

Laurel County, Kentucky
2012
Community Health Assessment



Prepared by:
Laurel County Community Health Needs
(MAPP) Coalition

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Introduction

Goal:

To provide a comprehensive and unbiased health profile of Laurel County by completing the Mobilizing for Action through Planning and Partnerships (MAPP) model with partnerships among multiple agencies across the community.



Participation:

The Laurel County Health Department and Saint Joseph London initiated the MAPP process; however, the project became a partnership of multiple agencies within Laurel County. The Laurel County MAPP Coalition was formed in October 2011. The coalition continues to meet monthly and is made up of many of the organizations within the Local Public Health System. The coalition was involved in the entire MAPP planning process.

Objectives:

The objectives of the coalition at the beginning of the process were to:

- Identify community health needs
- Determine the priority health needs
- Develop a community health improvement plan based on these identified needs
- Develop strategic plans for Laurel County Health Department and Saint Joseph London

Types of Assessments:

Community Status Assessment

Answers the questions, “how healthy are our residents?” and “what does the health status of our community look like?”

Community Themes and Strengths Assessment

Provides an understanding of the issues residents feel are important by answering the following questions: “what is important to our community,” “how is quality of life perceived in our community,” “what assets do we have that can be used to improve community health?”

Local Public Health System Assessment

A comprehensive assessment of all of the organizations and entities that contribute to the public’s health by answering the following questions; “what are the activities, competencies, and capacities of our local public health system,” “how are the essential services being provided to our community?”

Forces of Change Assessment

Focuses on the identification of forces such as legislation, technology, and other issues that affect the context in which the community and its public health system operates by answering the following questions: “what is occurring or might be occurring that affects the health of our community or the local public health system”, “what specific threats or opportunities are generated by these occurrences?”

Vision

Laurel County’s vision for a healthier community promotes participation of community partners and its residents engaging in willful cooperation to improve the safety and well-being, health, knowledge and access to resources toward the level of a healthy community.

ASSESSMENTS:

Community Health Status Assessment

Demographic Characteristics

The Laurel County community covers 443.74 square miles. The city of London is county seat of Laurel County. Laurel County has a population of 58,849. This population represents an 11.6% increase since 2000, which

Demographics (2010)	Laurel County	Kentucky
Population	58,849	4,339,367
Persons under 18 years old (2011)	24.1%	23.4%
Persons 65 and older (2011)	13.2%	13.5%
Females	51.0%	50.8%
Males	49.0%	49.2%
White persons	97.2%	88.9%
Black persons	0.9%	8.0%
American Indian and Alaska Native persons	0.3%	0.3%
Asian persons	0.6%	1.2%
Persons reporting 2 or more races	1.0%	1.6%
Persons of Hispanic or Latino origin	1.3%	3.2%

is more than the state increase of 7.3% and the national increase of 9.7%. The community's diversity includes African American, American Indian and Alaska Native, and Asian persons. Languages other than English are spoken at home for 2.1% of the population. Spanish is spoken in 0.9% of homes, other Indo-European languages are spoken by 1.0%, and Asian and Pacific Islander languages are spoken by 0.2%.

24.1% of residents are under the age of 18 and 13.2% of residents are 65 years of age or older. (US Census Bureau, 2010)

Socioeconomic Characteristics

Laurel County's 20.1% of residents living below poverty is more than the state's 17.7% and the U.S. percent of 13.8% from 2006-2010. The median household income (2006-2010) was \$36,787, lower than the state at \$41,576 and significantly lower than the national median of \$51,914. Also linked to poverty, income and health status are homeownership rates (2006-2010), which are at 74.2% in Laurel County, 69.9% in Kentucky and 66.6% in the nation (US Census Bureau, 2010).

Socioeconomic characteristics have been shown to be important indicators of health status. 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 10.8% for Laurel County, 9.5% for Kentucky, and 9.1% for the U.S. Additionally, the most recent health insurance estimates show an uninsured rate of 15% for Laurel County, 18% for Kentucky, and 16.3% for the US in 2010 (US Census Bureau, 2011).

The County Health Rankings (2012) place Laurel County 71st in social and economic factors out of Kentucky's 120 counties.

Social and Behavioral Indicators

Table 2 shows the social and behavioral indicators for Laurel County in comparison to the state of Kentucky and the United States. These risk factors adversely impact health outcomes. This information was obtained from both the Foundation for a Healthy Kentucky's webpage (www.kentuckyhealthfacts.org) and the CDC's 2011 Adult Behavioral Risk Factor Surveillance System.

Indicator	Laurel	Kentucky	U.S.
Obesity	24%	27%	27.8%
Lack of Physical Activity	38%	31%	26.2%
Prevalence of Smoking	29%	29%	21.1%

Laurel County's leading causes of death include an adult obesity rate of 24% compared to a Kentucky rate of 27% and a US rate of 27.8%. Youth obesity rates for high school students in Kentucky were 16% compared to 13% for the US. Sedentary behavior is also linked to obesity. It was found that 38% of adults in Laurel County were sedentary, compared to 31% for Kentucky and 26.2% for the United States. Youth sedentary rates were 21% of high school students in Kentucky compared to 14% in the US. These students reported that they did not participate in at least 60 minutes of physical activity on any of the 7 days prior to taking the survey.

Table 3: YRBS Indicators, 2011

Indicator	Kentucky	U.S.
Obesity	16%	13%
Lack of Physical Activity	21%	14%
Prevalence of Smoking	24%	18%

Another contributing factor to poor health outcomes is smoking. It was reported that 29% of Kentucky adults were current smokers in 2011, the same percentage as the state of Kentucky, but significantly higher than the US percentage of 21.1%. When looking at youth smoking rates in Kentucky and the United States, the YRBS data from 2011 reports that 24% of Kentucky students reported smoking cigarettes on at least one day during the 30 days prior to taking the survey, in comparison to 18% of students in the United States.

Laurel County ranked 81st out of 125 for health behaviors on the 2012 County Health Rankings. The health behaviors included alcohol use, diet and exercise, sexual activity, and tobacco use. This was the county's lowest score for the rankings.

Environmental Health Indicators

The physical environment directly impacts health and quality of life. Clean air and water are examples of environmental factors

Indicator	Laurel	Kentucky
Air pollution – particulate matter days	0	2
Air pollution – ozone days	0	2
Access to healthy foods	40%	45%
Access to recreational facilities	3.5	7.8

that may influence health. Access to healthy foods and recreational opportunities are also environmental factors impacting health. A good example of this is physical activity levels and structural environments. The U.S. Department of Health and Human Services (2011) reported a positive impact on physical activity levels when the physical environment included the availability of sidewalks, bike lanes, trails and parks.

Laurel County ranked 46 out of 120 counties for physical environment in the 2012 Kentucky Health Rankings. The physical environment rankings took into consideration air pollution and access to health foods and recreational facilities. Table 4 shows the percentages from the county health rankings data.

Health Resource Availability

Access to healthcare, 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). Saint Joseph London is the only hospital in Laurel County. It is a 150 bed, acute care, public, non-profit hospital. On a monthly basis, Saint Joseph London reports 475 admissions, 3,829 emergency department visits, and 731 surgeries. (*Data taken from Saint Joseph London's December 2012 Census*). There are also two home health agencies in Laurel County: Seton Home Health and Professional Home Health. The county has one Hospice agency. Kentucky Health Facts (2012) (Kentucky Board of Medical Licensure, Kentucky Board of Dentistry, Kentucky Board of Nursing, Kentucky Board of Pharmacy) reported 60 primary physicians, and 40 dentists per 100,000 population in Laurel County. It also reported that 29% of adults received an influenza vaccination within the past year, compared to 30% for the state of Kentucky (BRFSS). 78% of adults in Laurel County reported that they have one person they consider their primary doctor, compared to 82% of adults for the state of Kentucky (BRFSS).

Medicaid eligible beneficiaries in Laurel County included 14,638 or 24.9% in 2010. This is compared to 19.6% in Kentucky. Medicare enrollment was 9,846 or 16.7% in 2010, compared to 17% of the state. . In addition, 19.7% are reported to be uninsured in Laurel County. KCHIP enrollment was 7,705 for Laurel County in 2012. (Kentucky Department of Medicaid Services 2012)

Communicable Disease

Communicable/Infectious Disease rates are an important indicator of how healthy a community is. The Kentucky Department for Public Health Reported 21 cases of AIDS in Laurel County in 2010, compared to the Kentucky total of 5,209 and 4 cases of HIV Infection in Laurel County, compared to 2,012 in the state. The 2012 County Health Rankings placed Laurel County at 81st in Health Behaviors, which include sexually transmitted diseases. The Chlamydia rate for Laurel

County was 125 per 100,000 population compared to 311 per 100,000 population for Kentucky. (County Health Rankings 2012)

Tuberculosis rates were at a 0.0 case rate for Laurel County in 2011 based on the Kentucky Department for Public Health Tuberculosis Program Annual Report.

Social and Mental Health

Social and mental health factors can directly or indirectly influence overall health status and individual and community quality of life. Mental health conditions can be influenced by such factors as substance abuse and violence. When looking at mental health, Kentucky Health Facts reports that BRFSS data shows that residents of Laurel County reported having an average of 5.0 poor mental health days per month. The average for Kentucky was 4.3 and the United States was 3.5. The indicator included depression, stress, and problems with emotions. (Kentuckyhealthfacts.org). Among high school students in Kentucky, 27% reported feeling sad or hopeless compared to 28.5% in the U.S. (CDC, 2011). When looking at suicide rates, 14.8% of Kentucky high school students reported that they had seriously considered attempting suicide, compared to 15.8% of high schools students in the U.S. (CDC, 2011).

Child welfare plays an important role in the mental and physical health of children as they grow into adults. The Department for Community Based Services reported that 4,558 children were involved in reports received suspecting abuse/neglect in Laurel County during 2010. Some interesting statistics found were 232 of these cases were substantiated abuse and 8% of child victims were repeat victims. Kentucky reports a lower percentage of 5% of child victims were repeat victims. (Kentucky Youth Advocate, Inc. through kidscount.org, 2010)

Data on youth and motor vehicle safety shows that 12.4% of Kentucky high school students reports rarely or never wearing a seat belt, compared to 7.7% for the U.S. Dating violence is also a concern; 14.3% of Kentucky high school students report being involved in dating violence, compared to 9.4% in the U.S. (CDC, 2011).

Maternal and Child Health

Infant and children's health is one of the more significant areas for monitoring health information. This is a vulnerable population and proper maternal and child health care plays a significant role in the child's future health. Indicators that are monitored include: tobacco use among pregnant women; the receipt of early prenatal care; and birth rates to teenage mothers. These are all critical indicators that increase the risk for both mother and child. See Table 5 for data for both Laurel County and Kentucky.

Table 5: Maternal and Child Health

Maternal, Infant and Child Health (2009)	Laurel County	Kentucky
Infant Mortality (rate/1000 births)	5	387
Low Birth Weight (<5.5lbs) (percent)	8%	9%
Teen Births (ages 15-19) (rate/1000 births)	59	51
Mothers receiving Early Prenatal Care 1 st Trimester (percent)	66%	64%
Preterm Births (<37 weeks) (percent)	10%	11%
Tobacco Usage Among Pregnant Women (percent)	32%	24%

www.kidscount.org

Mortality

Table 6: Top Ten Leading Causes of Death, Kentucky 2007 & 2009, compared to US 2009

Causes of Death (per 100,000 population)	KY - 2007	KY - 2009	US - 2009	Laurel 2003-2007
Heart Disease	230	210.2	180.1	274
Cancer	200.3	204.3	173.2	228
Chronic Lower Respiratory Diseases	50.1	61.6	42.3	-----
Stroke	39.4	45.2	38.9	40.3
Accidents	57.6	54.6	37.3	-----
Alzheimer's Disease	31.3	29.9	23.5	-----
Diabetes	33.3	29.1	20.9	-----
Influenza and Pneumonia	20.3	22.2	16.2	-----
Kidney disease	26.9	20.7	14.9	-----
Suicide	15.1	13.4	11.8	-----

CDC Kentucky Fact Sheet, 2012 (KY and US Data)

Kentucky Health Facts, 2012 (Laurel Data)

Total mortality for Laurel County from 2003-2007 was reported at 956.1 per 100,000 population, compared to 906.8 for Kentucky. It was also reported that in 2007, there were 13,362.2 years lost per 100,000 population for Laurel compared to 9,111.0 years lost for the state of Kentucky when looking at premature deaths. Motor vehicle deaths in 2007 were reported at 1.5 per 100,000 miles driven for Laurel County, compared to 2.1 per 100,000 miles driven for the state of Kentucky. (Kentucky Health Facts, 2012)

Forces of Change Assessment

Laurel County completed the Forces of Change Assessment on September 25, 2012. In attendance were approximately 15 Laurel County community members and leaders. Small group work and brainstorming techniques were used to identify the trends, factors, and events that impact the health of the Laurel County community. The findings of this assessment follow.

Social Forces of Change:

- Domestic Violence
- Terrorism/War
- Substance Abuse

Legal/Ethical Forces of Change:

- Alcohol Sales/Availability
- Teen Pregnancy/Plan B Contraceptive (being offered without parent knowledge)
- Affordable Care Act
- Smoking Regulations

Economic Forces of Change:

- New School Lunch Guidelines
- Unemployment Rate
- Funding Sources
- Recession
- Tax Increase
- Fuel Cost

Political Forces of Change:

- Presidential Race 2012
- Health Care Reform (Affordable Care Act 2014)
- Legislation

Environmental Forces of Change:

- Water Shortage
- Food Safety Threats
- Disasters – Tornado (March 2012), Floods, etc.
- Global Warming

Scientific Forces of Change:

- Growing number of obese children
- Overuse/Over prescribing of Antibiotics
- Resurgence of Preventable Disease

Technological Forces of Change:

- Telemedicine

- Electronic Medical Records
- Smart House and Sensor Systems

The group identified the threats posed and opportunities created for each force. A full report of this assessment can be obtained at the Laurel County Health Department.

Community Themes and Strengths Assessment

A Community Health Needs Assessment Survey was conducted with Laurel County residents during May and June of 2012. A total of 1,875 surveys were completed. The thirty-one question survey was available to complete in both electronic and paper format. The purpose of the survey was to gather perspectives from citizens of the county and to identify health-related problems that could be addressed through community action.

Demographic data from the respondents showed that 67.1% were female. The primary age groups that were surveyed were: ages 40-54, 31.9%; ages 26-39, 26.3%; and age 55 and over, 25%. The majority of respondents were married (53%), and had an educational level of at least a high school degree or equivalent (30.5%). Respondents were primarily white (96.8%), which coincides with the population data for Laurel County when looking at race. The employment status of the respondents was as follows: Full-time (48.9%), Unemployed (21.1%), Retired (12.0%), and Part-time (8.8%). Most of the respondents had a household income of less than \$25,000 (29.8%). The next largest percentage for household income was \$50,000-\$74,999 (14.3%).

When asked where they primarily sought medical care, 86.2% of the respondents said within Laurel County. When rating their own personal health, 40.7% said they were “somewhat healthy” and 36.2% said they were “healthy”.

When asked how safe Laurel County is, 50.8% responded “somewhat safe” and 35.2% responded “safe”. 54.5% of respondents rated Laurel County as a “somewhat healthy” county, and 26.9% said “unhealthy”.

A portion of the survey asked questions regarding health insurance. Insurance coverage for the individual and/or their spouse was reported by 77.4% of respondents, leaving 22.6% reporting that there was no insurance coverage for themselves or their spouse. 53.4% reported that the coverage was private insurance (through employer or self); 14.0% reported Medicare; and 8.7% reported Medicaid. When looking at health insurance coverage of children under the age of 18, the top three responses of having at least one child covered by insurance were: Private/Commercial (45.9%); Medicaid (42.6%); and KCHIP (40.5%). An alarming statistic that was revealed by the survey was that 39.5% of respondents said they have a least one child in the home with no insurance.

Needs the most improvement:

- Jobs with health insurance (45.1%)
- Healthy behaviors and lifestyles (42.1%)

Most important for healthy county:

- Good jobs and healthy economy 22.9%
- Good place to raise children 16.2
- Access to health care 10.8%

Greatest health problem in the county:

- Alcohol/Drug Abuse 37.6%
- Obesity/Physical Activity 16.4%
- Heart Disease and Stroke 8.6%

Most successful ways to support health of residents:

- Religious or Spiritual Values 28.9%
- Feeling Safe in your Neighborhood 23.5%
- Family Support of Each Other 20.3%

Most risky behavior in the county:

- Street Drug Abuse 34.6%
- Prescription Drug Abuse 25.7%
- Alcohol Abuse 9.7%

Substances that are a major problem in the county:

- Meth: (1465), (264 respondents knew a user of meth)
- Prescription Drugs: (1254), (429 respondents knew a user of prescription drugs)
- Cigarettes/Cigars: (878), (691 respondents knew a user of cigarettes/cigars)

Most serious safety problem in the county:

- Drunk and Drugged Driving 45.8%
- Drug Related Violence 27.5%
- Unsafe Driving (speed, distractions) 13.8%

Not enough of these physical activity opportunities

- Dancing (1247)
- Bicycle Paths (1240)
- Community Swimming Pools (1077)

County needs more of these services:

- Low-cost healthcare services 61.8%
- After hours clinic for children with working parents 46.2%
- “Sick child” daycare (day or evening) 41.8%
- Weight loss programs or services 41.8%

Not covered with health insurance

- Dental Services 20%
- Eye Care Services 17%
- Smoking Cessation Services 13.1%

*For smoking cessation, 31.6% of respondents did not know if this service was covered by their insurance, and 24.9% did not know if hearing care was covered by health insurance.

Chose to not receive service due to out-of- pocket cost

- Dental Care 34.4%
- Eye Exam 29.7%
- Yearly check-up 22.1%
- Prescriptions 22.1%

Hindrances to obtaining healthcare

- Co-pay or out-of-pocket expenses 35.4%
- Service not covered by insurance 29.6%
- Deductibles too high 23.4%

Reasons for hospital admittance at Saint Joseph London

- Other 14.6%
- Heart attack/heart cath/stents 11.7%
- High blood pressure 9.3%

*Of the respondents who had been hospitalized in the last 12 months, 17.0% reported being hospitalized at Saint Joseph London; 4.8% at a Lexington hospital; and 4.0% at Baptist Regional Medical Center in Corbin.

Strengths identified from the survey

- Most residents seek healthcare within the county 86.2%
- County has strong religious or spiritual values 28.9%
- Most people feel safe in their neighborhood 23.5%
- Adequate amount of walking or hiking trails 55.2%
- Adequate amounts of sidewalks 55.8%

Community Groups

In addition to the written survey, members of Saint Joseph London's Community Outreach Program conducted community groups at two locations - University of the Cumberland and Laurel Grocery. During the community groups, a series of four questions were asked and responses from the participants were recorded. Following are the results of the two community groups:

Community Group #1: Laurel Grocery **November 29, 2012**

1. What is healthy about your community and what is unhealthy?

Healthy:

- Many family doctors
- Places to receive healthy information
- A lot of physical activity available
- Gyms and access to health information
- Many co-workers use Weight Watchers
- Clean gyms
- Access to health care x 2
- Clean air in community
- Good farmers market locally x 2
- Several activities for children
- Some use sidewalks in town

Unhealthy:

- Smoking/tobacco
- Drugs
- Obesity
- A lot of people are not insured x 3
- A high number of people probably don't go to the doctor when needed
- Poor eating habits x 2
- Not enough exercise x 3
- Not enough routine visits to medical providers
- Diet/Overeating
- Overweight/overeating/smoking
- Uneducated x2
- High cost of medication/ Co payments
- Having to go out of town for Doctors
- More free education programs
- No dental care
- Can't afford eye exam & glasses

2. What is your perception of the current health needs of the community?

- More Exercise x 3
- Less prescriptions

- Not taken serious like it should be, people think if they don't go to the doctor they are healthy
- More Education on importance of health care and prevention – lifestyle choices
- Better food choices
- Good
- More activity, better diet, more mental health counseling
- Obama Care
- Health Education is lacking
- I think we need to cut out meth
- Too many poor
- Doctors need longer hours
- Can't afford vision/dental care (big problem)
- Need more free clinics
- Need more preventive care

3. What can the hospital do to better address the health needs of the community?

- Need an endocrinologist in London
- Offer some low cost Medicare or information to the community-physicians assist with this.
- Preventive education in community – what can an individual do to prevent the chronic health problems that are prevalent in our community?
- The community does not have a lot of trust in the hospital x 2
- Free health screenings & cheaper health care
- More outreach to local businesses
- More staff
- Less paper work; better cafeteria
- The new hospital is negative with the law suits
- Need community health forums (keep in touch)

Community Group #2: University of the Cumberlands

December 5, 2012

1. What is healthy about your community and what is unhealthy?

Healthy:

- Schools
- Work
- Great Colleges/Universities
- Not allow to have drugs & alcohol
- Making good food choices
- Physical activities in several place, parks & gyms x3
- People wanting to change life styles but don't
- More places for exercise
- Education available x 2
- Physical fitness high on college campus
- Dry County

Unhealthy:

- Fast foods every where
- Bad health
- Uneducated x 3
- Lack of exercise x2
- Too much welfare
- Drugs x 4
- Lack of dental care
- Most of our food unhealthy x 2
- Poverty x 3
- Poor unhealthy lifestyles x 2
- Lack of Insurance
- Unemployment high
- Mental health disorders/ anxiety/bipolar
- Need more drug rehab x 3
- Domestic abuse/Violence
- Bad lifestyle behaviors
- Hospital 15 minutes away
- Smoking x 3
- High teen pregnancy rates
- Crimes

2. **What is your perception of the current health needs of the community?**

- Becoming aware and knowing about health problems
- Not enough family doctors x 3
- Poor transportation in Whitley Co.
- To many people on welfare x3
- Need more drug rehabilitation x 3
- We need to improve health/be role model
- Assist with education for the Insurance population
- More low cost fitness facilities
- More opportunities to get involved – drug rehab/ social services etc
- Use College students to provide preventive education
- Good Health Dept. locally but limited resources (budget cuts)

3. **What can the hospital do to better address the health needs of the community?**

- Assist with off-site clinics
- Provide PA or NP
- Assist with Insurance Education x 1
- Free clinic x 2
- Offer preventive care education x 3
- Preventive education
- Out patients facilities
- Assist rural areas in knowing what's available - education/support groups etc.

- Town Hall meeting with community members and also leaders.

Local Public Health System Assessment

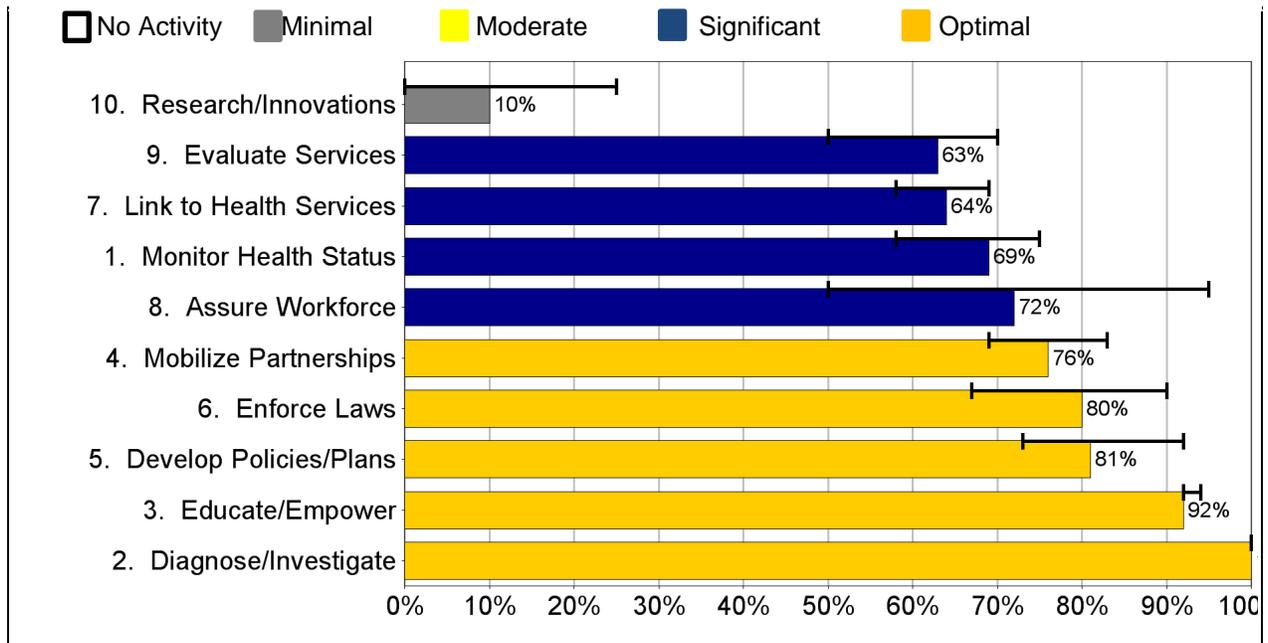
The Laurel County public health system was assessed using the National Public Health Performance Standards Program (NPHPSP) which was developed by the Centers for Disease Control (CDC) in 2007 with the following partner organizations: American Public Health Association, Association of State and Territorial 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 the assessment was to identify how well the local public health system is performing the ten essential public health services. This assessment allowed for identification of strengths and weaknesses within the system and provided opportunities for continuous improvement.

The local public health department does play a large role in the public health of the local community, but there are many other partners within Laurel County's public health system that allow for the successful completion of the essential services. These partners include: 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. Approximately thirty representatives for many of these partner organizations completed the NPHPSP instrument in a one day session on October 23, 2012.

The findings of the assessment rated the delivery of each of the 10 essential public health services (see Figure 1). The one rating that scored below significant was essential public health services number 10, which received a score of minimal activity. Essential public health service 10 refers to the capacity of the public health system to participate in and create opportunities for research and innovations. It was discussed by the group during the assessment that the fact that there is not a research-based university nearby may be the reason the system scored low in this area. The local health department has participated in a limited number of research projects that were funded through the University of Kentucky in Lexington, but those projects were never continuous. The system scored highest in essential services number 2 and 3, with scores of optimal in both. Essential service 2 refers to the capacity of the local public health system to diagnose and investigate health problems and health hazards including identification and surveillance, emergency response, and laboratories. Essential service number 3 refers to the capacity of the local public health system to inform, educate, and empower people about health issues including health education and promotion, health communication, and risk communication. It's pertinent to note that 90% of the system's essential service scores fall within the significant and optimal range.

Figure 1: Rank ordered performance scores for each Essential Service, by level of activity



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In Remembrance:



Lori Acton was the Director of the Laurel County Public Library for over 28 years until her untimely passing in early 2013. Lori had a heart for her adopted home of London/Laurel County. She was passionate about Community Service and was proud to serve on Community Health Assessment Committee in hopes to improve the quality of life in London/Laurel County.

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