

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



MAPP

Community Health Assessment

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 Sawyer 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 members participated in one or more Franklin County MAPP assessments. Members 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.

This document presents the findings of the four MAPP assessments that were initially collected by four MAPP subcommittees between December 2008 and November 2009. Assessment data was updated between June and September 2011 for the revision of the Franklin County MAPP Community Health Improvement work plan (2011).



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 Health Status Assessment

Demographic Characteristics

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. This population represents a 3.4% increase since 2000, which is less than the state increase of 7.4% and the national increase of 9.7%.

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. Spanish is the language spoken at home for 2.8% of the population, other

Table 1
Franklin County Demographics

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%
Female (2009)	51.3%	50.9%
Male (2009)	48.7%	49.1%
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

Indo-European languages are spoken by 0.6%, Asian and Pacific Islander languages are spoken by 0.9% and other languages are spoken by 0.1%.

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 Characteristics

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. More alarming is the 19.2% of Franklin County youth and 23.6% of Kentucky youth living

below poverty compared to 18.6% in the U.S. The median household income (2009) in Franklin County is \$45,619, slightly higher than the state at \$40,061, but lower than the national median of \$50,221. Also linked to poverty, income and

health status are homeownership rates (2009), which are only at 66.2% in Franklin County, 70.2% in Kentucky and 66.9% in the nation (U.S. Census Bureau, 2009).

Socioeconomic characteristics have been shown to be impor-

Community Health Status Assessment

Socioeconomic Characteristics

tant indicators of health status. According to the Institute of Medicine “70% of health outcomes 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 [KDPH], 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.

Behavioral Risk Factors

Table 2 shows Franklin County adult 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%.

Obesity prevalence among African Americans in Franklin County is 44.5%, which is significantly higher than the 29.4% obesity rate among the white population (KDPH, 2008).

Childhood Obesity Action Network (2009) reported that in 2007 37.1% of Kentucky children aged 10-17 were overweight or obese exceeding the national rate of 31.6%. Locally

Table 2
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

collected data (2008) from 416 4th and 5th grade Franklin County students (includes county, city and private schools) revealed a rate of 41% (Franklin County Health Department). Youth Risk Behavior Surveillance (YRBS) data was collected for high school students and showed that 33.2% were overweight or obese in Kentucky compared to 27.8% in the

nation (CDC, 2009). County level data is not reported (see Table 3).

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

Community Health Status Assessment

Behavioral Risk Factors

rate of 24.8% (KDPH, 2008).

YRBS data indicate no physical activity for 17% of Kentucky and 23.1% of U.S. high school students (CDC, 2009).

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

Table 3
Youth Risk Behavior Surveillance (YRBS) Indicators

BRFSS (Percentages)	Kentucky	U.S.
Obesity	33.2%	27.8%
Sedentary	17%	23.1%
Smoking	26.1%	19.5%

CDC (2009) Youth Risk Behavior Surveillance

centages, this 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. This category represents Franklin County’s lowest score on the 2011 County Health Rankings.

Environmental Health Indicators

The physical environment directly impacts health and quality of life. Clean air and water are examples of environmental factors that may influence health. However, access to healthy foods and recreational opportunities are also environmental factors impacting health. For example, “physical activity levels are positively affected by structural environments, such as the availability of sidewalks, bike lanes, trails and parks (U.S. Department of Health and Human Services, 2011).

The County Health Rankings placed Franklin County 8 among Kentucky’s 120 counties in physical environment. This ranking included indicators for

Table 4
Physical Environment

BRFSS (Percentages)	Franklin County	Kentucky	National Benchmark
Air pollution– particulate matter days	1	2	0
Air pollution– ozone days	0	2	0
Access to healthy foods	100%	44%	92%
Access to recreational facilities	12	8	17

County Health Rankings (2011)

clean air as well as access to healthy foods and access to recreational facilities (see Table 4).

The Franklin County ACHIEVE committee utilized the CDC Community Health Assessment aNd Group Evaluation (CHANGE) tool to assess the environmental change strategies currently in place throughout the community (CDC, 2010).

Committee members conducted a windshield survey of the community and held focus groups with members of Franklin County and Frankfort government from May to July 2011. The overall environmental score for nutrition was 63.49% and the environmental score for physical activity was 74.29%. The environmental factors considered for nutrition included

Community Health Status Assessment

Environmental Health Indicators



Figure 2. Community Garden on Logan St.



Figure 3. Farmers Market at Riverview Park



Figure 4. Kentucky River Trail at Riverview Park



Figure 5. Bike Lane on Second St.

healthy food and beverage options and portion sizes at retailers, community gardens (see Figure 2), farmers markets (see Figure 3) and transportation to grocery stores. The environmental factors considered for physical activity included sidewalks, land use plans, walking and biking infrastructure such as paths, trails (see Figure 4) and dedicated lanes (see Figure 5), parks and recreational facilities (see Figure 6).



Figure 6. 2011 Longest Day of Play at Lakeview Park

Community Health Status Assessment

Health Resource Availability

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, 2011), morbidity and mortality (KDPH, 2005).

Frankfort Regional Medical Center (FRMC) is the only hospital in Franklin County. It is a 173 bed, acute care, public, for-profit, hospital. On a monthly basis FRMC reports 375 admissions, 2,835 emergency department visits, 715 surgeries and 4,085 outpatient visits (Franklin County ACHIEVE, 2011). There are also 8 home health agencies with a Certificate of

Need in Franklin County, 4 are private pay/privately owned agencies, and Hospice. The Community Health Status Indicators project (2009) report that Franklin County had a rate of 55.3 primary care physicians and a rate of 63.5 dentists per 100,000 population. It is also reported that Franklin County is not a health professional shortage area (U.S. Department of Health and Human Services, 2009).

The KDPH (2005) reported that the state has 326 licensed nursing facilities with 26,950 beds, 128 licensed home health agencies, 67 licensed adult day care facilities and 5,557 other licensed residential care for adults.

Medicare beneficiaries in Franklin County include 7,111 elderly and 2,412 disabled residents or 19.4% of the population. There are 6,750 Medicaid beneficiaries that total 13.8% of the Franklin County population (U.S. Department of Health and Human Services, 2009). This may account for the community's feeling that they cannot find a medical providers that accept Medicare and/or Medicaid (see Community Themes and Strengths Assessment). KDPH (2004) reported a Medicaid eligible rate of 14.3% for Franklin County and 20.6% for the state.

Communicable Disease

As shown in Table 5 Franklin County far exceeds Kentucky's rate of sexually transmitted diseases (STDs). The Kentucky rates for both gonorrhea and Chlamydia are also far from the goals set by Healthy People 2010.

Out of Kentucky's 120 counties Franklin County has the second highest rate of STDs. The STD of highest prevalence is Chlamydia; however the incidence rates of gonorrhea, syphilis and HIV are also alarmingly high compared to state rates. At the

end of fiscal year 2010 Franklin County's crude rate (per 100,000 population) of Chlamydia was 722.92 compared to Kentucky's state rate of 365.40. Similarly, Franklin County's crude rate of gonorrhea was 161.33 compared to Kentucky's state rate of 97.89. Franklin County's incidence of syphilis was seven cases, making the calculation of a crude rate inaccurate; however Kentucky's state incidence of syphilis was 281 cases. Also of great concern is Franklin County's total of 26 living AIDS cases or a

crude AIDS rate of 53.1 compared to Kentucky's total of 2,669 living AIDS cases or a crude AIDS rate of 61.87 (KDPH, 2009). In addition, since this data was collected 8 new cases of HIV have been reported in Franklin County (FCHD, 2010).

There is an inequitable burden of these diseases with 46% of gonorrhea, 38% of Chlamydia and 57% of syphilis in our African American population.

Overwhelmingly the burden of STDs in Franklin County is also

Community Health Status Assessment

Communicable Disease

found in the 15-24 year old age range. With the exception of a slight decrease in gonorrhea, the rate of STDs in 15-24 year olds has been rising over at least the last five years. The 15-24 year old population in Franklin County accounts for 70.4% of our Chlamydia cases with 26% found in 15-19 year olds and

44.4% in 20-24 year olds. Likewise, 64.5% of Franklin County's gonorrhea cases were also in the 15-24 year old population with 17.7% in 15-19 year olds and 46.8% in 20-24 year olds. For the first time in at least five years syphilis was also found in the 15-24 year old age range in Franklin County accounting for 42.9% of the cases,

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

Communicable Diseases (Crude Rate/100,000 Pop.; 2009-2010)	Franklin County	Kentucky	Healthy KY 2010 Goal
Gonorrhea	161.33	97.89	55.0
Chlamydia	722.92	365.40	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, 2009-2010 Preliminary Data

*Crude rates are not calculated with case numbers < 10

the one case found in a 15-19 year old accounts for 14.3% while the two cases in 20-24 year olds accounts for 28.6%. (KDPH, 2009).

Also of importance was 17 cases of pertussis reported to FCHD in 2008. During this same year 183 cases were reported in Kentucky and rises were also seen in other states around the nation

(KDPH, 2008).

Franklin County was ranked 13 out of 120 Kentucky counties in health factors, which included health behaviors such as sexually transmitted infections, clinical care, social and economic factors and physical environment (County Health Rankings, 2011).

Social and Mental Health

Social and mental factors can directly or indirectly influence overall health status and individual and community quality of life. Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and within the community.

The 2007 adult BRFSS reported that 11.1% in the Bluegrass Area Development District, 12.3% in Kentucky and 9.7% in the U.S. had poor mental health.

The survey item specifically indicated 14 or more days of poor mental health, which includes feeling stressed, depressed, or having problems with emotions. Women, those with less than a high school education and those earning less than \$15,000 per year were more likely to report having poor mental health (KDPH, 2007). Among high school students in Kentucky 26.7% reported feeling sad or hopeless compared to 26.1% in the U.S.

(CDC, 2009). Comp Care, a local facility providing mental health and substance abuse services, reported a record high number of more than 392 Franklin County psychiatric admissions in 2009.

A selected 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). The YRBS reported that 12.5% of Kentucky high school seri-

Community Health Status Assessment

Social and Mental Health

ously considered attempting suicide compared to 10.9% in the U.S. (CDC, 2009).

The most recent data available from KDPH (2004) shows 140 confirmed cases of physical and sexual child abuse and neglect among children in Franklin County compared to 16,024 in Kentucky. There was also 1 homicide reported in Franklin County compared to 216 in

Kentucky. Franklin County reported 22 cases of domestic violence compared to 5,104 in Kentucky. Among high school students in Kentucky 15.5% reported experiencing dating violence compared to 9.8% in the U.S. (CDC, 2009).

KDPH (2004) reported 1 fatal injury crash and 29 non-fatal crashes involving drinking drivers compared to 226 and 2,743

in Kentucky.

Maternal and Child Health

One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. This category focuses on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal

access to, and/or utilization of, care is included. Births to teen mothers is a critical indicators of increased risk for both mother and child (see Table 6).

Franklin County exceeds the state rates for infant mortality, low birth weight, teen births, mothers without prenatal care

and tobacco usage among pregnant women.

Table 6
Maternal, Infant and Child Health Indicators for Franklin County, Kentucky and Healthy KY 2010 Goal

Maternal, Infant and Child Health (2004)	Franklin County	Kentucky	Healthy KY 2010 Goal
Infant Mortality (Rate/1000 births)	6.8	6.4	6.0
Low Birth Weight (Weight < 2500 Grams; percent)	8.9	8.7	5.0
Teen Births (Birth Rate/1000 F. Pop. 10-17)	10.3	9.4	N/A
Mothers w/o Prenatal Care 1st Trimester (percent)	25.5	25.2	10.0
Total Births (Crude Birth Rate/1000 Pop.)	12.9	13.5	N/A
Tobacco Usage Among Pregnant Women (percent of total)	29.6	26.0	17.0

Kentucky Department for Public Health, 2004.

Community Health Status Assessment

Mortality

The leading causes of death for Franklin County (see Table 7) are malignant neoplasms (all cancers), diseases of heart, chronic lower respiratory diseases, cerebrovascular diseases, accidents (unintentional injuries), Alzheimer’s disease, diabetes mellitus, nephritis, nephrotic syndrome and nephrosis, essential (primary) hypertension and hypertensive renal disease and influenza and pneumonia. Nine of the top 10 leading causes of

Table 7
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

death for Franklin County overlap with the leading causes of death for Kentucky (see Table 8).

When comparing chronic disease mortality rates (see Table 9) Franklin County exceeds the Kentucky rate and Healthy KY 2010 Goal for malignant neoplasms.

Table 8
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

In health outcomes, which included mortality and morbidity, Franklin County was ranked 9 out of Kentucky’s 120 counties (County Health Rankings, 2011)

Community Health Status Assessment

Mortality

Table 9
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. Adjusted to the US 2009 population.

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

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- 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, health-care providers, human service organizations, schools and uni-

versities, 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 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.

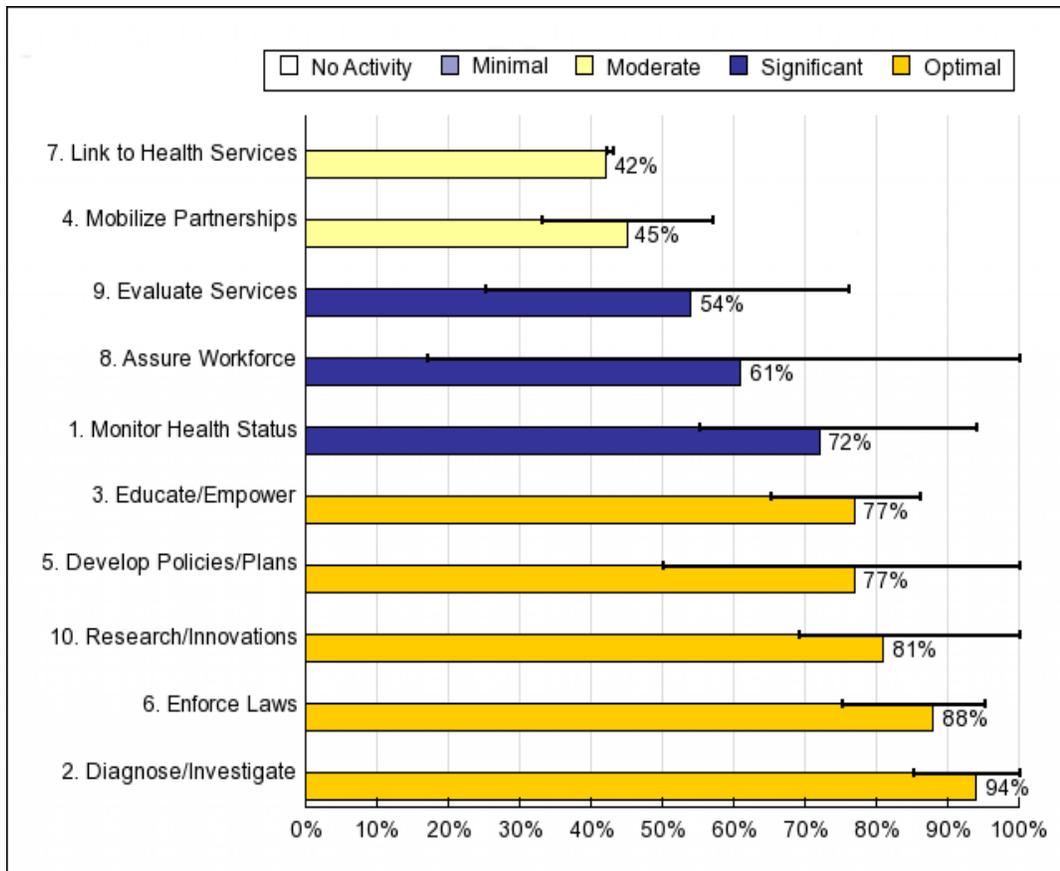


Figure 2. Franklin County NPHPSP rankings of the 10 Essential Public Health Services

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Community Pictures



Cove Springs Hummingbird Workshop



Access Soup Kitchen and Men's Shelter



Elkhorn Elementary School Garden



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