



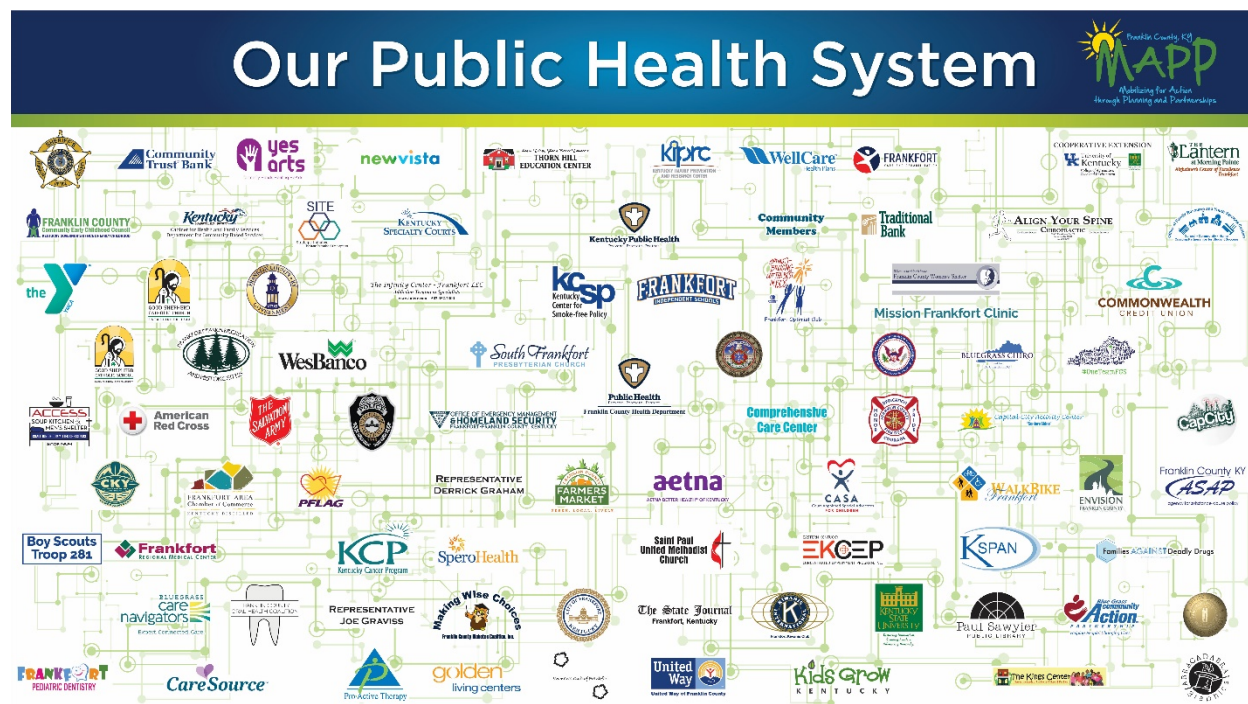
Franklin County, KY Community Health Assessment

DRAFT

October 2020

Franklin County Mobilizing for Action through Planning and Partnerships (MAPP)

Franklin County, KY Community Health Assessment 2020



(ENSURE THIS IS THE LATEST MAPP BANNER VERSION)

Franklin County MAPP Membership List
Franklin County Sherriff
Community Trust Bank
Yes Arts
New Vista
Thorn Hill Education Center
Kentucky Injury Prevention and Research Center
WellCare
Franklin County Community Early Childhood Council
Kentucky Cabinet for Health and Family Services
Strategic Initiative for Transformational Employment (SITE)
Kentucky Specialty Courts
Kentucky Department for Public Health
Community Members
Traditional Bank
Align Your Spine
Family Resource and Youth Service Centers
The Y

Good Shepherd Catholic Church
Good Shepherd Catholic School
Franklin County Fiscal Court
The Infinity Center - Frankfort LLC
Kentucky Center for Smoke-free Policy
Frankfort Independent Schools
Frankfort Optimist Club
Franklin County Women's Shelter
Mission Frankfort Clinic
Commonwealth Credit Union
Frankfort Parks and Recreation and Historic Sites
Frankfort Care and Rehabilitation
WesBanco
South Frankfort Presbyterian Church
Franklin County Health Department
University of Kentucky Cooperative Extension
The Lantern at Morning Pointe
Frankfort Fire and Emergency Medical Services
Frankfort/Franklin County Office of Emergency Management and Homeland Security
Bluegrass Chiro
Franklin County Schools
Access Soup Kitchen and Men's Shelter
American Red Cross
Frankfort Police Department
Comprehensive Care Center
Franklin County Fire Department
Capital City Activity Center
Capcity Communications LLC
Canoe Kentucky
Frankfort Area Chamber of Commerce
PFLAG
Representative Derrick Graham
Franklin County Farmers Market
Aetna
Court-Appointed Special Advocates (CASA)
Walk/Bike Frankfort
Envision Franklin County
Franklin County Kentucky Agency for Substance Abuse Policy (ASAP)
Boy Scouts Troop 281
Frankfort Regional Medical Center

Kentucky Cancer Program
SperoHealth
Saint Paul United Methodist Church
Eastern Kentucky Concentrated Employment Program (EKCEP)
Kentucky Safety and Prevention Alignment Network (KSPAN)
Families Against Deadly Drugs (FADD)
Bluegrass Care Navigators
Franklin County Oral Health Coalition
Representative Joe Graviss
Franklin County Diabetes Coalition, Inc
City of Frankfort
The State Journal
Frankfort Kiwanis Club
Kentucky State University
Paul Sawyer Public Library
Blue Grass Community Action Partnership
Office of the Attorney General
Frankfort Pediatric Dentistry
CareSource
Pro Active Therapy
Golden Living Centers
Woman's Club of Frankfort
United Way of Franklin County
Kids Grow Kentucky
The King's Center
Abracadabra Graphics
The Salvation Army
Foundation for a Healthy Kentucky
Sunshine Center
First Baptist Church

(as of Aug 2020 meeting)



Figure 1: MAPP Cycle

Strategic Plan for Community Health Improvement

Franklin County Mobilizing for Action through Planning and Partnership (MAPP) is preparing to celebrate its 12th anniversary! This coalition was created in December 2008 and is supported by the Franklin County Health Department (FCHD). Over the last 12 years, coalition members have consisted of community members and key stakeholders within Frankfort and Franklin County that are invested in the health and well-being of its residents. This is Franklin County MAPP's third iteration of the Mobilizing for Action through Planning and Partnership community health improvement planning model, developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Centers for Disease Control and Prevention (CDC).

The coalition continues its efforts at assessing Frankfort/Franklin County's strengths and need and formulating a plan to address the COMMUNITY'S identified concerns.

As shown in figure 1, data was collected during the 4 MAPP Assessments:

- Community Themes & Strengths Assessment (Quality of Life)
- Local Public Health System Assessment
- Forces of Change Assessment
- Community Health Status Assessment

MAPP workgroups analyzed all assessment data, identified priority health issues, and created a plan specifying program, policy, systems, and environmental change strategies to improve the health of our community.

This document presents the findings of the four MAPP assessments collected between June 2019 through September 2020, and the most recent statistical data available as of May 2020. Please feel free to visit fchd.org/MAPP to view prior iterations.

Vision and Values:



Franklin County MAPP Vision and Values:

Vision: To become a community that fosters a healthy lifestyle for all.

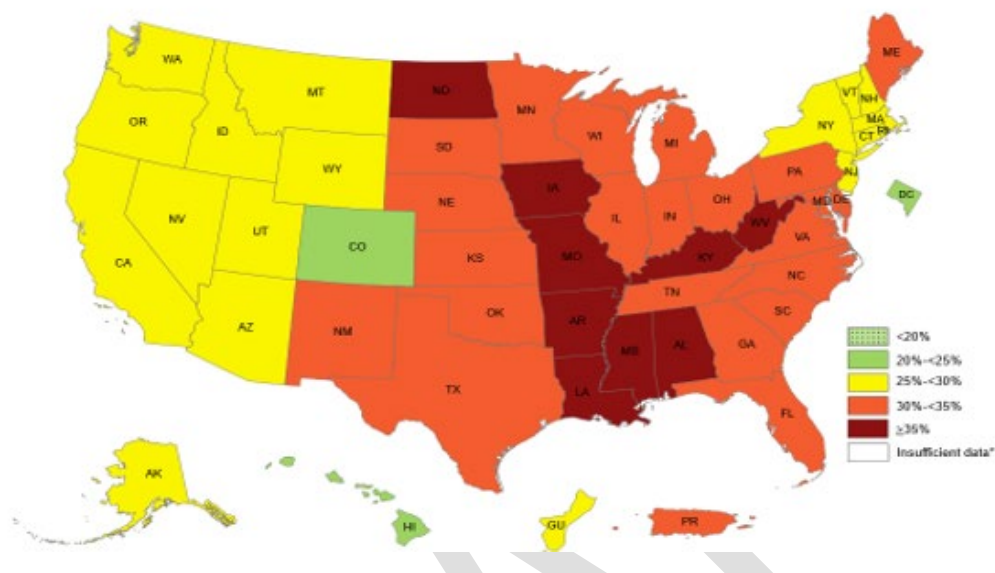
Values: Franklin County is a welcoming community that promotes good health, safety, nurturing and respect.

Community Health Status Assessment

Demographic Characteristics

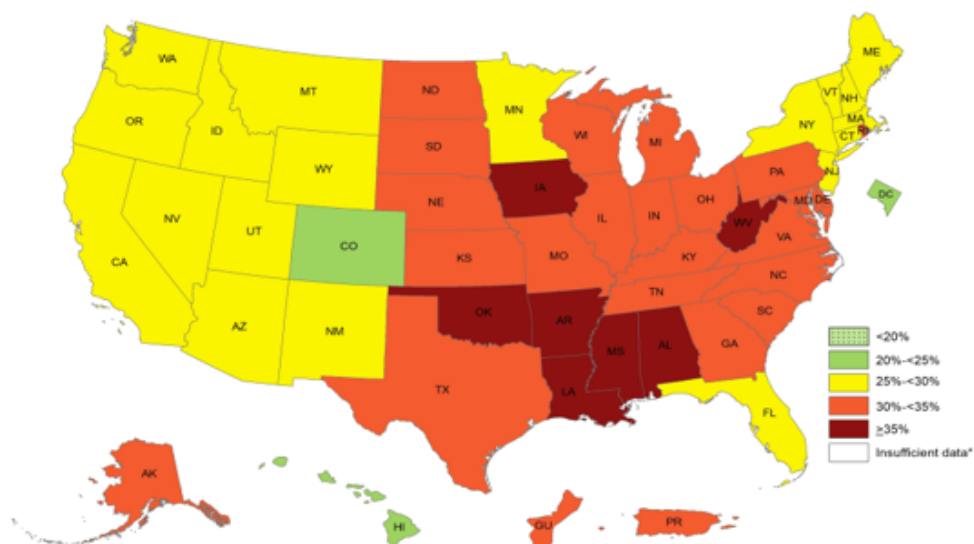
Franklin County is located in central Kentucky and is made up of 207.75 square miles of rural area and farmland. It's county seat, Frankfort, is home to Kentucky's Capitol Building and 16 total square miles of land. Currently, Franklin County is home to 50,991 (2019 estimate) residents. However, do to the unique situation of housing many state governmental offices, it is estimated that the population doubles during the day with commuters who drive in from surrounding counties. Franklin County residents are mostly of white, non-Hispanic (84.3%) race as compared to African American (10.6%) and Hispanic (3.5%) races. In addition, 51.7% of locals are female and 18% are over the age of 65. (1) Franklin County and Frankfort are the proud homes of two public school districts, three private schools, and one four-year university. Frankfort Independent Schools (FIS) and Franklin County Schools (FCS) are public schools and are ranked 37:159 and 106:159, respectively, in Kentucky school district rankings. Franklin County is also home to two Pre-K through 8th grade private schools: Capital Day School and Good Shepherd Catholic School; and one Pre-K through 12th grade private school: The Frankfort Christian Academy. Also located within the community, is Kentucky State University (KSU). According to the 2020 U.S. News & World Report rankings, KSU is ranked 2nd as one of the best value schools among regional colleges in the South. Also, among regional colleges in the South, KSU is ranked 20th in campus ethnic

Prevalence[†] of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2018



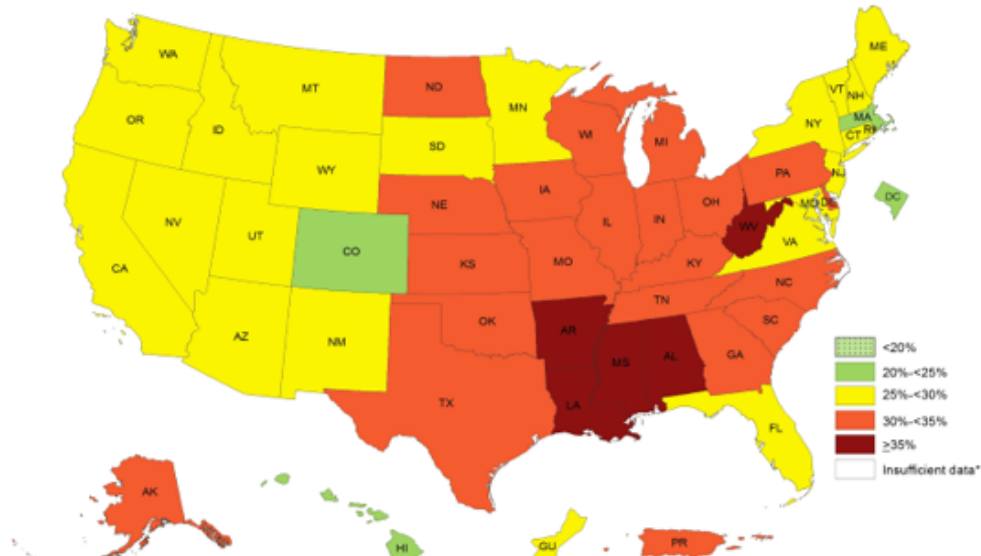
Prevalence[†] of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2017

[†]Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.

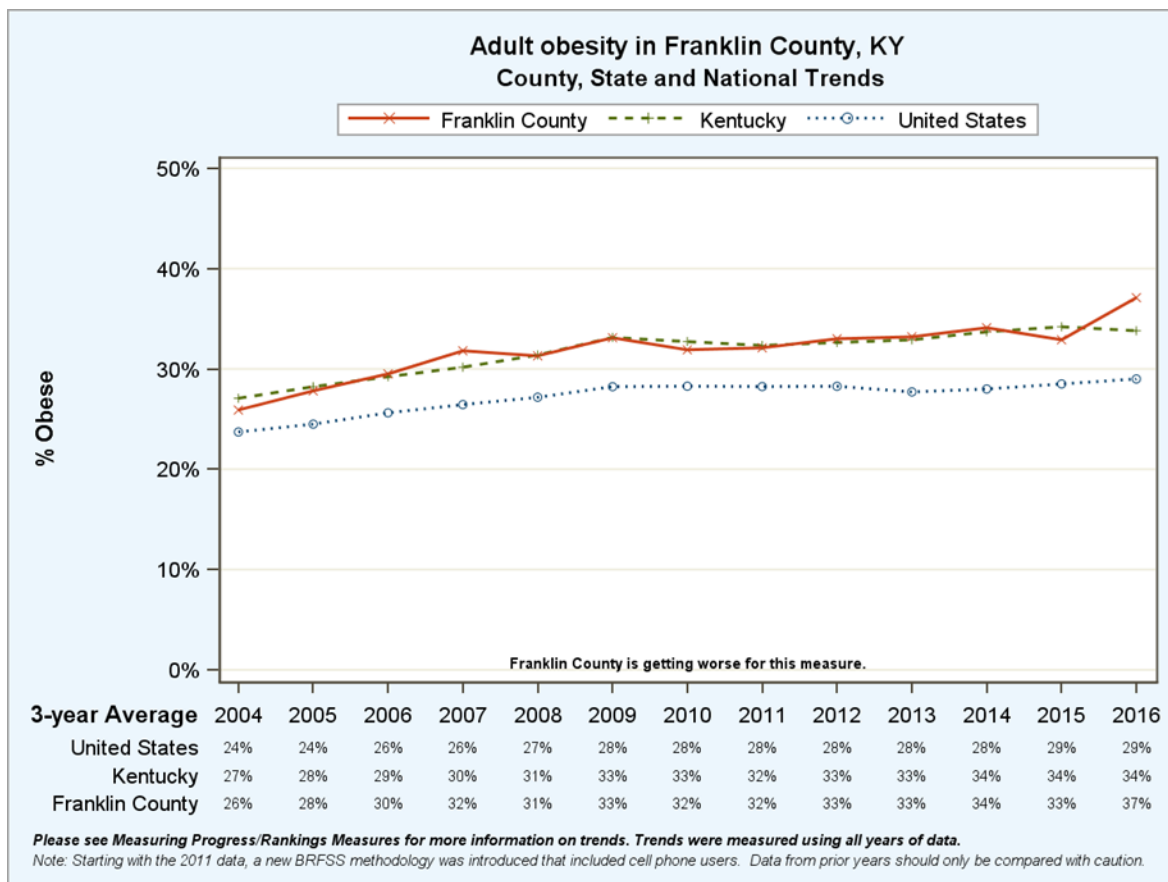


Prevalence¹ of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2016

¹Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



Kentucky ranks 3rd in the nation for percent of adults who have obesity or are overweight, only slightly ahead of Mississippi and West Virginia. The 2019 BRFSS reports 36.5% of Adult Kentuckians are obese. This is a very slight reported decrease from 36.6% in 2018. Bringing the data closer to home we see that Franklin County is reporting a higher obesity rate than that of the state at 37% according to the 2020 County Health Rankings. This is a significant increase from 33% in 2019. (Reference – The State of Obesity: Better Policies for a Healthier America, Trust for America’s Health. [Tfah.org](https://www.tfah.org/))



So what's all the fuss about? Did you know that obesity is one of the leading causes of preventable years lost among adult Americans? When you compare adults with obesity to those that are at a healthy weight you will see they are more likely to experience the following:

- Decreased quality of life
- Hypertension
- Type 2 Diabetes
- Heart Disease and Stroke
- Sleep Apnea
- Some cancers
- Mental Health issues such as depression and anxiety

Do you think obesity has an effect on our nation's medical costs? Absolutely! A 2013 study estimated direct medical costs of obesity as \$342.2 billion annually. In addition, the indirect costs associated with decreased productivity resulting from obesity are estimated at \$8.65 billion per year.

Physical Activity:

Studies have shown that physical activity is one of the best things people can do to improve their health. Active individuals tend to live longer and have fewer serious health problems such

as heart disease, type 2 diabetes and obesity. The *Physical Activity Guidelines for Americans 2nd Edition* provides the current recommendations for physical activity:

Preschool-Aged Children (3-5 years)

Physical Activity **every day throughout the day**

Active play through a **variety** of enjoyable physical activities



Children and Adolescents (6-17 years)

60 mins (1 hour) or more of moderate-to-vigorous intensity physical activity daily

A variety of enjoyable physical activities

As part of the 60 minutes, on at least 3 days a week, children and adolescents need:

Vigorous Activity such as running or soccer

Activity that **strengthens muscles** such as climbing or push ups

Activity that **strengthens bones** such as gymnastics or jumping rope



Adults (18-64 years)*

At least **150 minutes a week** of moderate intensity activity such as **brisk walking**

At least **2 days a week** of activities that **strengthen muscles**

**Aim for the recommended activity level but be as active as one is able*

Older Adults (65 years and older)*

At least **150 minutes a week** of moderate intensity activity such as **brisk walking**

At least **2 days a week** of activities that **strengthen muscles**

Activities to **improve balance** such as standing on one foot

**Aim for the recommended activity level but be as active as one is able*

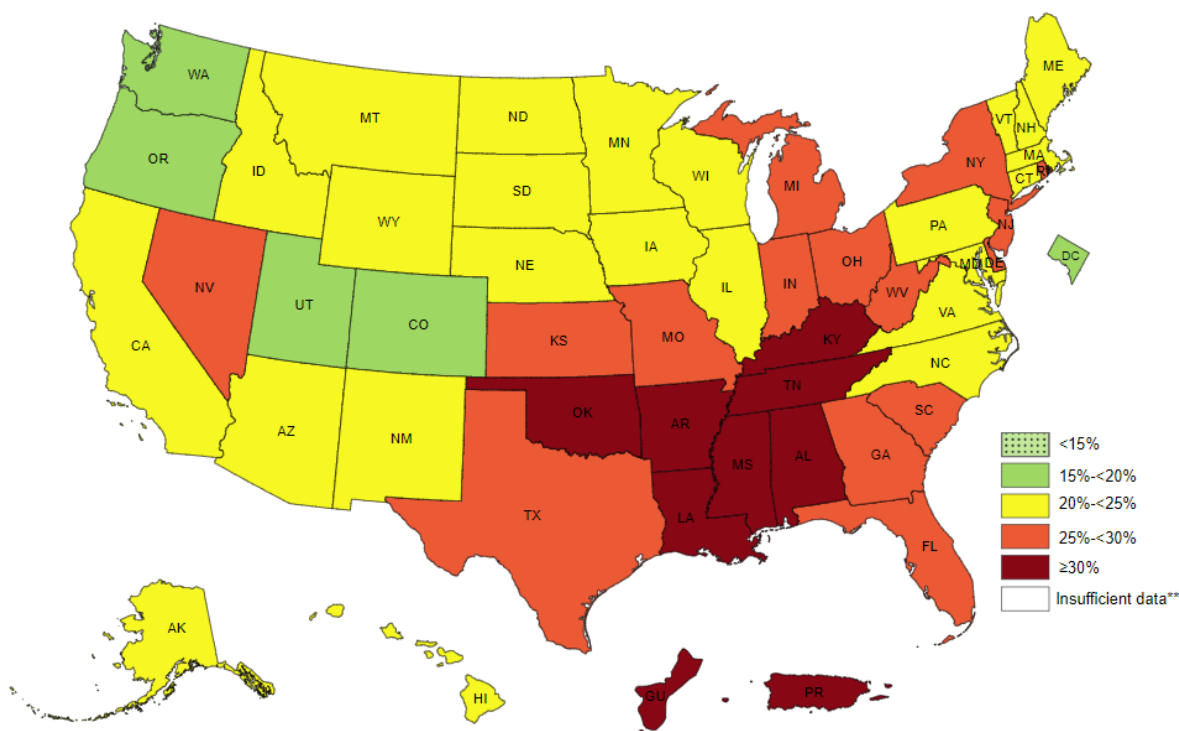
The new national maps of adult physical inactivity illustrate that all states and territories had more than 15% of adults who were physically inactive (Reference: CDC.gov/physical activity). You might notice that Kentucky is one of 7 states and 2 US territories where 30% or more of adults are physically inactive. According to 2019 County Health Rankings, Kentucky reported a physical inactivity value of 29% with Franklin County performing a slight bit better at 26%.

Frankfort/Franklin County continue to provide opportunities for families to get up and get active. Franklin County MAPP has created a Physical Activity Resource Guide which is updated annually to reflect a variety of physical activity venues

([http://fchd.org/Portals/8/PA%20Directory%20Updated%203 5 2020%20-%20Jennifer%20Robinson.pdf](http://fchd.org/Portals/8/PA%20Directory%20Updated%203%205%202020%20-%20Jennifer%20Robinson.pdf)). Additionally, the Kiwanis Club of Frankfort has graciously taken the lead for “The Longest Day of Play” physically activity event which began in our community in 2007 and has hosted over 15,000 participants of all ages and abilities.



Prevalence of Self-Reported Physical Inactivity* Among US Adults by State and Territory, BRFSS, 2015–2018



Local CFR

In January 2018 Franklin County Health Department coordinated efforts to form a local Child Fatality Review Team. KRS 211.686 provides authorization for coroners to establish local child fatality response teams within their county of jurisdiction.

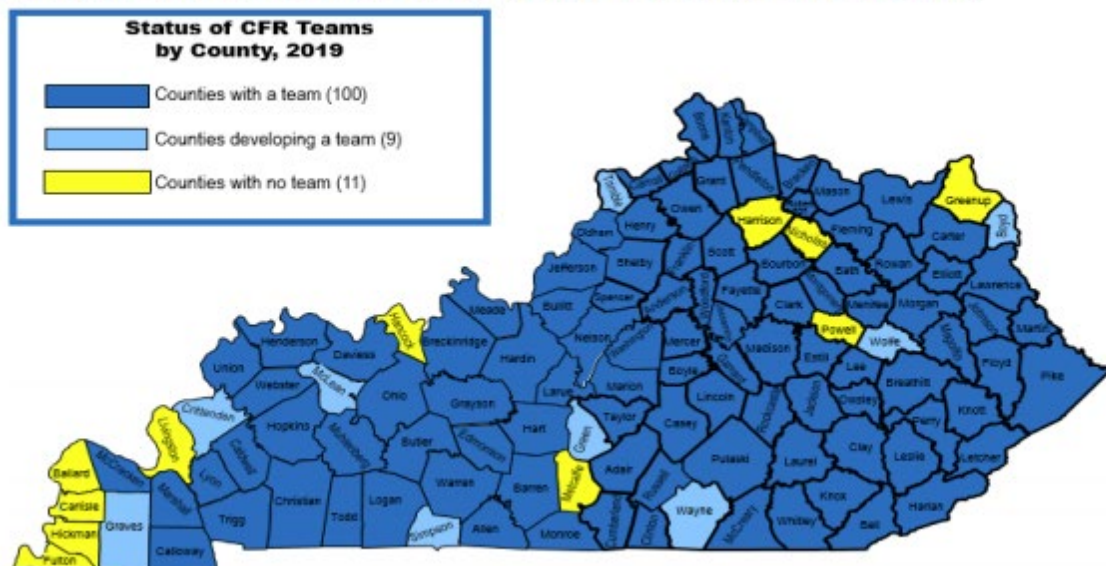
The purpose of a local child fatality review team shall be to:

1. Allow each member to share specific and unique information with the local team;
2. Generate overall investigative direction and emphasis through team coordination and sharing of specialized information;
3. Create a body of information that will assist in the coroner's effort to accurately identify the cause and reasons for death; and
4. Facilitate the appropriate response by each member agency to the fatality, including but not limited to, intervention on behalf of other children who may be adversely affected by the situation, implementation of health services necessary for protection of other citizens, further investigation by law enforcement, or legal action by Commonwealth's or county attorneys.

The local teams are essential in the success of prevention and reporting. Members of Franklin County's CFR Team were suggested by the above statute to be multidisciplinary and therefore include the local office of the Department for Community Based Services, State Chief Medical Examiner, law enforcement, local health department, school personnel, Attorney General's Office, County Attorney's office, fire department/EMS, Kentucky Counseling Center, University of Kentucky Pediatrics Forensic Medicine and Kentucky Department for Public Health Child Fatality Review Branch.

Franklin County's CFR Team is one of 100 teams across the state working together to assure that all areas have been discussed in the death of a child to assure no further education, legal action, protection, intervention, etc. is needed moving forward. We are reaching out to partners within our community that have a role in ensuring a safe, educational and supportive environment for youth.

Figure 1. Status of Child Fatality Review Teams by County (2019)

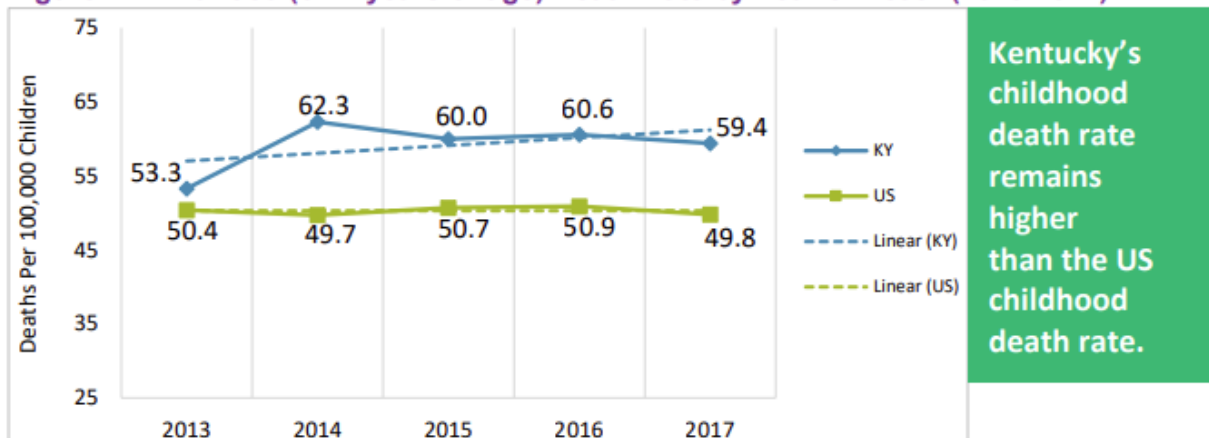


(Reference: 2019 Child Fatality Review Annual Report)

The release of the Child Fatality Review Annual Report 2019 has been essential in providing data and guidance to local teams to assist with injury prevention activities and messaging. The following data can be accessed fully by visiting:

<https://chfs.ky.gov/agencies/dph/dmch/Documents/CFRAnnualReport.pdf>

Figure 2. Childhood (0-17 years of age) Death Rate by Year of Death (2013-2017)

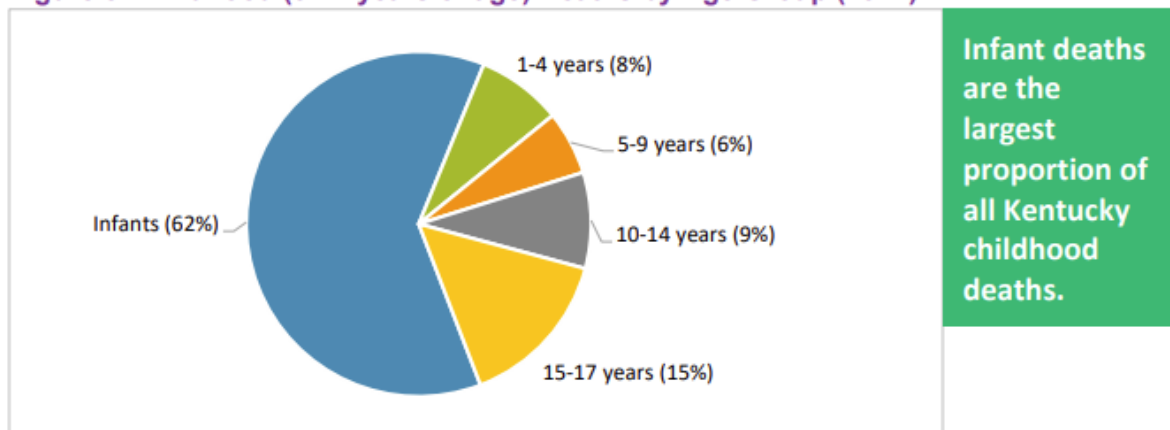


Note: 2013-2017 data are preliminary and may change.

Data Source: Kentucky Vital Statistics, Death Certificate Files 2013-2017; Kentucky State Data Center, Population Estimates 2013-2017; Additional infant deaths identified through KY Medicaid Claims Data Warehouse for Years 2013-2017; Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December 2018. Data are from the Multiple Cause of

Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Jul 10, 2019 9:47:32 AM.

Figure 3. Childhood (0-17 years of age) Deaths by Age Group (2017)



Note: 2017 data are preliminary and may change.

Data Source: Kentucky Vital Statistics, Death Certificate Files 2017. Additional infant deaths identified through Kentucky Medicaid Claims Data Warehouse for 2017.

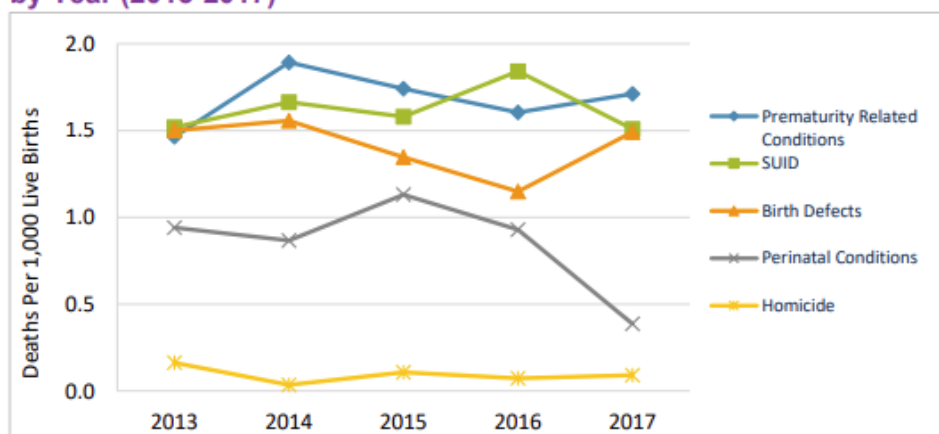
Figure 6 presents the trends in the five leading causes of infant death in Kentucky. In 2017, the five leading causes of death included prematurity (preterm birth) related conditions, SUID, birth defects, other perinatal conditions/disorders, and homicide.

Five Leading Causes of Infant Death



This differs from the US where the leading cause of infant death is due to birth defects followed by prematurity related conditions and then perinatal conditions.³ Deaths due to prematurity related conditions have historically been the leading cause of infant mortality in Kentucky, with the exception of 2016 when deaths due to SUID surpassed deaths due to prematurity.

Figure 6. Five Leading Causes of Infant (<1 year of age) Mortality per 1,000 Live Births by Year (2013-2017)



Note: 2013-2017 data are preliminary and may change.

Data Source: Kentucky Vital Statistics, Birth Certificate Files 2013-2017 and Death Certificate Files 2013-2017.

In 2017, the five leading causes of child death included motor vehicle collisions, homicide, suicide, cancer, and birth defects.⁴ Three of these top five causes are potentially preventable.

Five Leading Causes of Child Death

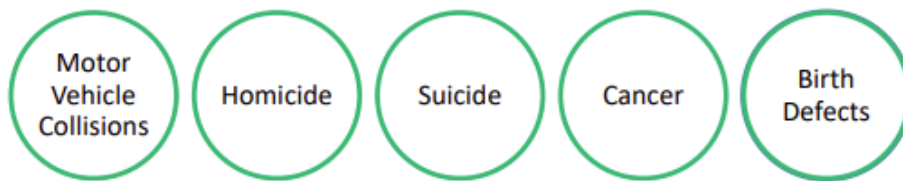
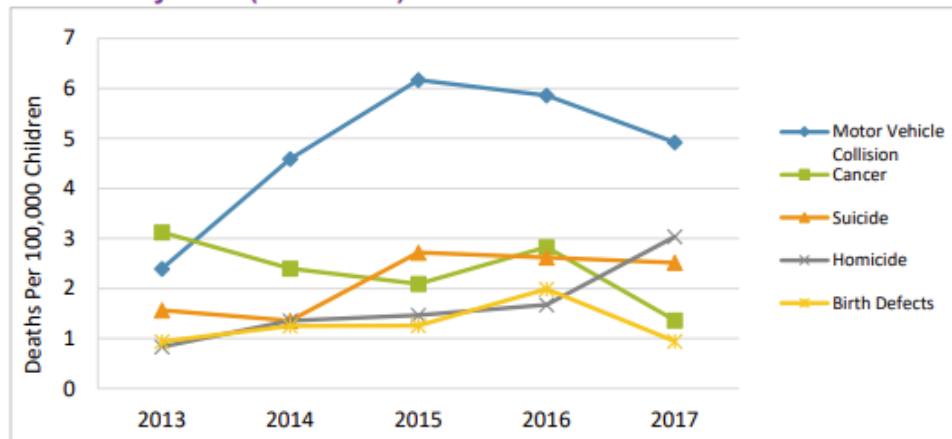


Figure 7. Five Leading Causes of Child (1-17 Years of Age) Mortality per 100,000 Children by Year (2013-2017)



Note: 2013-2017 data are preliminary and may change

Data Source: Kentucky Vital Statistics, Death Certificate Files 2013-2017; Kentucky State Data Center, Population Estimates 2013-2017.

(Do we want to include a piece on racial disparities and infants and children for HE?)

C. Sexual Activity

Franklin County Health Department, along with other local health departments (LHD's) across the nation, offer testing and treatment for the following Sexual Transmitted Infections (STI): Chlamydia, Gonorrhea, and Syphilis. These infections are included in the total annual STI cases and rates number provided by Kentucky Department for Public Health to all LHD's.

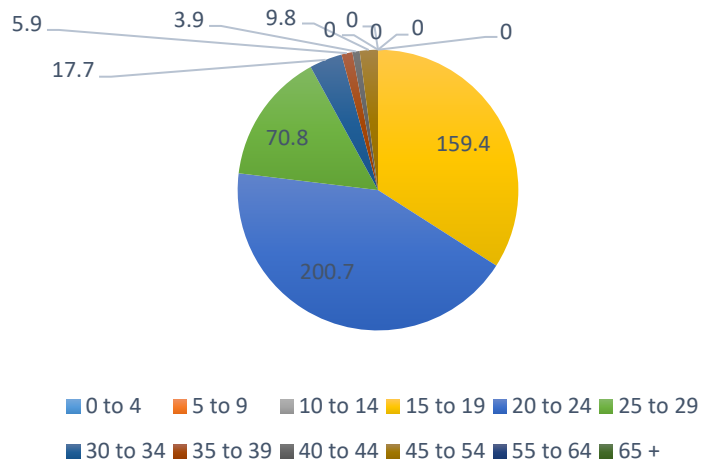
Locally, when compared to other Kentucky counties, Franklin County ranks within the top 25 counties with the highest STI rates. Currently, Franklin County's average rate of STI is 429.8 per 100,000, which is slightly less than the state average of 433.7 per 100,000. However, both the local and statewide rates are much higher than the national average rate of 161.4 per 100,000. Even though our numbers have seen a small decrease over the past decade, places in Kentucky (ex. Franklin County) home to colleges and universities often have higher STI rates.

Sexual Transmitted Infections (STI)	2018 Overall Total	2018 Female Total	2018 Male Total	2018 Unknown Gender Total
Chlamydia (per 100,000 people)	468.4	155.5	310.9	1.9
Gonorrhea (per 100,000 people)	169.2	82.7	82.7	3.9
Syphilis (per 100,000 people)	13.8	1.9	11.8	0

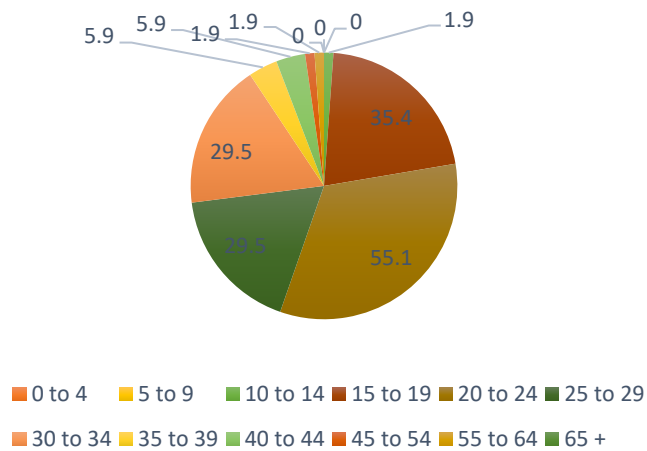
Data obtained from the Kentucky Department of Public Health.

*Total Syphilis Includes: Primary; Secondary; Early Syphilis; Latent Syphilis

Chlamydia Rates by Age Group (per 100,000 people)-2018

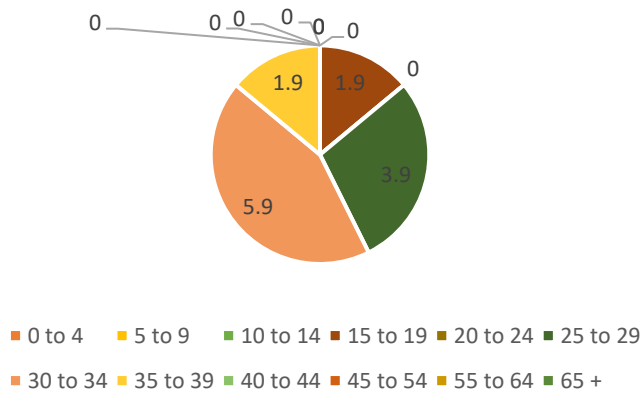


Gonorrhea Rates by Age Group (per 100,000 people)-2018

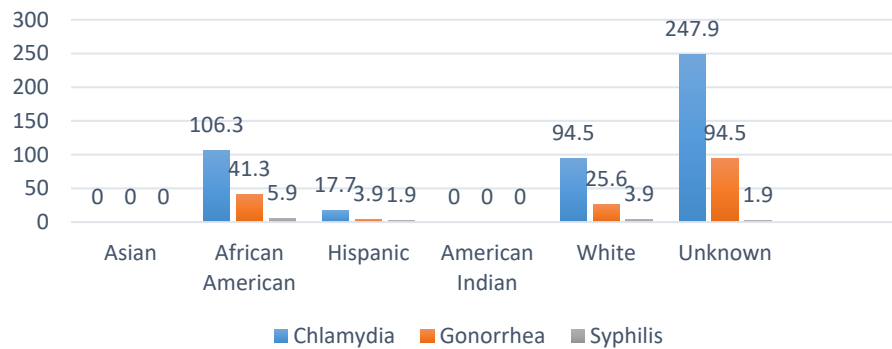


** Total Syphilis Rates include: Primary Syphilis; Secondary Syphilis; Early, Non-Primary, Non-Secondary Syphilis; and Unknown Duration or Latent Syphilis

Syphilis Rates by Age Group (per 100,000 people)-2018



STI Rates by Race (per 100,000 people); 2018



To help combat the high youth rates of sexually transmitted infections (STI) as well as promote abstinence, FCHD began implementing the Positive Potential program in all three local area middle schools. The partnership between FCHD, Franklin County Schools (FCS), and Frankfort Independent Schools (FIS) began in 2016 when the first classes were facilitated at both Bondurant Middle School (BMS) and Second Street School (SSS).

Positive Potential is a comprehensive youth development curriculum developed by a Positive Approach to Teen Health. The program, delivered each year to 6th, 7th, and 8th graders; is evidence-based and encompasses a variety of age appropriate subjects. In 6th grade, students discuss personal value, legacy, life influences, peer pressures, bullying, decision making skills, and healthy relationships. The curriculum in 7th grade builds upon what was taught previously, but adds such topics as male & female stereotypes, self-confidence, media, risky behaviors, abstinence, and sexually transmitted diseases. The final year, 8th grade, includes topics such as body image, self-esteem, contraception, pregnancy, and the future.

Positive Potential
uses PowerPoints,
visuals, and hands on
activities to teach
youth valuable
knowledge that will



Comprehensive Youth Development Curricula

be essential for them as they get older. Since 2016, FCHD has reached close to 3000 students (2994) through classes facilitated by School Nurses as well as the Community Health Education Team. During the 2017-2018 school year, 8th grade students at BMS were the first to receive all three years of the curriculum. As the program continues to expand and improve, more students are receiving the full curriculum throughout their middle school career.





As of July 1, 2020 New KY DUI Law (SB85) went into effect. This law expands Kentucky's existing ignition interlock law to apply to all DUI convicted offenders. Under the new law, convicted DUI offenders will have the ability to choose between a suspension period or an interlock program; thus making the interlock program incentive-based to encourage behavioral change. The ignition interlock program is compliance-based, meaning offenders will have to complete a 90-120 day period of driving sober as part of the mandated program in order to be eligible for suspension times. Drivers who apply and are approved in the Kentucky Ignition Interlock Program (KIIP) are eligible for a reduction of their license suspension period. The changes are also designed to streamline the process, increase uniformity of suspension and compliance periods, and make the program available to more offenders.

Social Determinants of Health

Our health and well-being are influenced by everything around us, as well as the resources and services available. The environments in which we live, learn, play, pray, and work; and the conditions of where they occur are vital indicators to our overall health and well-being. These indicators are known as the Social Determinants of Health (SDOH) and are defined in Healthy People 2030 as *conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning and quality of life outcomes (HP2030)*. Examples of SDOH include, but are not limited to the following: access to food, access to healthcare, education, employment, housing, neighborhoods, safety, and transportation.

The conditions that influence SDOH can be economic, physical, and/or social. It is important to realize that health is influenced by more than physical ailments. It is because of this that there is a strong association between SDOH and adverse health outcomes. To help address these adverse health outcomes, Healthy People 2030 focuses on “upstream” factors and interventions related to addressing SDOH. These factors are divided into five key focus areas: Economic Stability; Education Access and Quality; Health Care Access and Quality; Neighborhood and Built Environment; and Social and Community Context. The main goal of each focus area is listed below.

- Economic Stability: Help people earn steady incomes that allow them to meet their health needs.
- Education Access and Quality: Increase educational opportunities and help children and adolescents to do well in school.
- Health Care Access and Quality: Increase access to comprehensive, high-quality, health care services.
- Neighborhood and Built Environment: Create neighborhoods and environments that promote health and safety.
- Social and Community Context: Increase social and community support.



Understanding the conditions, environments, and SDOH of a community are vital to the health of a community. For all residents to truly reach an optimal level of health, all factors within a specific area and community need to be addressed and understood. SDOH contribute to health disparities and inequities. Many of these occur in the most vulnerable populations. Therefore, it is important for a community to act and address the conditions in which people live.

Health Equity

The term health equity is not a new one, however, it is one that is becoming more commonly discussed and used in all areas. Health Equity, as defined by the World Health Organization (WHO), is the *absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically*. (WHO) Healthy People 2020 simplified the definition as *the attainment of the highest level of health for all people*. (HP2020)

In order to achieve a full health equity culture, public health professionals as well as the entire public health system need to come together to address the root causes of disparities and inequities that affect a community and/or population. As we enter a new decade, we must address and eliminate the unfair and unjust disparities that encompass the United States. These differences in health access, health qualities, and health outcomes are based on differences in ethnicity, gender, income, location, race, and religion. Therefore, it is vital to understand the conditions and environments that all populations live. Certain population groups are more susceptible to adverse health outcomes, which can be exacerbated based on where they live.

As mentioned previously, the majority of Franklin County residents are white, non-Hispanic (84.3%). The rest of the population is split between African American (10.6%) and Hispanic (3.5%). Tables **and** are an example of how a certain population is more affected by adverse outcomes. This data demonstrates that even though Franklin County has a lower African American population than White, the rates of certain STI's are higher in African Americans per 100,000 people.

	Asian	African American	Hispanic	American Indian	White	Unknown
Chlamydia	0	47.2	3.9	0	35.4	68.9
Gonorrhea	0	41.3	3.9	0	25.6	94.5
Syphilis	0	5.9	1.9	0	3.9	1.9

Table # STI Rates Per 100,000 People

	0-4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-54 Years	55-64 Years	65+ Years
Chlamydia	0	0	0	159.4	200.7	70.8	17.7	5.9	3.9	9.8	0	0
Gonorrhea	0	0	1.9	35.4	55.1	29.5	29.5	5.9	5.9	0	0	0
Syphilis	0	0	0	1.9	0	3.9	5.9	1.9	0	0	0	0

Table # STI Rates Per 100,000 People

ADD OTHER DATA (COVID; NARCAN; SYRINGE EXCHANGE)

Health Equity is vital to the success of the entire public health system. This system includes both traditional health partners as well as non-traditional community partners. The importance of a health equity culture is reinforced by the revised 10 Essential Public Health Services released in 2020. The goal of the revision is centered around equity and includes current and future public health practices that are equity-driven, transparent, inclusive, data informed, evidence-driven, and relevant. All public health system activities should be implemented in a community should be based around the 10 Essential Public Health Services (as seen in Figure).

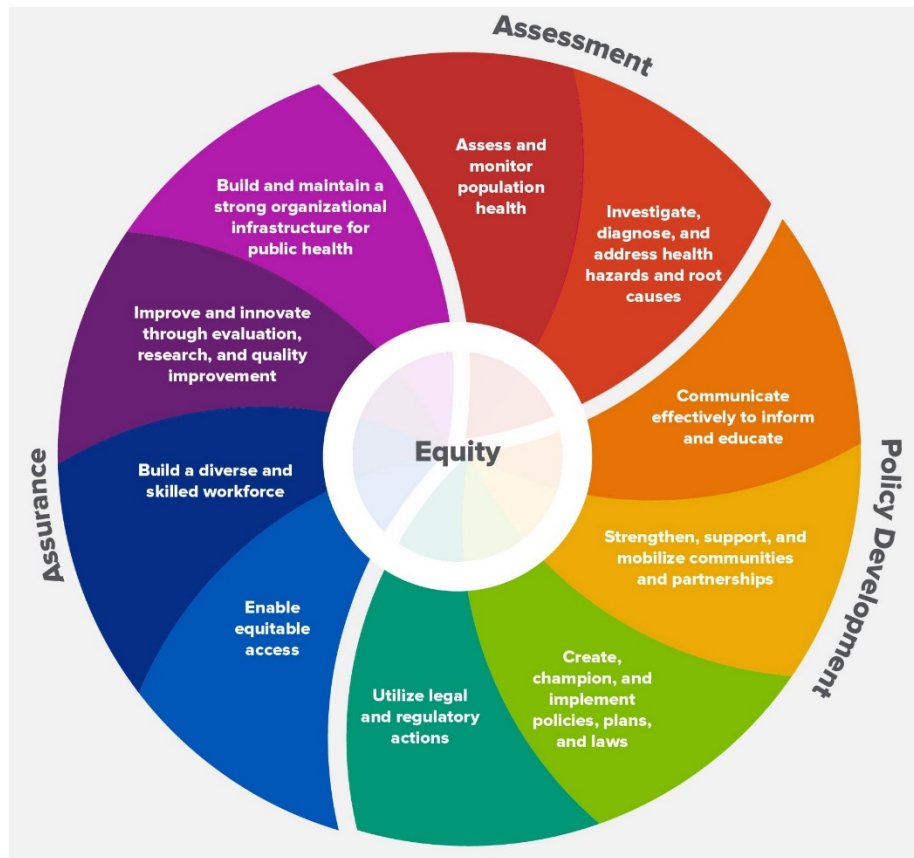


Figure # ____ 10 Essential Public Health Services

Community Resources

NEED RESOURCES

In addition to the resources listed on [page 6](#), Franklin County Health Department partners with the Frankfort Independent and Franklin County Schools to provide a school nursing program. The job duties of a local school nurse expands beyond seeing sick kids in school. The school nurses provide health education in the classrooms to include but not limited to: puberty talks, STI presentations, tobacco classes and presentations, hygiene and hand washing classes. This form of health education is a spectacular way to have access to captive audiences while they are at school and many of the school nurses develop a rapport and are seen as a safe zone for students to come and discuss concerns and issues with them.

In addition to their school health duties, the FCHD school health play a pivotal role in Franklin County's COVID-19 response efforts. They are contact tracers, disease investigators, COVID-19 testers and operate a call center designated for COVID-19 questions. What would our community do without you!



Image of Franklin County Health Department School Health Team

Environmental Health Indicators

The health of a community's environment is paramount to the health and safety of its citizens. Environmental health indicators describe the link between the environment and health. They are based on known or plausible cause-and-effect relationships between the environments and health. In the area of environmental health, Franklin County appears to be making strides, with the expansion and development of walking trails/sidewalks and plans to improve roads and increase bike lanes in the works. In the table below, severe housing problems is defined as the percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities.

Environmental Health Rates	Franklin County	Kentucky
Average Daily Density of Fine Particulate Matter*	11	10.7
Severe Housing Problems**	13%	14%

Driving Alone at Work**	83%	82%
Long Commute (alone)**	22%	30%

Table X.X Data obtained from County Health Rankings.

*Data Based on 2014 levels. ** Data Based on 2014-2018 levels.

Communicable Diseases

Franklin County Harm Reduction Syringe Exchange Program



The state of Kentucky is part of a substance use disorder epidemic in the United States. In 2015, Kentucky Governor Steve Beshear passed into law Senate Bill 192, allowing counties to establish needle exchange programs in an effort to decrease the amount of communicable diseases transferred via dirty/used needles. With support from the Franklin County Board of Health, Franklin County Agency for Substance Abuse Policy, Frankfort City Commission and Franklin County Fiscal Court a resolution was developed and passed by all parties in early 2016. The Franklin County Harm Reduction Syringe Exchange Program (FCHRSEP) opened its doors in May of 2016. From May 2016 – March 2020, FCHRSEP has been visited 5,135 times by approximately 681 individuals.

Syringe Exchange Service	1 st QTR	2 nd QTR	3 rd QTR	2019-2020	2018-2019	2017-2018	2016-2017	May—June 2016
Total Number of Visits*	633	569	610	1812	2,625	2,469	839	15
Initial Visits	312	280	280	872	681	-	-	
Subsequent Visits*	321	289	330	940	1,944	-	-	
Participants per initial enrollment*								
Female Participants	295	117	121	379	232	850	123	3
Male Participants	338	163	159	493	297	1,043	173	4
Testing Per Visit								
HEP C Testing *	2	6	8	16	37	-	-	-

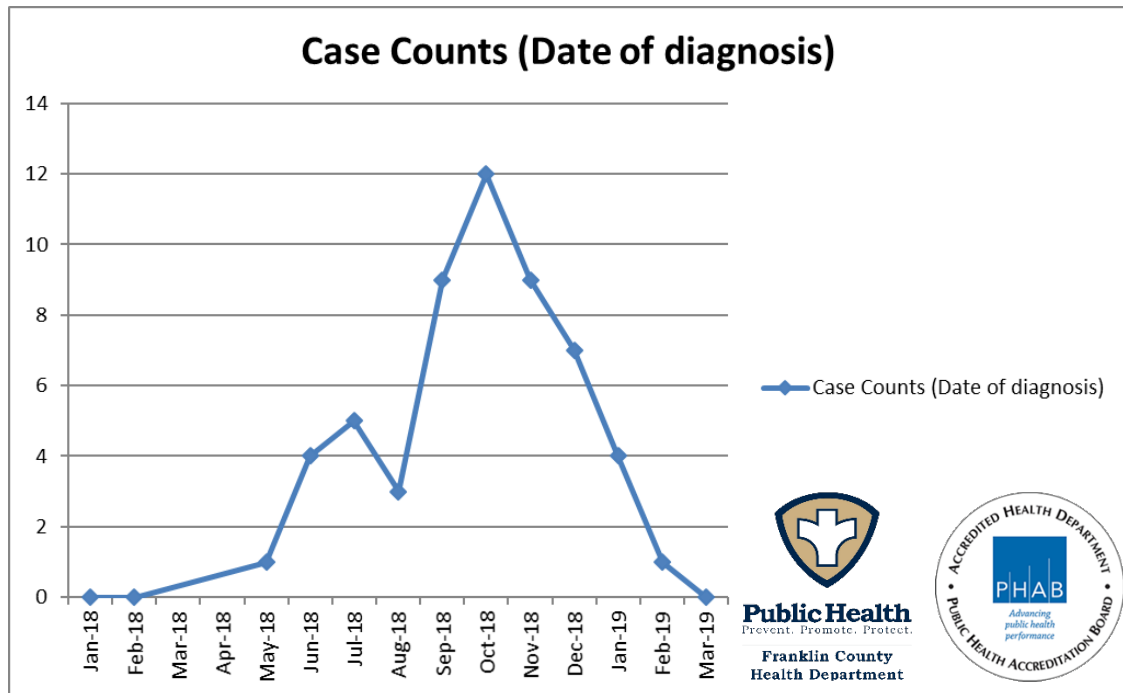
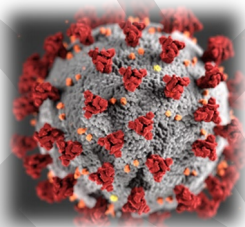


Table X.X Data collected and presented by Franklin County Health Department Regional Epidemiologist. March 2019.



Novel Coronavirus (COVID-19)

In December of 2019, China reported a cluster of respiratory illnesses in Wuhan, Hubei Province that was found to be associated with a seafood/live animal market. January 9, 2020 the Novel Coronavirus was announced by the Chinese Government. By January 20, 2020 that it was rapidly spreading through community transmission in China and on January 21, 2020 the United States reported its first case. The first community spread of COVID-19 was identified in the US was in late February 2020. The first case of COVID-19 in Kentucky was reported on March 6, 2020.

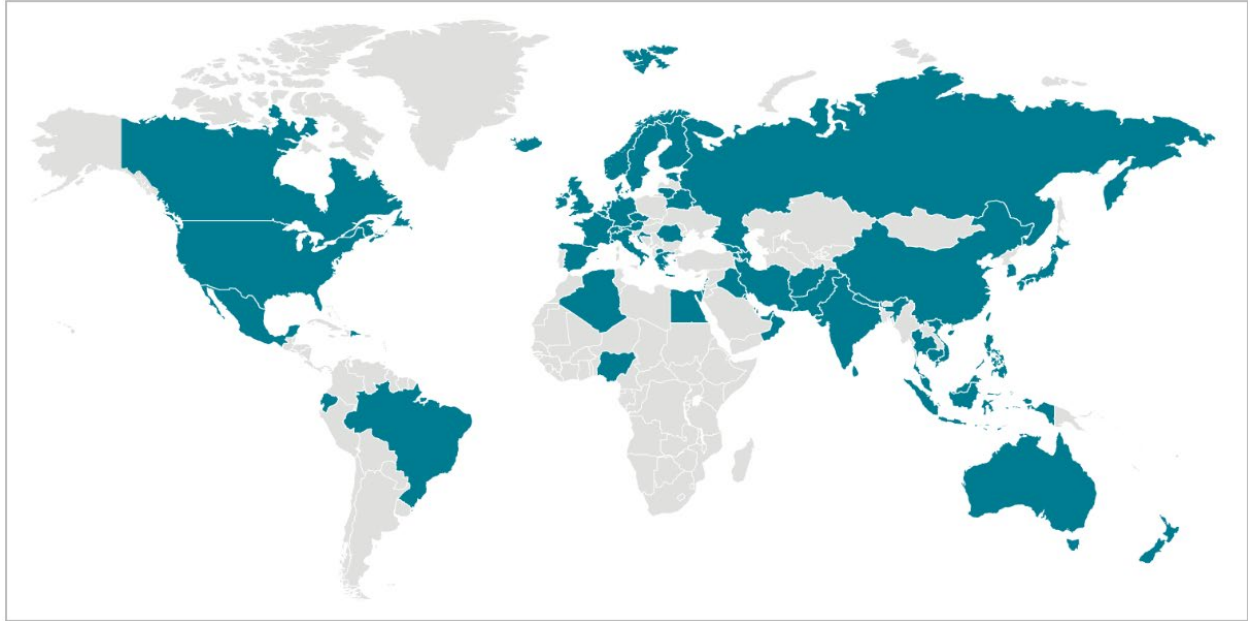


Figure X.X Map depicts locations with confirmed COVID-19 cases as of March 2, 2020.

The 2019 Novel Coronavirus is similar to SARS, MERS. Both SARS/MERS originated in bats – suggests animal origination for COVID-19. Incubation period for the disease on average is 5.3 days with a range of 2-14 days. Symptoms include: fever, respiratory symptoms, cough and difficulty breathing. Cases can be symptomatic or asymptomatic while infectious to others.

Influenza

As depicted below in the graph, Franklin County had a very active influenza year in 2020 as compared to years past in 2018 and 2019. However, it is important to note that at week 9 of the chart below is when social distancing and other public health prevention measures were put into place regarding COVID-19, resulting in a decrease of the transmission of influenza, when we are still usually having an active influenza season.

Franklin County Flu Cases January - April 4th

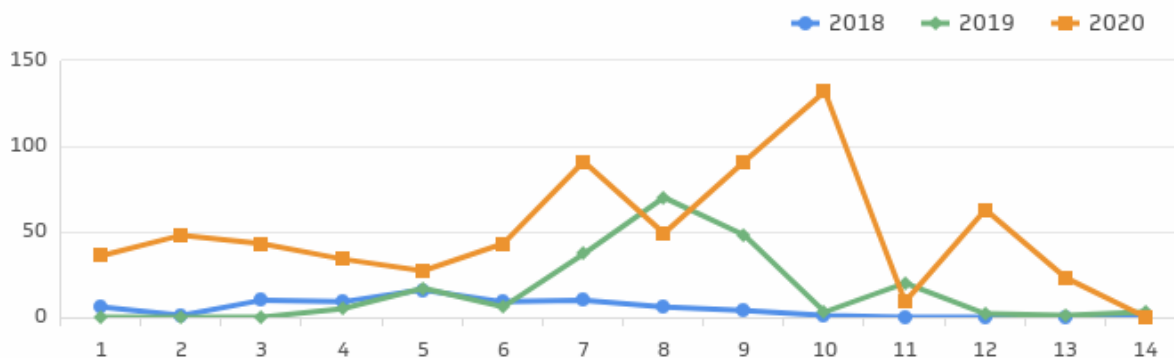


Figure X.X Influenza cases reported for 2018-2020 for the months of January-April.

Social and Mental Health

The social and mental health of a population can have a significant impact on the community's overall health and wellness. Mental health includes our emotional, psychological, and social well-being. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. It affects how we think, feel, and act. Those that suffer from mental health disorders can experience symptoms that can limit their activities, affect their ability to raise children their own children, hold a job and contribute to the community in a positive way. If left unaddressed this issue can cause serious hardships for the social health of a community.

As you can see from table __ below, Franklin County was found to have a significantly lower rate of drug arrests and violent crimes when compared with National rates. However, it is important to point out that Franklin County's cases are above those of Kentucky's for both measures.

When assessing Franklin County's additional indicators from table __, you will see that compared to the state figures, our community has fared much better in binge drinking and when compared with our last MAPP cycle, has reported a remarkable decrease in limited activities reported in previous months to 10% versus 30% captured in the 2016 CHA (fchd.org/mapp).

Social & Mental Health	Franklin County	Kentucky	United States
Mentally Unhealthy Days (per month) 2016-2018	5.0	5.0	4.1
Limited Activities* in Previous Month (adults) 2016-2018	10%	26%	N/A

Binge Drinking (percent adults) 2016-2018	12%	15%	N/A
Drug Arrests (per 100,000 population) 2018	2.606	2,407	3,152
Violent Crime (per 100,000 population) 2018	232	216	368.9

*Percent of adults who could not perform work or household tasks due to physical, mental or emotional problems.

Reference: Data from Kentucky Health Facts, <http://www.kentuckyhealthfacts.org/data/healthvalues/> ; 2019 Crime in the United States; FBI:UCR <https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/topic-pages/tables/table-1> ; ucr.fbi.gov (drug arrests)

Mental Health Resources in Frankfort/Franklin County:

- Kentucky Counseling Center
- Beaumont Behavioral Health of Frankfort
- New Vista
- Infinity Center
- National Suicide Prevention Lifeline

Resource	Phone	Website
Kentucky Counseling Center	859-591-0092	https://kentuckycounselingcenter.com/kentucky-counseling-center/fr To request an appointment: https://hipaa.jotform.com/201144345342
Beaumont Behavioral Health of Frankfort	502-875-1685	https://beaumontbehavioral.com/?utm_source=gmb&utm_medium=c&n=frankfort
New Vista	502-223-2182	https://newvista.org/
Infinity Center	502-325-2300	https://www.infctr.com/
Lexington Counseling and Psychiatry	502-352-2208	https://www.counselinglexingtonky.com/
Center for Behavioral Health KY	502-352-2111	https://sobernation.com/listing/center-for-behavioral-health-ky-inc-fr

Youth Electronic Cigarette & Vaping Use

An area of growing concern in Franklin County is the high rate of electronic cigarette and vaping use among youth and young adults. Over the past few years, electronic cigarettes (e-cigarettes) have become the most commonly used and popular tobacco product among middle and high school students in the United States. These products are known by other names such as: e-cigs, e-hookahs, vape pens, vapes, tank systems, and electronic nicotine delivery systems (ENDS). Often designed to look like regular cigarettes, pens, and USB drives; e-cigarettes produce an aerosol by heating a liquid that usually contains nicotine-the addictive drug in regular cigarettes, cigars, and other tobacco products- flavorings, and other chemicals that help make the aerosol.

According to the 2018 Kentucky Incentives for Prevention (KIP) Survey, students in Franklin County had higher rates of e-cigarette use than both regional and state averages. Local sixth, eighth, tenth, and twelfth grade students provided alarming answers (as shown in the chart below) to the following survey question: *During the past 30 days, did you use vape pens or e-cigarettes on at least one day?*

Grade	Franklin County	Regional	Kentucky
6 th	6%	5%	4.2%
8 th	19.1%	17.4%	14.2%
10 th	30.7%	26.1%	23.2%
12 th	33%	32.5%	26.7%

Due to the growing concern over youth and young adult e-cigarette and vaping use, both the City of Frankfort and the Franklin County Fiscal Court amended their smoke regulation ordinances to include vapor products in December 2019. These ordinances will help to curve the growing number of local youth and young adults who use vapor products. In early 2020, new decals were provided to all city and county local busniesses with both ordinances listed. In addition, new signange was installed at both the FCHD Clinic Building and Public Health Center Building.



Maternal Child Health

The mission of maternal child health is to improve the physical, socioemotional health, safety and wellbeing of all Kentucky women, infants, children, adolescents and their families. There are numerous agencies across our community working together to ensure clinical and community-based services to the maternal and child health population and support this mission.

Maternal & Child Health Rates	Franklin County	Kentucky
Received Adequate Prenatal Care	75%	66%
Infant Mortality (per 1,000 live births)	10	6
Low Birthrate	10%	9%
Teen Birth (per 1,000 women 15-19)	31	30
General Fertility (per 1,000 women 15-44)	61	65
Immunization Coverage (ages 19-35 months)	79%	80%
Youth Smoking (%High School Students)	27%	25%
Uninsured Children Populations	4%	4%
KCHIP: Free & Reduced Lunch Program Rank	106/120	N/A
KCHIP: Medicaid & KCHIP Enrollment	108/120	N/A

Table X.X Data obtained from Kentucky Vital Statistics and Kentucky Health Facts. Data based on 2014-2018 levels.

So how are we doing? Women in Franklin County continue to receive adequate prenatal care at a rate of 75%, as opposed to the 66% that is reported at the overall state level. It is important to note, that this is an increase from the 2008 – 2012 levels reported at 73% in Franklin County. FCHD plays a major role in enrolling new mothers and families in the Health Access Nurturing Development Services (HANDS) Program. This is a voluntary home visitation program where families receive support and education aiding in the creation of a healthy and safe home environment which in turn provides a means for optimal growth and development in children. Franklin County has also seen significant declines in the number of uninsured children under the age of 19 years from 9% in 2010 to 4% in 2018.

The Franklin County HANDS program uses Growing Great Kids, Inc.(TM) an evidence based curriculum during every visit with families. Expectant families and parents of infants and toddlers benefit from the Growing Great Kids materials developed by Linda K. Elliot, ACSW and Kathryn Flanagan, MSW. The curriculum advocates for healthy relationships and healthy development and covers subjects such as prenatal development, healthy pregnancy, labor and delivery, family strengths, basic care of infants and toddlers, social and emotional development cues and communication, play and stimulation, and physical and brain development. For 15 years, FCHD has offered the HANDS program to first-time parents. As of July 1, 2015 the program became available to parents of more than one child. HANDS visitors see families

during the prenatal period through the child's second birthday. This fun and supportive program teaches parents about healthy pregnancy, child development and ways to have fun with their child as they grow and learn together.

HANDS	2019-2020	2018-2019	2017-2018	2016-2017	2015-2016	2014-2015
Families Enrolled	N/A*	N/A*	N/A*	155	147	165
Total Visits	2,021	2,207	2,158	2,468	2,235	2,131

*Data collection updated in 2017 to reflect.....average families enrolled every quarter is 55.

Emergency Preparedness and Point of Care Testing

In years past, FCHD has hosted a flu vaccination initiative “Three for Free” to increase the flu vaccination rate in Franklin County and exercise its plan for mass vaccinations in the event of an emergency. This exercise and others like it also aids in training the county's public health system, to include employees and partner agencies, in mass vaccinations/dispensing of products in a safe and fast manner. In 2020, FCHD switched gears with these events to practice with COVID-19 response efforts. These efforts have led to hosting drive-thru testing events at FCHD facilities as well as using data to conduct Point of Care (POC) testing in the community.

FCHD in partnership with the City of Frankfort has been able to use GIS mapping (See map below) to identify areas within the county that have currently received testing through the health department in Franklin County. Of the 253 tests performed as of June 16, 2020 by FCHD, 195 of them were Franklin County residents. As highlighted in the map below the areas of known lower socioeconomic areas in Franklin County have not participated in the current drive thru testing sites. These areas would be South Frankfort, Holmes Street and Schenkel Lane. These same areas were identified as hot spots during the 2018/2019 Hepatitis A outbreak in Franklin County. Additionally, in these areas are the location of our homeless shelter, soup kitchen, mission clinic, etc.

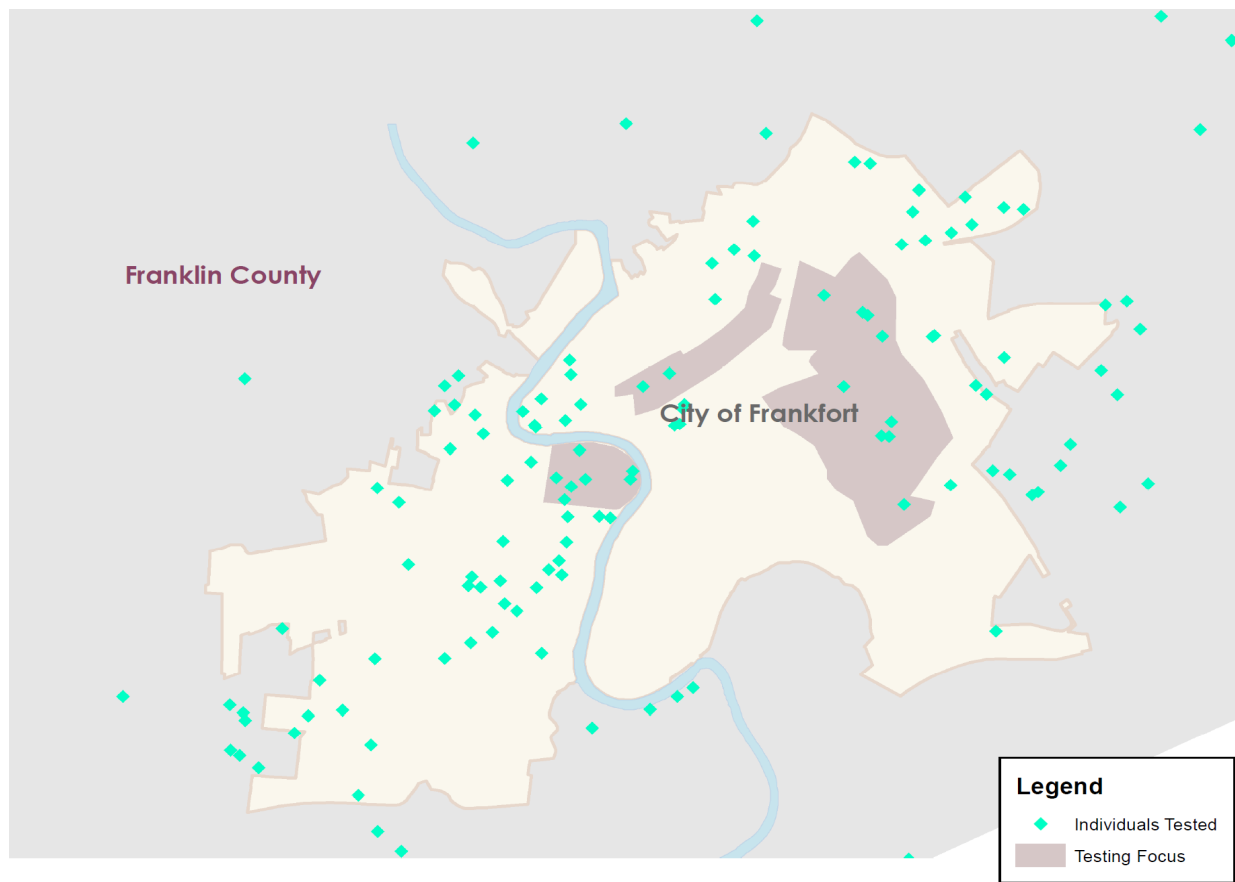


Figure X.X Please see above the highlighted targeted neighborhoods of lower socioeconomic status in Franklin County – these three neighborhoods will be the first targeted areas for increased testing.

FCHD received grant funding to target these underserved populations by taking testing to them, meeting them in their neighborhoods and removing any transportation barriers that may be faced. FCHD will work with the community partners who work closely with the most vulnerable populations in our community to determine and plan targeted testing events. To-date FCHD has hosted two POC testing events in the above identified neighborhoods as well as tested all of the Franklin County Men's shelter where we did find **XX** positive cases that otherwise would've gone undiagnosed.

Adjustments in Public Health

Franklin County has risen to the occasion to ensure services have not been hindered through the national COVID-19 pandemic. Lots of adjustments to programs offered and flexibility with community partners has coined the new phrase “We’ll Be There for You”.

FOR MORE INFORMATION
KYCovid19.KY.gov
1-800-722-5725
Community Hotline

Stay Healthy Franklin County

- PROPER HAND WASHING
- STAY HOME IF SICK
- AVOID CLOSE CONTACT WITH PEOPLE WHO ARE SICK
- CLEAN AND DISINFECT
- COVER YOUR COUGH AND SNEEZE
- GET YOUR INFLUENZA VACCINE
- AVOID TOUCHING EYES, MOUTH, AND NOSE

COVID-19

Para más información
KYCovid19.KY.gov
1-800-722-5725
línea directa comunitaria

mantengase saludable condado de franklin

- Lávase las manos
- Quédese en casa si está enfermo
- Evite el contacto cercano con personas enfermas
- Límpiar y desinfectar
- Cubrase la tos y estornuda
- Vacúnese contra la gripe
- Evite tocarse los ojos, nariz, y boca

Public Health
Prevent. Promote. Protect.
Franklin County Health Department

We are still here for you with many services

Our Services...


- Clinical Services
- Immunization Services
- Syringe Exchange Program
- WIC Supplemental Nutrition Program
- Home Health Care
- HANDS Program
- Community Education
- Diabetes Support
- Quality Improvement Trainings
- Restaurant Inspections
- Septic Inspections

Mask Saves Lives
#MaskUpKentucky

FOLLOW US ON SOCIAL MEDIA
www.FCHD.org | 502-564-7647

PHAB
Advancing public health performance
ACCREDITED HEALTH DEPARTMENT
Public Health Accreditation Board












Franklin County Health Department has continued to offer all services through tele-health and drive-up contactless options. WIC, HANDS, Diabetes Support and Education, Sex Education and Smoking Cessation have all been moved to tele-health platforms and have seen an increase in participation and completion. Some of the early statistics can be seen in the telehealth delivery of DSMES where we have experienced a participation rate of 75% through the virtual platform.



**Healthy
living with
Diabetes**
Kentucky Department for Public Health

Our free, nationally accredited and recognized diabetes education* workshops are now available on line. You can join us from your own home using a phone, tablet or computer. Get the latest information on taking care of your diabetes. Develop a healthy eating and activity plan that works for you. Also, get tips on taking medication and reducing your risks for short and long-term complications.

To register, contact our
Diabetes Education Coordinators
Kelly Dawes, RN, CDCES, MLDE
(270) 522-8121 Ext: 212 or
Nancy Hiner, RD, CDCES
diabetes@lfchd.org or 859-288-2344

**WIC IS HERE FOR YOU
DURING THE
COVID-19 OUTBREAK
CALL YOUR LOCAL WIC OFFICE
TO SEE IF YOU QUALIFY!**

**Franklin County Health Department
502-564-7647**

Who is eligible for WIC?

- Pregnant and postpartum women
- Infants
- Children up to age 5
- Income-qualified and/or receive Medicaid, SNAP or TANF

Immunizations have moved to a drive-thru option to include weekly flu-shot clinics for community members. Additionally, the Franklin County Harm Reduction Syringe Exchange Program has continued to offer in-person testing and services through a walk-up window.



Image above of the HRSEP walk-up window and tent.

Forces of Change

Background: On November 21, 2019, Franklin County MAPP members completed the Forces of Change (FOC) Assessment. This is an assessment that is designed to help answer the following:

1. What is occurring or might occur that affects the public's health in Franklin County?
2. What specific threats or opportunities are generated by these occurrences?

MAPP members were encouraged to work in small groups on a brainstorming activity to address a series of questions that assist in identifying forces. They were then asked to record each identified force on post-it notes which were transferred to a large flip chart to create an Affinity Diagram. The quality improvement tool was used to group forces under specific categories. There were 8 "force areas" identified in this assessment. Both the threat and opportunity outcomes of each area were explored, and are presented in the following table. This assessment continues to be essential to the well-being of the community. By accurately identifying the forces, the community can establish programs, laws and regulations that minimize the negative threats posed by the force and enhance the possible opportunities created.

2019 Franklin County MAPP Forces of Change Assessment Summary



Health



Legal/Government





Economics











Environmental




Social

FORCE	THREAT POSED	OPPORTUNITIES CREATED
Mental Health – 	<ul style="list-style-type: none"> • Mental Health Needs • Influx of Mental Health Disorders (increased prescription needs) • Community Mental Health Agencies affected by budget decreases 	<ul style="list-style-type: none"> • Franklin County Child Fatality Review Team (work on injury prevention activities) • Sunshine Center Grant allows implementation of parenting and teen classes • Availability of Virtual Counseling Sessions
Politics – 	<ul style="list-style-type: none"> • Political Change – local, state, federal (elections) • Changes in Government Leadership (President, Governor, Local) • Changes to Medicare for elderly • KY Retirement System stability and local government involvement • Pension System • Changes in MCOs • Changes with undocumented citizens • Proactive to Address Issues • Those who do not have a voice 	<ul style="list-style-type: none"> • Voting in local elections/political changes • New administration • Legislation • More transparency with government meetings • Live stream • Culture of Engagement/Public Forums

Funding – 	<ul style="list-style-type: none"> • Funding availability and sustainability • Funding (grants) • Funding to local health departments • Pension system and increased costs • Budget Cuts 	<ul style="list-style-type: none"> • Funding availability and sustainability • Funding (grants) • Funding to local health departments
Community – 	<ul style="list-style-type: none"> • Community ability to adapt to changing environment • Commuter culture/ reality • Internet (Lack of for students at home to do schoolwork) • Transportation • Communicable Disease Outbreaks 	<ul style="list-style-type: none"> • Community involvement • Government funded transportation • Overdose to Action Grant from UK (Continuation of Just Say Yes Summit) • Harm Reduction Syringe Exchange Program • Drive Through/Mobile Vaccination Clinics (Hep A) • Public Health Education • Awareness • Partnerships • Bike Lanes • Built Environment • More interest groups • MAPP/Coalitions • Community Service
Substance Abuse – 	<ul style="list-style-type: none"> • Overdose death rates • Increased risk to EMT, PD and medical staff • Youth vaping/JUUL in Youth • Homelessness • Surge of homelessness due to 	<ul style="list-style-type: none"> • SAMSHA 6-year funding and focus plan for substance abuse prevention • Overdose to Action Grant from UK (Continuation of Just Say Yes Summit)

	<p>Substance Abuse Disorder</p> <ul style="list-style-type: none"> • OUD disorder (epidemic) • Distribution of illicit drugs • Illicit drug availability through foreign sources • Drug dependencies • Increased number of displaced children • Babies/Kids born dependent on drugs/opioids 	<ul style="list-style-type: none"> • Harm Reduction Syringe Exchange Program • Approaching City and County with request for Amending current tobacco ordinances to include e-cigarettes • Participation in KY Housing Corporation K-Count, Homeless Assessment • Outpatient Medication Assisted Treatment Facilities
<p>Employment –</p> 	<ul style="list-style-type: none"> • Employment Opportunities • Workforce Shortage and Employability 	<ul style="list-style-type: none"> • Blue Grass Community Action Partnership Services • Local Job Fairs
<p>Health Disparity/Population Change/At Risk Groups –</p>   	<ul style="list-style-type: none"> • Increased number of displaced children • Babies/Kids born dependent on drugs/opioids • Aging population • Resources/What's next for retired persons • Isolation/Ability to connect • Non-biological caregivers • Incarceration • Social/Economic Barriers • Religious/Spiritual Beliefs 	<ul style="list-style-type: none"> • Wanda Joyce Robinson Foundation • FRYSC Grandparents Raising Grandchildren Program • Capital City Activity Center • Ability to host/attend Virtual Meetings • Overdose to Action Grant from UK • Education • Engage Youth • Provide Opportunities • Public Forums • Involvement in MAPP/ASAP • New Governor • Medical Communities
<p>Other –</p> 	<ul style="list-style-type: none"> • Food Desert • The curriculum taught to youth in schools 	<ul style="list-style-type: none"> • Diabetes Prevention • The curriculum taught to youth in schools

	<ul style="list-style-type: none"> • Social media voluntary and mandated regulatory practices 	<ul style="list-style-type: none"> • Social media voluntary and mandated regulatory practices
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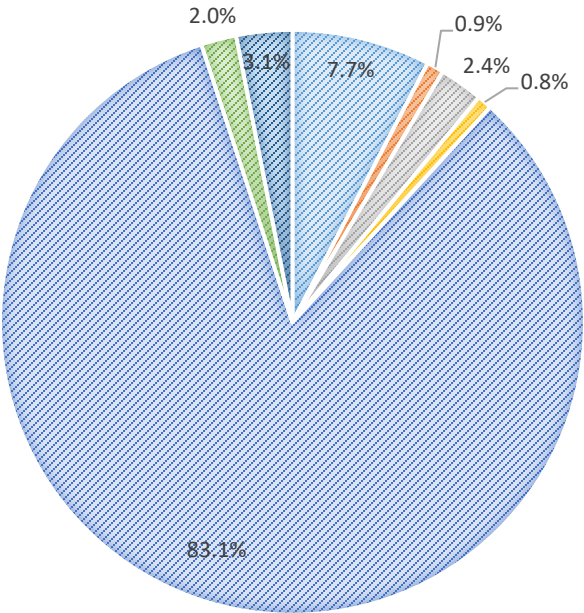
Community Themes & Strengths Assessment

In 2019, 1,624 individuals who either “Live, Work, Play or Pray” in Franklin County were queried on the strengths and weaknesses they perceived in Franklin County, via completing a quality of life survey. From June 2019 through June 2020 the survey was issued in both electronic and paper format. Franklin County MAPP coalition were active in community events, utilizing email list-serv, social media posts, local print media advertisement, local pharmacy bag advertisement and grocery cart advertisement to collect surveys in the community. The purpose of this survey was to gather perspectives from community members to aid MAPP in identifying existing problems that could be addressed through focused community action. In the development and implementation of this survey, the FCHD and MAPP team, worked closely with the Kentucky Cabinet for Health and Family Services Institutional Review Board to ensure the ethical nature of the survey and for approval in its distribution to the community.

Of the 1,624 respondents, 28% were ages 26-39, 33.1% were ages 40-54, and 17.7% were 55-64. The respondents were primarily: Caucasian, employed, female, married and college educated, with response percentages of 83.1%, 65.6%, 79.2%, 58.2%, and 63.0% respectively.

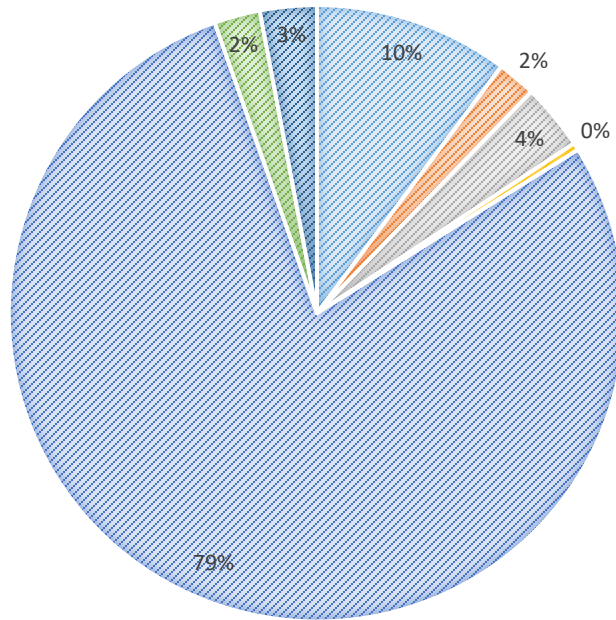
SURVEY ETHNIC DIVERSITY

- African American/Black
- Asian/Pacific Islander
- Hispanic/Latino
- Native American
- White/Caucasian
- Multiracial
- Prefer not to answer



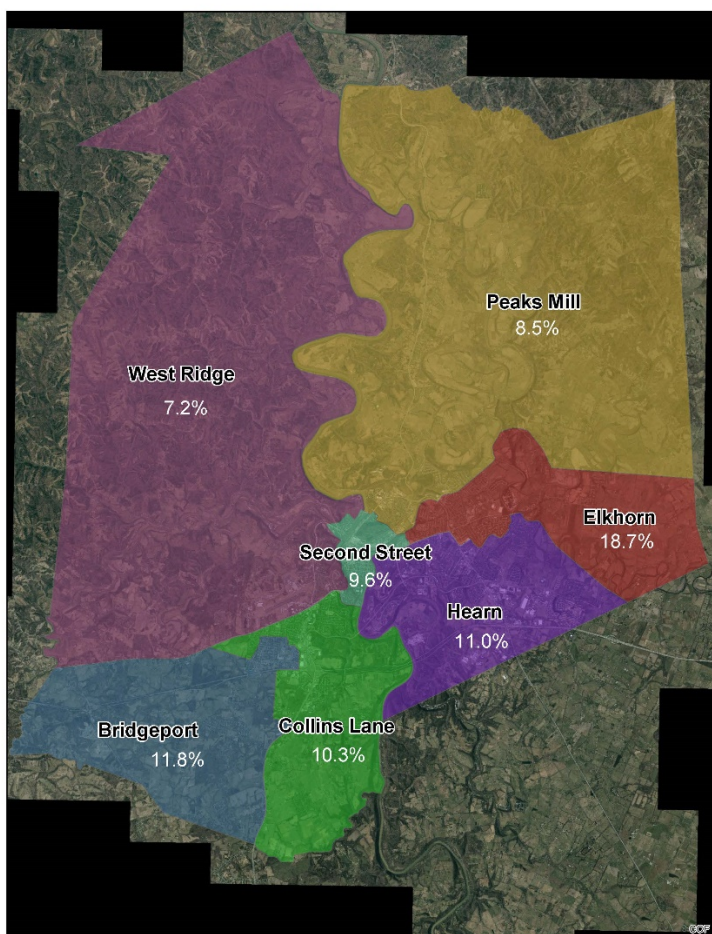
FRANKLIN COUNTY ETHNIC DIVERSITY

■ African American/Black ■ Asian/Pacific Islander ■ Hispanic/Latino ■ Native American
■ White/Caucasian ■ Multiracial ■ Prefer not to answer



Data from United States Census Bureau July 2019 Estimates

New to this survey, a question was asked to identify what elementary school district do you live in. 16.2% of those surveyed reported they did not live in Franklin County. Franklin County is home to the capital of Kentucky, Frankfort. With that, comes an influx of state workers during working hours and it can be assumed that the 16.2% of the respondents below are those that work in Franklin County.



Survey Results

After analyzing the results of the survey (see Appendix ?? for data), it was apparent that the citizens of Franklin County had an overall positive outlook on the wellbeing of the community, which is largely supported by data. While there are several areas in which the survey respondents felt Franklin County was successful, there were also some areas that are in vast need of improvement.

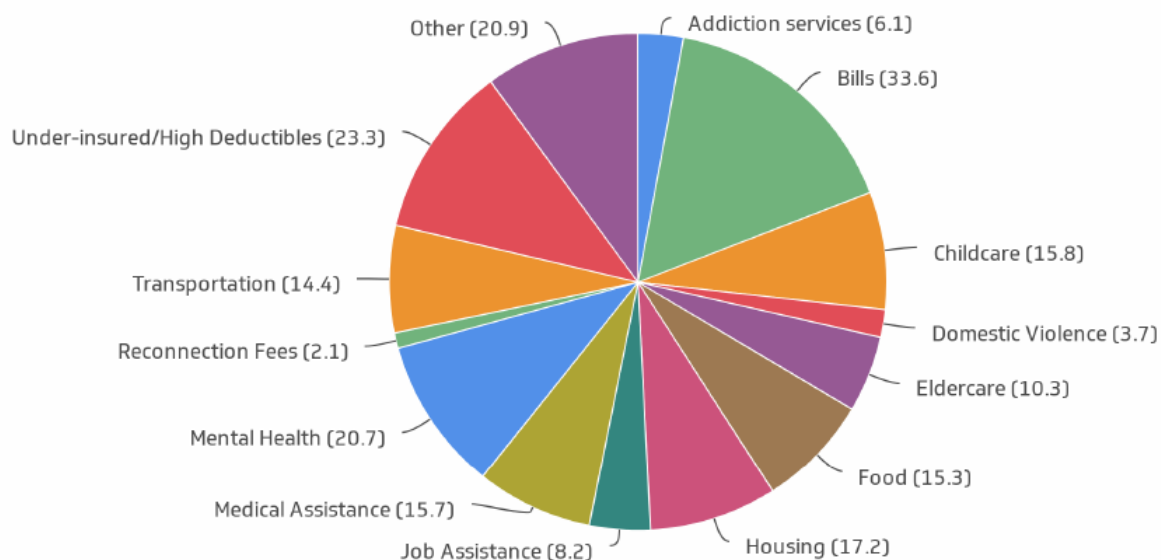
Community Factors	% Chosen
Safe neighborhoods, schools and workplace	32.5%
Access to health care (e.g., family doctor)	31.6%
Good jobs and healthy economy	24.7%
Drug free community	23.7%
Access to healthy food	20.2%

Risk Factors	% Chosen
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Drug & Alcohol Abuse (including prescription drug abuse)	63.2%
Being overweight	40.9%
Poor eating habits	26.9%
Mental health problems	26.9%
Lack of exercise	22.9%

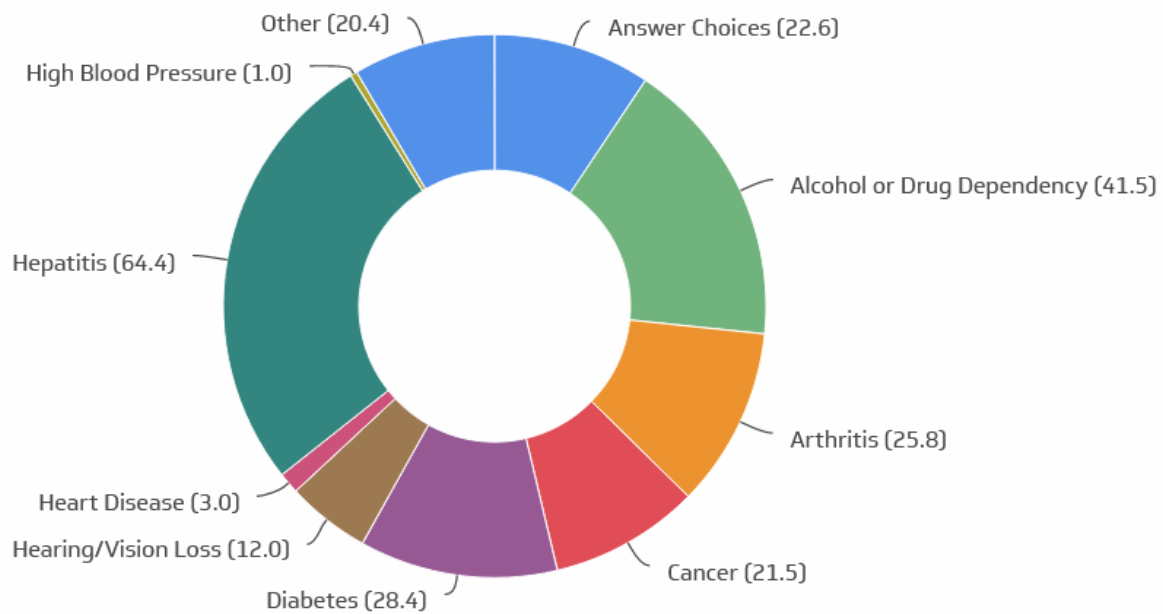
Barriers

When the respondents were asked about barriers they have experienced the top 3 responses included bills (33.6%), under-insured/high deductibles (23.3%) and mental health (20.7%). Table XX below you can find other barriers identified.



In addition, to under-insured/high deductibles being a barrier for Franklin County residents when asked if they experience any barriers to access to healthcare, the top barriers included costs, co-pays/deductibles and lack of medical providers in the area with percentages, 52.3, 24.2 and 23.5 respectively.

Chronic Illness



Policy Work

This iteration of the survey assessment a unique and new question presented to the community included, “What policies do you feel are important to ensure a healthy community or policies you would like to see changed?”. Below you can see a breakdown of responses.

Increase in minimum wage requirements	56.7%
Mandatory sick time	48.7%
Extended Maternity/Paternity leave	44.1%
Increase age to purchase tobacco products from 18-21	43.7%
Housing policies	31.5%

132 individuals expressed other topics areas relating to policy changes they would like to see. Below you can find a word cloud depicting those results.



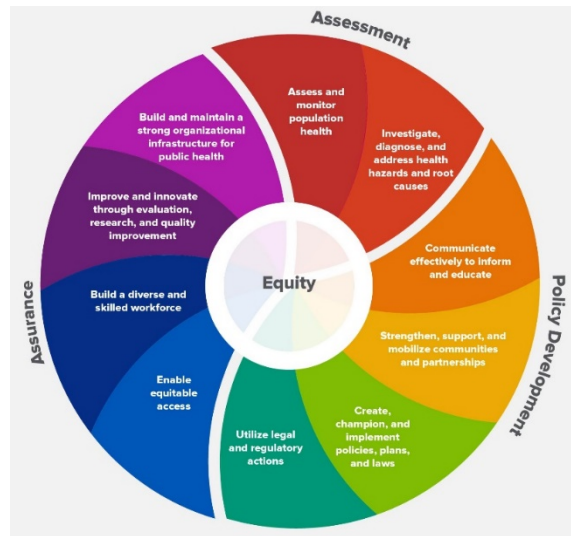
Local Public Health System Assessment

History Lesson:

The Franklin County public health system was assessed originally in 2008, reassessed in 2013 and a third analysis was completed in February 2020 using the National Public Health Performance Standards (NPHPS). Community Partners have graciously donated their time and expertise to complete these assessments and engaged in open dialogue regarding the local public health system.

What is NPHPS?

The Performance Standards exist to improve the quality of public health practice and the performance of public health systems throughout the country. The Performance Standards were developed by a national partnership initiative for state and Local Public Health Systems (LPHS) and for public health governing bodies based on the 10 Essential Public Health Services (EPHS).



The Performance Standards focus on the overall public health system, rather than a single organization. A public health system includes all public, private, and voluntary entities that contribute to public health activities within a given area. This assessment is intended to help MAPP assess the components, activities, competencies, and capacities of the local public health system, as well as how well they are meeting the 10 EPHS for the Franklin County Community (National Public Health Performance Standards, Local Assessment Report: Franklin County MAPP, 2020. National Public Health Performance Standards).

The Format:

The 10 EPHS are broken down into 30 Model Standards which serve as performance/quality indicators of the 10 EPHS. These 30 model standards are evaluated, grouped by service, and an average score is calculated to give a score in each of the 10 various categories.

The Method:

A different approach was used to obtain the 2020 data.

- **Before** – partners were brought together during a meeting and asked to participate in group voting on approximately 100 performance measures



- **Today** - LPHS members were emailed survey links containing Performance Measures for Model Standards based on their expertise in the 10 Essential Public Health Services
- Variation in LPHS input was extremely important to adequately evaluate the level at which the Essential Service is delivered.
- Goal was at least an 80% response rate for each survey; all measures that did not reach the required response rate were taken back for discussion during the February 2020 quarterly MAPP meeting.

BY Bell, Debbie Y (LHD-Franklin Co)
Thu 2/13/2020 9:59 AM
awatts@kychamber.com

Dear Ashli,

I am reaching out to you today on behalf of Franklin County Mobilizing for Action through Planning and Partnerships (MAPP) to request your assistance and expertise in completing the National Public Health Performance Standards (NPHPS). The overall purpose of the NPHPS Local Instrument is to improve public health system performance. Partners are asked to share information that becomes the foundation for improvement activities that take place following the assessment process. This is a very important component in completing our Community Health Assessment which helps our coalition prioritize strategic issues.

You have been asked to complete the following measures as you have been identified as an expert in your field. All of the inquiries are evaluating our community's efforts at ensuring the 10 Essential Public Health Services within Frankfort and Franklin County.

When answering these questions, the Essential Services and Model Standards focus on the overall local public health system (LPHS), rather than a single organization. A LPHS includes all public, private, and voluntary entities that contribute to public health activities within a given area. LPHSs are a network of entities with differing roles, relationships, and interactions. All of the entities within an LPHS contribute to the health and well-being of the community in some way. Franklin County MAPP is made up of over 120 entities working together to make up our LPHS.

In order to complete each question within your professional area, please be sure to click on **each** of the survey links below. There are different links for each measure you have been asked to evaluate. This should take approximately 5 minutes and **we ask that you complete this by Monday, February 17th.**

The following scoring chart can be used to assist you in assigning activity in your surveys:

Optimal Activity (76–100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51–75%)	Greater than 50% but no more than 75% of the activity described within the question is met.
Moderate Activity (26–50%)	Greater than 25% but no more than 50% of the activity described within the question is met.
Minimal Activity (1–25%)	Greater than zero but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Survey Links by Standards:

- 2 - <https://www.surveymonkey.com/r/VBG9C8G>

The Results:

The findings of Franklin County's performance scores by essential public health service for each model standard, as assessed in 2020, are presented in Figure ___. Of the 10 services, Franklin County scored in the significant and optimal performance category in all areas. There were significant increases in 3 areas – Assure Workforce by 15.1%, Link to Health Services by 6.3% and Evaluate Services by 5.0%. At the same time, there were slight decreases in 3 areas – Monitor Health Status by 2.8%, Diagnose and Investigate by 8.4%, and Mobilize Partnerships by 25%.

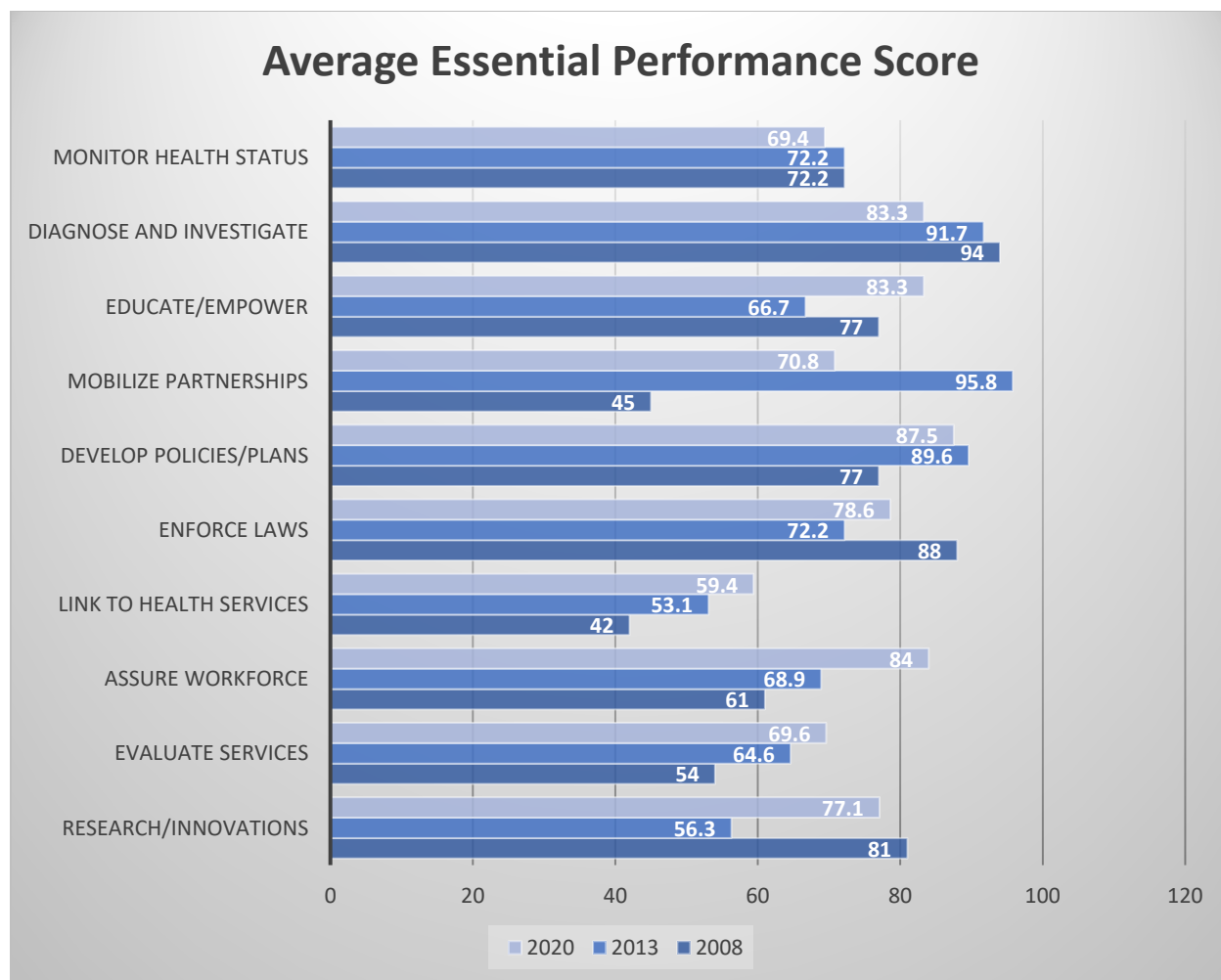


Figure XX Franklin Co NPHPSP performance scores for the 10 ESPHS, comparing scores from 2008, 2013 and 2020.