2023
LEXINGTON-FAYETTE
COMMUNITY HEALTH ASSESSMENT
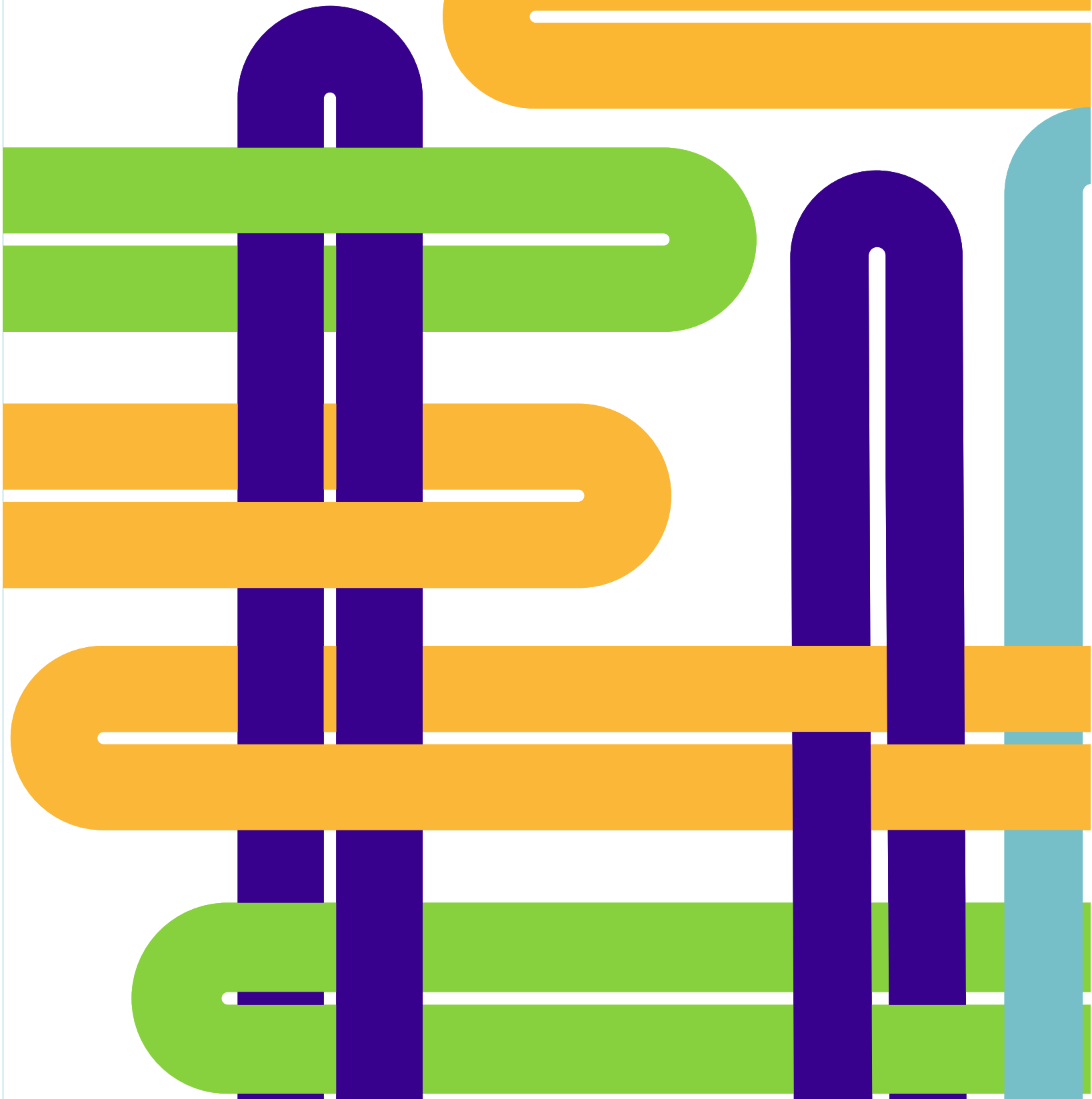
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Published: February 2024

COMMUNITY PARTNERS

Welcome to our Lexington-Fayette Community Health Improvement Partnership (Lex-CHIP) network! We are delighted to present this comprehensive list of active community partners who have joined us in our shared mission. Please note that while this list is extensive, it is not an all-encompassing representation of our collaborative efforts (Not all partners may be listed due to space constraints). If you're inspired to join us in this important work, please contact us at lex-chip@LFCHD.org or by dialing (859) 252-2371.

Aetna Better Health

American Heart Association

Anthem Healthcare

Baptist Health

Black Pride Lex

Bluegrass Area Development District

Bluegrass Care Navigators

Bluegrass Recovery

Cardinal Hill Rehabilitation Center

Central KY Career Center

CHI Saint Joseph Health

Childcare Health Consultants

Civic Lex

Commerce Lexington

Community Action Council

Dismas Charities

Eastern Kentucky University

Eastern State Hospital

Fayette Alliance

Fayette County Public Schools

Fayette County Sheriff's Office

Food Chain

Glean KY

God's Pantry

Goodwill KY

Greenhouse17

Habitat for Humanity

Health Equity Network

HealthFirst Bluegrass

Hope Center

Humana

Jubilee Jobs of Lexington

Kentucky Community and Technical College System

Kentucky Department for Public Health

Kentucky Equal Justice Center

Kentucky Injury Prevention and Research Center

Kentucky Refugee Ministries

Kentucky State University

LexArts

Lexington Police Department

Lextran

Lexington-Fayette County Health Department

Lexington-Fayette Urban County Government

Mental Health America of Kentucky

New Vista

National Alliance on Mental Illness

Passport Healthcare

Project Ricochet

RADIOLEX

Spero Health

The Ridge

University of Kentucky

University of Kentucky Healthcare

Veteran's Affairs

Wellcare

YMCA

COMMUNITY HEALTH ASSESSMENT DEVELOPMENT PROCESS

The Community Health Assessment (CHA) development process included partners from outside the Lexington-Fayette County Health Department (LFCHD) that represent various community populations and health challenges. Sectors included: local government, for-profits, not-for-profits, community foundations, philanthropists, volunteer organizations individuals, local hospitals, healthcare providers, faculty and staff members from local colleges and universities.

Lexington-Fayette Community Health Improvement Partnership (Lex-CHIP), serves as a foundation for ongoing growth and the inclusion of others through the CHA/CHIP process. The Mobilizing for Action through Planning and Partnerships (MAPP) process is a community-driven approach to public health planning and improvement. It involves assessing a community's health needs, engaging stakeholders, and developing strategies to address those needs. MAPP emphasizes collaboration and data-driven decision-making to create effective and sustainable public health initiatives. From May through July of 2022, (MAPP) and Community Conversations planning took place, as well as discussions about the development of the Community Survey. August of 2022, saw continued survey development, as well as a training session for Lex-CHIP partners who would be leading a Community Conversation. From September through December or 2022, four Community Conversations took place, as well as Asset Mapping, Forces of Change, and Strengths, Weaknesses, Opportunities, and Threats (S.W.O.T.) assessments.

On November 14, 2022 the Community Health Survey was officially released to the public and advertised on social media, flyers, postcards, websites, and listservs. The survey concluded in January 2023 and data analysis by LFCHD epidemiology began. A report of that data, along with supporting data from resources such as the Centers for Disease Control and Prevention (CDC), the 2020 U.S. Census, Healthy People, and the Kentucky Injury Prevention and Research Center (KIPRC) were received and shared with partners in February of 2023. In March of 2023, discussions regarding top health priorities were initiated.

In May of 2023, the partners met and through discussions and a consensus-building activity, chose to address behavioral health. This decision was informed by data highlighting the prevalence of behavioral health issues, and their consequences which can trigger adverse events impacting our Community.

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COMMUNITY HEALTH ASSESSMENT TIMELINE

MAY 2022
· Lex-CHIP Steering Committee: May 5, 2022

· Community Conversations planning

· Community Survey development

JULY 2022
· Lex-CHIP Full Committee: July 22,2022

· Community Conversations planning

· Community Survey development continued

AUGUST 2022
· Community Survey development

· Community Conversations lead training

SEPTEMBER 2022
· Community Conversations held

OCTOBER 2022
· Community Conversations held

· Lex-CHIP Full Committee: October 22, 2022

· S.W.O.T. Analysis and Forces of Change Assessment

· Asset Mapping

NOVEMBER 2022
· Community Conversations held

· Lex-CHIP Full Committee: November 4, 2022

· Community Survey published, November 14, 2022

DECEMBER 2022
· Community Conversations held

· Community Survey responses received

JANUARY 2023
· Community Survey closed; analysis began

FEBRUARY 2023
· Lex-CHIP Full Committee: February 28, 2023

· Community Survey data report

· Local Public Health Assessment

MARCH 2023
· Lex-CHIP Steering Committee: March 20, 2023

· Health priorities identified

MAY 2023
· Lex-CHIP Full Committee: May 5, 2023

· Overarching theme selected: Behavioral Health

· Photovoice introduction and planning

· Lex-CHIP Steering Committee: May 12, 2023

· Lex-CHIP Full Committee: May 23, 2023

JUNE 2023
· Photovoice planning, preparation, and marketing

· Photovoice recruitment efforts

· Local interviews and marketing for PhotoVoice

JULY 2023
· Photovoice meeting: July 26 & 27, 2023

AUGUST 2023
· Photovoice meeting: August 2 & 3, 2023

· Lex-CHIP Full Committee: August 9, 2023

· Photovoice meeting: August 16 & 17, 2023

· Phorovoice meeting: August 23 & 24, 2023

NOVEMBER 2023
· Lex-CHIP FULL Committee: November 8, 2023

DECEMBER 2023
· Lex-CHIP Steering Committee: December 7, 2023

JANUARY 2024
· Lex-CHIP Steering Committee: January 24, 2024

Section One
COMMUNITY SURVEY

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COMMUNITY HEALTH SURVEY

The Lexington-Fayette County Community Survey was made available to the general public in November 2022 for any person who lived and/or worked in the Lexington-Fayette County area. The anonymous survey was reviewed and approved by the LFCHD Institutional Review Board (IRB) and could be accessed online via REDCap, a web-based application designed to support data capture for research studies. It was also available in hardcopy form in English and in hardcopy form translated to Spanish, French, and Swahili.

A total of 700 completed surveys were received and analyzed by the Lexington-Fayette County Health Department epidemiology staff. With the sample size of 700 respondents, the margin of error was +/- 3.7% at a 95% confidence level. While the survey falls within the acceptable margin of error, the sample does not represent the community's general population.

Community members responded to several survey questions regarding their views on the current health and well-being issues of Fayette County. After, thorough analysis of the results, the respondents identified the following:

- **Top things the community needs to be healthy: access to care (26.8%), access to safe and developed communities (18%), and opportunities for economic mobility (15.5%).**

- **Top 3 important health issues the respondents feel the community needs to work on behavioral/physical health (33.5%), chronic conditions (27.6%), and infectious disease (19%). Within the behavioral/physical health category the highest concern was mental health at 87.7%.**

- **Top 3 high-risk behaviors: crime/violence (21.3%), drug misuse (19.6%) and child and elder abuse/neglect (12.1%).**

- **Top 3 most important well-being issues: affordable housing (20%), adult and youth homelessness (16.7%), and employment and financial stability (10.4%).**
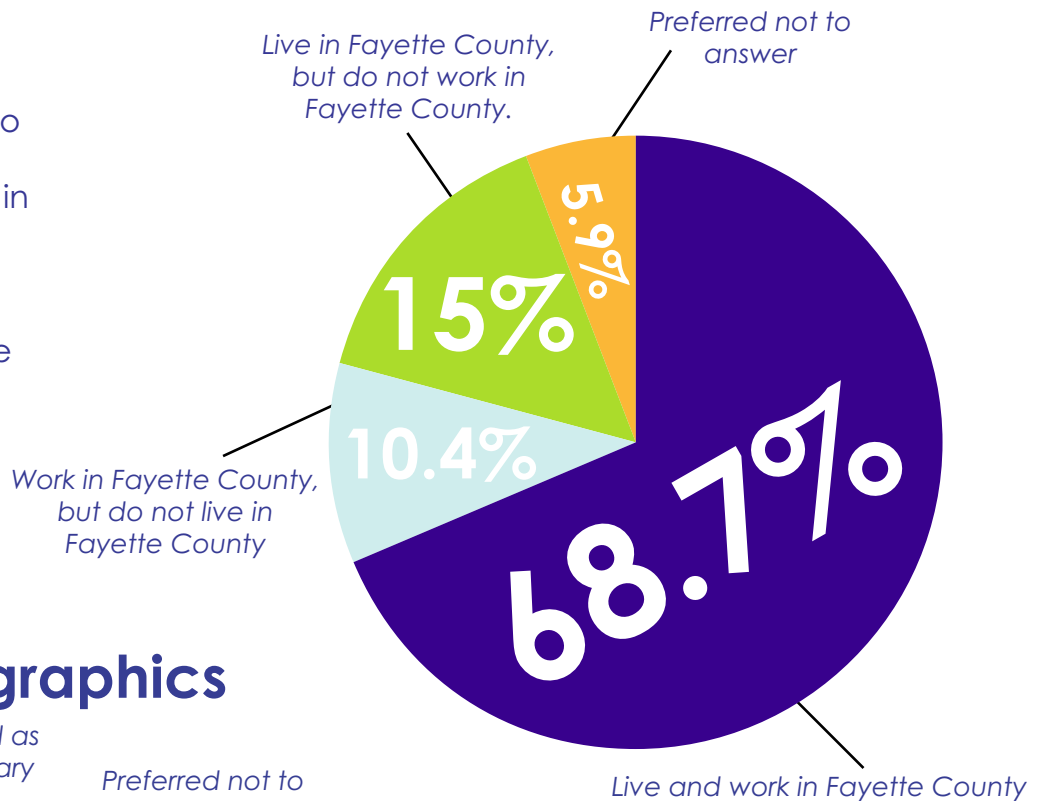
Highlighted findings of this community survey can be found in this document.
For additional results, please contact us at lex-chip@LFCHD.org or by dialing (859) 252-2371.
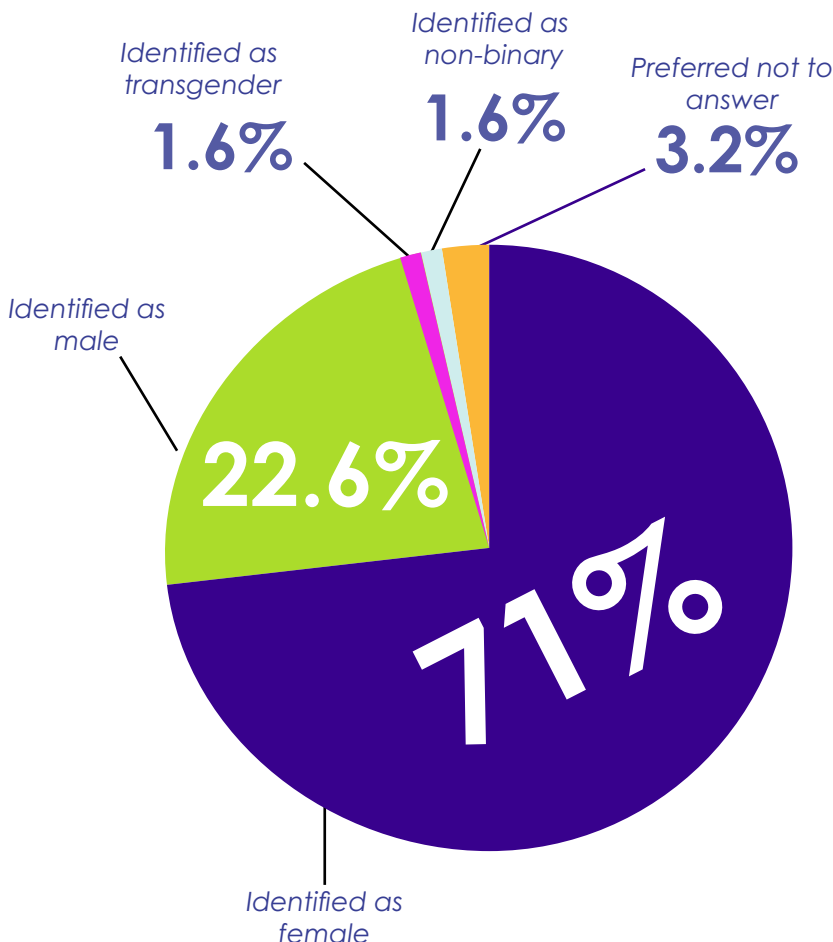
DEMOGRAPHICS

Which best describes you?

Association to Fayette County

Of the survey participants, 68.7% live and work in Fayette County, 15% live, but do not work in Fayette County, 10.4 % work, but do not live in Fayette County. Of those who commute to Fayette County, most live in either Madison, Scott or Jessamine counties.

Work Demographics

Live in Fayette County, but do not work in Fayette County.

Preferred not to answer

5.9%

15%

10.4%

68.7%

Work in Fayette County, but do not live in Fayette County

Live and work in Fayette County

Gender Demographics

Identified as transgender

1.6%

Identified as non-binary

1.6%

Preferred not to answer

3.2%

Identified as male

22.6%

71%

Identified as female

Which category best describes your gender?

Of those who completed the survey, 71% identified as female, 26% identified as male, 1.6% identified as transgender and 1.6% identified as non-binary. The majority of respondents were between the age of 25 to 55 years old, with the largest age group being the 35 to 44-year-old group.

The 2023 community survey offered 8 options for gender identity; twice as many options than the 2016 survey.

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CHRONIC ILLNESS

Have you ever been told by a doctor that you have a chronic illness or condition?

NO 54.7% 45.3% YES
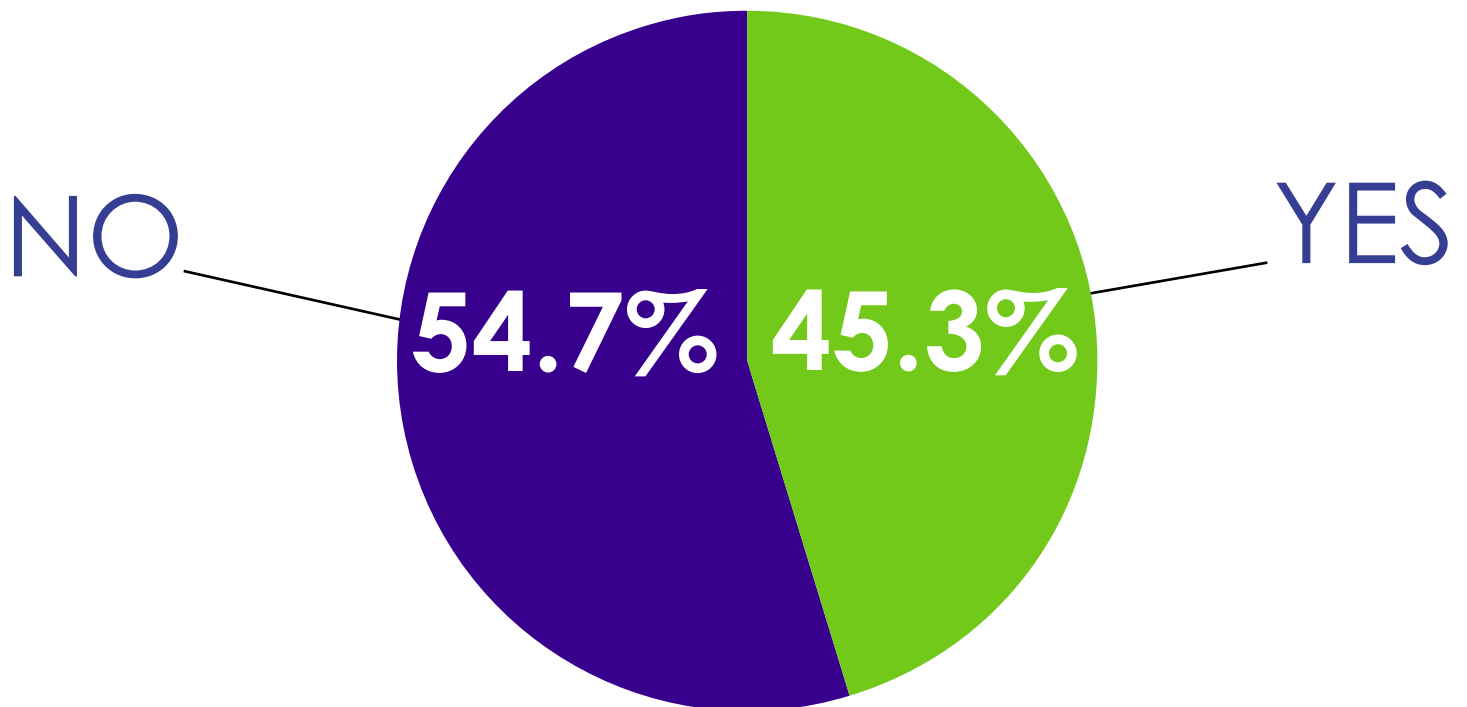
Approximately 45% of the respondents have been told by a doctor that they have a chronic illness or condition. More specifically, chronic lung disease, diabetes, and autoimmune disease were the most common. The general category of other chronic illnesses was the top category with respondents listing conditions not specifically measured by this survey.

- A majority of respondents who selected yes to chronic lung disease noted that they receive regular healthcare checkups for their condition and have checkups every 4 to 6 months.

- Respondents who chose diabetes selected that they regularly receive checkups for their condition every 1 to 3 months or every 4 to 6 months.

Of those who selected an autoimmune condition as their chronic illness, a large majority noted that they receive regular checkups for their condition and many selected every 4 to 6 months as to how often checkups occur.

BARRIERS TO HEALTHCARE

Have you ever experienced barriers to healthcare?

NO	YES
58.8%	**41.2%**

Responses indicated that 41.2% of survey participants claim to have experienced barriers to healthcare.

Top 5 Barriers to Healthcare

1. Being able to get an appointment with my provider in a timely manner.

2. Cannot afford co-pays.

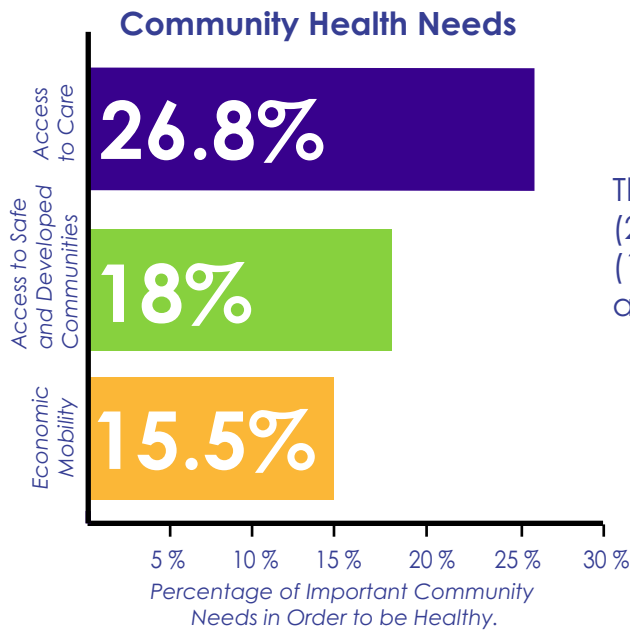3. Cannot afford prescription medications.

4. No insurance/cannot afford full price of visit.

5. Wait at provider's office is too long.

COMMUNITY HEALTH

What are the 3 most important things your community needs to be healthy?

Community Health Needs

Access to Care
26.8%

Access to Safe and Developed Communities
18%

Economic Mobility
15.5%

5 %   10 %   15 %   20 %   25 %   30 %

Percentage of Important Community Needs in Order to be Healthy.

The majority of respondents selected access to care (26.8%), access to safe and developed communities (18.0%), and opportunities for economic mobility (15.5%) as the top 3 things the community needs to be healthy.

What are the 3 most important health problems the community needs to work on?

Community Health Problems

Behavioral/Physical Health
33.5%

Chronic Conditions
27.6%

Infectious Diseases
19%

5 %   10 %   15 %   20 %   25 %   30 %   35 %

Percentage of Most Important Problems.
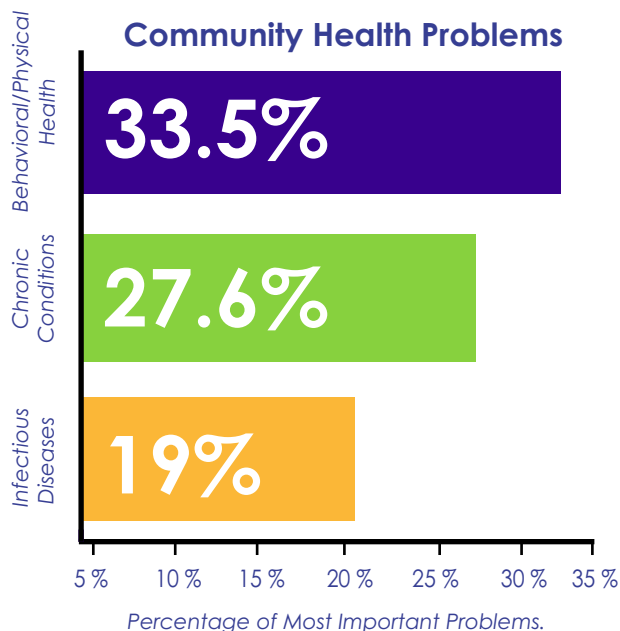
Respondents thought the 3 most important health problems the community needs to work on are behavioral/physical health (33.5%), chronic conditions (27.6%), and infectious diseases (19%).

The number 1 behavioral/physical health condition the community should address immediately was mental health disorders.

COMMUNITY HEALTH

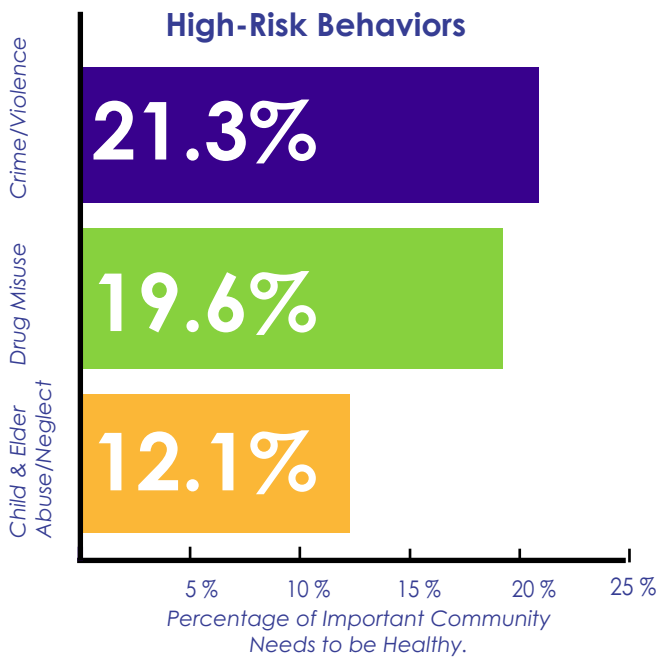## What are the 3 most important high-risk behaviors you feel the community needs to work on?

High-Risk Behaviors

Crime/Violence: **21.3%**

Drug Misuse: **19.6%**

Child & Elder Abuse/Neglect: **12.1%**

5% 10% 15% 20% 25%

Percentage of Important Community Needs to be Healthy.

Respondents identified the top 3 most important high-risk behaviors for the community to work on as crime/violence (21.3%), drug misuse (19.6%), and child and elder abuse/neglect (12.1%).

What are the 3 most important overall well-being issues to address?

Most Important Issues

Affordable Housing: **20%**

Homelessness (Adult & Youth): **16.7%**

Employment/ Financial Stability: **10.4%**

5% 10% 15% 20% 25%

Percentage of overall well-being issues.
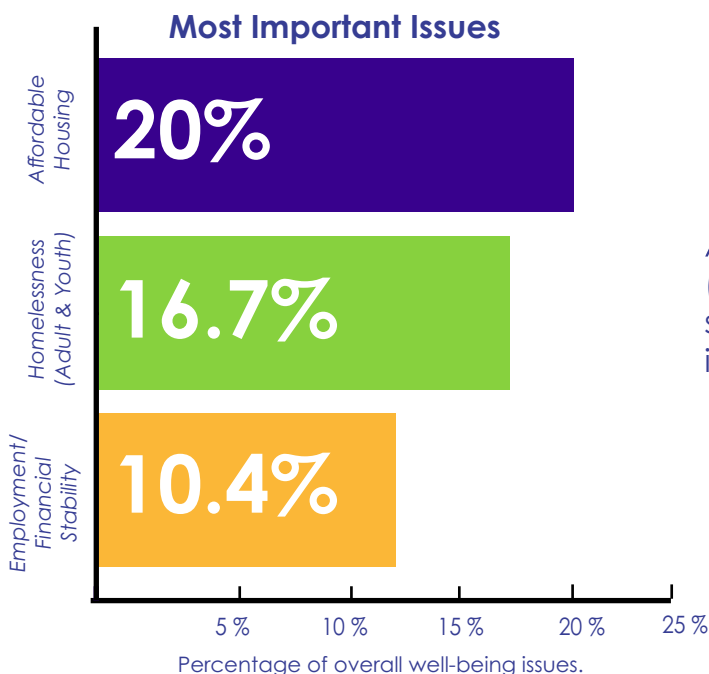
Affordable housing (20.0%), homelessness (adult & youth) (16.7%) and employment/financial stability (10.4%) were highlighted as the 3 most important overall well-being issues to address.
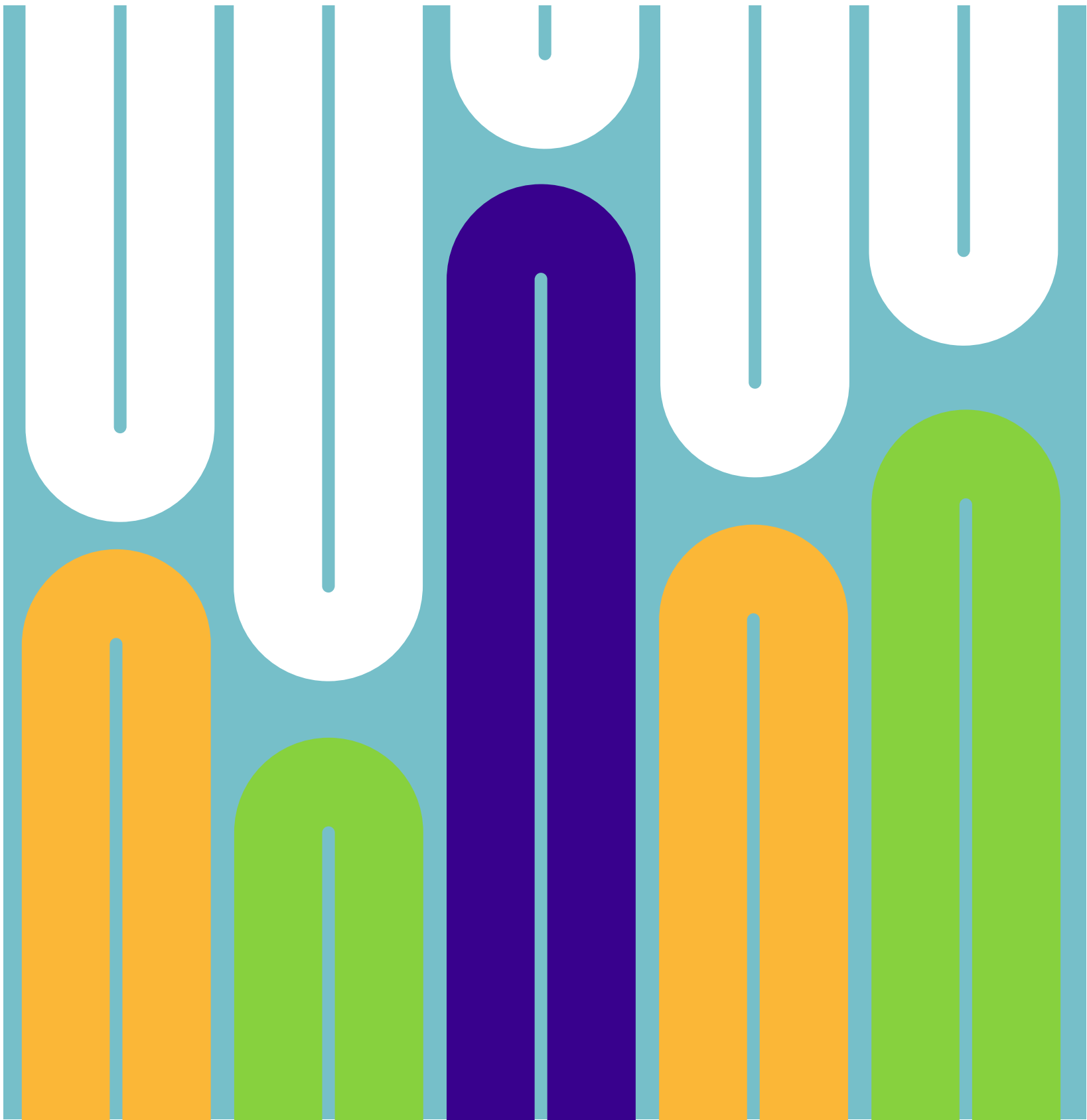
Section Two
COMMUNITY HEALTH STATUS

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COMMUNITY HEALTH STATUS REPORT

Understanding the health of a community goes beyond just the absence of illness, it's about looking at the bigger picture. Social determinants of health are like the hidden forces that influence how well people are and if they can access the healthcare they need. These forces include things like where people come from, their age, their jobs, how much money they have, and even their level of education. But it's not just about who you are, it's also about where you live and how your surroundings affect your health. This is where the built environment comes into play – it's about the physical and social world around us, like the quality of our housing, access to parks, transportation options, and how our communities are designed. Through the CHA, we explore factors, which shape the health and well-being of our community in Lexington.

Trends for various demographic and socioeconomic factors are critical in preparing for the future, guiding priorities and identifying challenges. Comparisons of data provided by federal sources, such as the US Census Bureau (2022), help identify these trends. These sources are useful tools for communities to anticipate the needs for services for their residents and allow for the identification of target populations that may benefit from services.

Since the 2016 census, Fayette County has become larger, with a population size increase of 1.06%. A growing population could present increasing challenges for access to clinical services, housing, jobs, and other socio-economic factors that impact health.

Despite population growth, the Fayette County population is aging, which may impact public health focus. The age distribution in Fayette County shifted compared with 2016. In 2021, a smaller percentage of the population was under 18 years of age and a larger percentage of the population was 65 years of age and older.

The percentage of the Black or African-American population has decreased from 15.1% to 12.6%; however, the Hispanic or Latino population has increased from 6.9% to 9.3%. A higher percentage of persons age 25 years or older have earned a bachelor's degree or higher, signaling a more educated community.

Adults ages 18-64 without some form of health insurance decreased from 8% of the population to 6% since 2016. A more insured community presents an opportunity for better access to and usage of health care.

The median household income significantly increased by 22%, while the annual unemployment rate decreased to 3.4%. This economic growth could help the community obtain enhanced access and resources for health improvement.

FAYETTE COUNTY: A COMPARISON

Measurement, Year(s)	Fayette	Kentucky	United States
Population			
Population estimates, July 1, 2020-2022[2]	321,793	4,509,394	331,893,745
Age			
Persons under 5 years, percent, 2021[2]	5.6%	5.9%	5.6%
Persons under 18 years, percent, 2021[2]	20.7%	22.5%	22.1%
Persons 65 years and over, percent, 2021[2]	14.3%	17%	16.8%
Race and Hispanic Origin			
White alone, percent, 2021[3]	70.2%	83.3%	61.2%
Black or African American alone, percent, 2021[3]	12.6%	7.2%	12.1%
American Indian and Alaska Native alone, percent, 2021[3]	0.4%	0.2%	1%
Asian alone, percent, 2021[3]	3.8%	1.4%	5.8%
Native Hawaiian and Other Pacific Islander alone, percent, 2021[3]	0%	0.1%	0.2%
Two or more races, percent, 2021[3]	3%	6.3%	12.6%
Hispanic or Latino, percent, 2021[3]	9.3%	3.9%	18.8%
Language other than English spoken at home, percent of persons age 5 years+, 2017-2021[4]	12.9%	5.9%	21.6%
Housing			
Owner-occupied housing unit rate, 2017-2021[5]	53.9%	68.7%	65.4%
Houses built before 1980, 2015[6]	44.9%	47.1%	50%
Education			
High school graduate or higher, percent of persons age 25 years+, 2021[7]	91.8%	88%	89.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2021[7]	46%	27%	35%
Access to Care			
Percent adults age 18-64 without health insurance, 2020-2022[8,9]	6%	4.6%	7.2%
Income and Poverty			
Median household income, 2021[10]	$60,942	$55,573	$69,717
Income inequality, Gini index (0 is perfect equality and 1 is maximum inequality), 2021[11]	0.49	0.47	0.48
Persons in poverty, percent, 2021-2022[12]	14.4%	16.5%	12.8%
Percent of students on free or reduced lunch, 2019-2020 school year[13]	50%	56%	52%
Unemployment			
The annual average percentage of the workforce that is currently unemployed and actively seeking work, December 2022[14]	3.4%	3.8%	3.5%
Food Insecurity			
Estimated percent of population experiencing some level of food insecurity, 2020[15]	11.4%	12.8%	11.8%
Limited access to healthy foods, 2019[13]	7%	6%	6%
Health Behaviors			
Alcohol-impaired driving deaths, 2019[13]	34%	25%	27%
Number of drug poisoning deaths per 100,000 population, 2018-2020[13]	39	36	23
Percentage of adults who are current smokers (age-adjusted), 2019[13]	18%	22%	16%
Percentage of adults age 18 and over reporting no leisure-time physical activity, 2019[13]	29%	29%	22%
Number of deaths due to suicide per 100,000 population (age-adjusted), 2016-2020[13]	13	17	14

References are located in the Appendice section located on page 40.

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HOW DO WE STACK UP?

The data reveals concern regarding public health in Lexington, Kentucky. The high rates of drug overdose deaths at 39 deaths per 100,000 residents, point to pressing issues about drug use in the community. This high rate is significant because it is higher than both the rate in Kentucky and the United States.

Additionally, the rate of deaths by suicide is 13 per 100,000 people, which is better than the Kentucky rate and barely better than the United States rate. This shows that while suicide is still a concern, Fayette County is doing better than the state and nation in this particular type of death. [16]

Finally, the substantial percentage of adults reporting poor mental health for extended periods underscores the importance of addressing social determinants of health and barriers to mental health support in Fayette County to reduce death and distress associated with these issues. At 17% of adults reporting having experienced poor mental health for 14 or more of the last 30 days, Fayette County is higher than the national percentage and barely better than Kentucky as a whole.

The following information comes from the University of Wisconsin
Population Health Institute. County Health Rankings & Roadmaps 2023. www.countyhealthrankings.org.

Death and Distress

Drug Overdose Deaths	Fayette	Kentucky	United States
Number of drug poisoning deaths per 100,000 population.			
In Fayette County, there were 39 drug overdose deaths per 100,000 community members.	39	36	23

Suicides	Fayette	Kentucky	United States
Number of deaths due to suicide per 100,000 population.			
In Fayette County, there were 13 deaths by suicide per 100,000 people.	13	17	14

Frequent Mental Distress

Percentage of Adults Reporting Poor Mental Health (y-axis) vs. Jurisdiction (x-axis)

- Fayette County: 17%
- Kentucky: 18%
- United States: 14%
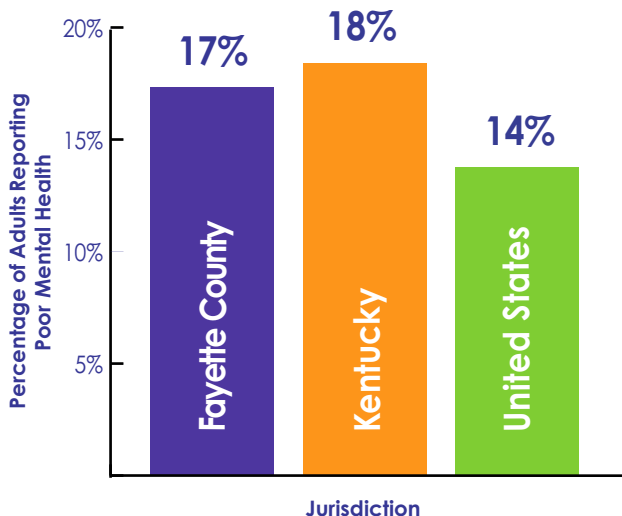
In Fayette County, 17% of adults reported experiencing poor mental health for 14 or more of the last 30 days.

HOW DO WE STACK UP?

The data highlights critical social determinants of health in Lexington, Kentucky. A relatively low unemployment rate of 3.9% for those aged 16 and older reflects positive economic conditions, combined with a 16% child poverty rate. Although Fayette County is doing better than the state and the nation in both measures, there is still a need to address unemployment and child poverty rates in Fayette County.
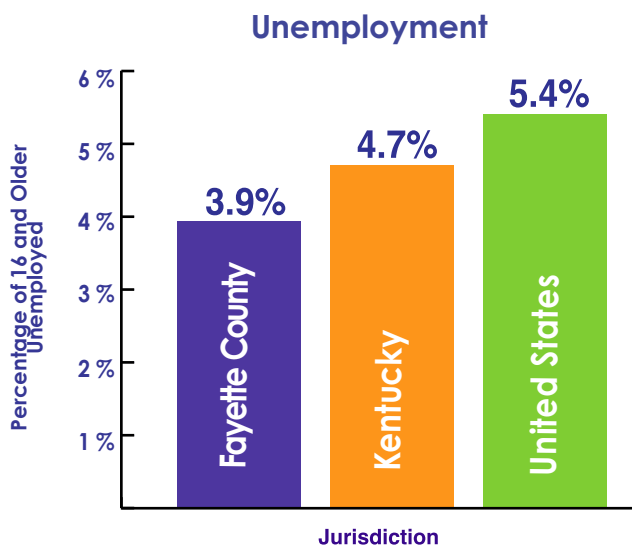
The income inequity, with higher-income households having significantly more income than lower-income households, underscores the challenges in achieving a balanced distribution of resources. In Fayette County, a household with a higher income had an income five times that of a household with a lower income. Addressing these issues is crucial within the public health model to improve overall well-being and health outcomes in the community.
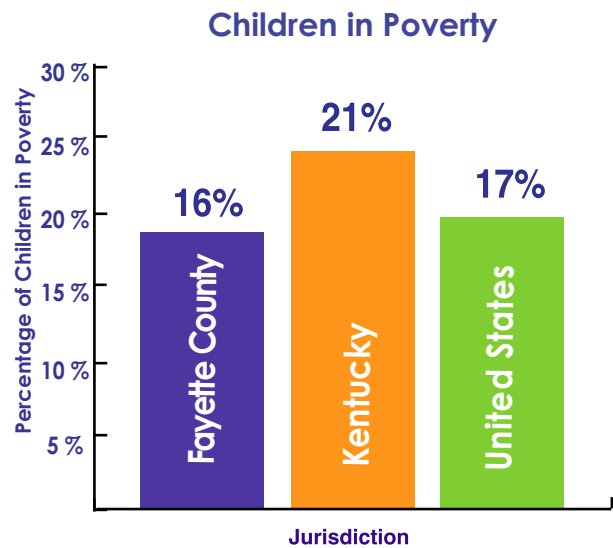
Income Inequity

Income Inequality	Fayette	Kentucky	United States
Ratio of household income			
In Fayette County, households with higher incomes had income 5x that of households with lower incomes.	**5.0**	**5.0**	**4.9**

Income and Poverty

Unemployment

Percentage of 16 and Older Unemployed

- Fayette County: 3.9%
- Kentucky: 4.7%
- United States: 5.4%

Jurisdiction

In Fayette County, 3.9% of the community, age 16 and older, were unemployed but seeking work.

Children in Poverty

Percentage of Children in Poverty

- Fayette County: 16%
- Kentucky: 21%
- United States: 17%

Jurisdiction

In Fayette County, 16% of children lived in poverty.

HOW DO WE STACK UP?

The data highlights several key aspects of social determinants of health in Lexington, Kentucky. A notable 7% of the community faces limited access to healthy foods due to low incomes and proximity to grocery stores. This is higher than both the state and national percentages. Additionally, 11% of the population experiences food insecurity, which can significantly impact their overall health and well-being. This is again higher than the state and nation, showing a need to address this significant issue.

Access to care is also a concern, with a ratio of one mental health provider for every 200 community members and one primary care physician for every 810 community members, potentially posing barriers to mental health and general healthcare services. It's worth noting that although these ratios are better when compared with the United States as a whole, some communities with higher needs or specific challenges may strive for even lower ratios to ensure adequate mental health support. This measure also does not consider that Fayette County is a regional healthcare hub serving populations from outside the county, that also use these providers for their care, resulting in a reduction of the actual number of providers for every person. These findings underscore the need for public health interventions and the removal of barriers to ensure better access to essential resources and care to improve the overall health of Lexington's residents.

Access to Care

Mental Health Providers	Fayette	Kentucky	United States
Ratio of population to mental health providers.			
In Fayette County, there was one mental health provider per 200 community members.	200:1	370:1	340:1

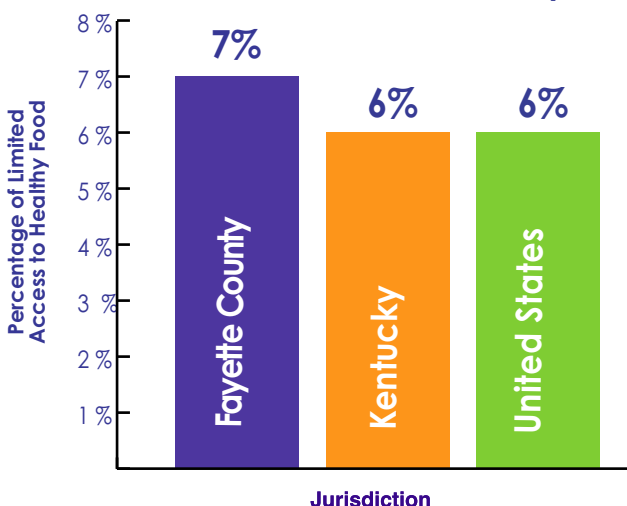| Primary Care Physicians	Fayette	Kentucky	United States
Ratio of population to primary care physicians.			
In Fayette County, there was one primary care physician per 810 community members.	810:1	1,550:1	1,310:1

Access to Food

Limited Access to Healthy Foods

In Fayette County, 7% of community members had low incomes and did not live close to a grocery store, limiting their ability to access health foods.

Food Insecurity
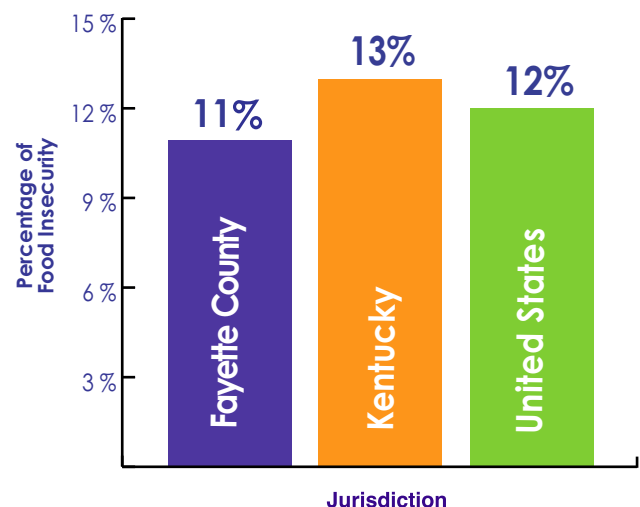
In Fayette County, 11% of the community did not have a reliable source of food.

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HOW DO WE STACK UP?

The data reveals significant aspects of social determinants of health in Lexington, Kentucky. Approximately 54% of housing units in Fayette County are owner-occupied and 14% of households face a severe housing cost burden, spending half or more of their income on housing expenses. Fayette has a lower rate of owner occupancy and a higher cost burden than the state and nation. This could be due to its college town status and competition for low-cost rental units. Moreover, 16% of households experience severe housing problems, including overcrowding, issues with affordable housing and inadequate facilities. These findings underline the importance of addressing housing-related challenges within the public health model to improve living conditions and overall well-being in the community.

Housing

Homeownership
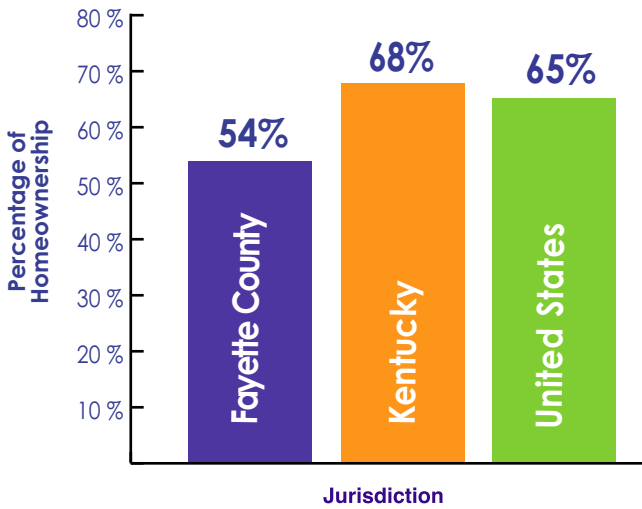
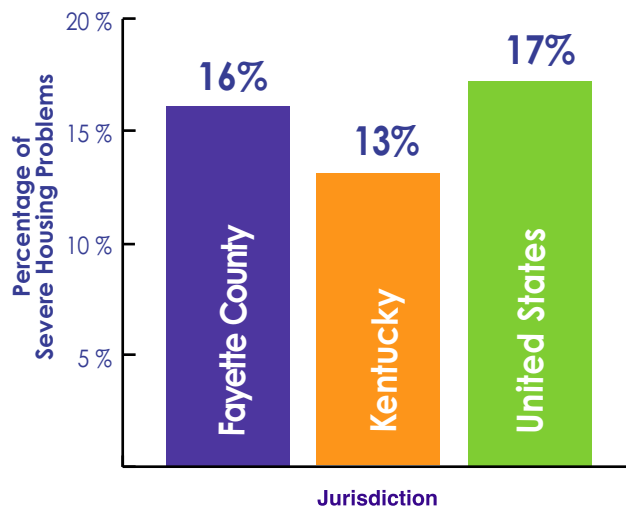In Fayette County, 54% of housing units were owner-occupied.
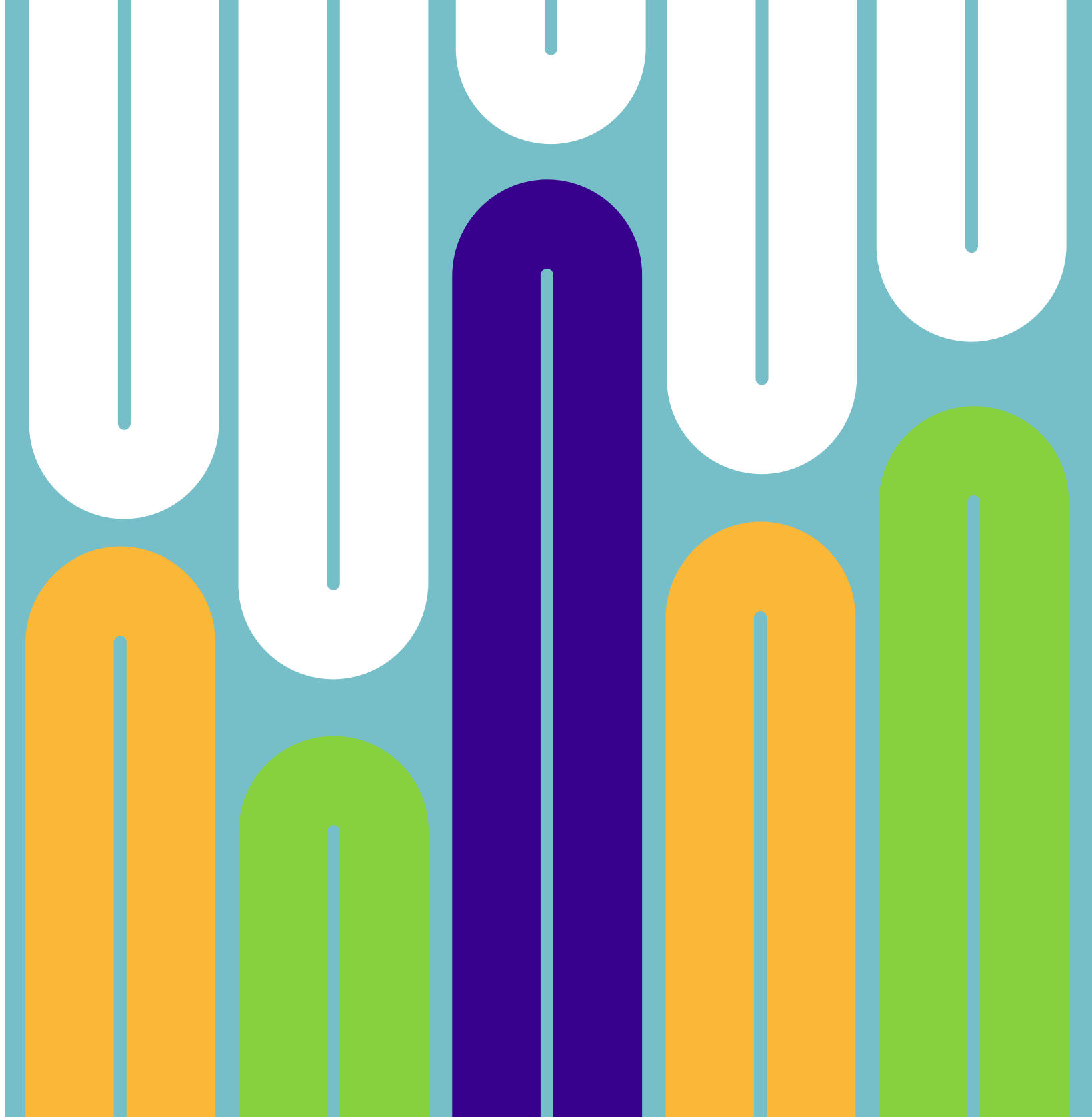
Severe Housing Cost Burden
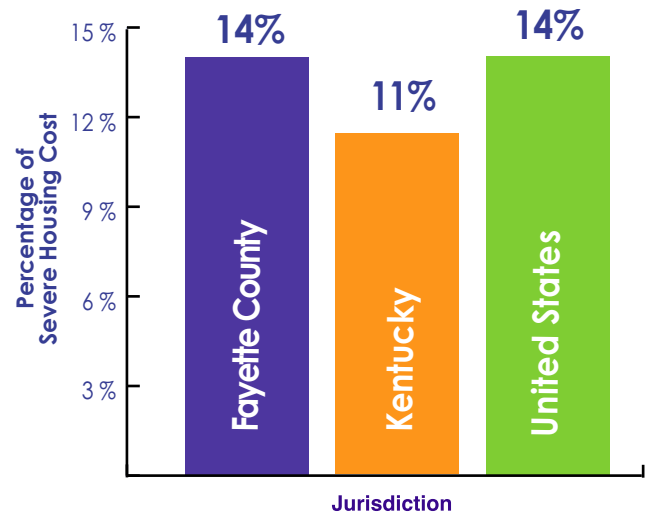
In Fayette County, 14% of households spent half or more of their income on housing.

Severe Housing Issues

In Fayette County, 16% of households experienced at least one of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing.

Section Three
PHOTOVOICE

PHOTOVOICE JOURNEY

In 2023 the Lexington Community Health Improvement Partnership (Lex-CHIP) embarked on a journey to understand the strengths and concerns of our community's health, particularly in behavioral health. In May, we planted the seeds of the Photovoice project. We initiated a pilot program that introduced the Photovoice concept to our staff through email communications and announcements during all-staff meetings and encouraged their active participation.

In June, we proactively engaged media outlets, radio, and news organizations, along with utilizing our Lexington-Fayette County Health Department social media platform, to inform the community about this opportunity to exchange photos and stories.

In July, we were thrilled to welcome those interested in joining the project. We held online sessions to help everyone get involved. The sessions were thoughtfully organized, ensuring inclusivity and engagement while honoring individual privacy.
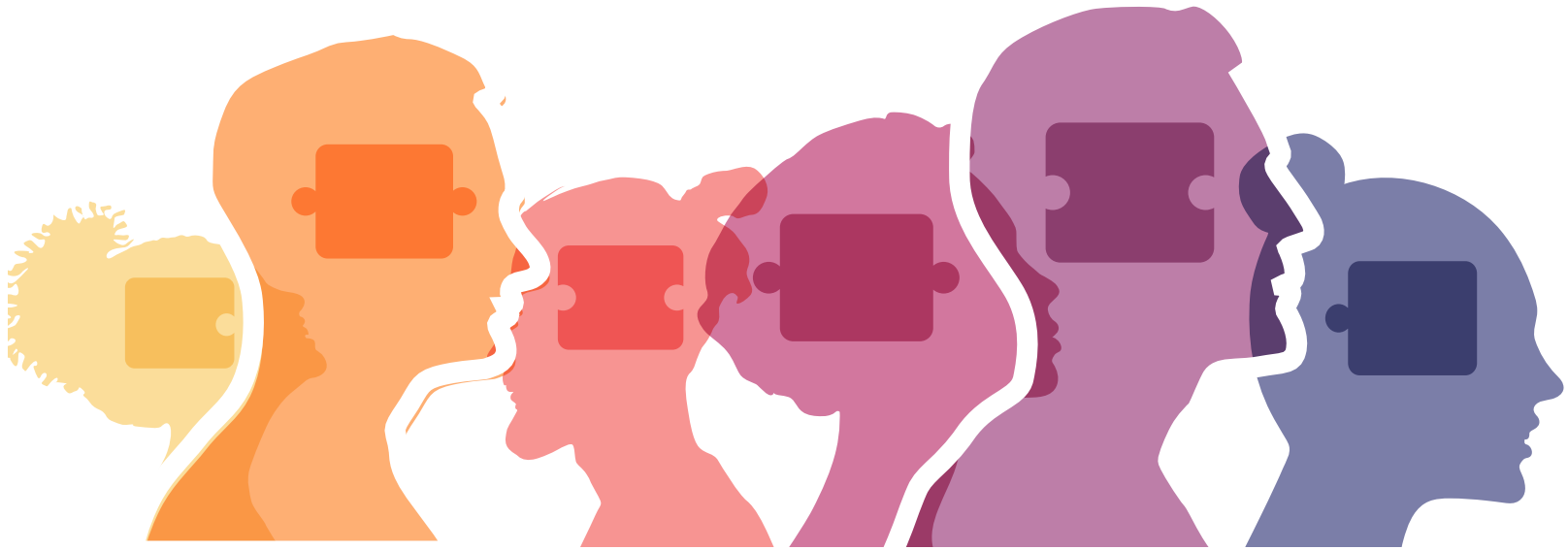
In August, we highlighted Photovoice's progress during a quarterly Lex-CHIP meeting. This meeting brought together our community partners, Lexington-Fayette County Health Department employees, and Board of Health members. We hosted a mini Photovoice session with meeting attendees. It furthered our reach and allowed those unable to attend previous Photovoice sessions to contribute to the discussion. This progress report helped foster an enhanced sense of connection and commitment and strengthened Lex-CHIP participants' understanding of Photovoice and its purpose. In three groups, 12 sessions, and countless powerful narratives later, our initial Photovoice pilot ended.

Looking ahead, these stories will be a part of our Community Health Assessment (CHA) document. This journey has been about teamwork, sharing stories, and working together to bring awareness to behavioral health in Lexington through photography and group conversation. We look forward to using the insights gained to inform future initiatives and continue our mission of improving community health. We also extend our heartfelt thanks to all those who actively participated in the project, from community members to our dedicated partners, employees, and Board of Health members. A special thanks to Dr. Margaret McGladrey, for her facilitation during the sessions, which played a pivotal role in the project's success.

The next steps involve working closely with the community and forging new partnerships to continue this initiative in our CHA process. We plan to feed this valuable data into the CHIP and begin developing actionable items to further community awareness of behavioral health strengths and concerns. We are excited about the possibilities ahead and look forward to the continued collaboration with our partners and community members.

COMMUNITY RESILIENCE

We set out to learn more about behavioral health. The Community Health Assessment (CHA) survey gave us a general idea of how things are in our community. We learned about the positive aspects and the challenges. We wanted to go deeper and hear the personal stories behind the numbers; so, we decided to try something new – Photovoice.

We thought it would help us understand our community better and fill in the gaps that the survey couldn't capture. During the Photovoice orientation, we looked back at the survey results. We wanted to share what we already knew with our community and ask for their help to tell the whole story. In the orientation, we showed everyone what we found in the survey – the facts and numbers. We said, "Here is what we know." Then, we turned to our community and said, "Here is where we need your help. Help us fill in the blanks."

As we guided people through the Photovoice process, we asked them to take pictures of their daily lives and share their stories. The goal was to bring out the things that the survey couldn't show – the personal experiences and unique perspectives of our community members. We combined the facts from the survey with the stories and images from our community. It was like adding colors to a black-and-white picture. Each photo and story made our understanding of behavioral health richer and more real.

This brain-shaped word cloud represents the words CHIP team members used to describe what mental health means to them and what mental health looks like in Lexington when we first discussed the possibility of including the Photovoice project in May 2023.

EXPLORING BEHAVIORAL HEALTH

Public health initiatives, especially CHA/CHIP efforts, benefit from a deeper understanding of community perspectives and needs. This Photovoice project aims to amplify voices within the Lexington-Fayette County community by utilizing participatory visual methodologies to illustrate lived experiences with stigmatized public health issues: behavioral health, mental health, and addiction. Photovoice has been demonstrated in previous research to reduce stigma by facilitating contact and connection between people with behavioral health conditions and those in the community without personal lived experience or relationships with people who have disclosed their experiences with behavioral health conditions.

Photovoice is a unique methodology combining the visual impact of photography with qualitative analysis to explore behavioral health narratives shared in group discussion. We used the template analysis method to classify topics discussed during Photovoice sessions across the five levels of the socioecological framework: individual, interpersonal, organizational, community, and policy dimensions. This analysis provides a roadmap of how to understanding behavioral health in our community through participants' lenses.

PHOTOVOICE PARTICIPATION

What is your role related to mental health services in Lexington-Fayette County?

ROLE RELATED TO MENTAL HEALTH SERVICES	
Ratio of roles related to mental health services	
Person advocating for community awareness, funding, and policy change to support mental health services and/or treatment	10
Other* *Other = community partner, working to bring light to a subject that is often thought of as taboo, mental health awareness, public health community education*	5
Person working on research related to mental health services and/or treatment	2
Mental healthcare provider (person providing mental healthcare services to clients)	1
Mental healthcare policymaker (person making decisions or advising public decision-makers on behavioral healthcare policy and funding)	1
Mental healthcare agency leadership (person making decisions about private or nonprofit agency programming and services)	0

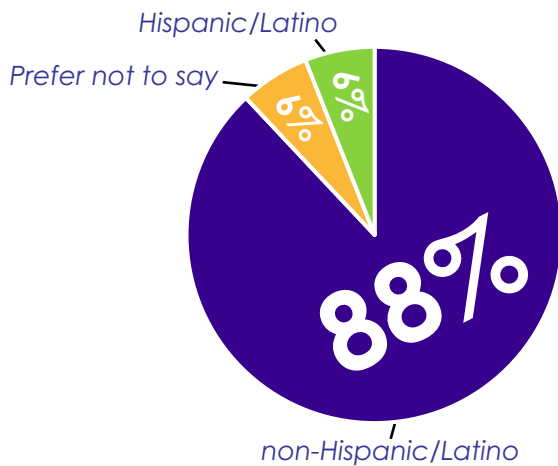## Which of the following options describes your experiences with mental healthcare services?

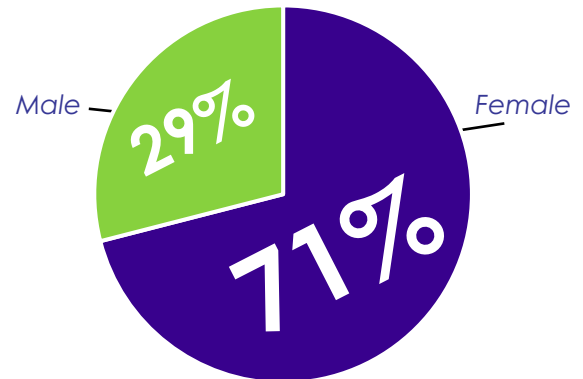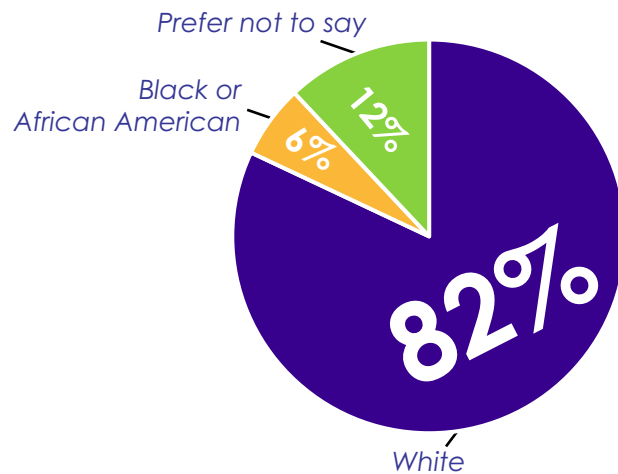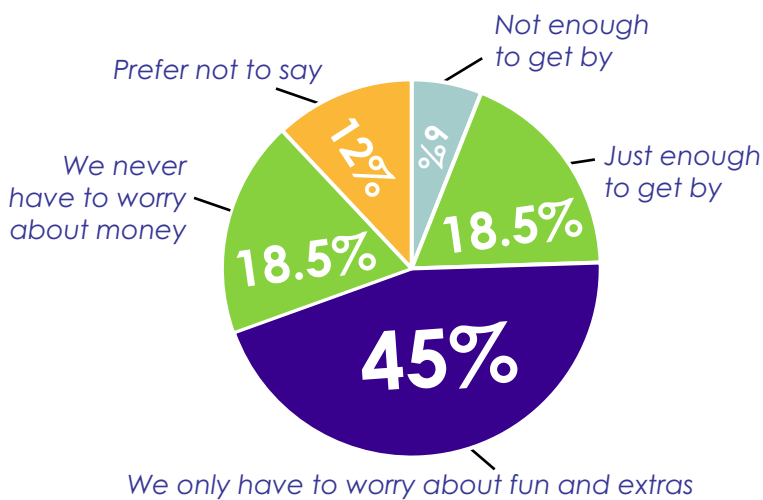| EXPERIENCES WITH MENTAL HEALTHCARE SERVICES	
Ratio of roles related to mental healthcare services	
Person with family member or close friend receiving mental health services	10
Person actively receiving mental healthcare services and/or treatment	8
Person with previous history of receiving mental health services and/or treatment	5
Person without personal lived experience with receiving mental health services and/or treatment	4

24

PHOTOVOICE DEMOGRAPHICS

Age Group 26-56

N=16

Ethnicity

Hispanic/Latino 6%

Prefer not to say 6%

88% non-Hispanic/Latino

Gender

Male 29%

Female 71%

Race

Prefer not to say 12%

Black or African American 6%

82% White

Socioeconomic

Prefer not to say 12%

Not enough to get by 6%

We never have to worry about money 18.5%

Just enough to get by 18.5%

45% We only have to worry about fun and extras

Residency

Live in Lexington-Fayette County 25%

Live and work in Lexington-Fayette County 37.5%

37.5% Work in Lexington-Fayette County
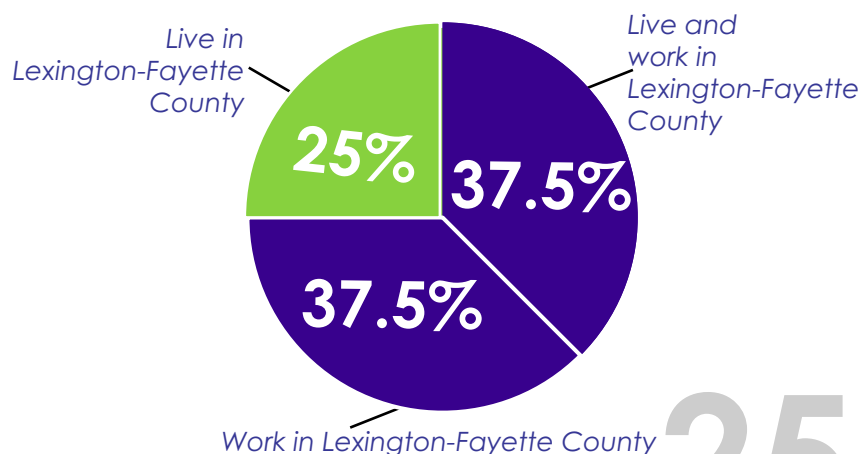
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CROSS-WALKING BEHAVIORAL HEALTH

Participants representing various demographics were encouraged to capture images reflecting their stories and perceptions related to behavioral health as a public health issue. Through guided discussions, these visual narratives were unpacked, which led to conversations about strengths and concerns affecting how the community responds to behavioral health issues that were documented by public health students using the socioecological framework. The Photovoice method allows participants to show their point of view on community behavioral health issues through photography, focus-group discussion, and creative caption-writing without publicly disclosing their identities. Here is the culmination of specific topics that were identified and discussed, organized as strengths, concerns, and topics that were both strengths and concerns :

Strength and concern:
- Remembering and forgetting our local history
- The faith community
- Access to natural environments and the outdoors
- Impact of behavioral health resources limited by lack of awareness
- Services for migrant and refugee communities are sometimes undermined by bias
- Inclusivity and discrimination facing the LGBTQ+ community
- Farmer's markets and food deserts
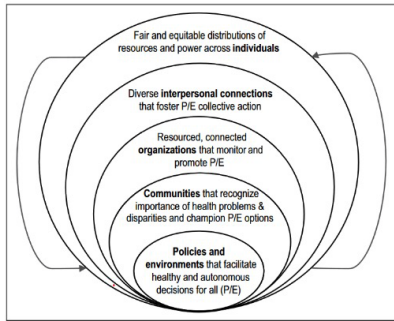
Concern only:
- Gun violence
- Substance use disorder
- Disinvestment in Black/brown communities
- Response to invisible/hidden disabilities
- Gentrification and affordable housing
- Apathy and not knowing how to help
- Social isolation of rural elders

Strength only:
- Harm reduction and recovery supports
- Community spaces/organizations promoting creative expression
- Public libraries as mental health infrastructure

A more profound comprehension of mental health emerges when examined through the lenses of individual, interpersonal, organizational, community, and policy dimensions. We are providing valuable insights for policymakers, researchers, and community members invested in understanding mental health and well-being in Lexington. The summary serves as the connective tissue offering a comprehensive view of the mental health landscape in the community.

- **Individual** = discussion of personal-level knowledge, attitudes, skills, behavior
- **Interpersonal** = discussion of personal and professional/-school relationships and relationship dynamics
- **Organizational** = discussion of issues specific to one organization (e.g., law enforcement, school system).

- **Community** = discussion of interactions between organizations (e.g., how schools relate to and work with law enforcement) and social norms/values that shape organizational and interpersonal interactions
- **Policy** = discussion of laws and regulations as well as government funding and use of resources.

Template analysis methods were used to categorize topics discussed in Photovoice sessions across the five socioecological framework domains to offer insights that can inform policies, interventions, and community-driven action. Here's a summary of the key points:

Individual:
Supports: Access to nature and community involvement.
Challenges: Forgetting local history, apathy, and discomfort in helping others.

The Individual category explores personal-level experiences, knowledge, attitudes, skills, and behaviors related to mental health. At the individual level, participants shared their struggles with postpartum depression, the therapeutic impact of nature in urban and rural spaces, and the challenges of food insecurity. Other topics included rural beauty and isolation, gun violence concerns, and challenges related to drug abuse, emphasizing personal experiences and fears.

Interpersonal:
Challenges: Social isolation of rural elders, unseen disabilities, and biases facing migrant and refugee communities.

Interpersonal insights delve into personal and professional relationships, emphasizing the role of connections in mental health. Examples include Doorways to Recovery, which illustrates the intimidating yet hopeful aspects of entering the recovery community, and discussions on the impact of unseen disabilities on interpersonal interactions. Other topics included the loss of community spaces for elders, pointing to the mental health impact of loneliness, especially among older males.

Organizational:
Supports: Harm reduction programs, services for migrant and refugee communities, and the public library's role in mental health infrastructure.
Challenges: Mistreatment of historical sites, biases, and lack of awareness of available resources.

The Organizational dimension focuses on issues within specific entities, such as the Lexington Writer's Room and Federally Qualified health centers. These spaces serve as outlets and offer opportunities. The exploration also highlights the need for increased awareness of behavioral health services within existing resources. Other organizational topics included fentanyl and Narcan distribution, historical sites' upkeep, and disparities in the placement and condition of African-American cemeteries. These discussions underscore the importance of harm reduction strategies, historical preservation, and equitable community spaces.

Community:
Supports: Faith community initiatives, community spaces promoting creative expression, and inclusivity of the LGBTQ+ community.
Challenges: Impact of behavioral health resources limited by lack of awareness, gun violence, substance use disorder, discrimination, and issues related to farmers' markets and food deserts.

The Community category examines organizational interactions, social norms, and values shaping mental health. Participants discussed the challenges facing affordable housing in Lexington, including issues of illegal activities and gentrification, and emphasized the importance of green spaces for mental well-being. Historical sites and faith-based initiatives, such as recovery ministries, highlight the importance of community engagement, education, and support in mental health.

Policy:
Concerns: Gentrification and affordable housing, transportation challenges, and disinvestment in Black/brown communities.

Policy-related discussions center on laws, regulations, and government funding. Some participants talked about disparities in medical treatment based on race, while considerations of liquor store placement pointed to policy implications contributing to violence and alcohol abuse in specific communities. The draft captures a broad range of perspectives, emphasizing the interconnectedness of individual experiences, interpersonal relationships, organizational initiatives, community dynamics, and policy issues in addressing mental health and well-being.

COMMUNITY STRENGTHS

These compelling images and narratives below serve as reminders of the pressing need for ongoing action, and we remain dedicated to continuing the momentum ignited toward effecting meaningful change within our community.

Doors to Relief, Freedom, and Recovery: You never know what's behind the doors we see on a daily basis. These doors lead to places where AA and other anonymous recovery meetings are held. These doors are a source of hope and community, and the meetings save lives. They also are the scariest doors anyone can walk through. Too many of us don't know that help is there, or misunderstand the problems of addiction. There shouldn't be a "wrong door" to treatment. Let's open the doors to all.

Art represents the diversity of our community through unity, giving life, creativity, and a welcoming atmosphere to the city of Lexington. This mural is of James Herndon, Sweet Evening Breeze, an American drag queen who is considered by many to have originated and promoted Lexington's drag culture. This art represents the pride of the LGBTQ+ community and Lexington's pride in being a home for so many in this community. People of color in the LGBTQ+ community often get overlooked or further marginalized; celebrating intersectionality and being explicit in recognizing the contributions and innovations of people of color in the LGBTQ+ community is essential, as this mural represents.

Familiarity can bring comfort. Although diversity is good in that it brings new ideas, promotes tolerance, and enriches the community, being a stranger to the norm can be mentally exhausting. Lexington has opened its doors to people from all over the world, being accepting of strangers, and encouraging business opportunities to serve these populations. Grocers, are able to bring comfort in the form of food to help form a bridge between the strange and familiar.

Photo of statues in "Baby Land," the "infant burial" section of the Lexington Cemetery that represent "peace with a baby and lamb." It represents the grief that parents have for losing their infant. The "infant burial" area of the cemetery unfortunately keeps growing. More parents who are experiencing grief and the loss of their baby.

A refuge from the stress of urban life, Lexington-Fayette County has preserved much of the green space outside the city. Access is an issue, though, for many, who live in the urban core of our city.

LEXCHIP

COMMUNITY CONCERNS

These compelling images and narratives below serve as reminders of the pressing need for ongoing action, and we remain dedicated to continuing the momentum ignited toward effecting meaningful change within our community.

This photo of Lexington Transit Center Garage captures some of the mental health challenges in our public transportation system. It highlights the struggles of individuals reliant on public transit, emphasizing accessibility issues. The garage reveals some of the hardships faced by vulnerable individuals.

While places of worship have long opened their doors for 12-step and recovery programs, some members of the community might not feel comfortable in such spots. It's important for a community to have safe places available throughout to ensure people have as few barriers as possible for participating.

Military J-FAK trauma kit that a community member carries in his car routinely in case he is on the scene of a mass shooting. Mass shootings have become normalized, which carries a mental health burden for all those impacted by anxiety for a loved one or friend in the community being involved in an incident. Parents of school-aged children are greatly affected.

Family and friends experience pain when losing someone to drug addiction. Death by overdose leaves a wake of devastation. Grief tends to center us in this way by removing color from the world.
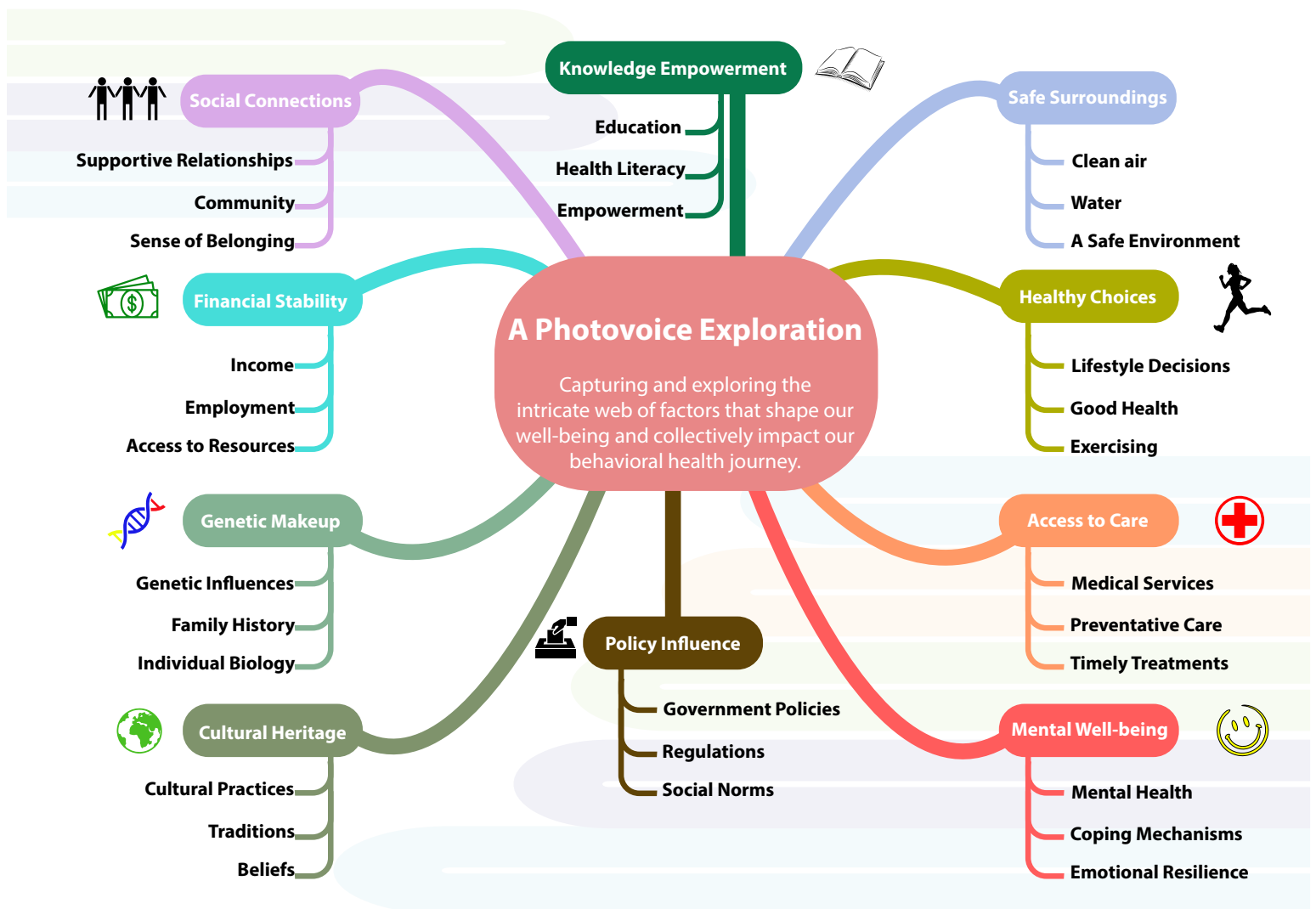

According to recent news reports. There are around 400 evictions every month in Lexington. There are mental health consequences resulting from housing challenges, and it is important that we work quickly to find a way to provide an environment that offers affordable shelter.

LEXCHIP

A WEB OF VOICES

Through the journey of the Photovoice project, we unveiled the captivating visual narrative shown below. The pictures captured through this project helped underscore the complex dynamics shaping behavioral health. The photo images told a story of resilience and vulnerability within our community.

Now, we stand at a point where awareness must transform into action. Together, we can cultivate a more empathetic and understanding environment, where accessibility to vital resources, destigmatization, and unwavering community support stand as guiding principles.

A Photovoice Exploration

Capturing and exploring the intricate web of factors that shape our well-being and collectively impact our behavioral health journey.

Social Connections
- Supportive Relationships
- Community
- Sense of Belonging

Knowledge Empowerment
- Education
- Health Literacy
- Empowerment

Safe Surroundings
- Clean air
- Water
- A Safe Environment

Financial Stability
- Income
- Employment
- Access to Resources

Healthy Choices
- Lifestyle Decisions
- Good Health
- Exercising

Genetic Makeup
- Genetic Influences
- Family History
- Individual Biology

Access to Care
- Medical Services
- Preventative Care
- Timely Treatments

Cultural Heritage
- Cultural Practices
- Traditions
- Beliefs

Policy Influence
- Government Policies
- Regulations
- Social Norms

Mental Well-being
- Mental Health
- Coping Mechanisms
- Emotional Resilience

DOT VOTING

The CHIP group convened for a meeting to review the priorities identified through the Photovoice project. The meeting served as a collaborative forum where members shared their observations, interpretations, and reflections on behavioral health. The group acknowledged the significance of each priority. Ultimately the group worked to translate the qualitative insights into actionable priority areas.

As the CHIP group engaged in a thoughtful dot-voting exercise, the goal was to prioritize areas of focus and ensure that the chosen initiatives resonated with the community's expressed needs. This collaborative approach to reviewing the Photovoice priorities underscored the commitment of the CHIP group to community-driven health improvements, fostering a sense of shared responsibility, and purpose among its members.

The meeting, attended by 32 participants, focused on developing goals for the CHIP (Community Health Improvement Plan). Ten overarching areas were proposed for goal-setting, and participants were allowed to vote for up to three areas where they believed the most impact could be made. The results of the voting were as follows:

1. Access to Care: 22 votes
2. Knowledge Empowerment: 18 votes
3. Mental Wellbeing: 18 votes
4. Financial Stability: 13 votes
5. Policy Influence: 12 votes
6. Social Connection: 09 votes
7. Healthy Choices: 06 votes
8. Cultural Heritage: 02 votes
9. Safe Surroundings: 02 votes
10. Genetic Makeup: 00 votes

The CHIP partners are going to keep meeting regularly. Photovoice has been a big help in making our community health assessment (CHA) more complete. By using numbers, pictures, and narratives, we got important insights. These insights will help us figure out the best ways to make targeted changes, update policies, and involve the community more. As we continue with our CHIP efforts, the information from Photovoice is a key part of how we're working to meet the diverse health needs of everyone in our community.
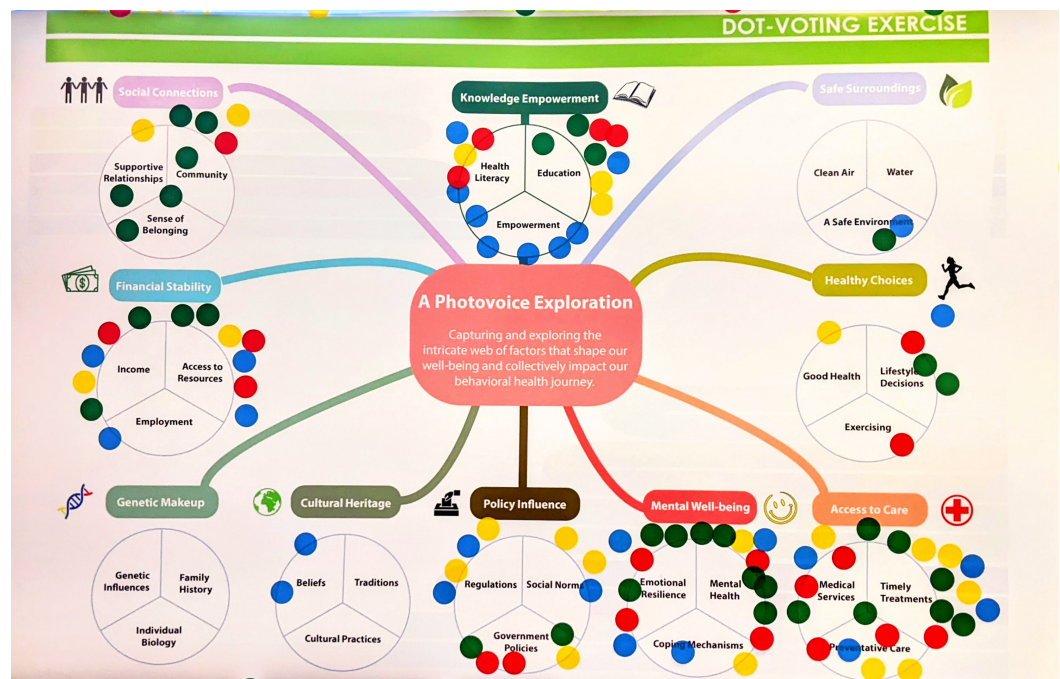
DIRECT RESPONSE

Based on the dot-voting results, the areas chosen for focus by CHIP were Access to Care, Knowledge Empowerment, Mental Well-Being, and Financial Stability. The CHIP group's priority focuses align with the topics discussed by Photovoice participants. It becomes evident that the chosen priority areas directly correspond to the identified issues within the community. The selected focus areas directly respond to the identified needs and provide a framework for targeted interventions, providing both quantitative and qualitative data on the community's health landscape. This integrated approach ensures a more holistic and community-driven strategy for improvement.

Knowledge Empowerment	• Remembering and forgetting our local history • Impact of behavioral health resources limited by lack of awareness • Apathy and not knowing how to help • Community spaces/organizations promoting creative expression • Public library as mental health infrastructure
Financial Stability	• Farmers' markets and food deserts • Disinvestment in Black/brown communities • Gentrification and affordable housing
Access to Care	• Services for migrant and refugee communities are sometimes undermined by bias • Substance use disorder • Harm reduction and recovery supports • Response to invisible/hidden disabilities
Mental Wellbeing	• The faith community • Access to natural environments and the outdoors • Inclusivity and discrimination facing the LGBTQ+ community • Gun violence • Social isolation of rural elders

By keeping our focus on these priority areas, we are better poised to implement effective strategies that resonate with the real challenges faced by our community, fostering a more comprehensive and impactful approach to community health improvement.
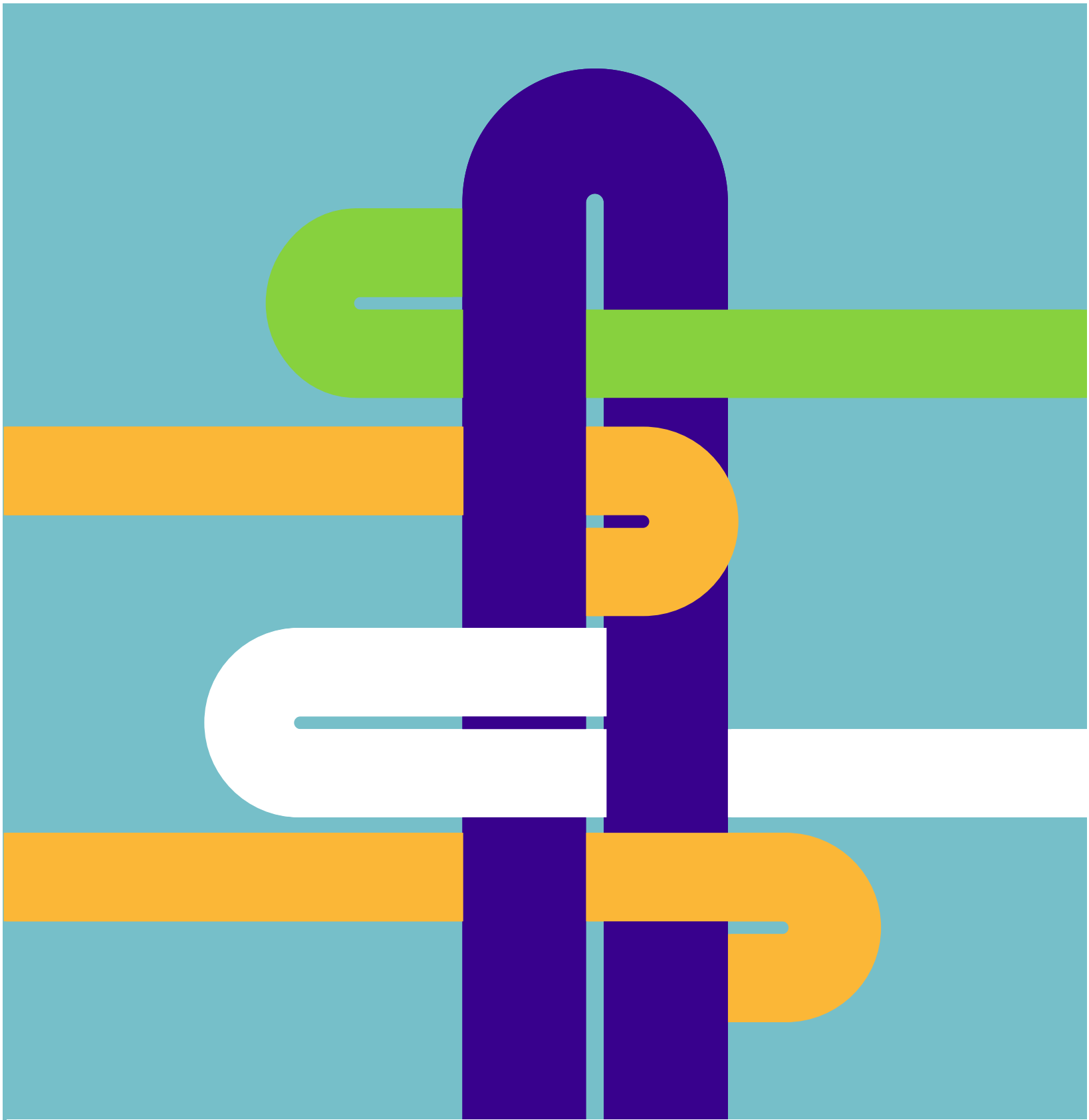
Section Four
HEALTH PRIORITY AREA

BEHAVIORAL HEALTH
How Did We Get Here?

On May 5th, Lex-CHIP convened at the Northside Lexington Public Library for an in-person meeting to address critical health priorities, including economic stability, community safety, behavioral health, and chronic illness. Facilitated by Eastern Kentucky University, the Department of Public Health and Clinical Sciences Faculty, this partnership included representatives from LFCHD Board in attendance. The meeting provided opportunities for lunch, networking, and breakout sessions.

Through a first-of-five voting process, the partners initially considered various concerns from the community health survey. Attendees were encouraged to join one of the four action teams (LexBeWell, LexBeSafe, LexWork, LexBeActive) and engage in thoughtful discussions about the top health priorities.

As a result of these breakout sessions, partners noticed they were having very similar conversations about behavioral health. In an open group discussionPartners ultimately rallied behind the pressing issue of behavioral health. As a result, the partnership had to adjust and pivot from previously focusing on 3-4 issues to just having one overarching issue. Focusing on one priority issue will allow Lex-CHIP to maximize resources to address one issue that will have a positive impact on other pressing health issues.

Partners were introduced to Photovoice, an initiative that empowers community members to depict the community's strengths and weaknesses through photographs. Partners expressed their passionate support for using the PhotoVoice method to shed light on community needs related to behavioral health.

On May 12th, the LFCHD Steering Committee reconvened to reevaluate Lex-CHIP's health priorities. With unanimous support, the Steering Committee endorsed the recommendation, solidifying their commitment to focus on the crucial priority of behavioral health.

Community Conversations

Over 5 months in late 2022, we conducted 13 conversations with the following community groups: Health Equity Network, Lexington Community Health Improvement Partnership, Bluegrass Black Pride, senior citizens, local college students, local nurses, Child Care Health Consultation, the Hope Center, Lexington-Fayette County Health Department employees and the Lexington-Fayette County Department Board of Health.

Community conversations were designed to receive input from a diverse group of individuals that reflect various backgrounds and lived experiences. A diverse group of individuals was included in these discussions, encompassing those who may face barriers in accessing healthcare, experiencing health disparities, or working to address these issues within the Lexington community.

Conversation Dates

August 26, 2022	September 28, 2022	October 12, 2022
November 3, 2022	November 5, 2022	December 8, 2022

QUESTION 1:
What is your vision for a healthy community?

"A healthy community is a great place to raise a family!"

"A diverse community with healthy and happy members."

"Equitable, affordable and accessible health care for all community members."

QUESTION 2:
What do you feel Lexington-Fayette is doing right for its community members?

"We have the most beautiful green space! Walking and bike trails, parks and playgrounds!"

"The Lexington Public Library system is one of the community's strongest and most widely available assets."

"Our community does a great job focusing on and advocating for our children, their well-being and development."

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QUESTION 3:
What are the biggest concerns and/or needed services in Lexington-Fayette County?

"Affordable housing."

"Access to adolescent and youth mental health services."

"Crime, including gun and gang violence and human trafficking."

QUESTION 4:
What is your perception of the most beneficial health resources in the community?

"Lexington has some excellent harm reduction services."

"I feel very confident in the health care systems that we have here in Fayette County."

"…safe schools, daycares and other places where people feel comfortable leaving their children."

QUESTION 5:
What can community leaders and partners do to support mental and physical health?

"…responsible funding allocation."

"Local government, law enforcement, community members and all of the necessary partners networking together in order to come up with viable solutions to the gun violence."

"It would be beneficial for community leaders and stakeholders to receive trauma-informed care training to fully understand the impact trauma has on mental wellness."

QUESTION 6:
What can community leaders and partners do to support housing and financial stability?

"We desperately need to do more to address homelessness, specifically, families with children."

"There should be stricter and more continuous enforcement of landlords and the conditions of their low-income properties."

"The lack of low-income housing, coupled with realtors and companies buying houses to flip before a community member can buy it, is causing the gentrification of lower income areas."

QUESTION 7:

What can community leaders and partners do to improve the quality of life?

"Support more positive engagement between citizens and law enforcement."

"I think the most important thing they can do is listen to community members and not just stakeholders."

"I think diversity and inclusion training needs to be in every profession, school, church, etc. We need to have conversations around accepting everyone and recognizing and respecting thaat we have differences."

QUESTION 8:

Is there anything you would like the leaders of our community to specifically work on?

"We need more and better sheltered bus stops with seats and cover from the weather. Especially for people with physical disabilities, senior citizens and families with children and strollers."

"The congestion and traffic on Nicholasville Road and the major lack of adequate parking downtown."

"Better translation services. I think many people are not getting or seeking any care because they can't

Appendices

Local Public Health Assessment

The Local Public Health Assessment, Asset Map, Forces of Change, and the 10 Essential Public Health Services Framework are interconnected elements that collectively contribute to comprehensive public health planning and improvement.

• Local Public Health Assessment: This component provides a detailed understanding of the current health status and needs of the community, aligning with several Essential Public Health Services. It relates to services such as "Monitor Health," "Diagnose and Investigate," and "Evaluate."

• Asset Map: The Asset Map identifies the community's existing resources and strengths. It is closely linked to the "Inform, Educate, and Empower" service within the 10 Essential Public Health Services framework, as it enables informed decision-making and community engagement.

• Forces of Change Analysis: This analysis examines external factors influencing community health, which is critical for adapting public health strategies and interventions. It aligns with several services, including "Mobilize Community Partnerships" and "Develop Policies and Plans."

• 10 Essential Public Health Services: The 10 Essential Public Health Services framework provides an overarching structure for public health practice. These services encompass a wide range of public health activities, including assessment, policy development, and assurance. The data gathered through the Local Public Health Assessment, Asset Map, and Forces of Change help inform and support many of these essential services.
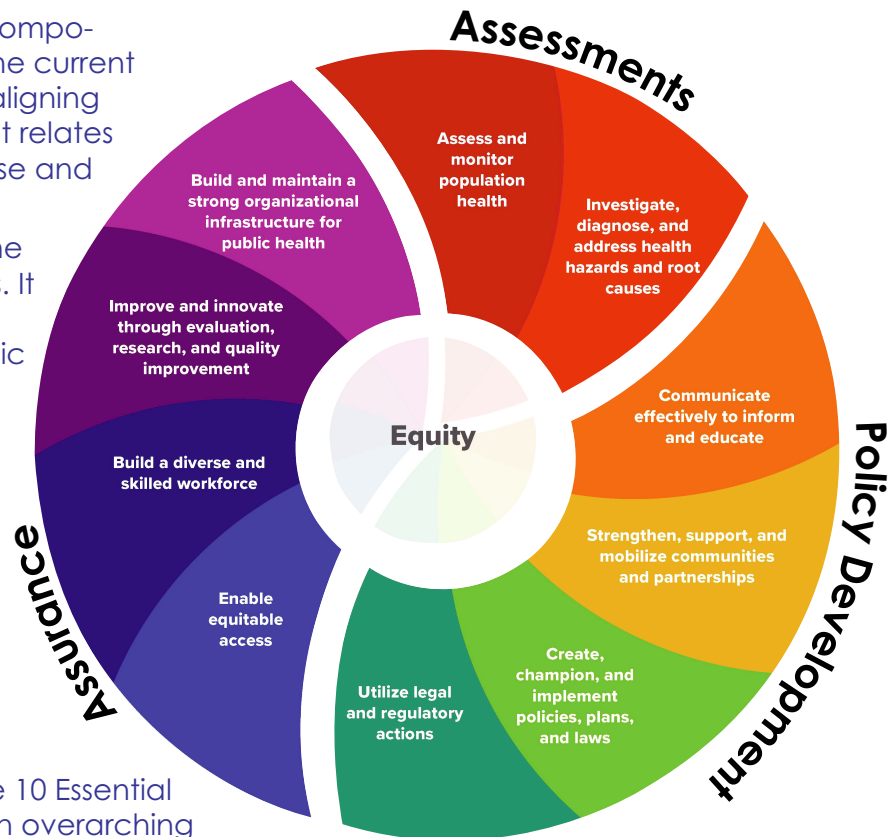
By integrating these components, public health professionals and communities can assess needs, identify resources, consider external influences, and align their efforts with the 10 Essential Public Health Services to plan, implement, and evaluate effective public health initiatives. This holistic approach enhances the community's capacity to address health issues and improve overall well-being.

Assessments

Assess and monitor population health

Investigate, diagnose, and address health hazards and root causes

Build and maintain a strong organizational infrastructure for public health

Improve and innovate through evaluation, research, and quality improvement

Equity

Communicate effectively to inform and educate

Policy Development

Strengthen, support, and mobilize communities and partnerships

Build a diverse and skilled workforce

Assurance

Enable equitable access

Utilize legal and regulatory actions

Create, champion, and implement policies, plans, and laws

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Local Public Health Assessment

The Local Public Health system Assessment allows a local public health to compare its current activities against the 10 Essential Public Health Services to determine its strengths and weaknesses and then improve the quality of that system's performance.

In Lexington, a comprehensive local public health assessment has revealed crucial insights into the community's well-being. This assessment is a vital necessity as it helps us understand the specific health needs of our residents. It identifies trends, disparities, and key health challenges, enabling us to prioritize and tailor interventions effectively. With this data, we can make informed decisions to address critical health issues and allocate resources where they are most needed.

Assess and monitor population health status, factors that influence health and community needs and assets.

- Tracking service numbers over time

- Data collection through Health Department, primary care, specialties

- CHA survey/document

Investigate, diagnose and address health problems and hazards affecting the population.

- Health department Epidemiology, Public Health Clinic

- Non-profit agencies, Community Action Council, United Way of the Bluegrass

- Air quality program through the Metro Planning Organization (MPO). Congestion mitigation and air quality

- Kentucky Injury Prevention and Research Center (KIPRC)

- Local hospitals

- University of Kentucky Public Health

- Public school system

- Syndromic surveillance

- Overdose Detection Mapping Application Program (OD Map)

- Federal health agencies receive info from us

Local Public Health Assessment

Communicate effectively to inform and educate people about health factors that influence it and how to improve it.

- Health fairs

- Social media, internet, traditional media: newspaper/radio/TV

- Health education classes, virtual and in-person

- Church coalitions, relationship with faith-based communities and services

- Public libraries

- YMCA

- Fayette County Public School Family Resource and Youth Service Centers

- Commonwealth Institute for Parent Leadership, Prichard Committee

- Community centers

- Face-to-face interaction, meeting people where they are, target smaller, more vulnerable areas

- Community meetings

- Working with extension offices

- Community Health worker expansion funding

Build and maintain a strong organizational infrastructure for public health.

- Community stakeholder meetings

- Policies, procedures and framework for our public health programs to operate

- Realignment and flexibility of public health resources

Local Public Health Assessment

Strengthen, support and mobilize communities and partnerships to improve health.

- Women, Infants and Children (WIC)

- Health Access Nurturing Development Services (HANDS)

- Family Resource and Youth Services Center (FRYSC)

- Provided personal protective equipment (PPE)

- Harm reduction activities

- Drug Free Lex

- Fayette County Public Schools

- Community events with free health screenings

- Community Health Education and Equity (CHEE), health prevention classes

- Lion's Club A1C project

- Homeless shelter, mental health facilities, detention center, long-term care centers, childcare facilities, partnerships, especially through COVID

- Domestic abuse shelters

- Local hospitals, Infection Prevention and Control (IPAC) teams

- Media newspapers, TV, radio

- Partnership with local universities

- Partnership with local sports organizations

- Partnerships with local barbershops

- Campaigns to increase immunizations

Local Public Health Assessment

Create, champion and implement policies, plans and laws that impact health.

- Mayor's office, local government

- LFUCG Complete Streets Policy

- Reportable diseases that are consistently updated by regulations

- Kentucky Department for Public Health (KDPH) monitored, reviewed and reported

- Working with state legislators

- Kentucky Black Legislative Caucus

- Lexington-Fayette County Health Department Board of Health

- Health Department Community Health Improvement Plan/Community Health Assessment

Utilize legal and regulatory actions designed to improve and protect the public's health.

- Compliance standards

- Harm reduction services

- Tobacco-Free Community

- Requirements regarding healthy foods in schools

- Division of Public Health Protection and Safety, Environmental Health and Safety

- WIC

- HANDS

- Kentucky Health Department Association, Kentucky Public Health Association

- School Health Nurses

- Clean Indoor Air Ordinance

Local Public Health Assessment

Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

- In-person presence in vulnerable communities and neighborhoods

- Good locations of events for easy access by community

- Federal Transportation Services of the Bluegrass medical transportation

- WHEELS Paratransit medical transport

- Partnership on improving streets and bus stops in regard to accessibility

- Working with Fayette County Public School

- In-school health clinics

- Utilizing mobile units for vaccines, harm reduction, infectious disease testing, naloxone

- Community partnerships

Build and support a diverse and skilled public health workforce.

- Ongoing training for public health employees

- Community Emergency Response Team, crossover with police training

- Working with CHI St. Joseph Healthcare, scholarships that directly target African American communities for nursing school

- FCPS public health academy

- Local colleges and universities

- Workforce development programs

- Identifying sustainable public health funding sources

Asset Mapping

The asset map for Lexington is a valuable tool that showcases our community's strengths and resources. It's essential because it empowers us to identify existing healthcare facilities, community organizations, skilled individuals, and social support networks. By knowing our assets, we can leverage them to build healthier and more resilient communities. The asset map allows us to maximize our strengths and ensure that we make the most of what Lexington has to offer.

The social or cultural organizations that you feel are an asset to the Lexington-Fayette community.

- Lexington Public Library
- Community Action Council
- Churches
- Kentucky Refugee Ministries
- United Way of the Bluegrass
- Arbor Youth Services
- YMCA of Central Kentucky
- Keeneland
- Seedleaf
- Lexington Pan-Hellenic Council
- Lexington Leadership Foundation
- Community centers
- FoodChain
- Hope Center
- Bluegrass Care Navigators
- LexArts
- Sporting events
- Black Soil
- Lexington Rescue Mission
- Lexington Arts Foundation
- Urban League

- Lexington Senior Center
- Step-By-Step Lexington
- Lexington Fair Housing
- Lexington Senior Center
- Live music
- Local events/Thursday night live
- Greenhouse17
- Foundation for Latin American Culture and Arts
- Goodwill
- University of Kentucky Art museum
- Arbor Youth Services
- Fayette County Homemakers
- Downtown Lexington Corporation
- Gallery Hop, Louden House
- Jubilee Jobs
- BUILD Lexington
- NAACP
- UK Arboretum
- Lexington Children's Theater
- Junior League
- Kentucky Theatre
- Chrysalis House

Asset Mapping

Local or governmental agencies or programs that you feel are an asset to the Lexington-Fayette community.

- ONE Lexington
- KY Double Dollars
- Lexington Senior Center
- Lexington-Fayette Urban County Government
- Parks and Recreation
- REACH
- 24/7 Dads
- Journi's Hope
- CivicLex
- Partners4Youth
- Community Action Council
- Habitat for Humanity
- Young Professionals
- Pandemic EBT
- Lexington Public Library
- Chrysalis House
- GreenHouse17
- The Nest
- Police Activities League PAL
- Magnet programs in FCPS
- Fayette County Extension Office/University of Kentucky
- Office of Homelessness Prevention and Intervention
- Lexington-Fayette County Health Department

- KYNECT
- Black Achievers
- Community College
- Summer Food Service Program
- Community Paramedicine
- AVOL
- Kentucky Refugee Ministries
- Dept. of Social Services - Extended Social Resources
- Lyric Theater and Cultural Arts Center
- Homeless Coalition
- United Way
- Farmer's Markets
- Nourish Lexington
- Medical Respite
- Hope Center
- Pride Festival, PCSO
- Lexington Parks and Recreation
- Summer feeding programs

Asset Mapping

Groups that you feel are an asset in the Lexington-Fayette community.

- Educators
- Nurses
- Librarians
- Coaches
- Lexington Police Department
- UK and Transylvania professors
- William Wells Brown Community Center
- Social Service providers
- Neighborhood associations
- Kynectors
- Ministers
- Public Health workers
- Mentors
- Lexington Fire Department
- The PRIDE community
- Partners for Youth
- Homelessness providers
- Bluegrass Black Pride
- REACH
- Fraternities & sororities
- Hospital staff
- Immigrants and refugees
- Health care workers

- Colors of Promise
- Managed Care Organizations
- Social workers
- Volunteers
- Smiley Pete
- Activists
- First Steps

Asset Mapping

The most effective ways of communication in the Lexington-Fayette community.

- Traditional media (i.e. radio, TV)

- Email

- Local news

- Door-to-door (face-to-face)

- Websites

- Internet/social media

- Smiley Pete publications

- Mail

- Social media

- Partnering with non-profits to reach more people

- Flyers

- Local organizations

- Billboards

- Phones

- Human Resources offices emailing their staff

- Translation and interpretation for non-English speakers

- Churches

- Word of mouth

- Local churches

- Neighborhood newsletters

- Yard signs and vinyl signs around neighborhoods

- Neighborhood centers (in some neighborhoods)

- Networking in-person/community coalitions

- Peer groups

- School newsletters

- Print

- Community leaders

Asset Mapping

Emergency services that you feel are an asset to the Lexington-Fayette community.

- Homeless Coalition

- Rental assistance

- Domestic abuse shelters

- Lexington Police Department

- Hope Center for Men

- 9-1-1

- Lexington Emergency Medical Services

- Utility Assistance

- Lexington Fire Department

- GreenHouse17

- 2-1-1 via United Way

- Childcare assistance

- Sanitation

- Ampersand

- The Nest

- Emergency Housing

- Health care workers

- Lexington-Fayette County Health Department

- Fayette County Public Schools FRYSC

- Lexington Emergency Management Division

- Emergency rooms and urgent care

- Mental health professionals

- American Red Cross

Asset Mapping

Neighborhood resources that you feel are an asset to the Lexington-Fayette community.

- The many food pantries and shelters
- Shelter rental
- Public parks and pools
- The Greater Gardenside Association
- Lexington Rescue Mission's Day Center
- Neighborhood centers
- Neighborhood associations
- Goodwill Resource Center
- City recycling pickup
- Partners for Youth-Youth Councils
- Built environment- sidewalks, lighting, etc.
- Seedleaf
- Julietta Market
- Lexington Public Library
- Neighborhood Watch
- Weekly waste/sanitation pickup
- Retail for groceries, banks, physicians, etc.
- Schools, Family Resource Youth Service Centers
- Gyms/recreational facilities
- Homeowners Associations
- YMCAs
- Lexington-Fayette County Health Department

- Community food pantry
- Law enforcement
- Legacy Trail
- Clothing bank

Asset Mapping

Education related groups or programs that you feel are an asset to the Lexington-Fayette community.

- Winburn Community Committee
- Athletics
- Fayette County Public Schools
- Empucate International
- University of Kentucky
- Private schools
- Afterschool programs
- Fayette County Diabetes Coalition
- 4-H
- Community colleges
- FoodChain
- Transylvania University
- Mentor groups
- Carnegie Center
- Cultural clubs
- Lexington-Fayette County Health Department education
- Parent-Teacher Associations
- POP Kids Club
- Homeschool groups
- UK Donovan Scholars Program
- Living Arts and Science Center
- Extracurricular sports
- Central Kentucky Youth Orchestra, Lexington Children's Choir, etc.

- Fayette County Extension Office
- Common Good
- Black Achievers
- Child Care Council
- Sullivan University
- WECEP
- Lexington Senior Center
- School board
- Locust Trace Agriscience Center
- Tutoring clubs
- Lexington Farmers Market
- School for Creative and Performing Arts

<u>Asset Mapping</u>

Physical spaces that you feel are an asset to the Lexington-Fayette community.

- Triverton Way
- Charles Young Center
- Parks
- Legacy Trail
- The Summit
- Churches
- Fayette Mall
- Village Branch Library
- Pools
- Distillery District
- Libraries
- Airport
- Schools
- McConnell Springs
- Legacy Trail
- Downtown outdoor markets
- Bluegrass Community and Technical College
- Manchester Music Hall
- UK Arboretum
- Centro San Juan Diego
- Heritage Hall

- Rupp Arena- downtown convention center
- Keeneland
- Community centers
- Kentucky Children's Garden
- Lexington Farmers Market
- Singletary Center
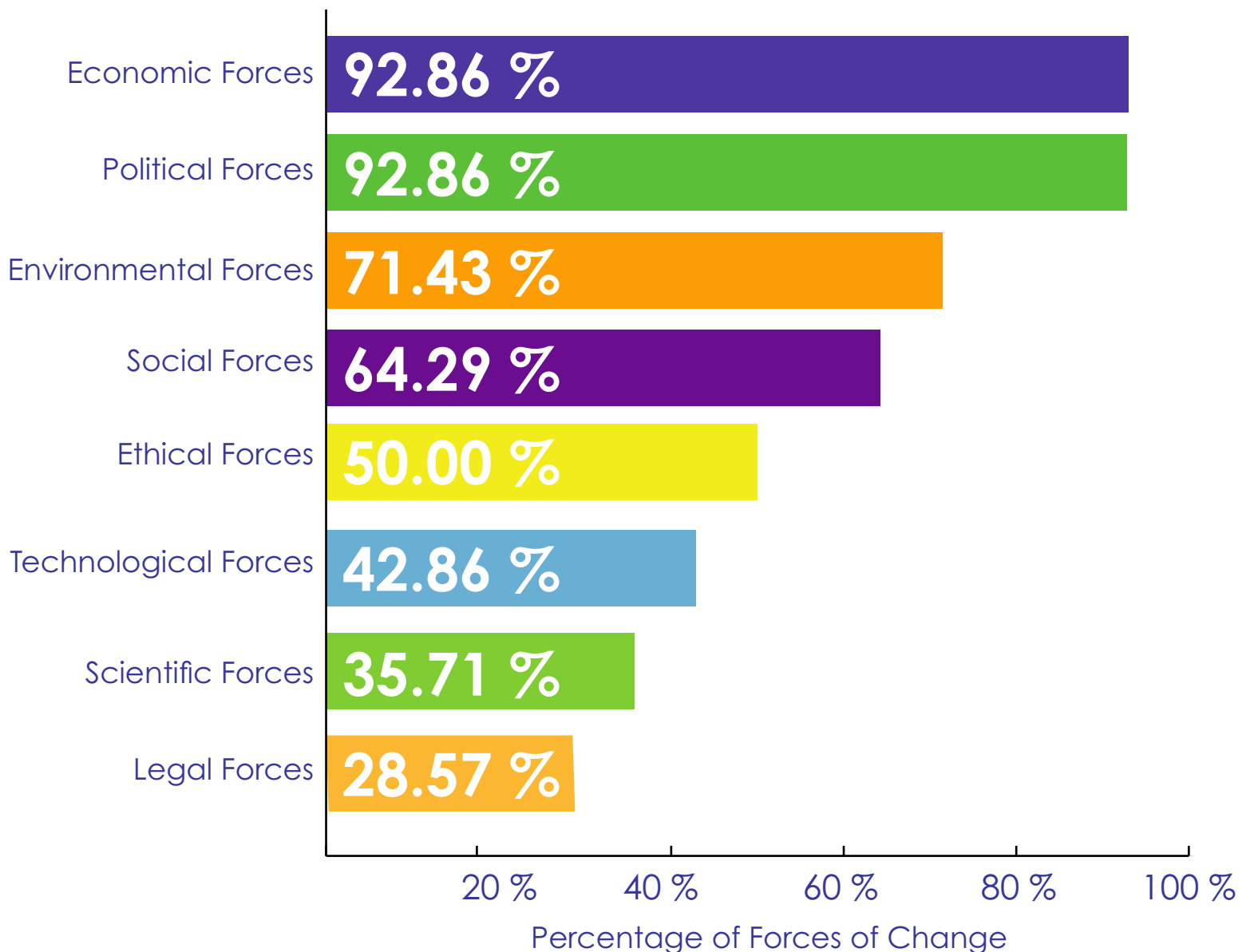- Recreation centers/gyms

Asset Mapping

Entities, organizations, or groups that support the local economy in a positive way in the Lexington-Fayette community.

- Community Action Council
- Bluegrass Community Foundation
- FoodChain
- University of Kentucky
- Lextran
- Smiley Pete
- Seedleaf
- Local sororities and fraternities
- Goodwill
- Lexington Farmer's Market
- Black Soil
- DV8
- Greyline Station
- Junior League of Lexington
- Urban League
- University of Kentucky
- Bluegrass Farm to Table
- Lexington Chamber of Commerce
- Lexmark
- NoLi CDC
- Community Ventures
- Lexington Football Club

- Lexington-Fayette County Health Department
- Keeneland
- LexArts Council
- Big Ass Fans
- LexArts
- Bluegrass Land Conservancy
- Julietta Market
- Commonwealth Soccer Club
- United Way
- Fayette County Public Schools
- Theatre groups
- TempurSealy
- Downtown Lexington Corporation

Forces of Change Assessment

Understanding the forces of change impacting Lexington's public health is vital for effective planning and response. This analysis helps us navigate external factors, such as policy shifts or socioeconomic changes, which can profoundly influence our community's health. By recognizing these forces, we can adapt our strategies and interventions, ensuring they remain relevant and responsive to emerging challenges. The forces of change analysis are an indispensable tool for proactive and dynamic public health planning in Lexington.

Forces of change, outside of your control, that affect the local public health system or community that has occurred recently or may occur in the future.

Force	Percentage
Economic Forces	92.86 %
Political Forces	92.86 %
Environmental Forces	71.43 %
Social Forces	64.29 %
Ethical Forces	50.00 %
Technological Forces	42.86 %
Scientific Forces	35.71 %
Legal Forces	28.57 %

Percentage of Forces of Change

Forces of Change Assessment

What events, either positive or negative, occurring, or might occur, that affect the health of our community?

- Friday closure of the Lexington-Fayette County Health Department

- High health care cost

- The war with Russia and Ukraine will stress many people and possibly impact resources.

- Continued presence of communicable diseases

- Human trafficking

- COVID-19 pandemic

- Lack of institutional care for those with mental health issues

- Significant distrust of health sources after COVID-19

- Health coverage changes

- High medication cost

- Nursing and overall workforce shortage

- Seasonal living due to university schedule

- Increase in crime rate

- Rising inflation and cost of living

- Economics

- Cost of living going up

- Natural disasters

- Cut in health benefits

- Rise in untreated mental illness

- Fewer people are working and thus have less access to care

- Increase walkable sidewalks

- Racial disparity and its impact on health and equitable health care

Forces of Change Assessment

What events are, either positive or negative, occurring, or might occur, that affects the health of our community?

- Social justice

- Increase in public health funding

- Nursing homes profit margins versus care of its residents

- Morphing of science-based on data to science decided by consensus

- Non-affordable housing

- More visible advertising of medication and doctors pushing drugs

- Increase in substance abuse

- I am glad minimum pay is now higher, but some companies will lose business and may reduce staffing

- Opportunities for safe physical recreation

- Reproductive health particularly the attack on reproductive freedom and disparity to women of color

- Change in law or ordinances

- The differential treatment between Medicare recipients and Medicaid recipients.

- Increase in gun violence

- More restrictions on insurance reimbursements for substance use disorder treatment providers

- Climate change will affect energy prices due to higher usage

- Drug epidemic

- Increasing incidence of sedentary options, social isolation and fear of personal interaction with other people

- Impact of trauma on community and individuals - violence, substance use, mental health

- Physical/mental health

- The lack of proper immunizations of children under age 5

Forces of Change Assessment

What specific threats or opportunities are generated by these occurrences?

- Needle Exchange Program closed- increase risk that people are using dirty needles

- Loss of employment

- People going without medication

- Long wait times to see a provider

- Supply chain issues will continue to be a problem and likely increase

- COVID-19: health threat to elderly and those in poor health

- COVID-19 has taught us a lot! Telehealth, working from home, the importance of community health response

- Mental health issues

- Change in leadership

- Institutional help presents the opportunity to safely treat those with mental health issues and provides a safety net for the innocent bystander

- Opportunity to rebuild trust by realigning with good science and validating the right to opinion

- Sickness

- People going without insurance

- Lower quality medical care

- With shortages, some people may turn to crime to get what they need

- Public health focusing only on COVID-19 to the detriment of other programs

- The fight for living wage, paid time off, parental leave for birth/adoption of a child

- Lack of resources

- Fewer people able to access substance use disorder treatment

Forces of Change Assessment

What specific threats or opportunities are generated by these occurrences?
Continued..

- With shortages, some people may embark on new ventures to meet needs

- Lack of focus on homeless, WIC, HIV, equity

- Awareness of systemic racism within the medical community

- Knowledge of resources available

- Women's access to healthcare decreased and/or eliminated by the court decisions

- Increased homelessness

- If there are no prevention programs, people might become unhealthier

- Higher suicide and overdose rates

- Societal changes, such as covid, wars, etc., will hopefully cause people to want to learn more to make better decisions

- Stress on healthcare systems due to staff shortages and decreased capacity

- Prevention of violent behaviors

- Community feels unsafe

- Exit of residents to other counties

- People becoming dependent on medication

- Burned-out workers

- Government officials at all levels will have to be innovative but will need support to enable change

- Continued issues with LGBT rights and access to healthcare

- Increase in obesity and sedentary lifestyle choices

- Poverty status related status due to COVID and natural disasters

Forces of Change Assessment

Please explain how any of these occurrences, positive or negative, that you mentioned will impact equal opportunity for health and access to care based on race, ethnicity, gender, age, sexual orientation, socioeconomic status and/or education level.

- Women's access to healthcare has decreased and been eliminated by the court decisions. Women do not have equal access to care especially when it comes to pregnancy; this includes preventative measures, fertility issues and termination.

- Inequities exist among specific populations related to access to healthcare, economic opportunity and gain, fair housing and co-morbidities that place them at an increased risk for outbreaks like we experienced with COVID19.

- No money or benefits = no treatment.

- Those who are living in poverty are less likely to be able to access timely and appropriate treatment.

- People with fewer resources, whether educated or not, will likely have the most challenges in any wide-spread occurrence such as a pandemic, supply chain issues, etc.

- If they are not addressed, each will impact our community in a negative way.

- The people harmed most by the above are generally those with low socio-economic status and not able to afford health care, fresh foods, work comfortably from home, etc.

- Creating a community does not define folks as worthy or unworthy. Creating equal access to services, health care and time off, providing people a living wage so they can buy healthy food and lose some of the stress of not having enough or working two jobs etc. and big push on trauma work - too many folks wounded, covering pain by violence, substance use, depression, etc.

- Communities will need ongoing knowledge of resources for families.

- Increasing cost impacts low economic status by having and providing less for their family. Lower-class families and middle-class families may not for example travel on vacation due to spending money on other essential items.

Forces of Change Assessment

Please explain how any of the occurrences, positive or negative, that you mentioned above will impact equal opportunity for health and access to care based on race, ethnicity, gender, age, sexual orientation, socioeconomic status and/or education level. Continued..

- Persons with mental health issues who cannot afford private pay are left to wander the streets. Nursing homes clearly speak of their private pay residents as if they get preferential treatment. All of these issues directly affect race, as well as educational levels.

- Public health and other health sources/providers have suffered catastrophic loss of credibility and trust from the public. We must acknowledge mistakes and be accountable before trust can begin to be rebuilt. Trust is very difficult to regain, once lost. Our response cannot be to bully/silence those who don't conform to the dictates of political,social, and media-enforced consensus.

- In summary, the forces of change assessment, asset mapping, and local public health assessment collectively provide a comprehensive view of the challenges and opportunities facing Lexington's public health system. These assessments highlight critical issues, such as ongoing health threats, resource disparities, and systemic challenges. However, they also reveal opportunities for innovation, community partnerships, and equity-driven initiatives that can improve public health outcomes and access to care. Addressing these forces of change, leveraging community assets, and responding to local health needs are vital steps in building a resilient and equitable public health system for Lexington's residents. Assessments took place on November 4, 2022.

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THANK YOU TO THE COMMUNITY

We want to extend our heartfelt gratitude to our community for your invaluable participation in our Community Health Assessment (CHA). Your commitment, openness, and enthusiasm have been instrumental in data collection, surveys, interviews, and community engagement.

Through your lens, we have gained a unique perspective on the daily realities and challenges our community faces. Thank you for providing a powerful voice for the community. Your commitment to this work, despite the various demands on your time and energy, is deeply appreciated. Your contributions have played a crucial role in shaping our CHA and will help in making decisions and actions to come.

Here's how you can continue to be involved and make a difference:

1. Stay Engaged

2. Advocate for Change

3. Join a CHIP Workgroup
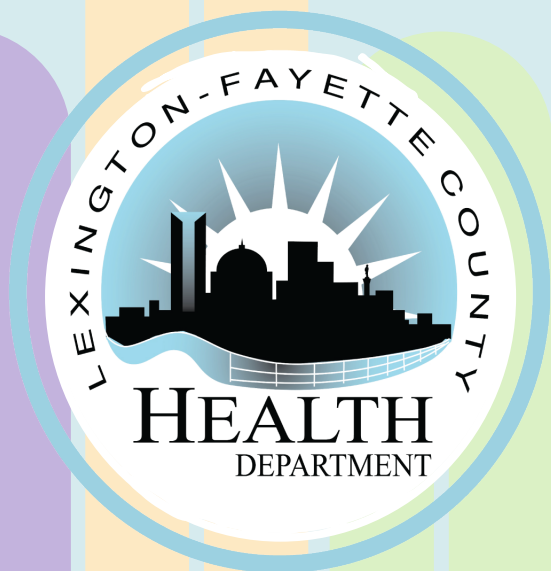
4. Volunteer

5. Support Policy Initiatives

6. Share Your Expertise

7. Keep Taking Photos

You are the heart and soul of our community.
Your voices matter and are the driving force behind positive change.

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