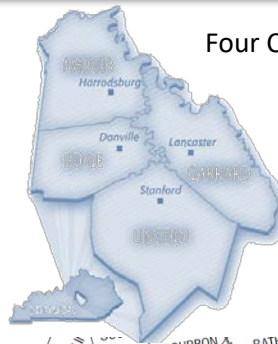


Central Kentucky Safe Communities Coalition Application



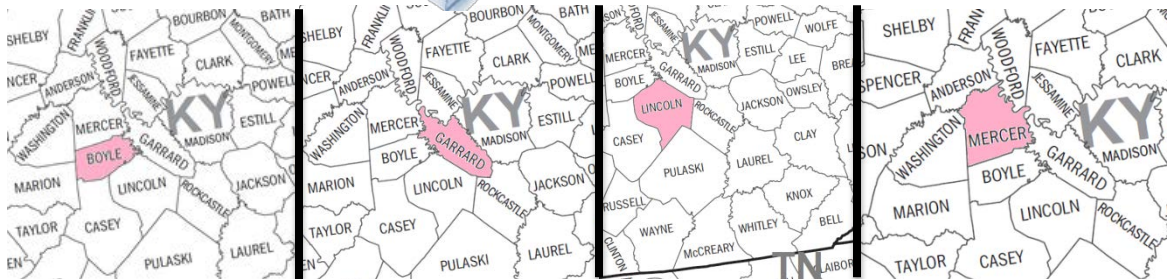
Four County Community:

BOYLE County

GARRARD County

LINCOLN County

MERCER County



Central Kentucky Safe Communities Coalition

Comprised of the following Task Forces:

- Boyle County Task Force
- Garrard County Task Force
- Lincoln County Task Force
- Mercer County Task Force



Organization Rationale:

Boyle, Garrard, Lincoln, and Mercer counties have a history of 'community' through various partnerships, organizational ties, and business ties. We are a rural community tied by values, economics, and location. Many of the social service resources and business are interconnected throughout the four county geographic area. The lead organization services all four counties and maintains key relationships that foster the Safe Communities initiatives.

Organizational Benefits:

By blending a four county established 'community' into a coalition for Safe Communities, there have already been benefits that enhance each county task force. The benefits include Safe Communities established record keeping and data research, shared successes and failures, best practices, shared opportunities, greater network connections, and cross county reach.

Section 1: Contact Information

Stephanie S. Blevins, Ph.D.

Executive Director HKUW

Organization: Heart of Kentucky United Way

Mailing address: 118 North Third Street, Danville, Kentucky 40422

E-mail: sblevins@hkuw.org

Phone: (859) 238-6986

Name and title: Rollin Tarter, Moderator

Organization: Community At Large

Mailing address: 233 Manor Hill, Danville KY 40422

E-mail: artarter@bellsouth.net

Phone: (859) 324-0441

Table of Contents

Section 1: Contact Information.....	2
Section 2: Community Description.....	4
I. History.....	4
II. What Makes Your Communities Unique?	5
III. Why is your community seeking a Safe Community Designation?	9
IV. Who in your community has taken the lead in organizing this effort? Why?	9
Section 3: Areas of Competency	10
I. Sustained Collaboration	10
A. Safe Community Name	10
B. Members, their organizational affiliations and email addresses	10
C. Organizational Structure.....	13
Organization Support (Appendix A).....	14
D. Date the Group Formed	14
E. Meeting Notes	14
F. Mission Statement	14
G. Communications Strategy	15
II. Data Collection and Application	16
A. Community Demographics	16
B. Injury Data.....	18
C. Data Summary Table.....	33
D. Data Source.....	33
E. Project Goals.....	34
F. How will the Data be used in the Development of New Strategies?	37
III. Effective Strategies to Address Injuries.....	38
IV. Evaluation Methods.....	40
Section 4: Community Inventory of Safety and Injury Initiatives.....	42
Appendix A: Letters of Support.....	57
Appendix B: Meeting Minutes/Task Force Meeting Minutes.....	112
Appendix C: Support Materials.....	131
Appendix D: Safe Communities Coalition of Central Kentucky Bylaws.....	138

Section 2: Community Description

Describe your community's history and what makes your community unique.



The Safe Communities Coalition of Central Kentucky is composed of four communities. They are Danville, Harrodsburg, Lancaster, and Stanford, the four county-seats of Boyle, Mercer, Garrard, and Lincoln Counties. These communities are steeped in Kentucky history. They were the first permanent settlement, the site of the first court house, jail, post office, college and law school, and the site of the state's constitutional convention.



DANVILLE, BOYLE COUNTY



The City of Danville, which is the county seat of Boyle County, is a thriving community of 16,292 on the southern edge of Kentucky's famed Bluegrass Region. Danville, located 35 miles southwest of Lexington, covers an area of approximately 15.09 square miles.

Danville is the home of Centre College. Founded in 1819, Centre is one of the most prestigious small liberal arts colleges in America. It was the site of two Vice-Presidential debates in 2000 and in again in 2012.

It is also the home of Kentucky School for the Deaf and of Bluegrass Community and Technical College. The second week of June it entertains 40,000 guests who come for the Great American Brass Band Festival. The Kentucky State BBQ Festival attracts another 25,000+ to the community.

Danville is a home rule-class city in Boyle County, Kentucky, in the United States. The population was 16,218 at the 2010 census. Danville is the principal city of the Danville Micropolitan Statistical Area, which includes all of Boyle and Lincoln counties. In 2001, Danville received a Great American Main Street Award from the National Trust for Historic Preservation. In 2011, *Money* magazine placed Danville as the fourth-best place to retire in the United States.

As of the census of 2010, there were 16,218 people, 6,405 households, and 3,903 families residing in the city. The population density was 1,020.0/sq. mi. There were 7,180 housing units at an average density of 451.6/sq. mi. The racial makeup of the city was 83.2% White, 10.9% African American, 0.2% Native American, 1.0% Asian, 1.8% from other races, and 2.8% from two or more races. Hispanics or Latinos of any race were 3.9% of the population. Of the 6,405 households, 25.7% had children under the age of 18 living with them, 43.1% were married couples living together, 14.7% had a female householder with no husband present, and 37.8% were non-families. 33.0% of all households were made up of individuals and 14.8% had someone living alone who was 65 years of age or older. The average household size was 2.25 and the average family size was 2.83. 20.8% of the population was under the age of 18, 61.8% from 18 to 64, and 18.0% who were 65 years of age or older. The median age was 39.4 years. Females made up 54.4% and males made up 45.6% of the population aged 18 or older.

As of 2000, the median income for a household was US \$32,938, and the median income for a family was \$40,528. Males had a median income of \$35,327 versus \$24,542 for females. The per capita income was \$18,906. About 9.4% of families and 12.4% of the population were below the poverty line, including 17.6% of those under age 18 and 10.5% of those ages 65 or over.

What makes Boyle County/Danville unique?

Danville is known as the City of First. Danville boasts the first courthouse in Kentucky, first US Postal office west of the Alleghenies (1792), the first Capital of Kentucky (1785), and the first Political Club in the West (1786). In 1809, Danville's own Dr. Ephraim McDowell became the first physician in the world to successfully remove an ovarian tumor. His patient was Mrs. Jane Todd Crawford. Danville was also the location of the first college in the West (1783) and the first law school in the West (1799). The first state-supported School for the Deaf opened in Danville in 1823. Among the “firsts” in Danville was the development of education for blacks. Danville was the site of the first black home school in Boyle County. The school was taught by Willis Russell, a teacher listed in the 1850 census. The first kindergarten for blacks was established by the City Federation of Women's Clubs. In 1881, John W. Bate established Danville's first public school for blacks. Danville is called the “Birthplace of the Bluegrass” since the first Constitutional Convention in the West was held at Constitution Square in 1792 when Kentucky's first Constitution was signed. Danville is the home of **Centre College**. Founded in 1819, Centre is one of the most prestigious small liberal arts colleges in America.



LANCASTER, GARRARD COUNTY



The county was formed in 1796 and was named for James Garrard, Governor of Kentucky from 1796 to 1804.

As of the census of 2000, there were 3,734 people, 1,585 households, and 1,020 families residing in the city. The population density was 2,100.4 people per square mile. There were 1,758 housing units at an average density of 988.9 per square mile. The racial makeup of the city was 88.14% White, 9.61% African American, 0.08% Native American, 1.12% from other races, and 1.04% from two or more races. Hispanic or Latino of any race was 1.96% of the population.

There were 1,585 households out of which 29.1% had children under the age of 18 living with them, 45.2% were married couples living together, 15.6% had a female householder with no husband present, and 35.6% were non-families. 32.5% of all households were made up of individuals and

17.1% had someone living alone who was 65 years of age or older. The average household size was 2.29 and the average family size was 2.89.

In the city, the population was spread out with 23.0% under the age of 18, 9.6% from 18 to 24, 26.5% from 25 to 44, 19.7% from 45 to 64, and 21.1% who were 65 years of age or older. The median age was 38 years. For every 100 females there were 83.5 males. For every 100 females age 18 and over, there were 76.6 males.

The median income for a household in the city was \$26,175, and the median income for a family was \$31,355. Males had a median income of \$26,849 versus \$21,108 for females. The per capita income for the city was \$13,793. About 16.9% of families and 21.1% of the population were below the poverty line, including 27.0% of those under age 18 and 17.5% of those aged 65 or over.

What makes Garrard County/Lancaster unique?

Garrard County is historically a Whig and Republican County. Its early political leaders were outspoken supporters of Henry Clay. It was strongly pro-Union during the Civil War and has remained a Republican stronghold in the Bluegrass Region which was, until recently, largely Democratic.

Histories from the Civil War era record that "On August 6, 1861, Union recruits marched into Camp Dick Robinson [in north Garrard County]. Pleasant Retreat, located in Lancaster was the home of the 16th Governor of Kentucky, William Owsley.



At 700 acres, The Tom Dorman Nature Preserve is the largest intact forest in the palisades and has several miles of public hiking trails. The preserve is at the center of the Inner Bluegrass Region, where the Kentucky River cuts thru many layers exposing the oldest rocks in the state: The High Bridge

Formation of Middle Ordovician age (440-450 million years old). This dolomitic limestone forms high "palisade" cliffs along the river and its tributaries.



STANFORD, LINCOLN COUNTY



Stanford was founded in 1775 by Benjamin Logan as Logan's Fort, alternately known as St. Asaph, the name given it by Logan. The site of the fort is about one mile west of the courthouse at the center of town. Largely untouched by the American Civil War (the nearest conflict was the Battle of Perryville, 20 miles away, Stanford grew significantly in the post-war

period. In the late 1860s, the town gained own newspaper, the Stanford Banner, which is still publishing as the Interior Journal.

As of the census of 2000, there were 3,430 people, 1,417 households, and 919 families residing in the city. The population density was 1,114.5 per square mile. There were 1,522 housing units at an average density of 494.6 per square mile. The racial makeup of the city was 89.97% White, 8.10% African American, 0.09% Native American, 0.09% Asian, 0.20% from other races, and 1.55% from two or more races. Hispanic or Latino of any race was 1.37% of the population.

There were 1,417 households out of which 29.6% had children under the age of 18 living with them, 46.1% were married couples living together, 15.9% had a female householder with no husband present, and 35.1% were non-families. 31.8% of all households were made up of individuals and 15.2% had someone living alone who was 65 years of age or older. The average household size was 2.27 and the average family size was 2.85.

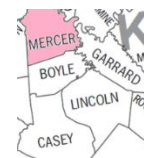
22.8% of the population was under the age of 18, 8.3% from 18 to 24, 28.5% from 25 to 44, 22.1% from 45 to 64, and 18.4% who were 65 years of age or older. The median age was 38 years. For every 100 females there were 84.1 males. For every 100 females age 18 and over, there were 79.7 males.

The median income for a household in the city was \$25,087, and the median income for a family was \$32,550. Males had a median income of \$28,583 versus \$20,975 for females. The per capita income for the city was \$13,811. About 15.9% of families and 20.6% of the population were below the poverty line, including 27.4% of those under age 18 and 27.8% of those ages 65 or over.



What makes Lincoln County/Stanford unique?

Stanford was founded in 1775 by Benjamin Logan as Logan's Fort, alternately known as St. Asaph, the name given it by Logan. The site of the fort is about one mile west of the courthouse at the center of town. Lincoln County has all its original records and archives dating from November 1789, making it one of the more complete archives in Kentucky. Among its original land deeds kept on vellum are deeds granting land to both Daniel Boone and Simon Kenton,



HARRODSBURG, MERCER COUNTY



Harrodsburg, the county seat of Mercer County, was founded in 1774 by a stalwart band of pioneers led by James Harrod, of Pennsylvania. It was the only "colonial" city and the first permanent English settlement west of the Allegheny Mountains. Referred to as the "Birthplace of the West," Harrodsburg has a proud and remarkable

heritage.

As of the census¹ of 2000, there were 8,014 people, 3,449 households, and 2,234 families residing in the city. The population density was 1,510.5/sq. mi (583.2/km²). There were 3,709 housing units at an

average density of 699.1/sq. mi. The racial makeup of the city was 88.92% White, 7.52% African American, 0.14% Native American, 0.76% Asian, 0.02% Pacific Islander, 1.14% from other races, and 1.50% from two or more races. Hispanics or Latinos of any race were 2.15% of the population.

There were 3,449 households out of which 31.3% had children under the age of 18 living with them, 45.4% were married couples living together, 15.3% had a female householder with no husband present, and 35.2% were non-families. 32.1% of all households were made up of individuals and 16.6% had someone living alone who was 65 years of age or older. The average household size was 2.32 and the average family size was 2.91.

The age distribution was 25.1% under the age of 18, 9.0% from 18 to 24, 28.2% from 25 to 44, 20.9% from 45 to 64, and 16.8% who were 65 years of age or older. The median age was 36 years. For every 100 females there were 85.7 males. For every 100 females age 18 and over, there were 79.8 males.

The median income for a household in the city was US \$27,500, and the median income for a family was \$34,503. Males had a median income of \$31,214 versus \$21,216 for females. The per capita income for the city was \$15,327. About 14.2% of families and 17.1% of the population were below the poverty line, including 21.1% of those under age 18 and 13.2% of those ages 65 or over.

What makes Mercer County/Harrodsburg unique?

Harrodsburg was the first city formally chartered in Kentucky County, the Virginia territory that later became the 15th American state. It was originally the county seat of Lincoln County when it was formed in 1780, but it became the seat of Mercer County when it was created. Pleasant Hill, also known as Shakertown, is the site of a former Shaker community, active especially during the years before the American Civil War. It is a National Historic Landmark District, consisting of more than 30 historic buildings. The district also includes acres of farm and parkland. Another attraction to Harrodsburg is the Old Fort Harrod State Park. The park encompasses 15 acres and features a reconstruction of Fort Harrod, the first permanent American settlement in the state of Kentucky with reenactments of activities and events of that time. The fort was named after James Harrod, who led an early party of settlers into Kentucky. The reconstructed fort contains several log structures representing various aspects of military frontier life, including a militia blockhouse, a family blockhouse, several cabins demonstrating pioneer life, a lab school, the minister's cabin, and the leader's cabin.





• **Why is your community seeking a Safe Communities accreditation?**

The purpose in the four county communities seeking a Safe Communities Accreditation is three-fold. First and foremost, it is the mission of each task force created under this initiative to reduce preventable injuries within our communities. The entire effort would be more than worth the time, energy, and expense if even one life is saved through our efforts. We are committed to the purpose and mission of this endeavor and seek accreditation to establish a formal effort around prevention. Second, the results already achieved through this process have solidified the effectiveness of multi counties and cities coming together and working together around a common goal. The collaboration and sharing among the task forces have proven invaluable in our efforts to assess and formulate a plan around preventable injuries. Finally, a Safe Communities Accreditation would provide national recognition of our efforts. This designation could be used to demonstrate to visitors, potential community members, and potential businesses the commitment and resources invested in providing a safe place to live and work. The multi-county approach to reducing the risk for injury and death proves the pledge we are making to not only bring all areas of our communities together to address concerns, but also to focus on the greatest preventable health needs in our four-county community.

• **Who in your community (person/agency) is taking the lead in organizing this effort? Why?**



Lead Agency: Heart of Kentucky United Way
118 North Third Street
Danville, Kentucky 40422
859-238-6986
www.hkuw.org

Heart of Kentucky
United Way

Serving Boyle, Garrard, Lincoln
And Mercer Counties

The Heart of Kentucky United Way (HKUW) accepted the lead agency role for Safe Communities of Central Kentucky Coalition. The mission of Safe Communities aligns with the mission of Heart of Kentucky United Way, to mobilize people to give, advocate, and volunteer, creating opportunities for a good life for all. The HKUW partners with over 29 partner agencies within the four-county area (Boyle, Garrard, Lincoln, and Mercer). HKUW established goals under the headings of Education,

Income, and Health; the building blocks for a good quality of life. The health goals are fully aligned with the initiatives and direction of Safe Communities making this a natural role for HKUW. There are a several agencies that service all four counties in their work making this four-county coalition a success.

Section 3: I. Sustained Collaboration

An infrastructure based on partnership and collaboration representing a cross section of community leaders and organizations committed to community safety and well-being.

A. Name of the coalition:

Safe Communities Coalition of Central Kentucky

B. Coalition Membership and Organization

I. Members, their organizational affiliations and email address

Section 3: I. Member names, their organizational affiliations and email address

A LAST NAME	FIRST NAME	EMAIL	Coalition	Boyle Task Force	Garrard Task Force	Lincoln Task Force	Mercer Task Force	Agency/Organization/Business
Altobello	Chrisit	caltobello@bluegrass.org		X				Bluegrass.org
Blevins	Brent	brent.blevins@ky.gov	X					Boyle Co Health Department
Blevins	Stephanie	sblevins@hkuw.org	X					Heart of Kentucky United Way
Carroll	Tracy	tracy.carroll@ksd.kyschools.us						Kentucky School for the Deaf
Caywood	John	jbcdery@roadrunner.com						Boyle Magistrate
Chidester	Patti	patti.chidester@fnbky.com		X				Farmers National Bank
Crown-Weber	Kathy	Kathlyn.Crown-Weber@ky.gov					X	Mercer Co Health Department
Cutler	Jill	info@mercercchamber.com					X	Mercer Co Chamber of Commerce
Davis	Chris	Cdavis@cityoflancasterky.com			X			Lancaster Mayor
Dedman	Milward	mddedman@mercercy.com					X	Mercer Judge Executive
Duncan	Anna	amduncan@bluegrass.org		X				Bluegrass.org
Fluty	Jan	JFluty@emrhc.com		X				Ephraim McDowell Hospital

A LAST NAME	FIRST NAME	EMAIL	Coalition	Boyle Task Force	Garrard Task Force	Lincoln Task Force	Mercer Task Force	Agency/Organization/Business
Fowler	Paula	paula@danvilleboylechamber.com	X	X				Boyle Co Chamber of Commerce
Gaston	Victoria	vagaston@bluegrass.org				X		Bluegrass.org
Gilliam	Don	lincolnema@lincolnky.com				X		Lincoln Co Emergency Management
Gray	Tony	tgray@danvilleky.org		X				Danville Police Chief Advocate Messenger
Hart	Robin	advocate@amnews.com	meeting notices	meeting notices	meeting notices	meeting notices	meeting notices	
Hatfield	Wendell	Garrard.ema@gmail.com			X			Garrard Emergency Management
Hodge	Marcia	marciaa.hodge@ky.gov			X			Garrard Co Health Department
Holland	Dewayne	garrardchamber@gmail.com			X			Garrard Co Chamber of Commerce
Houston	Anna	anna.houston@danville.kyschools.us		X				Danville Schools
Kitts	Tim	hadanvl@bellsouth.net		X				Housing Authority of Danville
Lang	Dawn	dlang@centertech.com				X		Operation Unite
Long	Eddie	mayor@harrodsburgcity.org					X	Harrodsburg Mayor
Look	Keith	keith.look@danville.kyschools.us		X				Danville Schools
Maxfield	Ric	maxfield@harrodsburgcity.org					X	Burgin Fire Chief
McKinney	Harold	hmckinney@boyleky.com		X				Boyle Judge Executive
Milby	Kevin	kevin.milby@centre.edu	X	X				Centre College
Miles	Kathy	kathy.miles@centre.edu	X	X				ASAP/Community At Large
Miller	Andrea	director@lincolncountychamber.com	X			X		Lincoln Co Chamber of Commerce
Mills	Alane	alane.mills@boyle.kyschools.us	X	X				Boyle Co Schools
Mitchell	Kendra	kendra.mitchell@lincoln.kyschools.us				X		Lincoln Co Schools
Mount	Eric	eric.mount@centre.edu		X				Centre College/Community At Large
Noel	Teresa	tnoel@mainsourcebank.com					X	MainSource Bank
Parsons	Ken	kparsons@windstream.net			X			Garrard Co Magistrate
Peek	Kendra	kpeek@amnews.com		X				Advocate Messenger
Perros	Mike	mayor@danvilleky.org		X				Danville Mayor
Pflug	Ken	KPFlug@danvilleky.org		X				Danville Fire Chief
Poland	Tom	tom.poland@fnbky.com	X					Farmers National Bank-Retired

A LAST NAME	FIRST NAME	EMAIL	Coalition	Boyle Task Force	Garrard Task Force	Lincoln Task Force	Mercer Task Force	Agency/Organization/Business
Reed	Vicky	vreed@HAGGINHOSP.ORG					X	Haggin Hospital
Sears	Deronda	Deronda.Sears@garrard.kyschools.us			X			Garrard Co Schools
Serres	Rick	rick@bgbky.com		X				Danville City Commission
Shawler	Cay	cfshawler@hotmail.com		X				Boyle Co Community At Large
Simpson	Doug	dsimpson@danvilleky.org		X				Danville Fire Dept-Fire Marshall
Tamme	Pam	pam.tamme@boyle.kyschools.us	X	X				Boyle Co Schools
Tarter	Rollin	artarter@bellsouth.net	X	X	X	X	X	Community At Large
Wade	Nick	director@downtowndanville.com		X				Heart of Danville
Weber	Kathy	Kathlyn.Crown-Weber@ky.gov					X	Mercer Co Health Department
White	Rachel	hadanvl@bellsouth.net		X				Housing Authority of Danville
Wilder	Mike	mwilder@boyleky.com		X				Danville Emergency Management
Wilson	John	garrardjudge@windstream.net						Garrard Co Judge Executive
Wilson	Hilary	HilaryB.Wilson@ky.gov	X					Boyle Co Health Department
Yates	Dan	tyates@HAGGINHOSP.ORG					X	Haggin Hospital

SAFE COMMUNITIES COALITION OF CENTRAL KY

Safe Community is a community-driven coalition that prioritizes safety by bringing people together to improve the quality of life for everyone in the community.

**Coalition
Lead Agency**

Heart of KY United Way

Charged with 4-county planning, multi-co. funding, accreditation, accountability, catalyst, and convene resources.

Moderator

Rollin Tarter

Recorder

Michelle Ellis &
Kathy Miles

Financial Monitor

Kathy Miles

County Task Forces

**Boyle/
Danville**

Ephraim McDowell

**Garrard/
Lancaster**

Brittany Walsh &
Kathy Denham

**Lincoln/
Stanford**

Lincoln Chamber

**Mercer/
Harrodsburg**

Haggin Hospital

Charged with examining and evaluating county data, setting county objectives and goals, and collecting program/project outcome measurements.



C. Organizational support

Attached Appendix A

D. Date the group formed:

Safe Communities Coalition of Central Kentucky was formed in January 2016. Rollin Tarter, a concerned citizen, had attended a meeting where Safe Communities was presented. Dedicated to his community, Tarter approached numerous agencies, organizations, businesses, and government to form what is today known as Safe Communities Coalition of Central Kentucky. The initial meeting hosted over 40 people from local government, schools, first responders, concerned citizens, non-profit agencies, health departments, social service agencies, professors, health care providers, and many more. The focus of the first meeting was to assess the need and potential outcomes by becoming a Safe Community. The overwhelming consensus was to continue the efforts and include the surrounding communities in the initiative. It was determined that the four-county area, Boyle, Garrard, Lincoln, and Mercer were very much interconnected. By including all four-counties in the effort to prevent injury, the shared data, programs, and plans will increase awareness and outcomes.

To maximize productivity from this multi-county area, a Safe Communities Task Force was established in county. Each county elected a county task force lead person that serves as the moderator for the group. A representative from each Safe Communities Task Force attends the Safe Communities of Central Kentucky Coalition meetings in order to report progress, plans, and/or challenges. The structure allows for two-way communication between the Coalition and each task force.

E. Meeting notes – Attached

Appendix:

- Appendix B/Safe Communities of Central Kentucky Coalition Meetings
- Appendix B /Boyle County Task Force Meetings
- Appendix B /Garrard County Task Force Meetings
- Appendix B /Lincoln County Task Force Meetings
- Appendix B /Mercer County Task Force Meetings

F. Mission Statement:

Vision: To live and work in a safe and healthy community.

Mission: Through wide-spread community collaboration, we will create a safer community and better quality of life for all of our neighbors.

G. Communications Strategy

As a four-county coalition, communication is vital to the success of its initiatives. Because our Safe Communities Coalition has two tiers, the Coalition and County Task Forces, an internal and external communication plan is necessary to keep all members of the initiative informed as well as the general public.

To address internal communication, a framework was established to transfer information from the county task forces to the Coalition by assigning a county task force member to serve as the liaison between the two groups. The role of this volunteer is to communicate data, plans, programs, concerns, obstacles, successes, etc. to and from the Coalition. By creating this role at each task force, there is continuity and continued communication through all five sectors of our structure (Coalition, Boyle County Safe Communities Task Force, Garrard County Safe Communities Task Force, Lincoln County Safe Communities Task Force, and Mercer County Safe Communities Task Force). Each county task force representative emails minutes of each meeting to the lead agency for record keeping in addition to verbally reporting to the Coalition.

To address external communication, each county task force reports newsworthy progress to the lead agency of the Coalition. The lead agency makes the initial contact with the media while always trying to include local task force members as a part of the story/interview. As a rural coalition, we have relationships with local media which have enhanced our ability to communicate with the public. Newspaper, radio, social media (Facebook, twitter, websites, etc.), printed materials, and word of mouth are all utilized to communicate the progress/success of our Coalition. The Coalition invites the newspaper to our meetings, presentations, and events. We have been very fortunate to be well supported by the media in our communities.

Section 3: II. DATA COLLECTION & APPLICATION

A. Community demographics*

As a four-county community the data provided below includes Boyle, Garrard, Lincoln, and Mercer counties. The overall Kentucky data was included to serve as a reference to the other 120 counties. From the data, it is important to point out the most significant data focus around the estimated 5.6% growth in Boyle County. While the diversity remains a small percentage in all four counties, it is relatively on par with the averages across the state.

County Demographic Data:

POPULATION	Boyle County	Garrard County	Lincoln County	Mercer County	Kentucky
Population estimates, July 1, 2016, (V2016)	30018	17292	24372	21477	4436974
Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	5.6	2.2	-1.5	0.7	2.2
Population, Census, April 1, 2010	28432	16912	24742	21331	4339367
<i>Age and Sex</i>					
Persons under 5 years, percent, July 1, 2015, (V2015)	5.4	5.1	6.5	6.1	6.3
Persons under 18 years, percent, July 1, 2015, (V2015)	20.2	22.2	23.7	22.3	22.9
Persons 65 years and over, percent, July 1, 2015, (V2015)	18.1	16.9	17.2	18.4	15.2
Female persons, percent, July 1, 2015, (V2015)	49.8	50.8	51.1	50.9	50.8
<i>Race and Hispanic Origin</i>					
White alone, percent, July 1, 2015, (V2015) (a)	88.7	96.1	95.8	93.3	88.1
Black or African American alone, percent, July 1, 2015, (V2015) (a)	7.9	2.2	2.4	3.8	8.3
American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a)	0.3	0.2	0.2	0.3	0.3
Asian alone, percent, July 1, 2015, (V2015) (a)	1.0	0.3	0.2	0.6	1.4
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2015, (V2015) (a)	Z	0.1	Z	0.1	0.1
Two or More Races, percent, July 1, 2015, (V2015)	2.1	1.2	1.4	1.9	1.8
Hispanic or Latino, percent, July 1, 2015, (V2015) (b)	3.1	2.3	1.7	2.6	3.4
White alone, not Hispanic or Latino, percent, July 1, 2015, (V2015)	86.0	94.1	94.3	91.2	85.1

* <https://www.census.gov>

EDUCATION	Boyle County	Garrard County	Lincoln County	Mercer County	Kentucky
High school graduate or higher, percent of persons age 25 years+, 2011-2015	85.7	79.6	78.0	84.6	84.2
Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015	22.7	15.1	10.6	18.8	22.3

* <https://www.census.gov>

As a result of lower education attainment, those persons in Lincoln County suffer from a higher percentage living in poverty. While Garrard County is also lower than the state average in high school diplomas achieved, northern Garrard County serves as more of a bedroom community to Lexington thus resulting in a lower percentage living in poverty. Both Lincoln (-8.8%) and Mercer (9.2%) counties experienced an overall loss in total employment from 2013-2014.*

POVERTY	Boyle County	Garrard County	Lincoln County	Mercer County	Kentucky
<i>Income and Poverty</i>					
Median household income (in 2015 dollars), 2011-2015	39704	44243	37139	42083	43740
Per capita income in past 12 months (in 2015 dollars), 2011-2015	22368	22567	18564	22658	24063
Persons in poverty, percent	17.2	17.0	21.2	15.1	18.5

* <https://www.census.gov>

The health statistics for each county are listed below.

HEALTH	Boyle County	Garrard County	Lincoln County	Mercer County	Kentucky
With a disability, under age 65 years, percent, 2011-2015	12.3	15.2	15.4	15.0	12.9
Persons without health insurance, under age 65 years, %	6.2	8.5	8.1	6.5	7.0

* <https://www.census.gov>

Gaining a better understanding of community demographics is important in order to compare local data to that of known state statistics. According to the Injury Illness Fatality report of 2012, conducted by the Kentucky Labor Cabinet, et al. the following fatalities were associated with the respective demographics below:

FOI 2012-Summary of Observations

The number of Occupational Fatalities in Kentucky was 84 in 2012 .

Natural resources, construction, & maintenance occupations totaled 26 deaths.

There were 10 work-related fatalities in the government sector.

Whites (Non-Hispanic) accounted for 82% (@.fatalities) of work-related fatalities.

The age range with the highest number of fatal occupational injuries was 45 to 54 years with 24 fatalities

Of the 84 fatal occupational injuries in 2012, 92% were male and 8% were female.

Of the 84 fatalities in Kentucky, 30 were self-employed (36% percent).

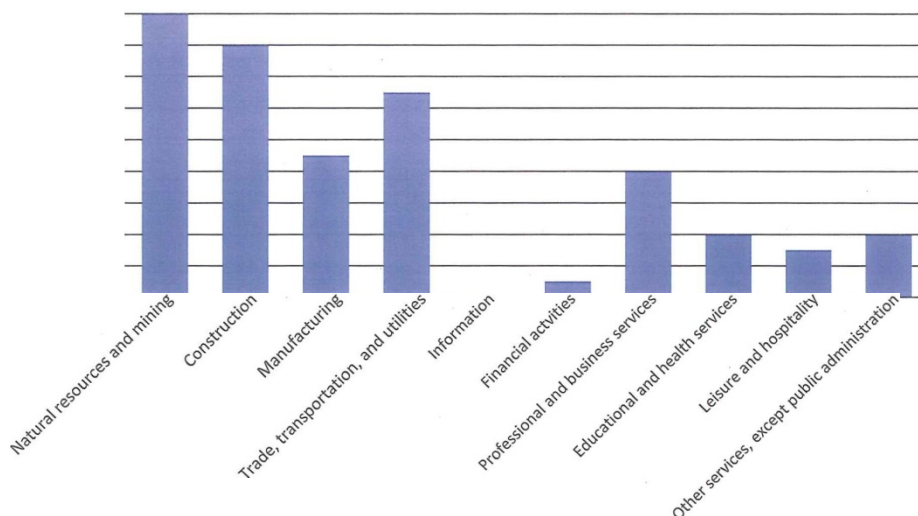
B. Injury data

Fatalities

In 2012, the Kentucky Department of Labor reported that 48% of workplace injuries were related to transportation incidents followed by 19% by persons or animals. While natural resources and mining led the fatal work injuries across the state, our coalition would be more aligned with the following three areas: construction; trade, transportation, and utilities; and manufacturing that rank 2nd through 4th.

State Data:

Fatal work injuries in selected industries, Kentucky, 2012, all
ownerships (84 total fatal injuries)

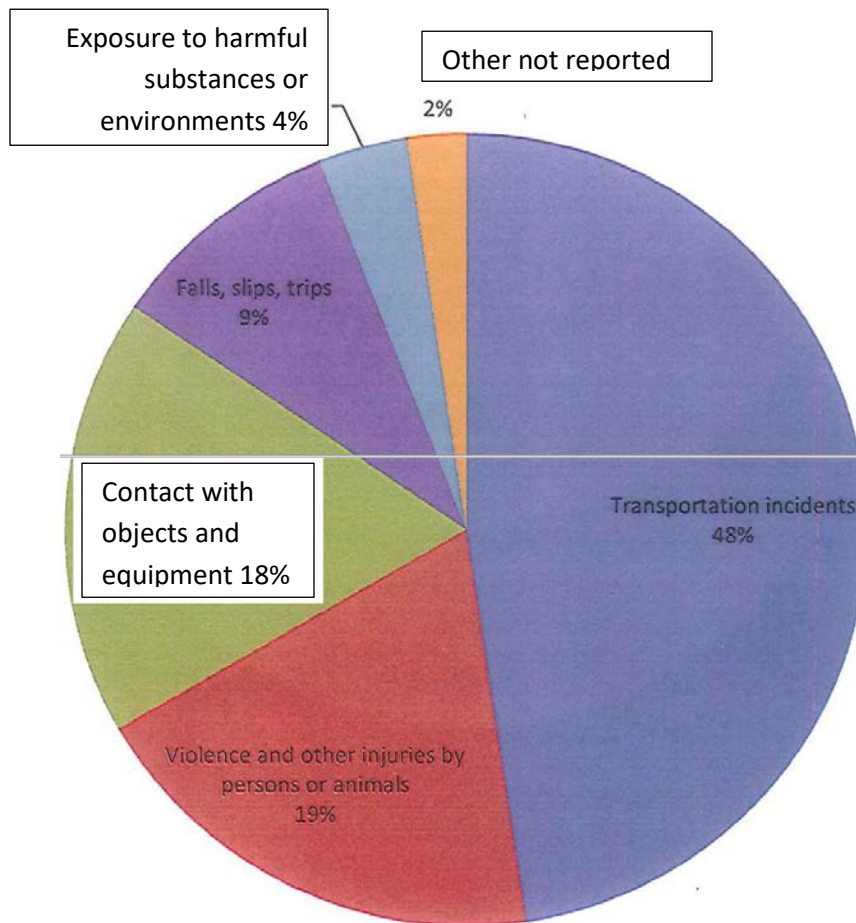


More recent data shows the leading causes of accidental injury mortality for Kentucky residents in 2014 were poisonings (1,031), motor vehicle traffic crashes (650) and firearms (631). Of the 1,031 unintentional poisonings, 970 (84%), were overdoses involving prescription medications and/or illicit drugs.

The leading causes of violent death were suicide by firearm (466), suicide by hanging (146), and homicide by firearm (138).

State Data:

Workplace fatal injuries by event or exposure, Kentucky, 2012, all ownerships {84 total fatal injuries}



The leading causes of accidental injury-related hospital discharges in Kentucky in 2014 were unintentional falls (11,333), motor vehicle traffic crashes (2,584), and poisoning (1,505). Of the 1,505 unintentional poisonings, 1,431 (95%) were overdoses involving prescription medications and/or illicit drugs.

The leading cause of violent injury-related hospitalization was self-harm by poisoning (1,720), of which 1,672 (97%) were intentional overdoses of prescription medications or illicit drugs.

Emergency Department Visits

The leading causes of accidental injury-related emergency department (ED) visits in Kentucky in 2014 were unintentional falls (139,695), accidentally being struck by or against an object or person (48,895), and motor vehicle traffic accidents (48,331), and overexertion (40,375).

The leading cause of violent injury-related hospitalization was assault by striking (6,949).

State Data for Kentucky:

Leading Causes of Injury-Related Death Within State Border of KY Residents by Age Group, 2014										
Rank	<1	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	Total
1	Suffocation 13	MVTC 17	MVTC 135	Poisoning 225	Poisoning 268	Poisoning 281	Poisoning 162	Firearm 61	Fall 77	Poisoning 1031
2	MVTC #	Fire/Flame 5	Poisoning 61	MVTC 101	MVTC 102	MVTC 95	Firearm 93	MVTC 53	Not Specified 51	MVTC 650
3	Suffocation #	Drowning #	Firearm 38	Firearm 53	Firearm 76	Firearm 94	MVTC 79	Fall 45	MVTC 40	Firearm 466
4	4 tied #	2 tied #	Suffocation 28	Firearm 46	Suffocation 33	Suffocation 24	Fall 25	Poisoning 24	Firearm 37	Fall 291
5			Firearm 26	Suffocation 41	Firearm 27	Poisoning 22	Poisoning 19	Not Specified 17	Suffocation 18	Not Specified 217
6			Otherland Transport 9	Poisoning 9	Poisoning 13	Fall 22	Suffocation 17	Fire/Flame 16	Fire/Flame 9	Suffocation 146
7			Cut/Pierce 7	Otherland Transport 7	Poisoning 10	Firearm 18	Not Specified 17	Suffocation 15	Otherland Transport 5	Firearm 138
8			Drowning 6	Poisoning 6	Not Specified 9	Poisoning 14	Suffocation 15	Poisoning 7	Poisoning #	Suffocation 117
9			2 tied #	Suffocation 5	Suffocation 8	Suffocation 10	Fire/Flame 14	Suffocation 5	2 tied #	Poisoning 71
10			Fire/Flame #	Not Specified 5	Fall 7	Fire/Flame 9	Firearm 13	Otherland Transport 5	5 tied #	Fire/Flame 69
	Legend:	Undetermined	Assault	Self-Harm						

While not all injuries result in death, many of Kentucky's injuries require a hospital visit. The chart below highlights the leading causes of injury related hospital visits that did not require overnight admission by age division. The leading causes of hospital visits almost across the board were falls related. The 15-34 year old age division incurs more hospitalization visits due to motor vehicle traffic crashes.

Leading Causes of Injury-Related Hospital Discharges of KY Residents from										
Ran K	<1	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	Total
1	Falls 33	Falls 133	MVTC 490	MVTC 432	Falls 381	Falls 752	Falls 1,466	Falls 2,164	Falls 3,103	Falls 11,333
2	Other Spec 9	MVTC 87	Poisoning 294	Poisoning 345	Poisoning 374	MVTC 403	MVTC 364	MVTC 216	MVTC 149	MVTC 2,584
3	Not Spec 9	Poisoning 47	Falls 130	Poisoning 217	MVTC 364	Poisoning 401	Poisoning 299	Poisoning 176	Poisoning 88	Poisoning 1,720
4	Not Spec 7	Other Trans 45	Poisoning 102	Falls 206	Poisoning 245	Poisoning 314	Poisoning 190	Poisoning 50	Not Specified 47	Poisoning 1,505
5	Fire/Burns 6	Other Pedal CYC 31	Poisoning 91	Poisoning 199	Poisoning 202	Poisoning 199	Poisoning 134	Not Specified 48	Struck by/ Against 28	Poisoning 905
6	MVTC 6	Struck by/ Against 28	Other Trans 90	Other Trans 53	Other Trans 70	Other Trans 75	Other Trans 73	Other Trans 47	Natural/Envir 24	Other Trans 488
7	Struck by/ Against #	Natural/Envir 25	Firearm 50	Fire/Burns 40	Natural/Envir 39	Natural/Envir 54	Natural/Envir 43	Poisoning 39	Other Trans 24	Natural/Envir 305
8	Not Spec #	Fire/Burns 19	Struck by/ Against 38	Firearm 36	Struck by/ Against 37	Fire/Burns 44	Struck by/ Against 41	Natural/Envir 33	Other Spec 23	Struck by/ Against 300
9		Other Spec 10	Firearm 28	Natural/Envir 34	Other Spec 33	Struck by/ Against 38	Fire/Burns 36	Overexertion 27	Overexertion 23	Fire/Burns 252
10		Poisoning 9	Struck by/ Against 26	Struck by/ Against 34	Struck by/ Against 32	Struck by/ Against 37	Other Spec 32	Struck by/ Against 27	Poisoning 18	Other Spec 234
	Legend:	Undetermined	Assault	Self Harm						

Footnote: KY - 2014 KY Injury Indicators Report -.pdf <https://kspan.egnyte.com/dl/Y7aBS5tdbN>

Kentucky has one of the highest unintentional injury mortality rates in the United States. Between 2004 and 2008, the average number of injuries to Kentucky residents was approximately 8 fatalities and 68 hospitalizations per day. To reduce these staggering numbers, our challenge is to affect injury prevention policy, both at state and local levels, and to increase Kentucky's capacity for injury prevention. To address this challenge, KSPAN stakeholders formally recognized that a community-level injury prevention policy strategy is essential. The policy strategy must include supporting community level interventions, and access to community level injury data and resources. The diversity of local community stakeholder engagement, including local health departments, community leaders, chambers of commerce, medical associations, citizen groups, law enforcement, education, businesses, faith-based groups, state agencies, and National Safety Council (NSC) members across Kentucky is also promoted. (Footnote, Ibid. {KSPAN})

Based on the above information, male fatalities significantly exceed that of women in injury cases in the state of Kentucky.

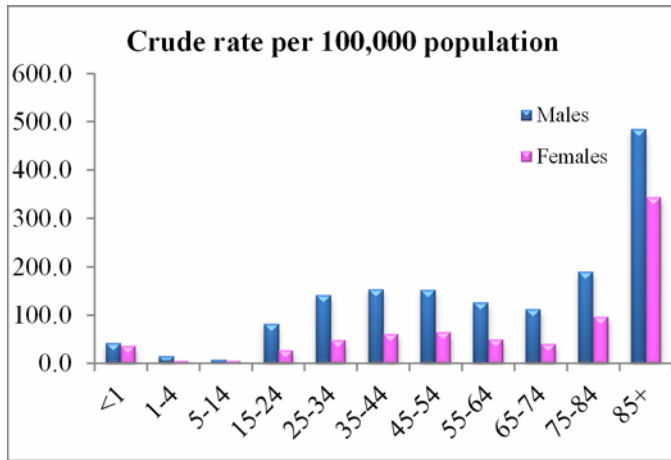
All Injuries -by Age and Sex for State of Kentucky

Fatalities:

Total: 3,590 (79.9*)

Males: 2,436 (113.4*)

Females: 1,154 (48.2*)



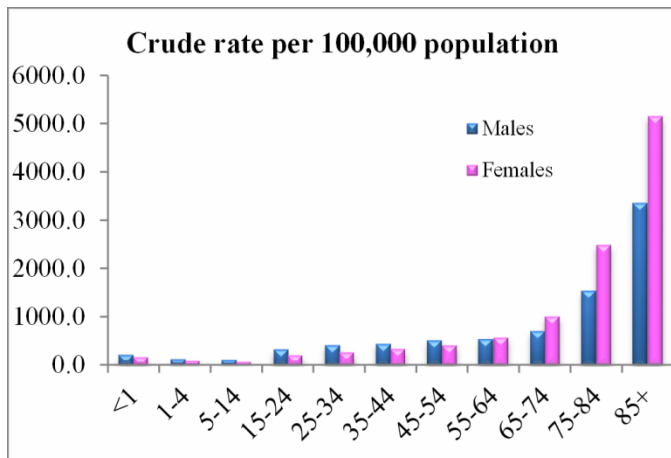
Age	Males	Females
<1	12	10
1-4	17	7
5-14	22	17
15-24	254	82
25-34	405	139
35-44	432	174
45-54	460	204
55-64	354	151
65-74	204	85
75-84	156	109
85+	120	176

Hospitalizations

Total: 23,435 (500*)

Males: 10,290 (480*)

Females: 13,145 (503*)



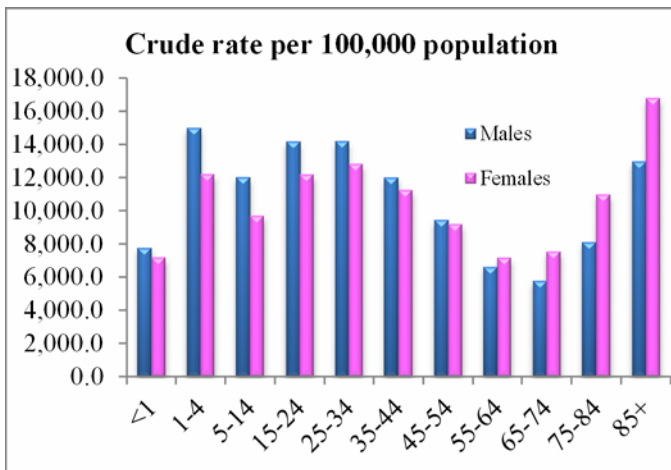
Age	Males	Females
<1	60	46
1-4	136	99
5-14	303	202
15-24	997	612
25-34	1,174	752
35-44	1,229	951
45-54	1,541	1,279
55-64	1,491	1,724
65-74	1,265	2,067
75-84	1,263	2,774
85+	831	2,639

Emergency Dept Visits

Total: 470,643 (10,985*)

Males: 239,196 (11,330*)

Females: 231,413 (10,568*)



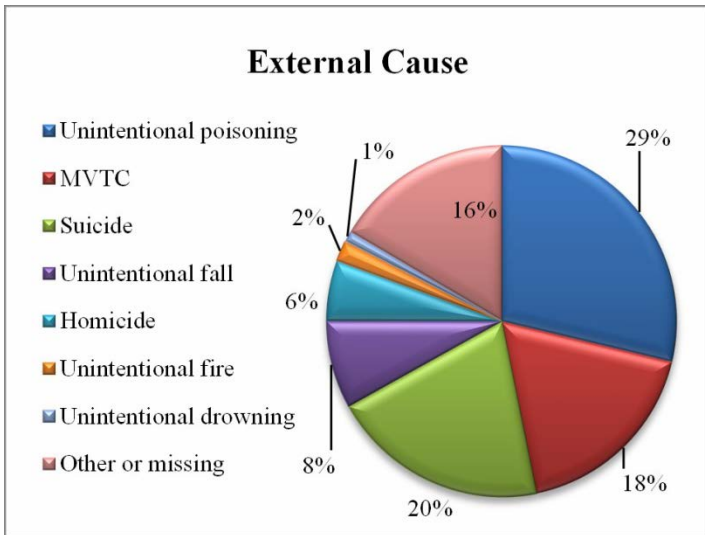
Age	Males	Females
<1	2,193	1,930
1-4	17,060	13,127
5-14	34,807	26,832
15-24	43,744	35,634
25-34	40,424	36,072
35-44	33,770	31,547
45-54	28,461	28,483
55-64	18,447	21,509
65-74	10,438	15,453
75-84	6,645	12,236
85+	3,207	8,590

* Age-adjusted rate per 100,000 population

At least 1 but less than 5

When examining the fatalities, hospitalizations, and emergency room visits occurring in the state of Kentucky, fatalities are occurring largely due to unintentional poisoning, suicide, and motor vehicular accidents. As evident by all of the drug prevention groups that have formed in the past few years because of significant increases in drug overdoses, this statistic rings true for our four-county area as accurate.

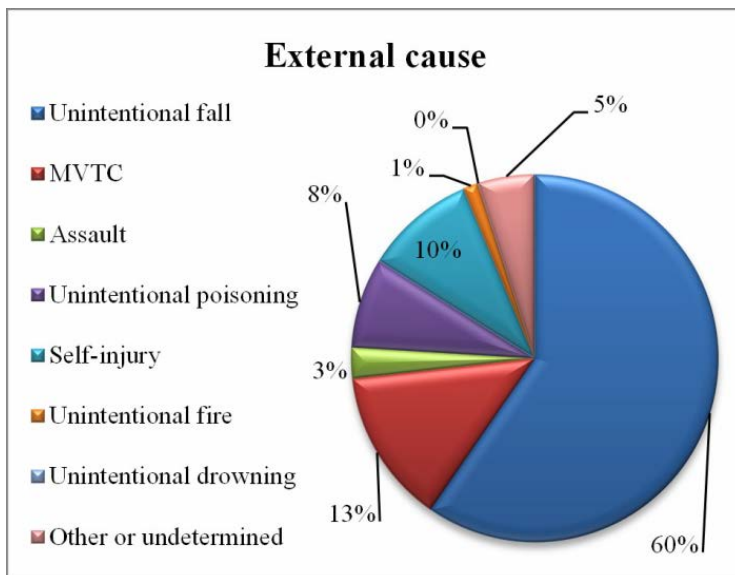
Fatalities – by External Cause for State of Kentucky



External cause	Number
Unintentional poisoning	1031
MVTC	650
Suicide	722
Unintentional fall	291
Homicide	199
Unintentional fire	69
Unintentional drowning	35
Other or missing	593

In the state of Kentucky the statistics reflect more than one half of the hospitalizations occur due to an unintentional fall.

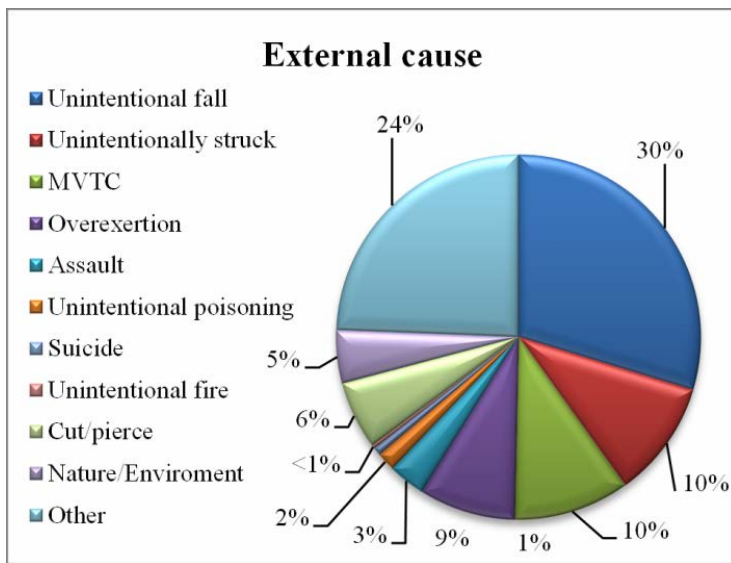
Hospitalizations – by External Cause for State of Kentucky



External cause	Number
Unintentional fall	11,333
Motor vehicle traffic crash	2,584
Assault	519
Unintentional poisoning	1,505
Self-injury	1,861
Unintentional fire	111
Unintentional drowning	8
Other or missing E-code	5,514

Persons over the age of 55 account for over 9,600 of the falls that seek emergency room attention.

Emergency Department Visits – by External Cause for State of Kentucky



External cause	Number
Unintentional fall	139,695
Unintentionally struck by/against	48,895
Motor vehicle traffic crash	48,331
Overexertion	40,375
Assault	15,403
Unintentional poisoning	7,707
Suicide	3,449
Unintentional fire	1,345
Cut/pierce	28,578
Nature/Environment	22,120
Other or missing E-code	114,745

The graphs and charts above give an overall synopsis of the injury related data in the state of Kentucky. To summarize the charts above, unintentional poisoning are responsible for the majority of fatalities followed by motor vehicular accidents. The third cause is suicide which rounds out the top three causes of all injuries by external cause in the state of Kentucky.

When reviewing the top three external causes of hospitalizations in the state of Kentucky, unintentional falls ranks first, followed by motor vehicular accidents, and finally self-injury. While unintentional poisoning ranks as the top external cause of fatalities in Kentucky, it ranks a close fourth in hospitalizations.

The above data is inclusive of all 120 counties and not specific to the four-county area that comprises the Safe Communities of Central Kentucky. The Kentucky data is a good reference point for our area of the country, but it will be more important to gain a better understanding of what the leading causes of injuries sustained that result in fatalities and hospitalizations for our four-county coalition.

For all four counties there is a correlation between number of hospital visits and “falls”, “struck”, and “motor vehicle traffic crashes” as the top three leading causes. While there is variation in the second and third leading external factors for visits, the number one cause in all four counties is “falls”. Although the second and third causes shift based on county, they are still very close in total numbers.

As our four-county community includes a number of industries as well as a rural farming community, it was important to review the state data related to injuries and fatalities. The following tables reflect

injury rates for each county of the Safe Communities of Central Kentucky Coalition as documented through the emergency room departments:

(Footnote: KIPRC Injury Profiles by County, 2010-2014)

Boyle County Data

Injury Visits to Emergency Departments, 2010 - 2014, by Mechanism of Injury
BOYLE County Residents

Mechanism of Injury	Injury Visits to Emergency Departments 2010 - 2014			
	BOYLE county residents		Residents of all other KY counties (not including BOYLE)	
	Cases	Total charges	Cases	Total charges
MVTC	1,519	\$5,047,958	250,426	\$941,033,560
FIREARM	16	\$82,890	2,890	\$16,107,414
POISONING	300	\$641,329	53,387	\$124,971,978
FALLS	4,782	\$8,019,489	683,177	\$1,533,164,534
SUFFOCATION	6	\$11,317	1,582	\$5,161,844
DROWNING	*	\$5,118	458	\$1,080,150
FIRE/BURN	194	\$123,471	31,289	\$31,752,921
CUT/PIERCE	775	\$796,254	150,272	\$187,882,243
STRUCK	2,139	\$2,279,769	293,970	\$461,219,215
MACHINERY	75	\$122,683	8,254	\$19,227,742
OTHER PEDAL	135	\$194,729	19,112	\$38,022,595
OTHER	*	\$5,809	1,348	\$3,902,104
OTHER TRANS	185	\$785,713	33,868	\$113,617,005
NATURAL/ENVIR	642	\$482,795	110,063	\$115,245,284
OVEREXERTION	1,136	\$921,730	207,586	\$245,319,848
OTHER SPEC	744	\$706,413	97,055	\$141,827,912
NEC	890	\$958,990	54,453	\$102,790,002
NOT SPECIFIED	162	\$256,590	96,725	\$188,317,329
MISSING†	2,713	\$2,596,264	282,490	\$428,498,811

* At least 1 but fewer than 5.

† No external cause of injury code was specified on the billing record.

Leading Cause: FALLS

Second Leading Cause: STRUCK

Third Leading Cause: MOTOR VEHICULAR TRAFFIC CRASHES

Mercer County Data

Injury Visits to Emergency Departments, 2010 - 2014, by Mechanism of Injury
MERCER County Residents

Mechanism of Injury	Injury Visits to Emergency Departments 2010 - 2014			
	MERCER county residents		Residents of all other KY counties (not including MERCER)	
	Cases	Total charges	Cases	Total charges
MVTC	1,268	\$4,515,043	250,677	\$941,566,475
FIREARM	20	\$160,557	2,886	\$16,029,747
POISONING	297	\$736,670	53,390	\$124,876,638
FALLS	4,019	\$7,217,956	683,940	\$1,533,966,067
SUFFOCATION	20	\$6,473	1,568	\$5,166,688
DROWNING	*	\$907	459	\$1,084,361
FIRE/BURN	162	\$126,078	31,321	\$31,750,314
CUT/PIERCE	1,028	\$819,862	150,019	\$187,858,635
STRUCK	1,725	\$1,910,212	294,384	\$461,588,771
MACHINERY	53	\$100,903	8,276	\$19,249,522
OTHER PEDAL	69	\$89,044	19,178	\$38,128,280
OTHER	7	\$6,028	1,345	\$3,901,885
OTHER TRANS	164	\$605,963	33,889	\$113,796,755
NATURAL/ENVIR	474	\$485,460	110,231	\$115,242,619
OVEREXERTION	1,036	\$859,399	207,686	\$245,382,178
OTHER SPEC	546	\$514,456	97,253	\$142,019,870
NEC	187	\$261,405	55,156	\$103,487,587
NOT SPECIFIED	271	\$323,972	96,616	\$188,249,946
MISSING†	3,503	\$3,816,427	281,700	\$427,278,648

* At least 1 but fewer than 5.

† No external cause of injury code was specified on the billing record.

Leading Cause: FALLS

Second Leading Cause: STRUCK

Third Leading Cause: MOTOR VEHICULAR TRAFFIC CRASHES

Garrard County Data

Injury Visits to Emergency Departments, 2010 - 2014, by Mechanism of Injury
GARRARD County Residents

Mechanism of Injury	Injury Visits to Emergency Departments 2010 - 2014			
	GARRARD county residents		Residents of all other KY counties (not including GARRARD)	
	Cases	Total charges	Cases	Total charges
MVTC	878	\$3,097,278	251,067	\$942,984,241
FIREARM	11	\$18,558	2,895	\$16,171,746
POISONING	164	\$296,610	53,523	\$125,316,698
FALLS	1,807	\$3,630,519	686,152	\$1,537,553,504
SUFFOCATION	*	\$10,301	1,584	\$5,162,860
DROWNING	*	\$18,111	457	\$1,067,157
FIRE/BURN	82	\$82,972	31,401	\$31,793,420
CUT/PIERCE	319	\$343,349	150,728	\$188,335,148
STRUCK	628	\$798,884	295,481	\$462,700,099
MACHINERY	39	\$67,592	8,290	\$19,282,832
OTHER PEDAL	38	\$33,902	19,209	\$38,183,423
OTHER	5	\$28,127	1,347	\$3,879,786
OTHER TRANS	103	\$286,697	33,950	\$114,116,021
NATURAL/ENVIR	314	\$252,864	110,391	\$115,475,215
OVEREXERTION	414	\$365,880	208,308	\$245,875,698
OTHER SPEC	233	\$304,362	97,566	\$142,229,964
NEC	248	\$327,383	55,095	\$103,421,610
NOT SPECIFIED	143	\$192,666	96,744	\$188,381,252
MISSING [†]	3,047	\$2,675,392	282,156	\$428,419,683

* At least 1 but fewer than 5.

† No external cause of injury code was specified on the billing record.

Leading Cause: FALLS

Second Leading Cause: MOTOR VEHICULAR TRAFFIC CRASHES

Third Leading Cause: STRUCK

Lincoln County Data

Injury Visits to Emergency Departments, 2010 - 2014, by Mechanism of Injury
 LINCOLN County Residents

Mechanism of Injury	Injury Visits to Emergency Departments 2010 - 2014			
	LINCOLN county residents		Residents of all other KY counties (not including LINCOLN)	
	Cases	Total charges	Cases	Total charges
MVTC	1,378	\$5,318,628	250,567	\$940,762,890
FIREARM	19	\$43,898	2,887	\$16,146,406
POISONING	287	\$554,423	53,400	\$125,058,885
FALLS	2,702	\$4,870,647	685,257	\$1,536,313,376
SUFFOCATION	9	\$24,808	1,579	\$5,148,353
DROWNING	*	\$2,035	457	\$1,083,233
FIRE/BURN	116	\$81,831	31,367	\$31,794,561
CUT/PIERCE	441	\$526,234	150,606	\$188,152,263
STRUCK	891	\$1,196,769	295,218	\$462,302,214
MACHINERY	58	\$101,747	8,271	\$19,248,678
OTHER PEDAL	65	\$123,980	19,182	\$38,093,344
OTHER	*	\$30,338	1,348	\$3,877,575
OTHER TRANS	215	\$768,935	33,838	\$113,633,783
NATURAL/ENVIR	673	\$468,751	110,032	\$115,259,328
OVEREXERTION	511	\$448,714	208,211	\$245,792,864
OTHER SPEC	500	\$604,965	97,299	\$141,929,361
NEC	386	\$490,310	54,957	\$103,258,682
NOT SPECIFIED	251	\$289,513	96,636	\$188,284,406
MISSING†	7,959	\$6,168,838	277,244	\$424,926,237

* At least 1 but fewer than 5.

† No external cause of injury code was specified on the billing record.

Leading Cause: FALLS

Second Leading Cause: MOTOR VEHICULAR TRAFFIC CRASHES

Third Leading Cause: STRUCK

Struck is defined by the Kentucky Injury Prevention Center as, “being struck by or against something”.

These tables clearly reflect motor vehicle accidents, falls, and struck as the primary causes of injury among the counties of the Coalition. Falls are by far the most frequent cause of injuries, with acts of violence falling in third place, and injuries from environmental causes reflecting higher incidents in all counties except Boyle.

Kentucky has seen an explosion in fatal poisonings, particularly prescription drug related fatalities, in the last decade. In 2010, Kentucky had the 3rd highest drug overdose rate in the US, increased from the 5th highest drug overdose fatality rate determined in 2009 (CDC WONDER). Kentucky also had the 5th highest nonmedical use of opioid pain relievers, and 11th highest for opioid pain reliever sales in the nation (CDC, MMWR Report November 4, 2011).

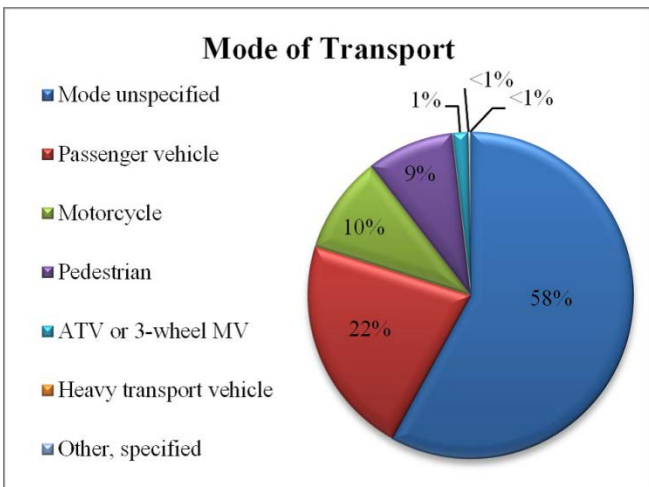
Drug overdoses accounted for 979 deaths, 4,348 hospitalizations, and 4,770 emergency department visits among Kentucky residents in 2010. The highest numbers of Kentucky drug overdose emergency department visits involved opiates (n=697) and benzodiazepine- based tranquilizers (n=693). The highest number of inpatient hospitalizations involved benzodiazepine-based tranquilizers (n=1,335) and the highest number of deaths involved opioids (n=443). These numbers have reached epidemic proportions in recent years. The Safe Communities Coalition of Central Kentucky has been no exception to these statewide deaths and injuries.

<http://www.safekentucky.org/index.php/menu-drug-abuse>

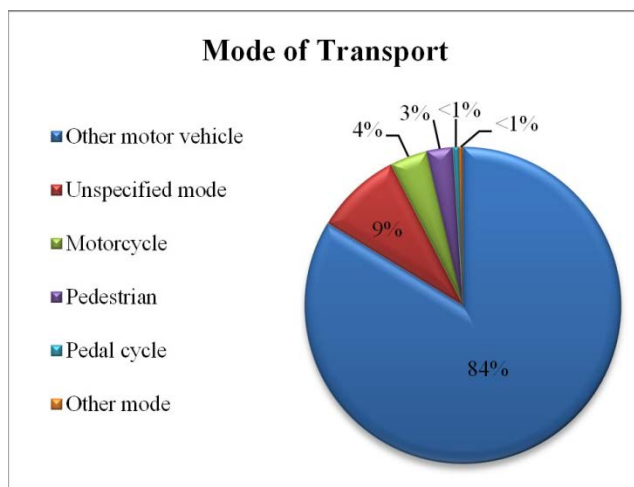
Motor vehicle accidents are the leading cause of injuries in all four of our coalition counties. Motor Vehicle Traffic Crashes are broken down further by mode of transportation fatalities across the state of Kentucky. While unspecified is the largest method of transportation, passenger vehicles account for 142 fatalities followed by 63 fatal motorcycle accidents.

Motor Vehicle Traffic Crashes by Mode of Transportation for Kentucky

Fatalities

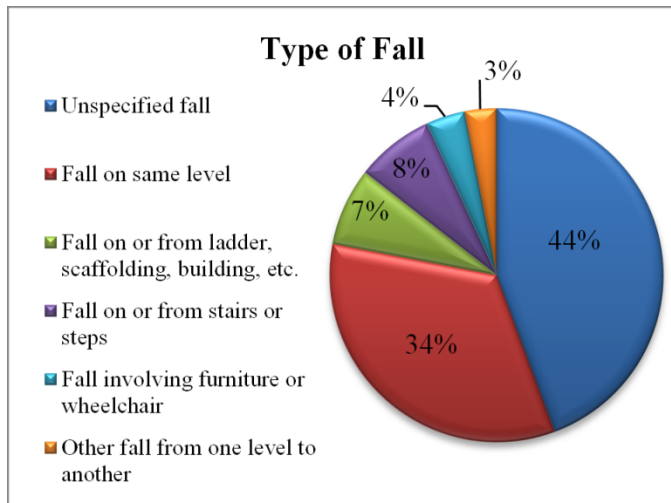


Emergency Department Visits



As falls were another predominant cause of injury, the following sets of data from the Kentucky Injury Indicators Report have been included in order to breakdown the types of falls.

Fatalities Due to Falls:



The majority of falls were coded as unspcified falls totalling 5,200.
 Falls from the same level accounted for 3,723.
 Stairs were the cause of 807 falls.
 Furniture or wheelchairs were responsible for 762.
 Fall from height reported 384 incidents.
 Other fall from one level to another, 366 falls.
 Same level recreation, 36 falls.
 Playground equipment, 28 falls.
 Hole or opening in surface, 22 falls.
 Same level sport, 5 falls.

Across the state of Kentucky over 11,000 fall injuries result in overnight hospital stays. Emergency room visits that did not result in being admitted overnight totalled over 60,000. This type fall is followed by over 42,000 falls resulting from same level or tripping.

Boyle County Health Synopsis

According to the University of Kentucky Comparative Assessment of Health Risk, “overall, Boyle County’s health status is positive. Strengths include a low percentage of uninsured residents and a low rate of infant mortality. The county also compares relatively well in terms of high school graduation rates, cardiovascular deaths, the incidence of diabetes, and the availability of primary care physicians. Areas that undermine the county’s health status include very high smoking rates and a high number of cancer deaths. Community initiatives to prevent youth smoking, encourage smoking cessation, and limit public exposure to secondhand smoke will help lower these statistics. Measures that increase access to and utilization of breast, colorectal, and prostate cancer screenings need to be considered. Emphasis also needs to be placed on the physical and financial importance of establishing healthy behavioral habits, such as regular physical activity, a balanced diet, and routine dental care.”

Garrard County Health Synopsis

According to the University of Kentucky Comparative Assessment of Health Risk, “Garrard County is a fairly healthy county. Based on measures of health risks and outcomes used for this study, the county compares favorably for obesity, diabetes, and deaths caused by vehicle accidents, cardiovascular disease, and prostate cancer. Problems that compel the attention of community leaders include low birth weights, infant mortality, uninsured residents, breast and colorectal cancer mortality, inadequate access to primary care physicians, and a very high rate of smoking. Promoting regular screening and early detection and treatment can help lower mortality rates for breast,

colorectal, and other forms of cancer. Improved access to primary care physicians will enable persons in need to acquire these life-saving services. Programs that encourage smoking cessation and smoke-free zones to limit the impact of secondhand smoke can have many health benefits for the county, especially reducing lung cancer deaths and the harmful effects from side-stream smoke for children and pregnant women.”

Lincoln County Health Synopsis

According to the University of Kentucky Comparative Assessment of Health Risk, “Lincoln County’s individual rankings vary from categories in which it leads the state to areas where it ranks among the lowest in the state. While breast and prostate cancer death rates are low, colorectal and lung cancer deaths remain a challenge. County strengths include low rates of diabetes and obesity, and good oral health. On the other hand, physical inactivity, and high rates of smoking and occupational fatalities warrant concern. Community leaders can favorably offset this balance through measures that discourage personal behaviors that result in poor health outcomes. An increased community emphasis on the physical and financial benefits of regular exercise and training programs for worker safety will help reverse high risks. High smoking rates can be addressed through community initiatives that discourage youth smoking and encourage current smokers to cut back with the goal of quitting. These measures will also reduce lung cancer deaths and lower the incidence of illnesses related to secondhand smoke exposure. Community leaders will also want to consider the challenges of high rates of motor vehicle deaths, cardiovascular deaths, infant mortality, and low high school graduation rates.”

Mercer County Health Synopsis

According to the University of Kentucky Comparative Assessment of Health Risk, “Positive health outcomes experienced by Mercer County include a low number of adults experiencing days of limited activity, low rates of prostate cancer and cardiovascular disease deaths. The county’s high rate of health insurance coverage, relatively high education level, and low number of automobile-related fatalities all positively influence its low health risk. Community leaders can raise the county’s health ranking above the middle of the state’s 120 counties by focusing efforts and resources on counteracting high-risk personal behaviors. Increasing awareness of the importance of regular physical activity and a healthy diet can help lower the county’s obesity rate. The number of deaths caused by breast cancer can be lowered through increased access to and utilization of primary care physicians and their services, including screenings that help ensure early detection and treatment. Oral health, another area that hinders the county’s health status, can be improved through a community emphasis on routine brushing and flossing and regular dental visits. Smoking and lung cancer death rates, although relatively low for the state, are still high enough to warrant attention”.

The chart below is from the 2013 Community Health Assessment report. Highlighted in red are numbers/percentages that are out of balance with the averages for the state of Kentucky. According to America’s Health Rankings, a study conducted by the United Health Foundation, Kentucky ranks in the 41-50 of the worst states based on the weighted sum of the number of standard deviations each core measure is from the national average. In summary, as Kentucky is one of the worst ranked health states in the United States, even an above average ranking with our state statistics is not transfer assumption that the county is considered in the good/healthy range.

2013 Community Health Assessment:

	Boyle	Garrard	Lincoln	Mercer	Kentucky
Health Outcomes	21	64	79	34	
Length of Life	14	39	78	37	
<u>Premature death</u>	7,500	8,700	10,100	8,700	8,900
Quality of Life	32	85	78	40	
<u>Poor or fair health</u>	20%	21%	22%	20%	21%
<u>Poor physical health days</u>	4.6	4.9	5.1	4.8	4.7
<u>Poor mental health days</u>	4.1	4.3	4.4	4.1	4.4
<u>Low birthweight</u>	8%	11%	9%	8%	9%
Health Factors	14	54	77	30	
Health Behaviors	32	47	77	53	
<u>Adult smoking</u>	21%	23%	24%	21%	26%
<u>Adult obesity</u>	32%	31%	31%	36%	33%
<u>Food environment index</u>	6.5	6.7	6.9	7.2	7.1
<u>Physical inactivity</u>	31%	29%	34%	31%	28%
<u>Access to exercise opportunities</u>	62%	13%	30%	54%	70%
<u>Excessive drinking</u>	14%	13%	12%	13%	16%
<u>Alcohol-impaired driving deaths</u>	17%	41%	38%	26%	28%
<u>Sexually transmitted infections</u>	468.8	283.8	385.7	332.6	401.9
<u>Teen births</u>	35	44	57	51	44

**<http://www.countyhealthrankings.org/>

While some of the data includes non-injury related statistics, it was important for our Coalition to include data that has an indirect link to potential injury causes.

	Boyle	Garrard	Lincoln	Mercer	Kentucky
Clinical Care	14	67	80	50	
<u>Uninsured</u>	9%	12%	12%	9%	10%
<u>Primary care physicians</u>	1,100:1	3,370:1	2,720:1	3,550:1	1,500:1
<u>Dentists</u>	1,350:1	4,310:1	12,230:1	4,280:1	1,620:1
<u>Mental health providers</u>	580:01:00	3,450:1	980:01:00	930:01:00	560:01:00
<u>Preventable hospital stays</u>	65	70	79	56	77
<u>Diabetes monitoring</u>	85%	89%	89%	84%	86%
<u>Mammography screening</u>	56%	56%	48%	47%	59%

**<http://www.countyhealthrankings.org/>

	Boyle	Garrard	Lincoln	Mercer	Kentucky
Social & Economic Factors	23	50	79	18	
<u>High school graduation</u>	95%	88%	95%	94%	89%
<u>Some college</u>	59%	49%	45%	54%	59%
<u>Unemployment</u>	5.70%	5.20%	6.90%	5.10%	5.40%
<u>Children in poverty</u>	25%	24%	31%	22%	25%
<u>Income inequality</u>	4.7	4.4	5.5	5.1	5.1
<u>Children in single-parent households</u>	26%	32%	35%	30%	35%

<u>Social associations</u>	16.8	7.7	13.1	15.9	10.7
<u>Violent crime</u>	191	65	47	113	215
<u>Injury deaths</u>	77	73	104	76	85

**<http://www.countyhealthrankings.org/>

	Boyle	Garrard	Lincoln	Mercer	Kentucky
Physical Environment	4	67	53	63	
<u>Air pollution - particulate matter</u>	9.8	9.9	9.8	10	10
<u>Severe housing problems</u>	13%	15%	16%	14%	14%
<u>Driving alone to work</u>	79%	81%	82%	85%	82%
<u>Long commute - driving alone</u>	22%	54%	37%	33%	29%

**<http://www.countyhealthrankings.org/>

C. Data summary table

Safe Communities of Central Kentucky Coalition

Top three causes of external injury for Boyle, Garrard, Lincoln, and Mercer Counties

TYPE OF INJURY	TOTAL NUMBER FOR FOUR-COUNTY AREA
Falls	13,310
Struck	5,383
Motor Vehicle Traffic Crashes	5,043
TOTAL	23,738

D. Data sources

- Kentucky Injury Prevention and Research Center Date of Report(s) 2010-2014
- Kentucky Safety and Prevention Alignment Network (quarterly reports/year)
- KIP Healthy Schools Survey (annual, 2016)
- Kentucky All-Schedule Prescription Electronic Reporting (Quarterly Threshold Report)
- CDC Center for Disease Control
- US Census Bureau
- Kentucky Collision Analysis for the Public. Kentucky State Police crashinformationky.org
- The Office of Drug Control Policy. The Commonwealth of Kentucky. "The Heroin Epidemic". odcp.ky.gov/Pages/The-Heroin-Epidemic.aspx
- Regular Collaboration/Feedback from providers, 1st responders, stakeholders, consumers

E. Project goals – County Task Force Goals

Each county task force within the Safe Communities of Central Kentucky Coalition works to assess current programs, build on existing programs, identify needed programs, and develop partnerships in order to reduce injuries. Below are the areas of injury addressed by each county based on the order of importance as determined by the task their force members. Goals were determined and projection dates established. Each county task force shared their areas of focus and goals with the Coalition which in turn shared them with neighboring county task forces.

Boyle County

	Injury Cause Addressed	Goal	Partners	Projected Implementation Date
#1	Drug and Alcohol Abuse Prevention	Reduce the number of deaths due to overdoses through Naloxone kit distribution.	Boyle County Health Department, Ephraim McDowell Health , Heart of Kentucky United Way, ASAP	Current/ On-going
#2	Public Safety & Emergency Management	Reduce injuries due to emergency situations arising through a plan, system, and accreditation to address emergency issues.	Boyle County Emergency Management, City of Danville, Boyle Fiscal Court	Fall 2016
#3	Mental Health & Suicide Prevention	Reduce the potential of youth suicide by prescreening all youth.	Danville Schools and Boyle County Schools Bluegrass.org	Fall 2017
#4	Motor vehicle, Pedestrian, Bicycle Safety	Reduce the number of pedestrian injuries by motor vehicles within city and county by increasing lighting and awareness at crosswalks.	City of Danville, City of Junction City, Heart of Kentucky United Way, Junction City Fire Department	Fall 2017
#5	Environmental Safety and Health	Reduce number of infectious diseases by offering syringe exchange through local Health Department	Boyle County Health Department, City Council, Fiscal Court	Current/ On-going
Future	Health & Wellness	Reduce fall injuries throughout county be establishing a subgroup that will focus on elderly fall prevention.	Boyle County Extension Service, Boyle County Senior Citizens Center, Ephraim McDowell Place, 55 and Alive Senior Citizen Center	To Be Determined
Future	Disaster Preparedness	To Be Determined	To Be Determined	To Be Determined
Future	Violence and Injury Prevention	To Be Determined	To Be Determined	To Be Determined

Garrard County

	Injury Cause Addressed	Goal	Partners	Projected Implementation Date
#1	Violence and Injury Prevention	Reduce number of elderly falls through programming offered by local Senior Citizens Center	Garrard County Senior Citizens Center, Garrard County Cooperative Extension Service	Current/ On-going
#2	Environmental Safety and Health	Reduce number of infectious diseases by offering syringe exchange through local Health Department	Garrard County Health Department, City Council, Fiscal Court	Spring 2017
#3	Health & Wellness	Reduce diabetes cases/ insure food safety for citizens. Reduce treatment time and possible cross reactions due to medication interactions.	Garrard County Health Department & Garrard County Cooperative Extension Service. Garrard County Health Department, Bluegrass Community Action	Current/ On-going Fall 2017
#4	Drug and Alcohol Abuse Prevention	Reduce the number of deaths due to overdoses through Naloxone kit distribution.	Garrard County Health Department, Ephraim McDowell Wellness Center, Heart of Kentucky United Way,	Current/ On-going
#5	Motor vehicle, Pedestrian, Bicycle Safety	To Be Determined	To Be Determined	To Be Determined
Future	Disaster Preparedness	To Be Determined	To Be Determined	To Be Determined
Future	Public Safety & Emergency Management	To Be Determined	To Be Determined	To Be Determined
Future	Mental Health & Suicide Prevention	To Be Determined	To Be Determined	To Be Determined

Lincoln County

	Injury Cause Addressed	Goal	Partners	Projected Implementation Date
#1	Drug and Alcohol Abuse Prevention	Reduce the number of drug trafficking incidents by purchasing a drug dog that will assist in searches	City of Stanford Police Department, Lincoln County Sheriff's office, Lincoln County Chamber of Commerce, Heart of Kentucky United Way, Stanford Fire Department	Spring 2017
#2	Motor vehicle, Pedestrian, Bicycle Safety	Reduce the number of motor vehicular accidents due to lack of	City of Stanford Police Department, Lincoln County Chamber of	Summer 2017

		seat belt use by implementing a seat belt awareness campaign	Commerce,	
#3	Violence and Injury Prevention	Reduce number of senior falls by asking senior citizens center and the Cooperative Extension Office to collaborate.	Lincoln County Senior Citizens, Lincoln County Chamber of Commerce, Lincoln County Extension Service, Fort Logan Hospital	Fall 2017
Future	Public Safety & Emergency Management	To Be Determined	To Be Determined	To Be Determined
Future	Mental Health & Suicide Prevention	To Be Determined	To Be Determined	To Be Determined
Future	Health & Wellness	To Be Determined	To Be Determined	To Be Determined
Future	Disaster Preparedness	To Be Determined	To Be Determined	To Be Determined
Future	Environmental Safety and Health	Reduce number of infectious diseases by offering syringe exchange through local Health Department	To Be Determined	To Be Determined

Mercer County

	Injury Cause Addressed	Goal	Partners	Projected Implementation Date
#2	Environmental Safety and Health	Reduce number of infectious diseases by offering syringe exchange through local Health Department	Mercer County Health Department, City Council, Fiscal Court	Current/ On-going
#1	Motor vehicle, Pedestrian, Bicycle Safety	Reduce the number of head trauma related cases due to lack of bicycle helmet usage among young population by conducting a Bicycle Safety Day and offering free helmets.	Haggin Hospital, Mercer County Health Department, Mercer County Library, Harrodsburg Police Department, Harrodsburg Fire Department	Summer 2017 On-going
#3	Health & Wellness	Reduce treatment time of motor vehicle trauma patients' treatment by continuation of Yellow Dot program which informs first responders of medical condition/needs/reactions/etc. Diabetes Classes designed to reduce diabetic cases and keep those who are diabetic healthier.	Haggin Hospital, Harrodsburg Fire Department Mercer County Health Department	Current/ On-going Current/ On-going
#4	Violence and Injury	Reduce injuries in k-12 students	Haggin Hospital,	On-going

	Prevention	by conducting a Health Kids Day where information and instruction is provided.	Mercer County Health Department, Mercer County Library, Mercer County Extension Office, Mercer County Schools	
Future	Public Safety & Emergency Management	To Be Determined	To Be Determined	To Be Determined
Future	Mental Health & Suicide Prevention	To Be Determined	To Be Determined	To Be Determined
Future	Disaster Preparedness	To Be Determined	To Be Determined	To Be Determined
Future	Drug and Alcohol Abuse Prevention	Potentially a “Lock It Up” program designed to keep narcotics from getting into the wrong hands	To Be Determined	To Be Determined

Highlighted above are the shared goals of the SSSKY Coalition. While other programs not listed in the goals section are being addressed by the coalition across county lines, (ie. Yellow Dot, Blue Vial, etc.), each task was allowed to set the goals for their county task force – as listed above.

F. How will the data be used in the development of new strategies?

The tables outlined above for each county have been used to reflect priority needs. The continuing dialog about this data among collaborating agencies has continually emphasized urgent needs in the areas of poisonings and motor vehicle/pedestrian accidents. As each task force has examined and discussed the data, strategies for intervention have developed.

To respond to the high incident of drug overdoses all counties have implemented syringe exchange programs through the public health departments. Additionally, this strategy became a top priority when data reflected that these counties were among the most vulnerable to an epidemic of Hepatitis C. Additionally, in cooperation with first responders training and distribution of naloxone occurred among all of the counties. Lincoln County’s Task Force collaborated with law enforcement for the purchase and training of a canine for drug detection.

In Boyle County the Junction City Council and a large number of citizens spent time focused on a highway intersection at the main transportation corridor in their community. After collaboration with civic engineers, they adopted the strategy for lighting the intersection.

Boyle County found that distracted driving was one of the primary causes of injury and adopted the NSC and ATT recommended practices for intervention among all age groups.

Data has also disclosed a high priority need to prevent injury from falls, which was not being adequately addressed and which has now become a concern that has permeated the Coalition for strategy development.

Section 3: III.EFFECTIVE STRATEGIES TO ADDRESS INJURIES

Include at least three coalition supported activities:

Below are the featured Safe Communities Coalition of Central Kentucky strategies addressed over the course of the past year. Many of the strategies are on-going and gain momentum and support through coalition efforts.

All four county task forces are represented in the strategies used to address injuries below. Many of the strategies have been duplicated in a neighboring county specifically because of the Safe Communities Coalition of Central Kentucky. By bringing county task forces together through representatives that share information and data across county lines, programs were implemented that have resulted in counties adopting neighboring counties strategies.

COUNTY	PROJECT NAME	PROJECT GOAL	PROJECT DESC.	EVIDENCE BASED	TARGET GROUP	PROJECT LENGTH	PARTNERS
Mercer	Pedestrian and Bike Safety	Reduce the number of brain injuries/all injuries related to bicycle safety	Helmets disseminated with proper fitting and usage training	Joseph, B. , et. al, (2014). Rethinking bicycle helmets as a preventative tool: A 4-year review of bicycle injuries. <i>European Journal of Trauma and emergency Surgery</i> , 40(6), 729-732. https://www.Nhtsa.gov/staticfiles/nti/pdf/811727.pdf	All Children	Annually	Haggin Hospital; Mercer County Public Library
Mercer/ Boyle/ Lincoln/ Garrard	Syringe Exchange	Harm Reduction: Decrease incidence of Hepatitis C	Needle Exchange program	Davis, Stephen M., et al. "Needle exchange programs for the prevention of hepatitis C virus infection in people who inject drugs: a systematic review with meta-analysis." <i>Harm reduction journal</i> 14.1 (2017): 25.	Addicts of all age, both gender	On-going	Mercer/ Boyle/ Lincoln/ Garrard - County Health Dept.
Lincoln	Canine Drug Detection	Increase Drug Possession Arrests	Drug Detection on Possession Suspects Traffic Stops	Jeziarski, Tadeusz, et al. "Efficacy of drug detection by fully-trained police dogs varies by breed, training level, type of drug and search environment." <i>Forensic science international</i> 237	All groups	On-going	Stanford Police Dept & Lincoln Co. Sheriff

COUNTY	PROJECT NAME	PROJECT GOAL	PROJECT DESC.	EVIDENCE BASED	TARGET GROUP	PROJECT LENGTH	PARTNERS
				(2014): 112-118.			
Boyle/ Mercer	Jail Addiction Treatment & Rehab	Provide treatment alternative to incarceratio n recidivism	Intensive OPT Treatment and Job Placement	<i>Substance Abuse and Mental Health Services Administration. Supported Employment: How to Use the Evidence-Based Practices KITs. DHHS Pub. No. SMA-08-4364, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Admini., U.S. Department of Health and Human Services, 2009.</i>	Incarcerate d Addicts	36 months	Boyle/ Mercer Detention Center, Shepard's House; Bluegrass. org; HOPE Network
Boyle/ Mercer	Workforce Prep for Addiction Rehab	Supported Employment	A job development, job placement program of training, supervision, and mentoring for released incarcerated addicted adults to facilitate aftercare and relapse prevention	Enhancing Motivation for Change in Substance Abuse Treatment, SAMHSA, SMA12-4097. Dickson, Victor, and Harry Alston Jr. "Transforming Lives for People with Criminal Records through Demand Skill Training and Job Placement." <i>Developing Career-Based Training</i> (2016): 40.	Non-violent offenders	2-years	Boyle/Merc er Detention Center, City/Co. governmen t, ASAP, Circle of Hope
Boyle/ Mercer	Sober Housing	Substance abuse/misuse treatment	A peer- directed program for stable housing for adult addicted males in recovery, who are employed.	<i>Substance Abuse and Mental Health Services Administration. Permanent Supportive Housing: How to Use the Evidence-Based Practices KITs. HHS Pub. No. SMA-10-4509, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services</i>	Substance Abusers	On- going	Oxford House, ASAP

COUNTY	PROJECT NAME	PROJECT GOAL	PROJECT DESC.	EVIDENCE BASED	TARGET GROUP	PROJECT LENGTH	PARTNERS
Boyle	Substance Abuse Prevention	Too Good for Drugs	Comprehensive prevention education program for elementary school students. Designed to equip students with the knowledge, skills, and attitudes they need to remain safe/drug free.	SAMHSA, Too Good for Drugs & Violence http://www.mendezfoundation.org ; Substance Abuse and Mental Health Services Administration. Illness Management and Recovery: Evaluating Your Program. HHS Pub. No. SMA-09-4462, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.	Elementary aged children	On-going	Danville/ Boyle County Schools

Section 3: IV.EVALUATION METHODS

COUNTY	ACTIVITY	OUTCOMES	LENGTH	INDICATORS	METHOD	RESULTS
	<i>What did you do?</i>	<i>What does success look like?</i>	<i>Short, intermediate or long term outcomes?</i>	<i>What did you measure?</i>	<i>How did you measure it?</i>	<i>What did you find?</i>
Boyle/ Mercer	Diverted incarcerated addicts to treatment and rehabilitation through job readiness preparation and employment with case management, daily monitoring, intensive outpatient treatment and drug testing. Plus work	Reduction of overcrowded conditions in the detention center. Persons entering treatment and sustaining employment with reduced recidivism in incarceration	Persons entering treatment. Reduction of number of illegal drug possession arrests. Reduction of detention center population to bed capacity. Addicts rehabilitated to productive, sustained employment. Community	Detention Center Census. Monitoring and measurement of: Detention center enrollment; reduction in illegal drug possession arrests, and number of previously incarcerated addicts in gainful employment.	Detention Center bed-days utilized for addicts; Law enforcement arrest records. Vocational Rehabilitation successfully closed records for the target population	Strong community involvement and cooperation. Addicts' requests for treatment exceeding treatment resource' re-incarceration for addicts. Persons sustaining employment. Need for initiating plans for sober

	mentoring through local church volunteers.		engagement as mentors.			housing. Impact on Boyle/Mercer Counties' long range planning for development of a new detention center.
COUNTY	ACTIVITY	OUTCOMES	LENGTH	INDICATORS	METHOD	RESULTS
Mercer	Implemented a schedule for exchange of needles after receiving support from local government.	Reduction of spread of Hepatitis C and HIV.	Long term outcomes will produce a reduction in the spread of infectious disease	Number of Hepatitis C and HIV infections reported at local health department and hospitals	Local Health Department statistics	The number of individuals that present with Hepatitis C
Garrard	Implement a falls prevention program for the senior population	Reduce the number of senior falls	This is an on-going program that focuses on information, skill building and a stretching program to reduce injuries	Reduction in number of falls reported from local hospitals or first responders	KSPAN data; Hospital statistics	Lower the number of senior falls within the community
Lincoln	Seat belt enforcement program	Increased use in seat belt usage	Motorists rewarded with wearing seat belts while warnings were given to those who were not compliant. Long term results include fewer deaths from lack of seat belt usage in motor vehicular crashes.	Percentage of persons wearing seat belts based on citations	Fewer citations written by Stanford Police Department	As Lincoln county is the third lowest in the country for seat belt usage, it was expected that less than 50% would be stopped with proper restraints as based on prior statistics

Section 4: COMMUNITY INVENTORY OF SAFETY AND INJURY INITIATIVES

Listed below are the highlighted programs from the Community Inventory of Safety and Injury initiative lists created by the county task forces. A complete inventory is attached at the conclusion of the highlighted programs.

Motor Vehicle, Pedestrian, Bicycle Safety

County	Name of Program	Organization	Target Group
Boyle, Mercer and Lincoln	Yellow Dot Program	Haggin Hospital, Ephraim McDowell Hospital, Heart of Kentucky United Way, Fort Logan Hospital, local fire and police departments	Motorist
Mercer	Child Seat Safety	Mercer/Harrodsburg Fire Department	Children who require child restraints
Boyle & Mercer	Child Seat Safety	Boyle County Fire Department, Haggin Hospital	Youth
Boyle and Lincoln	WHALE Program	Ephraim McDowell Medical	Car seat children

Violence/Domestic Violence

County	Name of Program	Organization	Target Group
Boyle	Safety for Seniors	Family Services Assoc.	Adults 65+
Garrard	Senior Stretch	Garrard Senior Citizens	Seniors 55+
Mercer	Community Preparedness Drills – Active Shooter, Chemical Spills, Natural disaster, Emergency	Mercer LEPC, EM, Mercer/Harrodsburg Police & Fire, Mercer Co. Health Department, Haggin Hospital, Burgin/Mercer Co. Schools	All ages

Substance Abuse Prevention

County	Name of Program	Organization	Target Group
Boyle	Workforce Re-Entry	ASAP, Boyle County Jail, Shepherd's House, ASAP	Nonviolent offenders
Boyle	Community Forum	Safe Communities, City & County Police Departments	Community Citizens
Lincoln	Nico/Canine	Lincoln County City Police	Substance Abusers
Lincoln	"Hooked on Fishing not Drugs"	Safe Communities & UNITE	Children

Mental Health and Suicide Prevention

County	Name of Program	Organization	Target Group
Boyle	Student Health	Centre College	College Students/Staff

Boyle	Anger Management	Boyle County Schools	Students
-------	------------------	----------------------	----------

Environmental Safety and Health

County	Name of Program	Organization	Target Group
Boyle, Mercer, Garrard, & Lincoln	Needle Exchange Program	Health Departments	Drug users

Health and Wellness

County	Name of Program	Organization	Target Group
Boyle	Disaster Preparedness	Emergency Management	Entire County
Boyle	Hearing Impaired Smoke Detectors	Safe Communities, City Fire Department, Kentucky School for the Deaf	Hearing Impaired
Boyle, Lincoln, Mercer, & Garrard	Get Moving	Cooperative Extension Services	Elderly

Public Safety and Emergency Management

County	Name of Program	Organization	Target Group
Boyle	Storm Ready Certified	Emergency Management	Boyle County Citizens

Disaster Preparedness

County	Name of Program	Organization	Target Group
Boyle, Lincoln, Mercer, & Garrard	Responding to the Need	Salvation Army	Disaster victims

Falls

County	Name of Program	Organization	Target Group
Boyle, Lincoln, Mercer, & Garrard	Balance and Yoga	Bluegrass Community Action Program, Senior Citizen Centers	Seniors

The following tables indicate the work compiled by the county task force. The tables were shared via the Safe Communities Coalition of Central Kentucky with each county task force. Currently, while all task forces are utilizing the information, data, programming, etc., two of the counties are using the tables as a guide while they develop one specifically for their counties.

Boyle County Safe Communities Task Force

<p>Safety Programs Inventory</p>	<p><i>Public Safety/Emergency Management</i></p> <p><i>Violence/Injury Prevention</i></p> <p><i>Disaster Preparedness</i></p>	<p><i>Health/Wellness</i></p> <p><i>Drug/Alcohol Abuse Prevention</i></p> <p><i>Environmental Health/Safety</i></p>	<p><i>Motor Vehicle/Pedestrian/Bicycle</i></p> <p><i>Mental Health/Suicide Prevention</i></p>
----------------------------------	---	---	---

Programs Under Development	Program Synopsis	Discussion	Addresses	Responsible	Health Risk Data/Other Community Safety Data
Danville/Boyle County Traffic Initiatives	<p>Discussion among Danville City officials and Boyle County Magistrates to enhance traffic safety. 1.5 hour meeting</p> <p>Heart of Danville Design Committee (MR Spoonamore) is helping to spearhead</p>	<p>Issues of lane design, crosswalks, speed limit review</p> <p>includes intersection of 3rd/Main, BCHS intersection, and Danville High School crosswalk</p> <p>Recent Walkability Webinar (March 22nd in the McKinney Conference Room</p>	Motor Vehicle/Pedestrian/Bicycle	<p>Rick Serres</p> <p>Consulted: Jim Harris, Stephanie Blevins, Keith Look, City of Perryville, City of Danville</p>	

Danville/Boyle County Drug Abuse	<p>Multifaceted Substance Abuse Hotline</p> <p>Dr Teaters presentation The Illusion of Opioids on May 30 2017</p> <p>International Overdose Awareness Day</p> <p>Provision of Naloxone doses from Boyle County Health Dept - 47 kits provided Feb 2017</p> <p>ASAP Programs - Comprehensive programs/events/actions to address the drug abuse and drug overdose issue in Boyle County. To address education, law enforcement and justice system issues, treatment and aftercare, advocacy and prevention.</p>	<p>Substance Abuse Hotline - Bluegrass.org offers a 24/7 crisis line 800-928-8000; there are some limitations but is available to the community; need more marketing to the community</p> <p>Providing Healthcare Provider education Providing opiate antagonists for potential overdose</p>	Drug/Alcohol Abuse Prevention	Multiple	
Emergency Management Dispatch	increasing the skills of those dispatchers of ambulances to provide some basic instructions to callers in emergency situations	A few discussions between ER physicians, city officials and the county Magistrates (Fiscal Court). Also recent discussion with John Caywood	Health/Wellness	Burt/County Judges	
Programs Ongoing					
Blue Vial Program	Program targets seniors/ those living alone. Blue vial kept in freezer with medical history/prescriptions. Magnet on freezer to alert first responders to information.	Need to promote	Health/Wellness	Stephanie	Population Over Age 65; Boyle County is higher than the National and State Average

Distracted Driver Program	Review Local Data; 2 simulators will be brought to BCHS and DHS in mid Oct	800 Pledge cards handed out; Farm Bureau desires to partner with us (including some funding) to provide education regarding Distracted Driving. The group suggested having the Distracted Driving Simulator at the BBQ Festival. Group needs to develop and share a plan with FB	Motor Vehicle/Pedestrian/Bicycle	Alane	Motor Vehicle Deaths; Boyle County is below National and State Average
Child Restraints in Automobiles	Program to provide child restraint seats and educate on child/vehicle safety through EMH, Danville Fire Dept., and Human Services Agencies		Motor Vehicle/Pedestrian/Bicycle	DFD	Motor Vehicle Deaths; Boyle County is below National and State Average
Get Moving - EMH Sponsored	900 Participants - walking, running; teams formed by various companies - logging the hours of each participant	Launched Fall 2015 / Spring 2015; offered for residents of any service county but based in Boyle	Health/Wellness (Boyle and Lincoln Co)	EMH	Lack of Physical Activity; Boyle County above the National and State average
Danville Bike Club	Organized Bike Rides for all levels on Wednesdays, Fridays, and Sunday mornings; in weather appropriate months		Health/Wellness (Boyle and Lincoln Co)	Ernst	Lack of Physical Activity; Boyle County above the National and State average
Improved Lighting at US 127 and Shelby St in Junction City		City Council is on board; procuring funding; working with the state for the lighting		JC City Council	Motor Vehicle Deaths; Boyle County is below National and State Average

Assessment of Wellness Education	Danville Schools			Keith Look	High School Graduation; better than State Average but below National Average
Smoke Detectors for public	DFD supplies/makes available to public based on need. Walmart provided funding for 100 smoke alarms; DFD supplies	Accessed via the DFD; word of mouth/call to DFD	Environmental Health/Safety	DFD	
WHALE Program	Hospital participates; is this well marketed in Boyle County	May need to enhance marketing to public; presented at Day of Action ~500	Motor Vehicle/Pedestrian/Bicycle	EMH?	Motor Vehicle Deaths; Boyle County is below National and State Average
Yellow Dot Program	Underway but well marketed? Introduced in May 2014; Hospital volunteers/auxiliaries began promoting in their respective communities.	500 from HKUW; 800 brochures handed out at 9 community health fairs; presented at Day of Action ~500; hand out at DMV???	Motor Vehicle/Pedestrian/Bicycle		
Danville Fire Department Child Seat Safety	21 trained technicians; can install child safety restraints		Motor Vehicle/Pedestrian/Bicycle	DFD	Motor Vehicle Deaths; Boyle County is below National and State Average
Silver Sneakers	1250 members; Program through Humana; EMH is a certified provider; offered to residents of any service county but based in Boyle	Program through Humana; EMH is a certified provider; offered to residents of any service county but based in Boyle	Health/Wellness (Boyle and Lincoln Co)	EMH	Population Over Age 65; Boyle County is higher than the National and State Average
Pre-Diabetes Classes	Support group for at risk pts	Offered to residents of any service county but based in Boyle	Health/Wellness	EMH	Prevalence of Diabetes; higher than National Average but lower than State Average

Over Eaters Support Group	Support group for overweight pts; promoting better eating and physical activity	Offered to residents of any service county but based in Boyle	Health/Wellness	EMH	Prevalence of Obesity; above the National Average but same as State Average
MS Support Group	Support group for pts	Offered to residents of any service county but based in Boyle	Health/Wellness	EMH	
EMH and Boyle County Health Dept Lung Program	Program for lung cancer screening and treatment; Quit Smoking Programs			EMH/Boyle County Health Dept.	Lung/Bronchus Cancer Death Rates; Boyle is slightly above State Average and above National Average
McDowell Place of Danville; Morning Pointe of Danville, Danville/Boyle Senior Center, 55 and Alive Senior Center	Senior Citizen Living and Programs for Senior Citizens in the Community to enhance activity and wellness			EMH, MP, Community	Population Over Age 65; Boyle County is higher than the National and State Average
EMH Cardiovascular Program	Interventional Catheterization Labs, Cardiac Care, Cardiac Rehab Program			MEH	Cardiovascular Deaths; below State Average and slightly above National Average
Zero Tolerance Program	Under 21 DUI program	Per Michelle Ellis - program is in Lexington but is available to Boyle County people.	Motor Vehicle/Pedestrian/Bicycle	Michelle	Motor Vehicle Deaths; Boyle County is below National and State Average
Good Education Parents Program	Danville Schools	Student Success		Keith Look	High School Graduation; better than State Average but below National Average

Gas Pipeline	Community concern over the use of an old gas pipeline to use for natural gas piping using the reverse route and liquefied natural gas. Several of the community have raised safety concerns and, hence, opposition.	Paula to draft letter to send via e-mail to group for approval. Need to complete by Dec 2nd. 1200 letters sent by concerned citizens. Concerns regard the pipeline crossing Lake Herrington (water source, leakages into ground water, potential risks of explosion, etc....	Public Safety/Emergency Management, Eric Mount	Group	
Programs Completed					
Upgraded Bus Radios for Communications	Danville Schools		Motor Vehicle/Pedestrian/Bicycle	Keith Look	Motor Vehicle Deaths; Boyle County is below National and State Average
Changed Traffic Patterns at Middle School	Danville Schools		Motor Vehicle/Pedestrian/Bicycle	Keith Look	Motor Vehicle Deaths; Boyle County is below National and State Average
Changed Traffic Pattern at Maple (Toliver Elementary)	Danville Schools		Motor Vehicle/Pedestrian/Bicycle	Keith Look	Motor Vehicle Deaths; Boyle County is below National and State Average
Danville/Boyle Co/EMH	Active Shooter Exercise	Exercise took place 11/4/2016	Public Safety	Multi	Violent Crime Offenses; same as State Average but below National Average

KIP Surveys (6-10 grades) - EtOH/Drugs, Suicide	Scheduled		Mental Health/Suicide Prevention	Michelle	
National Weather Service Storm Ready Community	Need to evaluate; Issues with hearing impaired and weather notification systems?	May have some or most elements already	Public Safety/Emergency Management	DFD/EM	
Danville Fire Department - Remember When Program	For people >55 years old; highlights fall prevention among other topics	Ongoing program; spoke to over 100 individuals; Ongoing; DFD continues to speak at requested groups	Environmental Health/Safety	DFD	Population Over Age 65; Boyle County is higher than the National and State Average
Smoke Detectors for hearing impaired	Distributed		Environmental Health/Safety	DFD	
Other					
Centre College - Emergency Management Team	Enhance cooperation between various agencies		Public Safety/Emergency Management	Kevin	
Centre Suicide Prevention Training			Public Safety/Emergency Management	Kevin	
Emergency Protective Orders Training	Centre College (Kevin)			Kevin	Violent Crime Offenses; same as State Average but below National Average
Public Schools Information			Public Safety/Emergency Management	Keith Look	
Anger Management Program in Schools	Allane Mills		Public Safety/Emergency Management	Allane Mills	Violent Crime Offenses; same as State Average but below National Average
Black Lives Matter / Blue Lives Matter	Staff Roles in the Danville Schools			Keith Look	Violent Crime Offenses; same as State Average but

					below National Average
Safe Communities Eat Together	A family commits to eating meals together 24 times in 8 weeks; marketed to schools and neighborhoods		Environmental Health/Safety	Michelle	Prevalence of Obesity; above the National Average but same as State Average
211 Resource Referral			Public Safety/Emergency Management	HKUW	
Community Disaster Drills (EM, Fire, Police, EMH)	Enhance cooperation between various agencies	Active Shooter Exercise 10/27	Public Safety/Emergency Management	Various	Violent Crime Offenses; same as State Average but below National Average
Community-Police Forum	Under consideration; Date not set at this time			DPD	Violent Crime Offenses; same as State Average but below National Average
Military Forum	Oct 18th 0900-1400 at Asbury University in the Codelia Room			Information	
United Way Day of Action	- ~500 in attendance			Stephanie	
Long Term Marketing					
Articles in Newsletters/Church Bulletins	Need more marketing of programs			???	
Flier with Safety Inventory for Boyle County		Now or wait until we are a Certified Safe Community?		Paula	
Programs to Consider	Program Synopsis	Discussion	Addresses?	Responsible?	Health Risk Data/Other Community Safety Data
Conflict Resolution	Review Local Data		Violence/Injury Prevention	???	

Gun Violence	Review Local Data		Violence/Injury Prevention	Eric/Rollin	Violent Crime Offenses; same as State Average but below National Average
September - Child Passenger Safety Month			Motor Vehicle/Pedestrian/Bicycle	???	
Domestic Violence	Review Local Data		Violence/Injury Prevention	Eric/Rollin	Violent Crime Offenses; same as State Average but below National Average
Advocate repealing of the Mandatory Reporting Regulation in KY for Domestic Violence	This is counter productive to providing the victims needed services and assistance	Ron Scott to draft a letter. Will review at the January Meeting	Violence/Injury Prevention	Ron Scott	Violent Crime Offenses; same as State Average but below National Average
Green Dot Program	Program to teach people to effective stand against violence and bullying.	Goal to implement in schools; Centre is considering this option as well; perhaps look at a community effort???	Violence/Injury Prevention	Group	Violent Crime Offenses; same as State Average but below National Average
Land for potential Domestic Violence housing	Darlene Thomas of Greenhouse 17 is needing land upon which to build housing.		Violence/Injury Prevention	Group	Violent Crime Offenses; same as State Average but below National Average
Suicide Prevention	Reivew Local Data		Mental Health/Suicide Prevention	???	

Potential Data Systems					
Kentucky Injury Prevention and Research Center	Kentucky Community Injury Profiles 2010-2014			State	
ERS Data System	From Danville Fire Dept			DFD	
Gun Violence Statistics	Consult w Darlene Thomas			Eric/Rollin	
Domestic Violence Statistics	Consult w Darlene Thomas			Eric/Rollin	

Mercer County Safe Communities Task Force

Safety Programs Inventory

*Public Safety/Emergency Management
Violence/Injury Prevention*

Disaster Preparedness

*Health/Wellness
Drug/Alcohol Abuse Prevention
Environmental Health/Safety*

*Motor Vehicle/Pedestrian/Bicycle
Mental Health/Suicide Prevention*

Programs to Consider	Program Synopsis	Discussion	Addresses?	Health Risk Data/Other Community Safety Data
Programs Ongoing or Completed				
Harm Reduction Syringe Exchange Program	Prevent new cases of HIV/HCV in Mercer County; provide access to	begun August 1, 2016 at Mercer County Health Department	Drug Abuse Prevention; Injury Prevention; Preventable Disease Promotion	
Yellow Dot Program	On-going ; promoted by Haggin despite loss of state funding		Motor Vehicle/Pedestrian/Bicycle	
Mercer/Harrodsburg Fire Department Child Seat Safety			Motor Vehicle/Pedestrian/Bicycle	Motor Vehicle Deaths
KIP Surveys (6-10 grades) - EtOH/Drugs, Suicide	Scheduled		Mental Health/Suicide Prevention	
Freedom from Smoking	Mercer County Health Department			
Mercer County Senior Citizens Senior Center	Senior Citizen Living and Programs for Senior Citizens in the Community to enhance activity and wellness			Population Over Age 65;
Zero Tolerance Program	Under 21 DUI program	Per Michelle Ellis - program is in Lexington but is available to Mercer County people.	Motor Vehicle/Pedestrian/Bicycle	Motor Vehicle Deaths;

Community Preparedness Drills (Mercer LEPC,EM,Mercer/Harrodsburg/Burgin Police and Fire/ Mercer County Health Department, Haggin Hospital)	Active Shooter Exercise at Mercer High School, Chemical Spill Exercise with Mercer Schools, Burgin Tornado Table Top Drill, Full-scale Medicine Distribution Drill	Exercises took place in past 5 years	Disaster preparedness	
Healthy Kids Day	held annually-activities include water safety,	partners include Y, schools, health department, cooperative extension	injury prevention	
Diabetes self-management Program	8-hour course held quarterly	in 2017 to be held in January and July at Haggin; to be held in April and November at health department	health/wellness	
Diabetes Prevention Program	year-long program for at-risk population	held at health department		
Child Fatality Review Team	Held twice a year	Health department coordinates, with coroner, DCBC, Police, EMS, County Attorney, School districts,	Violence/Injury prevention	
Red Letter Week	held annually at Mercer and Burgin	to increase awareness of drug and alcohol abuse	Drug Abuse Prevention	
Medical Reserve Corps	recruited and trained respond to a disaster	managed by Mercer County Health Department	Disaster Preparedness	
Project graduation	held after graduation ceremony at Mercer and Burgin	to prevent drug and alcohol use in celebration of graduation	Violence/Injury prevention	
Crime Stoppers Program	Neighborhood meetings held annually	Managed by Dr Earl Motzer	Violence/Injury prevention	
Other				
Overdose Training with Naloxone sponsored by Mercer ASAP			Public Safety/Emergency Management	
Safe Communities Eat Together	A family commits to eating meals together 24 times in 8 weeks; marketed to schools and neighborhoods		Environmental Health/Safety	Prevalence of Obesity; above the National Average but same as State Average

211 Resource Referral			Public Safety/Emergency Management	
United Way Day of Action				
HANDS	Child Development and safety education done in home with expectant parents and new parents with children up to age 3	Mercer County Health Department	Violence/Injury prevention	
Long Term Marketing				
Potential Data Systems				
Kentucky Injury Prevention and Research Center	Kentucky Community Injury Profiles 2010-2014			