

COMMUNITY HEALTH



ASSESSMENT & IMPROVEMENT PLAN

LEXINGTON-FAYETTE COUNTY • 2016-2021



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LETTER FROM THE COMMISSIONER



To the Lexington Community:

The Lexington-Fayette County Health Department is pleased to present this community health profile and community health improvement plan. Pointing the way to our county's health journey toward better health, this document is a look at current health trends and a roadmap for community engagement and partnerships which can steer the course to effective health improvement.

In public health, the community is our patient. Collective health is influenced by the factors that drive individual health, such as socioeconomic realities, education, health behaviors, the environment, genetics, transportation, and healthcare. In order to sustain and improve public health, the focus must be on strengthening components that create and sustain healthy communities.

Why is health important? Because being well or working toward wellness helps us maximize our potential as individuals and as a city. Wellness is intimately related to how we live, work, and feel about ourselves. In this document, workgroups composed of a diverse set of community partners have helped set the road markers and pace for Lexington's health journey into the next few years. Despite a rapidly changing healthcare infrastructure and environment, the health department continues to foster its mission of "helping Lexington be well."

Working together to focus on priorities outlined here, we hope to make Lexington a healthier hometown in which to live, work, play, and visit.

A handwritten signature in black ink, appearing to read "Craig E. Humbaugh". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Kraig E. Humbaugh, MD, MPH
Commissioner of Health

EXECUTIVE SUMMARY



Every five years, the Lexington-Fayette County Health Department (LFCHD) in partnership with the Lexington Community Health Improvement Partnership (LEX-CHIP) engages the community in a health assessment and planning process for the purpose of improving health in the Lexington-Fayette County community.

This document has been created to share the process and results of the Community Health Assessment (CHA) and to address the priority issues it identified.

Goals, objectives, and strategies for each of the priority issues are outlined in this document. The purpose of the plan is to detail how community partners will collectively and collaboratively work together to improve the health and well-being of our community.



Through the development of the Community Health Improvement Plan (CHIP), an overarching theme arose. The theme "Rise Up Lex" was born. It is the hope of LEX-CHIP that this theme will become a motto for both LEX-CHIP and the community of Lexington. From this theme, the action teams LexBeWell, LexWork, and LexBeSafe were formed. The groups strive to focus on the vision that Lexington will be a community that is safe and healthy for all.



FAYETTE COUNTY: A COMPARISON

While having information about your community is helpful in making decisions that can affect change, it is also meaningful to see how your community compares to other communities. In the following section you will see how Fayette County compares with Kentucky and the United States as a whole in some categories that impact the overall health of the community.

	Fayette County	Kentucky	United States
Population			
Population estimates, July 1, 2016 ¹	318,449	4,436,974	323,127,513
Age			
Persons under 5 years, percent, July 1, 2016 ¹	6.20%	6.20%	6.20%
Persons under 18 years, percent, July 1, 2016 ¹	21.10%	22.80%	22.80%
Persons 65 years and over, percent, July 1, 2016 ¹	12.30%	15.60%	15.20%
Race and Hispanic Origin			
White alone, percent, July 1, 2016 ¹	77.90%	88.00%	76.90%
Black or African American alone, percent, July 1, 2016 ¹	15.10%	8.30%	13.30%
American Indian and Alaska Native alone, percent, July 1, 2016 ¹	0.40%	0.30%	1.30%
Asian alone, percent, July 1, 2016 ¹	4.00%	1.50%	5.70%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016 ¹	0.10%	0.10%	0.20%
Two or More Races, percent, July 1, 2016 ¹	2.50%	1.90%	2.60%
Hispanic or Latino, percent, July 1, 2016 ¹	6.90%	3.50%	17.80%
Language other than English spoken at home, percent of persons age 5 years+, 2011-2015 ¹	11.90%	5.10%	21.00%
Housing			
Owner Occupied Housing Unit Rate, 2011-2015 ¹	54.2%	67.2%	63.9%
Housing Units with at least 1 problem, 2015 ³	37%	34%	42%
Houses built before 1980, 2015 ³	49.4%	51.7%	55.7%
Education			
High school graduate or higher, percent of persons age 25 years+, 2011-2015 ¹	89.80%	84.20%	86.70%
Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015 ¹	41.20%	22.30%	29.80%
Access to Care			
Percent adults age 18-64 without health insurance, 2016 ^{7,8}	8.00%	7.00%	12.80%
Income and Poverty			
Median household income (in 2015 dollars), 2011-2015 ¹	\$49,778	\$43,740	\$53,889
Income inequality, Gini index (0 is perfect equality and 1 is maximum inequality), 2014 ⁶	0.4890	0.4492	0.4350
Persons in poverty, percent ¹	19.10%	18.50%	13.50%
Percent of Students on Free or Reduced Lunch, 2015-2016 school year ⁴	50%	55.4%	---
Unemployment			
The annual average percentage of the workforce that is currently unemployed and actively seeking work, 2015 ²	3.9%	5.4%	5.3%
Food Insecurity			
Estimated Percent of Population Experiencing Some Level of Food Insecurity, 2015 ⁵	15.80%	15.80%	13.40%

¹Quickfacts at Census.gov.

²US Bureau of Labor Statistics

³American Community Survey (housing problems: lacking complete plumbing facilities, lacking complete kitchen facilities, no telephone service available, no heating fuel used, more than 1 occupant per room, housing costs greater than or equal to 30% or more of income)

⁴Kentucky Department of Education, School Report Cards

⁵Feeding America Map the Meal Gap

⁶Pew Charitable Trusts Stateline Analysis of US Census Bureau Data

⁷Kentucky Health Facts

⁸National Health Interview Survey

HOW HAS THE POPULATION OF FAYETTE COUNTY CHANGED BETWEEN 2010 AND 2016?

Trends for various demographic and socioeconomic factors are critical in preparing for the future, guiding priorities, and identifying challenges. Comparisons of data provided from federal sources such as the US Census Bureau and its annual American Community Survey help identify these trends. These sources are useful tools for communities to anticipate needs for services for their residents and allow for the identification of target populations that may benefit from services.

The comparisons below were derived from the 2010 census and 2016 census estimates, and the American Community Survey five year averages for 2006-2010 and 2011-2015.

Since the 2010 census, Fayette County has become **larger**, with a population size increase of 7.7%. A growing population could present increasing challenges for access to clinical services, housing, jobs, and other socioeconomic factors that impact health.

Despite population growth, Fayette County has become **older**, which may impact public health focus. The age distribution in Fayette County is shifting compared with 2010. In 2016 a smaller percentage of the population was under 18 years of age and larger percentage of the population was 65 years of age and older in 2016.¹

All racial and ethnic groups included in the census data are growing, creating a **more diverse** Fayette County.¹ A higher percentage of persons age 25 years or older are high school graduates, signaling a **more educated** community.^{1,2}

The percent of adults age 18-64 without some form of health insurance has decreased by 14% since 2010.² A **more insured** community can present an opportunity for better access to health care.

The median household income increased by greater than \$2,000^{1,2} between 2010 and 2016 and the annual unemployment rate dropped to under 4% in Lexington.³ This **economic growth** could help both individuals and the community at large have improved access and resources for health improvement.

¹Quickfacts at Census.gov.

²Kentucky Health Facts

³US Bureau of Labor Statistics

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are all around us. They are the conditions in our environment in which people are born, live, play, and work. They have an effect on our well-being, how we function, and our quality of life. They include social, economic, and physical conditions. How we interact in our community, our sense of security, and where we live have an impact on our health as well. Resources have the ability to enhance quality of life and impact health outcomes. There are many social determinants of health, but typically they will all fall under five key areas: economic stability, education, social and community context, health and healthcare, and neighborhood and physical environment. Examples of some of the determinants that impact our health and well-being are access to health care services, education and job training, sidewalks and parks, and the availability of the resources that we need to function each day (safe housing and grocery stores).

ECONOMIC STABILITY	NEIGHBORHOOD & PHYSICAL ENVIRONMENT	EDUCATION	COMMUNITY & SOCIAL CONTEXT	HEALTH CARE SYSTEM
<p>Employment</p> <p>Food security</p> <p>Access to stable and safe housing</p>	<p>Access to healthy foods</p> <p>Quality of housing</p> <p>Crime and violence</p> <p>Environmental conditions</p>	<p>Enrollment in higher education</p> <p>Literacy</p> <p>High school graduation</p> <p>Early childhood education and development</p>	<p>Community participation</p> <p>Discrimination</p> <p>Incarceration</p>	<p>Access to healthcare</p> <p>Health literacy</p> <p>Mental healthcare</p>

HEALTH OUTCOMES

Mortality
 Morbidity
 Life expectancy
 Health care expenditures
 Health status
 Functional limitations

PURPOSE

The purpose of the Community Health Assessment (CHA) is to learn about the community, the health of the population, contributing factors to health outcomes of identified populations, and community resources available to improve the health of the community. The CHIP takes information from numerous sources, assessments, and the CHA. It creates initiatives using the assets based on the needs of the community to improve the health and well-being of those who live in Lexington-Fayette County. These initiatives, including goals and strategies, are captured in the CHIP section of this document. The purpose of the CHIP is to:



This combined CHA and CHIP is a living document. It will be updated on an ongoing basis as new data, challenges, and initiatives occur. Additionally, a comprehensive Community Health Status Report and LEX-CHIP Annual Report highlighting meetings, initiatives, and achievements will be documented and shared with the community through the Lexington-Fayette County Health Department (LFCHD) website, community meetings, social media, and news outlets. These annual updates consider the feasibility and effectiveness of the strategies, changing priorities, resources, and community assets. Changes will be added as necessary in the strategies, planned activities, time-frames, targets, and assigned responsibilities listed in the plan. Revisions may be based on achieved activities, implemented strategies, changing health status indicators, newly developing or identified health issues, and changing levels of resources.

METHODOLOGY

LEX-CHIP utilized a CHA process based on the **Mobilizing for Action through Planning and Partnerships (MAPP)** model facilitated by the Kentucky Population Health Institute (KPHI). MAPP is a strategic planning process that allows communities to apply strategic thinking in order to prioritize public health issues and identify the resources to address them. It was developed by the National Association of County and City Health Officials (NACCHO) in partnership with the Public Health Practice Program at the Centers for Disease Control and Prevention (CDC).

The MAPP process is designed so that through an interactive and collaborative process, community partners participate in data collection, data analysis, planning, implementation, and evaluation. The first four phases of the MAPP process result in the CHA where the priority health issues are identified. The CHA forms the foundation where the CHIP is developed. The CHIP utilized the remaining two phases of the MAPP process.

THE MAPP PROCESS IS COMPRISED OF SIX PHASES:

- 1 ORGANIZE FOR SUCCESS
- 2 VISIONING
- 3 FOUR ASSESSMENTS
- 4 STRATEGIC ISSUES
- 5 GOALS & OBJECTIVES
- 6 ACTION CYCLE

The LEX-CHIP augmented the MAPP process with a three perspective approach to gathering information. Data gathered in conjunction with the Community Health Status Report provided a data perspective on the health of the community. Information gathered during LEX-CHIP community meetings (primarily attended by representatives from community partner organizations and staff from LFCHD) provided the organizational perspective. Lastly, the individual perspective was achieved by conducting community conversations with neighborhood groups, community associations, medical providers, hospitals, homeless and abuse shelters, and other target populations in an effort to “hear the voices” of segments of the Lexington-Fayette County population that may not easily participate in the community survey.

Two “train the trainer” sessions were conducted by KPHI to provide the LEX-CHIP members with the skills needed for “in-place” community workers/advocates to conduct the community conversations. This approach allowed community members to share their ideas and concerns with someone they trust based upon established and ongoing relationships. The results were used to help formulate the community survey and were then summarized to assist in the overall planning process.

DATA
PERSPECTIVE

ORGANIZATIONAL
PERSPECTIVE

INDIVIDUAL
PERSPECTIVE

COMMUNITY THEMES &
STRENGTHS ASSESSMENT

ORGANIZE FOR
SUCCESS

VISIONING

PARTNERSHIP
DEVELOPMENT

FOUR MAPP ASSESSMENTS

IDENTIFY STRATEGIC ISSUES

FORMULATE GOALS & STRATEGIES

EVALUATE

PLAN

IMPLEMENT

FORCES OF CHANGE
ASSESSMENT

LOCAL PUBLIC HEALTH
SYSTEM ASSESSMENT

COMMUNITY HEALTH
STATUS ASSESSMENT

PHASE 1: ORGANIZING FOR SUCCESS



LEX-CHIP is a collaborative of community members and organizations working together to improve the well-being of the people of Lexington-Fayette County. This group emerged during the LFCHD accreditation planning process in 2012. It is a coalition of Lexington-Fayette County residents and community partners who are engaged in health, housing, workforce development, employment, education, safety, security, healthy foods, and exercise. They focus on improving the well-being and health outcomes in the community.

THE MISSION OF LEX-CHIP IS TO IMPROVE THE WELL-BEING OF OUR COMMUNITY THROUGH INTER-AGENCY COLLABORATION.

LEX-CHIP seeks to understand factors impacting community members to inform our collective work aimed at improving the well-being of the Lexington community. Community partnership and participation are key components of an effective CHA and CHIP. Broad community collaboration is vital to identifying community needs, resources, priorities, and to developing effective and sustainable strategies to improve community health. LFCHD and LEX-CHIP would like to acknowledge and thank the community partners who contributed their time and resources to the 2016 CHA and CHIP.

COMMUNITY PARTNERS

Aetna Better Health of Kentucky
AIDS Volunteers, Inc.
ASAP/Drug Free Lex
Baptist Health Lexington
Bluegrass Area Agency on Aging & Independent Living
Bluegrass Farm to Table, City of Lexington
Bluegrass Regional Prevention Center
Broadway Christian Church
BUILD Lexington
Cardinal Hill Rehabilitation Center
Caresource
Chrysalis House
Community Action Center
Community Action Council
Community Ventures
Community volunteers
Dress for Success Lexington
Fayette County Cooperative Extension
Food Pantry
Friedell Committee
Gods Pantry
Green Dot Lexington
GreenHouse17
Health Equity Network
Hope Center
Hospice of the Bluegrass
Jubilee Jobs of Lexington
Kentucky Equal Justice Center
Kentucky Injury Prevention & Research Center
Kentucky Job Corps

Kentucky One Health-Continuing Care Hospital
Kentucky One Health-Saint Joseph East
Kentucky One Health-Saint Joseph Hospital
Kentucky Population Health Institute
Kentucky Safe Communities
Lexington-Fayette County Health Department
Lexington Habitat for Humanity
Lexington Housing Authority
Lexington Parks and Recreation
Lexington Rescue Mission
Lexington Fayette Urban County Government
Lexington Public Library
Lextran
Lighthouse Ministries
NAMI Lexington
Opportunity for Work & Learning (OWL)
Passport Health Plan
Seedleaf
Shriners Hospitals for Children-Lexington
Sterling Health Solutions
Substance Abuse Violence Intervention (SAVI)
The Nest
Tweens Nutrition and Fitness Coalition
University of Kentucky
University of Kentucky College of Public Health
University of Kentucky Polk-Dalton Clinic
WellCare Health Plans
William Wells Brown Community Center
YMCA of Central Kentucky

PHASE 2: VISIONING



Building on the shared vision and the desire to create a collective impact on health, LEX-CHIP embarked on a new planning cycle in 2015.

Through a series of active discussions, LEX-CHIP reached a consensus vision that:

THROUGH COLLABORATION AND INNOVATION, LEXINGTON WILL BE NATIONALLY RECOGNIZED AS A SAFE, HEALTHY, AND EQUITABLE COMMUNITY.

LEX-CHIP feels that through these values listed below this vision is attainable:



HEALTH



COLLABORATION



SAFETY



INCLUSIVITY



RESPONSIVENESS

2015-2017 PLANNING CYCLE

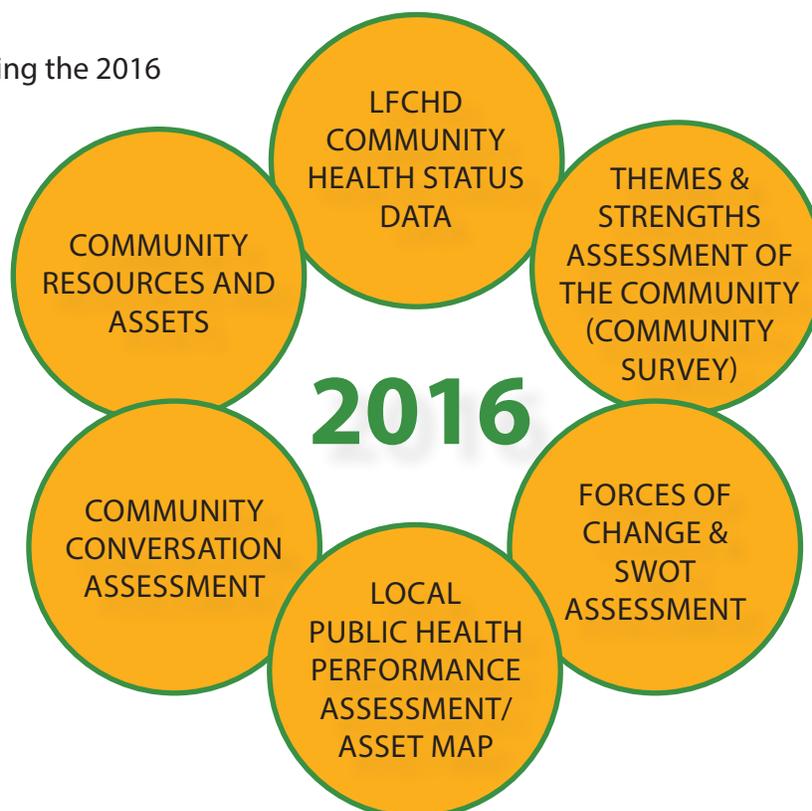


PHASE 3: ASSESSMENTS



The purpose of a CHA is to identify the key health needs and issues of a community through a defined systematic process. LEX-CHIP, through this process, sought to identify areas for health improvement, to identify the factors that impact health outcomes, and to identify both community assets and resources that could be utilized to improve population health. To complete the CHA, several quantitative and qualitative assessments were used in conjunction with each other to achieve an accurate representation of the Lexington-Fayette County community.

The assessments used during the 2016 planning cycle include:



Together, these assessments are intended to provide a complete picture of the current state of community health (based upon a variety of types and sources of data). This will enable the community to see its health issues and assets through multiple lenses. On March 23, 2016, the extended community-wide LEX-CHIP planning group (with 65 members in attendance) met at Hospice of the Bluegrass to review the 2016 Community Health Status Report and to perform several of the assessments detailed on the following pages.

To view the Community Health Status Report, go to www.lexingtonhealthdepartment.org.

THEMES & STRENGTHS ASSESSMENT OF THE COMMUNITY (COMMUNITY SURVEY)

LEX-CHIP assessed the themes and strengths of the community through a community survey. The Internal Review Board (IRB) approved survey was available in paper and electronic form in both English and Spanish. The survey was disseminated through both the LFCHD and community partner organizations for the period of one month. The purpose of the survey was the gather the input from the community about what they felt prevalent issues facing the community were and what Lexington was doing well. The survey also gathered basic demographics.

SWOT & FORCES OF CHANGE ASSESSMENT

As part of the March 23, 2016 meeting, the strengths, weakness, opportunities, and threats (detailed below) and forces of change assessments were completed. See Appendix A for the forces of change assessment.

<p>What makes you proud of our community? What are our strengths?</p> 	<p>What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community? What are our weaknesses?</p> 	<p>What do you believe are the 2-3 most important characteristics of a healthy community? What are our opportunities to improve?</p> 	<p>What do you believe is keeping our community from doing what needs to be done to improve health and quality of life? What are the threats?</p> 
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LOCAL PUBLIC HEALTH PERFORMANCE ASSESSMENT ASSET MAPPING TO THE 10 ESSENTIAL PUBLIC HEALTH SERVICES



At the same community-wide planning meeting that the SWOT and forces of change assessment were completed, the group performed an asset mapping exercise. The exercise was organized by the following social determinants of health: organizational, community, policy, interpersonal, and individual.

Following the exercise, the assets were further aligned to the Essential Public Health Services to create the local public health system assessment for use by the LFCHD and LEX-CHIP planners. The asset-based approach has been used extensively throughout Kentucky and allows community members to provide details about the programs and services they bring to the table, creating a partnership approach to the assurance function. LFCHD then created the local public health assessment based on the programming of community partners and the LFCHD.

All data sources pointed to the need for health equity. Reducing health disparities, the term used to describe differences in health conditions, treatments, and health outcomes that are seen as avoidable and unjust, is a goal of the entire LEX-CHIP. Seeking health equity is a central theme in addressing priorities that will improve the overall health outcomes in the community. Addressing health disparities is an ideal initiative for the LEX-CHIP stakeholders, including employers, schools, public safety officials, urban planners, communication professionals, and the general public. The process of focusing the asset mapping of the community to the social determinants of health helped the group realize the resources that Lexington-Fayette County brings to take on the disparities issue.

LEX-CHIP identified that the key to reducing health disparities is through community-based participation. A community that is engaged and empowered has the ability to not only define problems within a community, but to develop solutions. The planning and implementation of programs and projects through local capacity-building activities enables residents to solve their self-identified problems that contribute to poor health outcomes. See Appendix B for local public health system asset mapping to the 10 Essential Public Health Services.

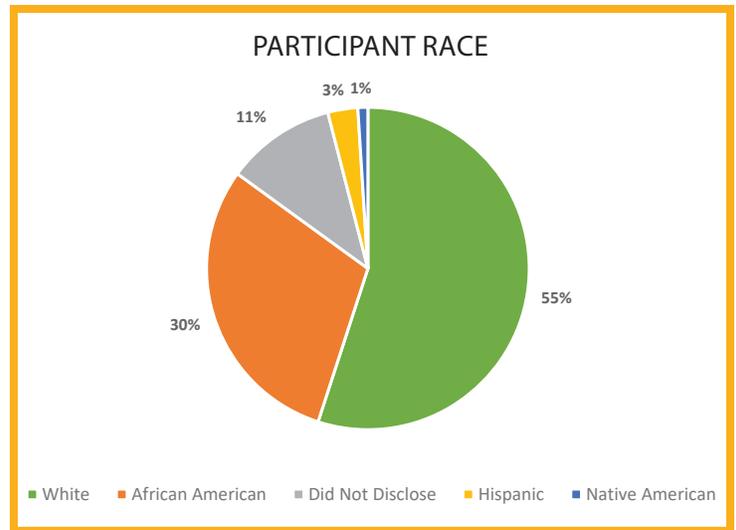
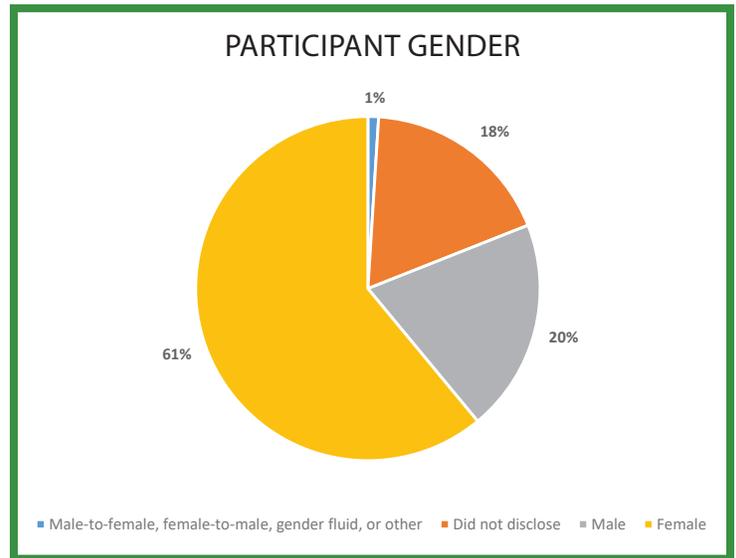
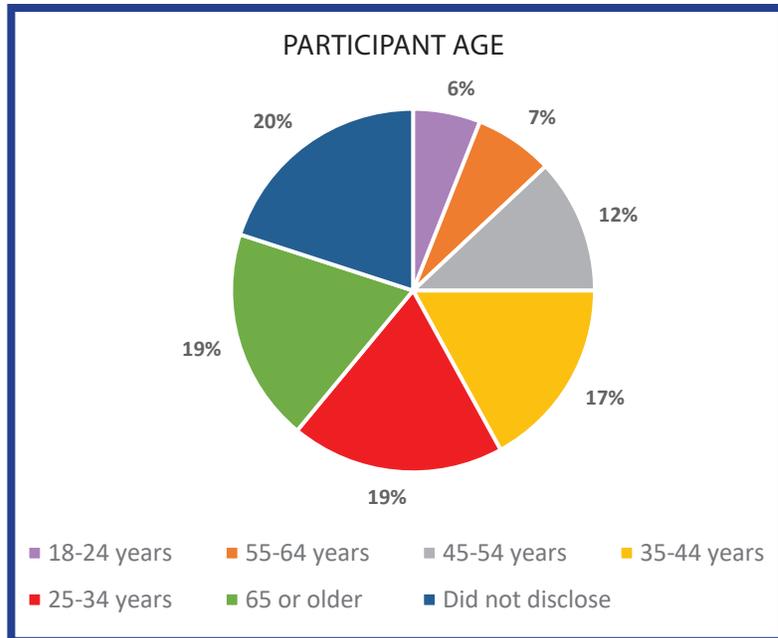
COMMUNITY CONVERSATION ASSESSMENT

The community conversations further identified issues specific to neighborhoods and groups of residents including health providers, seniors, LGBTQ, homeless, women, abuse victims, and those with limited English language proficiency.

From the diverse groups that participated in the community conversations, several themes emerged:

1. A desire for more compassion and equity in treatment.
2. Access to care in regards to health-related behaviors, including transportation and general access to providers.
3. Providers indicated they needed more information to guide patients to resources.

PARTICIPANT DEMOGRAPHICS



COMMUNITY RESOURCES & ASSETS

The March 2016 asset mapping exercise, identified resources and assets of the community that would be valuable in the priority goal and objective process.

It also determined that a resource guide to these assets would be helpful for all community members. The planning exercise identified less familiar resources that could benefit the population.

See Appendix D for community resources and assets.

See Appendix C for the summary of community conversations.

RESULTS FROM THE COMMUNITY SURVEY:

The top 10 issues identified as the greatest health and well-being problems in Lexington:

1. Low crime/safe neighborhoods
70.2 %
2. Affordable housing
62.8%
3. Good jobs and healthy economy
60.2%
4. Clean drinking water
60.0%
5. Good schools
60.0%
6. Access to primary care doctor
52.9%
7. Clean environment (trash, etc.)
48.0%
8. Acceptance of diversity
41.1%
9. Access to dental care
41.0%
10. Access to hospital care
40.9%

The community identified 10 prominent issues as being the key to a healthy Lexington:

1. Alcohol/drug abuse
77.0%
2. Obesity/physical inactivity
55.4%
3. Mental health problems
53.7%
4. Domestic violence
45.6%
5. Child abuse/neglect
44.3%
6. Diabetes
38.2%
7. Access to healthy foods
37.6%
8. Firearm (gun)-related injuries
35.9%
9. Aging problems (arthritis, dementia, prescription, etc.)
34.0%
10. High blood pressure
33.1%

The survey identified the following risky behaviors as concerns:

1. Illegal drug abuse (meth, heroin, etc.)
81.4%
2. Alcohol abuse
69.2%
3. Driving under the influence of alcohol/drugs
66.6%
4. Prescription drug abuse
57.3%
5. Being overweight
55.8%
6. Neighborhood "gang" activities
49.3%
7. Poor eating habits
48.9%
8. Tobacco use
45.6%
9. School bullying
44.2%
10. Lack of exercise
42.3%

EDUCATION, INCOME, & EMPLOYMENT

With the majority of our waking hours spent at work, the benefits of being compensated for our work with a good wage and working in a safe environment impact our health. Income, health insurance, paid sick leave, and worksite wellness programs are some of the benefits that encourage healthy choices.

These are opportunities that are often more available to higher wage earners. Research clearly links more education to better employment options, increased social support, and higher incomes, which can lead to healthier opportunities. Additionally, those with lower educational attainment often have jobs that are riskier, lack adequate income for quality child care, and benefits fewer.

The unemployed population experiences worse health and higher mortality rates than the employed population. Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, including suicide. Because employer-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care.¹

On average, college graduates live nine more years than those who do not complete high school. Parental education is linked to children's health and educational attainment. Children whose mothers graduated from college are twice as likely to live past their first birthday. Stress and poor health early in life are linked to decreased cognitive development, increased tobacco and drug use and a higher risk of cardiovascular disease, diabetes, depression, and other conditions.

Data shows that 29.3% of adults ages 25 and older hold a bachelor's degree or higher in Fayette County. This is a substantially higher percentage than the state as a whole (21.8%) and the United States (29.3%). By race, educational attainment was highest among the Asian (67.4%) and Whites (46.4%) in comparison with 18.6% of African Americans and 15.1% of Latinos/Hispanics.²

*See page 5 Education, Income and Poverty, and Employment sections for data.

¹<http://www.countyhealthrankings.org/measure/unemployment>
²2015 American Community Survey

SOCIAL & ECONOMIC FACTORS

Social and economic factors have a large impact on our health. Where we live can have more impact on our health than our genes. Access to safe communities, lifelong learning opportunities, chances to earn a good wage, access to affordable healthy foods, and a sense of connection, are key.

Income has a huge impact on overall health, with adults in the highest income brackets living, on average, more than six years longer than those with the lowest income. Poverty causes ongoing stress and challenges that can cause cumulative physical and mental health damage. Children living in poverty have higher rates of illness than higher income children. Those with the lowest incomes are more impacted by chronic illnesses.

Income impacts the number of children living in poverty. In Fayette County, 23.1% of children are living in poverty (compared to 26.1% of KY).¹ This means nearly 1 in every 5 children in our community are living in poverty.

An increase in poverty coincides with an increase in Fayette County and Kentucky in the number of students who qualify for free and reduced lunch at their school.

*See page 5 Income and Poverty section for data.

¹Poverty status in the past 12 months, 2011-2015 American Community Survey 5-year estimates

TRANSPORTATION

Transportation options include buses, cars, bikes, sidewalks, streets, bike paths and highways. This complex system connects people to each other and the places they live, work, learn, and play. Without sidewalks, neighborhoods can be disconnected from grocery stores, parks, and other infrastructure that are needed to make healthier choices more accessible.

Lexington has a public transit system that is utilized by a large number of residents. According to the Lextran Service and Fare Equity Analysis (2015), the race distribution among users is vastly different than the racial makeup of the county as a whole. The majority of the public transit users are African American (44%).¹ In the survey, 64% of Lextran users reported a yearly income of less than \$20,000.¹ This is in contrast to the greatest percentage of income for Fayette County falling between \$15,000-\$34,999 per year.¹

Lextran is used by 58% to get to and from work, the highest reported trip purpose. This was an increase from 51% in 2015, showing that more users are dependent on this mode of transportation to get to work. Sixty-six percent of the respondents reported having no available alternative transportation, and 24% had access to only one vehicle in their household.¹

Annual weekday ridership increased by 9% from FY 2015 to FY 2016 and total annual ridership increased 9.3% from FY 2015 to FY 2016.² Lextran attributes part of this rise to an increased partnership with the University of Kentucky. All University of Kentucky students can ride Lextran for free and have designated campus routes.

¹Lextran Service and Fare Equity Analysis (2015)

²Lextran ridership data FY 2015/2016

WEEKDAY RIDERSHIP			
Year	Annual Ridership	Monthly Average	Daily Average
FY2015	3,318,986	276,582	12,716
FY2016	3,618,429	301,536	13,811
TOTAL RIDERSHIP			
Year	Annual Ridership	Monthly Average	Daily Average
FY2015	3,863,330	321,944	10,584
FY2016	4,223,215	351,935	11,539

Lextran

COMMUNITY SAFETY, INJURY, & VIOLENCE

Looking at this data, one can infer the violent crime rate in Lexington has declined from 2012 to 2015, from 366.7 to 351 which is over 4%. In addition, Part 1 property crime rates have dropped from 4456.6 to 4004.6 over the same time period which is over 10%.

The larger narrative is in 2012, Lexington's Violent Crime Rate was the 4th lowest among cities in the United States with populations above 250,000 and our violent crime rate was even lower in 2015. All of this is not to say there are no other types of criminal activity – some reported as Part II (two) Crimes and some that are not reported as a crime at all, yet impacts a community. Activities such as drunken behavior, lewd behavior, loud music, gambling, drug use, and DUI greatly impact the quality of life in any community and can create the impression that chaos and lawlessness is on the increase. The Lexington Police Department has a strong stance on these types of quality of life issues and works diligently around the clock to mitigate criminal activity in every neighborhood.

Lexington leaders in public safety (Mayor Gray, Commissioner Bastin, and Chief of Police Mark Barnard) often say if you are not involved in criminal activity or with someone who is so involved; the chances of being a victim of violent crime in Lexington, Kentucky are very small. That is not to say there are not truly innocent victims because there is some every year. For the police department, one victim – whether totally innocent or not – is one too many. The Lexington Police Department focuses much energy on preventing and solving criminal activity in Fayette County – they solve about ¼ of every reported crime in Lexington, from acts of vandalism to more serious crimes. In fact, with those serious personal crimes, they solve over ½ of all reported homicides, robberies, sexual assaults, and aggravated assaults every year.

Much of Lexington's crimes are related to drug use, much like other cities in the United States. Whether it is the end user who needs to find money to support their habit and consequently, commits various crimes to come up with this money, or it is the supplier who has large sums of money and drugs in their possession and becomes a target of rival suppliers, drugs are a catalyst for many crimes committed in Lexington. In addition to crimes related to drug use, we have seen a prominent rise in Heroin use over the last five years. Heroin is an opiate typically used as a recreational drug for the euphoric effect it has for the user. Kentucky had four heroin overdose deaths 2008 – in 2015, Fayette County alone had 55. The resurgence of heroin in our community has created one tragedy after another for our families and even though significant resources have been directed toward this problem, we continue to see a rise in overdose deaths – especially as the drug of choice has transitioned to other opiates like fentanyl.

NUMBER OF INCIDENTS PER 100,000 POPULATION				
	2012	2013	2014	2015
Estimated Population*	305,525*	308,829*	311,399*	314,488*
Murder	4.6	6.2	6.1	5.1
Forcible Rape	34.4	32.7	35.3	49.9
Robbery	201.0	156.7	183.7	166.3
Aggravated Assault	126.7	119.5	113.7	129.7
Breaking and Entering	940.7	843.2	782.9	743.1
Larceny-Theft	3177.5	2927.2	2889.5	2900.6
Auto Theft	319.1	288.2	324.7	346
Arson	19.3	15.2	13.5	14.9
Manslaughter by Negligence	0.0	1.0	0.0	0.0
Other Assaults	973.4	960.4	931.6	913.2
Forgery and Counterfeiting	168.9	129.5	124.3	126.2
Fraud	599.3	552.1	567.8	630.9
Embezzlement	19.6	16.2	18.6	22.6
Vandalism	1445.1	1281.3	1300.9	1328.6
Sex Offenses (excluding rape and prostitution)	75.0	78.4	88.3	140.9

Source: Based on Lexington Police Department Annual Report, years 2012, 2013, 2014, 2015

*US Census American FactFinder

FAYETTE COUNTY	2012	2013	2014	2015
Overdose Death Data	56	81	108	137
Number of total Heroin-related deaths	21	44	55	55
Percent of Heroin-related overdose deaths	37%	54%	51%	40%

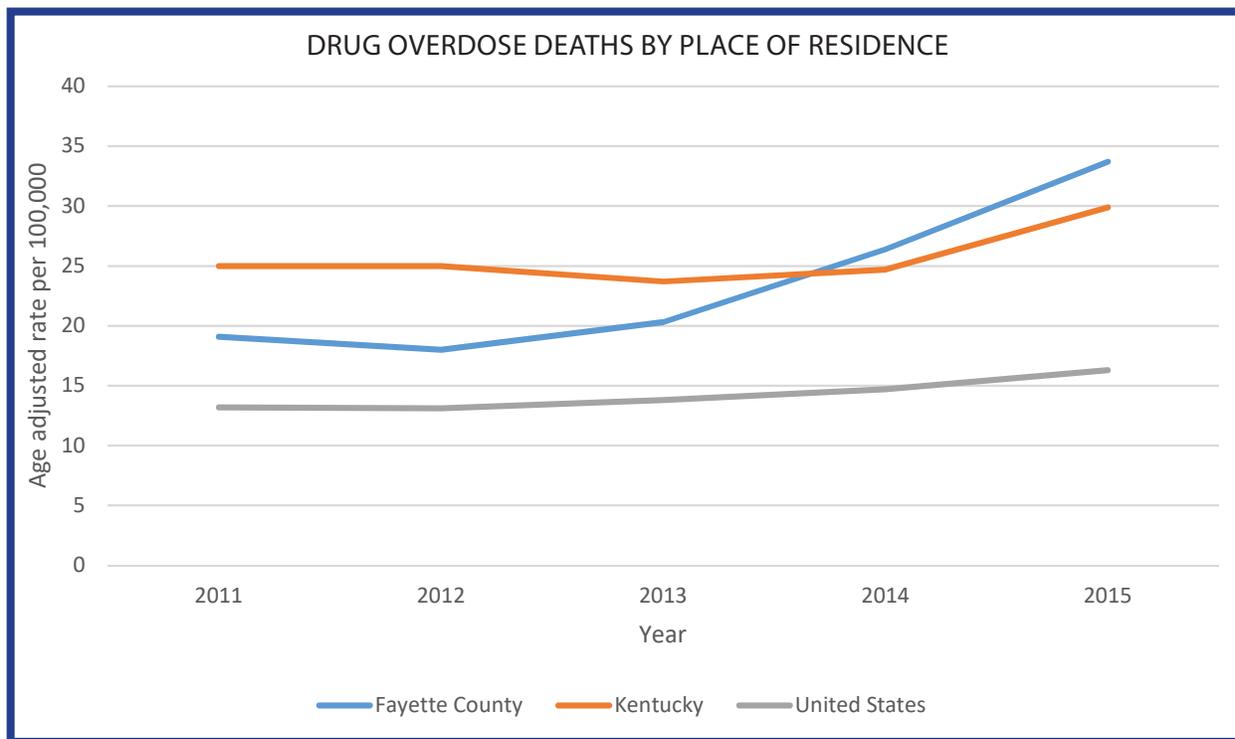
Source: Coroner's Office- Shae' Hunt

SUBSTANCE ABUSE

Substance Use Disorder (SUD) continues to negatively impact our community. It touches nearly every citizen in the Lexington-Fayette County area. It does not discriminate demographically and impacts all races, religions, genders, and socio-economic classes. Over the past several years, Lexington-Fayette County has seen a rise, not only in drug overdoses, but also an increase in overdose fatalities. Although SUD has negatively impacted the community for decades, the reintroduction of heroin, coupled with dependence on prescription drugs, including fentanyl, has created one of the most critical public health and safety issues facing Kentucky. Over the past decade, the number of overdose fatalities in Kentucky has steadily climbed to more than 1,000 each year. This takes a devastating toll on families, communities, social services, and economic stability and growth. From 2014 to 2015 Fayette County saw a 26% increase in deaths, resulting from overdose of illegal substances.¹ This is in comparison to a 14% increase for all of Kentucky.¹

Fayette County is ranked third for heroin related overdose deaths and second in fentanyl related deaths.¹ Although SUD continues to be a primary public health concern, there are a number of resources in Lexington-Fayette County dedicated to providing treatment, prevention, education, stigma reduction, and other services to reduce SUD and its devastating consequences. These resources include the Lexington Fayette Urban County Government’s Substance Abuse and Violence Intervention Program, DrugFreeLex (ASAP), Bluegrass.org, LFCHD, and many other treatment, prevention, and education resources. Because of the many resources currently being dedicated to substance abuse services, as part of its strategic planning process, the LexBeSafe action team has determined that LexBeSafe would have a greater impact focusing on other areas of concern.

¹ODCP <http://odcp.ky.gov/Documents/2015%20KY%20ODCP%20Overdose%20Fatality%20Report%20Final.pdf>



Multiple Cause of Death 1999-2015, CDC WONDER Online Database

DRUG-RELATED INPATIENT HOSPITAL DISCHARGES AND EMERGENCY DEPARTMENT VISITS WITH HIGH-RISK COMORBIDITY, RATE PER 100,000					
	2010	2011	2012	2013	2014
Drug overdose, abuse or dependence with Hepatitis C	77	104.4	122.4	111.6	150
Drug overdose, abuse or dependence with HIV	15.6	19.6	13.9	17.9	29.8

KIPRC Drug-related inpatient hospital discharges and emergency department visits, Fayette County residents: 2010-2014. Rates calculated using 2010 Fayette County Population.

SAFE HOUSING

When a community member has a safe, secure, and permanent place to live, they have a foundation on which to improve other areas of their life. Safe and secure housing benefits not only the individual, but the family. The feeling of living in a safe home strengthens the community in which they reside.

Housing is also a substantial expense, reflecting the largest single monthly expenditure for many individuals and families. Quality housing is not affordable for everyone, and those with lower incomes are more likely to live in unhealthy, overcrowded, or unsafe housing conditions.

Affordable housing may improve health outcomes by freeing up resources for nutritious food and health care expenditures. Quality housing can reduce exposure to mental health stressors, infectious disease, allergens, neurotoxins, and other dangers. Families who can only find affordable housing in very high-poverty areas may be prone to greater psychological distress and exposure to violent or traumatic events. Stable, affordable housing may improve health outcomes for individuals with chronic illnesses and disabilities and seniors by providing a stable and efficient platform for the ongoing delivery of health care and other necessary services.¹

*See page 5 Housing Section for data

¹<http://www.countyhealthrankings.org/app/kentucky/2016/measure/factors/136/description>

ADOLESCENT HOMELESSNESS

Homelessness is a major social concern nationwide, with youth being at the most risk of becoming homeless. Youth who are homeless are not always runaways or lack parental care. Many homeless youth are with their families.

Approximately 80% of homeless youth (aged 12-21) use drugs or alcohol as a way to self-medicate to deal with traumatic experiences and abuse.¹

In Fayette County, and other communities, the definition of homelessness will vary. When Fayette County schools provide data, they are using a broad definition that also includes those who are marginally housed (i.e those who are staying with a friend or other relative versus in a shelter or car). The number of homeless students in Fayette County has doubled in in the past three years.² A report completed by the Lexington Fair Housing Council showed that schools that have a majority of students from lower income families have much higher rates of homeless students in comparison with lower impacted schools.² Students who are homeless also are more likely to have lower test scores than students with secure housing.

Communities nationwide are experiencing an increase in youth (18-24) homelessness. That presents a unique challenge as systems for addressing homelessness were not built to serve the needs of that population. Many 18-24-year-olds will not go to shelters for that reason or because shelters often have a lot of rules, such as limitations on phones, that youth don't like. Alternatives that are being chosen include traveling in groups of 3-4 for safety and then utilizing abandoned homes or structures as shelter.

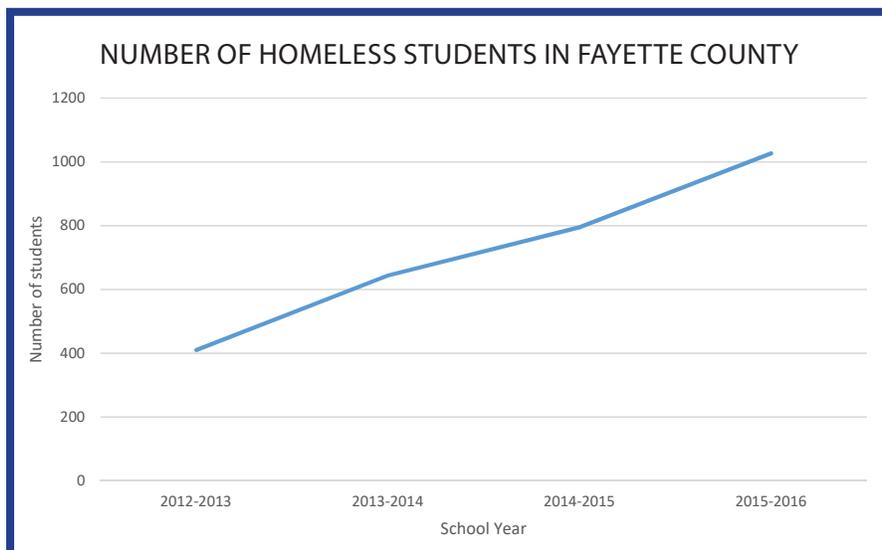
What is causing youth homelessness? A lot of it is driven by problems in the foster care system. Youth turn 18 and they find themselves thrust into independence with no support, a history of trauma, interactions with the justice system, and little training or education. These barriers make it difficult for them to thrive on their own. Resources are limited because homeless programs are often geared toward the chronically homeless (long term) and those with substance use or mental illness issues.

Among children, the causes of homelessness include the parent's economic situation, substance use/abuse, mental health, functioning levels, etc. The impacts of homelessness on children are well known including poor school performance and trauma associated with lack of stability and exposure to unhealthy environments.

As a community, Lexington is improving efforts of late to serve homeless families, including the addition of an Emergency Family Housing program in 2016 and the locally funded Affordable Housing Trust Fund which seeks to expand access to affordable housing for struggling families.

¹Greene, J.M., S.T. Ennett, and C.L. Ringwalt. "Substance use among runaway and homeless youth in three national samples." American Journal of Public Health, 1997. Web Accessed February 18, 2015

²<http://applications.education.ky.gov/SRC/LearningEnvironmentByDistrict.aspx>



Kentucky Department of
Education School Report Cards

ACCESS TO CARE

Access to care includes coverage in a health care system, access to a health care location, and access to a trustworthy health care provider. Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and to get their health needs met.

Access to health care is important for improving quality of life and eliminating disparities in health. When people are able to get preventive care or treatment for their health conditions, they have better health outcomes and increased productivity.

The uninsured are less likely to have primary care providers than the insured. They also receive less preventive care, dental care, chronic disease management, and behavioral health counseling. Those without insurance are often diagnosed and treated, leading to worse health outcomes, lower quality of life, and higher mortality rates.¹

Barriers to access (including cost, health insurance, and availability) lead to delays in care, preventable hospitalizations, and unmet health needs.

*See page 5 Access to Care section for data.

¹Clancy C, Munier W, Brady J, et al. 2012 National healthcare quality report. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ); 2013.

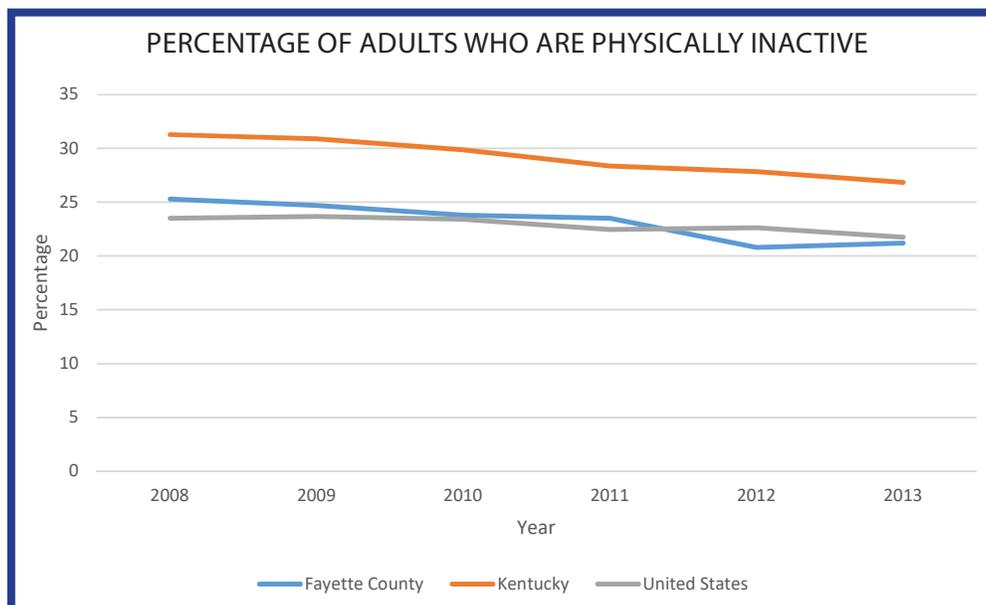
HEALTH BEHAVIORS

Health behaviors and choices have the power to lessen disadvantages due to genetic predisposition or a poor physical environment.

Physical Activity, Healthy Eating, and Access to Achieve Both

Behaviors such as poor diet and lack of exercise contribute to chronic disease risk. Adequate nutrition and physical activity are vital for promoting vibrant health.

Insufficient nutrition in children can slow growth and development, while excessive caloric intake can lead to being overweight and obesity. Inadequate physical activity alone can contribute to increased risk of heart disease and some forms of cancer. In combination with a poor diet, those chances increase even more.



Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.

TOBACCO USE

Tobacco use remains the leading cause of preventable death and disability in the United States. Tobacco use is a risk factor for nearly all of the nation's leading causes of death, including cardiovascular disease, stroke, lung cancer, and Chronic Obstructive Pulmonary Disease (COPD). Each year, smoking kills over 480,000 Americans, and secondhand smoke causes approximately 7,330 deaths from lung cancer and 33,950 deaths from heart disease.¹

Kentucky and West Virginia trade places for the nation's highest annual smoking rate. Each year more than 8,000 Kentuckians die of tobacco-related illnesses. Lung cancer is the most well-known cause of death from smoking, but more smokers than nonsmokers die from cardiovascular disease. Annually, Medicaid and Medicare costs exceed approximately \$1.2 billion for treatment of Kentuckians suffering smoking-related diseases and conditions. Smoking costs each of the four million people living in Kentucky \$300 a year.²

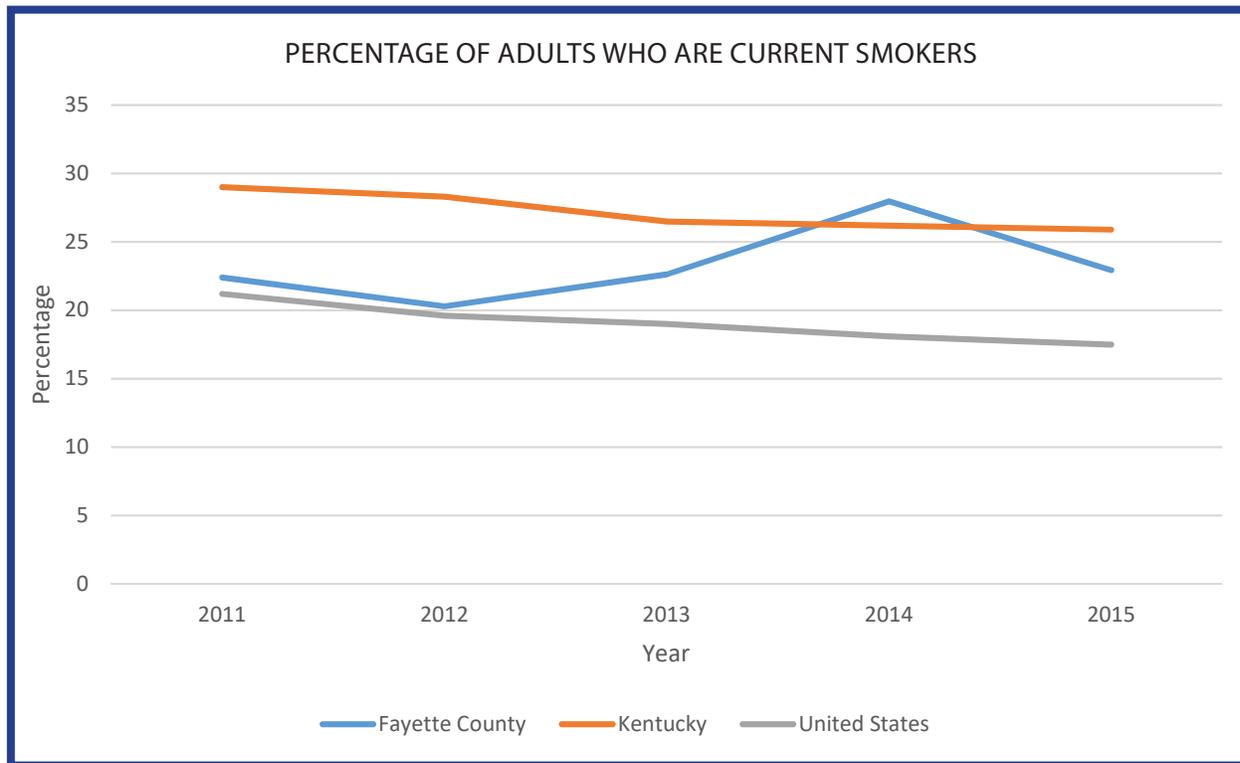
Smokeless tobacco, while less lethal than smoked tobacco, can lead to various cancers, gum and teeth problems, and nicotine addiction. A rapid increase in e-cigarette use poses potential health threats and the possibility of extreme nicotine addiction that are not yet understood. Nearly 40% of adults ages 18-45 in Kentucky have "vaped."³

Smoke-free environments that include use of e-cigarettes and improved access to tobacco cessation programs consistently reduce high rates of heart disease, stroke, respiratory diseases, and many of the cancers attributed to tobacco use.^{2,3}

¹U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. 2014.

²<http://chfs.ky.gov/dph/mch/hp/tobacco.htm>

³<https://www.healthy-ky.org/research/category/4/kentucky-health-issues-polls>



CDC BRFSS County and City Level Data

OBESITY

Doctors usually define overweight as a condition in which a person's weight is 10%-20% higher than the recommended weight for a particular height, or as a body mass index (BMI) of 25 to 30.¹

Obesity is defined as a condition in which a person's weight is 20% or more above recommended weight or as a BMI of 30 or more. Morbid obesity means a person is either 50%-100% over recommended weight, more than 100 pounds over normal weight, or sufficiently overweight to severely interfere with health or normal functioning.¹

The prevalence of obesity has increased gradually across the nation over the last decade. Studies estimate that the annual costs of obesity-related illness are \$190.2 billion or nearly 21% of annual medical spending in the United States.² This number is expected to rise as statistics show that today's obese children have an increased chance of being tomorrow's obese adults. Lexington-Fayette County saw an increase of 0.9% from 2012 to 2013.² This equates to a total of 27.3% of Fayette County adults with obesity in 2013. Obesity is a complex issue to address due to the number of contributing factors.²

A few of the contributing behavioral factors include:

- Physical inactivity
- Minimal fruit and vegetable consumption
- Smoking
- Food marketing and promotion

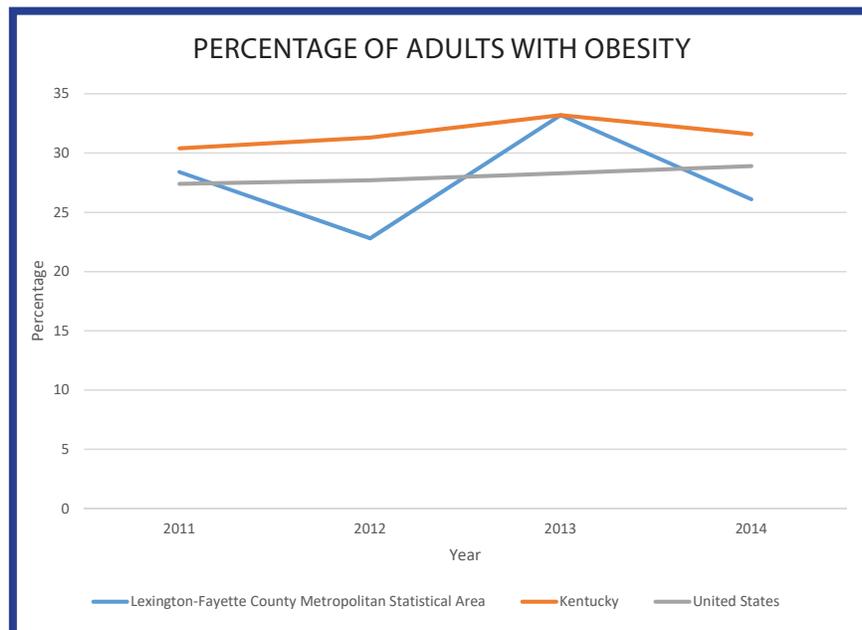
Contributing environmental factors include:

- Lack of access to full-service grocery stores
- Increasing cost of healthy foods
- Lower cost of unhealthy foods
- Lack of access to safe play and exercise
- Transportation

Obesity is a serious concern because of its correlation with poorer mental health outcomes, reduced quality of life, and is one of the leading causes of death in the US and worldwide. It is important to reduce obesity as this is a key factor in the prevention of certain chronic diseases, including heart disease, some forms of cancer, and diabetes.

¹<http://www.healthycommunitieshealthyfuture.org/learn-the-facts/economic-costs-of-obesity>

²CDC County-Level Estimates accessed from the CDC Diabetes Data and Statistics Atlas



CDC BRFSS Prevalence and Trends Data;
CDC Nutrition, Physical Activity and Obesity Data, Trends and Maps

ORAL HEALTH

Oral health means being free from mouth pain, tooth decay, tooth loss, oral and throat cancer, and other diseases that affect the mouth. Cavities (also called tooth decay) are one of the most common chronic conditions in the US. By age 34, more than 80% of people have had at least one cavity.¹ More than 40% of adults have felt pain in their mouth in the last year. On average, the nation spends more than \$113 billion a year on costs related to dental care.¹ More than \$6 billion of productivity is lost each year because people miss work to get dental care.¹

Statewide, the report states that children eligible for free or reduced lunch are more likely to have visited the dentist due to pain or a previous condition than children who are not eligible (17% vs. 8%).² Low-income children are more likely to have longer intervals between visits (78% with a visit in the past year compared to 90% for middle/upper income) as well as African-American children (73% with a visit in the past year, compared to 81% Hispanic/Latino and 84% White).²

In 2014, 38% of adults age 18-64 had not had a dental visit in the past year. For years 2011-2012, 17.5% of children aged 5-19 years had untreated dental cavities.³

Some social factors that contribute to these differences are lifestyle behaviors such as tobacco use, frequency of alcohol use, and poor dietary choices. Just as they affect general health, these behaviors can affect oral health. The economic factors that often relate to poor oral health include access to health services and an individual's ability to get and keep dental insurance.

¹<https://www.cdc.gov/oralhealth/basics/index.html>

²https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm

³CDC National Center for Health Statistics, FastStats on Oral and Dental Health

Percentage of 3rd and 6th graders with untreated tooth decay	2001	2016	Percent Change
Central Region	19%	40%	+ 21%
Kentucky	29%	41%	+ 12%

Making Smiles Happen: 2016 Oral Health Study of Kentucky's Youth

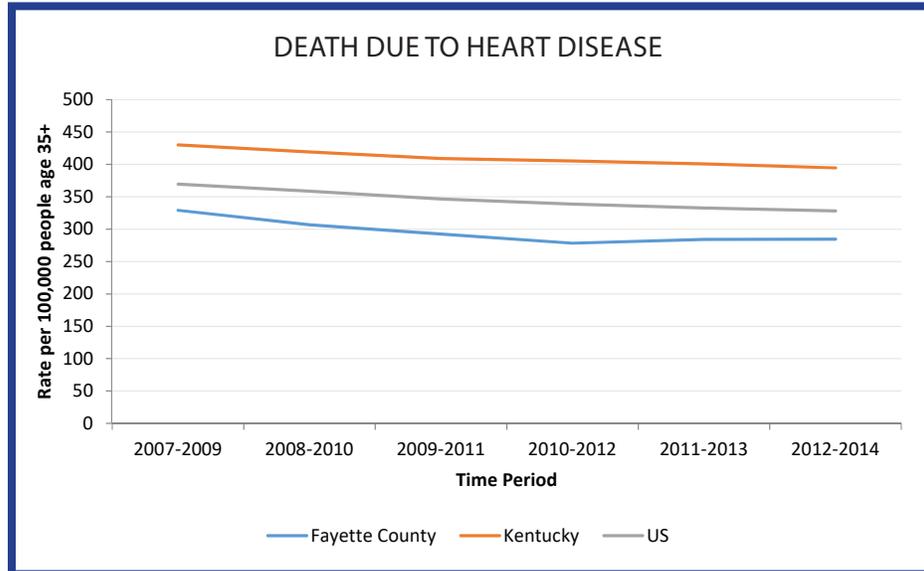
Central Region includes: Fayette, Harrison, Nicholas, Bourbon, Scott, Franklin, Woodford, Jessamine, Anderson, Mercer, Boyle, Spencer, Nelson, Washington, Marion, Taylor, Larue, and Hardin Counties. Regional estimates have a plus or minus 7% accuracy.

Percentage of adults without visit to the dentist in the past year for any reason	2012	2014	Percent Change
Lexington-Fayette Metropolitan Statistical Area	32.5%	35.8%	+ 3.3
Kentucky	39.7%	39.0%	- 0.7%

CDC BRFSS Prevalence and Trends Data

CHRONIC DISEASE & CANCER

Chronic diseases, such as heart disease and cancer, are leading causes of morbidity and mortality in Fayette County and Kentucky. Chronic disease can result in disability and premature death, but may be preventable or controllable. One can reduce the risk of developing a chronic disease by increasing their physical activity, decreasing their tobacco use, eating healthy food, and taking part in preventive screenings.



CDC Interactive Atlas of Heart Disease and Stroke

Cardiovascular Health (heart disease)

When looking at the health of a community, cardiovascular health must be considered since it is one of the leading causes of death in the community, state, and nation. Cardiovascular disease includes diseases of the heart and blood vessels in the body. Examples of such diseases are: coronary heart disease, heart failure, sudden cardiac death, and hypertensive heart disease. It is also directly related to other public health issues and indicators. Obesity, smoking, diabetes, inactivity, and poor nutrition are all risk factors for these diseases and all affect health outcomes among high risk populations.

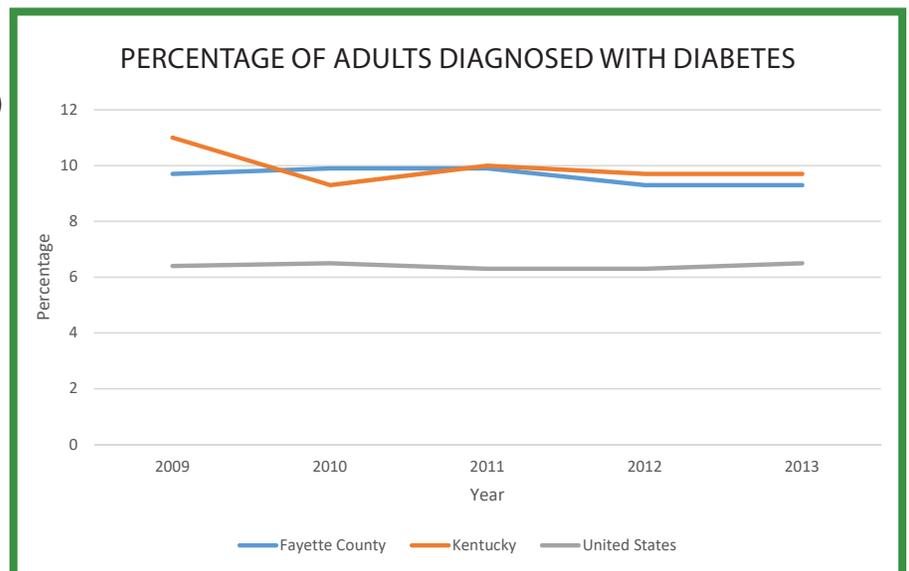
Diabetes

Diabetes is a serious illness that increases the risk for stroke and heart attack, blindness, kidney disease, and other chronic conditions. Overall, the risk for death among people with diabetes is about twice that of people of similar age without diabetes. Type 2 diabetes is largely preventable.

Risks include:

- Obesity or overweight
- Ethnic background
- Women with Polycystic Ovary Syndrome (PCOS)
- Sedentary lifestyle
- Family history
- Gestational diabetes
- Age greater than 45

As rates of overweight and obese individuals increase, diabetes also continues to become more prevalent in the US. Diabetes presents as one of three types: Type 1, Type 2 and gestational diabetes. Diabetes is a chronic disease and is a large cause of morbidity and mortality in the US. Complications from diabetes can include stroke, kidney failure, nerve damage, blindness, and lower limb amputations.



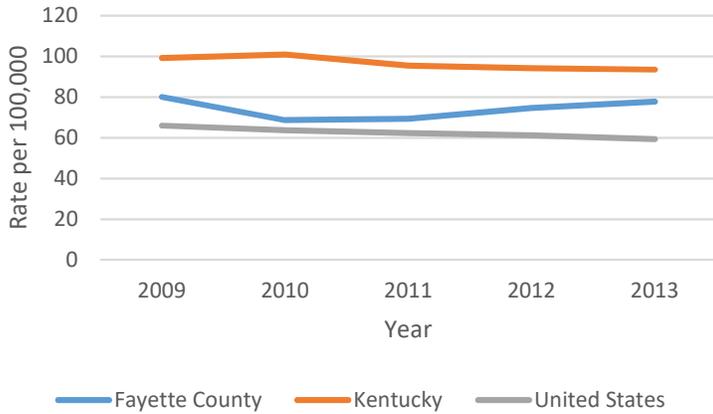
CDC County Level Estimates from BRFSS Survey; CDC National Health Interview Survey

Cancer

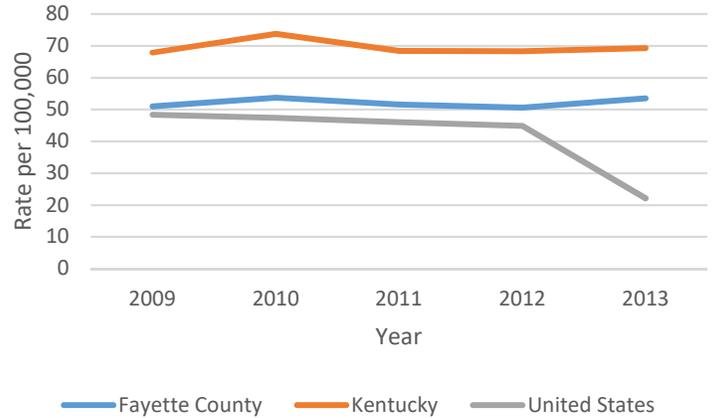
Cancer continues to be one of the leading causes of death in Fayette County and Kentucky. Cancer may develop from genetic predispositions, tobacco use, obesity, sun and UV exposure, and other environmental factors. A person's cancer risk can be reduced by receiving appropriate cancer screenings. Lung cancer is the leading cause of cancer deaths in Fayette County, followed by colon and breast cancers.

When referring to data, incidence and mortality are two different types of statistics. Incidence, is how often something (in the graphs below, cancer) occurs over a certain time period. Whereas, the mortality rate is the number of deaths that occur from a certain cause over a time period. The graphs below show how often lung, breast, and colon cancer occur (incidence) versus how many deaths occur (mortality rate) because of the cancer.

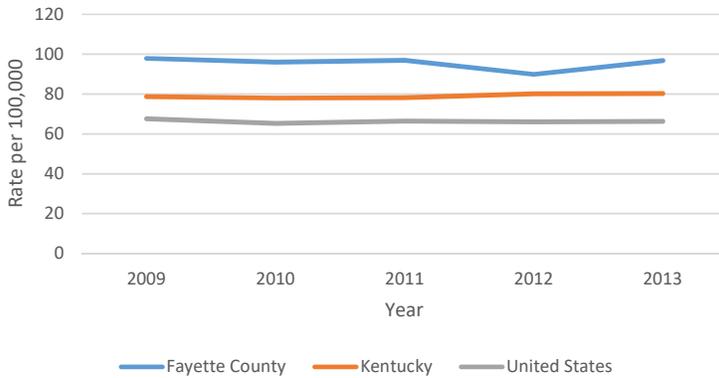
RATE OF NEW LUNG CANCER CASES



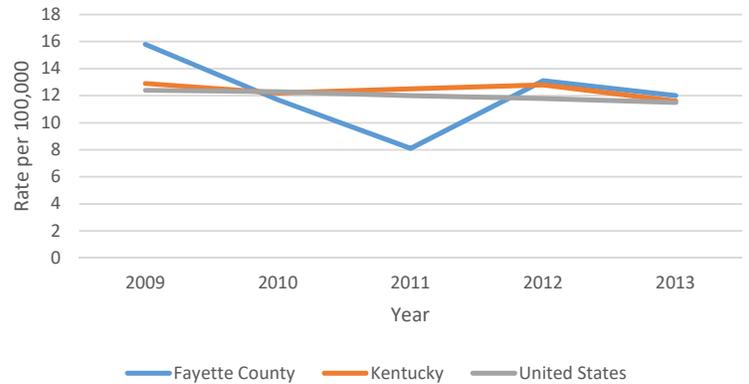
MORTALITY FROM LUNG CANCER



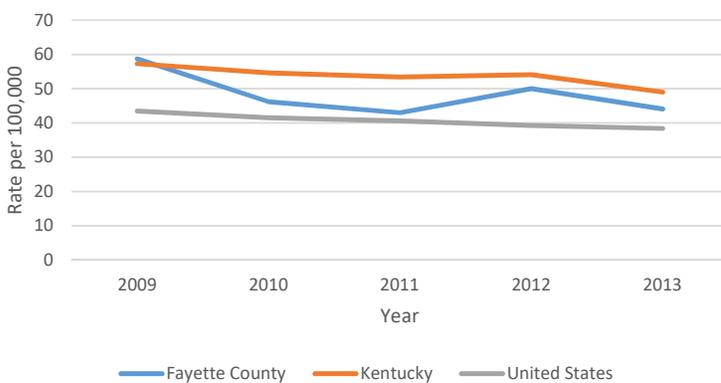
RATE OF NEW BREAST CANCER CASES



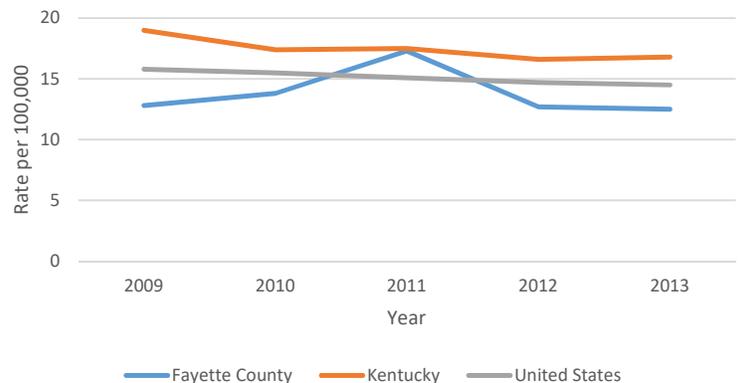
MORTALITY FROM BREAST CANCER



RATE OF NEW COLON CANCER CASES



MORTALITY FROM COLON CANCER



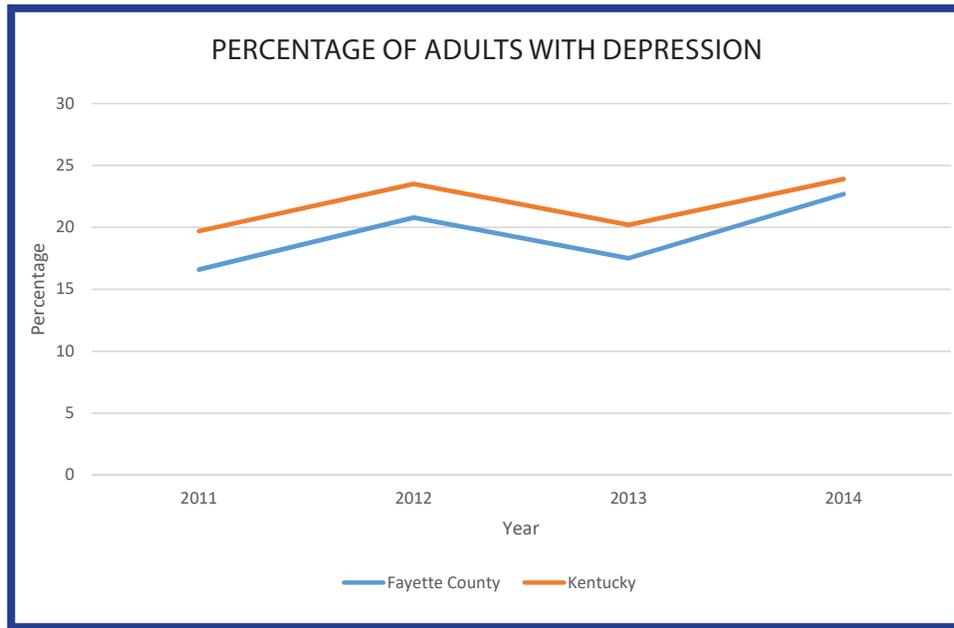
MENTAL HEALTH

Mental health is important at every stage of life. When a person has a strong sense of self and well-being, they are more likely to lead a productive life. This includes maintaining relationships, partaking in behaviors that lead to positive health outcomes, and having the ability to adapt to changes, and coping with adverse events when they arise.

Recently, mental health has come to the forefront of national conversations. Overall health not only depends on physical health, but also mental health. Residents of Fayette County report on average 3.9 mental unhealthy days in the previous 30 days of when asked. The average for Kentucky was 4.6, compared with 2.9 days nationwide.¹

Mental health services are available in the community, but the complexities of insurance, levels of care, and eligibility can confuse consumers and prevent them from seeking the help that they need.

¹<http://www.countyhealthrankings.org/app/kentucky/2016/rankings/fayette/county/factors/4/snapshot>

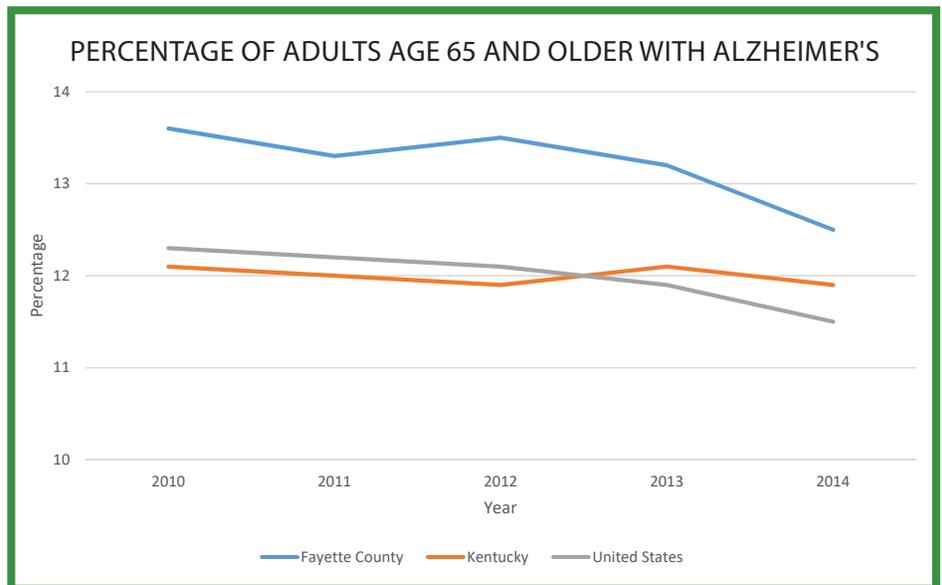


CDC BRFSS Prevalence and Trends Data
*National data not currently available for this measure.

ALZHEIMER'S

Alzheimer's disease, the most common form of dementia, is currently the sixth leading cause of death in the US as well as Kentucky.¹ While there is a strong linkage between heredity and age to the onset of Alzheimer's disease, there is evidence emerging that shows the same risk factors for heart disease and stroke may also increase the risk for Alzheimer's. Additionally, evidence is increasing that healthy living and consistent physical, mental, and social activities can be protective factors against the disabling disease.

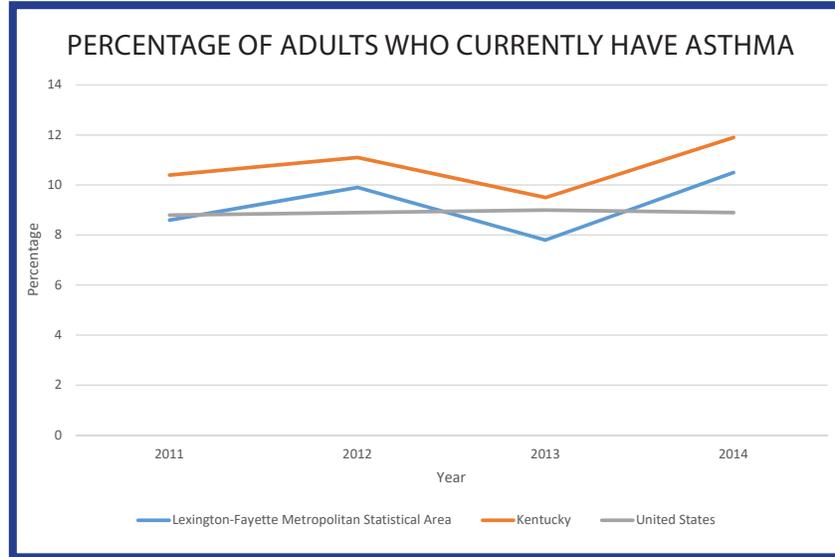
¹CDC Aging info 2015/Stats of the state of Kentucky 2016.



ASTHMA

Asthma is the most common chronic lung disease of children and causes significant morbidity and missed school days. Asthma is a disease that affects the lungs. It causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma can be controlled by taking medicine and avoiding the triggers that can cause an attack. It is important to minimize triggers in your environment that can make asthma worse. The most common asthma triggers are tobacco smoke, dust mites, outdoor air pollution, pets, mold, and smoke from burning wood or grass.¹

¹<https://www.cdc.gov/asthma/faqs.htm>



CDC BRFSS Prevalence and Trends Data; CDC BRFSS Adult Asthma Data

PHYSICAL ENVIRONMENT

Clean air, safe food, and clean water play a critical role in protecting health, as does eliminating exposure to toxic substances such as lead and radon. Clean air, safe water, safe/affordable housing, and effective multi-modal public transportation systems shape our community-built environment and impact our ability to make healthy choices.

Air Quality

Outdoor air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, decreased lung function, and increase the risk of premature death from heart or lung disease.

Indoor air quality is another indicator of the physical environment. Non-smokers exposed to secondhand smoke take in nicotine and other toxic chemicals just like smokers do. The more secondhand smoke that is inhaled, the higher the level of these harmful chemicals will be in the body.¹

Asthma, which affects nearly 40 million Americans, can be exacerbated by indoor allergens such as mold and dust, and in some cases asthma can be attributed to poor home ventilation or other indoor air quality concerns.²

¹Centers for Disease Control and Prevention. Secondhand Smoke (SHS) Facts. August 20, 2015. Accessed at www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm on November 11, 2015.

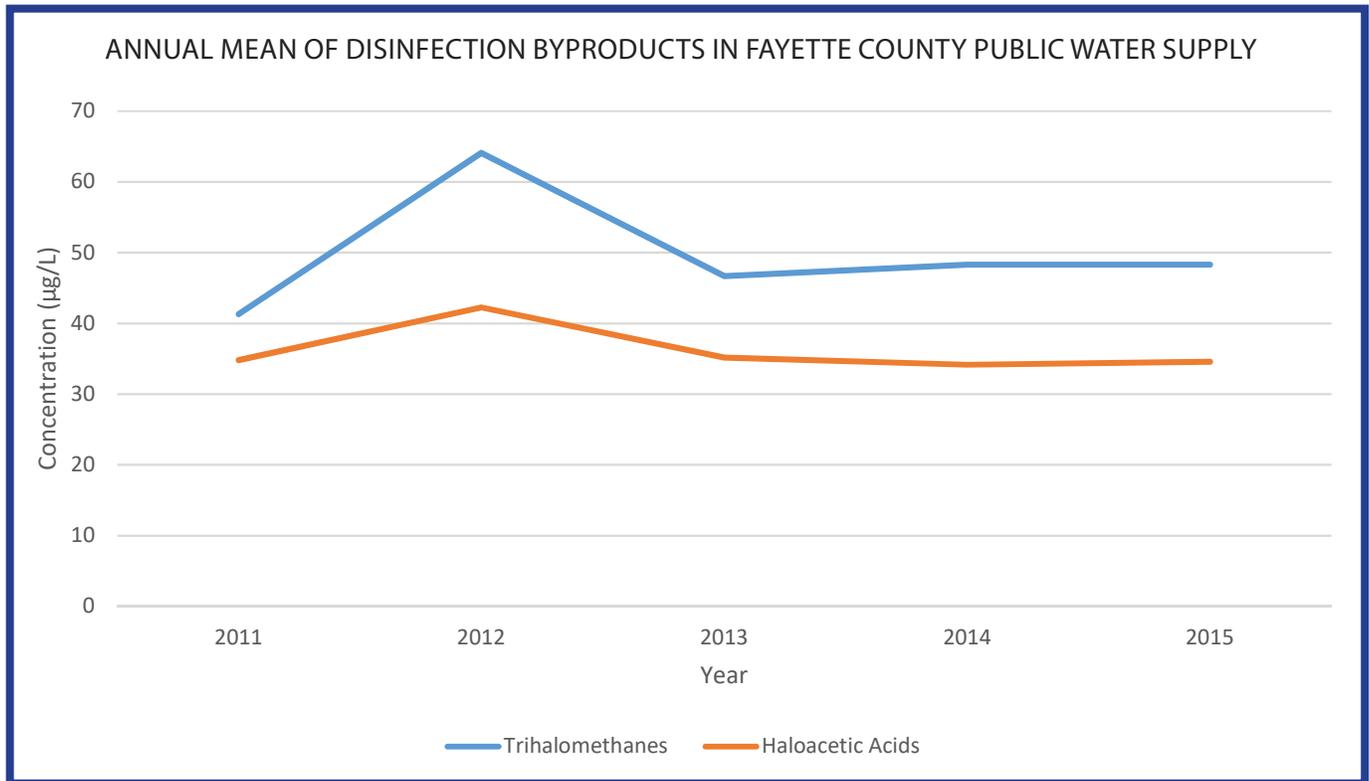
²<http://www.countyhealthrankings.org/our-approach/health-factors/housing-transit>

Water Quality

Trihalomethanes and haloacetic acids are common byproducts of drinking water disinfection.¹ Measurements of these chemicals can be used as an indicator of water quality. Their presence indicates potentially harmful compounds present in water due to disinfection with chlorine. Humans can be exposed to these chemicals by drinking water, as well as by contact through the mouth, skin, and airways. Over time, high exposure levels of these chemicals may lead to adverse health effects such as trouble with the central nervous system, liver, and kidneys, as well as an increased cancer risk.

Standards have been set by the World Health Organization and the Environmental Protection Agency for acceptable levels of these chemicals in drinking water. The maximum acceptable levels are 80 µg/L for trihalomethanes and 60 µg/L for haloacetic acids in a public water system. The figure below shows the trends for these chemicals in the major public water supply for Fayette County.

¹<https://www.cdc.gov/safewater/chlorination-byproducts.html>



EnviroHealthLink, Kentucky's Environmental Public Health Tracking Network

Lead

Housing structures can protect us from extreme weather and provide safe environments for families and individuals to live, learn, grow, and form social bonds. However, houses and apartments can also be unhealthy or unsafe environments. Approximately one in four homes in the US is estimated to contain lead-based paint or lead plumbing; lead exposure can impair brain and nervous system development.¹ See page 5 for the percentage of houses built prior to 1980 as an indicator of potential in-home lead exposures.

Today, at least four million households have children living in them that are being exposed to high levels of lead. There are approximately half a million US children ages one to five with blood lead levels above five micrograms per deciliter (µg/dl).² No safe blood lead level in children has been identified. Lead exposure can affect nearly every system in the body. Because lead exposure often occurs with no obvious symptoms, it frequently goes unrecognized.

¹<http://www.countyhealthrankings.org/our-approach/health-factors/housing-transit>

²<https://www.cdc.gov/nceh/lead/>

MATERNAL, INFANT, & CHILD HEALTH

The health and well-being of mothers, infants, and children are vitally important. They not only reflect the current health status of individuals and communities, but also serve as predictors for the health of the next generation and provide insight for future public health challenges in the health care system.

Maternal health refers to the health of women during pregnancy, childbirth, and postpartum. Family planning, preconception, prenatal, and postnatal care reduce maternal morbidity and mortality due to hemorrhage, infection, high blood pressure, unsafe abortion, and obstructed labor. Pregnancy provides opportunities to identify existing health risks in women and to prevent future health problems for women and their children. Early identification of these health risks can prevent harm from diseases including hypertension, heart disease, diabetes, depression, certain genetic conditions, sexually transmitted diseases, tobacco use and alcohol abuse, inadequate nutrition, and unhealthy weight.¹

Breastfeeding provides many benefits for both mothers and their children. It provides all the energy an infant requires for the first months of life, as well as salubrious hormones and antibodies that are unique to breast milk. Studies have shown that breastfeeding can reduce risk of childhood leukemia, atopic dermatitis, as well as sudden infant death syndrome (SIDS). Conversely, infants who are formula-fed are more likely to have ear infections, diarrhea, necrotizing enterocolitis, lower respiratory tract infections, asthma, downstream obesity, and type 2 diabetes.² Breastfeeding demonstrates positive effects on the mother as well as the baby. Postmenopausal women in the US who breastfed less than 12 months during their reproductive years had higher risk for developing cardiovascular disease, diabetes, hyperlipidemia, and hypertension.³

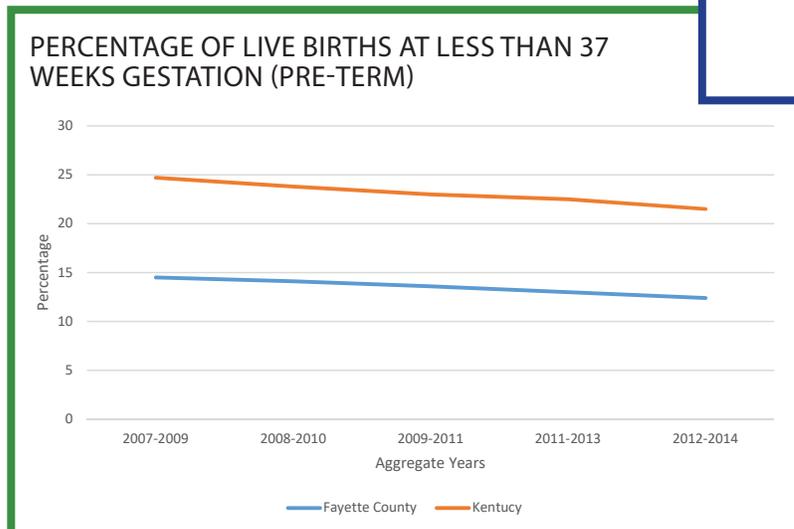
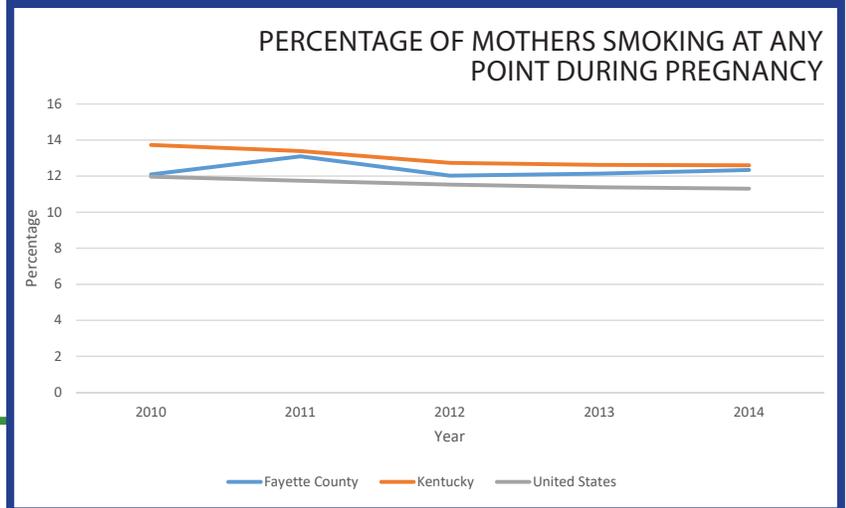
Women who smoke while pregnant are increasing the chance that their child will have certain health defects. Not only is there an increase in the incidence of tissue damage in the unborn child, developmental delays, and pre-term birth, studies suggest a relationship between smoking and miscarriage.⁴ Babies who are exposed to second hand smoke after birth have weaker lungs and are three times more likely to die from SIDS.⁴

¹<https://www.cdc.gov/chronicdisease/resources/publications/aag/maternal.htm>

²Office on Women's Health, U.S. Department of Health and Human Services (2014) Accessed at <https://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>

³Harmon, Katherine (2010) How breastfeeding benefits mothers health. Scientific American. Accessed at: <https://www.scientificamerican.com/article/breastfeeding-benefits-mothers/>

⁴https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/



Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center and provided by the Kids Count Data Center

SEXUALLY TRANSMITTED INFECTION

Sexual activity is one of the most important health behaviors in dictating downstream health effects, and one of the most important consequences due to sexual activity is sexually transmitted infections (STIs). STIs are diseases acquired by sexual contact, and are caused by bacteria, parasites, or viruses. There are more than 20 identified agents of sexually transmitted diseases, including chlamydia, gonorrhea, genital herpes, HIV/AIDS, HPV, and syphilis.¹ STIs are a concern because they are associated with health problems and long-term consequences, most often in women, including pelvic inflammatory disease, infertility, ectopic pregnancy, cervical cancer, pre-term birth, and infection of the newborn during birth.

Every year Chlamydia is the number one reportable STI in the US and Gonorrhea is typically second or third. Hence, STIs are much more common than other infectious agents in this country. With the exception of HPV, there are currently no preventive vaccines for STI agents.

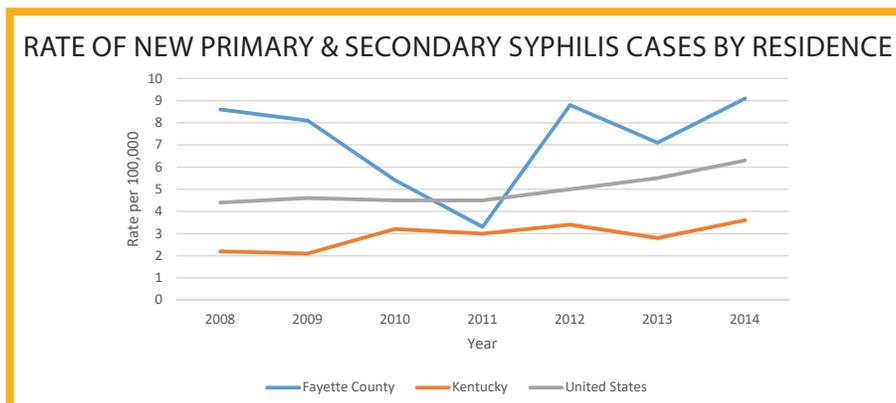
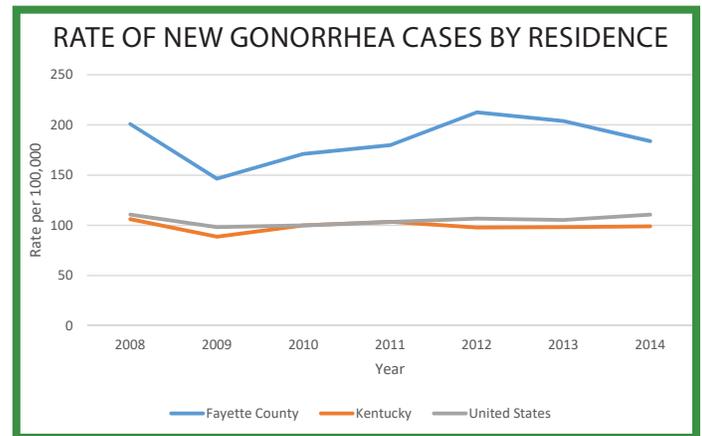
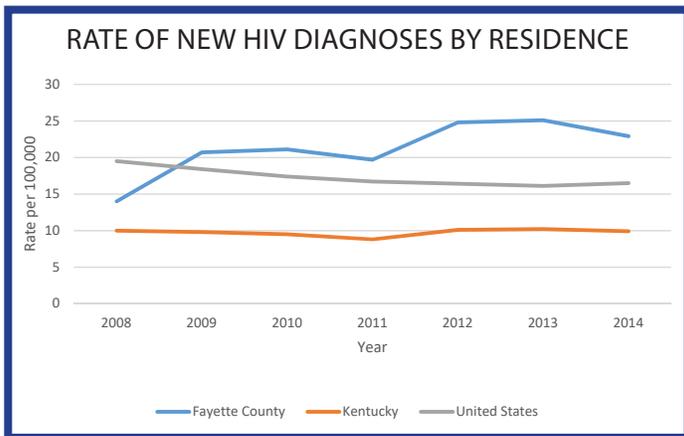
While STIs have been persistent over the last century, like diseases as a whole, they are undergoing changes in presentation and control.¹ For example, increasing public concern has been directed at emerging drug-resistant STIs. Gonorrhea, the second-most widespread STI, is becoming progressively resistant to the antibiotics used to treat it. Resistant strains significantly reduce the effectiveness of treatment and increase the risk of population-wide transmission. With few efficacious antibiotic options left, it is important that coordinated public health policies and research and development of new treatments are developed.

HIV has also seen marked changes since its discovery in 1981. At the beginning of the HIV pandemic, HIV spread like a typical communicable disease without an effective treatment or cure, killing many who were infected and causing fear in the unaffected. Now, with anti-viral cocktails, people infected with HIV/AIDS are living longer and changing the way HIV/AIDS is viewed. While these drugs can control the infection, they do not result in a cure. However, in 2007 the CDC estimated that one out of six HIV infections showed drug resistance.² Further, 2% of these were resistant to two or more current anti-viral treatments, posing a problem for newly-acquired HIV cases and their drug treatment and control programs.²

Though infectious disease prevalence has decreased, due to their ever-changing nature, continued efforts should be made to control or eradicate them. It is important to note that while infectious disease is decreasing in the US, STI cases are increasing in general. This increase could be due to increases in actual infections or increased rates/sensitivity of testing.

¹Centers for Disease Control and Prevention, CDC's Healthy Communities Program, Preventing Chronic Diseases and Reducing Health Risk Factors, <http://www.cdc.gov/healthycommunitiesprogram/overview/diseasesandrisk.htm>

²Centers for Disease Control and Prevention, Sexually Transmitted Diseases (STDs), <http://www.cdc.gov/std/>, June 2012, 201



CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas

PHASE 4: STRATEGIC ISSUES



In June of 2016, the data from the CHA process was presented to LEX-CHIP at a community forum and planning meeting. By using a community driven model, the group was able to identify and prioritize public health issues and potential resources for addressing those issues. The CHA resulted in the identification of three priority areas responsible for health disparities and which could improve community health.

The three priorities areas will focus on:

- Issues that will result in barriers to employment and the ability to earn a living wage.
- Issues that lead to unsafe neighborhoods including crime and violence, and safe neighborhoods and communities.
- Issues that contribute to poor health and wellness, including food security, mental health, healthy eating, and physical activity.

Within each of the three priorities, intentional efforts are made to develop strategies to reduce health disparities.



PHASE 5: GOALS & OBJECTIVES



Each LEX-CHIP action team participated in a facilitated strategy session in which members reviewed the background of the LEX-CHIP activities, data that supported the formation of their specific workgroup and accomplishments made to date from their work together.

ACCOMPLISHMENTS

LexWork

- Branding
- Communication
- Increased learning across organizations

LexBeSafe

- Data review
- Community input
- Branding
- Committed membership

LexBeWell

- Community walks
- Education - Diabetes
- Data review

Each workgroup also participated in an exercise to identify barriers to achieving the vision of their goals:

BARRIERS

LexWork

- Time
- Finding community partners
- Policy disincentives
- Evaluating progress
- Multiple reasons for unemployment

LexBeSafe

- Focus/ownership
- Turnover-key people
- Funding
- Time
- Need for an organizer

LexBeWell

- Small staff capacity
- Maintaining engagement
- Funding
- Structure for meetings
- Community silos
- Measurement/impact

Each group participated in an educational session to increase understanding in the elements necessary for highly functioning collaborative groups. The model used for the training was Collective Impact from Stanford University. Each group evaluated their efforts in terms of the Five Conditions for Collective Impact



Conditions	LexWork	LexBeSafe	LexBeWell
Common Agenda	<ul style="list-style-type: none"> Sustainable employment for those that want to work Training and education 	<ul style="list-style-type: none"> Violence prevention Safe community designation 	Wellness
Shared Measurement	<ul style="list-style-type: none"> Employer survey Roadmap to employment 	<ul style="list-style-type: none"> Resource Map Gap Analysis 	<ul style="list-style-type: none"> Inventory of Community activities Gap analysis
Mutually Reinforcing Activities	Individual focus areas were discussed; High levels of expertise in training for job readiness present among membership	Individual focus areas were discussed; A wide variety of expertise in violence prevention, education and health equity were noted with discussion held on the importance of work at the neighborhood level.	Individual focus areas were discussed; High levels of expertise in Food and Nutrition present among membership
Continuous Communication	<ul style="list-style-type: none"> Basecamp discussed Regular meetings 	<ul style="list-style-type: none"> Basecamp discussed Regular meetings 	<ul style="list-style-type: none"> Basecamp discussed Regular meetings
Backbone Support Activities	Lexington-Fayette County Health Department	Lexington-Fayette County Health Department	Lexington-Fayette County Health Department

Priority 1: Crime and Violence

Priority 2: Safe Neighborhoods & Communities

Youth and community violence are symptoms of a host of interrelated risk factors within homes, schools, communities, and society. These include child abuse, substance abuse, poor parenting, violent relationships, underfunded and low performing schools, and gender and income inequities. No single factor creates a higher likelihood of violence occurring. Every community has protective factors and assets that can be supported and enhanced to reduce unhealthy, violent conditions and establish healthy behaviors and relationships.

Goal 1: Increase community awareness of activities, programs, events, and resources available to them that contribute to reduced crime and violence in their environment.	
Objective 1:	To support the efficient use of resources across Lexington-Fayette County, LexBeSafe will inventory community activities that align with identified priorities.
Performance Measures:	<ul style="list-style-type: none"> • Development of an inventory of community activities and resources supporting an environment that fosters a safe and secure community. • Increased participation of community partners in LexBeSafe team.
Strategies:	<ul style="list-style-type: none"> • Map existing resource sites in the community. This includes but is not limited to nonprofit, for profit, and faith based organizations. • Coordination with local law enforcement to identify community targeted activities and resources.
Objective 2:	Determine through a defined process what vehicle the members of the community will utilize as a resource guide or directory.
Performance Measures:	Defined platform for directory based on population need.
Strategies:	<ul style="list-style-type: none"> • Hold focus groups to talk with community. • Research how other communities have successfully implemented similar measures.

Goal 2: Support community initiatives and coalitions in Lexington-Fayette County promoting awareness and prevention of crime and violence	
Objective 1:	Support the Lexington Fayette Urban County Government process of obtaining Safe Communities Accreditation.
Performance Measures:	<ul style="list-style-type: none"> • Lexington-Fayette County completion of application for Safe Community Accreditation within one year of letter of intent. • Lexington-Fayette being awarded Safe Communities accreditation.
Strategies:	<ul style="list-style-type: none"> • Coordination with the Lexington Safe Communities task force to identify progress toward Safe Communities designation and those activities, included in the process that LexBeSafe could provide leadership. • Initiate communication with active members of Safe Communities task force to form partnerships. • Identify community groups that will be valuable partners in obtaining accreditation.

Goal 3: Encourage and increase community engagement through neighborhood programs and activities that promote a sense of pride and cohesion.	
Objective 1:	Develop a baseline measure for community engagement in neighborhood programs, events, activities, and resources.
Performance Measures:	To be determined based on completion of goal one.
Strategies:	To be determined based on completion of goal one.
Objective 2:	LexBeSafe will establish connections within the community to increase the communication of resources.
Performance Measures:	To be determined based upon results of baseline measurement by June 2018.
Strategies:	To be determined based upon results of baseline measurement by June 2018.
Objective 3:	LexBeSafe will facilitate the implementation of a tool for neighborhoods and community members to utilize to advertise neighborhood and community events.
Performance Measures:	To be determined by December 2018.
Strategies:	To be outlined by December 2018.

Goal 4: Increase collaboration with Lexington-Fayette County Health Department (LFCHD) Board of Health and other governing bodies.	
Objective 1:	On an annual basis share a presentation with the LFCHD Board of Health detailing LexBeSafe goals and objectives.
Performance Measures:	Completion of annual presentation to LFCHD Board of Health.
Strategies:	Use goals and objectives that are data based to present to the Board of Health.
Objective 2:	Communicate with at least two other governing bodies in the community by June 2018.
Performance Measures:	Presence of representatives from two governing bodies at a LexBeSafe meeting or LexBeSafe members presenting information to at least two governing bodies.
Strategies:	Utilize community partners within LexBeSafe to determine what governing bodies are assessable and would be interested in the LexBeSafe agenda.

Priority Area 1: Food Security

Healthy eating and regular physical activity contribute to longevity and improved quality of life by keeping the mind active, the body strong, and helping maintain a healthy body weight. Neighborhoods should be designed in ways that provide access to places that offer affordable healthy foods. Targeted efforts towards children should incorporate lessons not only on how to identify healthy options, but to also understand the process of growing vegetables and cooking/preparing those foods. Communities should encourage the presence of grocery stores and supermarkets, farmer's markets, community gardens, and/or food co-ops in every neighborhood. All people in the community benefit from an environment in which there is access to healthy foods, healthy beverages, and safe places to walk, ride, and play. Creating healthy, safe, livable communities has a positive impact on health. Mental health is a potential focus area to be considered in the future. Mental health is important at every stage of life. When people enjoy a sense of well-being, they are more likely to lead a productive life, maintain fulfilling relationships, participate in health-promoting behaviors, adapt to change, and cope with adversity. Holistically, mental health and physical health are closely linked and affects good overall health. Conditions like depression and anxiety can decrease participation in health-promoting behaviors.

Goal 1: Create a community asset map.	
Objective 1:	Development of an inventory of community resources/activities supporting better food choices, improved nutrition, and increased physical activity.
Performance Measures:	Compilation of current community resources and activities.
Strategies:	Utilize current community partners, online resources, and others to contribute to inventory list.
Objective 2:	Complete a gap analysis of resources based upon completed inventory from Objective 1.
Performance Measures:	Completion of resource/activity directory currently supporting LexBeWell priorities.
Strategies:	Hold community conversations to identify available services: <ul style="list-style-type: none"> • What services do you currently offer? • Who do you serve? • What do you need to be successful? • What is missing?

Goal 2: Organized recruitment.	
Objective 1:	Proactively seek active participation from job specific organizations.
Performance Measures:	Adapt policy and determine money for resources.
Strategies:	<ul style="list-style-type: none"> • Invite government officials, civic leaders, district council, and others to attend LexBeWell meetings. • Encourage community partners and key stakeholders to become involved in LexBeWell initiatives.

Goal 3: Determine a community target group.	
Objective 1:	Identify existing communities that have been successful in tackling the priorities of LexBeWell.
Performance Measures:	Increased quality of life and community participation in LexBeWell activities.
Strategies:	<ul style="list-style-type: none"> • Investigate evidence based implementations of LexBeWell priorities. • Develop baseline for action using, USDA Food Deserts, Foods Pantry/Food Security, Bluegrass Farm to Table Food Demand Study, University of Kentucky research, 17 Food Sources, Lexington-Fayette County Health Department data, and other data as identified. • Use data sources to prioritize communities to pilot. • Measure volunteer environment. • Gain input on services and resources needed from the community. • Utilize community neighborhood partnerships to involve community leaders. • Establish community champions.

Priority 1: Address barriers to employment by connecting people to existing resources and meaningful work opportunities.

The ability to work and earn a living wage is a strong determinant of health. A living wage is a minimum level of pay that allows a worker to afford basic necessities and have means to participate in civic life without assistance. Typically, a living wage does not allow for expenses related to unexpected medical needs and other emergencies. Scientific literature shows that persons of lower socioeconomic status, or earning salaries below living wage, have an overall diminished quality of life and are expected to suffer poorer health outcomes throughout life.

Goal 1: Increase awareness of Lexington-Fayette County employment resources.	
Objective 1:	Develop an inventory of community resources and programs that contribute to workforce entry.
Performance Measures:	Development of baseline inventory.
Strategies:	<ul style="list-style-type: none"> • Map areas of community unemployment. • Identify resources with user friendly tools that assist with employment related needs.

Goal 2: Identify training needs.	
Objective 1:	Identify training needs and opportunities for workers to obtain employment.
Performance Measures:	Development of assessment.
Strategies:	<ul style="list-style-type: none"> • Partner with the Society of Human Resources, local employment, community partners, and others to identify work ready skills crucial for obtaining employment. • Develop an assessment of work ready skills needed for available positions in the Bluegrass area. • Complete a crosswalk between needed work-ready skills from the employer perspective and resources available to identify gaps. • Incorporate supporting data regarding identified training gaps, needs, and opportunities.

Goal 3: Expand upon employment resources specific to felon re-entry into the workforce.	
Objective 1:	Capture resources and targeted opportunities that include a directory of employers who will hire individuals with a felony record.
Performance Measures:	Assist with promotion of resources.
Strategies:	Continue working with partners to expand upon community education and conversation about felony expungement.

Goal 4: Increase employment opportunities among felons.	
Objective 1:	Develop a plan to increase the number of Lexington-Fayette County employers who partner with local employment agencies to employ people with a felony record.
Performance Measures:	LexWork members will be involved in the Community Conversations Town Hall Meetings.
Strategies:	<ul style="list-style-type: none"> • Utilize resource directory information and focus group information to develop plan. • Survey Town Hall participants to gauge feelings toward hiring individuals with felony records.

PHASE 6: ACTION CYCLE



Throughout the CHIP process, teams will engage with partners who were already involved in their designated issue to avoid duplicating community efforts. Additional individuals and organizations whose mission aligns with the specific strategic issues will continue to be invited to participate in the process. This will be done after gap analysis is completed for each team.

Over the next five years, the action teams will report on the progress of their goals on a biannual basis. Evaluation of strategic efforts will occur on an annual basis.



COMMUNICATIONS PLAN



The CHA and CHIP will be distributed as follows:

- An electronic copy will be placed on the LFCHD website, www.lexingtonhealthdepartment.org;
- A link to the site will be shared with partners, stakeholders, associations and organizations, and other agencies;
- The link will also be shared via social media;
- An email will be sent to all LFCHD employees with the link and employees will be encouraged to not only read the document, but to share it with anyone who might be interested.

Information to the public at-large will be shared in the same manner.

APPENDIX A: SWOT & FORCES OF CHANGE

At the March 2016 LEX-CHIP work group meeting, the 65 members present reviewed the Community Health Status Report and worked through the strengths, weakness, opportunities, and threats (SWOT) in the community. The group then considered the forces of change, and these are captured below:

Strengths: what makes you most proud of our community?

- Friendly neighbors
- "Big Blue Nation"/University of Kentucky Wildcats
- Sense of community
- Access to resources to help people lead healthy lives
- Small town feel/beautiful community
- Community advocacy for the built environment
- Post-secondary education/educational opportunities
- Libraries
- Vast array of community programs and services
- Educational levels of community
- Diverse economy
- We acknowledge our weakness
- Beautification (murals, parks, bus stops, greenery, main-vine, art projects)
- Storm drains/fire hydrants
- Passionate individuals
- Culture of progress
- Climate suitable for outdoor activity
- Diversity
- Entertainment
- Good industries/community-minded industries
- Good cost of living
- Comparatively low unemployment
- Keeneland-horse farms, equine industry
- Alltech
- Trans-disciplinary partnerships
- Entrepreneurship recruitment
- Uniqueness
- Culture and arts
- Quiet safe community
- Kids feel safe to play
- Solutions to problems are community based
- Community is working together to improve overall health

Weaknesses: what do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?

- Family violence prevention
- Youth violence
- Empowerment of African American men and boys
- Substance abuse
- Criminal justice system
- Community safety
- Healthcare for those who fall through the cracks
- Health education in schools
- Improvement of underachieving in school
- Transportation options
- Post-high school job opportunities
- Job skills and training
- Homelessness
- Unemployment
- Diversity & equity
- Cultural awareness
- Mental health-attitude (stigma), access to treatment, treatment options
- Attitudes of community
- Access to existing resources-removing barriers and providing navigation
- Better integration and communication of needs and services
- Prevention of STIs

Opportunities: what do you believe are the 2-3 most important characteristics of a healthy community?

- Sense of community-community pride
- Valuing diversity and appropriate services for diverse community
- Collaboration
- Ownership and clarity of goals accessibility/awareness

- Jobs and livable wages
- Willingness of community members to be involved/necessary resources
- Access to healthy food choices (groceries, farmer's markets)
- Access to education, healthcare, justice and social resources, exercise/fitness
- Legacy-type trail/walkable areas
- Safe parks/outdoor activities
- YMCA/church based programs
- Access to preventive care/health promotion
- Drug-free
- Well-educated
- Non-judgmental
- Plant life-air quality
- Economic stability-small business ability to thrive
- Quality, affordable housing
- Clean neighborhoods
- Equity (income, housing, transportation, education)

Threats: what do you believe is keeping our community from doing what needs to be done to improve health and quality of life? What are we lacking?

- Political will/community willingness
- Attitude of community and policymakers (buy-in)
- Getting more people involved
- Incentivize and encourage participation
- Jobs
- Financial and other resource
- Lack of focus
- Relationship with the policies
- Economic discrimination-income inequality
- Haves and the have-nots
- Racial discrimination
- Knowledge/education
- Silos
- Unaware of resources and programs
- Turf and ego issues
- Lack of navigation/structure
- People who need the resources do not know about or can't access the resources
- Strategic planning
- Self-efficacy (education, denial, short-term thinking)
- Transportation (unable to access resources, volunteer, or share ones' voice)
- Mental health
- Prescription assistance

SWOT & FORCES OF CHANGE HIGHLIGHTS

Trends are patterns over time:

- Financial situation
- Changes in demographics (aging, ethnicity, LGBTQ)
- Intolerance and acceptance of differences
- Increased need for mental health services
- Increased crime
- Increased use and overdose deaths (opioids)
- Increased concerns over safety

Factors are discrete elements:

- Primarily urban setting
- University town with numerous business and industry headquarters and locations
- Gentrification of neighborhoods
- Needle exchange ordinance
- Indoor Air Ordinance

Events are one-time occurrences:

- Upcoming change in Mayor
- Transition from Kynect to Benefind (state exchange to federal exchange)
- New LFCHD Commissioner

APPENDIX B: ESSENTIAL PUBLIC HEALTH SERVICE ASSET MAPPING

How are we meeting or exceeding each of the Essential Public Health Service standards?

1. Monitor health status to identify community health problems

- Population-Based Community Health Profile and Community Health Status Report
- Comprehensive CHA performed every 5 years
- Plan CHIP using data and assessments
- LFCHD use of infographics and plain language to communicate health data
- Coordination/partnerships with MCO's to identify possible health issues
- LFCHD epidemiologist maintains and monitors disease registries on infectious diseases and issues information to prevent the spread of disease

2. Diagnose and investigate health problems and health hazards

- Coordination with schools to identify outbreaks and act quickly
- Surveillance system(s) with local hospitals to monitor health problems and identify health threats
- Submission of reportable disease information in a timely manner
- Trans-disciplinary partnerships
- Health community is partnering to improve overall health
- LFCHD and state resources to support surveillance and investigation activities
- LFCHD investigation and response to public health threats and emergencies
- High quality written protocols for case finding, contact tracing, source identification, and containment
- Current epidemiological case investigation protocols
- Fayette County designated Emergency Response Coordinator
- Rapid response team of personnel in emergency/disasters
- Community evaluation of public health emergency response
- State laboratory support for investigation of potential health threats (credentialed and licensed)

3. Inform, educate, and empower people about health issues

- Sense of community, neighbors helping neighbors
- Provision of community health information
- Health education and/or health promotion campaigns by community partners
- Collaboration on health communication plans with LEX-CHIP partners
- Access to resources to help people lead healthy lives
- Climate suitable for outdoor activities
- Good relationships with media
- Well respected public information officers at LFCHD, hospitals, universities
- Risk communication experts at LFCHD, UK, LFCUG
- Emergency communications plan(s) and coordination with EMS and LFCUG
- Crisis and emergency communications training
- Community advocacy for the built environment

4. Mobilize community partnerships to identify and solve health problems

- Sense of community
- LEX-CHIP includes key constituents or stakeholders
- Comparatively low unemployment
- Revitalization of directories of organizations/providers that comprise the LPHS
- Good community-minded industry
- Community partnerships (LEX-CHIP, United Way)
- LEX-CHIP partnerships for public health improvement activities
- LEX-CHIP teams focusing on community health improvement priorities

5. Develop Policies and Plans that Support Individual and Community Health Efforts

- Good health-related policies from current Mayor
- Smoke-free ordinance and adherence
- Community Health Improvement Process is inclusive and LEX-CHIP teams are mobilized
- Local board of health supportive of LEX-CHIP
- LFCHD works with the state public health agency and other state partners

- Needle exchange program implementation
- Response to current threats (ex. Zika)
- Alert policymakers/public of public health impacts from policies
- Review of public health policies
- Strategies to address community health objectives through LEX-CHIP
- Local health department (LHD) strategic planning process
- Plan for public health emergencies
- Community task force or coalition for emergency preparedness and response plans
- All-hazards emergency preparedness and response plan
- Review and revision of the all-hazards plan

6. Enforce laws and regulations that protect health and ensure safety

- Review and evaluate laws, regulations, and ordinances
- Identification of public health issues to be addressed through laws, regulations, and ordinances
- LFCHD knowledge of and ability to inspect and enforce laws, regulations, and ordinances
- Access to legal counsel and Kentucky Equal Justice services
- Authority to enforce laws, regulation, ordinances
- Public health emergency powers
- Enforcement in accordance with applicable laws, regulations, and ordinances
- Provision of information about compliance

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable

- Identification of populations who experience barriers to care
- Access to preventive care/health promotion
- Commitment to equity: income, housing, transportation, education
- Vast array of community programs and services
- Ability to overcome transportation barriers through partner organizations (Lextran, Red Cross, faith-based initiatives)
- Assistance to vulnerable populations in accessing needed health services
- Assistance to LGBTQ community to find providers

8. Assure a competent public and personal health care workforce

- Workforce assessment planning and development/inclusion of assessment within LFCHD strategic plan and LEX-CHIP
- LFCHD awareness of guidelines and/or licensure/certification requirements
- LFCHD performance management including written job standards and/or position descriptions, evaluations, and career planning
- Community life-long learning through continuing education, training, and mentoring
- Identification of education and training needs for workforce development
- Population Health Leadership Development/ KPHLI
- Leadership Lexington

9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services

- Evaluation of population-based health services
- Utilization of quality improvement approaches to improve provision of services
- Assessment of community satisfaction with population-based health services through survey
- Identification of community organizations or entities that contribute to the EPHS through this process

10. Research for new insights and innovative solutions to health problems

- Participation in translational research at UK
- Innovative staff at encourages of new solutions to health problems
- Post-secondary educational opportunities
- Student participation in LHD and health-related organization activities (practicums)
- Ability of citizens to participate in research trials and surveys

APPENDIX C: SUMMARY OF COMMUNITY CONVERSATIONS

Fifteen community conversations were held at various locations and 236 community members participated in the conversations.

Community conversations were conducted with neighborhood groups, community associations, medical providers, hospitals, homeless and abuse shelters, and other target populations in an effort to “hear the voices” of segments of the Lexington population that may not easily participate in the community survey. A train-the-trainer session provided the approach and facilitation skills needed for “in-place” community workers/advocates to conduct the community conversations. This approach allowed the participants to share their concerns and ideas with someone they trust based on an ongoing relationship. The following community conversation results were then used to formulate the community survey and to assist in the overall planning process.

Out of respect of the community conversation participants, comments below have not been altered or changed. Responses made by participants were transcribed as close to actual dialogue as possible to maintain authenticity.

What are concerns and needed services in Lexington-Fayette County?

- Kentucky unemployment / disability reliance is a generational culture; will also take generations to shift; Adult lifestyle impacts children – their habits and, eventually, outcomes, e.g., diet/exercise – obesity
- Need Doctors that can travel to different locations to help seniors
- LGBTQ clinic with provider, social worker, medical interns, nurses, etc. that is sensitive to the needs of this community
- Continue to educate police about issues like same gender relationships, domestic violence, bullying and any new topics that may arise
- Economic development is vital; poverty has significant impact on health
- Workshop for providers on LGBTQ issues
- Transportation- Wheels at LexTran need to have service 24 hours including weekends and reduced fees for more than disabled/mental illness
- Providers need to be sensitive to the trans community’s medical needs – they need to be up on new technology, medications, etc.
- Stigma toward mental health treatment
- Public education should be offered about what various mental health conditions involve – to demystify public perceptions
- Citizens don’t know where they can get subsidized medical care
- Trash such as beer bottles and garbage all over the sidewalks and areas where children and adults could get hurt
- Cleaner community (needles on sidewalk and parks or broken bottles)
- Ability for released felons to earn a living wage – 2nd and 3rd chances
- We need better schools or even better programs within them. The schools on the south and north end etc. are not ranked
- Drugs, rehab option, raise awareness of drugs
- Gun violence, access and ease to purchase fire arms, regulatory issue (who sales firearms) reinstitute gun exchange for money
- Fighting on school buses, increase school monitors, system is not enforcing, overcrowded buses, breakdown of communication, school involvement, social media instigating, Childhood obesity, lack of resources, policy/legislation
- Access to fresh fruits/vegetables, community garden, lack of concern, advocacy issues
- Job opportunities for youth, programs are limited/ gone, address summer youth program cap, expand network of partners, school involvement
- Direction for youth, show youth importance of sense of community, church involvement, mentoring programs, enforcing a curfew
- Noise ordinances, police involvement/retaliation
- Structured youth activities
- Lack of community involvement -Get more involved

What is missing? There are things that need to change (ideas on what to change, what to add). What ways can the community support the physical and mental health of its residents? What is most successful in Lexington-Fayette County?

- Integrate behavioral health resource(s) into physician practice to help address emotional / psychological health – e.g., anxiety
- Understand our patients' situation – a gap for most physicians; we don't live in the same neighborhoods, understand the realities of their daily lives; many in "survival mode" so how can we expect them to exercise, eat healthy, take meds, etc.
- Community health workers – be out in patients' homes; decrease the disconnect; address social-economic barriers/realities
- Bring back the "Bluegrass Pink Pages" (a resource booklet with LGBTQ information and LGBTQ friendly resources)
- Wishes every area had a neighborhood association – So that police & fire can come and give talks about what to do in certain circumstances
- Also neighborhoods and elderly do not know how to respond to disasters
- CERT – Community Emergency Response Team
- Emergency medical information on a form on a fridge magnet so EMT/Paramedic can see what is going on with the people
- Budgeting – Classes and one on one for seniors & low income to help stretch their budget – how to live on their budget
- Neighborhood cleanup
- Train teachers to better deal with kids with special needs i.e. autism, ADD, and ADHD
- Better distribution for materials & education for special needs children
- Create groups for children with special needs
- Paying Rent
- Worrying if kids get to eat
- Safety in Parks and Public Places
- Apartments with double doors to go thru. For instance, ones son got beat up between doors had that second door not been there he may have been able to make it to his apartment before getting beat up
- Offer more resources in churches
- Utility/heat funding

- Nice, considerate employees working for State agencies

What are we doing right? What things are helpful that you might need more of?

- Free HIV testing, Condoms everywhere, Kynect, LGBTQ Pride Center (only one in the State), Living magazine (only one in the State), Medicaid will cover some Hormone Replacement Therapy medications, City-wide Fairness ordinance, LGBTQ resources at most major universities, Pride Center helpline (small but useful), AVOL Inc., Needle Exchange Program, Needle cleaning kits, gay mayor, LGBTQ library at Pride Center, Some LGBTQ counseling, LGBTQ sci-fi, Farmer's Markets, EBT-Double dollar program at Farmer's Market, Lesbian pastor at local church, LGBTQ Faith-based task force, GSAs (Gay Straight Alliance) in many high school
- Excellent Services/resources at senior citizen center
- Neighborhood Associations and Neighborhood Watch Groups
- Russell School Fatherhood Initiative
- New computer classes, commodities and some food programs, God's Pantry, our exercise class, our cooking and nutrition classes, Diabetes support group, on-site grocery store, Wheels (could be better but we have it), Resident Council, Craft classes, Spanish classes, Needle exchange program, Birthday parties, Farmer's market assistance and this meeting (community conversation) trying to get our voices
- This conversation – thanks for asking for our ideas!

What are the 3–5 things you want us to share with the LEX-CHIP group? Are there things you would like to work on right here in our neighborhood or organization?

Each group came up with ideas that they could work both on their own and as part of a larger effort. Some examples are below:

Senior Citizen Center:

- Resource Availability – Info & Communication of Resource Center
 - ◊ Pathway – Book
 - ◊ News Update

- ◇ Pathfinders Magazine
- ◇ Better Transportation
- ◇ Better Activities for Seniors
- ◇ Better Meals
- ◇ Cost of Medicine among the elderly
- ◇ More senior condos for retirees to purchase at a reasonable cost, more groups living condos and for seniors to live.
- ◇ Affordable Help
- Availability of fresh food & affordability of fresh food
 - ◇ 311 Accessibility
 - ◇ People knowing each other & mutual help in neighborhood
 - ◇ Notify People of the services available
 - ◇ Together, more senior retirement facilities that do not cost \$6,000-\$8,000 a month
 - ◇ Nurse Check
- Resource for the middle income level to get fresh food
 - ◇ Educate or Re-Educate – Your neighborhoods to Police & Fireman Plans
 - ◇ Safety
 - ◇ Safe Neighborhoods to live and walk in
 - ◇ Transportation
- Prevent identity theft
- Give us needs to grow over and over crop to save money
- Need more healthy cooking and eating classes/ workshops particularly for seniors
- Safety – housing authority has to abide by lease as well as residents; dog/pet policy has to be enforced; need to get the drug problem under control
- Better access to medical facilities, better transportation system

Women Hope Center on Homeless issues:

- People are mean and harmful to homeless
- Educate to be more tolerant
- More shelter, clothing/food, healthcare education, jobs
- Resources for veterans (education mental health)
- Build more homeless shelters, less hotels
- Community Inn has bedbugs
- Cleaner facilities
- Taxes go to help homeless
- Work for service programs

- Shelters not safe
- We have good food resources here
- Counseling/homeless survey
- Mobile homeless services
- Transportation for homeless
- Housing affordable

Greenhouse 17:

- Childcare, No Grants for childcare; need childcare while they look for jobs. Better funding for Non-profits, childcare at shelters. Help with resources.
- More animal shelters than domestic violence shelters.
- Help with available resources. Hard to find when you aren't from here or when you have a lot going on.
- Greenhouse 17 offers shelters, but hard to hold a job when shelter is so far out and transportation is limited. Location is in country, but anyone can Google address. Men can get arrested as soon as they come on property.
- Discrimination based on weight, on disability (epilepsy), and racism (felt in community, not at Greenhouse 17)
- Domestic Violence meetings like AA, NA

Health Equity Network (6 different community conversations):

Safety

- Not enough police officers
- Create better relationships with police officers
- Race relations
- More respect, passion and sensitivity
- Traffic too fast on some streets
- Safety
- Violence
- Recreation for Kids
- Youth programs for kids in the community
- Driving fast on streets
- Keeping the trash off the street
- Safe streets (drugs/safe and use)
- Shootings, shots fired, prostitution
- Walking, biking, skating
- Gun fire, violence
- Safer sidewalks, many are damaged
- Lack of curbs
- Access to fresh fruits and vegetables

- Not enough to eat
- Bed bugs
- More information about nutrition
- Affordable Care Act
- Dental health creating more places Medicaid is accepted
- Obesity
- Obesity
- Stigma toward mental health treatment
- Relational unity
- Older citizen's mental health
- Housing development
- Composition
- Mental health
- A place for people to get their Medicare
- Older citizens
- Health – mental
- Smoking in Teens
- Eating too much
- Emotional health and intelligence
- Exercise

Drugs

- Education about effects of drugs (visual effects) commercials etc.
- Parent involvement (accountability)
- Drug dealing
- Drugs on street / Too many illegal drugs are easy to get

Resources

- Have more jobs and offer jobs for teens
- Request for more funds from LFUCG for youth
- Work with park directors to constantly have activities for youth such as summer park programs
- Work with parents on everything
- Neighborhood association work with parents
- Native entrepreneurship
- Too few owner-occupied houses in east end, stressful for me
- Senior monitoring and support
- Local stores
- Grocery store access to healthy food
- Lack of food for children
- Health department send something out about all of their services, better exercise equipment, clinic for dental issues especially dentures, people need help getting groceries when they can't get out,

need expanded Wheels services, Better food stamp and Medicaid office, more respect for each other, have one place where you can get all the services you need, emergency home health/not a lot of information known about this, need more places for interaction with seniors and children, need a system to check on seniors that live alone, many agencies need diversity training for their staff, life alert buttons/need more information, need a nurse or doctor at senior apartments.

Housing

- Resources to help seniors go to rehab houses
- Eliminate code enforcement for seniors
- Slum lords renting to drug dealers
- Create a housing committee to address issues

Violence

- Initiatives to seek understanding and lessen or remove neighborhood rivalries North, South, East, and West shootings
- Improve safety
- Accountability lack of parents
- Recall guns
- Increased positive police interaction
- Hold police accountable
- Increase budget for police presence
- DARE back in schools
- Citizens need to report anonymously
- Education
- Tutoring afterschool
- GED classes, more classes
- Literacy classes
- Computer literacy
- Community support
- Parental guidance
- Youth support groups
- Educational support
- Access
- Education

APPENDIX D: COMMUNITY RESOURCES & ASSETS

Organizational: what organizations does Lexington have as an asset?

- Bluegrass.Org
- SAVI – Substance Abuse and Violence Intervention
- Lions Club
- CIS – Community Inspired Solutions
- BE BOLD
- William Wells Community Center
- Meals on Wheels
- Bluegrass Community Health Center
- Hope Center Homeless Shelter
- ARBOR Youth Services
- Lexington Medical Society
- United Way
- Antonio Franklin Jr. Violence Intervention Project
- KDPH – Kentucky Department of Public Health
- Drug Free Lex
- YMCA
- Daycares
- Childcare councils
- Planatory
- Carnegie Center
- Seedleaf
- Wheels
- Small Business Groups
- Lexington-Fayette County Health Department
- LexTran
- Greenhouse 17
- Sisters Working Against Gun Violence
- Imani Family Youth Center
- Jubilee Jobs
- Summer Youth Employment Program
- Office of Homelessness
- SAMSHA – Substance Abuse and Mental Health Service Administration
- Kentuckians Against Heroin
- Mission Lexington Area on Aging
- Habitat for Humanity
- Animal Care and Control
- Interfaith Alliance
- PFY-Partners for Youth
- Get Help Lex
- Office of Multicultural Affairs
- Legal Aid
- Farmers Market
- REACH
- KY Refugee Ministries
- KYNECT
- Share Center
- Phenomenal Ladies Academy
- Catholic Action Center
- Surgery on Sunday
- Urban League Young Professionals
- Public Libraries Salvation Army
- Mothers Against Gun Violence
- Emergency Medical Association
- Lighthouse Ministries
- Hospice
- Head Start
- Worksite Wellness Programs
- Community mental health centers and clinics
- Kroger
- Sam's Club
- Senior Transportation Red Cross
- Rape Crisis Centers
- 12 Step Community Groups (Alcoholics/Gamblers/Narcotics Anonymous)
- Narcotic Addiction Programs
- Mothers Against Drunk Driving
- Civic Clubs
- Wal-Mart
- Costco
- HANDS – Health Access Nurturing Development Services
- Lexington Office of Homeless Prevention
- Mental Health Court
- Kentucky Blood Center
- Lexington Young Professionals Association
- School Boards and Parent Organizations
- Department of Social Services
- Shepherd's House
- Mental Health Court
- BUILD – Building Inter-Faith Lex through Direct Action
- Kentucky One Health Clinically Integrated Network
- National Arts Program
- Planned Parenthood
- Polk-Dalton Center Bluegrass
- ADD
- Human Trafficking Prevention Network
- Chrysalis House
- Bluegrass Re-entry Council

- Opportunity for Work and Learning
- Senior Center
- Hospitals
- Goodwill
- Assurance for Life
- Charter Ridge
- CLEAN KY
- Global Lex
- God's Pantry
- Samuel Brown Schools
- Professional Networking

Community: what are assets of the Lexington community as a whole?

- 311
- Veteran Court
- Americorps
- Mentoring
- Economic Education Probation and Parole
- Recognition of Community Members
- Tween Coalition
- 24-hour fitness centers
- Health Equity Network
- ITN of the Bluegrass
- LFUCG – Lexington Fayette Co Urban Government
- Lexington Leadership Foundation
- Hope Center
- Chrysalis House
- Health Department
- GLEAN
- Catholic Action Center
- 24/7 Dad
- Neighborhood Organizations
- HealthFirst Bluegrass
- Fitness Centers
- SAVI – Substance Abuse and Violence Initiative
- Housing Trust Fund
- Moveable Feast
- AARP
- Community Center
- League of Women Voters Community Ventures
- Community Inn
- Affordable Housing Coalition
- VIP at UK – Violence Intervention Program
- Backpack Programs
- Child Support Court
- Community Gardens
- Engagement/Promotion of Physical Activity

- Helping Thru Him
- Homeless Shelters
- KY League of Cities Housing Authority
- BUILD
- Fire Service
- Mental Health Court
- Family Court
- College Coach
- Senior Corps
- On the Move Art Studio
- DVPB – Domestic Violence Prevention Board
- Office of Homelessness Prevention
- KY Association of Counties
- Emergency Medical Services
- 911
- Black Church Coalition
- Job Fairs
- Drug Free Lex
- Sheriff's Dept
- Tourism & Visitor Center
- Bluegrass.Org
- LEX-CHIP
- HANDS
- Kingdom Table
- God's Pantry
- Southland Christian Church Civic Groups
- Community Inn
- Summer School Kids Cafe
- Community Action Council
- Hope Center
- GreenHouse17
- Youth-Family Empowerment Efforts
- School Wellness Plans
- Neighborhood Associations

Policy: what organizations in Lexington help make policies that are an asset to Lexington or what type of policies are an asset to Lexington?

- Drug Free Lex/ASAP Board Death with Dignity Legislation
- Re-entry from Jail
- Farms to Food Bank
- LexTran
- Firearms
- Fayette County Public Schools and Bullying
- Transportation Cabinet Walkability/Bike Lanes
- Mental Health
- City Budget for Social Services

- SAVI – Substance Abuse and Violence Intervention
- United Way
- Public Support for Public Transportation
- Violence against Women Act
- DISMAS Charities
- Rehab Opportunities
- Emergency Protective Order
- Smoke Free Ordinance
- Green Dot
- Expungement of Felony
- Pain Management Education of Care for MDs
- Minimum Wage Fairness
- Trauma Focused Assessments and Care
- Bullying
- Dating Violence
- Public and Private Substance Abuse Counseling
- 211 Use
- Chronic Disease Management
- Pre-Diabetes Program
- Physical Activity Opportunities
- 2nd Chance Job Opportunities
- It's OK to be Unique
- Access to Healthy and Affordable Food
- Faith Community Resource Guides
- Drug Free Lexington
- TV/Radio/Websites
- Opportunities to Build Healthy Relationships
- Opportunities to Build Support Networks
- I Know Expo Attendance
- Free Magazines/Publications

Interpersonal: what are interpersonal (involving/affecting more than one person) assets of Lexington?

- Silver Sneakers
- Access to Health Care
- Christian Muslim Discussion Group
- Safe Neighborhoods
- Big Brothe /Big Sister Programs
- Muslim Share Center
- OWL Employment Services
- Legacy Trail
- Employment Opportunities
- Seedleaf
- Drug and Tobacco Abuse Programs
- Green Dot
- LEGAC Clinic
- BMW Young Men's mentoring
- AA/NA 12 step Programs
- GroupMe
- Lexington Community Radio
- Chrysalis Center
- Access to Dental Care
- Safe Place in our Homes
- Violence Programs
- Global Lex
- Legal Aid
- Tweens Coalition

Individual: what are assets of Lexington that affect us on an individual or personal level?

- Fitness Programs
- Personal Accountability
- Education Opportunities

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