Dear Public Health System Partners:

Fiscal Year 2016 was an exciting year with many new programs and efforts to help us reach our vision of a community where everyone has the opportunity to Live. Work. Play. Pray. HEALTHY! We are so grateful for our many community partners who have been integral to our public health efforts.

During Fiscal Year 2016 some of our efforts included:

- **Syringe Exchange Program:** Kentucky legislature passed the landmark anti-heroin bill, SB 192, in March of 2015. Per this bill, Franklin County Board of Health passed a resolution authorizing Franklin County Health Department (FCHD) to operate a syringe exchange program on August 17, 2015 with Fiscal Court and City Commission doing the same on October 16, 2015 and January 25, 2016 respectively. FCHD has now been operating this program since May 6, 2016 and we are proud to work with our partners including, Bluegrass.org, Capital Pharmacy, Kentucky Department for Public Health, Kentucky State University, Franklin County Public Schools, Franklin County Sheriff’s Office, Frankfort Regional Medical Center (FRMC), Franklin County Agency for Substance Abuse Policy (ASAP), Frankfort Fire and EMS, Frankfort Police and Frankfort-Franklin County Office of Emergency Management, to decrease the transmission of hepatitis C and HIV and increase referrals to drug treatment centers. See page 6 for more information about the Franklin County Harm Reduction and Syringe Exchange Program.

- **Freedom From Smoking:** We transitioned to a new American Lung Association smoking cessation program called Freedom From Smoking. This program has proven to have better outcomes, including a higher quit rate. We continue to work closely with FRMC to ensure class availability for our community and to combat Kentucky’s continued high smoking rates.

- **Diabetes Prevention Program:** While FCHD has long offered Diabetes Self-Management Education, we began a new program called the Diabetes Prevention Program that targets those with risk factors for diabetes, in an effort to prevent the onset the Type 2 Diabetes. See pages 4 and 18 for more information about these programs.

- **Zika Virus:** We are all aware that Zika virus became a concern during Fiscal Year 2016. We were excited to work with the Kentucky Department for Public Health and the Kentucky Department of Agriculture to ensure that known areas were fogged to reduce the mosquito population. We will continue to monitor this emerging public health threat. See page 16 for steps you can take to help with these efforts.

- **Performance Management System:** FCHD implemented a new Performance Management System, utilizing the Klipfolio software. These performance management goals ensure the monitoring of public health processes, programs, interventions and other activities that contribute to population health improvement. See page 12 for more information.

- **Quality Improvement:** FCHD was honored to receive a Public Health Accreditation Board and Robert Wood Johnson Foundation grant that brought an entirely new model of Quality Improvement (QI), the Kaizen Model, to FCHD. Kaizen literally translates to “change for better”. This grant also supported a QI planning week at FCHD where the following were identified as QI goals: Reduce STI rates, Increase 6th grade immunization rates, Increase FCHD leadership skills and Maximize FCHD revenue. See page 12 for more information.

- **Promising Practice Award:** FCHD received a promising practice award from the National Association of County and City Health Officials (NACCHO) for a project entitled, “Forces of Change Assessment using QI Tools.” This was part of our Frankfort/Franklin County’s MAPP (Mobilizing for Action through Planning and Partnerships) Community Health Assessment and now provides a model for other communities to follow. FCHD has now received three model practice awards and four promising practice awards from NACCHO since 2011.

Please be sure to peruse the following pages for other FCHD Fiscal Year 2016 highlights and be sure to provide your feedback to us at www.FCHD.org. Thank you for being a very important part of our public health system and we wish you Health and Happiness in 2017!

Sincerely,

Dr. Charles P. Bradshaw, Chair  
Franklin County Board of Health  

Judy A. Mattingly, MA  
Public Health Director
### Franklin County Health Department

100 Glenn’s Creek Road  
Frankfort, KY 40601

- **Mon., Tues., Thurs., Fri.** 8:00 - 4:30  
- **Wed.** 8:00 - 6:30

**Business Office**
Phone: 502-564-4269  
Fax: 502-564-9586  
After Hours Emergencies: 502-875-8582

**Clinic Services**
Phone: 502-564-7647  
Fax: 502-564-9640

**School Health**
Phone: 502-564-7647  
Fax: 502-564-9640

**Franklin County Public Health Center**

851 East-West Connector  
Frankfort, KY 40601

- **Mon. - Fri.** 8:00 - 4:30

**Community Health Education**
Phone: 502-564-5559  
Fax: 502-564-5672

**Emergency Preparedness**
Phone: 502-564-9336  
Fax: 502-564-5672

**Environmental Health**
Office Hours 8:00 - 9:30am  
Phone: 502-564-7382  
Fax: 502-564-5672

**Franklin County Home Health Agency**
Phone: 502-564-7383  
Fax: 502-564-9587

**HANDS Services**
Phone: 502-564-5559  
Fax: 502-564-5672

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**Visit Us**

**Connect With Us**

- Facebook  
- Twitter  
- YouTube  
- Email

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**Vision Mission & Values**

Prevent. Promote. Protect. Franklin County.

- Accountability, Dedication, Empowerment, Equity, Excellence, Flexibility, Integrity and Respect

---

**10 Essential Public Health Services**

- Assess
- Monitor Health
- Evaluate
- Manage
- Assure Competency Workforce
- Diagnose & Investigate
- Link to/Provide Care
- Develop Policies
- Enforce Laws
- Mobilize Community Partnerships

---

**ASSESSMENT**

**POLICY DEVELOPMENT**

**ENSURANCE**
A life-changing class that can help you lose 5-7% of your body weight and cut your risk for diabetes in half! For 16 weeks, a trained lifestyle coach will work with you, one-on-one and in a group setting to help you learn simple changes for lowering your risk.

**FCHD has completed 2, 16-week Core Curriculums for our worksite Diabetes Prevention Program (DPP)!!**

Our first class was offered at the Capital Plaza Tower worksite on Wednesdays from 11:30am-12:30pm. There were four Kentucky Employee Health Plan (KEHP) members that completed the first portion of the program. We will continue to meet monthly through September.

Our second program is taking place at the Kentucky Transportation Cabinet! There are seven KEHP employees eager to meet their program goals! This group will be meeting through February 2017 as part of their Post Core Program.

Both groups have been striving toward the program goals of achieving a 5-7% weight loss and acquiring at least 150 minutes of physical activity per week to prevent Type 2 Diabetes. We are so proud of their hard work! To date FCHD’s DPP has generated $4719.00!!! Not bad for our first year.

**Testimonials:**

“Having a group of people with the same goals as me really motivated me to jump start healthy lifestyle changes.”

— Phyllis Perkins, 53, Program Participant

“It’s not about how long you live, it’s about how well you live.”

— Cynthia Johnson, 54, Program Participant
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**Dates**

- **1**  FCHD Closed
  New Year’s Day
- **17** KHDA Meeting 9:00am
- **16** FCHD Closed
  MLK Day
- **30** 6 month budget projection due to DPH

Food Handler Class at PHC
9:00am - $5.00
Wed 4, 11, 18, 25

**All time, dates and locations are subject to change. Please call to verify.**
Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

#CleanNeedlesSaveLives

**HARM REDUCTION GOAL**

Reduce negative effects of IV drug use including: transmission of disease and infection including Hepatitis C, HIV and other STIs. Reduce injuries due to IV drug use. Increase education and information for People Who Inject Drugs (PWID) to make better decisions including: promoting effective wound care, act as a referral site for resources, promote overdose prevention using Naloxone/Narcan education.

**HARM REDUCTION ACTIVITIES**

- Welcome participant to Franklin County Harm Reduction and Syringe Exchange Program (HRSEP)
- Give participant the “Participant’s Rights and Responsibilities” Form
- Provide information about the Syringe Exchange Program
- Give participant a FCHRSEP Resource Guide
- Educate about the legal consequences of the Syringe Exchange Program
- Discuss proper disposal of contaminated needles
- Complete a Personal Risk Assessment
- Discuss Intravenous Drug Use Risk Reduction, safer use and wound care
- Discuss viral Hepatitis and prevention
- Discuss HIV/AIDS transmission and prevention
- Discuss available STI counseling and testing
- Test for HIV and refer if positive
- Discuss sexual risk reduction and condom use
- Discuss overdose prevention and Naloxone/Narcan
- Refer to drug treatment
- Refer to other social services
- Refer to mental/behavioral health
- Refer to medical treatment
- Discuss medical insurance options
- Discuss human trafficking risk

• Syringe Exchange Programs (SEPs) are widely recognized as an effective strategy for preventing the spread of HIV among PWID
• SEPs reduce the improper disposal of syringes
• Syringe re-use declines when syringes are provided by need-based distribution or one-for-one-plus exchanges
• PWID are 5 times more likely to enroll in rehab when participating in a SEP
• SEPs reduce needlesticks in law enforcement officers

Transtheoretical Model of Change
Prochaska & DiClemente
## February 2017

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**Dates**

- **2** Groundhog Day
- **3** National Wear Red Day
- **14** Valentine’s Day
- **20** President’s Day
- **21** KHDA Meeting 9:00am
- **27** 4th Accreditation Anniversary
- **28** Shrove Tuesday / Mardi Gras

**Food Handler Class at PHC**
9:00am - $5.00
Wed 1, 8, 15, 22

**All time, dates and locations are subject to change. Please call to verify.**
Having a baby is a joyful, but stressful time for parents. Fortunately, families across the state of Kentucky have access to the HANDS program, a home visiting service designed to support overburdened moms and dads in their parenting journey. The program is free for everyone and provides services from the prenatal period all the way through the child’s second birthday. Parents have a great time learning about their pregnancy and child’s development, while making toys and doing activities that promote brain stimulation, language development, bonding and a healthy lifestyle. Families love the HANDS program because not only do they have fun, but they learn important information and have support to reach their own goals and dreams.

Families meet weekly with their Family Support Worker (FSW) from the time of pregnancy through the baby’s first birthday. After that, they meet every other week until the baby is two years old. They also get visits with a nurse or social worker once every three months to cover special topics like preterm labor, breastfeeding, and teething. Each session is 30 minutes to an hour long.

Families go through our Growing Great Kids curriculum with their FSW. After the prenatal curriculum, sections are divided by age (i.e. 0-3 months, 4-6 months, etc.) and cover the same five areas: Basic Care, Social and Emotional, Physical and Brain, Cues and Communication and Play and Stimulation. We also use a curriculum called Growing Great Families that covers family values, culture and traditions, what parents want for their child, goals and other important topics. After the baby is born, families will complete Ages and Stages questionnaires every two months to track their baby’s development. Parents have a great time doing curriculum activities with their babies and making fun toys that support their babies’ development.

It is important to participate because HANDS families have fun while learning about how to best support their child’s physical health, brain development, language and emotional health. Families get support in setting goals for themselves and get encouragement and positive feedback for growing their parenting skills.

HANDS has proven outcomes regarding fewer low birth weight babies, fewer ER visits, better dental health, and lower incidents of child abuse and neglect, to name a few. Long term studies show HANDS children to have greater school success.

HANDS PROGRAM GOALS

- Positive pregnancy outcomes
- Optimal child growth and development
- Children live in healthy and safe homes
- Family decision-making and self-sufficiency

In Franklin County, we provided 2,235 home visits to 147 families last year!
### March 2017

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**Dates**

1. Ash Wednesday
2. Read Across America Day
3. Employee Appreciation Day
4. Daylight Saving Time Starts
5. St. Patrick's Day
6. KHDA meeting 9:00am
7. County Health Rankings Release
8. Diabetes Alert Day
9. PHAB Annual Report Due

**Food Handler Class at PHC**
9:00am - $5.00
Wed 1, 8, 15, 22, 29

**All time, dates and locations are subject to change. Please call to verify.**
What is LDOP?

The Longest Day of Play (LDOP) is an event that encourages physical activity in an effort to decrease rates of diabetes, obesity, cancer and cardiovascular disease. Kentucky has some of the highest rates of these diseases. Research shows that losing as little as 10% of one’s body weight can lead to huge health benefits and becoming more physically active is a wonderful place to start!

Over the last 10 years LDOP has hosted an average of 40 vendors per year and 7,718 participants since we began in 2007!

On behalf of the LDOP Steering Committee and FCHD, we would like to extend our sincere thanks for all of your time, support, and contributions to LDOP over the last 10 years.

When we first began this venture 10 short years ago, our initial purpose was to help our community redefine exercise by making it fun. Due to each of you, we achieved that goal. While the event has officially come to an end, the purpose will continue! Again, on behalf of the Longest Day of Play Steering Committee, we thank you for the part you played in this event. You have helped to make it a success!
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**All time, dates and locations are subject to change. Please call to verify.**

**Dates**

1   April Fools Day
3-9 National Public Health Week
9   Palm Sunday
11-13 KPHA Annual Conference
14   FCHD Closed at 11:45am
     Good Friday
16   Easter Sunday
22   Earth Day
26   Administrative Support/ Professionals Day
28   Arbor Day
28   School Health Contracts due to DPH

Food Handler Class at PHC
9:00am - $5.00
Wed 5, 12, 19, 26
Achieving an agency-wide culture of Quality Improvement (QI) has been a main focus of FCHD’s QI Team for FY16. This year has been full of QI events such as our very first Kaizen (rapid QI process) event taking place in August of 2015 and QI planning week taking place in February of 2016. During the QI planning week, 26 FCHD employees were trained in a QI Contributors Course where they came up with real problems and used QI techniques and tools to work through their own personal QI project. In addition to training staff, FCHD’s Leadership team spent an entire day looking through data, FCHD’s Strategic Plan, Community Health Assessment, etc. to prioritize where QI efforts would be focused from February 2016 - June 2017. The outcome of the all-day planning session can be found above.

2016 Quality Improvement Plan: FCHD

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<td>TO:</td>
<td>Reduce STD rates in the next 18 months</td>
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| BY: | • Increasing STD case reporting  
• Improving STD education  
• Increasing STD prevention |
| Measures/Targets: | TBD by the team |
| Project Leader, Team Members: | TL: Sally  
Leah, Jennifer, Kim, Flo (KSU rep), Susan, Ashley, Ina |

| Project: Sixth Grade Immunization |
| TO: | Increase Tdap, MCV, and Varicella vaccinations in the 6th grade population |
| BY: | • Kaizen and partnership with the schools |
| Measures/Targets: |  
• Tdap - 75% improvement  
• MCV 55.6% improvement  
• Varicella 60.1% - 75% improvement |
| Project Leader, Team Members: | TL: Michelle  
Vicky, Kyle (school rep), Savannah, Natalie, Jeanette, Leann, Sally or Lisa H. |

| Project: Workforce Development |
| TO: | Increase leadership potential/skills |
| BY: | • Increasing participation in educational opportunities |
| Measures/Targets: | Leadership institute attendance (10 to 20) |
| Project Leader, Team Members: | TL: Sally  
Leah, Jennifer, Kim, Flo (KSU rep), Susan, Ashley, Ina |

| Project: Maximize Revenue |
| TO: | Increase collection of service fees |
| BY: | • Following the PDCA improvement process |
| Measures/Targets: |  
• Tdap - 75% improvement  
• MCV 55.6% improvement  
• Varicella 60.1% - 75% improvement |
| Project Leader, Team Members: | TL: Michelle  
Vicky, Kyle (school rep), Savannah, Natalie, Jeanette, Leann, Sally or Lisa H. |

| Outcomes | Reduce Infectious Disease |
| Measure | Baseline | Target |
| STD (chlamydia, gonorrhea, syphilis) cases from FCHD 007 Report | 291 cases from July 2014 to Dec 2015 | 277 cases from Jan 2015 to June 2017 |
| Immunization Rate Sixth Grade | Tdap 55.6%, MCV 54.6%, Varicella 60.1% | 75% for all three vaccines |

| Workforce Development |
| Measure | Baseline | Target |
| Leadership Institute Attendance | 10 | 20 |
| QI Project Participation | 27 | 55 |
| Staff Satisfaction Survey – neutral to pride working at HD | 6 | 0 |

| Financial Stability |
| Measure | Baseline | Target |
| FY15 Amount Billed – Amount Paid | TBD | TBD FY17 |

Achieving an agency-wide culture of Quality Improvement (QI) has been a main focus of FCHD’s QI Team for FY16. This year has been full of QI events such as our very first Kaizen (rapid QI process) event taking place in August of 2015 and QI planning week taking place in February of 2016. During the QI planning week, 26 FCHD employees were trained in a QI Contributors Course where they came up with real problems and used QI techniques and tools to work through their own personal QI project. In addition to training staff, FCHD’s Leadership team spent an entire day looking through data, FCHD’s Strategic Plan, Community Health Assessment, etc. to prioritize where QI efforts would be focused from February 2016 - June 2017. The outcome of the all-day planning session can be found above.

Trainings for Accreditation/Quality Improvement

- National Association for County and City Health Officials (NACCHO) Annual Conference
- National Network of Public Health Institutes (NNPHI) Open Forum
- KHDA Retreat
- QI Leaders Training – QI Planning
- Kentucky Public Health Association (KPHA) Conference
- Providing QI Trainings for local Kentucky health departments
- CHIM (Community Health Improvement Model) training from NACCHO

Performance Management

FY16 began a new chapter at FCHD for performance management. In public health, performance management means actively using performance data to improve the public’s health, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results.

FCHD adopted a new performance management plan and system. The system used to house the performance management goals is called Klipfolio and it creates visually appealing dashboards that are updated quarterly at the click of a button. All of FCHD’s departments were tasked with developing at least one goal.
**All time, dates and locations are subject to change. Please call to verify.**
School Nurses benefit schools by

- Improving Attendance: which is a huge benefit. This is done through health promotion and prevention of disease.
- Improved Academics: a healthy student learns better and reduced drop out rates
- Saves time for Teachers, Principal and all staff by addressing issues and taking care of the students
- Improve staff wellness
- Increase accountability

School nurses are responsible for

- Individual student care: first aid, assessment
- Promoting the health and well being of the school community
- Conducting health surveillance and managing infectious diseases
- Managing chronic disease
- Promoting healthy behaviors
- Assisting families to access health care resources
- Addresses the social determinants of health and health disparities
- Public health reporting
- Classroom Education: puberty lessons, sexuality education

An average of 5% or less of students who visit the school nurse during the school year 2015-2016 will be sent home by the school nurse.

Franklin County School Nursing Program is administered by the Franklin County Health Department. There are currently 13 Registered Nurses that are divided among both school districts to provide services.

Statistics

The National Survey of Children with Special Healthcare Needs has determined that 11.2 million U.S. children are at risk for chronic physical, developmental, behavioral, or emotional conditions. These students may require health related services in schools (DHHS, Maternal and Child Health Bureau, 2013).

- Each year, children spend 1000+ hours at school
- Kentucky ranks in the bottom 10 states in the nation for multiple health indicators, including overall health status, poor physical health days, poor mental health days, smoking, preventable hospitalizations, diabetes, childhood obesity, and children with oral health problems
- Kentucky has the highest rate in the nation of children with special health care needs (24%, CDC)
- Kentucky also has the highest percentage of children with asthma in the United States (25%, CDC)

<table>
<thead>
<tr>
<th>School Health Services</th>
<th>2015-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frankfort City School System Enrollment</td>
<td>787</td>
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<tr>
<td>Franklin County School System Enrollment</td>
<td>6,353</td>
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<tr>
<td>Total Pupil Enrollment</td>
<td>7,140</td>
</tr>
<tr>
<td>Total Visits</td>
<td>57,917</td>
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<tr>
<td>Unduplicated Visits</td>
<td>50,638</td>
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<tr>
<td>Number of Students (PEF’d)</td>
<td>39,943</td>
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<tr>
<td>Students Sent Home</td>
<td>1,547</td>
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<tr>
<td>Number of IEP Students</td>
<td>6,096</td>
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<tr>
<td>Vision and Hearing Screenings</td>
<td>163</td>
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<tr>
<td>Referrals</td>
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<td>Social Service Notifications</td>
<td>21</td>
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<tr>
<td>Assisted with Social Service Call</td>
<td>33</td>
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<tr>
<td>School Staff Visits</td>
<td>1,153</td>
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</tbody>
</table>
**All time, dates and locations are subject to change. Please call to verify.**
The summer of 2016 can be known as the summer of the Mosquito. With the fear of the Zika virus, the state of Kentucky as well as every other state, became even more wary and concerned with mosquitos. The Zika virus has not been found anywhere in Kentucky but there are other serious mosquito-borne diseases (encephalitis, West Nile virus) we should all be aware of and protect our family and pets from.

The Franklin County Health Department worked closely with several agencies to correct drainage issues, clean out culverts, remove debris, etc. A tremendous amount of gratitude goes to The Department of Agriculture, who fogged areas identified as mosquito positive. We would like to thank: Frankfort/Franklin County Emergency Management, City Commission, Frankfort Public Works, County Road Department, Franklin County Public Schools, and Fiscal Court. Without the assistance of all of these fine partners we would not have been able to address the many calls and concerns of the community.

In many areas, mosquito populations can be drastically reduced by methods which are often referred to as “source reduction” and “cultural control.” The idea of source reduction is to eliminate places where mosquitoes can breed and reproduce. All mosquitoes need water to develop through their larval stages. This does not necessarily mean a pond or stream, but also includes bird baths, kiddie pools, and even discarded pop cans. One way people can help reduce the risk of mosquito borne diseases in their neighborhoods is to help reduce some of these types of mosquito breeding habitats. It’s a good idea to start these practices early in the season—just because the mosquitoes aren’t biting yet, doesn’t mean that they’re not developing.

**Dress:** It is best to wear long-sleeved shirts and long pants, when you are able.

**Drain:** The best way to control mosquito habitats is to eliminate all standing water that the mosquitos need to breed. The easiest way is to place items where water cannot collect in them. If you cannot keep water from collecting in these containers, remember to dump water frequently, as well as scrub the containers to remove the eggs and keep them from hatching.

**Defend:**

- Use an approved insect repellent.
- Apply repellents only to exposed skin and/or clothing.
- Do not apply near eyes and mouth, and apply sparingly around ears.
- When using sprays, do not spray directly into face; spray on hands first and then apply to face.
- Never use repellents over cuts, wounds, or irritated skin.

The three *Ds* of Zika prevention:
**All time, dates and locations are subject to change. Please call to verify.**
Medicare, Medicaid and most insurances accepted. Start the conversation about home health care with your physician or call 502-564-7383 to speak with our Home Health Nurse Administrator.

Franklin County Home Health provides skilled services in the home allowing individuals to recover in their own environment. In some cases the patient may qualify for assistance with personal care and homemaking through our Medicaid Home and Community Based Waiver Program. It is our goal to provide the patient with personal, compassionate, professional services to prevent re-hospitalizations and nursing home placements.

Our Quality Services Include, but are not limited to:
- Pediatric, Maternal, and Geriatric Care
- IV infusions, wound care, cardiac care and management
- Diabetes care and management, ostomy teaching and care
- Patient and caregiver education
- Rehabilitation to include physical and occupational therapy and pediatric speech therapy
- Aide services
- Home and Community Based Waiver Services
- Nurse on call 24 hours
- Community Presentations on services

According to the American Diabetes Association, “Diabetes self-management education (DSME) is the ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care.” This process incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision-making, self-care behaviors, problem-solving and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life.

The Franklin County Health Department has been pleased to offer DSME Classes to the public. It is presented by a Certified Diabetes Educator and Registered Dietitian. Attendance at the entire session is highly encouraged. The material covered during the 8 hour session will include the following: healthy coping for diabetes, monitoring & management, acute complications, nutrition and physical activity, preventing long term complications and sick day management.

We had a terrific turnout for our Spring 2016 DSME Classes at Good Shepherd Church! FCHD in collaboration with Good Shepherd Church hosted a DSME series March 3rd, 10th and 17th from 5-7pm in the Parish Life Center. We had seven individuals complete the entire series.

Some of the feedback received from the program included: “I am very happy with my experience in the class/program”; “My diabetes educator answered my questions in a way I could understand and use.”

More exciting DSME news: The KDPH reached out to FCHD requesting their participation as a Diabetes Education Accreditation Program site! On April 18th our Certified Diabetes Educator attended a training to get us started! Stay tuned for more information.

The Franklin County Diabetes Coalition continues in their efforts to increase awareness of diabetes and diabetes prevention education resources available within Frankfort and Franklin County.

Coming soon! Our Diabetes Coalition is morphing into a Diabetes Support Group and Coalition outreach program! The hour meeting will start with a 30 minute topic discussion followed by a Q and A session and end the evening discussing coalition outreach efforts.
**All time, dates and locations are subject to change. Please call to verify.**
Pink County Grant

Purpose

- Provide outreach, promote, educate and navigate all women to receive breast and cervical cancer screenings with special emphasis on uninsured women at or below 250% of the Federal Poverty Level (FPL) and women with Medicaid coverage at or below 138% of the FPL.
- Increase mammogram screenings by 10% to those enrolled in expanded Medicaid in Franklin County. Baseline data is provided to each LHD.
- Identify challenges which have prevented women from receiving breast and cervical cancer screening and diagnostic services.

Goal of the Project

- To increase awareness of need for breast and cervical cancer screening in Franklin County through the use of a media blitz which includes billboard, TV, radio and newspaper. This media campaign should reach at least 80% of county residents which would be approximately 40,000 residents.

Target Audience

- This initiative targeted the medically underserved population of Franklin County 21-64 years of age through a media campaign and incentive program.
- In Franklin County, 1,340 women were eligible for mammogram screenings through Medicaid. Data reports that less than 21% of the eligible population was screened in 2014-2015. Franklin County Health Department’s goal is to increase this by 10% which would be 173 mammograms by June 30, 2016.

Evaluation

- To evaluate the effectiveness of this initiative the numbers of mammograms, and cervical and breast screenings will be evaluated both before the media blitz and after the implementation. The goal is to reach a 10% increase in screenings and mammograms.

Family Planning Program

The Family Planning Program has continued to serve women for annual exams, cancer screening, STD screening and initiation of birth control methods. We encountered many uninsured women who were able to meet with the KyNect representative to obtain insurance benefits. If the woman was either unable or uninterested in the insurance resource, we continued to provide quality exams and counseling with birth control pills, Depo Provera, and condoms.

The RN coordinator of the family planning program monitors rates of unplanned pregnancy. She conducts an “Information and Education (I & E) Committee Meeting” each year. The responsibilities of the I & E Committee are to improve maternal and infant health, lower the incidence of unintended pregnancy, reduce the incidence of teen birth, encourage healthier lifestyles, and lower the rates of sexually transmitted infections. In 2016, our meeting included special members: the Drop-out Prevention Coordinator from Franklin County High School, a Youth Coalition Representative and representation of a diverse population of teens ages 12 to 17, male and female, Hispanic, African American, and Caucasian.

Recommendations from the committee are as follows:

- Investigate the incorporation of current internet technology and social media in education for family planning and pregnancy prevention.
- Suggestion to use the FCHD Facebook page to provide specific family planning and STD prevention information, encouraging the public to “like and share” the page, with ability to register these people for a quarterly incentive drawing “for a gas card or a gift card to the creamery (ice cream).”
- Continue to encourage students to seek information from their school nurse and to utilize the Youth Services Coordinator to assist with accessing FCHD services as needed.
- Initiate involvement or presentation to the “Girls Rock” group to reach teens who are already involved in the at-risk group interventions.
- Increase the presentation of the Abstinence program content to more schools in Franklin County.

FCHD plans to move forward with as many of these recommendations as possible. We very much appreciated the attention that our community members gave to this meeting.
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**All time, dates and locations are subject to change. Please call to verify.**

**Dates**

- 4  FCHD Closed
  Labor Day
- 10 National Grandparents Day
- 19 KHDA Meeting 9:00am

Food Handler Class at PHC
9:00am - $5.00
Wed 6, 13, 20, 27
The Four MAPP Assessments:

- Community Health Assessment
- Community Themes and Strengths Assessment (Quality of Life Survey)
- Local Public Health System Assessment (National Public Health Performance Standards)
- Forces of Change

These four assessments were completed during FY 16 to form our newest Community Health Assessment (CHA).

Based on community input MAPP determined 5 strategic issues that will be addressed in the new Community Health Improvement Plan:

- Health Risks
- Health and Education
- Welfare of the Family
- Public Safety
- Mental Health

MAPP subcommittees have been formed to address all 5 goal areas. MAPP partners from various disciplines are coming together to design initiatives to address these forces.
October 2017

**Dates**

2  Child Health Day

4-8  APHA Annual Conference

16-20  National Health Education Week

17  KHDA Meeting 9:00am

31  Halloween
   RN and LD License Renewal Due

TBA  KHDA and Accreditation Coordinator
   Retreat

Food Handler Class at PHC
   9:00am - $5.00
   Wed 4, 11, 18, 25

**All time, dates and locations are subject to change. Please call to verify.**
### Revenue Sources & Allocations

#### Revenue Sources

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<tbody>
<tr>
<td>Service Fees &amp; Interest</td>
<td>$2,793,216.77</td>
<td>44%</td>
<td>$2,744,742.22</td>
<td>45.17%</td>
<td>$2,735,987.76</td>
<td>49.17%</td>
<td>$2,626,749.67</td>
<td>47.16%</td>
<td>$3,485,115.61</td>
<td>52.22%</td>
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<tr>
<td>Local (Tax)</td>
<td>$1,789,142.66</td>
<td>28%</td>
<td>$1,671,364.03</td>
<td>27.51%</td>
<td>$1,533,222.79</td>
<td>27.56%</td>
<td>$1,382,231.73</td>
<td>24.81%</td>
<td>$1,304,507.00</td>
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<tr>
<td>Federal</td>
<td>$562,014.76</td>
<td>9%</td>
<td>$517,398.69</td>
<td>8.51%</td>
<td>$676,839.93</td>
<td>12.16%</td>
<td>$717,770.85</td>
<td>12.89%</td>
<td>$662,006.49</td>
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<tr>
<td>State</td>
<td>$1,121,985.32</td>
<td>18%</td>
<td>$1,095,340.49</td>
<td>18.03%</td>
<td>$499,125.46</td>
<td>8.97%</td>
<td>$539,191.82</td>
<td>9.68%</td>
<td>$785,244.23</td>
<td>11.77%</td>
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<tr>
<td>Carry-Over &amp; Reserve</td>
<td>$88,514.81</td>
<td>1%</td>
<td>$47,481.01</td>
<td>0.78%</td>
<td>$118,807.35</td>
<td>2.14%</td>
<td>$304,408.98</td>
<td>5.46%</td>
<td>$436,585.69</td>
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<tr>
<td>Total</td>
<td>$6,354,874.32</td>
<td>100%</td>
<td>$6,076,326.44</td>
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<td>$5,563,983.29</td>
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<td>$5,570,353.05</td>
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<td>$6,673,459.02</td>
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#### Revenue Allocations

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<tbody>
<tr>
<td>Clinic/Community Health</td>
<td>$4,421,274.99</td>
<td>72%</td>
<td>$3,831,743.11</td>
<td>70.94%</td>
<td>$3,325,802.99</td>
<td>61.69%</td>
<td>$3,273,437.95</td>
<td>60.03%</td>
<td>$3,496,965.03</td>
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<tr>
<td>Home Health</td>
<td>$1,259,443.47</td>
<td>21%</td>
<td>$1,222,333.61</td>
<td>22.63%</td>
<td>$1,704,395.78</td>
<td>31.61%</td>
<td>$1,761,536.84</td>
<td>32.30%</td>
<td>$2,653,023.79</td>
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<td>Environmental Health</td>
<td>$432,941.51</td>
<td>7%</td>
<td>$347,309.11</td>
<td>6.43%</td>
<td>$361,161.02</td>
<td>6.70%</td>
<td>$369,053.61</td>
<td>6.77%</td>
<td>$380,757.93</td>
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<td>Capital</td>
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<td>0%</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$48,993.00</td>
<td>0.90%</td>
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<td>Total</td>
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<td>$5,401,385.83</td>
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<td>$5,391,359.79</td>
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<td>$5,453,021.40</td>
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<td>$6,530,746.75</td>
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# November 2017

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<tr>
<td><img src="image1.png" alt="Fall Back" /></td>
<td><img src="image2.png" alt="Vote" /></td>
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<td><img src="image3.png" alt="Veterans Day" /></td>
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<tr>
<td><img src="image4.png" alt="Happy Thanksgiving" /></td>
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</table>

**Dates**

- **5** Daylight Saving Time Ends
- **7** Election Day
- **11** Veterans Day
- **13-17** Home Care Aide Week
- **21** KHDA Meeting 9:00am
- **23** FCHD Closed
- **24** Thanksgiving Day
- **24** FCHD Closed

Food Handler Class at PHC
9:00am - $5.00
Wed 1, 8, 15, 22, 29

**All time, dates and locations are subject to change. Please call to verify.**
<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Meeting Type</th>
<th>Issues Discussed</th>
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<tbody>
<tr>
<td>8/6/15</td>
<td>KALBOH/ NALBOH (Dr. Kenner present)</td>
<td>KALBOH discussed its purpose and elected new leadership. NALBOH presentation on model public health policies.</td>
</tr>
<tr>
<td>8/10/15</td>
<td>Budget Subcommittee (Dr. King, Dr. Hoover, Mr. Morris and Mr. Tanner present)</td>
<td>Close out training was provided including DPH forms and requirements. All restricted and unrestricted reserves were explained and reviewed.</td>
</tr>
<tr>
<td>11/19/15</td>
<td>MAPP Subcommittee (Arba Kenner present)</td>
<td>County Health Rankings 2016 shared; Franklin County’s 5 strategic issues developed from nominal group technique; MAPP workgroups were developed for the strategic issues</td>
</tr>
<tr>
<td>2/29/16</td>
<td>Regular</td>
<td>Updates on needle exchange and program policy was presented. Video monitor estimates presented and amount approved. Quarterly report and environmental food and onsite programs highlighted. 2016 public health tax rate approved. BOH positions elected. Quarterly financial reports presented for FCHD and taxing district.</td>
</tr>
<tr>
<td>2/29/16</td>
<td>Building Subcommittee (Mr. Morris, Judge Wells, Mr. Tanner, Dr. Hoover and Dr. Kenner)</td>
<td>Toured interior of PHC noting stained carpet, peeling wallpaper, humidity issues, unstable conference room wall and entrance security.</td>
</tr>
<tr>
<td>3/22/16</td>
<td>Budget Subcommittee (Dr. King, Dr. Hoover, Dr. Bradshaw and Mr. Morris present)</td>
<td>Six month budget projections were presented, including DPH’s projections as well as internal calculations.</td>
</tr>
<tr>
<td>6/6/16</td>
<td>Regular</td>
<td>Needle exchange update. BOH quarterly report. HANDS program highlight. FY 17 FCHD and taxing districts budgets presented and approved, including annual increment and merit payment percentages. Use of unrestricted reserves approved for closeout if needed. Quarterly financial reports for FCHD and taxing district presented.</td>
</tr>
<tr>
<td>6/6/16</td>
<td>Building Subcommittee (Mr. Morris, Mr. Grider, and Mr. Tanner)</td>
<td>Viewed PHC roof and parking lot</td>
</tr>
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</table>

### FY 16 Members | Representation

Charles Bradshaw, DMD, Chair | Dentist Representative  
Wayne Morris, RPH, Vice-Chair | Pharmacist Representative  
Paula Hoover, OD, Treasurer | Optometrist Representative  
Houston Wells, Judge Executive | County Judge Executive  
Joseph F. Grider, PE | Engineer Representative  
Stephen K. Hall, MD | Physician Representative  
Arba Kenner, MD | Physician Representative  
Denis King, DVM | Veterinarian Representative  
Pamela J. Melton, RN | Nurse Representative  
Constance E. Morgan, RN | Consumer Representative  
Richard Tanner | Fiscal Court Representative  
Mark Wainwright, DO | Physician Representative  

### Strategic Committee Meetings

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<td>MAPP</td>
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<tr>
<td>Strategic Planning</td>
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<td>2 ad hoc</td>
<td>N/A</td>
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<td>Budget</td>
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### Policies

- **New Policies**
  - 11
- **Revised Policies**
  - 4
  - 3
  - 110 (All)
# December 2017

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</table>

## Dates

- **19** KHDA Meeting 9:00am
- **24** Chirstmas Eve
- **25** FCHD Closed
  - Christmas Day
- **26** FCHD Closed
- **29** FCHD Closed for New Year’s

**Food Handler Class at PHC**
- **9:00am - $5.00**
- Wed 6, 13, 20, 27

**All time, dates and locations are subject to change. Please call to verify.**
### COMMUNITY HEALTH EDUCATION SERVICES

<table>
<thead>
<tr>
<th>Year</th>
<th>Presentations Misc. public health topics (does not include those listed below)</th>
<th>Diabetes Program</th>
<th>Healthy Start Child Care</th>
<th>Child Passenger Safety Seat Program</th>
<th>Smoking Cessation</th>
<th>Coalition Meetings</th>
<th>UK Mobile Pediatric Dental Services</th>
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</thead>
<tbody>
<tr>
<td>2015-2016</td>
<td>60</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>2</td>
<td>4</td>
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<td>2014-2015</td>
<td>18</td>
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<td>34</td>
<td>1</td>
<td>3</td>
<td>5</td>
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<td>2013-2014</td>
<td>32</td>
<td>5</td>
<td>25</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>4</td>
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<tr>
<td>2012-2013</td>
<td>33</td>
<td>15</td>
<td>16</td>
<td>2</td>
<td>1</td>
<td>9</td>
<td>9</td>
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<td>2011-2012</td>
<td>29</td>
<td>18</td>
<td>23</td>
<td>2</td>
<td>2</td>
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### CLINICAL SERVICES

<table>
<thead>
<tr>
<th>Year</th>
<th>Pediatric</th>
<th>Family Planning</th>
<th>Prenatal</th>
<th>WIC/Nutrition Services</th>
<th>Tuberculosis</th>
<th>Sexually Transmitted Diseases</th>
<th>Adult Health</th>
<th>Preventive Cancer</th>
<th>Total Visits</th>
<th>Unduplicated Visits</th>
<th>Number of Students (PEF’d)</th>
<th>Students Sent Home</th>
<th>Number of IEP Students</th>
<th>Referrals</th>
<th>Social Service Notifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-2016</td>
<td>8,806*</td>
<td>46,310</td>
<td>38,605</td>
<td>12,348</td>
<td>2,504</td>
<td>5,671</td>
<td>8,013</td>
<td>902</td>
<td>57,917</td>
<td>N/A</td>
<td>N/A</td>
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<td>N/A</td>
<td>1,025</td>
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<td>2014-2015</td>
<td>46,320</td>
<td>10,905</td>
<td>12,631</td>
<td>13,206</td>
<td>1,831</td>
<td>6,274</td>
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<tr>
<td>2013-2014</td>
<td>38,605</td>
<td>12,631</td>
<td>15,994</td>
<td>13,745</td>
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<td>6,133</td>
<td>9,495</td>
<td>1,476</td>
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<td>2012-2013</td>
<td>39,031</td>
<td>15,994</td>
<td>21,517</td>
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<td>2,744</td>
<td>8,210</td>
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<td>2,752</td>
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<td>2011-2012</td>
<td>28,610</td>
<td>21,517</td>
<td>20,302</td>
<td>16,972</td>
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### SCHOOL HEALTH

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Visits</th>
<th>Unduplicated Visits</th>
<th>Number of Students (PEF’d)</th>
<th>Students Sent Home</th>
<th>Number of IEP Students</th>
<th>Referrals</th>
<th>Social Service Notifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-2016</td>
<td>57,917</td>
<td>50,638</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>1,025</td>
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<tr>
<td>2014-2015</td>
<td>50,638</td>
<td>42,554</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>1,001</td>
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<td>2013-2014</td>
<td>N/A</td>
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<td>N/A</td>
<td>N/A</td>
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<tr>
<td>2012-2013</td>
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<td>N/A</td>
<td>N/A</td>
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<tr>
<td>2011-2012</td>
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<td>N/A</td>
<td>N/A</td>
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### HANDS

<table>
<thead>
<tr>
<th>Year</th>
<th>Families Enrolled</th>
<th>Home Visits</th>
<th>Preventive Cancer</th>
<th>Total Visits</th>
<th>Unduplicated Visits</th>
<th>Number of Students (PEF’d)</th>
<th>Students Sent Home</th>
<th>Number of IEP Students</th>
<th>Referrals</th>
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<tr>
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<td>2,235</td>
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<td>57,917</td>
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<td>N/A</td>
<td>N/A</td>
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<td>1,025</td>
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<td>2014-2015</td>
<td>165</td>
<td>2,131</td>
<td>1,001</td>
<td>50,638</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>1,001</td>
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<tr>
<td>2013-2014</td>
<td>123</td>
<td>2,026</td>
<td>1,476</td>
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<tr>
<td>2012-2013</td>
<td>116</td>
<td>1,454</td>
<td>2,752</td>
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<td>2011-2012</td>
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### HOME HEALTH

<table>
<thead>
<tr>
<th>Year</th>
<th>Nursing</th>
<th>Home Health Aide</th>
<th>Physical Therapy</th>
<th>Speech Therapy</th>
<th>Occupational Therapy</th>
<th>Social Services</th>
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<td>2015-2016</td>
<td>3,252</td>
<td>672</td>
<td>3,267</td>
<td>35</td>
<td>573</td>
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<td>2014-2015</td>
<td>3,057</td>
<td>474</td>
<td>3,372</td>
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<td>461</td>
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<td>2013-2014</td>
<td>3,906</td>
<td>716</td>
<td>4,025</td>
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<td>632</td>
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<td>2012-2013</td>
<td>6,196</td>
<td>5,777</td>
<td>4,816</td>
<td>240</td>
<td>829</td>
<td>21</td>
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<td>2011-2012</td>
<td>6,916</td>
<td>6,152</td>
<td>5,735</td>
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### ENVIRONMENTAL SERVICES

<table>
<thead>
<tr>
<th>Year</th>
<th>Food Service/Retail Food Activities</th>
<th>Animals Vaccinated at Rabies Clinics</th>
<th>Onsite Sewage Activities</th>
<th>Nuisance Complaint Investigations</th>
<th>Animals Quarantined</th>
<th>Public Facilities Activities</th>
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<tbody>
<tr>
<td>2015-2016</td>
<td>1,562</td>
<td>498</td>
<td>716</td>
<td>140</td>
<td>40</td>
<td>1,015</td>
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<tr>
<td>2014-2015</td>
<td>1,603</td>
<td>850</td>
<td>804</td>
<td>85</td>
<td>64</td>
<td>1,521</td>
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<tr>
<td>2013-2014</td>
<td>1,641</td>
<td>1,100</td>
<td>767</td>
<td>234</td>
<td>109</td>
<td>1,548</td>
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<tr>
<td>2012-2013</td>
<td>1,519</td>
<td>1,202</td>
<td>786</td>
<td>127</td>
<td>107</td>
<td>849</td>
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<td>2011-2012</td>
<td>1,271</td>
<td>1,118</td>
<td>273</td>
<td>60</td>
<td>261</td>
<td>609</td>
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*Prior years School Health Services was combined with Clinical Pediatric Services
Positive Potential (PP) is an evidence-based* curriculum specifically tailored for 6th - 8th grade students. The program encompasses a wide variety of age appropriate subjects, such as bullying, self confidence, and risky behavior, that are pertinent to their needs as the students grow and mature.

FCHD was awarded approximately $30,000.00 from the Kentucky Department for Public Health to deliver an Abstinence Program in our local middle schools. Given our unique and extremely successful School Health Program, which makes a Registered Nurse available during the school day in all public schools, we were able to utilize our middle school RN’s to deliver the PP Program to 6th graders at Bondurant Middle School and Second Street School. Over 264 6th graders participated in discussions related to:

- Understanding Your Value
- Building a Legacy
- Influences in Your Life
- Escaping Peer Pressure
- Bullying
- No Regrets
- Priorities
- Decision Making Skills
- Healthy Relationships

FY 17 looks to be another great year as we expand the program to reach 7th graders and incoming 6th graders in all 3 middle schools in Frankfort and Franklin County. Stay tuned!

*www.positiveteenhealth.org

Connecting the Dots

As part of EPHS 3: Inform, educate and empower people about health issues, PP allows us to begin discussion early with students in middle school in order to improve their decision making skills in sensitive life situations. It is never too early to address the root causes of elevated STD rates!

Talking About STD Reduction

As part of continuous Quality Improvement at FCHD, the STD Reduction QI Team was chartered in Spring 2016 with the purpose of decreasing STD rates in Franklin County over the next 18 months. Some of the approaches the team will be using to solve the problem include:

- Collect and validate STD data
- Conduct lessons learned on past STD reduction efforts
- Review root-cause issues (see figure above)
- Identify resources that are currently in place within the community

2x2 Ranking Matrix
For Prioritizing Issues

As part of continuous Quality Improvement at FCHD, the STD Reduction QI Team was chartered in Spring 2016 with the purpose of decreasing STD rates in Franklin County over the next 18 months. Some of the approaches the team will be using to solve the problem include:

- Collect and validate STD data
- Conduct lessons learned on past STD reduction efforts
- Review root-cause issues (see figure above)
- Identify resources that are currently in place within the community
THE MORE THEY **BURN**
THE BETTER THEY **LEARN**

![Image of a child with a clock and various activities]

Your child + 60+ MIN (basketball, bicycle, running) = REPORT CARD

**YOUR CHILD** | **AMOUNT OF ACTIVITY** | **VARIOUS ACTIVITIES** | **ACADEMIC ACHIEVEMENT**
--- | --- | --- | ---

**Did you know that kids who are physically active get better grades?**

Research shows that students who earn mostly **A**s are almost twice as likely to get regular physical activity than students who receive mostly **D**s and **F**s.

Physical activity can help students focus, improve behavior and boost positive attitudes. Do what you can to help your child be physically active, be it running, biking or swimming. Any type of physical activity is good, and 60 minutes a day is best. Their grades will thank you!

FOR MORE INFORMATION, VISIT [MakingHealthEasier.org/BurnToLearn](http://MakingHealthEasier.org/BurnToLearn)

**SOURCES**

CDC. Physical Inactivity and Unhealthy Dietary Behaviors and Academic Achievement. CDC. The association between school based physical activity, including physical education, and academic performance. Atlanta, GA: U.S. DHHS; 2010.
THINK YOU MAY BE AT RISK FOR PREDIABETES OR TYPE 2 DIABETES?

If you think you may be at risk for prediabetes or type 2 diabetes, take the CDC Prediabetes Screening Test which can be found online at www.cdc.gov/DIABETES/prevention/pdf/prediabetes_test.pdf

If the test indicates you are at risk, take this brochure to a health care provider and ask to be tested. Have the health care provider fill out the form on the right, then contact your local health department. If you do not have a health care provider, simply contact the Franklin County Health Department at 502-564-5559 to find out more about qualifying for the Detouring Diabetes Prevention Program.

You DO NOT have to be referred by a health care provider to qualify for the program!

HOW THE DETOURING DIABETES PREVENTION PROGRAM WORKS

The FCHD Detouring Diabetes Prevention Program is part of the National Diabetes Prevention Program led by the Centers for Disease Control and Prevention (CDC). It features an approach that is proven to prevent or delay type 2 diabetes. If you have prediabetes or other risk factors for type 2 diabetes, it’s time to take charge of your health. Detouring Diabetes Prevention Program can help you make lasting changes to reduce your risk of type 2 diabetes.

All KEHP members who attend 12 of the first 16 classes will earn 350 Humana Vitality/Go365 Points! Detouring Diabetes Prevention Program groups meet for 16 weekly / bi-weekly sessions for the first 6 months, then once a month for 6 months to help you maintain your healthy lifestyle changes. By meeting with others who have or are at risk for prediabetes you can celebrate each other’s successes and work together to overcome obstacles.

Having prediabetes means your blood sugar level is higher than normal, but not high enough to be diagnosed as diabetes. This raises your risk of Type 2 Diabetes, heart disease, and stroke.

Without weight loss and moderate physical activity, many people with prediabetes will develop type 2 diabetes within 5 years. Type 2 diabetes is a serious condition that can lead to health issues such as the following: heart attack; stroke; blindness; kidney failure; or loss of toes, feet, or legs. The lifestyle changes you make in Detouring Diabetes Prevention Program will help you prevent or delay type 2 diabetes.

You may have prediabetes and be at risk for Type 2 diabetes if you:

✔ Have a family history of type 2 diabetes
✔ Maintain a non-balanced, high calorie diet
✔ Are overweight
✔ Are 45 years of age or older
✔ Are physically active less than 3 times per week
✔ Ever had diabetes while pregnant
✔ Smoking increases risk

Community Health Education
851 East West Connector
Frankfort, KY 40601
502-564-5559 • Debbiey.bell@ky.gov
### Franklin County

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Franklin Co.</th>
<th>Kentucky</th>
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<tbody>
<tr>
<td>Population</td>
<td>49,880</td>
<td>4,413,457</td>
</tr>
<tr>
<td>% below 18 years of age</td>
<td>20.90%</td>
<td>22.90%</td>
</tr>
<tr>
<td>% 65 and older</td>
<td>16.30%</td>
<td>14.80%</td>
</tr>
<tr>
<td>% Non-Hispanic African American</td>
<td>10.80%</td>
<td>8.00%</td>
</tr>
<tr>
<td>% American Indian and Alaskan Native</td>
<td>0.30%</td>
<td>0.30%</td>
</tr>
<tr>
<td>% Asian</td>
<td>1.80%</td>
<td>1.40%</td>
</tr>
<tr>
<td>% Native Hawaiian/Other Pacific Islander</td>
<td>0.00%</td>
<td>0.10%</td>
</tr>
<tr>
<td>% Hispanic</td>
<td>3.00%</td>
<td>3.40%</td>
</tr>
<tr>
<td>% Non-Hispanic white</td>
<td>82.00%</td>
<td>85.40%</td>
</tr>
<tr>
<td>% not proficient in English</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>% Females</td>
<td>51.80%</td>
<td>50.80%</td>
</tr>
<tr>
<td>% Rural</td>
<td>27.60%</td>
<td>41.60%</td>
</tr>
</tbody>
</table>

### Health Outcomes

#### Diabetes prevalence
12% in Franklin Co. vs. 12% in Kentucky

#### HIV prevalence
134 in Franklin Co. vs. 154 in Kentucky

#### Premature age-adjusted mortality
430 in Franklin Co. vs. 440 in Kentucky

#### Infant mortality
6 in Franklin Co. vs. 7 in Kentucky

#### Child mortality
50 in Franklin Co. vs. 60 in Kentucky

#### Frequent physical distress
13% in Franklin Co. vs. 16% in Kentucky

#### Frequent mental distress
12% in Franklin Co. vs. 15% in Kentucky

### Health Behaviors

#### Food insecurity
16% in Franklin Co. vs. 16% in Kentucky

#### Limited access to healthy foods
8% in Franklin Co. vs. 5% in Kentucky

#### Drug overdose deaths
20 in Franklin Co. vs. 24 in Kentucky

#### Drug overdose deaths - modeled
14.1-16.0 in Franklin Co. vs. 24.7 in Kentucky

#### Motor vehicle crash deaths
11 in Franklin Co. vs. 18 in Kentucky

#### Drug poisoning deaths
11 in Franklin Co. vs. 20 in Kentucky

### Health Care

#### Uninsured adults
21% in Franklin Co. vs. 21% in Kentucky

#### Uninsured children
8% in Franklin Co. vs. 6% in Kentucky

#### Health care costs
$13,856 in Franklin Co. vs. $10,384 in Kentucky

#### Other primary care providers
1,160:1 in Franklin Co. vs. 922:1 in Kentucky

### Social & Economic Factors

#### High school graduation
84% in Franklin Co. vs. 88% in Kentucky

#### Some college
56% in Franklin Co. vs. 51% in Kentucky

#### Unemployment
5.40% in Franklin Co. vs. 6.50% in Kentucky

#### Children in poverty
21% in Franklin Co. vs. 15-27% in Kentucky

#### Income inequality
4.8 in Franklin Co. vs. 4.0-5.5 in Kentucky

#### Children in single-parent households
39% in Franklin Co. vs. 32-45% in Kentucky

#### Social associations
22.4 in Franklin Co. vs. 22.1 in Kentucky

#### Violent crime
274 in Franklin Co. vs. 59 in Kentucky

#### Injury deaths
73 in Franklin Co. vs. 82 in Kentucky

### Physical Environment

#### Air pollution - particulate matter
13 in Franklin Co. vs. 9.5 in Kentucky

#### Drinking water violations
No in Franklin Co. vs. No in Kentucky

#### Severe housing problems
15% in Franklin Co. vs. 13-17% in Kentucky

#### Driving alone to work
82% in Franklin Co. vs. 80-85% in Kentucky

#### Long commute - driving alone
20% in Franklin Co. vs. 17-23% in Kentucky

**Note:** Blank values reflect unreliable or missing data.

**2016**

*10th/90th percentile, i.e., only 10% are better.

**Data should not be compared with prior years due to changes in definition/methods.*