health Care, 5) Housing, 6) Infrastructure, 7) Social Issues, and 8) Public Health System.**

Demographics

Trends, Factors, Events	Threats	Opportunities
Aging Population	Limited Services for Seniors	Services for Aging Population
War Veterans	Soldiers returning with injuries	Services of war veterans
Population Increasing	More demand of employment	Train skilled workforce
University student population	Not enough job placements at local level	Highly educated workforce
Migrant Workers	Limited health care and social services	Improve health and social services
Homeless population	Deficient mental health services	Improve mental and other social support services
Highly educated population	Challenges to match skilled workforce with jobs	Stable economy
Diverse population	Initial hardship for new immigrants to adjust in new culture	Need for Diverse services
Increase in poverty	Need for more services	Efficient use of existing services

Economics

Trends, Factors, Events	Threats	Opportunities
Funding cuts	Limited funding resources	Use existing resources efficiently
Unemployment	<u>Increase need for services</u>	<ul style="list-style-type: none"> • <u>Use existing resources efficiently</u> • <u>Job market for professionals</u>
World Equestrian Games 2010	none	New infrastructure for local economy
High gas prices	Squeezed budgets for individuals and community organizations	Better public transportation infrastructure
Horse industry	Services for migrant workers in horse industry	Improved economy
Slow and steady stable local economy	none	No excuse for limited resources to invest in our community



Environment

Trends, Factors, Events	Threats	Opportunities
High carbon dioxide print due to low cost of utilities	Health and environmental issues	Raise awareness about environment conservation

Health Care

Trends, Factors, Events	Threats	Opportunities
Health care services	Limited mental health services	Collaborate to improve availability of mental health services
High health care costs	Poor health status of community residents	Improves access to health care
Increase in chronic diseases	<ul style="list-style-type: none"> Increase in health care services Poor health status 	<ul style="list-style-type: none"> Jobs in health care sector Improve health related screening for early intervention Health promotion
Federal Money for health care facilities	None identified	Build/expand community health centers
Health care reform	None Identified	Improve health care access
Increase demand for health care services	Limited resources	Seek funding resources to improve health care access
Increase health care costs and increase in number of uninsured	Citizens not seeking health care services on timely manner	Improve access to health care
<u>Increase in obesity rates</u>	<u>More chronic diseases down the road</u>	<u>Health promotion</u>

Housing

Trends, Factors, Events	Threats	Opportunities
High Rents and foreclosures	Limited affordable housing	Make housing affordable



Infrastructure

Trends, Factors, Events	Threats	Opportunities
Geographical proximity to interstates, airports	Emerging infectious diseases	<ul style="list-style-type: none"> • Infectious disease • surveillance a improved economy
Newtown Pike expansion	None identified	Better services in North end of Lexington
Limited access to public transportation	High energy costs for citizens	Improve public transportation
Intersections I-64 and I-75	None identified	Connects Lexington to other cities
Technology	Digital divide for poor population	New ways to communicate with community residents

Social Issues

Trends, Factors, Events	Threats	Opportunities
Poverty	Increase in number requiring public assistance	Use existing resources efficiently
<u>Decrease in public safety budget</u>	<u>Increase in crime</u>	<u>Engage neighborhoods in safety initiatives</u>
Limited access for substance abuse treatment	Increase in homeless population	More collaboration among community organizations
Increase in illegal drug abuse	Crime	Education and outreach
Increase in volunteering and community involvement	Limited involvement of community residents in non-profit organization	Outreach to involve local residents in community projects



Public Health System

Trends, Factors, Events	Threats	Opportunities
Weather related emergencies	Community not prepared for weather related emergency	Organize for weather related emergency preparation
Budget cuts	Dwindling public health services	Collaborate to use existing resources efficiently
Smoking ban	None identified	Highlight positive outcomes related to smoking ban
Low Health literacy	Local population not educated about resources related health care access and prescription drug	Educate low population about different resources
Increase in Sexually Transmitted Diseases	Increase demand for services	Health education and outreach
Increase in global travel	Threat of emerging infectious diseases	Better surveillance
Chronic diseases	Increase in health care services	Health promotion
Diverse and rich institutions	Not enough collaboration	Collaborative partnerships

FOCUS GROUP ASSESSMENT

Three focus groups were conducted across the Lexington Fayette County area during the timeframe of October 16 through November 1, 2010. Willing participants were recruited in collaboration with the neighborhood associations and Hispanic population advocates in Fayette County. All focus group participants were: 1) Winburn, Central Parkway, or Cardinal Valley area residents, 2) African Americans or Hispanics, 3) low-income households. **A total 77 adults participated in these focus groups.**

Questions were developed and used to provide a framework for the discussion, but **the focus groups were designed to encourage participants to identify the issues important to their communities.** The full report contains the themes generated from a broad discussion of issues, concerns, and solutions to the issues identified in Fayette County 2010 Survey.

People politely and thoughtfully answered the questions, although they were more inclined to talk about the issues they considered to be most significant in their communities. **See Appendix C (page 62) for the list of questions that were posed to the focus groups. The following is a summary of the themes that participants identified during the focus group process.**



The focus group participants also completed a brief survey about health department services. **See Appendix D (pages 63-65) for the results of this survey.** The focus group participants were given \$20 Wal-Mart Gift cards for their participation. **The Health Equity team of Lexington Fayette County Health Department will develop goals and action items to address the issues highlighted during the focus groups.**

Issues and Concerns in Winburn Area (African American Population)

The questions were developed about three important issues in focus group participants' neighborhood. **The issue of drugs and safety was identified as number one issue by two focus groups.** Seniors, health issues and trash were some other issues highlighted by one other focus group.

Drugs & Safety

In every focus group and from every one of the participants there was unanimous viewpoint that drug use is an important issue of concern in their neighborhood. Youth of neighborhood walks openly in neighborhood with open alcohol containers and throw empty containers in neighborhood yards. Almost all age groups are involved in drugs. There is lot traffic of strangers in cars on neighborhood streets. Very often the Winburn area residents see youth (men) driving too fast in the neighborhood with loud music in cars. Also, youth are sitting idly in the corners and becoming troublemakers. There is buying and selling of drugs at Green Acres Park. People in the neighborhood are scared to call police for drug related offences due to retaliation from trouble makers.

Seniors

In Green Acres area, lots of seniors live with family members instead of nursing homes. **Seniors are also vulnerable to violence because of their prescription drugs in this neighborhood.** A lot of seniors are unable to take care of their houses because of aging. Seniors are prone to extreme cold and hot weather because their homes are not well insulated.

Chronic Health Issues

Residents of Green Acres were curious to compare the cancer incidence and mortality rate of this area with the rest of Fayette County. Also, residents wanted an organization to conduct a study see if environmental factors (mainly related to Lexmark) play any role in high incidence of cancer in this neighborhood. Majority of participants in this focus group believed that cancer incidence in their neighborhood is high compared to rest of the Fayette County. The focus group participants also wanted to get information on coronary heart diseases, strokes, diabetes, high cholesterol, high blood pressure, dental care, and cancer. **Majority of people wanted to address the obesity issue in their neighborhood through healthy cooking and physical activity.**



Trash

In Winburn area, trash is a big problem on the streets. Participants specifically mentioned that trash containers are disposed openly on streets and parks. McDonald cups are dumped on streets. There is trash spilled near apartment complexes. The trash collectors drop trash on streets on pick up day. Junk collectors are also responsible for spilling trash out of trashcans.

Suggested Solutions for Issues and Concerns in Winburn Area (African-Americans)

Drug and Safety

Most participants in this focus suggested improving the neighborhood watch and increasing the police patrol in this neighborhood. The suggestions included: neighbors should look for one another, know each other, and get together more often. The group suggested offering English classes for Hispanic population so that two groups (African Americans and Hispanics) can communicate with each other and addresses the misconceptions about these two ethnic groups. Participants from Green Acres suggested putting speed bumps on Hollowcreek and Asbury to reduce the speed of fast moving cars in this neighborhood. Also, **recommended to place big STOP sign at the entrance of shopping plaza center on Russell Cave Road to avoid accidents. Safe place signs should be placed on houses and businesses in the neighborhoods.**

In order to address the issue of drug use among youth the participants suggested that local community should provide positive activities for youth through role models in the community. One participant suggested that football and basketball players from University of Kentucky should provide mentorship for youth in this neighborhood. The participants recommended job training and job fairs for youth in this community.

Seniors

The participants recommended neighborhood watch to address issue of safety among seniors. The community organizations and churches should provide more social activities for seniors. The local organizations also need to do more outreach about resources for seniors. Seniors in this neighborhood need weatherization assistance programs.

Chronic Health Issues

The health departments and other hospitals should set up free clinic in this neighborhood once a month. Furthermore, **the neighborhood population needs to learn about healthy eating for African-American population through cooking classes. The local organizations should partner with local churches to provide more social and physical activities for children in this area.** The community needs more information on health care resources that are available for low-income population. A health fair should



be organized in this neighborhood to provide more information on coronary heart diseases, diabetes, strokes, high cholesterol, high blood pressure, dental care, and cancer.

Trash

Participants in two focus groups mentioned that there is lot trash on the streets in this neighborhood. Most people buy products from local businesses and throw trash outside on the streets. The stores should hire somebody to clean up trash outside of the stores. There is also spilled trash near apartment complexes. The apartment management should have somebody to clean up trash spilled near the apartment buildings. The neighborhood should organize a neighborhood cleanup day.

Issues and Concerns in Winburn Area (Hispanic Population)

The focus group participants were asked to discuss three important issues in their community. **The participants listed safety and security, housing and trash as three issues of concern in their neighborhood.**

Safety & Security

Most people in the focus group reported about group of young people trespassing private properties, stealing, and vandalizing cars in their neighborhood. The group also mentioned that some people in the community have reported to the police but most people are scared to call police because of their immigration status. Furthermore, there are safety concerns on roads because people drive cars through the neighborhood streets at very high speed. Most drivers ignore stop signs and this creates a hazard for children who are walking on the streets. Also, there is loud music from parties creating noise pollution in the neighborhood.

Housing

Almost all group members voiced concerns about their housing conditions. **Cockroaches, bedbugs, humidity, poor or missing insulations are problems that everybody living in apartments is experiencing in this neighborhood.** In some apartments, basements are littered with garbage and thus creating breeding ground for cockroaches. Many residents of these apartment complexes are afraid to notify their apartment landlords because of fear of consequences related to their illegal immigration status. Furthermore, many residents are spraying toxic chemicals in their apartments to get rid of bedbugs and cockroaches. Many are afraid these chemicals can harm their children. Many residents have also experienced problems with maintenance services and housing contracts.



Trash

There is trash in hallways, common areas, and parking lots of apartment complexes. The apartment complexes are without any trash services/trash bins. Therefore, some residents throw beer bottles on the ground. All this is creating a safety hazard for young children. Also, the trash attracts insects and pets.

Suggested Solutions for Issues and Concerns in Winburn Area (Hispanics)

Safety and Security

Group members believe that they need more lights in streets and parking lots near the apartments.

The participants want increased police surveillance on continuing basis for their neighborhood. Group members want the police and other local organizations to encourage Hispanic population to call the police about safety concerns. Most people in the neighborhood are afraid to call police because of their illegal immigration status. Furthermore, the group wants to address the issue of language barrier in this neighborhood. Most members of this community only speak Spanish. English classes and bilingual representatives can address concerns of language barrier for this community.

Housing

The community members want their housing contracts in Spanish for clarification. Most landlords are not addressing the complaints because people are unable to understand their lease contracts in English. The Hispanic population in this community should be able to contact bilingual representatives to address outstanding issues related to housing contracts. The community wants fumigation of all apartments at same time instead of one apartment at a time to address issue of pest control. Furthermore, the owners of these apartments should be required to provide maintenance for apartment complexes.

Trash

The community needs more maintenance workers in this neighborhood. The children and adults in neighborhood should be educated about keeping the living areas neat and clean. The maintenance staff of apartment complexes should post notice around apartments about no littering and related fines of those who don't follow the rules. The apartment owners and health department should conduct an educational campaign to educate community members about no littering.



Issues and Concerns in Central Parkway Area

Safety

There are no cross-guards at the junction of Central Parkway and Appian Way. Many students of schools in this area cross streets at this junction. The students are vulnerable to traffic accidents very early in the morning in this area.

Unattended Children

Children run unattended in this neighborhood. It is a safety hazard for drivers and children.

Neighborhood Safety

Neighbors in this neighborhood don't know what is going in their community. Neighborhood residents are not aware of crimes taking place in their community

Suggested Solutions for Issues and Concerns in Central Parkway Area

Safety

The councilman from this neighborhood should be involved in addressing cross-guards placement near schools in Central Parkway area. The neighborhood association should invite councilman to neighborhood meeting to propose solution for this problem.

Unattended Children

Parents need to aware of activities for children. There should be after school programs for children. The summer camps in summer should start 8 a.m. so that working parents can take benefit of this program for their children. Their Gainesway Empowerment Center needs to additional staff.

Neighborhood Safety

The neighborhood association only allows home owners to participate in neighborhood association monthly meetings. Everybody who lives in Central Parkway area should be able to become member of Central Parkway Neighborhood Association. Community members need to make each other aware of crime in this neighborhood. The community needs to work with schools and community to fix problems in Central Parkway neighborhood. **There should be a neighborhood watch in the Central Parkway area.**



Issues and Concerns in Cardinal Valley Area

Gangs

Gangs are big issue in Cardinal Valley area. Community is afraid of these gangs

Unemployment

This community needs more employment opportunities.

Healthcare Access

Healthcare access needed for people with limited resource. We need more health centers because timely medical appointments are not available for uninsured individuals

Suggested Solutions for Issues and Concerns in Central Parkway Area

Gangs

Neighborhood watch is needed for Cardinal Valley area. Parents should set curfew times for youth under the age of 18. Due to cultural issues Hispanic parents have limited ability to punish their children in United States. They should be **educated on how to communicate with their children effectively.**

Unemployment

Allow undocumented workers work with special permits. Address language barriers among Hispanic population.

Healthcare Access

More healthcare services are needed for uninsured adults and children. Raise taxes on tobacco and alcohol to provide funds for these services. More primary care centers are needed to provide timely medical appointments for low-income families.

Actions to Address Health & Social Issues in Fayette County

In June 2010, a survey was mailed to random sample of 6000 households in Fayette County. Total of 1214 completed surveys were obtained providing an overall response rate of 20.23% and a margin error of +/- 2.8 at the 95% confidence level. **Unemployment, drug and alcohol abuse, health care costs, obesity and safe neighborhood were identified as important issues by majority of survey respondents.** The focus group participants were provided an opportunity to further explore these five issues revealed in the survey.



Unemployment

Most focus group members believe we **need to train the youth with needed skills for job placement.** The community should be made aware of available resources for job training and job placement. The Fayette County residents need more GED, CPR training, health safety, nursing assistant training classes. **Provide education sessions on how to get ready for job interviews.** Youth from low-income neighborhoods **need reliable transportation to work** in different neighborhoods. Fayette County need more job fairs to match skilled labor with jobs. Specifically, neighborhood employers should be more involved in job placement. **The Fayette County government should apply for more grants to bring job training services to Fayette County.** The low-income neighborhood should have reliable public transportation so that youth from this community commute for job in other areas of Fayette County. Provide special permits for undocumented workers to work in Fayette County. Address language barrier issue for Hispanic community

Drugs and Alcohol Abuse

Most group participants want the community leaders to discuss drug and alcohol abuse issues with the community members in different neighborhoods. Furthermore, the community members within these neighborhoods need to start a dialogue around these issues. Family education, after school activities for adolescents can keep youth busy and thus prevent drug involvement. Most importantly address unemployment issue to address the drug and alcohol abuse issue. These two issues are interconnected because when people are unemployed and hopeless they are more prone to drug abuse. Furthermore, police need to enforce existing laws to address the issue. Police patrol in vulnerable areas should not be compromised during University of Kentucky football and basketball games.

Healthcare Costs

In every focus group and from each one of the participants, there was the unanimous viewpoint that medical and related costs (especially prescription drugs) are too high. Affordable healthcare premiums are must for this community. The community needs to be educated about health care services. For example, there is perception in the community that primary care center of Lexington Fayette County Health Department does not accept uninsured patients and all health insurances. **The community should be made aware of available health care resources in Fayette County.** For example, many people are unaware that they can get discounted prescription drugs form health department pharmacy and pharmaceutical companies. The group discussed the complexity of health insurance policies and billing payments. People in this community should be able understand what their financial obligations are for medical services received from healthcare providers. **Patients should be empowered to communicate more with their health care providers.** The group members mentioned that some people in our



community are using emergency care due to high cost. The Hispanic populations should have access to Spanish speaking translators, timely medical appointments, and assistance and promptness during the phone calls to Lexington Fayette County Health Department primary care center.

Obesity

The participants reported that community **should be educated about healthy eating and importance of physical activity** to address issue of obesity in our community. Specifically, we should have **healthy cooking and exercise classes in our community**. Most importantly, the community members should be educated about ill effects of fast food and should be taught time management to cook healthy meals at home. **The schools should implement mandatory physical education programs in school to address childhood obesity. The Hispanic population should have access to exercise and nutrition classes in Spanish to address issue of Obesity among Hispanic population.** Summer sports camps should have appropriate times for children of working adults. Raise awareness about free exercise classes offered in this community.

Neighborhood Safety

Fayette County needs more police patrols and neighborhood watch in unsafe neighborhoods. Furthermore, the community **needs to address issue traffic and drug related violence in certain neighborhoods** of Fayette County. For Hispanic community, bilingual representatives should be available to address issue of language barrier. Seniors in this community are at risk of being take advantage because of the prescription drugs. They should have protection to defend themselves. The community members in general watch out for each other.

Actions to Address Environmental Issues in Fayette County

In June 2010, a survey was mailed to random sample of 6000 household in Fayette County. Total of 1214 completed surveys were obtained providing an overall response rate of 20.23% and a margin error of +/- 2.8 at the 95% confidence level. Littering, energy efficiency, clean drinking water, recycling, and flood drainage problems were identified as important issues by majority of survey respondents. The focus group participants were provided an opportunity to further explore these five issues revealed in the survey.

Trash/Littering

The neighborhoods should have neighborhood cleanup days to address the issue of trash in the community. The businesses and apartment complex owners should hire maintenance staff to clean up trash outside of their buildings. Many communities in this county have trash on their streets dropped by trash collectors on trash pickup day. The community needs to start a dialogue with the Urban County



government to address this issue. People (especially Hispanic population) should be educated about recycling. Most importantly, the community needs bigger recycling bins and trash cans. Increase and enforce fines for littering. Some

Energy Efficiency

Most focus group participants believed low-income houses should receive assistance for home insulation and high utility costs. The community organizations should raise awareness about the weatherization programs available for low-income households. The churches and local businesses can provide the supplies for volunteers to complete the weatherization assistance programs in the community. The Hispanic community should be educated in Spanish on how to save energy. Encourage use of energy efficient appliances.

Water

The community needs to address the issue of negative effect of storm water drainage on the water quality. Educate people about negative effects of oil change drains into storm drains. The old and rusty pipes should be inspected and replaced in old houses. The community in Winburn wants the local government to address issue of stinky creek near Hollowcreek Street. The creek near this area has been disposal ground for syringes, needles, and Lexmark waste run off. The sewage backs up in Green Acres Park neighborhood houses.

Recycling

The community needs bigger recycling bins for effective recycling program. The trash pickup services do not pick up very heavy recyclable bins. This rule needs modification. The Hispanic community should be educated about recycling in Spanish language. Furthermore, in Winburn area, the recycle containers should be placed at specific locations near the apartment complexes. Raise awareness and educate people about recycling.

Flooding

There should be better mosquito control in summer. The health department needs better animal control in Winburn area. There are lot stray cats and rodents in this area. The community in Winburn area wants the local government to address issue of open drain near Russell Cave. The creek near Hollowcreek Road in Winburn areas is dumping ground for animals and recyclables. The Community needs to be educated about keeping creeks free of trash. Furthermore, the creek near Hollowcreek Road gets flooded during heavy rains and flooded waters gets into the houses in this area. The Hispanic community should have representatives to speak on their behalf on flood issues. The pipes, tubes, and drains should be inspected in apartment complexes of Winburn area.



Assets in Winburn Area

The group participants believe that children in Winburn area are protected. The public schools are in close proximity. The area is diverse because there is big Hispanic and African-American community in this area. **The home owners in Winburn area take good care of their houses and tenants.** The Green Acres area is peaceful and quiet neighborhood at night. There are basketball and baseball games at the Green Acres Park. The houses in this area are not rented to troublemaking tenants. **The neighborhood association in Winburn area is bringing positive change to this area.** The area has annual neighborhood cleanup day. There are lots of recreational activities for children in this area. For example, the children got help with air cuts before they went back to school. The children also participated in back to school rally. **There are lots of physical activity programs in this neighborhood.** The community action council and 8 churches in neighborhood can provide an opportunity for collaboration. The Lextran service is big positive for this neighborhood. However, the Hispanic community would like to see better school bus services for children in winter. There are plenty of outreach programs at the community center in this neighborhood

Other Issues

The Winburn area has only one way out of this neighborhood. Another road should be added in this neighborhood to avoid traffic hazards. There should be annual health fair in Winburn area. The health department should provide health care for unemployed and uninsured people in timely manner. The population in Green Acres Area is aging and they are unable to keep their houses clean. Parents in this neighborhood need help to provide more activities for youth. This community needs education campaign and regulations to keep streets clean in this area. The water shed project was not helpful in this area.

Assets in Central Parkway Area

Presence of Community Empowerment Center and schools is big advantage for this neighborhood. Low crime and good neighbors is another asset in this area. Community members appreciate back to school rallies, Thanksgiving baskets, and transportation to Southern Lights festival.

Other Issues

The Community needs primary mobile clinic in the area to screen people for high blood pressure, high cholesterol, diabetes and other chronic health issues.



Assets in Cardinal Valley Area

Good library and programs for children are the important assets in this neighborhood. The Hispanic community values peace, greenery, good transportation, low cost of living and affordable rent in Lexington, KY.

Other Issues

Lexington needs more bus routes to decrease traffic in this city.

COMMUNITY HEALTH STATUS REPORT

This report also highlights the general demographic characteristics and provides a description of some of the leading contributing causes of community health issues (or risk factors) of the Lexington-Fayette County community.

Population Size: 295,803

Population density: 1040 people per sq mi

Individuals Below Poverty Level: 20.4%

Families Below Poverty Level: 3.0%

Age distribution (Average age: 37.2)

Less than 20: 24.9%

20-34: 27.0%

35-64: 37.5%

65 and over: 10.5%

Race and ethnicity

White: 75.7%

Black: 14.5%

American Indian: 0.2%

Asian/Pacific Islander: 3.3%

Hispanic: 6.9%

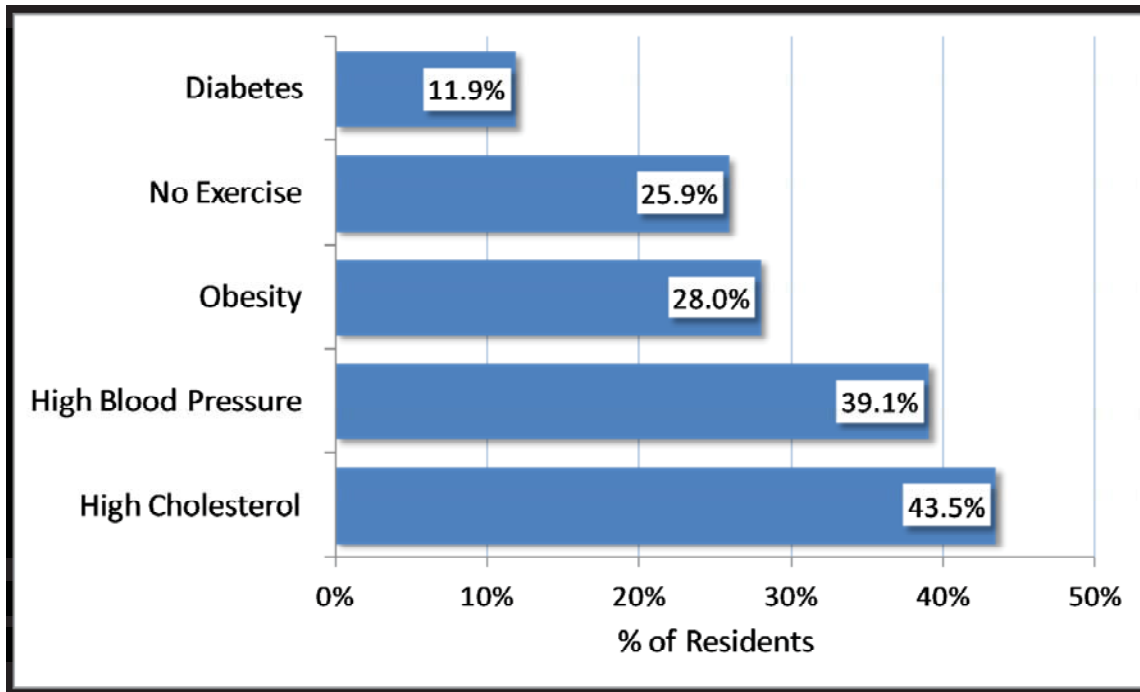
Educational attainment

No high school diploma: 11.2%

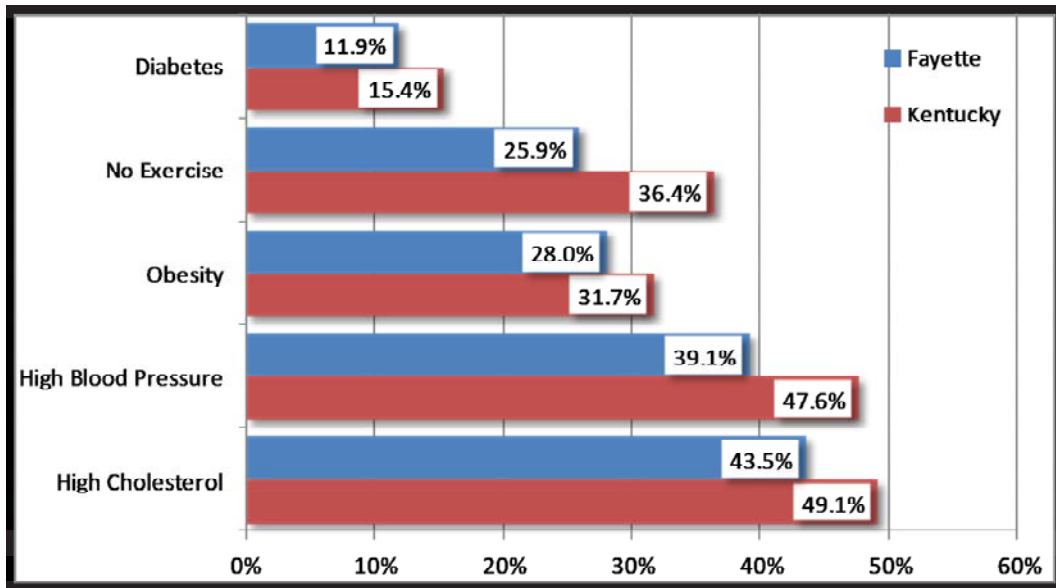
High school diploma: 22.1%



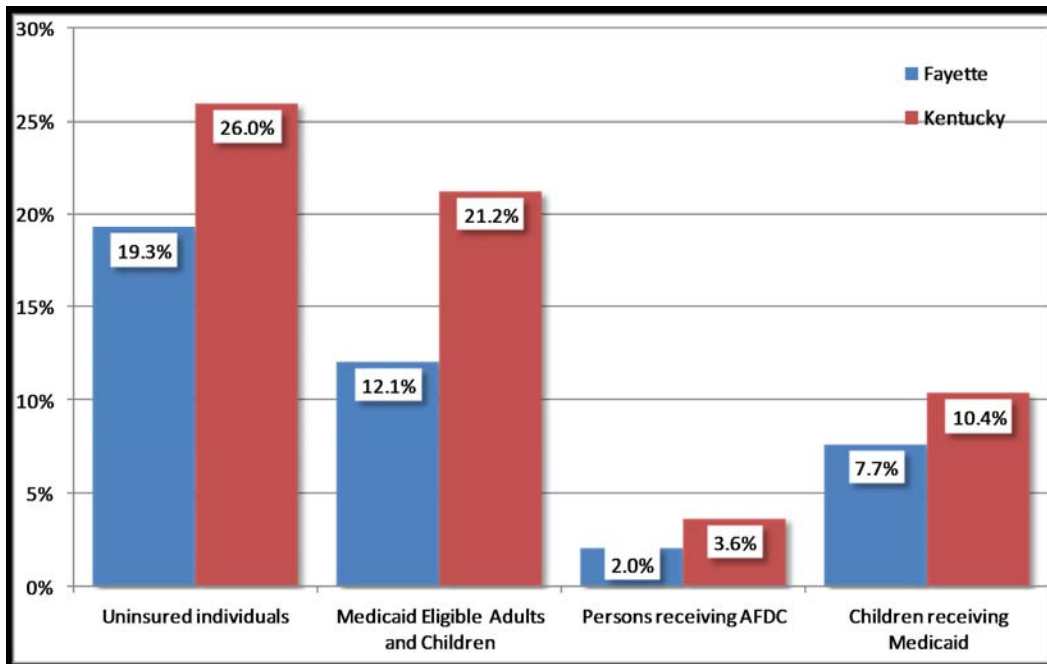
2008-2010 BRFFS Survey Data—Fayette County



Risk Factors for Poor Health

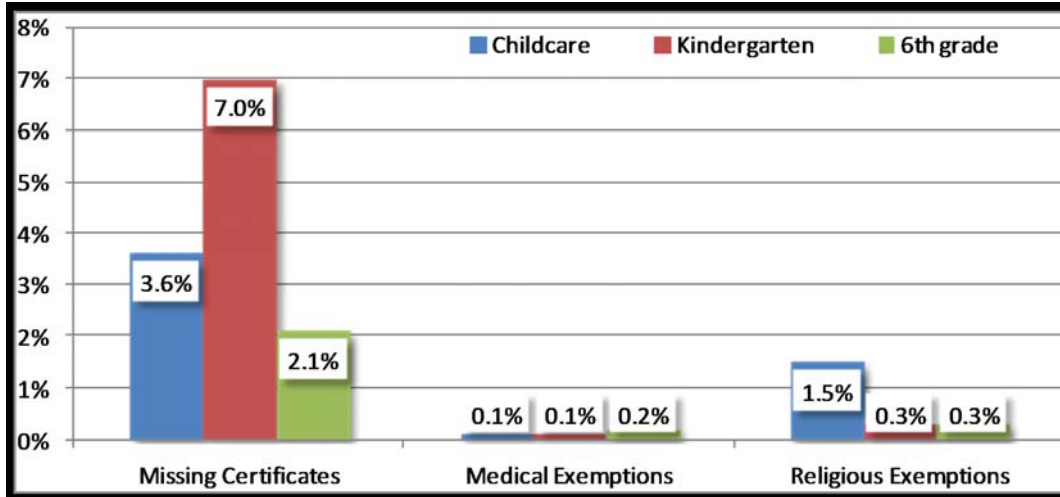


Access To Care

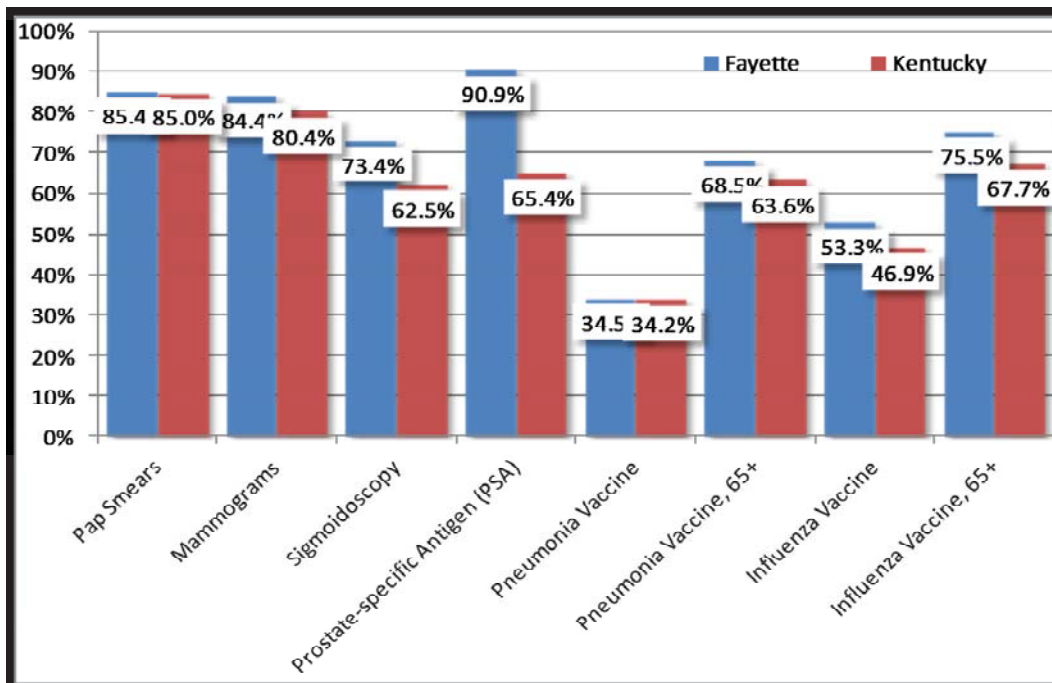


Preventive services are a precursor to a healthy community. **Fayette County currently engages in a number of preventive services with the graphs below focusing on vaccination and preventive screening programs.** It is evident that Fayette County performs well in preventive services but continued outreach and education should be focused on those most at-risk and least likely to seek preventive care.

Child Preventive Services



Adult Preventive Services



COMMUNITY ASSETS AND RESOURCES TO ADDRESS HEALTH ISSUES

- **Obesity**

- Bluegrass Mental Health—can help create a resource directory to identify physical activity venues
- Saint Joseph Hospital—can help create a resource directory to identify physical activity venues
- Kentucky Pink Connection—create a program directory for physical activity venues and identify mechanisms of assistance for participation in programs; identify schools that do not have active wellness councils; identify barriers to participation in wellness councils; assist schools in overcoming barrier to participation in wellness councils and link them with existing wellness councils in order to develop a wellness council implementation strategy.
- Bluegrass Community and Technical College (BCTC)—create a program directory for physical activity venues and identify mechanisms of assistance for participation in programs; identify schools that do not have active wellness councils; identify barriers to participation in wellness councils; assist schools in overcoming barrier to participation in wellness councils and link them with existing wellness councils in order to develop a wellness council implementation strategy.
- United Way of Bluegrass—disseminate physical activity resource and program directories
- Medical professional associations—disseminate physical activity resource and program directories
- Partner with Cooperative Extension (University of Kentucky) —disseminate physical activity resource and program directories—disseminate physical activity resource and program directories
- Groups represented on MAPP Coalition/CHIP Governance/Advisory Board—disseminate physical activity resource and program directories
- City Council/Mayor’s Office —disseminate physical activity resource and program directories
- Lexington Tweens Nutrition and Fitness Coalition—gather existing data regarding food deserts and transfer findings to partners and public
- Lexington Clinic—gather existing data regarding food deserts and transfer findings to partners and public
- Central Baptist Hospital—identify stakeholders to partner with existing initiatives to invest in the Lexington Tweens Nutrition and Fitness Coalition’s Healthy Corner Store initiative; Identify existing worksite wellness programs in Fayette County; partner with and support existing effort by the Chamber of Commerce to improve worksite wellness



and disseminate available resources and information to partners; assist schools in overcoming barrier to participation in wellness councils and link them with existing wellness councils in order to develop a wellness council implementation strategy.

- **Safe Neighborhoods**

- CHIP Governance/Advisory Board—increase awareness through physicians informing patients of days and locations of Med Toss Programs; include medical community as volunteers at collection sites; use churches; ensure compliance with “safe by design” standards for new developments; increase alcohol education programs in schools
- Lexington Police Department—increase awareness through physicians informing patients of days and locations of Med Toss Programs; include medical community as volunteers at collection sites; use churches; ensure compliance with “safe by design” standards for new developments
- Mayor’s Alliance on Substance Abuse—assist with physician compliance in Kentucky All Schedule Prescription Electronic Reporting (KASPER) program
- Fayette County Public Schools—identify evidence-based alcohol education programs for schools

- **Unemployment**

- Fayette County Adult Education—increase educational attainment level by making contacts with BCTCS, KET Study at Home, LFUCG-Beth Mills and by obtaining data from the Department of Education on enrollment, graduation rates, barriers, etc.
- Bluegrass Area Development District (BGADD)—assist with decreasing drug abuse by: surveying employment leaders; working with the Mayor’s Substance Abuse Task Force on a county needs assessment on barriers to employment; contacting office of employment/EOT; contacting Lexington Commerce (Business Education Network-BEN); contacting Industrial Authority (BIF)



APPENDIX A: Themes and Strengths Assessment Survey Frequencies and Figures

Table 1: Health & Social Issues

Issue	Survey %
Unemployment	63.1
Drug and Alcohol Abuse	61.5
Health care costs	60.9
Obesity	58.5
Safe neighborhoods	54.1
Heart Disease & Stroke	52.6
Health Insurance	51.4
Cancer	50.2
Aging Issues	49.5
Child Abuse	41.7
Diabetes	38.1
Mental health	36.6
Homelessness	36
Poverty	35.8
Domestic Violence	35.3
Tobacco use	33.8
Teenage Pregnancy	24.5
Motor vehicle accidents	22.2
Disaster Preparedness	21.3
Pollution	20.9
High school dropouts	20.7
Rape/Sexual Assault	16.6
Infectious Diseases	13.2
Asthma	11.1
STDs	11
Firearm injuries	10.7
HIV/AIDS	10.3
Infant deaths	5.7
Low birth weight babies	4.8
Premature birth babies	3.3



Table 2: Environmental Issues

Issue	%
Littering	63.2
Energy efficiency	59.6
Clean drinking water	59.5
Recycling	58.6
Flood drainage problems	54.7
Clean outdoor air	50.8
Mosquitoes	47.9
Safe food at restaurants	47.4
Green space and urban parks	44.6
Availability of local fresh produce	42.6
Bike and walking trails	41.5
Animal control	40.9
Sidewalks	38.2
Exposure to second hand smoke	37.8
Noise pollution	35
Release of untreated sewage	32.2
Climate change	30.1
Clean water for recreation	27.6
Mold	26.6
Clean indoor air	24.3
Bed bugs	21.4
Child lead exposure	11.6
Rats	9.8
Radon	7.7
Rabies	4.4



Table 3: Insurance

Insurance	Yes	No
Health Insurance	84.6	15.4
Dental Insurance	53.6	46.4
Vision Insurance	42.3	57.7

Table 4: Health Status

Health Status	%
Excellent	16
Very Good	36
Good	29.9
Fair	13.3
Poor	3.7
Did not answer	1.2

Table 5: Age Distribution

Age Group	Survey %	US Census %
18-24	5.2	18.5
25-34	17.2	21.7
35-44	14.9	20.4
45-54	20.1	16.8
55-64	20.3	9.7
65+	21.3	12.7
Did not answer	1	

Table 6: Gender Distribution

Gender	Survey %	US Census %
M	26.2	48.5
F	70.8	51.4
Did not answer	3	



Table 7: Race Distribution

Race	Survey %	US Census %
White	74.1	82.8
African American	17.5	12.2
Asian/Pacific Islander	2.1	2.54
American Indian/Alaska Native	0.2	0.2
Other	3.8	2.15
Did not answer	2.3	

Table 8: Ethnicity Distribution

Ethnicity	Survey %	US Census %
Hispanic	2.5	3.13
Not Hispanic	91.8	96.8
Did not answer	5.7	

Table 9: Household Income Distribution

Income	Fayette Survey %	US Census %
Less than \$10,000	13.8	10.21
\$10,000-\$24,000	16.3	21.3
\$25,000-\$34,999	11.1	12.7
\$35,000-\$49,999	12.9	16.1
\$50,000-\$74,999	17.1	18.5
\$75,000-\$99,999	10.5	9.5
\$100,000 or more	13.4	11.5
Did not answer	4.9	



Figure 1: Health & Social Issues

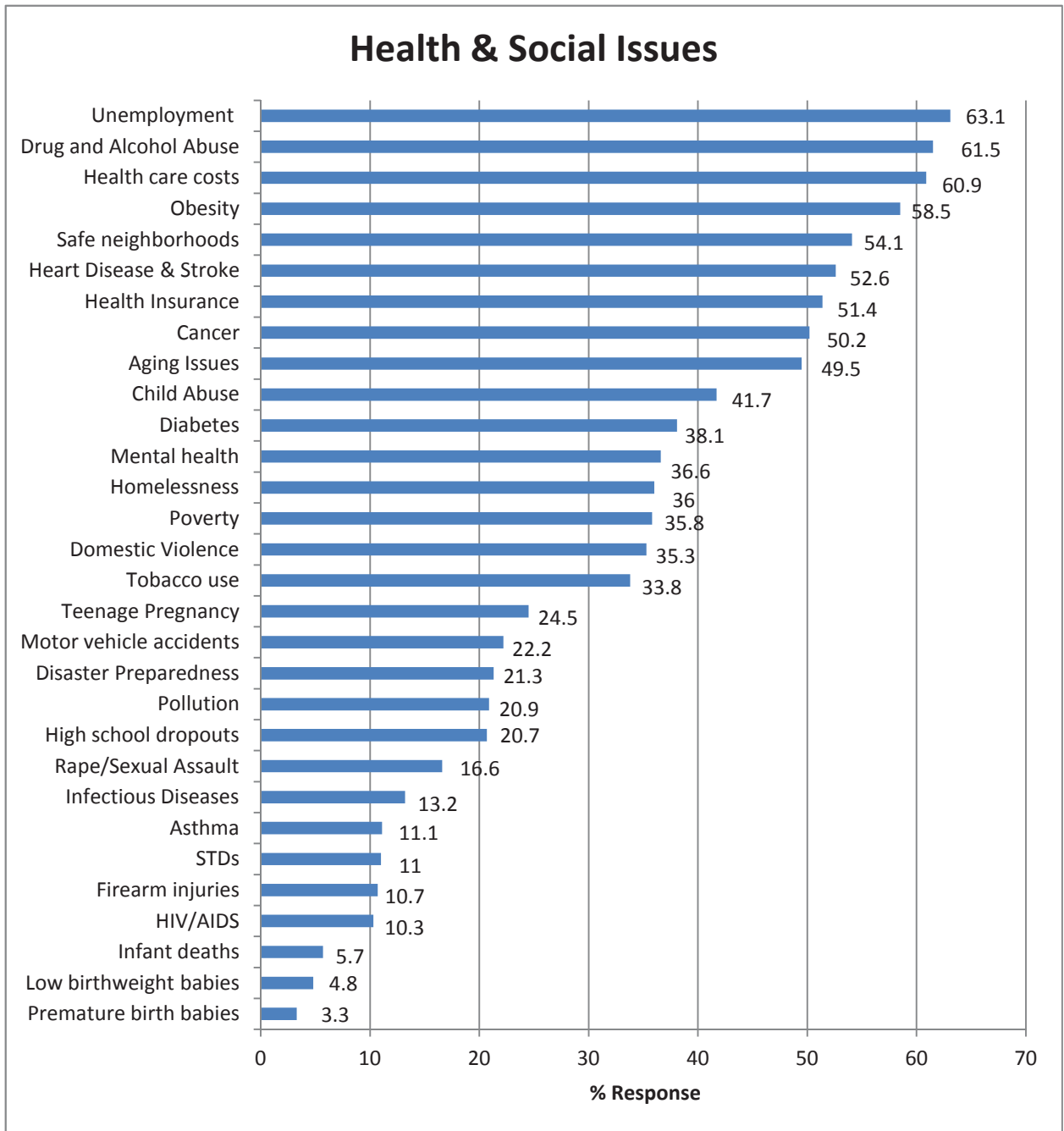


Figure 2: Environmental Issues

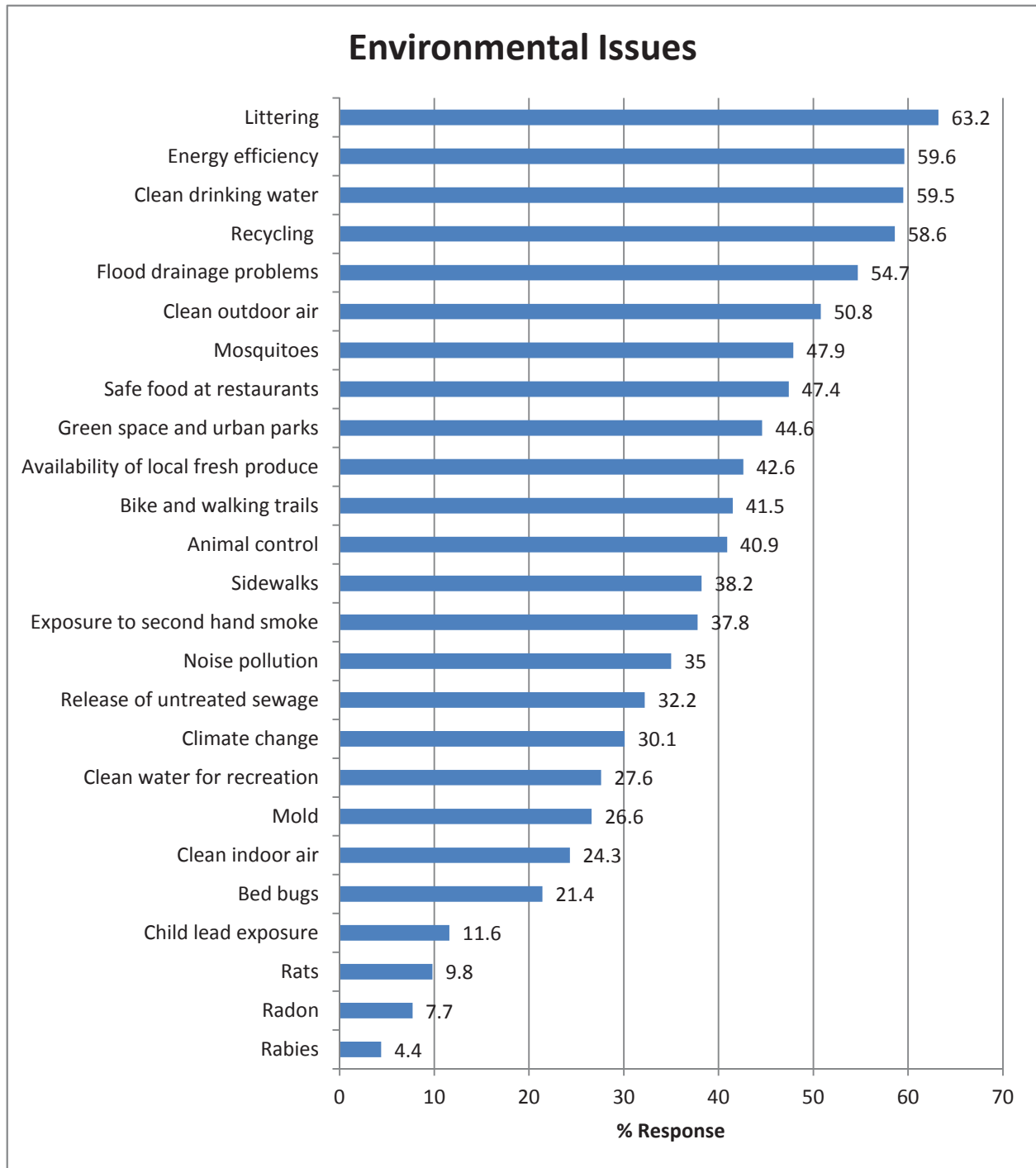


Figure 3: Health, Dental and Vision Insurance

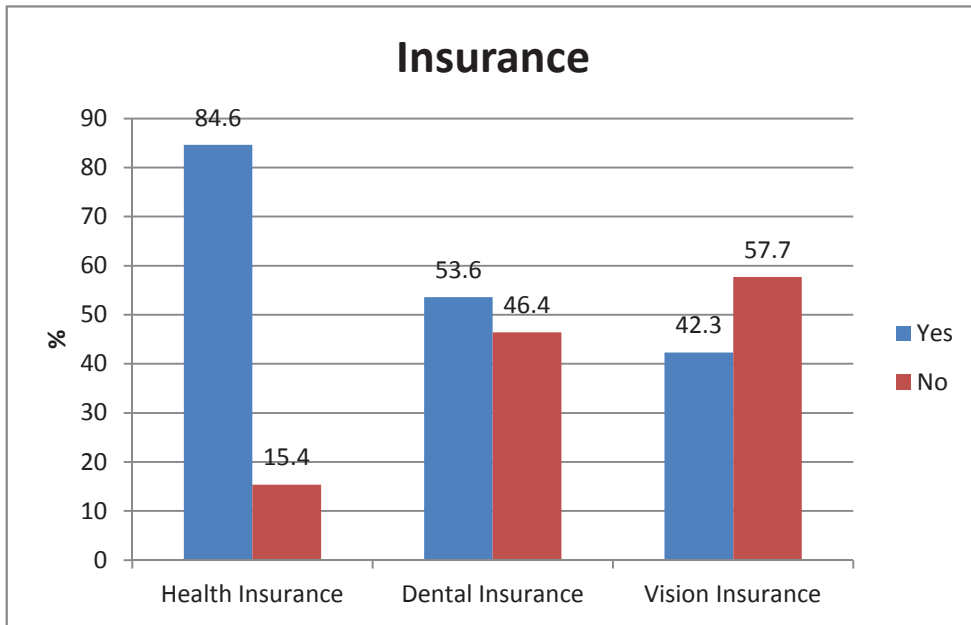


Figure 4: Health Status

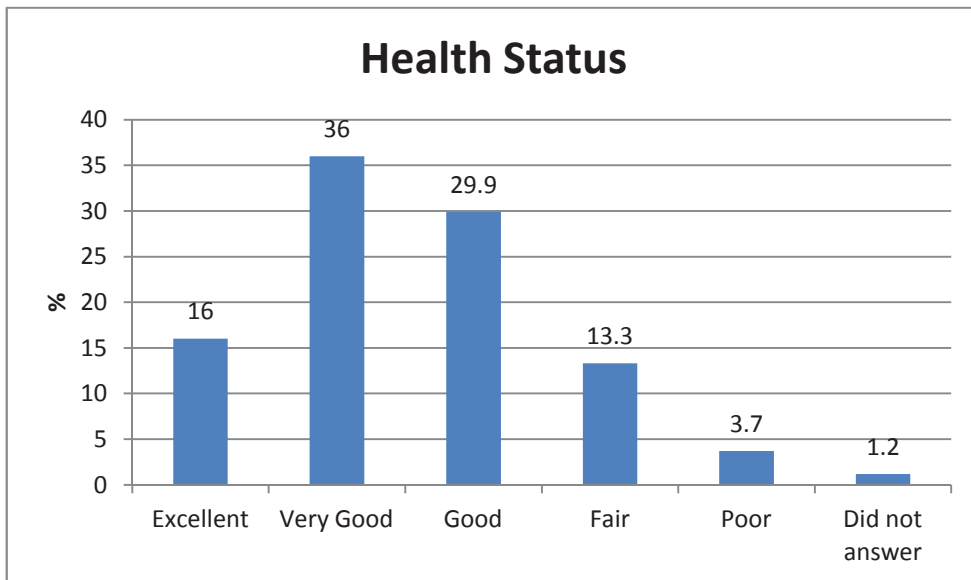


Figure 5: Age

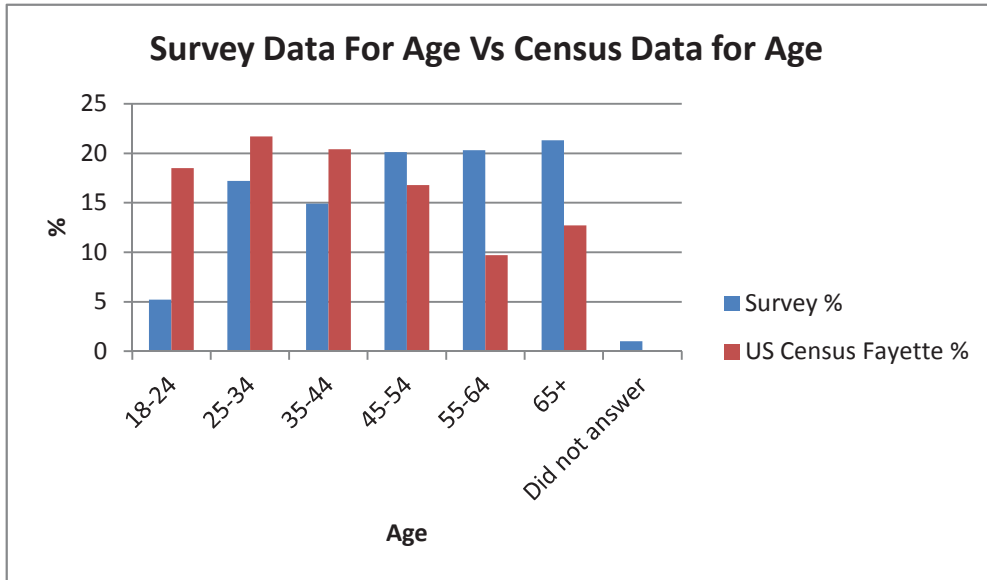


Figure 6: Gender

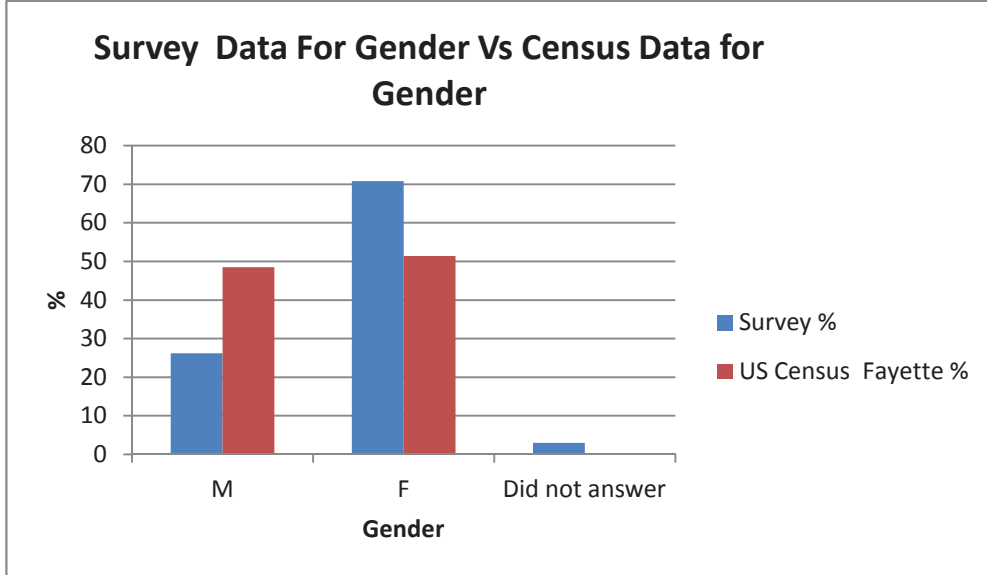


Figure 7: Race

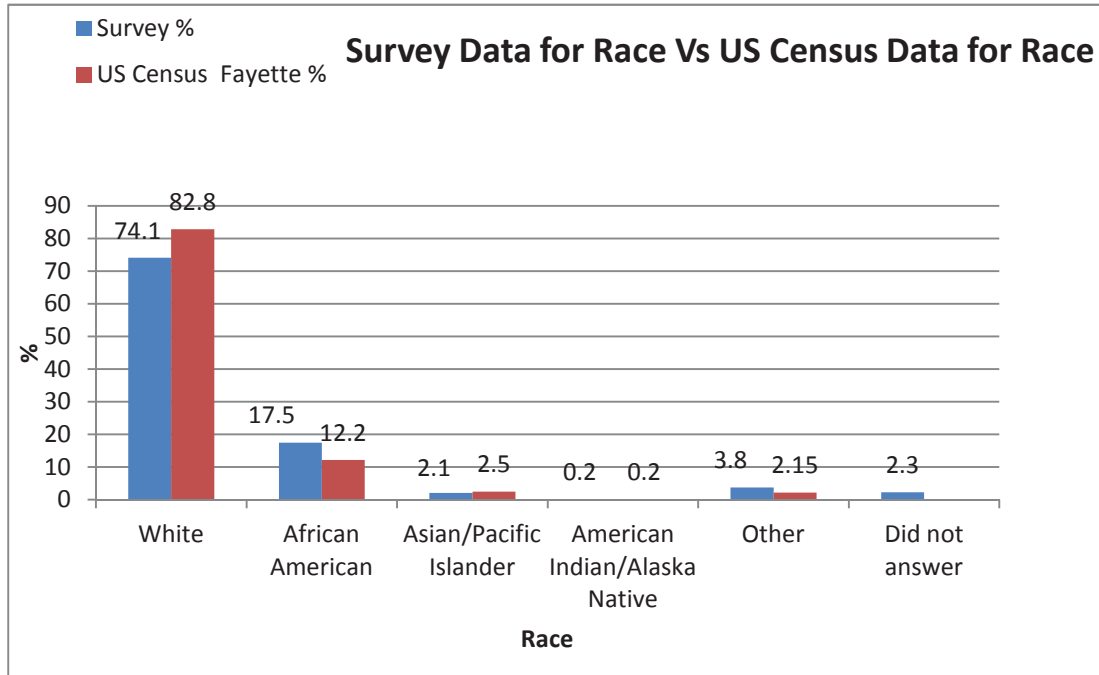


Figure 8: Ethnicity

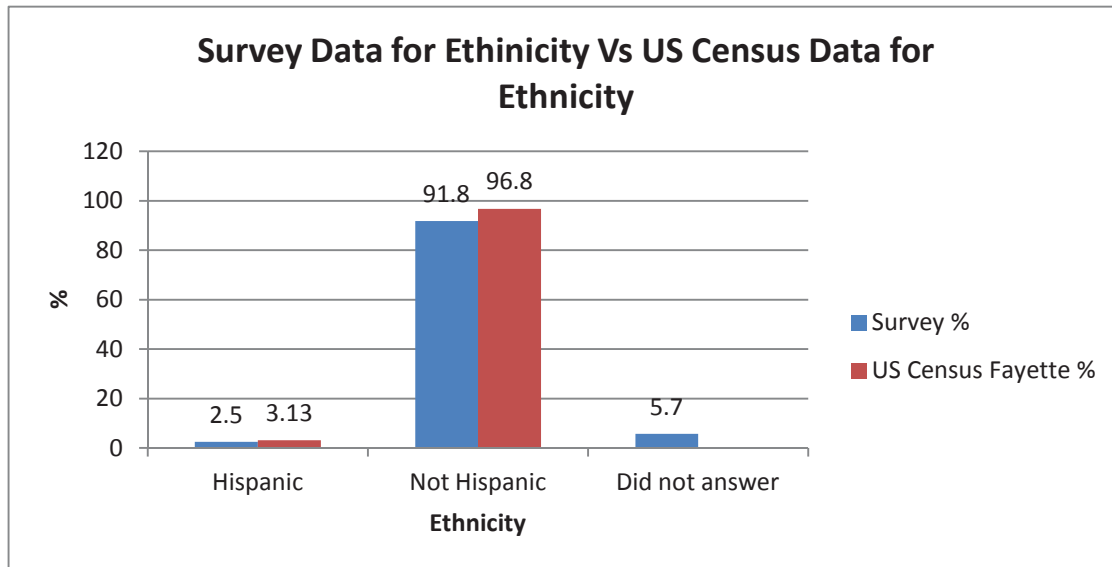
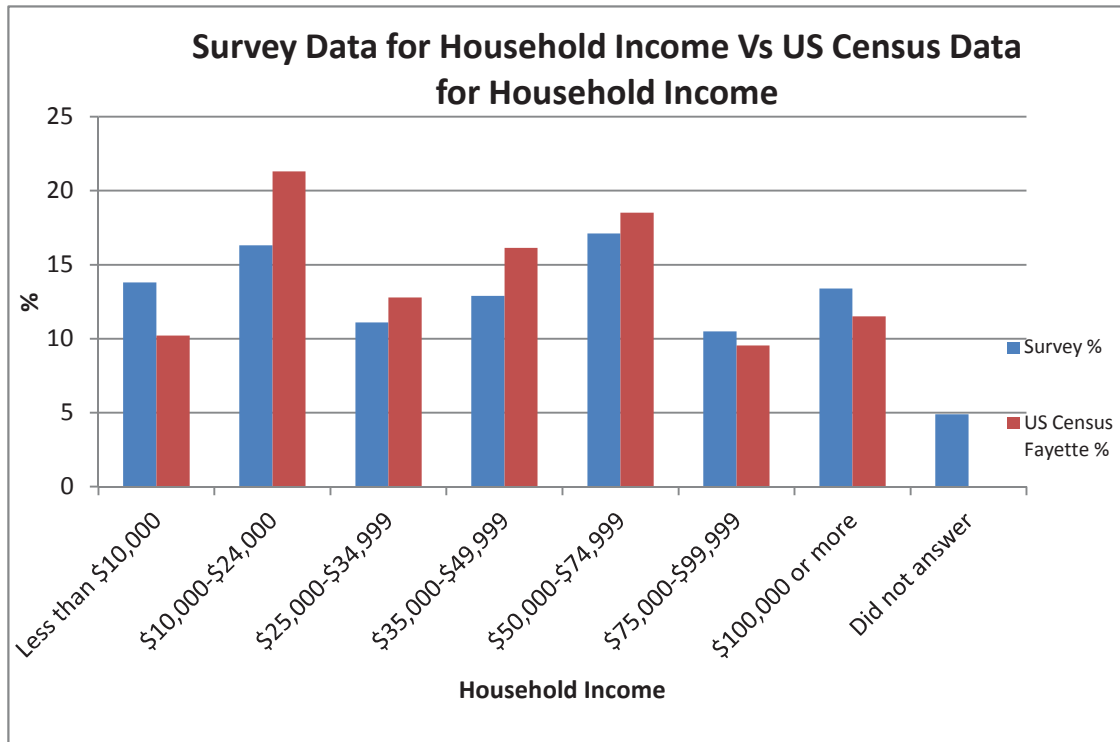


Figure 9: Household Income



Health & Social Issues

The following issues were identified as important health and social issues in Fayette County by majority of survey respondents. The issues are ranked by % response from the survey.

- | | |
|---------------------------|------------------------------|
| 1. Unemployment | 6. Heart Diseases and Stroke |
| 2. Drug and Alcohol Abuse | 7. Health Insurance |
| 3. Health Care Costs | 8. Cancer |
| 4. Obesity | 9. Aging Issues |
| 5. Safe Neighborhoods | 10. Child Abuse |



Environmental Issues

The following issues were identified as important environmental issues in Fayette County by majority of survey respondents. The issues are ranked by % response from the survey.

1. Littering
2. Energy Efficiency
3. Clean Drinking Water
4. Recycling
5. Flood Drainage Problems
6. Clean Outdoor Air
7. Mosquitoes
8. Safe Food at Restaurants
9. Green Space/Urban Parks
10. Availability of Local Fresh Produce



APPENDIX B: Results from the Local Public Health Performance Assessment

B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	46
2	Diagnose And Investigate Health Problems and Health Hazards	77
3	Inform, Educate, And Empower People about Health Issues	52
4	Mobilize Community Partnerships to Identify and Solve Health Problems	49
5	Develop Policies and Plans that Support Individual and Community Health Efforts	76
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	64
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	57
8	Assure a Competent Public and Personal Health Care Workforce	48
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	40
10	Research for New Insights and Innovative Solutions to Health Problems	50
Overall Performance Score		56



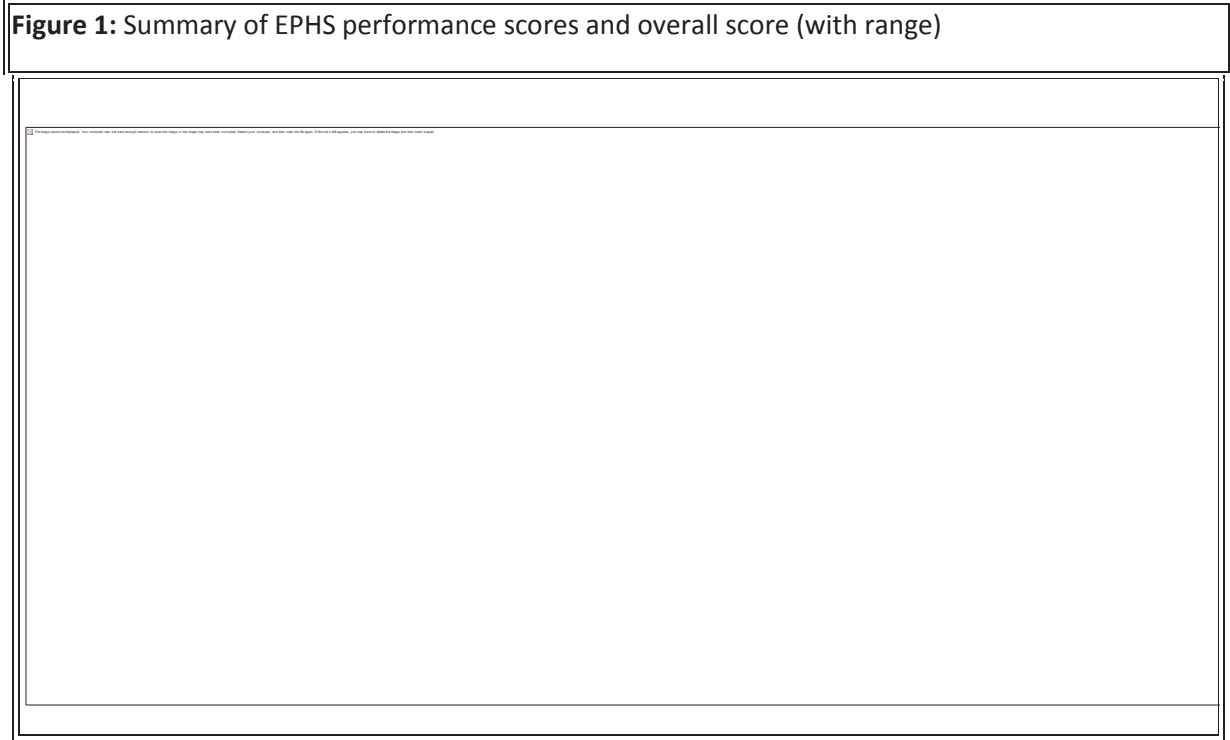


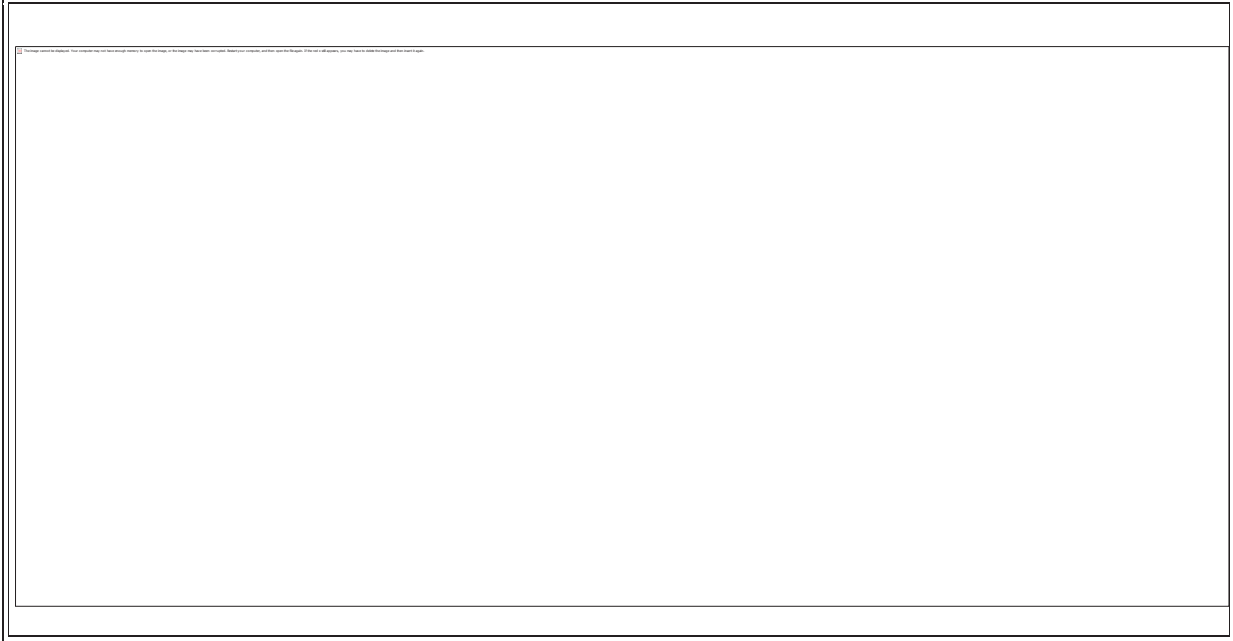
Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.





Figure 2: Rank ordered performance scores for each Essential Service



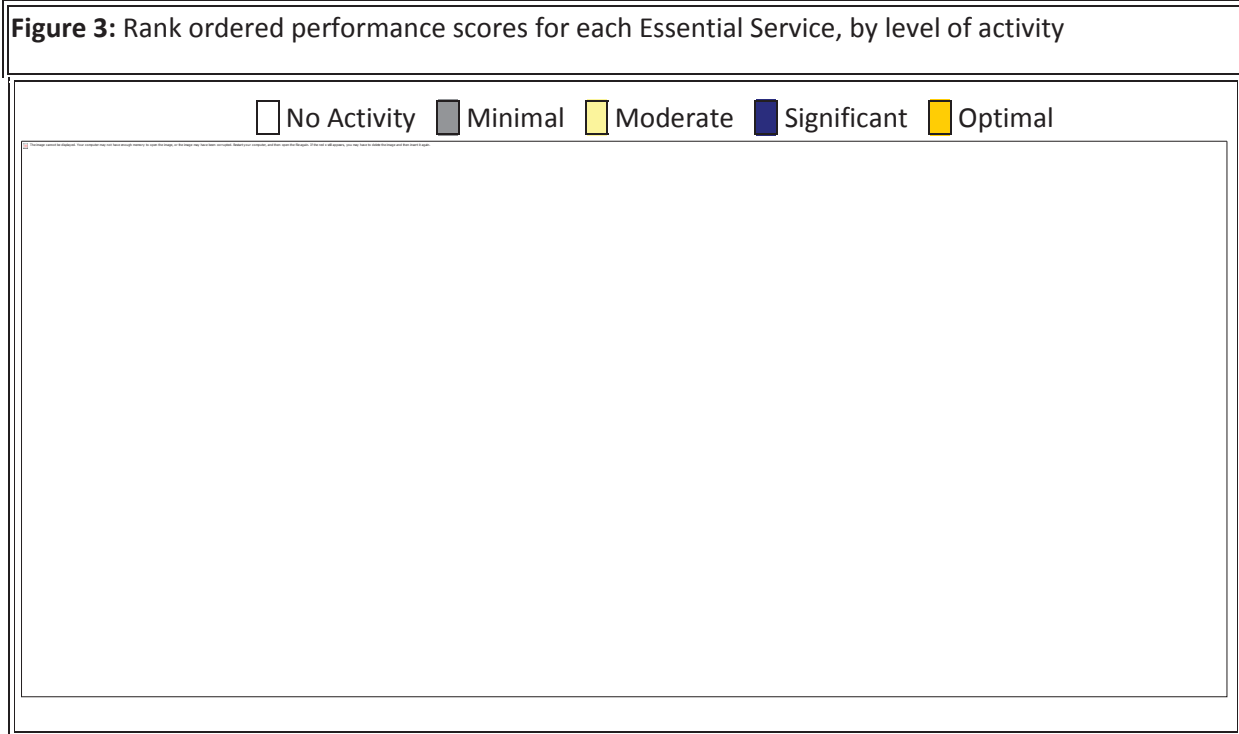


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

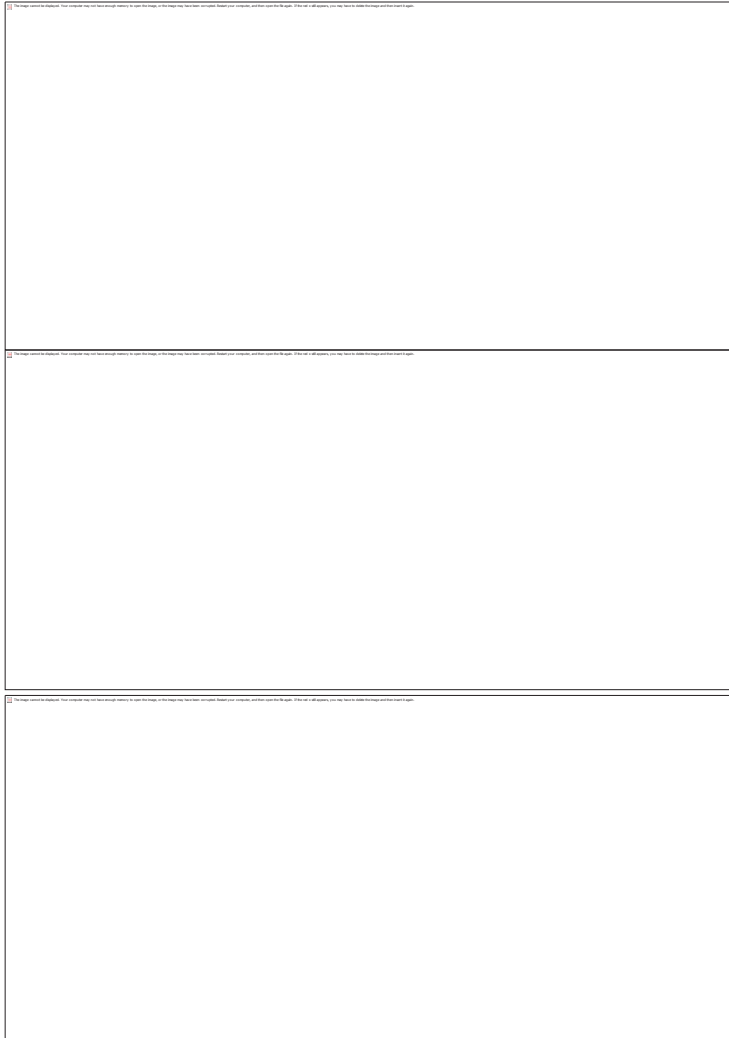
Figure 4 (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.



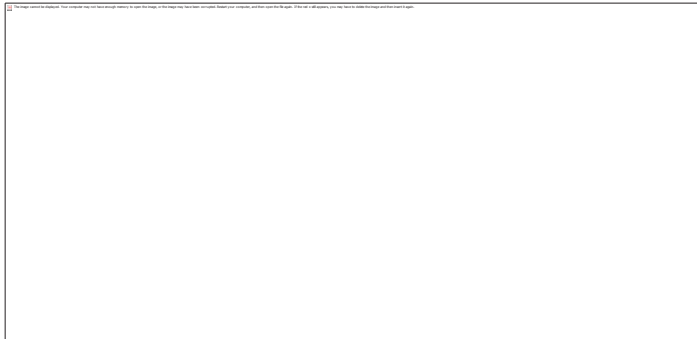


II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service



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Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	46
1.1 Population-Based Community Health Profile (CHP)	47
1.1.1 Community health assessment	47
1.1.2 Community health profile (CHP)	70
1.1.3 Community-wide use of community health assessment or CHP data	25
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	38
1.2.1 State-of-the-art technology to support health profile databases	25
1.2.2 Access to geocoded health data	38
1.2.3 Use of computer-generated graphics	50
1.3 Maintenance of Population Health Registries	53
1.3.1 Maintenance of and/or contribution to population health registries	31
1.3.2 Use of information from population health registries	75
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	77
2.1 Identification and Surveillance of Health Threats	64
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	67
2.1.2 Submission of reportable disease information in a timely manner	50



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2.1.3 Resources to support surveillance and investigation activities	75
2.2 Investigation and Response to Public Health Threats and Emergencies	81
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	75
2.2.2 Current epidemiological case investigation protocols	75
2.2.3 Designated Emergency Response Coordinator	88
2.2.4 Rapid response of personnel in emergency / disasters	69
2.2.5 Evaluation of public health emergency response	100
2.3 Laboratory Support for Investigation of Health Threats	84
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	75
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	63
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, And Empower People about Health Issues	52
3.1 Health Education and Promotion	42
3.1.1 Provision of community health information	44
3.1.2 Health education and/or health promotion campaigns	44
3.1.3 Collaboration on health communication plans	38
3.2 Health Communication	55



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3.2.1 Development of health communication plans	43
3.2.2 Relationships with media	54
3.2.3 Designation of public information officers	69
3.3 Risk Communication	60
3.3.1 Emergency communications plan(s)	66
3.3.2 Resources for rapid communications response	50
3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	50



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Essential Public Health Service	Score
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	49
4.1 Constituency Development	53
4.1.1 Identification of key constituents or stakeholders	56
4.1.2 Participation of constituents in improving community health	69
4.1.3 Directory of organizations that comprise the LPHS	63
4.1.4 Communications strategies to build awareness of public health	25
4.2 Community Partnerships	46
4.2.1 Partnerships for public health improvement activities	63
4.2.2 Community health improvement committee	50
4.2.3 Review of community partnerships and strategic alliances	25
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	76
5.1 Government Presence at the Local Level	71
5.1.1 Governmental local public health presence	83
5.1.2 Resources for the local health department	80
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	50
5.2 Public Health Policy Development	79



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5.2.1 Contribution to development of public health policies	88
5.2.2 Alert policymakers/public of public health impacts from policies	75
5.2.3 Review of public health policies	75
5.3 Community Health Improvement Process	57
5.3.1 Community health improvement process	72
5.3.2 Strategies to address community health objectives	13
5.3.3 Local health department (LHD) strategic planning process	88
5.4 Plan for Public Health Emergencies	97
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	92
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	64
6.1 Review and Evaluate Laws, Regulations, and Ordinances	63
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	75
6.1.2 Knowledge of laws, regulations, and ordinances	75
6.1.3 Review of laws, regulations, and ordinances	25
6.1.4 Access to legal counsel	75
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	58



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6.2.1 Identification of public health issues not addressed through existing laws	50
6.2.2 Development or modification of laws for public health issues	50
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	75
6.3 Enforce Laws, Regulations and Ordinances	70
6.3.1 Authority to enforce laws, regulation, ordinances	75
6.3.2 Public health emergency powers	75
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	50
6.3.4 Provision of information about compliance	75
6.3.5 Assessment of compliance	75



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Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	57
7.1 Identification of Populations with Barriers to Personal Health Services	71
7.1.1 Identification of populations who experience barriers to care	100
7.1.2 Identification of personal health service needs of populations	63
7.1.3 Assessment of personal health services available to populations who experience barriers to care	50
7.2 Assuring the Linkage of People to Personal Health Services	44
7.2.1 Link populations to needed personal health services	50
7.2.2 Assistance to vulnerable populations in accessing needed health services	50
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	50
7.2.4 Coordination of personal health and social services	25
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	48
8.1 Workforce Assessment Planning, and Development	25
8.1.1 Assessment of the LPHS workforce	25
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	25
8.1.3 Dissemination of results of the workforce assessment / gap analysis	25
8.2 Public Health Workforce Standards	75



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8.2.1 Awareness of guidelines and/or licensure/certification requirements	75
8.2.2 Written job standards and/or position descriptions	75
8.2.3 Annual performance evaluations	75
8.2.4 LHD written job standards and/or position descriptions	75
8.2.5 LHD performance evaluations	75
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	56
8.3.1 Identification of education and training needs for workforce development	75
8.3.2 Opportunities for developing core public health competencies	50
8.3.3 Educational and training incentives	25
8.3.4 Interaction between personnel from LPHS and academic organizations	75
8.4 Public Health Leadership Development	38
8.4.1 Development of leadership skills	50
8.4.2 Collaborative leadership	25
8.4.3 Leadership opportunities for individuals and/or organizations	50
8.4.4 Recruitment and retention of new and diverse leaders	25



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Essential Public Health Service	Score
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	40
9.1 Evaluation of Population-based Health Services	56
9.1.1 Evaluation of population-based health services	75
9.1.2 Assessment of community satisfaction with population-based health services	50
9.1.3 Identification of gaps in the provision of population-based health services	50
9.1.4 Use of population-based health services evaluation	50
9.2 Evaluation of Personal Health Care Services	50
9.2.1. In Personal health services evaluation	50
9.2.2 Evaluation of personal health services against established standards	75
9.2.3 Assessment of client satisfaction with personal health services	50
9.2.4 Information technology to assure quality of personal health services	25
9.2.5 Use of personal health services evaluation	50
9.3 Evaluation of the Local Public Health System	13
9.3.1 Identification of community organizations or entities that contribute to the EPHS	50
9.3.2 Periodic evaluation of LPHS	0
9.3.3 Evaluation of partnership within the LPHS	0



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9.3.4 Use of LPHS evaluation to guide community health improvements	0
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	50
10.1 Fostering Innovation	44
10.1.1 Encouragement of new solutions to health problems	50
10.1.2 Proposal of public health issues for inclusion in research agenda	50
10.1.3 Identification and monitoring of best practices	50
10.1.4 Encouragement of community participation in research	25
10.2 Linkage with Institutions of Higher Learning and/or Research	50
10.2.1 Relationships with institutions of higher learning and/or research organizations	50
10.2.2 Partnerships to conduct research	50
10.2.3 Collaboration between the academic and practice communities	50
10.3 Capacity to Initiate or Participate in Research	56
10.3.1 Access to researchers	75
10.3.2 Access to resources to facilitate research	75
10.3.3 Dissemination of research findings	50
10.3.4 Evaluation of research activities	25





III. Overall, how well is the system achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

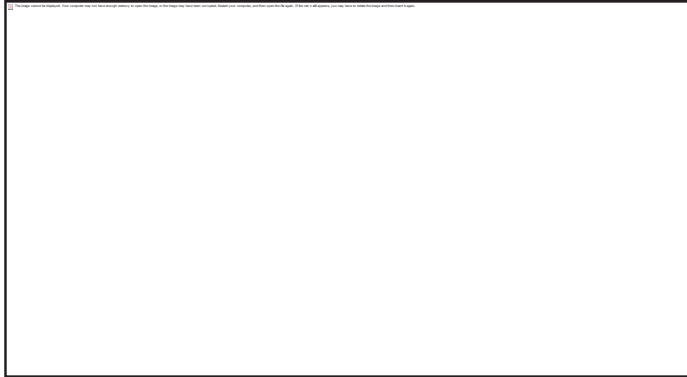


Figure 5 displays the percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 6: Percentage of model standards scored in each level of activity

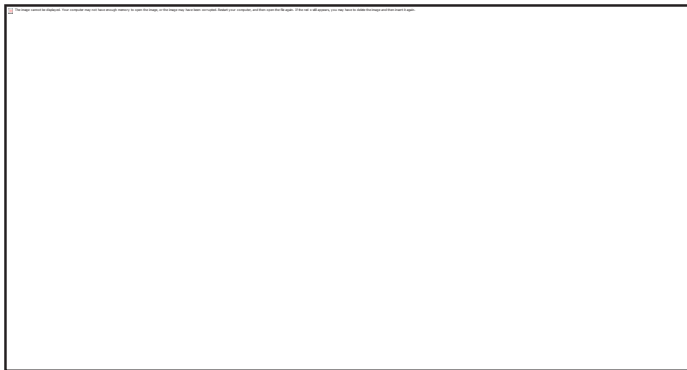


Figure 6 displays the percentage of the system's model standard scores that fall within the five activity categories.





Figure 7: Percentage of all questions scored in each level of activity

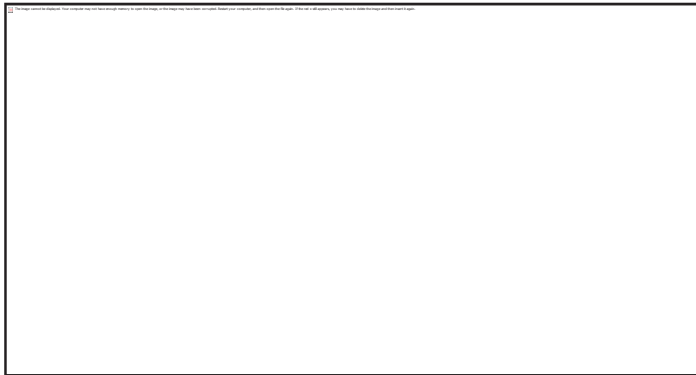


Figure 7 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figures 5** and **6**.





D. Optional agency contribution results

How much does the Local Health Department contribute to the system's performance, as perceived by assessment participants?

Tables 5 and 6 (below) display Essential Services and model standards arranged by Local Health Department (LHD) contribution (Highest to Lowest) and performance score. Sites may want to consider the questions listed before these tables to further examine the relationship between the system and Department in achieving Essential Services and model standards. Questions to consider are suggested based on the four categories or "quadrants" displayed in **Figures 10 and 11**.

Quadrant		Questions to Consider
I.	Low Performance/High Department Contribution	<ul style="list-style-type: none"> • Is the Department's level of effort truly high, or do they just do more than anyone else? • Is the Department effective at what it does, and does it focus on the right things? • Is the level of Department effort sufficient for the jurisdiction's needs? • Should partners be doing more, or doing different things? • What else within or outside of the Department might be causing low performance?
II.	High Performance/High Department Contribution	<ul style="list-style-type: none"> • What does the Department do that may contribute to high performance in this area? Could any of these strategies be applied to other areas? • Is the high Department contribution appropriate, or is the Department taking on what should be partner responsibilities? • Could the Department do less and maintain satisfactory performance?



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<p>III.</p>	<p>High Performance/Low Department Contribution</p>	<ul style="list-style-type: none"> • Who are the key partners that contribute to this area? What do they do that may contribute to high performance? Could any of these strategies be applied to other areas? • Does the low Department contribution seem right for this area, or are partners picking up slack for Department responsibilities? • Does the Department provide needed support for partner efforts? • Could the key partners do less and maintain satisfactory performance?
<p>IV.</p>	<p>Low Performance/Low Department Contribution</p>	<ul style="list-style-type: none"> • Who are the key partners that contribute to this area? Are their contributions truly high, or do they just do more than the Department? • Is the total level of effort sufficient for the jurisdiction's needs? • Are partners effective at what they do, and do they focus on the right things? • Does the low Department contribution seem right for this area, or is it likely to be contributing to low performance? • Does the Department provide needed support for partner efforts? • What else might be causing low performance?





Table 5: Essential Service by perceived LHD contribution and score

Essential Service	LHD Contribution	Performance Score	Consider Questions for:
1. Monitor Health Status To Identify Community Health Problems	92%	Moderate (46)	Quadrant I
2. Diagnose And Investigate Health Problems and Health Hazards	100%	Optimal (77)	Quadrant II
3. Inform, Educate, And Empower People about Health Issues	100%	Significant (52)	Quadrant I
4. Mobilize Community Partnerships to Identify and Solve Health Problems	75%	Moderate (49)	Quadrant I
5. Develop Policies and Plans that Support Individual and Community Health Efforts	94%	Optimal (76)	Quadrant II
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	100%	Significant (64)	Quadrant II
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	50%	Significant (57)	Quadrant III
8. Assure a Competent Public and Personal Health Care Workforce	44%	Moderate (48)	Quadrant IV
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	75%	Moderate (40)	Quadrant I
10. Research for New Insights and Innovative Solutions to Health Problems	75%	Significant (50)	Quadrant I





Table 6: Model standards by perceived LHD contribution and score

Model Standard	LHD Contribution	Performance Score	Consider Questions for:
1.1 Population-Based Community Health Profile (CHP)	100%	Moderate (47)	Quadrant I
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	100%	Moderate (38)	Quadrant I
1.3 Maintenance of Population Health Registries	75%	Significant (53)	Quadrant IV
2.1 Identification and Surveillance of Health Threats	100%	Significant (64)	Quadrant II
2.2 Investigation and Response to Public Health Threats and Emergencies	100%	Optimal (81)	Quadrant II
2.3 Laboratory Support for Investigation of Health Threats	100%	Optimal (84)	Quadrant II
3.1 Health Education and Promotion	100%	Moderate (42)	Quadrant I
3.2 Health Communication	100%	Significant (55)	Quadrant I
3.3 Risk Communication	100%	Significant (60)	Quadrant II
4.1 Constituency Development	75%	Significant (53)	Quadrant IV



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4.2 Community Partnerships	75%	Moderate (46)	Quadrant IV
5.1 Government Presence at the Local Level	100%	Significant (71)	Quadrant II
5.2 Public Health Policy Development	100%	Optimal (79)	Quadrant II
5.3 Community Health Improvement Process	75%	Significant (57)	Quadrant III
5.4 Plan for Public Health Emergencies	100%	Optimal (97)	Quadrant II
6.1 Review and Evaluate Laws, Regulations, and Ordinances	100%	Significant (63)	Quadrant II
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	100%	Significant (58)	Quadrant II
6.3 Enforce Laws, Regulations and Ordinances	100%	Significant (70)	Quadrant II
7.1 Identification of Populations with Barriers to Personal Health Services	50%	Significant (71)	Quadrant III



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7.2 Assuring the Linkage of People to Personal Health Services	50%	Moderate (44)	Quadrant IV
8.1 Workforce Assessment Planning, and Development	25%	Minimal (25)	Quadrant IV
8.2 Public Health Workforce Standards	50%	Significant (75)	Quadrant III
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	75%	Significant (56)	Quadrant IV
8.4 Public Health Leadership Development	25%	Moderate (38)	Quadrant IV
9.1 Evaluation of Population-based Health Services	75%	Significant (56)	Quadrant IV



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9.2 Evaluation of Personal Health Care Services	50%	Significant (50)	Quadrant IV
9.3 Evaluation of the Local Public Health System	100%	Minimal (13)	Quadrant I
10.1 Fostering Innovation	75%	Moderate (44)	Quadrant IV
10.2 Linkage with Institutions of Higher Learning and/or Research	100%	Significant (50)	Quadrant I
10.3 Capacity to Initiate or Participate in Research	50%	Significant (56)	Quadrant IV





Figure 10: Scatter plot of Essential Service scores and LHD contribution scores

Essential Service data are calculated as a mean of model standard ratings within each Essential Service.

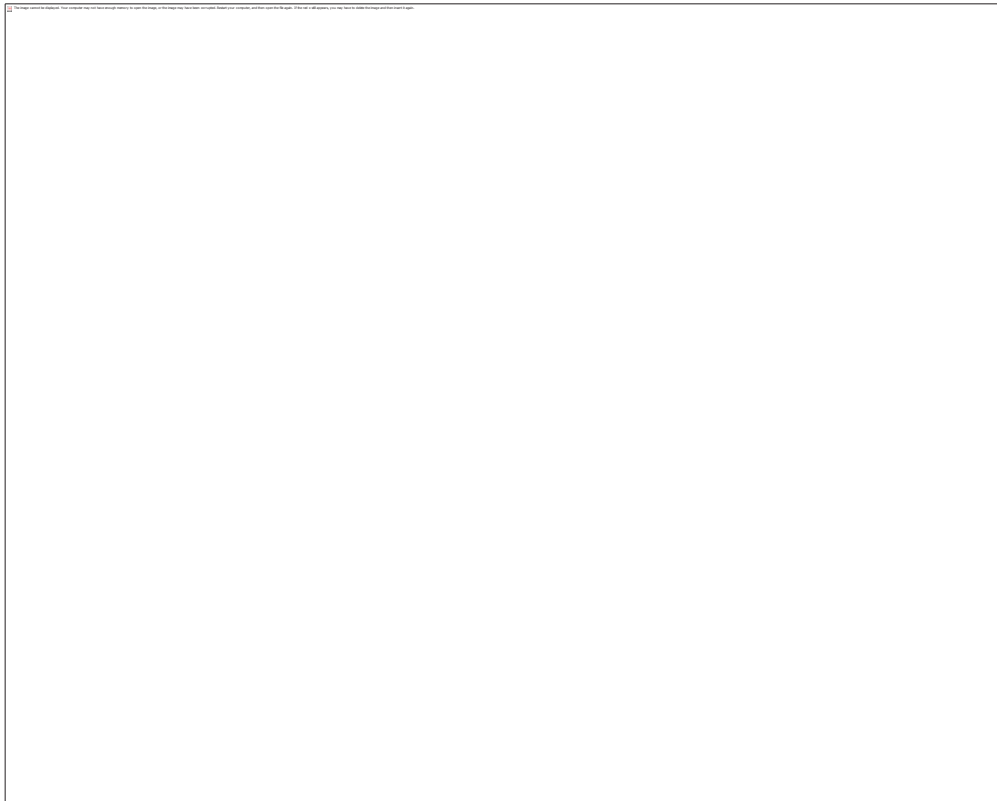
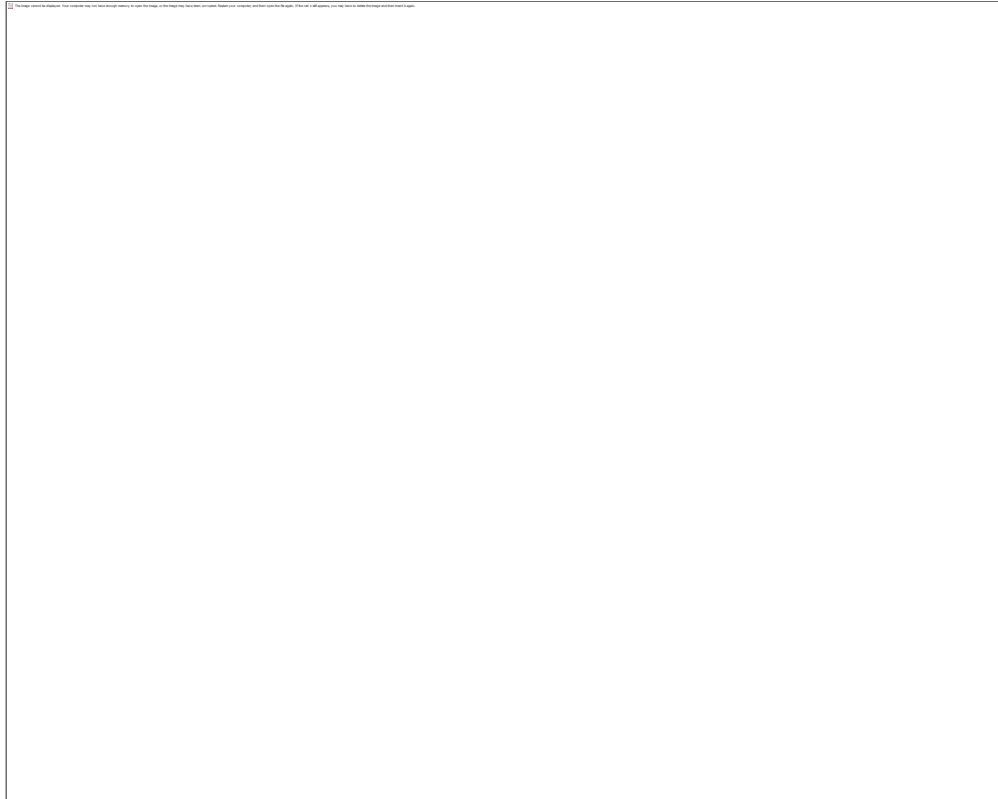


Figure 11: Scatter plot of model standard scores and LHD contribution scores



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APPENDIX C: Focus Group Questionnaire

Perceptions among community members regarding the most important issues facing their community

1. What do you think are the 3 most important issues that must be addressed to improve your community?
2. What actions would you support to improve your community?
3. Lexington Fayette County residents identified the following issues as the top 5 health and social issues in the Lexington Fayette 2010 Community Needs Assessment survey:
 1. Unemployment
 2. Drug and Alcohol Abuse
 3. Health Care Costs
 4. Obesity
 5. Safe Neighborhoods.

What steps should our community take to address these five health and social issues?

4. Lexington Fayette County Residents identified the following as the top 5 environmental issues in the Lexington Fayette 2010 Community Needs Assessment survey:
 1. Littering
 2. Energy Efficiency
 3. Clean Drinking Water
 4. Recycling
 5. Flood and Drainage Problems

What steps should our community take to address these five environmental issues?

5. What are some positive things about your community?



APPENDIX D: Focus Group Health Department Services Survey Results

Focus Group Results

Total # of Focus Group Participants for Survey = 64

Percent of Focus Group Participants Familiar with Health Department Programs

Health Dept Service	#	%
WIC Program	40	62
Dental Clinic	38	59
Diabetes Prevention	27	42
HIV/AIDS	26	41
Public Health Clinic North	25	39
Family Planning	23	36
School Health Program	23	36
STDs	23	36
Breast & Cervical Cancer Screening	22	34
Pregnancy Care Services	22	34
Primary Care Center	20	31
Environmental Health	14	22
Hands Program	14	22
Healthy Living Class	14	22
Public Health Clinic South	14	22
Weight Loss Support Group	14	22
Bluegrass-Aspendale Teen Center	13	20
Nutrition Counseling	13	20
Tobacco Cessation & Prevention	13	20
Adult Day Care Program	10	16
Breastfeeding Information & Help	10	16
Tuberculosis	10	16
Epidemiology & Emergency Health Planning	8	12
Medical Reserve Corps	8	12



Barriers to Using Health Department Services

Type of Barrier	#	%
Cost	29	45
Unfamiliar with health department Services	23	36
Transportation	23	36
Location	13	20
Language Barrier	11	17
Longer waiting time to schedule appointment	4	6
Long wait time at clinic	2	3
Office hours for health department	1	1
Other	1	1

Services that Health Department Should Offer

Type of Service	#	%
Services for uninsured	3	7
Nutrition and Exercise Education	3	5
Better walk-in service and attention	2	3
Health Services for people with health problems	1	1
Denture Clinic	1	1
Outreach in Neighborhoods	1	1
Help for low-income families	1	1
Timely service	1	1
Pediatric dental services	1	1
Help at appointment desk for primary care	1	1
Information in Spanish	1	1
Same day service for sick people	1	1
More payment windows at clinic	1	1
Conversation with youth about drugs	1	1
More assistance for women	1	1
Transportation services to doctor's appointment	1	1
Gainsway area mobile clinic	1	1



Have you or some you know been involved with the Department for Community Based Services due to child abuse allegations?

Yes/No	#	%
No	44	69
Yes	13	20
Did not answer	7	11

If yes, in your opinion was the treatment fair?

Yes/No	#	%
Yes	5	50
Did not answer	4	40
No	1	10

Is it important to have a health and wellness program offered at work?

Yes/No	#	%
Yes	59	92
Did not answer	4	6
No	1	2



**Appendix C: Lexington-Fayette County –
Community Health Improvement Plan**



Lexington-Fayette County Community Health Improvement Plan



May 2012

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Lexington-Fayette County MAPP Membership

Alzheimer Association of Greater KY and Southern Indiana

American Red Cross

Bluegrass Regional MHMR

Central Baptist Hospital

Clark County Health Department

Frontier Nursing University

Hope Center

KY Department of Public Health

KY Pink Connection

Lexington Clinic

Lexington-Fayette County Board of Health

Lexington-Fayette County Health Department

Lexington Fire & Emergency

Lexington Heals Institute

Lexington Police

Lexington Public Library

PNC Bank

Russell Cave Family Resource Center

Saint Joseph Hospital System

UK College of Dentistry

UK College of Public Health

UK Division of Dental Public Health

UK Healthcare

UK Markey Cancer Center

UK Polk Dalton Clinic

UK College of Nursing

Strategic Plan for Community Health Improvement

The Lexington-Fayette County Mobilizing for Action through Planning and Partnership (MAPP) Coalition was formed in June 2011 and is supported by the Lexington-Fayette County Health Department (LFCHD). The Coalition followed a community health improvement planning model developed by the National Association of County and City Health Officials (2008) in cooperation with the Centers for Disease Control and Prevention (CDC), called Mobilizing for Action through Planning and Partnerships (MAPP). The Coalition assessed Lexington-Fayette County's strengths and needs and formulated a plan to address the identified concerns.

As shown in Figure 1, data collected during the four MAPP assessments, Community Themes and Strengths Assessment, Local Public Health Assessment, Community Health Status Assessment, and Forces of Change Assessment in addition to a Community Focus Group Assessment, helped in inform the entire planning process. The Lexington-Fayette County Coalition compiled and analyzed all assessment data, identified priority health issues, and created a strategic plan that specifies program, policy, systems, and environmental change strategies to improve the health of residents of Lexington-Fayette County.

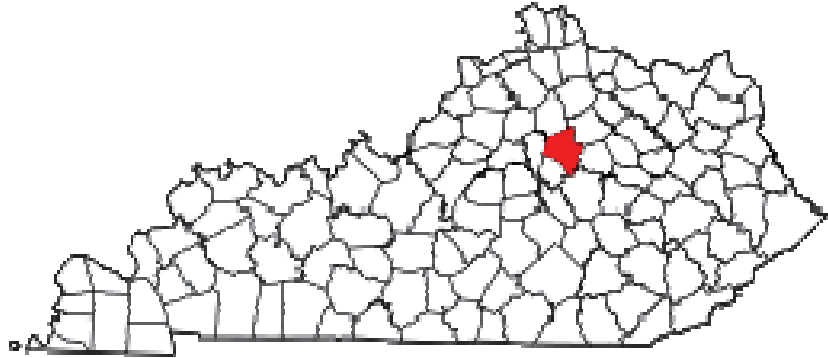
Figure 1. MAPP Community Strategic Planning Process



Community Assessments

Community Health Status Assessment

Lexington-Fayette County Health Department (LFCHD) conducted a Community Health Assessment in December 2011. The results of the assessment provide some general demographic characteristics and provide a description of some of the leading contributing causes of community health issues (or risk factors) for the Lexington-Fayette County community (U.S. Census Bureau, 2010).



General Demographic Characteristics for Lexington-Fayette County:

Kentucky		Fayette County
4,339,367	Population	295,803
110	Pop. per Sq. Mile	1040
12.2%	% Racial Minority	24.3%
3.1%	% Hispanic	6.9%
23.6%	% Under 18 years old	21.2%
13.3%	% 65 and Older	10.5%

Individuals below Poverty Level: 20.4%

Families below Poverty Level: 3.0%

Race and ethnicity

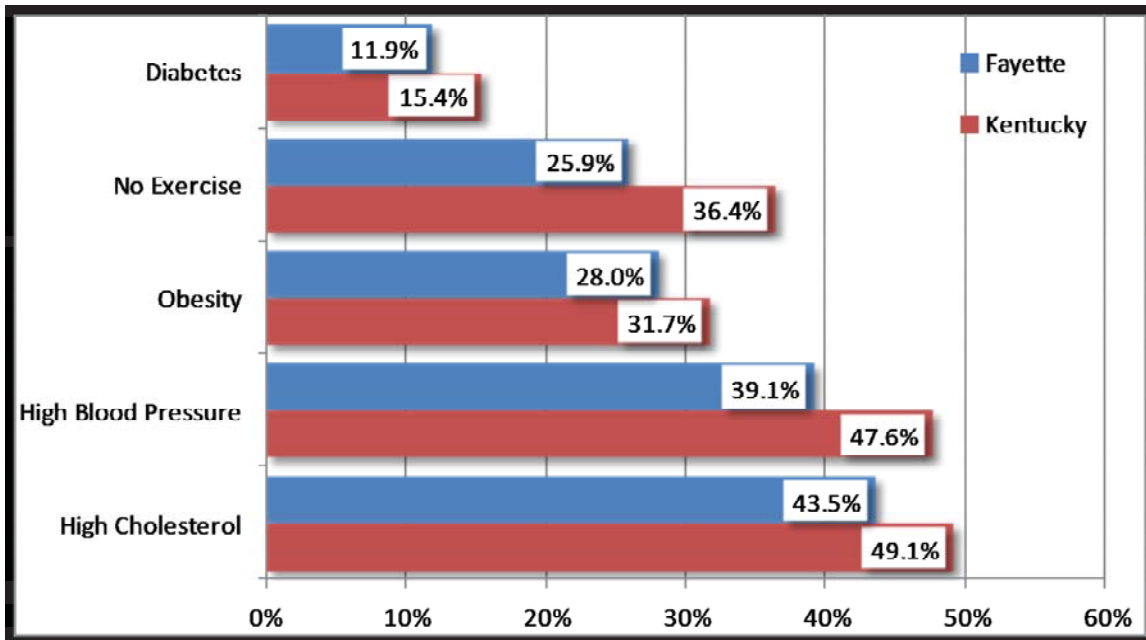
- White: 75.7%
- Black: 14.5%
- American Indian: 0.2%
- Asian/Pacific Islander: 3.3%
- Hispanic: 6.9%

Educational attainment

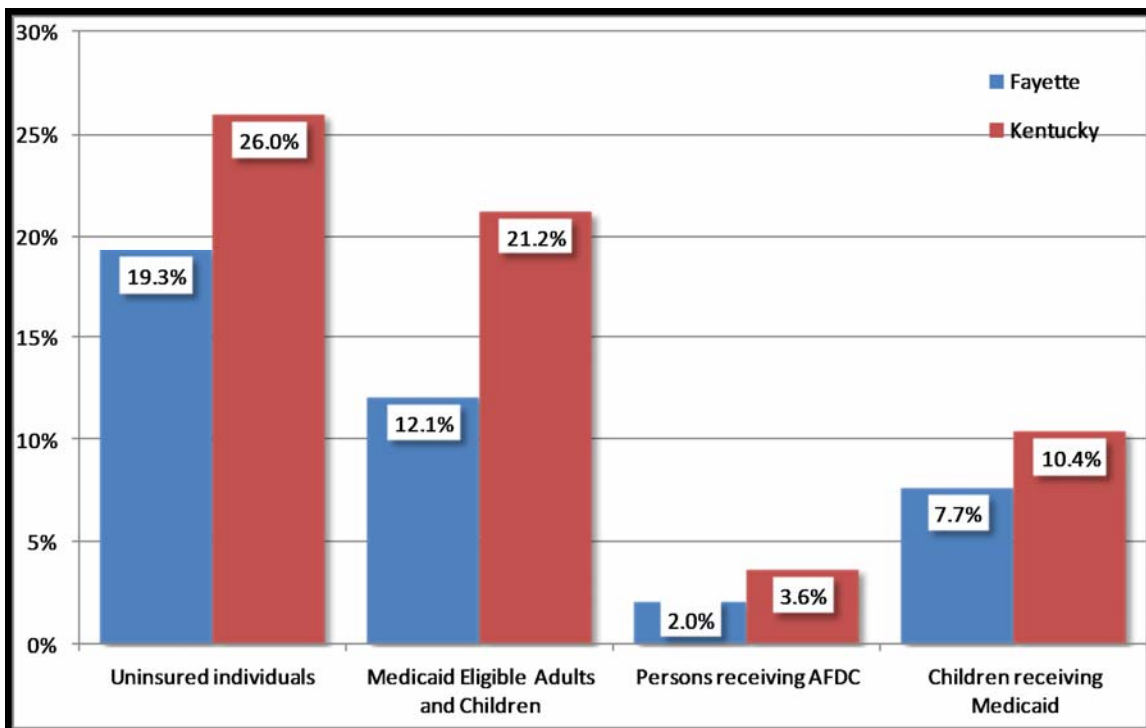
- No high school diploma: 11.2%
- High school diploma: 22.1%

Some of the primary risk factors identified as a part of the Community Health Status Assessment can be found in Figure 1 below.

Figure 1. Risk factors for poor health



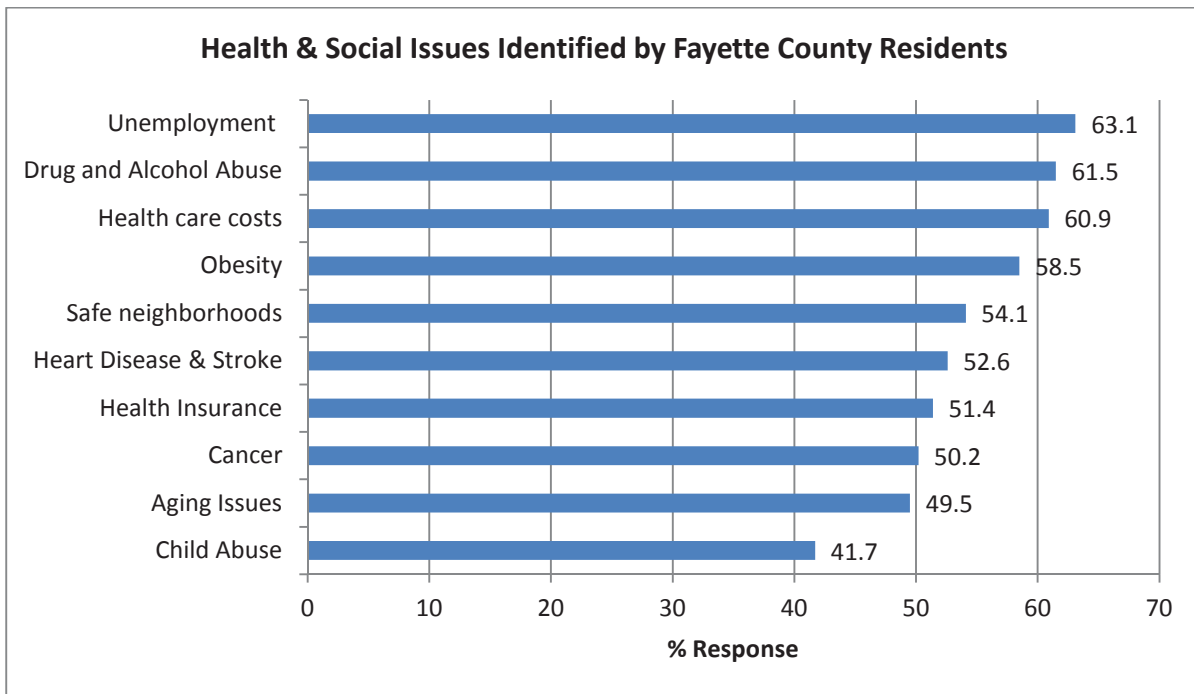
The Community Health Status Assessment also identified access to health care services as a major health concern (Figure 2.) **Figure 2. Access to Care**



Community Themes and Strengths Assessment

A household survey was administered to 6000 randomly selected Lexington-Fayette County households in June of 2011 to solicit the community’s opinion about 10 important health, social, and environmental issues in Lexington-Fayette County. A total of 1228 completed surveys were obtained providing an overall response rate of 20.4%. Unemployment, drug and alcohol abuse, health care costs, obesity, and safe neighborhoods were identified as important issues by majority of survey respondents. Similarly, littering, energy efficiency, clean drinking water, recycling, and flood drainage problems were identified as important environmental issues by majority of survey respondents. Figure 3 illustrates the range of health and social issues identified by the community. About 15.4% of survey respondents reported being uninsured, whereas 46.4% and 57.7% reported being without dental and vision insurance. Only 3.7% of the survey respondents reported poor health status. About 21% of respondents were 65 or older and 40% of respondents were between the ages of 45-64 years. About 32.1% of the respondents were between the ages of 25-44 years. In terms of gender distribution, 26.2% of survey respondents were male and 70% were female. About 74.1% of the survey respondents were White, 17.5% were Black, 2.1% were Asian or Pacific Islander, and about 2.5% were Hispanic. In terms of household income distribution, 13.8% reported household income less than \$10,000 and 27.4% reported household income between \$10,000 and \$34,999.

Figure 3. Health and Social Issues



Community Health Improvement Plan

Three focus groups were conducted by LFCHD across the Lexington-Fayette County area during the timeframe of October 16 through November 1, 2010. Participants were recruited in collaboration with neighborhood associations and Hispanic population advocates in Lexington-Fayette County. All focus group participants were low-income African Americans or Hispanics. The focus groups were designed to encourage participants to identify important health and social issues in their communities. A total 77 adults participated in these focus groups. Major categories of health and social issues that were identified by the focus groups include:

- Drug and alcohol abuse
- Neighborhood safety and security (especially among vulnerable subgroup such as Seniors)
- Chronic health issues (e.g., cancer, coronary heart disease, stroke, diabetes, high cholesterol, high blood pressure, dental care, and obesity)
- Trash
- Inadequate/unsafe housing/living conditions
- Inadequate access to healthcare
- Unemployment
- Severe weather assistance (e.g., in case of flood, power outage, extreme cold or heat)
- Recycling

Local Public Health System Assessment

The Fayette-County Health Department utilized the criteria put forth by the National Public Health Performance Standards Program (NPHPSP) in order to assess the performance and activities of the local public health system. The NPHPSP was developed by the Centers for Disease Control and Prevention (CDC) in 2007 in collaboration with the following partner organizations: American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Network of Public Health Institutes (NNPHI), and Public Health Foundation (PHF).

The local health department is only one of many key partners in the Lexington-Fayette County's public health system. The public health system in Lexington-Fayette County includes: the local public health department, other local governmental agencies, healthcare providers, human service organizations, schools, universities, faith-based organizations, youth development organizations, philanthropic organizations, and others. Over 40 of the Lexington-Fayette County public health partners completed the NPHPSP survey in July of 2011.

Figure 4 below displays self-reported performance scores from community stakeholders for each Essential Public Health Services (EPHS) along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score.

Figure 4. Summary of EPHS performance scores and overall score (with range)

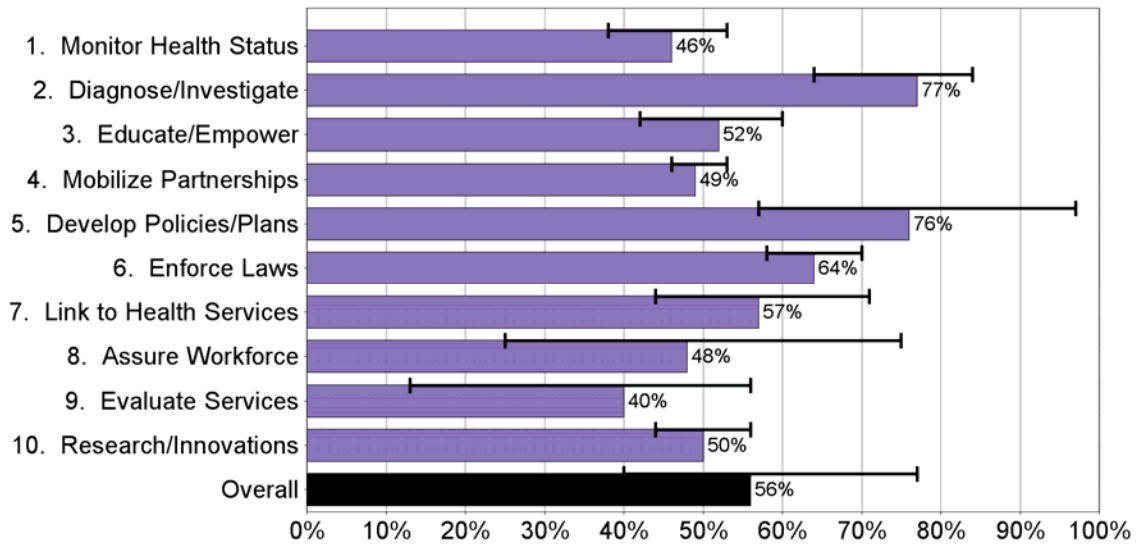
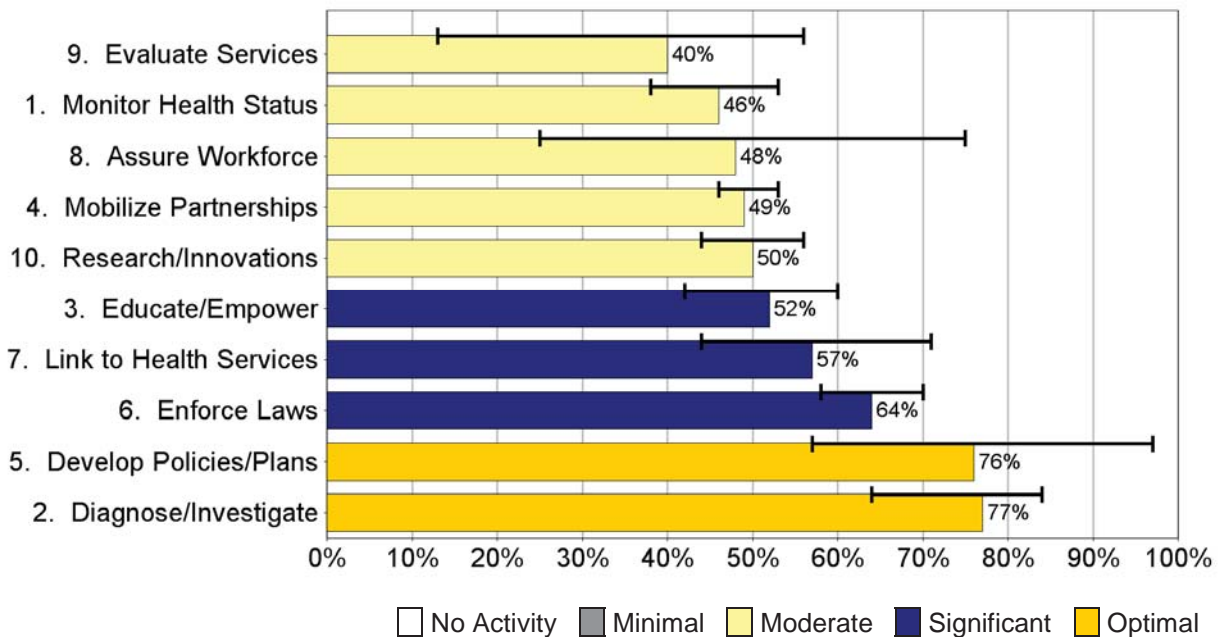


Figure 5 below illustrates the findings related to the rating of the delivery of the 10 Essential Public Health Services by the Public Health System by level of activity as measured by community stakeholders.

Figure 5. Rank ordered performance scores for each Essential Service, by level of activity



Forces of Change Assessment

Lexington-Fayette County conducted a Forces of Change Assessment in June 2011. The findings from this assessment were organized into eight primary categories that include: 1) Demographics, 2) Economics, 3) Environment, 4) Health Care, 5) Housing, 6) Infrastructure, 7) Social Issues, and 8) Public Health System. The eight primary categories were then divided into three subcategories 1) trends, factors, and events; 2) threats; and 3) opportunities. An example of the tables created for each of the eight primary categories divided into the three subcategories is displayed below.

Demographics

Trends, Factors, Events	Threats	Opportunities
Aging Population	Limited Services for Seniors	Services for Aging Population
War Veterans	Soldiers returning with injuries	Services of war veterans
Population Increasing	More demand of employment	Train skilled workforce
University student population	Not enough job placements at local level	Highly educated workforce
Migrant Workers	Limited health care and social services	Improve health and social services
Homeless population	Deficient mental health services	Improve mental and other social support services
Highly educated population	Challenges to match skilled workforce with jobs	Stable economy
Diverse population	Initial hardship for new immigrants to adjust in new culture	Need for Diverse services
Increase in poverty	Need for more services	Efficient use of existing services

Formulation of Goals and Strategies

The Lexington-Fayette County MAPP Coalition identified strategic issues by exploring the combined results of the five aforementioned assessments. This strategic issue identification process occurred over a series of meetings and stakeholder sessions. The identified issues reflect the most salient findings that need to be addressed in order to fulfill the Coalition’s strategic plan and to improve the health of the Lexington-Fayette County community.

To address the strategic issues identified through MAPP process, the Lexington-Fayette County MAPP Coalition developed and prioritized three primary goals and generated potential strategies to meet those goals. The goals and strategies are as follows:

1. Reduce the prevalence of obesity in the community

- Strategy: Educate families about nutrition and physical activity across the continuum
 - Identify existing programs that focus on nutrition and physical education
 - Identify gaps and redundancies in programming and service areas
 - Create partnerships and linkages to address identified gaps
 - Create a comprehensive education program

Community Health Improvement Plan

- Strategy: Ensure access to fresh, local, affordable food in all communities in Fayette County
 - Gather existing data regarding food deserts and transfer findings into a user-friendly document for the lay community
 - Identify gaps and redundancies in programming areas
 - Create partnerships and linkages to address identified gaps
 - Create a comprehensive education program
- Strategy: Identify and utilize existing community venues to increase physical activity
 - Create a resource directory that itemizes physical activity venues
 - Assess readiness and safety of identified community venues
 - Address issue of transportation and accessibility
 - Connect existing programs to community venues
- Strategy: Form partnerships with organizations to address the obesity issue in our community
 - Fayette County Neighborhood Council
 - YMCA
 - Parks and Recreation
 - Libraries
 - City Council
 - Neighborhood Associations
 - Fayette County School Board
 - Local Hospitals
 - Local Colleges and Universities
 - Faith-based organizations
 - Lexington-Fayette Urban County Government/Mayor's Office, City Planning and Zoning
 - Fire Marshall
 - Migrant Farmer Network



2. Assure safe neighborhoods

- Strategy: Promote drug and alcohol abuse prevention
 - Raise awareness about treatment resources
 - Promote early intervention through the juvenile court system
 - Promote existing available resources to address this issue
- Strategy: Make safe transportation available
 - Increase availability of public transit system
 - Increase safety for bicycle riders
 - Address issue of long bus rides
- Strategy: Promote family involvement for positive youth development
 - Increase parent involvement with kids
 - Make family activities more affordable
 - Address lack of response in neighborhoods
- Strategy: Involve and empower the community
 - Find ways to reach community members to increase communication
 - Collaborate with media to promote programs
 - Bring services to the community

3. Reduce the rate of unemployment in the community

- Strategy: Increase accessibility to GED classes
 - Address issues of funding, staff, and location
 - Address issue of time and convenience
 - Raise awareness about available GED classes
 - Address issue of transportation to the GED class location for low-income population
 - Provide ESL for Hispanic population
- Strategy: Improve youth development programs in Fayette County
 - Engage Fayette County Public School System in the process
 - Engage long-term partners (big employers, business, and community organizations) in the process
 - Create interest/incentives for youth to participate in youth development programs
 - Address issue of funding for youth development programs
 - Raise awareness about alternative career pathways for youth
- Strategy: Create inventory of available job development resources
 - Establish a lead organization to update inventory of resources in a timely manner
 - Encourage local organizations to work beyond their agencies
 - Connect job seekers to available jobs in the community
- Strategy: Establish a task force
 - Define benefit of establishing a task force to gain broad representation in the community
 - Address issues of competing agendas for local agencies to participate in this process
 - Address issue of time commitment from local partners
 - Locate services (e.g., human and health services) at one place so more people are able to

Action Plan

The Lexington-Fayette County MAPP Coalition reconvened in March 2012 to refine the goals and objectives that had previously been developed. The Coalition generated the following action plans for each of the three strategic issues: reduce the prevalence of obesity in the community, assure safe neighborhoods, and reduce the rate of unemployment in the community.

Reduce the prevalence of OBESITY in the community

The goals and objectives developed for the first strategic issue, obesity, are in line with the following National Healthy People 2020 Nutrition and Weight Status and Physical Activity Objectives:

- NWS4—(Developmental) Increase the proportion of Americans who have access to retail a retail food outlet that sells a variety of foods that are encouraged by the *Dietary Guidelines for Americans*;
- NWS7—(Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling (below—worksite wellness);
- NWS9 and NWS 10—Reduce the proportion of adults, children, and adolescents who are obese (are considered obese);
- PA 1—reduce the proportion of adults who engage in no leisure-time physical activity.

Goal: Encourage families in Fayette County to increase physical activity across the continuum		
Outcome Objective: Decrease the no exercise rate in Fayette County as measured by the BRFSS from 25.9% to 23.9% by 2015.		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. Create a resource directory to identify physical activity venues.	Dec. 2012	Bluegrass Mental Health St. Joseph Healthcare Obesity Sub-Committee
2. Create a program directory for physical activity venues and identify mechanisms of assistance for participation in programs.	June 2013	KY Pink Connection Bluegrass Community and Technical College Obesity Sub-Committee
3. Disseminate information through partners and Lexington Fayette-County Health Department (LFCHD) website. a. Partner with United Way of Bluegrass b. Partner with medical professional associations c. Partner with Cooperative Extension (UK) d. Partner with groups represented on MAPP Coalition e. Partner with City Council/Mayor’s Office	Dec. 2013	Lexington Fayette-County Health Department Obesity Sub-Committee

Goal: Promote the availability and access to fresh and affordable produce in food deserts throughout Fayette County.		
Outcome Objective: Increase the number of community food venues in food deserts in Fayette County that provide common healthy food items (e.g., fresh produce, low-fat dairy, and whole grains) from 102 to 137 (according to the Lexington Community Food Assessment Report by Tanaka et al.) by 2015.		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. Gather existing data regarding food deserts and transfer findings to partners and public.	Dec. 2012	Obesity Sub-Committee Lexington Clinic LFCHD
2. Identify free locations within Fayette County to have farmers markets and health fairs/health education events.	June 2013	UK Polk Dalton Clinic Obesity Sub-Committee
3. Identify stakeholders to partner with existing initiatives to invest in the Lexington Tweens Nutrition and Fitness Coalition's Healthy Corner Store initiative.	June 2012	Central Baptist LFCHD Obesity Sub-Committee

Goal: Improve worksite wellness in Fayette County.		
Outcome Objective: Identify and increase the number of organizations in Fayette County that offer worksite wellness programs by 2015.		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. Identify existing worksite wellness programs in Fayette County.	Dec. 2012	Central Baptist Obesity Sub-Committee
2. Partner with and support existing effort by the Chamber of Commerce to improve worksite wellness and disseminate available resources and information to partners.	June 2013	Kentucky Department for Public Health Central Baptist Obesity Sub-Committee

Community Health Improvement Plan

Goal: Form a partnership with the 16 th District (Fayette County) PTA to enhance wellness councils in Fayette County schools.		
Outcome Objective: Increase the number of active wellness councils in Fayette County schools from 16 to 50 by 2015.		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. Identify schools that do not have active wellness councils.	Dec. 2012	Obesity Sub-Committee
2. Identify barriers to participation in wellness councils.	Dec. 2012	Obesity Sub-Committee
3. Assist schools in overcoming barrier to participation in wellness councils and link them with existing wellness councils in order to develop a wellness council implementation strategy.	Dec. 2013	Obesity Sub-Committee

Assure SAFE NEIGHBORHOODS

The goals and objectives developed for the second strategic issue, safe neighborhoods, are in line with the following National Healthy People 2020 Substance Abuse Objective:

- SA 13.1—Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days.

Goal: Decrease non-medical use of prescription drugs by reducing access to such drugs.		
Outcome Objective: Increase the weight of the med-toss program by 10% annually and increase physician enrollment in the KASPER program to 100% by 2017.		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. Increase the weight of the med-toss program by 10% over the 2011 amount. a. Increase awareness through physicians informing patients of days and locations. b. Include medical community as volunteers at collection sites. c. Use churches.	1. Dec. 2012	1. Safe Neighborhood Sub-Committee Lexington Police Department
2. Increase physician enrollment in the KASPER program to 100%.	2. Dec. 2017	2. Safe Neighborhood Sub-Committee Mayor’s Alliance on Substance Abuse

Community Health Improvement Plan

Goal: Reduce crime.		
Outcome Objective: By 2017, reduce property crimes by 5%.		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. By 2017, 25% of new neighborhood developments will meet at least one element of the “safe by design” standards.	Dec. 2017	Lexington Police Department Lexington-Fayette Urban County Government Safe Neighborhood Sub-Committee

Goal: Decrease alcohol abuse.		
Outcome Objective: By 2017, decrease 30 day alcohol abuse in 10th graders from 25% to 15% (according to the 2010 Kentucky Incentives for Prevention Survey Results—Fayette County).		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. Increase alcohol education programs in schools from 0 to 1. a. Identify evidence-based programs for schools	Dec. 2017	Safe Neighborhood Sub-Committee Fayette County Public Schools

Reduce the rate of UNEMPLOYMENT in the community

The goals and objectives developed for the third strategic issue, unemployment, are in line with the following National Healthy People 2020 Substance Abuse Objective:

- SA 13.3—Reduce the proportion of adults reporting use of any illicit drug in the past 30 days.

Goal: Reduce unemployment in Fayette County.		
Outcome Objective: Decrease unemployment rate from 6.5% to 5.0% by 2017.		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
<p>1. Increase educational attainment level from 22.1% to 28.93%.</p> <p>a. Interview the following to understand use of services:</p> <ul style="list-style-type: none"> • BCTCS • Kentucky Entertainment Television Study at Home • Lexington-Fayette Urban County Government <p>b. Obtain data from Department of Education</p> <ul style="list-style-type: none"> • Number enrolled • Number graduated • Barriers to graduation • Barriers to enrollment 	Dec. 2015	<p>1. Fayette County Adult Education</p> <p>Unemployment sub-committee</p>
<p>2. Decrease number of Fayette County residents reporting recent drug abuse from 10,000 to 7,000.</p> <p>a. Conduct needs assessment to identify drug abuse as a barrier to employment</p>	Dec. 2012	<p>Bluegrass Area Development District</p> <p>Unemployment sub-committee</p> <p>Mayor’s Substance Abuse Task Force</p>
<p>3. Conduct needs assessment to identify barriers to employment by 2015.</p> <p>a. Contact office of employment/EOT</p> <p>b. Contact Lexington Commerce (Business Education Network-BEN)</p> <p>c. Contact Industrial Authority (BIF)</p>	Dec. 2012	<p>Bluegrass Area Development District</p> <p>Unemployment sub-committee</p>

Next Steps

The Lexington-Fayette County MAPP Coalition team members decided to develop a CHIP advisory committee of 8-10 members to help achieve our goals. This group will meet quarterly and will track the progress of our goals and objectives and encourage everyone to complete their assignments. Our large MAPP team will meet biannually to maintain chains of communication and receive updates on our overall progress.

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**Appendix D: Membership Listing of Lexington-Fayette
County MAPP Coalition**

Lexington-Fayette County MAPP Membership

Alzheimer Association of Greater KY and Southern Indiana

American Red Cross

Bluegrass Regional MHMR

Central Baptist Hospital

Clark County Health Department

Frontier Nursing University

Hope Center

KY Department of Public Health

KY Pink Connection

Lexington Clinic

Lexington-Fayette County Board of Health

Lexington-Fayette County Health Department

Lexington Fire & Emergency

Lexington Heals Institute

Lexington Police

Lexington Public Library

PNC Bank

Russell Cave Family Resource Center⁷

UK College of Dentistry

UK College of Public Health

UK Division of Dental Public Health

UK Healthcare

UK Markey Cancer Center

UK Polk Dalton Clinic

UK College of Nursing

Appendix E: Analysis of Health Information and Primary Data

**Continuing Care Hospital
Analysis of CHNA Data**

Analysis of Health Status-Leading Causes of Death

	(A)		(B)	
	U.S. Age Adjusted Death Rates	10% of U.S. Adjusted Death Rate	County Rate	County Rate Less U.S. Adjusted Death Rate If (B)>(A), then "Health Need"
<u>Fayette County</u>				
Cancer	183.8	18.4	172.7	-11.1
Heart Disease	211.1	21.1	167.5	-43.6
Chronic Lower Respiratory Disease	43.2	4.3	34.2	-9.0
Stroke/Cerebrovascular Disease	46.6	4.7	37.5	-9.1
<u>Jessamine County</u>				
Cancer	183.8	18.4	163.3	-20.5
Heart Disease	211.1	21.1	137.3	-73.8
Chronic Lower Respiratory Disease	43.2	4.3	45.0	1.8
Stroke/Cerebrovascular Disease	46.6	4.7	40.2	-6.4
<u>Clark County</u>				
Cancer	183.8	18.4	255.9	72.1 Health Need
Heart Disease	211.1	21.1	194.9	-16.2
Chronic Lower Respiratory Disease	43.2	4.3	46.5	3.3
Stroke/Cerebrovascular Disease	46.6	4.7	49.4	2.8
<u>Woodford County</u>				
Cancer	183.8	18.4	192.5	8.7
Heart Disease	211.1	21.1	221.8	10.7
Chronic Lower Respiratory Disease	43.2	4.3	25.1	-18.1
Stroke/Cerebrovascular Disease	46.6	4.7	45.0	-1.6
<u>Scott County</u>				
Cancer	183.8	18.4	192.3	8.5
Heart Disease	211.1	21.1	144.9	-66.2
Chronic Lower Respiratory Disease	43.2	4.3	31.6	-11.6
Stroke/Cerebrovascular Disease	46.6	4.7	39.5	-7.1
<u>Franklin County</u>				
Cancer	183.8	18.4	257.5	73.7 Health Need
Heart Disease	211.1	21.1	209.8	-1.3
Chronic Lower Respiratory Disease	43.2	4.3	64.4	21.2 Health Need
Stroke/Cerebrovascular Disease	46.6	4.7	70.6	24.0 Health Need

Analysis of Health Outcomes and Factors

	(A)		(B)	
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark If (B)>(A), then "Health Need"
<u>Fayette County</u>				
Adult Smoking	14.0%	4.2%	18.00%	4.00%
Adult Obesity	25.0%	7.5%	31%	6.00%
Physical Inactivity	21.0%	6.3%	24%	3.00%
Excessive Drinking	8.0%	2.4%	11.00%	3.00% Health Need
Motor Vehicle Crash Rate	12	4	12	0.00
Sexually transmitted infections	84	25	489	405 Health Need
Teen Birth Rate	22	7	41	19 Health Need
Uninsured	11.0%	3.3%	16.00%	5.00% Health Need
Primary Care Physicians	631	189	581	-50
Diabetic Screen Rate	89.0%	26.7%	86.00%	-3.00%

Mammography screening	74.0%	22.2%	71.00%	-3.00%
Violent Crime Rate	73	22	662	589 Health Need
Children in Poverty	13.0%	3.9%	24.00%	11.00% Health Need
Children in single-parent households	20.0%	6.0%	32.00%	12.00% Health Need
Limited access to Healthy Foods	0.0%	0.0%	7.00%	7.00% Health Need

Jessamine County

Adult Smoking	14.0%	4.2%	29.00%	15.00% Health Need
Adult Obesity	25.0%	7.5%	31%	6.00%
Physical Inactivity	21.0%	6.3%	31%	10.00% Health Need
Excessive Drinking	8.0%	2.4%	11.00%	3.00% Health Need
Motor Vehicle Crash Rate	12	4	21	9.00 Health Need
Sexually transmitted infections	84	25	210	126 Health Need
Teen Birth Rate	22	7	43	21 Health Need
Uninsured	11.0%	3.3%	17.00%	6.00% Health Need
Primary Care Physicians	631	189	1674	1043 Health Need
Diabetic Screen Rate	89.0%	26.7%	85.00%	-4.00%
Mammography screening	74.0%	22.2%	70.00%	-4.00%
Violent Crime Rate	73	22	214	141 Health Need

Clark County

Adult Smoking	14.0%	4.2%	29.00%	15.00% Health Need
Adult Obesity	25.0%	7.5%	30%	5.00%
Physical Inactivity	21.0%	6.3%	13%	-8.00%
Excessive Drinking	8.0%	2.4%	21.00%	13.00% Health Need
Motor Vehicle Crash Rate	12	4	319	307.00 Health Need
Sexually transmitted infections	84	25	54	-30
Teen Birth Rate	22	7	54	32 Health Need
Uninsured	11.0%	3.3%	16.00%	5.00% Health Need
Primary Care Physicians	631	189	1626	995 Health Need
Diabetic Screen Rate	89.0%	26.7%	84.00%	-5.00%
Mammography screening	74.0%	22.2%	68.00%	-6.00%
Violent Crime Rate	73	22	147	74 Health Need
Children in Poverty	13.0%	3.9%	26.00%	13.00% Health Need
Children in single-parent households	20.0%	6.0%	32.00%	12.00% Health Need
Limited access to Healthy Foods	0.0%	0.0%	9.00%	9.00% Health Need

Woodford County

Adult Smoking	14.0%	4.2%	15.00%	1.00%
Adult Obesity	25.0%	7.5%	32%	7.00%
Physical Inactivity	21.0%	6.3%	28%	7.00% Health Need
Excessive Drinking	8.0%	2.4%	8.00%	0.00%
Motor Vehicle Crash Rate	12	4	25	13.00 Health Need
Sexually transmitted infections	84	25	200	116 Health Need
Teen Birth Rate	22	7	29	7 Health Need
Uninsured	11.0%	3.3%	14.00%	3.00%
Primary Care Physicians	631	189	1376	745 Health Need
Diabetic Screen Rate	89.0%	26.7%	86.00%	-3.00%
Mammography screening	74.0%	22.2%	74.00%	0.00%
Violent Crime Rate	73	22	0	-73
Children in Poverty	13.0%	3.9%	17.00%	4.00% Health Need
Children in single-parent households	20.0%	6.0%	29.00%	9.00% Health Need
Limited access to Healthy Foods	0.0%	0.0%	18.00%	18.00% Health Need

Scott County

Adult Smoking	14.0%	4.2%	17.00%	3.00%
Adult Obesity	25.0%	7.5%	33%	8.00% Health Need
Physical Inactivity	21.0%	6.3%	31%	10.00% Health Need
Excessive Drinking	8.0%	2.4%	11.00%	3.00% Health Need
Motor Vehicle Crash Rate	12	4	15	3.00
Sexually transmitted infections	84	25	182	98 Health Need
Teen Birth Rate	22	7	42	20 Health Need
Uninsured	11.0%	3.3%	13.00%	2.00%
Primary Care Physicians	631	189	1376	745 Health Need
Diabetic Screen Rate	89.0%	26.7%	86.00%	-3.00%
Mammography screening	74.0%	22.2%	74.00%	0.00%
Violent Crime Rate	73	22	0	-73
Children in Poverty	13.0%	3.9%	16.00%	3.00%
Children in single-parent households	20.0%	6.0%	27.00%	7.00% Health Need

Limited access to Healthy Foods	0.0%	0.0%	18.00%	18.00% Health Need
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Franklin County

Adult Smoking	14.0%	4.2%	28.00%	14.00% Health Need
Adult Obesity	25.0%	7.5%	33%	8.00% Health Need
Physical Inactivity	21.0%	6.3%	32%	11.00% Health Need
Excessive Drinking	8.0%	2.4%	10.00%	10.00% Health Need
Motor Vehicle Crash Rate	12	4	12	0
Sexually transmitted infections	84	25	579	495 Health Need
Teen Birth Rate	22	7	51	29 Health Need
Uninsured	11.0%	3.3%	16.00%	5.00% Health Need
Primary Care Physicians	631	189	2042	1411 Health Need
Diabetic Screen Rate	89.0%	26.7%	83.00%	-6.00%
Mammography screening	74.0%	22.2%	67.00%	-7.00%
Violent Crime Rate	73	22	257	184 Health Need
Children in Poverty	13.0%	3.9%	23.00%	10.00% Health Need
Children in single-parent households	20.0%	6.0%	37.00%	17.00% Health Need
Limited access to Healthy Foods	0.0%	0.0%	0.00%	0.00%

Analysis of Primary Data

Drug and Alcohol Abuse
 Health Care Costs
 Obesity
 Heart Disease and Stroke
 Health Insurance
 Cancer
 Aging Issues
 Child Abuse
 Unemployment
 Safe Neighborhoods
 Chronic Health Diseases
 Limited Mental Health Services
 Lack of Physical Activity
 Poor Nutrition
 Lack of Health Knowledge

Issues of Uninsured Persons, Low-Income Persons and Minority/Vulnerable Populations

- Drug and alcohol abuse
- Neighborhood safety and security
- Chronic health issues (e.g. cancer, coronary heart disease, stroke, diabetes, high cholesterol, high blood pressure, dental care, and obesity)
- Lack of Education regarding obesity and proper nutrition
- Trash
- Inadequate/unsafe housing/living conditions
- Inadequate access to healthcare
- Unemployment
- Severe weather assistance
- Recycling

Appendix F: Acknowledgements

Acknowledgements

The project Steering Committee was the convening body for this project. Many other individuals including community residents, key informants, and community-based organizations contributed to this community health needs assessment.

Project Steering Committee

Allen Montgomery, KentuckyOne Health - Senior Vice President, Community Health and Advocacy

Alice Bridges, KentuckyOne Health – Vice President, Health Communities

Tonja Williams, KentuckyOne Health – President and CEO of Continuing Care Hospital

Appendix G: Sources

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