



Jessamine County Health Department
Protecting the public's health and environment.



2018

JESSAMINE COUNTY COMMUNITY HEALTH ASSESSMENT



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TABLE OF CONTENTS

OVERVIEW/METHODOLOGY	4
INTRODUCTION	5
HEALTH DATA REPORTS	6
• Leading Causes of Death	7
• Demographics & Social Determinants of Health	8
• Health Behavior Risk Factors	9
• Access to Care/Clinical Factors	10
• Maternal, Infant, & Child Health.....	10
• Health Outcomes.....	11
• Cancers.....	12
• Motor Vehicle Collisions	13
• Crime/Arrests	14
APPENDICES	15
• Appendix A: MAPP Assessments	16
Community Health Status Assessment	16
Community Themes & Strengths Assessment	18
Forces of Change Assessment.....	19
Populations at Higher Health Risk.....	20
Major Health Issues.....	21
Local Public Health System Assessment	23
• Appendix B: Wheel of Wellness.....	27
• Appendix C: 10 Essential Public Health Services.....	28

OVERVIEW/METHODOLOGY

COMMUNITY HEALTH ASSESSMENT

A local community health assessment (CHA) provides a foundation for efforts to improve the health of the population. It is a basis for setting priorities, planning, program development, funding applications, policy changes, coordination of community resources, and new ways to collaboratively use community assets to improve the health of the population. A CHA provides the general public and policy leaders with information on the health of the population and the broad range of factors that impact health on the population level as well as existing assets and resources to address health issues. The CHA provides the basis for development of the local community health improvement plan, which provides guidance to the health department, its partners, and stakeholders for improving the health of the population within our jurisdiction.

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS

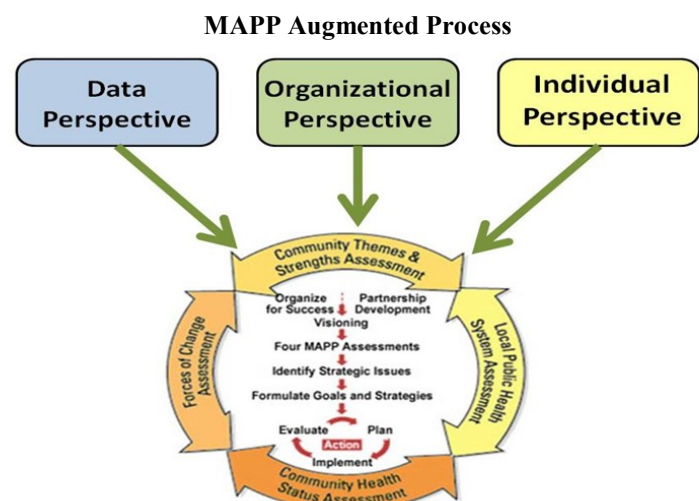
The Jessamine County community utilized a community health assessment process based on Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a community-driven strategic planning process which helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The assessments used in the MAPP process include Community Health Status Assessment, Community Strengths and Risks Assessment, Forces of Change Assessment, and the Local Public Health System Assessment.

The Jessamine County community augmented the MAPP process with a three perspective approach to gathering information. Data gathered in conjunction with the Community Health Status Assessment provided a **Data Perspective**. Information gathered during three

community forums, attended by over 50 representatives from community partner organizations, collected information for the Community Strengths and Risks Assessment, Forces of Change Assessment, and the Local Public Health System Assessment, this provided the **Organizational Perspective**.

Information solicited from county residents from October to December, 2017 through 536 electronic & paper health surveys provided the **Individual**

Perspective. **Appendix A** captures the data collected using this three perspective approach.



INTRODUCTION

The Jessamine County community reviewed a comprehensive Jessamine County health status assessment in 2013. From this assessment, community partners identified what they perceived to be Jessamine County's top two priority health issues: Physical Activity/Recreation and Substance Use.

The following document, the **2017 Jessamine County Community Health Assessment**, serves as a data report containing the most recently reported data related to health factors and health outcomes most pertinent to Jessamine County.

Tables on pages 8-14 indicate how **Jessamine County 2017** data is being compared to **Jessamine County 2012**, **Kentucky 2017**, and **U.S. 2017** data. Color coding provides a visual representation of how **Jessamine County 2017** is Better, Similar, or Worse than it's comparison variable. The Legend below references how color coding is presented.

Legend

Jessamine County 2017 Better
Jessamine County 2017 Similar (<1%)
Jessamine County 2017 Worse

Note: The data referenced throughout this document ranges from years 2007-2016. Due to the rigorous process utilized by the Centers for Disease Control and Prevention (CDC) to analyze data prior to release, limited staff within the Office of Vital Statistics at Kentucky Department for Public Health (KDPH) needed to query and analyze large data sets, and contracted agencies who need the latest data to complete reports, this report includes the most current analyzed data available for publication.

HEALTH DATA REPORTS

JESSAMINE COUNTY

2015 LEADING CAUSES OF DEATH

Leading causes of death are defined as underlying cause of death categories or major ICD (International Cause of Death) groupings that usually account for large numbers of deaths within a specified population group and time period. The following table represents Jessamine County's 2015 8 Leading Causes of Death.

Notes:

2015 Leading Causes of Death	Deaths	Crude Rate (per 100,000)	2013 Leading Causes of Death
1. Cancers	114	219.4	1. Cancers
2. Heart Diseases	84	161.7	2. Heart Diseases
3. Unintentional Injuries (Accidents)	37	71.2	3. Chronic Lower Respiratory Diseases
4. Chronic Lower Respiratory Diseases	28	53.9	4. Unintentional Injuries (Accidents)
5. Cerebrovascular Diseases (i.e. Stroke)	23	44.3	5. Cerebrovascular Diseases (i.e. Stroke)
6. Alzheimer's Disease	17	Unreliable	6. Influenza and Pneumonia
7. Influenza and Pneumonia	13	Unreliable	
8. Diabetes	11	Unreliable	
Source: CDC WONDER 2015			

Death counts are withheld for data representing zero to nine (0-9) deaths

Rates are marked as "unreliable" when the death count is less than 20

Crude Rate = Count / Population * 100,000

DEMOGRAPHICS & SOCIAL DETERMINANTS OF HEALTH

Social determinants of health reflect the social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. Also known as social and physical determinants of health, they impact a wide range of health, functioning, and quality-of-life outcomes.

Indicators	Jessamine (2017)		Jessamine (2012)	Kentucky (2017)	U.S. (2017)	Data Source (2017)
DEMOGRAPHICS & SOCIAL DETERMINANTS OF HEALTH						
Population	52,357		47,589	4,436,974	321,418,820	US Census Bureau (2015)
Persons 65 and over	14.1%		11.3%	15.6%	15.2%	US Census Bureau (2015)
Race Stats: White (%)	92.3%		93%	88.1%	77.1%	US Census Bureau (2015)
African American (%)	4.1%		3.80%	8.3%	13.3%	US Census Bureau (2015)
Hispanic (%)	3.1%		1.80%	3.4%	17.6%	US Census Bureau (2015)
Language other than English spoken in home (age 5+)	4.8%		4.1%	5.1%	21.0%	US Census Bureau (2011—2015)
High School Graduation Rate (% of persons age 25+)	85.1%		75%	84.2%	86.7%	US Census Bureau (2011—2015)
Unemployed: Persons 16+ (%)	4.5%		9.30%	4.8%	4.8%	Local Area Unemployment Statistics (2016)
Persons in Poverty (%)	18.3%		14.80%	18.5%	13.5%	US Census Bureau (2011—2015)
Children Living Below Poverty Level Under the age of 18 (%)	23.8%		24%	25.3%	20.7%	Small Area Income & Poverty Estimates (2016)
Children in Single Parent Households (%)	30.3%		29%	34.0%	32.0%	American Community Survey (2011-2015)
Median Household Income	\$49,839		\$45,503	\$45,178	\$55,775	Small Area Income & Poverty Estimates (2016)
Disability (% civil noninstitutionalized)	15.8%		15.4%	17.0%	12.4%	American Community Survey (2011-2015)
Violent Crime (per 100,000)	173		299	62	215	Uniform Crime Reporting—FBI (2012-2014)
# of Recreational Facilities (per 100,000)	5		11	328	30,393	County Business Partners (2013)

HEALTH BEHAVIOR RISK FACTORS

A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury. Behavioral risk factors usually relate to ‘actions’ that an individual has chosen to take. They can therefore be eliminated or reduced through lifestyle or behavioral choices.

Indicators	Jessamine (2017)		Jessamine (2012)	Kentucky (2017)	U.S. (2017)	Data Source (2017)
HEALTH BEHAVIOR RISK FACTORS						
Prevalence of Adult Smoking (%; Age-adjusted)	21%		29%	26%	14%	BRFSS (2015)
Prevalence of Youth Smoking (% of High School Students)	19%		-	25.0%	23.0%	Kentucky Health Facts (2007)
Sexually Transmitted Infection (Chlamydia rate per 100,000)	306		210	394.2	479	CDC (2012)
Binge drinking: adults (%; Age-adjusted)	9.3%		10%	13.8%	17.0%	BRFSS (2013-2015)
No exercise: adults (% ; Age-Adjusted)	30.3%		31%	30.2%	25.4%	BRFSS (2013-2015)
Recommended Fruit and Vegetable Intake (% adults)	9.1%		13%	10.9%	-	Kentucky Health Facts (2013—2015)
Flu Vaccination in the Past Year (% adults)	49.0%		43%	43.3%	43.6%	Kentucky Health Facts (2013—2015)
Tooth Loss (% of adults missing 6 or more teeth)	21.7%		12%	23.6%	-	Kentucky Health Facts (2012—2014)
<i>Drug Overdose Hospitalizations (per 100,000)</i>						
All Drugs	140		-	137	-	KSPAN (2009—2013)
Heroin	6		-	14	-	KSPAN (2009—2013)
Pharmaceutical Opioids	31		-	31	-	KSPAN (2009—2013)
Benzodiazepine	35		-	38	-	KSPAN (2009—2013)

ACCESS TO CARE/CLINICAL FACTORS

Access to affordable, quality health care is important to physical, social, and mental health. These factors address health insurance, clinical services, number of healthcare providers available to treat patients, and healthcare providers in relatively close proximity to patients.

Indicators	Jessamine (2017)		Jessamine (2012)	Kentucky (2017)	U.S. (2017)	Data Source (2017)
ACCESS TO CARE/CLINICAL FACTORS						
Primary Care Providers (per 100,000)	87.7		50	80	120.9	Area Health Resources Files (2013)
Uninsured Adults (% under 65 years)	7.6%		17%	9.9%	16.8%	Small Area Health Insurance Estimates (2014)
Uninsured Children (% under 19 years)	5.0%		7%	4.5%	7.5%	Small Area Health Insurance Estimates (2014)
Preventable Hospital Stays (per 1,000 Medicare enrollees)	48		62	77	36	Dartmouth Atlas of Health Care (2012)
Diabetes Screenings (% of Medicare enrollees that receive screening)	89.5%		85%	85.2%	84.6%	Dartmouth Atlas of Health Care (2012)

MATERNAL, INFANT, & CHILD HEALTH

Maternal, Infant, & Child Health topic areas address a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families.

Indicators	Jessamine (2017)		Jessamine (2012)	Kentucky (2017)	U.S. (2017)	Data Source (2017)
MATERNAL, INFANT, & CHILD HEALTH						
Teen Birth Rate (ages 15-19; rate per 1,000)	29		32.3	30.0	-	Kentucky Vital Statistics (2016)
Pregnant Women Receiving Adequate Prenatal Care (%)	71.0%		70.2%	66.9%	-	Kentucky Health Facts (2011—2015)
Child Victims Of Substantiated Abuse (per 100,000)	296		248	413	-	KIDS Count Data Center (2013)
Low birth weight deliveries (%)	7.0%		8.3%	8.9%	8.0%	National Vital Stats. System (2010—2014)
Moms Who Smoked During Pregnancy (%)	23.2%		22.3%	21.5%	-	Kids Count Data Center (2012-2014)
Early Childhood Obesity (age 2-4)(%)	11.6%		-	15.6%	-	Kids Count Data Center (2010)

HEALTH OUTCOMES

Health Outcomes are a change in the health status of an individual, group or population. Mortality and morbidity factors contribute to health outcomes.

Indicators	Jessamine (2017)		Jessamine (2012)	Kentucky (2017)	U.S. (2017)	Data Source (2017)
HEALTH OUTCOMES						
Premature Death (years of potential life lost before age 75 per 100,000 population (age-adjusted))	7,700		7,762	8,900	5,200	National Center for Health Statistics - Mortality Files (2012-2014)
Self Rated Health Status (% of Adults who report fair or poor health)	19.6%		14%	24.0%	16.0%	BRFSS (2015)
Mentally unhealthy days: adults (per person; Age-adjusted)	3.5		3.7	4.4	3.4	Kentucky Health Facts (2013—2015)
Adult Prevalence of Obesity (%; Age-adjusted)	33.8%		28%	33.0%	36.5%	BRFSS (2013-2015)
% of adult population with diabetes (Age-adjusted)	9.3%		12%	11.3%0	9.1%	CDC (2014)
Adults with Asthma (%)	12.9%		10%	16.3%	14.0%	Kentucky Health Facts (2013-2015)
Reportable Disease rate (per 100,000)	195		256	148	-	KDPH/Regional Epi Desk Reference <i>Unofficial Count</i> (2016-2017)
Drug Overdose Deaths Resident (per 100,000)	30		17	31	-	KIPRC (2016)
Drug Overdose Deaths Resident & Non - Resident (per 100,000)	24		12	31	-	KIPRC (2016)

CANCERS

Cancer is a term for diseases in which abnormal cells divide without control and can invade nearby tissues. There are more than 100 types of cancer and are usually named for the organs or tissues where the cancers form.

Indicators	Jessamine (2017)		Jessamine (2012)	Kentucky (2017)	U.S. (2017)	Data Source (2017)
CANCERS						
Cancer Deaths (rate per 100,000; Age-adjusted)	181.2		154.2	198.5	-	Kentucky Cancer Registry (2013—2014)
Breast Cancer Deaths (rate per 100,000; Age-adjusted)	17.3		28.4	20.9	-	Kentucky Cancer Registry (2013—2014)
Colon and Rectum Cancer Deaths (rate per 100,000; Age-adjusted)	12.8		14.5	16.9	-	Kentucky Cancer Registry (2013—2014)
Lung and bronchus cancer deaths (rate per 100,000; Age-adjusted)	63		41.9	68.1	-	Kentucky Cancer Registry (2013—2014)
Prostate Cancer Deaths (rate per 100,000; age-adjusted)	30.2		-	18.8	-	Kentucky Cancer Registry (2013—2014)
Breast Cancer Incidence (rate per 100,000; Age-adjusted)	149.0		154.7	153.1	-	Kentucky Cancer Registry (2013—2014)
Colon and Rectum Cancer Incidence (rate per 100,000; Age-adjusted)	50.0		45.3	53	-	Kentucky Cancer Registry (2013—2014)
Lung and bronchus cancer Incidence (rate per 100,000; Age-adjusted)	101.8		65.0	93.4	-	Kentucky Cancer Registry (2013—2014)
Prostate Cancer Incidence (rate per 100,000; age-adjusted)	106.3		77.9	101.7	-	Kentucky Cancer Registry (2013—2014)

Note: Data for 2009-2014 is preliminary.

MOTOR VEHICLE COLLISIONS

A traffic collision, also called a motor vehicle collision (MVC), occurs when a vehicle collides with another vehicle, pedestrian, animal, road debris, or other stationary obstruction, such as a tree, pole or building. Traffic collisions often result in injury, death, and property damage.

Indicators	Jessamine (2017)		Jessamine (2012)	Kentucky (2017)	U.S. (2017)	Data Source (2017)
MOTOR VEHICLE COLLISIONS						
Motor vehicle crash deaths	13		21	17	8	CDC WONDER (2009-2015)
<i>Collisions Involving Drunk Drivers (per 100,000)</i>						
Fatal Collision	2		2	3	-	Kentucky State Police (2016)
Injury Collision	16		34	32	-	Kentucky State Police (2016)
Property Damage Collision	50		102	73	-	Kentucky State Police (2016)
Total Collisions	68		138	108	-	Kentucky State Police (2016)
<i>Drivers Under Influence of Drugs (per 100,000)</i>						
Fatal Collision	2		0	1		Kentucky State Police (2016)
Injury Collision	16		12	17		Kentucky State Police (2016)
Property Damage Collision	50		24	27		Kentucky State Police (2016)
Total Collisions	68		36	45		Kentucky State Police (2016)

CRIME/ARRESTS

An arrest is the act of depriving people of their liberty, usually in relation to an investigation or prevention of a crime, and thus detaining the arrested person in a procedure as part of the criminal justice system.

Indicators	Jessamine (2017)		Jessamine (2012)	Kentucky (2017)	U.S. (2017)	Data Source (2017)
CRIME/ARRESTS						
<i>Arrests by Drug Type (per 100,000)</i>						
Opium or Cocaine and Their Derivatives	92		26	74	-	Kentucky State Police (2016)
Marijuana	304		186	401	-	Kentucky State Police (2016)
Meth	106		18	229	-	Kentucky State Police (2016)
Heroin	164		-	76	-	Kentucky State Police (2016)
Other Drugs and Synthetic Narcotics	640		606	964	-	Kentucky State Police (2016)
Total	1306		836	1,744	-	Kentucky State Police (2016)
<i>Driving Under the Influence Arrests (per 100,000)</i>						
<i>Age</i>						
Adult	692		592	536	-	Kentucky State Police (2016)
Juvenile	4		10	3	-	Kentucky State Police (2016)
<i>Gender</i>						
Male	500		460	406	-	Kentucky State Police (2016)
Female	196		142	134	-	Kentucky State Police (2016)
<i>Race/Ethnicity</i>						
White	628		272	492	-	Kentucky State Police (2016)
African American	62		28	45	-	Kentucky State Police (2016)
<i>Total</i>						
Total	696		602	540	-	Kentucky State Police (2016)

APPENDICES

APPENDIX A: MAPP ASSESSMENTS

Forum 1: 10/17/17

COMMUNITY HEALTH STATUS ASSESSMENT: DATA

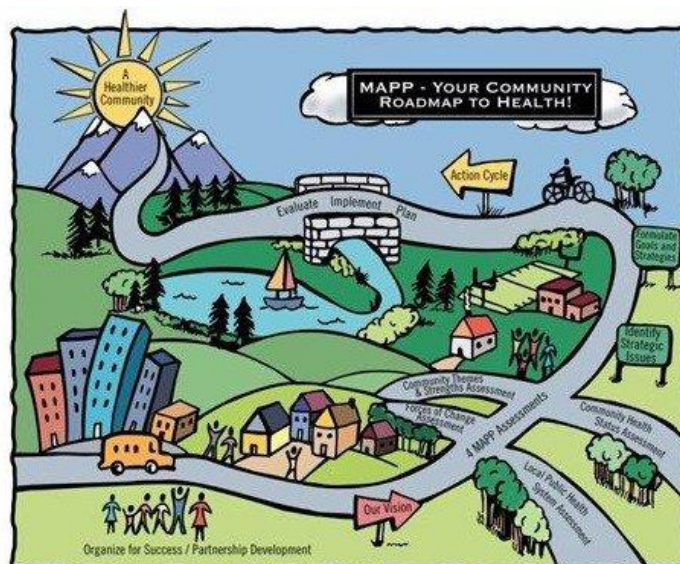
Forum participants were given an overview of data pertaining to the various health issues contained in the 2017 Jessamine County Community Health Assessment, 2017 KIDS Count Data, and results from a 2017 Jessamine County Indoor Air Quality Study. Participants were instructed by the facilitator to discuss amongst their tables reactions to the data. Participants were asked to specifically think about the following questions:

1. What statistic makes you unhappy that this data represents Jessamine County?
2. What data or health improvements are you happy about?

Responses have been generated in the table below.

What makes you sad (☹) about the data?	
Child Abuse	Mental Health Services
Increase in Overdose Deaths	Overdose
Increase in DUIs	Tooth loss
Increase in Influence Drugs	% of moms smoking during pregnancy
Increase in Poverty	Child victims- drug use
Increase in STD Rates	Crime statistics
Decrease in Recreational Facilities	Fruit and vegetable intake
Children in Poverty	Decrease in Kindergarteners ready to learn

What makes you happy (☺) about the data?	
High School Graduation Rate	Smoking Progress
Decrease in Teen Birth Rates	Flu Vaccination Rates
Violent Crime	Access to Health Care
Decrease in Colon Cancer Deaths	Fewer Youth Driving Under Influence
Decrease in Breast Cancer Deaths	Insurance Rates
% of smokers attempt to quit	



COMMUNITY HEALTH ASSESSMENT: SURVEY

During the months of October-November, 2017 - 536 Community residents completed a Community Health Assessment Survey. Questions were asked regarding: respondent demographics/social determinants of health, community health issues, community strengths/risks, and positive or negative changes in community impacting health.

Participants were instructed by the facilitator to discuss reactions to the survey results. Responses have been generated in the table below.

COMMUNITY HEALTH ASSESSMENT SURVEY REACTIONS	
Violence, suicide, safety issues not on the top list, perhaps lower on list or “other”	Substance abuse is a hot topic right now
Mental Health could be incorporated into substance use (respondents packaging violence, safety, crime, etc.) into that topic	Addressing obesity and chronic diseases could impact issues to the right (lower votes)
Diabetes is lower on list than thought it would be	Community risks align with top health issues
FQHC lower on list to demographics of survey respondents (opinion)	Infrastructure high rating for number of buildings; perhaps low rating for sidewalks and roads (opinion)
Fast food options high because low income individuals is all they can afford (opinion)	



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HEALTHIER
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JESSAMINE COUNTY HEALTH & SAFETY DEPARTMENT
HEALTHY & SAFE COMMUNITIES AND ENVIRONMENTS

THEMES AND STRENGTHS (ASSETS) ASSESSMENT

Participants were instructed by the facilitator to discuss amongst their table strengths we can build upon as a community and risks we must work on as a community. Participants were asked to specifically think about the following questions:

1. What strengths do we have in Jessamine County to work from for health improvement?
2. What risks must we be aware of as we work to improve health?

Responses have been generated in the table below.

THEMES AND STRENGTHS (ASSETS)	
STRENGTHS	RISKS
School system working with FQHC for health clinics in school	Decrease in program funding as well as lack of funding to support greatest/emerging health needs (e.g. substance use)
First Responders	Urban Housing
Population growth (tax base, more houses)	Lack of Infrastructure: Transportation to get individuals to and from places within the County.
Urban Housing	Road infrastructure
School system	Opioid crisis down; switching to other drugs
College in County	Early Childhood Opportunities to include families and how substance use impacts their children.
Long Term Care Centers	Mental health resources
Safe Communities Coalition	1 parent families
Homeless Shelter	Domestic violence
Substance Use Disorder Resources	Violence/chaos that children live in
Work Ready Community Grant (schools)	Lack of community Social Events (bringing people together – do more frequently)
Chamber of Commerce	Parks/Activities for families
New Economic Development Park	Community togetherness (everyone travels to Lexington)
Syringe Exchange Program	No “Community Center” for events
School Backpack Programs	Lack of activities for youth
FFA – Rural Opportunities for youth	House for elderly not affordable
4H – Livestock Shows, etc. for youth	Trashy yards, cars in yard, piles of trash (inner-city)
YMCA: Black Achievers	Lack of neighborhood associations
CARE (Community, Academic, Resources, & Equity) – closing achievement gaps (schools)	Hunger
2-1-1; Bluegrass of United Way	Homeless families/children

FORCES OF CHANGE ASSESSMENT

Participants were instructed by the facilitator to discuss amongst their table both positive and negative changes, trends, events that are occurring or will happen in the future impacting the health of Jessamine County. Participants were asked to specifically think about the following statement:

1. Consider Change as something that has recently happened, is happening now or is perceived to be coming in the future. With this definition of change, discuss changes (trends or events) that have had a positive impact on health and those that have had a negative impact on health.

Responses have been generated in the table below.

FORCES OF CHANGE	
POSITIVE CHANGES	NEGATIVE CHANGES
HANDS Program – Can now see parents of more than 1 child	Healthcare Expansion (Medicaid waiver) – loss of health insurance for residents
Medicaid Amendment to support growth	Children not receiving vaccinations
Expansion of Primary Care for residents (FQHC, SJJ)	Jail space to accommodate need (slow funding process multiple studies throughout years)
Walking Paths; Bike-Pedestrian Study to promote physical activity/walking-biking to school	Numerous agency funding/budget cuts to accommodate needs of community
Economic Development expansion	Not enough substance use program resources for community need
Joint Tourism (cities & county working together)	Single parent issues (discipline, income mental health)
Drug Taskforce; joint effort (Cities & county)	Lack of family infrastructure (ACEs; drug use)
Childhood Early Council (3 rd -4 th year)	Utilizing JC jobs to potential (above HS diploma)
Job opportunities (unemployment rate)	Overlapping of programs/resources provided (multiple agencies providing same programs)
Accredited Safe Communities Coalition (agencies coming together to share resources) and reduce preventable injury	Kentucky pension crisis (unable to support public health infrastructure to level needed)
School trauma informed care.	Built Environment, needed infrastructure changes slowly developed, limited with funding restrictions



POPULATIONS AT HIGHER HEALTH RISK

Participants were instructed by the facilitator to reflect on the information gathered from the three assessments and discuss amongst their table the following question:

1. Based on the assessments, which populations in the community are, or are perceived to be, at higher risk for poorer health outcomes and more likely to experience greater health inequities?

Descriptions of the responses is provided below.

Elderly – Affordable housing/financial instability, taking care of/supporting grandchildren, at greater risk for chronic diseases, unfamiliar with emerging and/or severity of chronic health issues; increased risk for falls and other preventable injuries;

Homeless Individuals – Housing/socioeconomic conditions is a social determinant of health, greater risk for chronic diseases, experiencing adverse childhood experiences (ACEs), less likely to exhibit necessary life skills to address health and social needs, unmet health needs for pregnant women/families with young children/infants;

Individuals Living in Poverty – Socioeconomic conditions are a social determinant of health, greater risk for developing chronic diseases, unable to afford health care services and receive preventive services, unable to afford adequate housing, food and child care; experience greater social needs;

Individuals with Substance Use Disorder(s) – More likely to have mental health disorders, less likely to address health risks and receive needed care, at risk for overdose deaths, increase risk for incarceration, unhealthy coping mechanisms; more likely to have experienced ACEs and trauma; infants born with neonatal abstinence syndrome;

Underserved/Uninsured Individuals – access to health care is a social determinant of health, less likely to receive preventive care and services for major health conditions and chronic diseases, decreased quality of life; unable to afford coverage and private pay costs for health services;

Youth – ACEs and trauma, domestic violence in the home, living with someone with a substance use disorder, not engaging in physical activity or healthy eating habits, being bullied or harassed; experiencing mental health issues (depression/suicide), teen pregnancy/engaging in risky sexual behavior, experimenting with substance use (alcohol, tobacco, and other drugs)



MAJOR HEALTH ISSUES

Participants were asked to dissect the information presented to them from both forums: data elements, community survey results, strengths/themes assessment, forces of change assessment, and populations at higher health risk to determine health issues that they are passionate about to narrow down to a potential 1-3 area priority focus.

Responses have been generated in the table below and are in no particular order.

MAJOR HEALTH ISSUES
• Substance Use/Drug Overdoses
• Community Motivation in Health
• Resource Capture (available health resources)
• Mental Health
• Adverse Childhood Experiences (ACEs)
• Smoking
• Education/Awareness of Health Issues
• Strengthening Families
• Transiency within County (housing)
• Coordinating Faith-Based Response to Health Needs

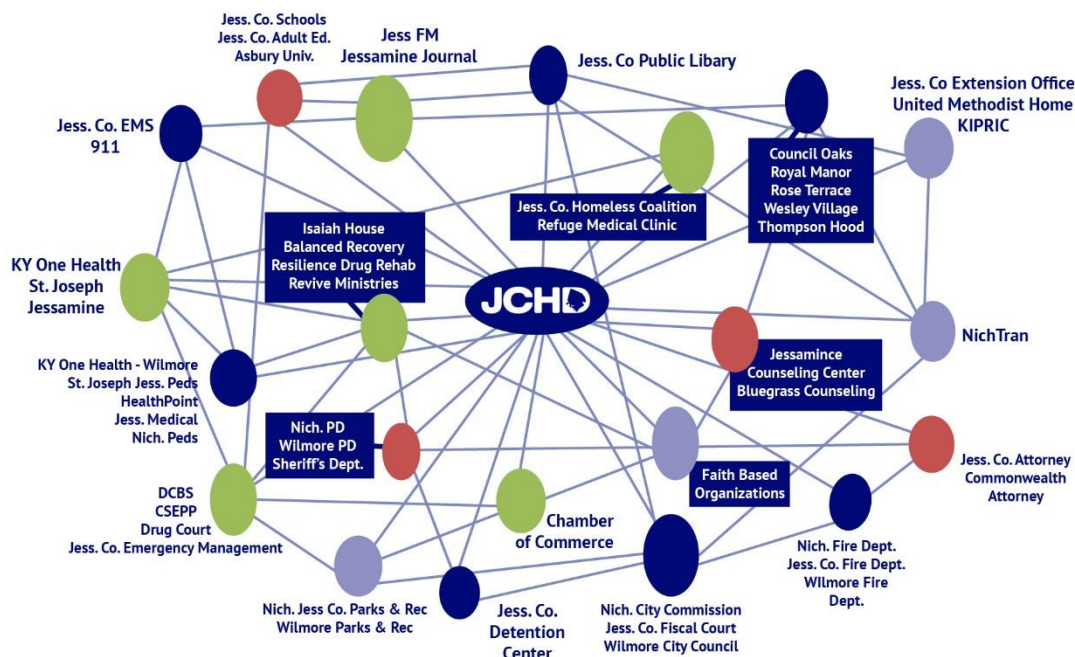


MAJOR HEALTH ISSUES

Utilizing information gathered at the end of our second forum, the forum coordinators and facilitator divided “Major Health Issues” into two key sections: “What” and “How”. “What” defines the actual health issues and “How” defines potential activities to help improve these health/safety issues. The table below illustrates the synthesis.

MAJOR HEALTH ISSUES		WHAT	HOW
<ul style="list-style-type: none"> Substance Use/Drug Overdoses Community Motivation in Health Resource Capture (available health resources) Mental Health Adverse Childhood Experiences (ACEs) Smoking Education/Awareness of Health Issues Strengthening Families Transiency within County (housing) Coordinating Faith-Based Response to Health Needs 	➔	<ul style="list-style-type: none"> Advertise Childhood Experiences (ACEs) Mental Health Smoking Substance Use/Drug Overdose 	<ul style="list-style-type: none"> Community Motivation in Health Resource Capture (available health resources) Education/Awareness of Health Issues Strengthening families Transiency within county (housing) Coordinating faith-based response to health needs

After discussing this synthesized information, the facilitator informed participants about a local public health system assessment.



LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

A traditional Local Public Health System Assessment (LPHSA) measures how well the local public health system delivers the 10 Essential Public Health Services. A LPHSA answers two critical questions:

1. What are the activities, competencies, and capacities of the local public health system?
2. How are the Essential Public Health Services being provided to the community?

The Jessamine County LPHSA was utilized during this forum by using a modified asset mapping approach. Public Health System Asset Mapping refers to a community-based approach of assessing the resources and programs of the public health system within a specific community. The modified asset mapping technique focused on the major health and safety issues identified by forum participants, as mentioned above. Participants were instructed to write down activities and/or services offered at their agency that reflect services/resources provided by their organization or network. The asset map of public health system programs and services can be referenced by community partners for use in referring citizens in the community to appropriate services.

The following five (5) tables capture forum participants' responses by agency and services/programs provided.

JESSAMINE COUNTY LOCAL PUBLIC HEALTH SYSTEM ASSESMENT: AVAILABLE ASSETS/RESOURCES

Adverse Childhood Experiences (ACEs) Community Resources
Bluegrass Care Navigators: Support groups & individual counseling for free – including children & education for school counselors on grief & loss.
Bluegrass Rape Crisis Center: Growing up Safe Program & Trauma Informed Yoga (solid roots)
HealthPoint Family Care: Identify ACEs and refer to treatment
Jessamine County Attorney: Juvenile Justice Department deals with all formal abuse dependency and neglect.
Jessamine County HD: Comprehensive Sex Ed Program (TOP – EJMS) & Abstinence Ed Classes (Middle Schools)
Jessamine County Schools: Family Resource Center & Trauma informed Care
Jessamine County Schools/Police: Handle with Care program
KY Chapter of AAP/JCHD/Saint Joseph Jessamine: Support for women (pregnant or new moms) who are addicted to drugs.
The Family Center: Weekly domestic violence support group in partnership with Greenhouse17 & Bellies and Beyond Series (pregnancy to first year) always includes Post-Partum Depression (PPD) information and support.

Mental Health/Suicide Community Resources
Bluegrass Rape Crisis Center: Free therapy for anyone impacted by sexual violence
Bluegrass Regional Prevention Center: Mental health promotion – 24-hr helpline (1-800-928-8000)
Healthpoint Family Care: Treat mild to moderate mental health issues
Jessamine County Attorney: handles all mental disability cases filed in Jessamine County
Jessamine County Health Department: Bullying Prevention Program – Too Good for Violence (middle schools)
Jessamine County Schools: School counselors in all schools; mobile assessment – mental health; Family Resource Center; contract counseling organization
Jessamine County Trails Association: Nature exploration
LIAC: Youth Advisory Board
Refuge Clinic: Counseling; psychiatry; (18 & over – non/under insured.
St. Joseph Jessamine/Our Lady of Peace: Outpatient and inpatient mental health services; one on one group counseling/therapy
The Family Center: Post-Partum Depression (PPD) workshops; maternal mental health (Bellies & Beyond, Crush Time!, Playtime!, Night On's Time!
Thomson-Hood Vet Center: House Veterans field benefits rep – mental health resources
Wesley Village: Alzheimer's class; diabetes info; general health education

Physical Activity/Recreation Community Resources
Asbury Seminary: health education; previous health fairs; 5K Wesley Waddle; raised gardens (nutrition; mentors; daycare support
HealthPoint Family Care: Educate about physical activity/nutrition
Jessamine County Health Department: Attends Bicycle and Pedestrian Advisory Committee meetings to work towards a more active community' HANDS encourages expecting families to increase activity and to do more activities as a family; worksite wellness and client education; promotes physical activity with trails website;
Jessamine Fiscal Court: Bike-Pedestrian Study; Jessamine County Trails
Jessamine County Public Library: Exercise classes offered (Pound, Exercise with Ease)
Jessamine County Schools: Clubs (archery, girls on the run, jump rope); P.E., recess, movement breaks; sports programs; Wellness Plan;
Jessamine County Trails Association: Trails website, trail documentation and information; monthly trail/hike outings to get people outdoors and explore places they've never been; new trail proposals and advocacy; encourages exercising with walking and hiking by letting people know where the paths and trails are in Jessamine County; has membership in the Bicycle Pedestrian Advisory Committee to plan for better and more walkways/paths.
Parks and Recreation: Playgrounds; parks; trails; youth sports; adult athletics
The Family Center: Camping with kids workshops, partnership with <i>Hike It Baby</i> of Lexington; Zumba with small children present at play area; Flex (seniors exercise)

Smoking Community Resources
Bluegrass Regional Prevention Center: Alcohol, Tobacco, and Other Drugs prevention, KIP data for treatment.
HealthPoint Family Care: Assess and treat smoking
Jessamine County Health Department: Promotion of 1-800-QUIT-NOW line, HANDS program disperses smoking cessation info, smoking during pregnancy partnership with clinic and state, offering resources to local business for smoking policy, smoke-free campus, school prevention programs (TATU), studies that pertain to gaining info on that could influence policy
Jessamine County Schools: Campus free smoking, Teens Against Tobacco Use (TATU) 6 th grade program
St. Joseph Jessamine: Smoking cessation classes
Thomson-Hood Veterans Center: Smoke-free campus

Substance Use/Drug Overdose Community Resources
Bluegrass Care Navigators: Monitor and follow protocols to reduce drug diversion in the home by family members of our patients; Staff of 12 physicians certified in hospice and palliative care – experts in pain management and specialists in pharmaceuticals (drug advice)
Bluegrass Rape Crisis Center: Free therapeutic treatment for underlying trauma (many individuals abusing substances have been through trauma)
Bluegrass Regional Prevention Center: Alcohol, Tobacco, and Other Drugs – KORE
HealthPoint FQHC: Identify substance abuse issues and refer to treatment
Jessamine County Attorney: CORE Docket – drug court
Jessamine County HD: Hepatitis surveillance, substance abuse workgroup, syringe exchange program
Jessamine County Schools: School resource officers, drug testing for athletes and drivers, HEAT presentation, Family Resource Center
Kentucky Department for Public Health: Mobile prescription Narcan distribution and training; HRSEP (Harm Reduction Syringe Exchange Program) conference
Kentucky Injury Prevention and Research Center: Coalition development assistance, substance use data, substance use treatment location (findhelpnowky.org)
Nicholasville Police Department: Drug enforcement, DARE community service, Narcan
Refuge Clinic: Southland Celebrate Recovery
St. Joseph Jessamine: Primary and emergency treatment of overdose
The Family Center: Single Parent Power has partnered with Wilmore Police Department regarding male mentorship with adolescents.
Miscellaneous: Jessamine Detention Center, Resilience Program

The forum facilitator discussed the results with the group and encouraged discussion amongst participants regarding community assets. The table below captured their responses.

REACTIONS TO LPHSA
<ul style="list-style-type: none"> • Lot of resources available
<ul style="list-style-type: none"> • Substance use has most activities
<ul style="list-style-type: none"> • Smoking has least (declined services due to referrals to 1-800-QUIT-NOW)

CONSENSUS BUILDING ACTIVITY

Identifying Priority Health/Safety Issues

After the LPHSA discussion, the facilitator instructed participants to consider the major health issues discussed and asked the question:

1. If you were to work on improving a health issue(s), where would you want to devote your professional and/or personal time?

From this information, partners participated in a consensus building activity to identify the priority health issues to be worked on in a Community Health Improvement Plan. Each participant was given two dot stickers to vote. They were instructed to place both dot stickers on either on one health issue or on two separate health issues. Below are totals for this activity:

Adverse Childhood Experiences (ACEs): 19

Mental Health: 18

Physical Activity/Recreation: 16

Smoking: 1

Substance Use/Drug Overdose: 29

Based on these totals, forum participants agreed that all health/safety issues *except* Smoking should be considered a priority health issue, at this time.



Appendix B: Wheel of Wellness

The wellness wheel provides a visual representation of the concept of wellness that demonstrates the need for “balanced” or “well-rounded” lives. To attain and maintain harmony and balance in our lives, we must pay attention to each of the eight dimensions of wellness. To neglect or over-emphasize any of the eight dimensions will result in an out-of-balance (out-of-round) wellness wheel.

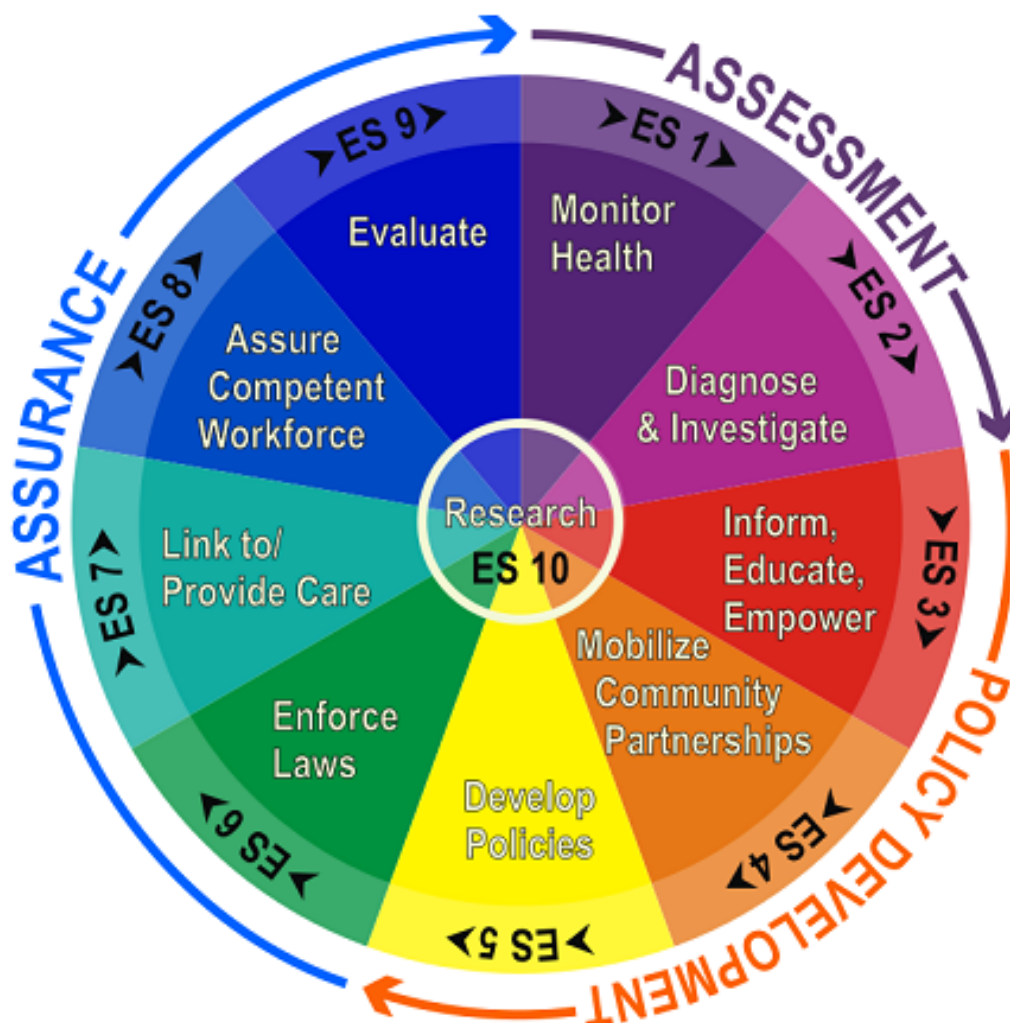


How **BALANCED** is your **WELLNESS WHEEL**?

Appendix C: 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that
all communities should undertake:

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





Jessamine County Health Department

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