

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



MAPP for Community Health Improvement

September 8, 2011

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Franklin County MAPP Membership

Access Soup Kitchen and Men's Shelter
American Cancer Society
ASAP
Bluegrass Prevention
Canoe Kentucky
Chiro One Wellness Center
City of Frankfort Government
Coalition for a Smoke Free Frankfort/Franklin County
Community Members
Community Trust Bank
Comp Care
Evelyn Clark Dentistry
Farmer's Bank
Forever Communications
Frankfort Area Chamber of Commerce
Frankfort Emergency Management
Frankfort Fire and Emergency Medical Services
Frankfort-Franklin County Ministerial Association
Frankfort Independent Schools
Frankfort Parks, Recreation and Historic Sites
Frankfort Police Department
Frankfort Regional Medical Center
Frankfort Sewer
Frankfort YMCA
Franklin County Board of Health
Franklin County Council on Aging, Inc.
Franklin County Detention Center
Franklin County Diabetes Coalition, Inc.
Franklin County Drug Court
Franklin County Extension Office
Franklin County Fire Department
Franklin County Fiscal Court
Franklin County Government
Franklin County Health Department
Franklin County Home Health Agency
Franklin County Oral Health Coalition
Franklin County Public Schools

Franklin County Red Cross
Franklin County United Way
Franklin County Women's Shelter
Golden Living Health
Greenheck
Health Works
Hospice of the Bluegrass
Internal Medicine Associates
Kentucky Cancer Program
Kentucky Department for Public Health
Kentucky State University
kidsGROWkentucky, Inc.
KY Fusion Center
Paul Sawyier Public Library
Representative Derrick Graham
Senator Julian Carroll
State Journal
Stewart Home School
The King's Center
University of Kentucky College of Nursing
Walk/Bike Frankfort

All contributors are sincerely thanked for their time, expertise, commitment and dedication to the health of Franklin County.

All public, private and voluntary organizations, agencies, groups and individuals that have interests in population health improvement are invited to join Franklin County MAPP. Please contact Judy Mattingly at judya.mattingly@ky.gov or 502-564-5559 for meeting information.

Strategic Plan for Community Health Improvement

Franklin County MAPP was formed in December 2008 and is supported by the Franklin County Health Department (FCHD). Coalition members followed a community health improvement planning model developed by the National Association of County and City Health Officials (2008) in cooperation with the Centers for Disease Control and Prevention, called Mobilizing for Action through Planning and Partnerships (MAPP). The coalition assessed Frankfort/Franklin County's strengths and needs and formulated a plan to address identified concerns.

As shown in Figure 1 data collected during the four MAPP assessments, Community Themes & Strengths Assessment, Local Public Health System Assessment, Community Health Status Assessment and Forces of Change Assessment, informed the entire process. Franklin County MAPP is continuously organizing for success through partnership development and began by conducting several visioning sessions. Franklin County MAPP 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 Franklin County.



Figure 1. MAPP Community Strategic Planning Process

Vision and Values

Franklin County will be a community where all may thrive and enjoy wellness.

Values: healthy, safe, nurturing, respectful and welcoming.

Community Assessments

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Demographics

Table 1

The Franklin County community covers 210.46 square miles including Kentucky's Capital in the city of Frankfort. Franklin County has a population of 49,285 that surges with a daily influx of Commonwealth of Kentucky employees. Franklin County is also home to Kentucky State University (KSU), a historically black college/university. The community's diversity (see Table 1) includes African American, American Indian and Alaska Native, Asian and Hispanic or Latino residents. 21.7% of residents are under the age of 18 and 13.8% of residents are 65 years of age or older (U.S. Census Bureau, 2010).

Socioeconomic

Although Franklin County's 14% of residents living below poverty is less than the state percent of 18.4, it is barely below the U.S. percent of 14.3. 19.2% of Franklin County youth and 23.6% of Kentucky youth are living below poverty compared to 18.6% in the U.S. (U.S. Census Bureau, 2009).

Socioeconomic characteristics have been shown to be important indicators of health status. According to the Institute of Medicine "70% of health out-

Demographics (2010)	Franklin County	Kentucky
Population	49,285	4,339,367
Persons under 18 years old (2009)	21.7%	23.5%
Persons 65 years and older (2009)	13.8%	13.2%
White persons	84.4%	87.8%
Black persons	10.4%	7.8%
American Indian and Alaska Native persons	0.2%	0.2%
Asian persons	1.4%	1.1%
Persons reporting 2 or more races	2.2%	1.7%
Persons of Hispanic or Latino origin	2.8%	3.1%

U.S. Census Bureau, 2010

comes are the result of living and working conditions, economic and social opportunities, and the individual behaviors that those structural factors enable" (Human Impact Partners, 2010). Other social and economic factors affecting health status include, but are not limited to, employment, insurance coverage and education. Unemployment rates have dramatically increased in recent years. The most current United States Department of Labor (2011) data show unemployment rates of 7.8% for Franklin County, 9.5% for Kentucky and 9.1% for the U.S. Additionally, the most recent health insurance estimates show an uninsured rate of 12.5% for Franklin County, 14.4% for Kentucky and 14.6% for the U.S.

(Kentucky Department for Public Health [KDHP], 2008).

15.1% of Franklin County residents have less than a high school education compared to 19.7% in Kentucky and 15.4% in the U.S. (U.S. Census Bureau, 2009).

The County Health Rankings (2011) place Franklin County 13th in social and economic factors out of Kentucky's 120 counties.

Mortality

The leading causes of death for Franklin County (see Table 2) are malignant neoplasms (all cancers), diseases of heart, chronic lower respiratory diseases, cerebrovascular diseases, accidents (unintentional injuries), Alzheimer's disease, diabetes mellitus, nephritis,

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Table 2
Top Ten Leading Causes of Death in Franklin County

Causes of Death (Case Numbers; Preliminary Data)	2006	2007	2008	2009
Malignant Neoplasms	97	117	109	125
Diseases of Heart	111	98	111	83
Chronic Lower Respiratory Diseases	30	23	35	32
Cerebrovascular Diseases	27	30	24	17
Accidents (Unintentional Injuries)	26	17	17	20
Alzheimer's Disease	16	18	14	17
Diabetes Mellitus	11	8	16	10
Nephritis, Nephrotic Syndrome and Nephrosis	13	7	10	9
Essential (Primary) Hypertension and Hypertensive Renal Disease	8	4	14	6
Influenza and Pneumonia	5	8	9	10

Kentucky Department for Public Health, 2009 Preliminary Data

Table 3
Top Ten Leading Causes of Death in Kentucky

Causes of Death (Case Numbers; Preliminary Data)	2006	2007	2008	2009
Diseases of Heart	10,277	9,795	9,748	9,410
Malignant Neoplasms	9,337	9,580	9,362	9,421
Chronic Lower Respiratory Diseases	2,389	2,608	2,846	2,797
Accidents (Unintentional Injuries)	2,357	2,224	2,198	2,215
Cerebrovascular Diseases	2,177	2,107	1,990	1,948
Alzheimer's Disease	1,146	1,189	1,344	1,319
Diabetes Mellitus	1,135	1,079	1,181	1,328
Nephritis, Nephrotic Syndrome and Nephrosis	921	976	952	924
Influenza and Pneumonia	923	881	904	952
Septicemia	625	662	654	695

Kentucky Department for Public Health, 2009 Preliminary Data

nephrotic syndrome and nephrosis, essential (primary) hypertension and hypertensive renal disease and influenza and pneumonia. Nine of the top 10 lead-

ing causes of death for Franklin County overlap with the leading causes of death for Kentucky (see Table 3).

When comparing chronic dis-

ease mortality rates (see Table 4) Franklin County exceeds the Kentucky rate and Healthy KY 2010 Goal for malignant neoplasms. One other selected

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Table 4
Chronic Disease Mortality Rates for Franklin County, Kentucky and Healthy KY 2010 Goal

Chronic Disease (Crude Mortality Rate/100,000 Pop.; 2009 Preliminary Data)	Franklin County	Kentucky	Healthy KY 2010 Goal
Heart Disease	169.5	218.1	200.0
Malignant Neoplasms	255.3	218.4	220.7
Diabetes	20.4	30.8	28.0
Stroke	34.7	45.2	35.0

Kentucky Department for Public Health, 2009 Preliminary Data

cause of death for Franklin County that stands out

when compared to Kentucky is a suicide rate of 14.29 compared to the Kentucky rate of 13.37 (KDPH, 2009 preliminary data).

In health outcomes, which included mortality and morbidity, Franklin

County was ranked 9 out of Kentucky's 120 counties (County Health Rankings, 2011).

Communicable Diseases

As shown in Table 5 Franklin County far exceeds Kentucky's rate of sexually transmitted diseases. The Kentucky rates for both gonorrhea and Chlamydia are also far from the goals set by Healthy People 2010. There is an inequitable burden of these diseases with 46% of gonorrhea, 38% of Chlamydia and 57% of syphilis in the black population (KDPH, 2009).

Franklin County was ranked 13 out of 120 Kentucky counties in health factors, which included

Table 5
Communicable Disease Rates for Franklin County, Kentucky and Healthy KY 2010 Goal

Communicable Diseases (Crude Rate/100,000 Pop.; 2009)	Franklin County	Kentucky	Healthy KY 2010 Goal
Gonorrhea	161.33	97.89	55.0
Chlamydia	722.92	365.4	140.0
Syphilis	7 cases *	6.51	0.27
Tuberculosis (2008)	2.1	2.4	1.0
AIDS	1 case (HIV)*	3.5	5.4

Kentucky Department for Public Health, 2009 Preliminary Data

*Crude rates are not calculated with case numbers < 10

health behaviors, clinical care, social and economic factors and physical environment (County Health Rankings, 2011).

Behavioral Risk

Table 6 shows Franklin County behavioral risk factor rates that significantly impact health outcomes. Closely related to many of Franklin County's leading causes of death is an adult obesity rate of 29.5% compared to a Kentucky rate of 30.3% and a U.S. rate of 26.6% (KDPH, 2008). Childhood Obesity Action Network (2009) reported that in 2007 37.1% of Kentucky

children were overweight or obese exceeding the national rate of 31.6%. Locally collected data (2008) from 416 4th and 5th grade Franklin County students (includes county, city and private schools) revealed a rate of 41% (FCHD).

Linked to obesity is sedentary lifestyles. It was found that 29.6% of adults in the Bluegrass Area Develop District (includes Franklin County) did not participate in any physical activity in the past 30 days compared to 30.5% of Kentucky. Again these rates exceed the national rate of 24.8% (KDPH, 2008).

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Youth Risk Behavior Survey (YRBS, 2009) data indicate no physical activity for 17% of Kentucky and 23.1% of U.S (CDC).

Another contributing factor to poor health is smoking and adult BRFSS data show a Bluegrass Area Development District rate of 22.6%, Kentucky rate of 25.2% and National rate of 18.3% (KDPH, 2008). Although both the Kentucky and Franklin County rates are still higher than the national percentages, this

Table 6

Adult Behavioral Risk Factor Surveillance System (BRFSS) Indicators

BRFSS (Percentages)	Bluegrass Area Development District	Kentucky	U.S.
Obesity	29.5%	30.3%	26.6%
Sedentary	29.6%	30.5%	24.8%
Smoking	22.6%	25.2%	18.3%

Kentucky Department for Public Health (2008) Adult Behavioral Risk Factor Surveillance System

data does reflect a decrease in recent years.

Similarly, the Kentucky youth smoking rate is 26.1% and the U.S. rate is 19.5% (YRBS, 2009).

Out of 120 Kentucky counties Franklin County has received a ranking of 38 in health behaviors (County Health Rankings, 2011).

Community Themes and Strengths Assessment

Three hundred and eighty-eight Franklin County residents and workers completed a Quality of Life Survey. The survey was issued in both electronic and paper format from August to November 2009. The purpose was to gather perspectives from community members and to identify problems that could be addressed through community action.

Over half of respondents, 64.1%, were satisfied with the quality of life in Franklin County, ranking it either a 4 or 5 on a 5 point scale. Only 4.4% of respondents rated their health status as either a 1 or 2. Including those respondents who rated their health status as 3 or below causes the proportion to jump to

20.9%. The BRFSS used a similar 5 point scale and reported findings of fair or poor general health for 15.4% of the Bluegrass Area Development District, 20% of Kentucky and 15% of the U.S. (KDPH, 2008).

Franklin County Quality of Life survey responses indicate that Franklin County community members perceive chronic diseases (23.1%), poor diet (17.9%) and cancer (16.5%) as the three most important health issues facing Franklin County.

Open-ended responses were categorized as either strengths or weaknesses and key findings included:

Strengths:

- Parks and museum

- Nice neighborhoods
- Growing hospital
- Wonderful place to raise kids
- Abundance of activities for younger children
- Safe environment
- Good programs at Senior Citizen Center
- Ready fire and emergency personnel
- Readily available networks of support (Churches, United Way, Red Cross)

Weaknesses:

- More entertainment needed
- Need more events
- Need more no/low cost wellness activities (fitness center, water park)
- Need more options for un-

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Community Themes and Strengths Assessment

- and underinsured
- Unemployment
- Homelessness
- Need more after hours healthcare
- Great need for dental clinic
- Need another pediatric office
- Growing crime
- Drug abuse
- Need after school programs
- Not enough activities for tweens and teens
- Need more daycare options
- Need more assisted living facilities
- Need more handicap friendly facilities
- Need elderly friendly transportation
- Need to publicize social services & networks of support
- Need more specialized healthcare services
- Chronic diseases
- Poor diets
- Cancer

Local Public Health System Assessment

This Franklin County public health system was assessed using the National Public Health Performance Standards Program (NPHPSP) developed by the CDC (2007) with the following program partner organizations: American Public Health Association, Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health, National Network of Public Health Institutes and Public Health Foundation. The purpose of this assessment was to identify our public health system's strengths and weaknesses and then decide upon opportunities for continuous improvement.

The local health department

is only one of many partners in Franklin County's public health system. The public health system includes the local public health department, other governmental agencies, healthcare providers, human service organizations, schools and universities,

faith institutions, youth development organizations, economic and philanthropic organizations, environmental agencies and many others. Over 72 of Franklin County's public health system partners completed the NPHPSP

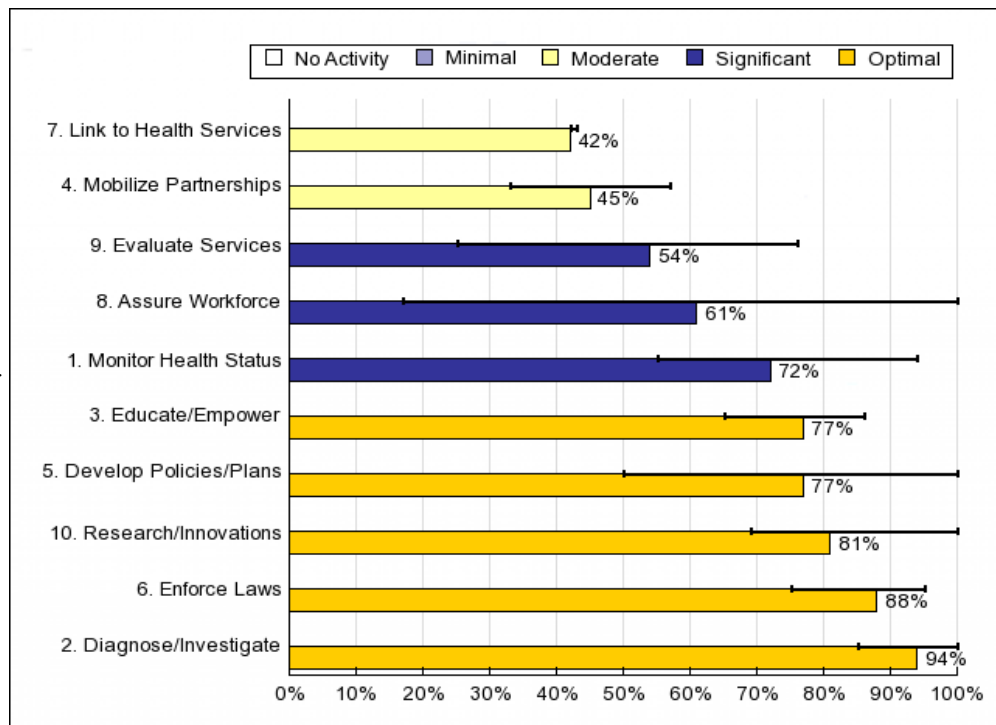


Figure 2. Franklin County NPHPSP rankings of the 10 Essential Public Health Services

Community Assessments

Local Public Health System Assessment

instrument in a one day session held on September 9, 2008.

The findings rated the delivery of the 10 essential public health services (see Figure 2). The only ratings scoring below significant were essential public health services numbers 7 and 4, which both received scores of

moderate. Essential public health services number 7 and 4 refer to the capacity of the public health system to link people to needed personal health services and mobilize community partnerships to identify and solve health problems. These scores supported the need for

Franklin County MAPP's formation, which should improve the delivery of these essential public health services through improved coordination of health services and partnerships.

Forces of Change Assessment

Franklin County conducted the Forces of Change Assessment on May 21, 2009. During the Forces of Change Assessment over 35 Franklin County community members and leaders used brainstorming techniques to identify trends, factors and events that impact the health of our community. The findings were as follows:

Environmental Forces of Change:

- H1N1
- Carbon footprint
- Water quality
- Riverfront development
- Community design
- Food supply

- Capital city
- World Equestrian Games

Economic Forces of Change:

- Budget
- Utility costs
- Medication costs
- Franklin County population
- Gas prices
- Uninsured/Underinsured

Social Forces of Change:

- Unemployment
- Homelessness
- Prescription drug abuse
- Hispanic population
- Tobacco prevention education
- Pregnancy

- Poor dental hygiene
- Childhood mental health services/mental retardation
- Sexually transmitted diseases
- Aging population
- High school drop out rate
- Personal responsibility
- Obesity

Legal/Political Forces of Change:

- Police and prosecution services
- National health insurance

Ethical Forces of Change:

- Government services

Strategic Issue Identification

Franklin County MAPP identified strategic issues by exploring the combined results of the four assessments. This occurred over a series of Franklin County

MAPP meetings from December 2009 to February 2010. The identified issues represent the prominent cross-cutting findings that need to be ad-

dressed to reach the coalition's vision.

Identified Strategic Issues

Strategic Issue Identification

1. How do we assure access to care (including dental health, mental health, etc.)? (See Figure 3)
2. How do we encourage healthy lifestyles? (See Figure 4)
3. How do we mobilize partnerships? (See Figure 5)

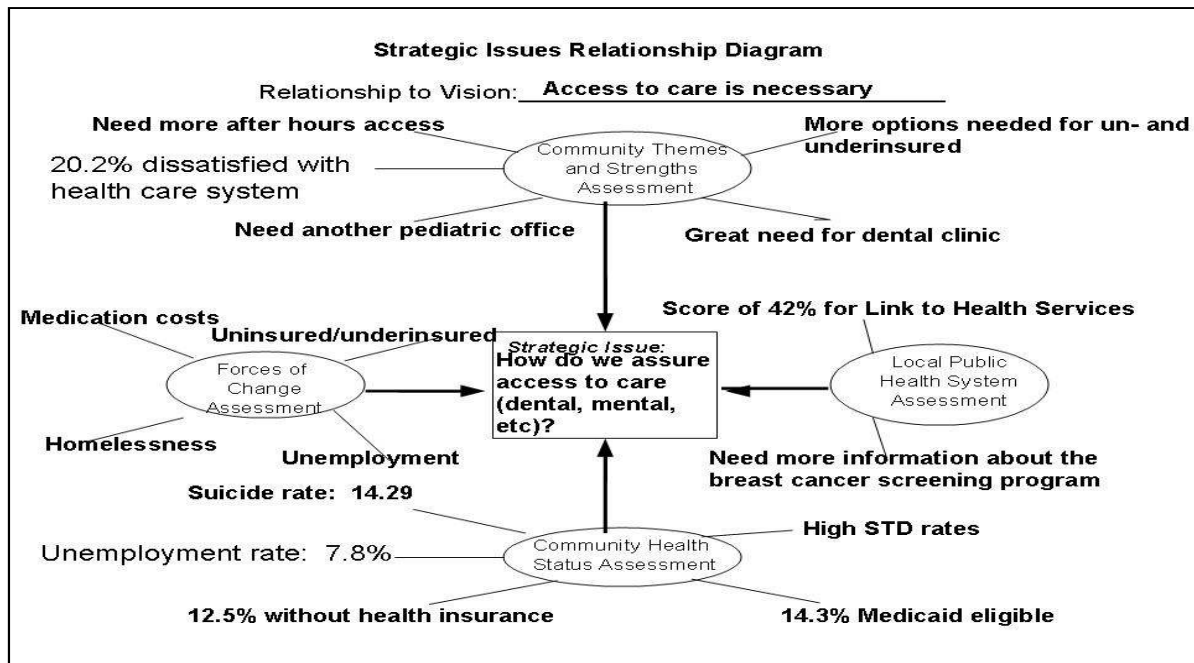


Figure 3. Access to Care Relationship Diagram

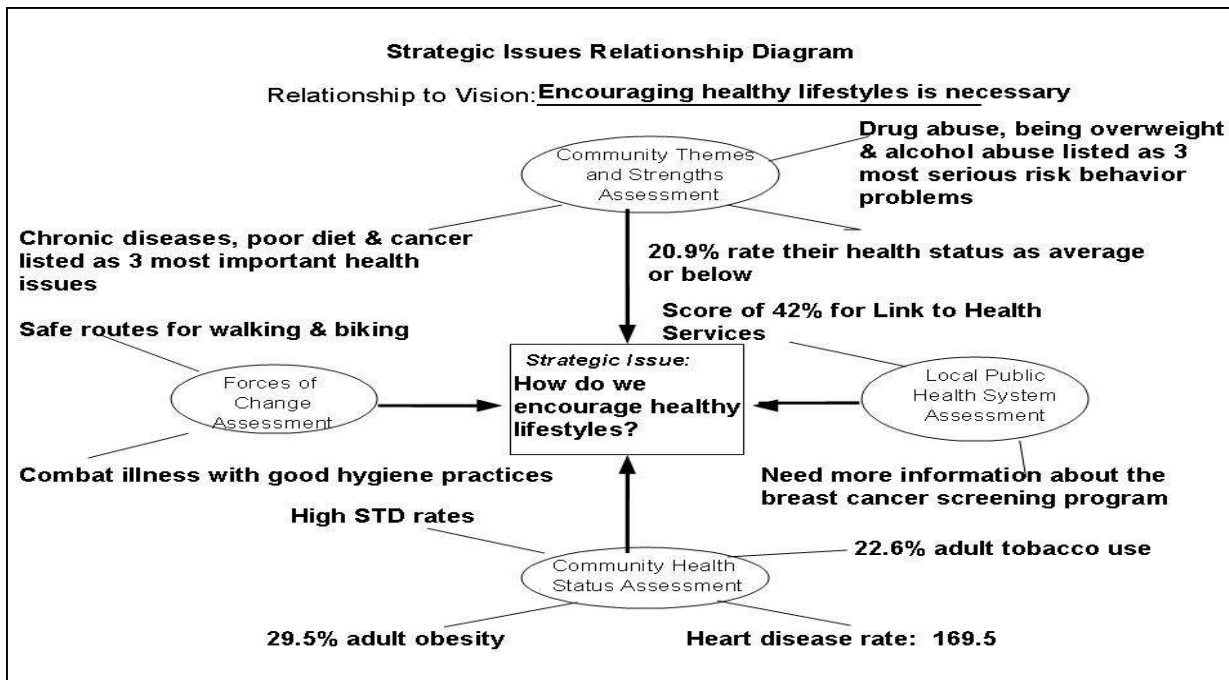


Figure 4. Encouraging Healthy Lifestyles Relationship Diagram

Strategic Issue Identification

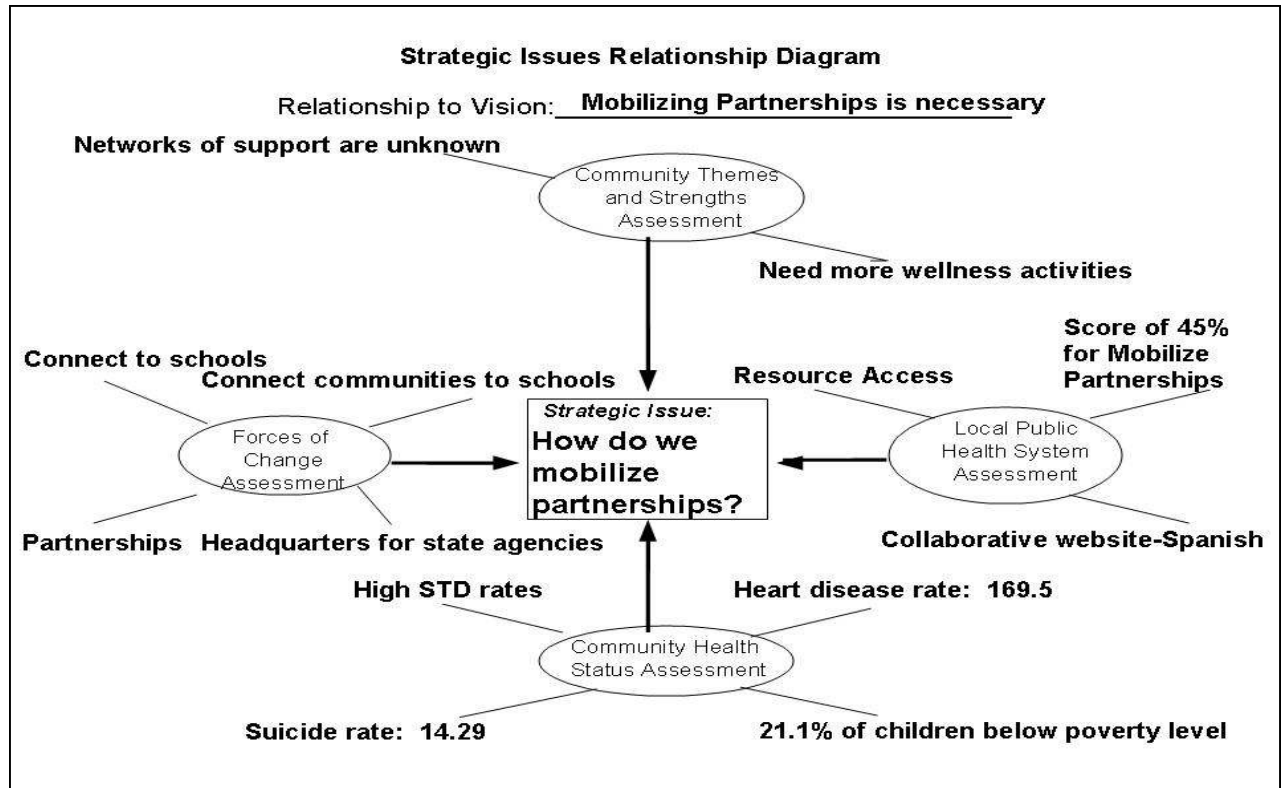


Figure 5. Mobilizing Partnerships Relationship Diagram

Formulate Goals and Strategies

To address the strategic issues and the MAPP vision, the Franklin County MAPP coalition developed a series of strategies that were grouped into seven goals from April to July 2010. A nominal group technique was utilized in September 2010 to prioritize the identified strategies. The prioritization results are below in order of most to least important.

1. Access to Care

- Expand Mission Clinic Ser-
- List of MDs that accept KCHIP (encourage MDs to accept and/or provide incentives)
- Provide a list of doctors who will accept a flat rate
- Learn more about Health-care Reform Act
- Offer free clinics/mobile office
- Telephone triage
- Engage volunteers, coalitions, civic groups, etc. to create a Think Tank
- Address/engage the faith
- community
- Time payment plan
- Free pharmacy
- Make a list of hours available

2. Long term care for those with mental illness/ substance abuse

- More Comp Care
- Central agency for service access (211)
- More hospital treatment for mental health/mental retardation
- Billboards about mental

Formulate Goals and Strategies

- health/mental retardation
3. *Access to quality dental care*
 - Coalition of dentists to cover underprivileged children (10 and under)
 - Teaching/education along with dental sealant program
 - List of dentists who accept Medicaid
 - Colgate dental bus
 - List of dentists who will accept a flat fee (or provide free services)
 - Donation of dental supplies for kids
 - Nutritional counseling for good oral health
 - Referral of children seen for sealants/varnish to volunteer dentists for follow-up care
 - Written follow-up directions for children's dental care
 - Obtain used dental chairs
 4. *Encourage a smoke-free county*
 - Tobacco prevention in schools
 - Workplaces and public places all smoke free
 - Increase smoking cessation facilitators in workplaces (HR depts.)
 - Incentive to quit smoking (free cessation resources, insurance discounts)
 - Tobacco use prevention education/awareness media campaign
 - Monitoring system for smoke free places
 - Offer alternative activities to

- smoking
 - Penalty for smoking
5. *Encourage increased physical activity*
 - No Child Left Inside
 - Increase physical activity in schools (TAKE 10!)
 - New road construction and reconstruction must contain sidewalks
 - Committed lanes for safe routes to school (walking/biking)
 - Develop physical activity resources guide
 6. *Fresh fruits and vegetables for low income families*
 - Farmer's Market on different sites
 - Increase awareness about what constitutes a fruit/vegetable and fruit/vegetable preparation
 - Increase availability of fresh fruits and vegetables for low income families
 - Farm to School program
 7. *Mobilize Partnerships*
 - Identify and communicate what we have to offer the community using local TV, radio, etc.
 - Create a community resource directory
 - Continue to invite others to MAPP meetings (Chamber, civic clubs, etc.)
 - Create a community calendar

- Utilize all community meetings to determine community needs


Franklin County MAPP meetings from November 2010 to April 2011 utilized data from all previous MAPP phases and focused on organizing for action, developing measurable objectives based on evidenced-based practices, developing action plans and beginning implementation and evaluation of the action plans. During this process strategies for goals 1, 2 and 3 were found to overlap; therefore they were categorized together.

Action Plan

Goal 1: Improve access to quality health care services including mental and oral health services.

Access to health care, especially evidenced-based clinical and community preventive services reduces death, disability (National Prevention Council, 2011) and health inequities and improves quality of life (U.S. Department of Health and Human Services [DHHS], 2011), morbidity and mortality (KDPH, 2005).

Objective: Increase from 1 to 10 the number of elementary schools in Franklin County that receive dental services from the University of Kentucky (UK) Mobile Pediatric Dental Unit by Fall 2012.

Strategies	Time line:	Who	Progress
Remove barriers to pediatric dental services. Improving access to health care services often “means removing or modifying barriers that exist at many levels, including those of the patient, provider, community, and system of care” (KDPH, 2005). Health inequities are also addressed by establishing services for schools with free and reduced lunch rates of 50% or greater.	Fall 2012	See work plan below	See work plan below
<ul style="list-style-type: none"> Install electrical outlets that are compatible with the mobile dental units in all county schools. 	Fall 2011	Oral Health Committee (Pam Tate, UK Dental, FCPS Board and electrician)	FCPS Board of Education approved in June 2011. All outlets were installed by August 2011. Collins Lane, Hearn and Westridge elementary schools all signed contracts with UK by Sept. 2011.
 <p>UK Mobile Dental Unit</p>			
<ul style="list-style-type: none"> Flowchart process of establishing services with UK. 	Spring 2012	Oral Health Committee (Debbie Bell)	Meeting with FCPS electrician was held in August 2011.
<ul style="list-style-type: none"> Explore additional funding sources to establish mobile dental van to possibly expand objective to include geriatric facilities. 	July 2012	Oral Health Committee (Debbie Bell)	Awaiting 2011 RFP

Action Plan

Goal 1: Improve access to quality health care services including mental and oral health services.

Objective: Reduce dissatisfaction with the community's health care system from 20.2% to 15.2% by November 2014.

Strategies	Time line	Who	Progress
Create resource guide for available community health services including Medicaid and Medicare providers, mental illness, mental retardation, substance abuse, oral health and emergency dental management. The National Prevention Strategy (2011) suggests that public health system partners collaborate to improve access to services (National Prevention Council).	Jan. 2013	See work plan below	See work plan below
<ul style="list-style-type: none"> Collect access to dental care and emergency dental management information. 	Feb. 2012	Oral Health Committee	
<ul style="list-style-type: none"> Compile resources for mental illness, mental retardation and substance abuse (consult with CompCare, Bluegrass Prevention, AA, Mission Clinic and ASAP). 	Feb. 2012	Tammie Bertram, Debbie Fleming & Dorothy Schroeder	Dorothy Schroeder provided numerous resources June 2011.
<ul style="list-style-type: none"> Collect information on Medicaid and Medicare providers as well as medical offices with flat rates (determine Protection and Advocacy services and consult with United Way long range planning) 	Feb. 2012	Ruth Schiller	
<ul style="list-style-type: none"> Distribute to MD practices, schools, Mission Clinic, churches, library, shelters, Access Soup Kitchen, Salvation Army, Family Resources Centers, CompCare, Franklin County Health Department, etc. 	Jan. 2013	MAPP	
Work with Mission Clinic to decrease 3 month wait time for appointments.	Jan. 2013	See work plan below	See work plan below
<ul style="list-style-type: none"> Increase volunteer medical providers (explore possibility of medical/dental students) and/or transportation volunteers 	Jan. 2013	Dr. Carrie Reschke	

Action Plan

Goal 1: Improve access to quality health care services including mental and oral health services.

Objective: Increase the number of partners of Chlamydia and gonorrhea cases that receive treatment to 100% by June 30, 2012.

Strategies	Time line	Who	Progress
Notify all partners of patients treated for STDs. To prevent and control STDs the CDC's 2010 Clinical Prevention Guidance recommends, "evaluation, treatment, and counseling of sex partners of persons who are infected with an STD."	June 2012	FCHD	See work plan below
<ul style="list-style-type: none"> Provide sexual history training to all nurses. 	April 2011	FCHD (Tammie Bertram)	This is part of the nursing orientation
<ul style="list-style-type: none"> Provide partner notification training to all nursing and support staff. 	April 2011	FCHD (Tammie Bertram)	Part of orientation
<ul style="list-style-type: none"> Arrange appointments for 100% partners of patients treated for STDs. 	June 2012	FCHD (Tammie Bertram)	
<ul style="list-style-type: none"> Partner with KDPH and KSU to determine other strategies to increase STD prevention. 	May 2011	FCHD (Tammie Bertram) and KSU (Flo Wilson)	Have held several conference calls

Action Plan

Goal 2: *Encourage tobacco free living.*

Tobacco use and exposure to secondhand smoke have been linked to numerous illnesses, deaths and disabilities. Comprehensive tobacco free policies are supported by The National Prevention Strategy (National Prevention Council, 2011), the Guide to Community Preventive Services (2011), Healthy People 2020 (DHHS, 2011) and the Kentucky Department for Public Health (2005). Tobacco free policies “improve indoor air quality, reduce negative health outcomes among nonsmokers, decrease cigarette consumption, and encourage smokers to quit” (National Prevention Council, 2011).

Objective: Increase the number of schools with 100% tobacco free policies from 2 to 15 by August 1, 2011.

Strategies	Time line	Who	Progress
Implement 100% tobacco free school policy for Franklin County Public Schools covering all students, staff, visitors, vehicles and sporting events during and after school hours. Comprehensive tobacco free school policies are recommended by the KDPH (2009) because they provide positive role modeling for students, ensure a healthy and safe environment and are in compliance with federal and state laws.	Aug. 2011	Franklin County Board of Education (Deborah Wigginton)	Passed in July 2011
<ul style="list-style-type: none"> Post signage at schools. 	Fall 2011	ASAP (Deborah Wigginton)	Received and placed signage in July 2011
<ul style="list-style-type: none"> Media campaign (billboards and commercial reminder during airing of high school football games) to educate public and school visitors. 	Fall 2011	FCHD (Debbie Fleming)	Billboards placed in Aug. 2011. Commercial running in Sept. 2011
<ul style="list-style-type: none"> Provide Cooper Clayton smoking cessation classes for school staff. 	Fall 2011	FCHD (Debbie Fleming)	Two classes began in Sept. 2011



Action Plan

Goal 2: Encourage tobacco free living.

Objective: Increase the number of Franklin County parks from 0 to 1 and workplaces from 0 to 10 with smoke free policies by December 2012.

Strategies	Time line	Who	Progress
Implement outdoor smoke free policy for Franklin County's only park. The Surgeon General has stated that there is no safe level of secondhand smoke exposure (National Prevention Council, 2011).	Dec. 2012	Franklin County Fiscal Court (Jennifer Wilson)	See work plan below
<ul style="list-style-type: none"> Educate Fiscal Court on effects of second-hand smoke and benefits of smoke free policies. 	Jan. 2012	ACHIEVE Committee (Jennifer Wilson)	Has held meeting with the County Judge Executive
<ul style="list-style-type: none"> Provide sample smoke free parks and work-site policies. 		ACHIEVE (Judy Mattingly)	Provided sample park policies from UK (Carol Riker) in June 2011 Provided sample worksite policies Aug. 2011

Objective: Pass clean indoor air policy covering Franklin County by 2015.

Strategies	Time line:	Who	Progress
Implement comprehensive smoke free policy for all workplaces and public places in Franklin County. The benefits of such policies are widely recognized (National Prevention Council, 2009; Guide to Community Preventive Services, 2011; DHHS, 2011; KDPH, 2005).	2015	Franklin County Fiscal Court	See work plan below
<ul style="list-style-type: none"> Develop and distribute informational packets to all Franklin County Magistrates. 	Feb. 2012	Smoke Free Franklin County (Debbie Fleming and Carroll Young)	
<ul style="list-style-type: none"> Establish smoke free support and presence by attending monthly Fiscal Court meetings. 	April 2012	Smoke Free Franklin County	

Action Plan

Goal 2: Encourage tobacco free living.

Strategies (continued from page 18)	Time line:	Who	Progress
Implement comprehensive smoke free policy for all workplaces and public places in Franklin County. The benefits of such policies are widely recognized (National Prevention Council, 2009; Guide to Community Preventive Services, 2011; DHHS, 2011; KDPH, 2005).	2015	Franklin County Fiscal Court	See work plan below
<ul style="list-style-type: none"> Provide brief (3 minute) presentation to Fiscal Court about the effects of secondhand smoke exposure. 	Spring/ Summer 2012	Smoke Free Franklin County	
<ul style="list-style-type: none"> Educate community about the effects of secondhand smoke exposure by holding 2 focus groups with the purpose of developing tailored and effective messages for PSAs and commercials. 	Spring 2012	Smoke Free Franklin County	
<ul style="list-style-type: none"> Release results of public opinion poll and air quality results. 	Summer 2012	FCHD (Paula Alexander)	

Action Plan

Goal 3: Encourage physically active lifestyles.

Physical inactivity or sedentary lifestyles are closely linked with overweight and obesity, which contributes to many of the leading causes of death in Franklin County and the nation. The CDC (2011) has identified physical activity as one of the winnable battles and a priority area that can significantly impact our nation's health.

Objective: Increase the number of elementary schools from 0 to 10 that have policies integrating physical activity into the classroom curriculum by Sept. 2012.

Strategies	Time line:	Who	Progress
Integrating physical activity into the classroom setting is recommended by the National Alliance for Nutrition and Activity (2007) Model School Wellness policies. Physical activity has also been associated with academic achievement and less disruptive classroom behavior (CDC, 2011).	Sept. 2012	Franklin County Public Schools, Frankfort Independent, Capital Day School, Good Shepherd School and Capital Day School Boards of Education	Policy passed in 9 out of 10 schools by July 2011. The remaining school's site based decision making council has recommended use of the program once per week
<ul style="list-style-type: none"> Provide the TAKE 10 curriculum to all K-5 teachers. 	Sept. 2010	YMCA PHC (Dave Steele)	Distributed Aug. 2010
<ul style="list-style-type: none"> Provide TAKE 10 orientation and training to all schools. 	Sept. 2010	YMCA PHC (Dave Steele and Judy Mattingly)	Completed Sept. 2010
<ul style="list-style-type: none"> Conduct pre and post BMI assessments for all K-5 students at 2 schools. 	Oct. 2010 June 2011	YMCA PHC (Sunshine Stacey, Judy Mattingly, Debbie Bell, Charlie Lewis, Drs. Avinash Topè and LeChrista Finn)	Completed Oct. 2010 and June 2011
<ul style="list-style-type: none"> Evaluate use of TAKE 10 through an electronic survey distributed to all K-5 teachers. 	June 2011	YMCA PHC (Judy Mattingly)	Completed May 2011

Action Plan

Goal 3: Encourage physically active lifestyles.

Strategies (continued from page 20)	Time line:	Who	Progress
<p>Integrating physical activity into the classroom setting is recommended by the National Alliance for Nutrition and Activity, 2007) Model School Wellness policies. Physical activity has also been associated with academic achievement and less disruptive classroom behavior (CDC, 2011).</p>  <p>Peaks Mill Elementary Teachers Receiving TAKE 10!</p> <ul style="list-style-type: none"> • Present policy to Superintendents and Headmasters. • Must hold two readings at Boards of Education before vote to approve policies. 	Sept. 2012	Franklin County Public Schools, Frankfort Independent, Capital Day School, Good Shepherd School and Capital Day School Boards of Education	Policy passed in 9 out of 10 schools by July 2011. The remaining school's site based decision making council has recommended use of the program once per week
	June 2011	YMCA PHC (Dave Steele)	Completed Spring 2011
	Sept. 2012	YMCA PHC (Dave Steele and Judy Mattingly)	Completed at Boards covering 9 of 10 schools by July 2011
<p>Support No Child Left Inside (NCLI) initiatives. Several scientific studies have shown that environmental education impacts physical activity levels (NCLI, 2011).</p> <ul style="list-style-type: none"> • kidsGROWkentucky, Inc. pilot program 	2015	kidsGROWkentucky, Inc. (Ed Council)	See work plan below
	June 2011	kidsGROWkentucky, Inc. (Ed Council)	Engaged over 600 students from area schools, after-school programs, churches and camps by June 2011

Action Plan

Goal 3: Encourage physically active lifestyles.

Objective: Decrease the number of Franklin County residents (Bluegrass Area Development District) who report no physical activity in the past 30 days from 29.6% to ____% by 2015.

Strategies	Time line:	Who	Progress
Create resource guide for available community physical activity facilities and opportunities. The National Prevention Strategy (2011) suggests that public health system partners collaborate to improve access to services (National Prevention Council). Physical activity resources guides are also a recommended strategy in the KDPH Community Plan (2011).	Dec. 2012	MAPP	See work plan below
<ul style="list-style-type: none"> Collect data on all indoor/outdoor physical activity opportunities in Franklin County. 	Sept. 2012	MAPP	Dorothy Schroeder provided information collected by Good Shepherd Sept. 2011
<ul style="list-style-type: none"> Format, publish and market physical activity resources guide. 	Dec. 2012	FCHD (Judy Mattingly)	
<ul style="list-style-type: none"> Establish target goal for objective and research source for county level data. 	Release of Healthy KY 2020	Franklin County Health Department (Judy Mattingly)	Kylie Chilton determining if county level BRFSS data is available from KDPH by Nov. 2011
<ul style="list-style-type: none"> Pass statewide Outdoor Bill of Rights 	2015	kidsGROWkentucky, Inc. (Ed Council)	

Action Plan

Goal 3: Encourage physically active lifestyles.

Objective: Increase the number of schools from 0 to 10 that have joint use agreements allowing the use of their outdoor physical activity facilities.

Strategies (continued from page 22)

Time line: Who

Progress

Facilitate joint use agreements allowing community members to utilize school facilities, such as playgrounds and tracks, after school hours. The Guide to Community Preventive Services (2011) recommends “environmental and policy approaches to increase physical activity” through the “creation of or enhanced access to places for physical activity combined with informational outreach activities.” There is evidence that “physical activity levels are positively affected by structural environments, such as the availability of sidewalks, bike lanes, trails and parks” as well as “legislative policies that improve access to facilities that support physical activity” (DHHS, 2011).

2013

ACHIEVE
committee

See work plan
below



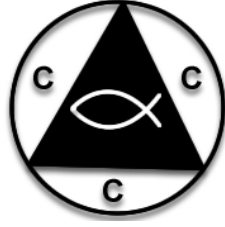
Dolly Graham Park

- Approve and finalize work plan. Oct. 2011 ACHIEVE
- Develop sample joint use agreement policy. Jan. 2012 ACHIEVE
(Judy Mattingly)
- Present to Boards of Education. 2013 ACHIEVE
(Sherrill Smith and Deborah Wigginton)

Action Plan



Goal 4: Improve access to healthy food choices.

Poor nutrition is closely linked with overweight and obesity that contributes to many of the leading causes of death in Franklin County and the nation. The Centers for Disease Control and Prevention (CDC, 2011) has identified nutrition as one of the winnable battles and a priority area that can significantly impact our nation's health.

Objective: Increase the number of healthy food options at Juniper Hills Pool by May 2012.			
Strategies	Time line	Who	Progress
<p>Increase healthy food options. Increasing access to healthy food choices is included in the Healthy People 2020 objectives (DHHS, 2011) as well as the National Prevention Strategy that recommends "providing healthy foods in existing establishments..." (National Prevention Council, 2011).</p> <ul style="list-style-type: none"> Present interest in healthy food options to City of Frankfort. 	May 2012	City of Frankfort (Fred Goins)	See work plan below
 <ul style="list-style-type: none"> Research other program and policy options for increasing access to healthy foods and determine if county level YBRFS data is available to revise objectives. 	May 2012	Access Soup Kitchen and Men's Shelter (Jennifer Walling) MAPP (Judy Mattingly and Debbie Bell)	8 new healthy options were added July 9, 2011 and they will work with vendors to identify other selections for 2012).
Objective: Increase the number of Franklin County childcare facilities from __ to __ that provide nutrition education by 2013.			
Strategies	Time line	Who	Progress
<p>Increase nutrition education in childcare settings. The National Prevention Strategy (2011) suggests that early learning centers provide nutrition education and implement policies that increase access to healthy foods (National Prevention Council).</p> <ul style="list-style-type: none"> Pilot Color Me Healthy in self selected Franklin County childcare centers. 	2013 May 2011	See work plan below FCHD (Debbie Bell)	Completed in 9 centers by May 2011

Action Plan

Goal 4: Improve access to healthy food choices.

Strategies (continued from page24)	Time line	Who	Progress
<p>Increase nutrition education in childcare settings. The National Prevention Strategy (2011) suggests that early learning centers provide nutrition education and implement policies that increase access to healthy foods (National Prevention Council).</p>	2013	See work plan below	
<div></div> <p>Franklin County Farmers Market</p>			
<ul style="list-style-type: none">Advocate for the strengthening of early learning licensing standards relating to foods and beverages served (National Prevention Council,2011).	2013	FCHD (Debbie Bell)	Contacted state licensure June 2011.
			<div></div> <p>Capital Day School Garden</p>

Action Plan

Goal 5: Mobilize community partnerships to improve community health.

Mobilizing community partnerships is included as an essential public health service for the purposes of identifying and solving health problems. The National Prevention Strategy (2011) states that communities should be empowered to implement prevention policies and programs. Community coalitions are also effective at ensuring the elimination of health inequities.

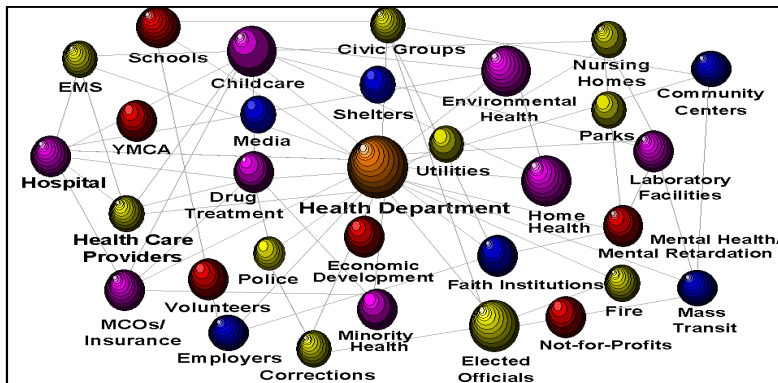
Objective: Increase mobilize partnerships percentage on National Public Health Performance Standards Program (NPHPSP) from 45% to 60% by September 2014.

Strategies	Time line:	Who	Progress
Conduct MAPP community-wide strategic planning process that thoroughly assesses community needs and develop Community Health Improvement Plan (CHIP). MAPP is accepted by the Public Health Accreditation Board (2011) as a process for engaging communities.	Jan. 2012	FCHD (Judy Mattingly)	Began Dec. 2008
<ul style="list-style-type: none"> Format CHIP in format for distribution. 	Nov. 2011	FCHD (Judy Mattingly)	Presented draft June 2011 and will present revisions Sept. 2011
<ul style="list-style-type: none"> Increase involvement in CHIP implementation by presenting at community meetings and establishing a presence at Franklin County Community Council. 	Nov. 2011	FCHD (Judy Mattingly)	Presentation for Community Council scheduled for Sept. 26, 2011
<ul style="list-style-type: none"> Further develop MAPP webpage to increase knowledge of MAPP and CHIP. 	Sept. 2012	FCHD (Judy Mattingly and Becki Casey)	Becki Casey developed webpage May 2009. Updates will be made after printing of CHIP.

Action Plan

Goal 5: Mobilize community partnerships to improve community health.

Strategies (continued from page 26)	Time line:	Who	Progress
Conduct MAPP community-wide strategic planning process that thoroughly assesses community needs and develop Community Health Improvement Plan. MAPP is accepted by the Public Health Accreditation Board (2011) as a process for engaging communities.	Jan. 2012	FCHD (Judy Mattingly)	Began Dec. 2008
<ul style="list-style-type: none"> Recruit missing sectors to MAPP coalition. 	Sept. 2012	FCHD (Judy Mattingly) and Chamber of Commerce (Carmen Inman)	Carmen Inman will contact Ministerial Association.
<ul style="list-style-type: none"> Conduct evaluation of MAPP coalition and establish baseline for improvements. 	Sept. 2012	FCHD (Judy Mattingly)	
<ul style="list-style-type: none"> Reconvene local public health system to conduct NPHPSP. 	Sept. 2014	FCHD (Judy Mattingly)	



Public Health System

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Community Pictures



Cove Springs Hummingbird Workshop



2011 Longest Day of Play



Franklin County Emergency Food Pantry Collection at Free Flu Shot Drive Thru



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**Franklin County MAPP
Contact Information:**

Judy A. Mattingly
Franklin County Health Department
851 East-West Connector
Frankfort, KY 40601
Phone: 502-564-5559
Fax: 502-564-5672
E-mail: JudyA.Mattingly@ky.gov