Application for Safe Communities Designation

Name of Community: Jessamine County, Kentucky
Date of Application: June 8 2015

Section I: Contact Information

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Section 2: Community Description

I. History

Jessamine County is considered to be the 36th county of Kentucky.
Though the act to separate from Fayette County was passed on
February 14, 1797, Jessamine County was not officially recognized as its own county until a year and a half later on
December 17, 1798. Formed from the southern portion of Fayette County, it spans approximately 172 square miles.
Colonel John Price was the first to urge the necessity of forming a new county and gave the county its name. He
was later elected as the first representative from Jessamine County to sit on the Kentucky State Legislature. Colonel
Price descended from a distinguished family in Virginia, and brought many of the first settlers to Jessamine County
from Virginia, along with North and South Carolina.[1]

Jessamine County provides residence to approximately 50,000 citizens. The county seat, Nicholasville, was founded
in 1798 by Reverend John Metcalf, who named the town in honor of Colonel George Nicholas, a framer of the 1792
Kentucky Constitution. Nicholasville is home to approximately 28,000 of the county's residents. The location for
Nicholasville was chosen for two main reasons; because of its proximity to four large springs and to the crossroads
that leads from Lexington to Danville and from East Hickman Creek to Jessamine Creek. The second largest town in
Jessamine County is Wilmore, settled in 1779, home to approximately 3,800 residents. Wilmore's Main Street is
recognized as a historic district on the National Register of Historic Places.[1]

II. What makes Jessamine County unique?

Often referenced as a bedroom community to Lexington, Jessamine County has a multitude of treasures which make
it unique on its own merit. The southern half of Jessamine County is bordered by the Kentucky River, which gives
rise to the Kentucky River Palisades towering cliffs rising upwards of 400 feet above the river's edge. The Palisades
provide natural fortification for another historical landmark in Jessamine County, Camp Nelson. [1, 2]

Camp Nelson
Camp Nelson was founded and constructed in 1863 as a
quartermaster, recruitment center, hospital facility and commissary
depot by Major General Ambrose Burnside's 9th Corps of the Army
of the Ohio. The camp's goal was to supply federal troops of the
Army of the Ohio, Department of the Ohio, and Department of the
Kentucky, who were stationed in Eastern and Central Kentucky, as
well as Eastern Tennessee, during the time. Located on the
grounds is Camp Nelson National Cemetery, the burial place of
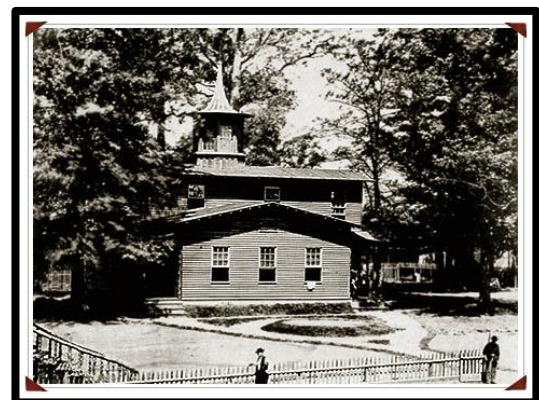
1,600 Camp Nelson soldiers. Additionally, over 2,200 Civil War soldiers from several Kentucky Civil War sites including Perryville, Richmond, and Covington, were reburied here. Today, Camp Nelson remains preserved and brings in 13,000 visitors annually. Civil War re-enactment days are held on the grounds and there are five miles of interpretive trails and paths among the property. In January of 2014, Camp Nelson was designated as a National Historic Landmark.[3, 4]

First Vineyard Winery

Jessamine County is also renowned for being home to the first commercial winery in the United States. First Vineyard was established in 1799 by Jean-Jacques of Switzerland, but was closed when he moved his operations to Indiana in 1809 after a May freeze destroyed the crop. The Vineyard was re-established by Tom Beall in 2007, who manages the current operations. Recently, the grounds have been renovated, a tasting room added, and they aim to bottle 75-125 bottles of wine in 2015.[5]

High Bridge

Jessamine County also contains High Bridge, the first cantilever bridge in North America. When the bridge was completed in 1877, it was not only the first cantilever bridge in North America, but also the highest and longest in the world, towering 275 feet tall and spanning 1,125 feet. High Bridge, as it became known, ushered in the era of modern bridge building. The engineering marvel was dedicated by President Rutherford B. Hayes in 1879. The American Society of Civil Engineers designated High Bridge as an engineering landmark in 1986.[6]

Valley View Ferry

The Valley View Ferry is the oldest, continually operating business in Kentucky. The ferry began operations in 1785 under John Craig, through charter by the Virginia Legislature, after acquiring it through a military warrant. The ferry connects Jessamine and Madison counties by Highway 39 across the Kentucky River. Daniel Boone, Henry Clay, and Ulysses S. Grant are among passengers who have utilized it since it was built. The ferry is currently operated

jointly between Jessamine, Madison and Fayette Counties, after they purchased the company in 1991. The counties wanted to ensure the ferry would continue running for citizens free of charge, which it continues to do to this day. The ferry is currently managed by the Valley View Ferry Authority, which is composed of citizens and government

officials from the three counties served. Presently, the ferry transports approximately 250 cars per day and carries roughly 15,000 passengers per month.[7]

Other Treasures

Other unique treasures in Jessamine County include Asbury University, a liberal arts institution, and Asbury Theological Seminary, both located in Wilmore. Combined, these institutions have a yearly enrollment of nearly 3,500 students from more than 40 states and 44 countries.[1]

Wilmore is also home to Thomson-Hood Veterans Center, a 285 bed long-term care facility which has served more than 2,782 Veterans from all branches of the armed forces since admitting the first resident on August 25, 1991. Thomson-Hood is the largest facility operated by the Kentucky Department of Veterans Affairs.

As Kentucky and the Bluegrass region are known for horses, Jessamine County is home to numerous horse farms, a few of the most renowned being Ramsey Farm and Taylor Made Stallions. Ramsey Farms has long, intriguing history dating back to before the signing of the US Constitution, when it was known as Almahurst Farm. Over the years, they have bred and raised both Standardbred and Thoroughbred horses, including Greyhound, who was the only trotter ever to be voted Horse of the Year by the thoroughbred community.[8]

Greyhound

Picture from Ramseyfarm.com

Other well-renowned businesses headquartered within Jessamine County are Alltech, an international animal health company with over 42 production facilities across the world, and R.J. Corman Railroad Group, a national railroad company, with multiple divisions, operating in 24 states with over 1,200 employees. [9]

These are just a few of the treasures Jessamine holds dear. Many more hidden gems exist within the natural beauty of our winding river and streams, the towering palisades, and rolling bluegrass hills of our beautiful county. The residents have worked hard to preserve the natural beauty and wildlife throughout the years, and it's a sight to be seen by all.

Since 2013, Jessamine County has been a designated Kentucky HeartSafe Community, through Jessamine County Emergency Medical Services, by the Kentucky Department for Public Health's Heart Disease and Stroke Prevention Program, the Kentucky Board of Emergency Medical Services, and the American Heart Association. HeartSafe Communities is a public health initiative, which is now an international program, designed to promote survival from sudden, out-of-hospital cardiac arrest and stimulates individual efforts of communities to improve their system for

preventing sudden cardiac death. This designation shows that Jessamine County is a community which promotes the use of CPR and public access to AED devices. For the size of the community, Jessamine County has the required amount of "heartbeats" to reach designation status. "Heartbeats" are points which the community receives for having the following: CPR/AED training opportunities, number of AED's within the community, designated first responders, and advanced life support personnel. Jessamine County earned 790 "heartbeats", while only 370 were required.

One of the greatest attributes of Jessamine County is not a location or business, but its residents. The community members are warm, caring, and supportive of one another. While Jessamine County is rapidly growing, it manages to maintain a tight-knit, neighborly atmosphere.

The Kentucky Palisades

III. Why is your Community seeking a Safe Community Designation?

Jessamine County's desire for seeking a Safe Community designation is driven by two major contributing perceived outcomes. The first is reducing preventable injury and death within our community. One preventable death in a community is too many. We are confident the processes we have put in place to establish and maintain a culture of a safe community through engaging partners, analyzing relevant data, and moving to action with defined goals, will save lives which would have otherwise been lost. A Safe Communities designation would provide national recognition showing our commitment to reducing the risk for both intentional and unintentional injury and death, and would continue to encourage citizens and visitors to be reassured that our local agencies and organizations are

committed to their health and safety. The designation will be another mode of bringing together the community and reinforcing the positive intentions of the Safe Community partners.

The second is relative to the need for greater community collaboration between all stakeholders to address the areas of safety and health contributing to unnecessary injury and death. With the population of Jessamine County growing over 25% throughout the last decade, and the US 27 corridor carrying more people to Lexington from the south and surrounding counties than ever before, the demand upon public service agencies, as well as county and city governments, has also grown. However, the recession of 2008 negatively impacted the number of resources available, and many individual organizations were unable to acclimate to the increased demand on the agencies. With diminishing resources, partnerships between organizations have become even more essential to be able to continuously provide programs and initiatives to improve health and safety within the community. Working towards the Safe Communities Designation has provided many opportunities for collaboration already, and we look forward to continuing to work together to concentrate our efforts toward necessary improvements and new programs. Helen Keller once said "Alone we can do so little; together we can do so much."

IV. Who in your Community has taken the lead in organizing this effort? Why?

The Jessamine County Health Department and Jessamine County Board of Health have taken the lead role in seeking this designation. The mission of the health department is to "Promote, Protect, and Improve the Health and Wellness of our Community," and without the participation of all partnering community agencies, improving the health and safety of our community would not be possible. Real change in health status, preventable injuries and deaths is best influenced through a collaboration of community partners, each having a unique expertise and insight, to help envision and create the most successful, creative opportunities for the community. Therefore, the Jessamine County Health Department has prompted this effort to engage and utilize the amazing expertise of all community partners in a way that protects the health and safety of our citizens on the highest level.

Section 3: Areas of Competency
I. Sustained collaboration

1. Safe Community Leadership Coalition
The Jessamine County Safe Communities Coalition was formed in May of 2014 through collaboration by concerned community agencies. While the committee is still young and changing, the organizations which participate in the coalition show great dedication to creating a safer community. Today, there are 20 local organizations and agencies participating in the committee. The coalition is comprised of a diverse group of organizations with representatives from Jessamine County Schools (including both staff and students), local government agencies, emergency responders (Fire, EMS, Law Enforcement, and emergency management), preparedness professionals, healthcare providers, social service agencies, public health employees, researchers, and many more. From the top identified

safety concerns in Jessamine County, the coalition formed three work (task) groups, each focused on a specific, preventable cause of injuries and fatalities. They include:

- Motor Vehicle Safety and Emergency Preparedness
- Suicide Prevention and Drug Overdose
- Workplace Safety and Older Adult Falls

Below is a list of all committee members, as well as an additional breakdown of members in each workgroup.

Meeting minutes from the coalition's most recent two meetings are attached as Appendix A.

Member Name	Local Organization & Position
Johnny Adams	Jessamine County Emergency Management Agency/Nicholasville Fire Department, Agency Director
Lindsay Ames	Jessamine County Health Department, Health Environmentalist & Preparedness Coordinator
Tricia Atchison	KentuckyOne Health, Manager of Operations
Kelli-Lynn Canup	Jessamine County Schools, East Jessamine High School Youth Service Center Coordinator
John Carpenter	Jessamine County Emergency Management Agency, Chemical Stockpile Emergency Preparedness Program Coordinator
Mary Carpenter	Department for Community Based Services
Mark Case	Nicholasville Fire Department, Chief
Sandi Chinn	Refuge Medical Clinic, Clinical Coordinator
Amy Cloud	Jessamine Chamber of Commerce, Executive Director
Aaron Cole	Emergency Medical Services
Kevin Corman	Jessamine County Sheriff's Office, Sheriff
Bill Craig	Wilmore Police Department, Chief of Police
Jason Dotson	Kentucky Department of Public Health, Regional Preparedness Coordinator
Joelle Ferguson	Jessamine County Schools High School Student
Scott Harvey	Nicholasville Police Department, Sgt, Public Relations Officer
Olivia Hughes	Jessamine County Coroner's Office
Michael Hughes ⭐	Jessamine County Coroner's Office, County Coroner
Greg Giles	KentuckyOne Health- St. Joseph's Jessamine, Administrator
Donna Givens	Jessamine County Schools
Pat Glass	Jessamine County Schools, County Health Coordinator
Randy Gooch ⭐	Jessamine County Health Department, Public Health Director
Leighanna Haddix	Jessamine County Schools High School Student
Emerson James	Jessamine County Schools High School Student
April Jenkins	Emergency Medical Services
Dawn Jett	Emergency Medical Services
Josh Johnson	Jessamine County Schools High School Student
Paul Kauffman	Jessamine County Coroner's Office, Deputy Coroner
Ben Kleppinger	The Jessamine Journal, Staff Writer

Member Name	Organization
Lauren Lane	Jessamine County Health Department, Worksite Wellness Coordinator
Sharon Mattmiller	Jessamine County Schools
Alex Moberly	Jessamine County Schools High School Student
Matt Moore	Jessamine County Schools
Allen Peel	Jessamine County Sheriff's Office
Shana Peterson	Jessamine County Health Department, Health Educator
Josh Preston	Jessamine County Schools High School Student
Patty Rhorer	Drug Court
Genesis Robinson	Jessamine County Schools High School Student
Michael Rupard	Jessamine County Fire District
John Schaefer	Nicholasville Fire Department
Alex Slade	Jessamine County Schools High School Student
Aaron Stamper	Emergency Medical Services
Kelly Tudor	KentuckyOne Health, Manager of Business Development
Parker Tussey	Jessamine County Schools High School Student
Barry Waldrop	Nicholasville Police Department, Chief of Police
Chris Wilhite	Emergency Medical Services
Kelley Woolums	County Judge Executive's Office, Administrative Assistant

★ Coalition co-chairs

✪ Coalition secretary

Mission Statement

To improve the safety and well-being of all who live, work, and play in our community through local, regional, and state efforts.

Current Achievements/ Accomplishments To Date

- Formation of Safe Communities Coalition
- Alcopops Training by ASAP group members for high school students
- Creation of task groups to work on specified areas of safety concern
- Public Smoke-Free Forum, April 2015

2. Goals for the future and how goals were determined

Each workgroup has identified their own, specific goals based upon areas identified by injury and fatality data, as well as through workgroup assessments of current, and needed, resources within their area of focus. Workgroups were combined to each work on two target areas, as we found that a majority of the organizations working on partner target area, also provided programs, or showed interested in focusing efforts, in the other target area. For example, many of the members who work in the Emergency Preparedness field, such as law enforcement, emergency

management agency, and health department, all focus efforts in motor vehicle safety as well. Our coalition felt that combining the two target areas would be best for the coalition, as the committee members who worked/were interested in one, showed interest in the other.

Motor Vehicle Safety and Emergency Preparedness

The workgroup is presently focusing its efforts on reducing the high rate of motor vehicle accidents and injuries related to distracted driving. In the future, Emergency Preparedness goals will be created as well. One area which the group would like assist the community on, is to put together a community infectious disease plan, which outlines each stakeholders response and responsibilities during an infectious disease outbreak. We believe this will be beneficial to all stakeholders, will improve communication, and will assist agencies in recognizing the roles of others during an outbreak situation.

Current Goals:
- Increase awareness of Kentucky driver phone usage laws.
- Decrease distracted driving accidents of drivers less than 22 years of age by 1-3% over the next two years.
- Increase awareness and education for young drivers on distracted driving dangers.

Workplace Safety and Adult Falls

Workplace Safety and Adult Falls were grouped together similarly to motor vehicle safety and preparedness. Our coalition identified these as two areas of need, which overlapped in many ways. Adult falls can happen at, or near, the worksite. With this said, many of the workgroup members work in safety, and have also been trained in hazard identification and hazard prevention in the home. The team felt that combining the two focus areas would be appropriate in this sense. This workgroup is presently focusing on creating a safety professional team, which will assist the county in identifying hazards in the workplace and the home. The group also determined they wanted to focus efforts on training students in CPR/AED machine use. This was included in the workplace safety group, as many of these students will be staying in Jessamine County, or will return to Jessamine County, to work. Our goal is to have a prepared workforce, able to use CPR/AED to act quickly in the workplace or home in the event that an issue would arise, and emergency management professionals were not yet on site. While there are presently no goals which focus on reduction of falls, the group plans to address this and set goals in the future, when more resources are available.

Current Goals:
- Increase the number of CPR/AED certified sophomores and seniors at each school to 35% by the end of the 2015-2016 school year.
- Identify workplaces without safety professionals in Jessamine County and provide assistance with improvement of safety outcomes.
- Create a local team of safety professionals from different businesses and agencies to provide safety inspections and recommendations.

Drug Overdose and Suicide Prevention

Our coalition's drug overdose and suicide prevention group was combined with Jessamine County's already existing ASAP group, therefore many of these goals have been created with the ASAP's group long-term plan in mind. One of the areas which the work group found to be lacking regarding suicide prevention, is the amount of information on local resources for suicide prevention, or where to go if you suspect that a loved-one or friend is struggling with thoughts of suicide. The coalition hopes to assist in improving community member's knowledge regarding local resources through promotion of a centralized website with resources for a number of mental health concerns, created by a local agency, Bluegrass.org.

Current Goals

Increase Partnerships and Input
- Continue to educate existing partners annually on the most current KIP Data and Community Needs Assessment (to be completed in Fall 2016) to keep all partners informed on current drug trends in Jessamine County.
- Continue to recruit necessary community partners who will assist the board in addressing current substance abuse trends in Jessamine County. (Ongoing)
- Increase the community's awareness of the Jessamine County ASAP Board and Safe Communities Subcommittee initiatives and efforts by launching/updating Website and Facebook pages. Also, partnering with the Jessamine Journal to do a series of articles on Board/Workgroup initiatives and current drug trends (i.e. heroin, e-cigarettes, prescription drug abuse, adolescent drug trends, etc.) by Summer 2016.

Increase Knowledge of Substance Abuse Issues and Unintentional Suicides as a result of substance use
- Develop and train youth representatives from the three high schools, to form a coalition that will inform adult audiences (Rotary, Interagency, School Boards, etc) about current drug trends (Winter 2014).
- Increase knowledge of current substance abuse trends among parents, school personnel, and other community members through a minimum of 4 youth presentations (Spring 2015).
- Annually, by September 1, all Jessamine County School students and staff will be trained on suicide statistics; prevention/recognition of signs and symptoms; and resources for help.
- Provide updated local resource pocket cards for all Jessamine County High School Students with information about signs/symptoms of unintentional substance abuse overdoses (i.e. binge drinking and heroin) and education about Medical Amnesty (September 2015).

Increase understanding and use of prevention programming
- Assist the Jessamine County Schools in hosting a countywide Coaches Initiative program to work with high school coaches to raise awareness and educate coaches on strategies to reduce acceptability and use of substance abuse among team mates (Summer 2015).
- Expand the Coaches Initiative Program to include Asbury University and the local Club Sports/Recreational Leagues in Jessamine County (Summer 2015).
- Continue to request funding proposals for prevention programming from local schools and community agencies whose mission or goals align with the established Mission Statement.
- Develop a local Jessamine County Resource guide that includes all available Suicide Prevention/Intervention Programming. Market these resources to the community via newspaper, websites, and social media sites.

Continue to partner with agencies that promote programming to decrease the incidence of substance use and abuse.
- Educate the community partners about suicide/mental health/addiction treatment resources now available to Jessamine County (Our Lady of Peace – SJJ) through a board presentation (Spring 2015).
- Educate law enforcement about all local resources for mental health crisis situations available through Bluegrass.Org (Bluegrass Comprehensive Services). Resources will include jail suicide assessments, crisis stabilization, and access to psychiatric services (Fall 2015).

3. Work (*Task) Groups*

Suicide Prevention & Drug Overdose	Motor Vehicle Safety & Preparedness	Workplace Safety & Adult Falls
Kelli-Lynn Canup	Johnny Adams	Lauren Lane
Mary Carpenter	Lindsay Ames	Kelley Woolums
Scott Harvey	Amy Cloud	Mark Case
Michael Hughes	Jason Dotson	John Carpenter
Dawn Jett	Donna Givens	Tricia Atchison
Paul Kauffman	Randy Gooch	Amy Cloud
Shana Peterson	Joelle Ferguson	Aaron Cole
	Leighanna Haddix	Randy Gooch
	Michael Hughes	Kelly Tudor
	Emerson James	
	April Jenkins	
	Josh Johnson	
	Lauren Lane	
	Amanda Moberly	
	Matt Moore	
	Josh Preston	
	Genesis Robinson	
	John Schaefer	
	Alex Slade	
	Parker Tussey	

4. Plan to sustain momentum and continue the Safe Communities program in the future

Looking towards the future, our coalition sees many opportunities for continued growth and development. In addition to being the lead organization for the Safe Communities Coalition, The Jessamine County Health Department partnered with a number of other local organizations, businesses, and individuals (including many Safe Communities partners), to create the Community Health Improvement Plan (CHIP) in 2013, which was based upon the Community Health Assessment (CHA). Many of the areas identified as "risks" in the community, fall within the six identified target areas of the Safe Communities Coalition, with one of the CHIP's strategic goals focusing on reducing substance abuse/use. As these goals and strategic plan are written into the CHIP, the health department has the ability to continually dedicate employee time and resources to the Safe Communities work groups and coalition. With the initiatives planned over the next few years, the coalition hopes to recruit additional, interested community members and organizations to join the coalition. At our last full coalition meeting, members provided suggestions and recommendations on groups and individuals to reach out to, who can best aid the growth and development of the Safe Communities team. The groups the coalition plans to connect with will continue to diversify the team, and will help with the continuation and development of the most effective and efficient programs for our community. Please see Appendix A for a copy of the recommendations and suggestions from the meeting.

In the future, the full coalition plans to meet quarterly, on the second Wednesday of the month. Between these meetings, each work group will continue to develop opportunities and work towards achieving their previously determined goals. (Defined in Number 2 of this section)

5. Community safety and health advocates go inside and outside their community borders to share and receive information, resources and training to reduce injuries and promote safety.

a. How do representatives/organizations from your Safe Communities Coalition seek information and resources outside the community's borders and how your community shares information within and outside its borders?

Jessamine County's Safe Communities Coalition members are very active in regional and state activities in their areas of expertise. Coalition members regularly attend Kentucky Safety and Prevention Alignment Network (KSPAN) meetings, work with their regional and state leadership, and adjacent counties. The group has had speakers from Kentucky Injury Prevention and Research Center (KIPRC) and KSPAN come to coalition meetings to provide injury and data reports, and the coalition regularly corresponds with those centers for feedback and recommendations.

Many of the leaders of programs offered in Jessamine County have been trained by experts from around the state and county. The Nicholasville Fire Department's car seat program started when the University of Kentucky's Injury and Prevention office provided Car Seat Educator Training and certification for fire department personnel. For Strong Women and Exercise with Ease, both programs offered through the health department, class instructors received trainings from Tuft's University staff and the Arthritis Foundation. Cooper-Clayton Tobacco Cessation classes at the health department are taught by educators who completed classes and certification through the Kentucky Cancer Program.

Jessamine County's Agency for Substance Abuse Prevention (ASAP) has been active for over 10 years in the community. This group works closely with Kentucky's Office for Drug Control Policy and Kentucky ASAP, as well as other local ASAP groups to distribute information and share successful program information and recommendations. Bluegrass.org is an active member organization of Jessamine County ASAP and in May of this month will be holding a Prescription Drug Abuse Forum in Lexington, with other partners, including the Community Anti-Drug Coalitions of America, DrugFreeLEX and SAVI. The flyer for the forum is to the right.

The Chemical Stockpile Emergency Preparedness Program (CSEPP) is described more comprehensively in the current community programs section of this application, and is another initiative in which Jessamine County members work and learn from resources outside of the community. CSEPP provides training for the counties on topics including: CSEPP Chemical Awareness, CSEPP Personal Protective Equipment, decontamination, Emergency Response Guide, Hazardous Materials Awareness and Operations, NIMS, Accountability, Communications, Emergency Operations Center and Procedure, and WebPuff.

b. How does your Safe Community share information with citizens of the community?

Individually, each organization shares their program and event information through their social media presence on Facebook, Twitter, and personal webpages, as well as through word of mouth from family and friends.   Since the coalition is relatively new, additional methods for disseminating information continue to be developed. We plan to craft social media resources specifically for the safety initiatives created, as well as write and interview for articles regarding programs and events centered on safety for the local newspaper. The motor vehicle safety and preparedness work groups for example, plans to have student representatives work on an anti-distracted driving PSA competition for the students, and hope to work with the local television station to air the winner. Coalition members regularly speak on Jessamine County's local radio station Jess-FM, discussing current health, safety, and preparedness issues and events in the community.

WNJK, Jess-Fm
February 18 · Edited · 🌐

Kim Jackson here.. Thanks to Nicholasville Elementary, and their staff, our all volunteer Community Emergency Response Team (CERT), and Emergency Management , a warming center is opening up at 3pm today at Nicholasville Elementary! If you need more information, please call 885-5351

Like · Comment

As an example of information sharing, Appendix B is a 2014 article from the local newspaper, the Jessamine Journal, regarding smoke-free workplaces and the smoking rate in Jessamine County. Appendix C includes an infographic that was presented at Jessamine County's open, Smoke-Free forum in April 2015.

Additionally, Jessamine County Emergency Management Agency's Facebook page provides important information on emergency situations going on locally, as well as presenting to, and working with, the community at health fairs and safety events, among others.

Jessamine County (KY) Emergency Management Agency / C-S-E-P-P
April 18 at 8:14am ·

We've been busy this morning. We're at JCTC until 1pm at the community Health Fair

c. What is your community's integrated communications plan?

Communication with the community is vital to health and happiness of Jessamine County. Information is distributed and shared a number of ways, including social media (websites, Facebook, Twitter, etc.), and also by way of local radio, television, and newspaper. As a smaller community, Jessamine County residents are tight-knit, and a large amount of community information is spread through word of mouth. Many partner organizations have multiple methods for outreach of information, and utilize a number of social platforms to dispense knowledge and news. The Chamber of Commerce provides information to the community on current events, opportunities, programs and activities offered. Jessamine County Emergency Management Agency provides constant updates during emergency situations, such as severe weather watches and warnings, closings and delays, and emergency response events, among many others. Additionally, the coalition has a member from the Jessamine Journal, the local paper, who participates in Safe Communities. The coalition hopes to form a Jessamine County Safe Communities social media page in the next year, promoted through community partners, to provide information to the public on what the coalition is working on, who to contact, and how to get involved.

II. An Understanding of Community Data

1. Detailed Demographic Information

In 2014, Jessamine County was the 9th fastest growing county in Kentucky. Since 2011, the population has increased by 3.3%, with a current population of 50,173. Jessamine County's projected population for 2025 is 63,999. Presently, an estimated 16% of the population falls below the poverty line (Kentucky- 18%, US 14%), and 85% of residents ages 25 and older have a High School Diploma, or equivalent certificate. The average median household income is $48,577.[9]

Population (2013)		
	Percentage	**Number of Citizens**
Population By Age		
Under 16	22.2%	11,146
16-24	13%	6,542
25-44	26%	13,048
45-64	25.8%	12,967
65-84	11.1%	5,586
85 and older	1.8%	884
Population By Race	**Percentage**	**Number of Citizens**
White	93.3%	46,808
Black	3.4%	1,714
American Indian & Alaska Native	0.3%	152
Native Hawaiian & Pacific Islander	0.0%	16
Other/Multi-race	1.8%	909
Hispanic Origin	2.8%	1,425

The 2013 Community Health Assessment reported that Jessamine County had an elevated adult smoking rate of 34%, compared with the state of Kentucky (29%) and national average (23%) and a prostate cancer death rate nearly double the state average. Below is a chart showing the top ten medical conditions leading to death in Jessamine County.[10]

Top Ten Leading Causes of Death in Jessamine County • Kentucky Vital Statistics 2009 Data	Jessamine
TOTAL	333
MALIGNANT NEOPLASMS	77
DISEASES OF HEART	57
ACCIDENTS (UNINTENTIONAL INJURIES)	28
CHRONIC LOWER RESPIRATORY DISEASES	17
CEREBROVASCULAR DISEASES	19
ALZHEIMER'S DISEASE	13
NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	7
SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED	11
DIABETES MELLITUS	14
INFLUENZA AND PNEUMONIA	5

Table from: 2013 Community Health Assessment and Improvement Plan

Workforce

The top two industries of employment are the services/industrial sector (27%) and trade, transportation, and utilities sector (24%). The largest employers are Alltech, mentioned previously in Section 1, and McLane Cumberland, a supply chain services company, providing grocery and foodservice supply chain solutions. The chart below represents employment numbers in each major industry within Jessamine County.[9] While 70% of working residents of Jessamine County travel out of Jessamine County for work; the unemployment rate in Jessamine County was 7.1%, less than both the state and national rates.[9]

Jessamine County Employment By Major Industry (2013)		
Industry	Percentage	Number Employed
All Industries	100%	15, 421
Agriculture, Fishing, Hunting and Forestry	0	0
Mining	0	0
Construction	7.5%	1,171
Manufacturing	16.7%	2,599
Trade, Transportation, Utilities	23.9%	3,707
Information	0.6%	89
Financial Activities	2.1%	328
Services	27.1%	4,214
Public Administration	3.6%	555
Other	0.1%	10

2. Injury & Fatality Data Trends

The following data was provided by the Kentucky Injury and Prevention Research Center at the University of Kentucky, Jessamine County's Community Health Assessment and Improvement Plan (2013) and Kentucky Collision Analysis Data for the Public through the Kentucky State Police. The following pages will first provide an overview of current Kentucky Injury trends and then focus more specifically on Jessamine County's injury and fatality data.

2012 Kentucky Injury-Related Incident Information, Kentucky Injury Indicators Report, KIPRIC

Leading Causes of Injury-Related Death Within State Border of KY Residents by Age Group, 2012

Rank	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
1	Suffocation 17	Drowning 8	MVTC 123	MVTC 209	Poisoning 250	Poisoning 309	Poisoning 115	Poisoning 59	MVTC	Fall 85	Not Specified 94	Poisoning 980
2	Not spec #	MVTC 8	Fire/flame #	Poisoning 62	MVTC 130	MVTC 121	MVTC 95	MVTC 82	Firearm 53	Not Specified 43	Fall 86	MVTC 688
3	3 tied #	Fire/flame #	Drowning #	Firearm 55	Firearm 64	Firearm 65	Firearm 83	Firearm 75	Fall 41	Firearm 36	Suffocation 23	Firearm 448
4		Suffocation #	8 tied #	Firearm 37	Firearm 35	Firearm 35	Suffocation 35	Fall 24	Poisoning 21	MVTC 34	MVTC 20	Fall 273
5				Suffocation 21	Suffocation 26	Suffocation 29	Firearm 23	Poisoning 22	Suffocation 21	Suffocation 23	Firearm 13	Not Specified 176
6				Drowning 8	Poisoning 16	Poisoning 18	Poisoning 21	Fire/Flame 17	Not Specified 17	Fire/Flame 11	Poisoning 5	Firearm 148
7				Fire/Flame 5	Poisoning 11	Poisoning 13	Firearm 20	Suffocation 11	Fire/Flame 8	Nature/Envir 7		Suffocation 118
8					Fall 8	Suffocation 9	Fall 17	Not Specified 9	Nature/Envir 7	Poisoning 7		Suffocation 118
9					Suffocation 6	Fall 7	Fire/Flame 17	Drowning 8	Other land Transport 5			Poisoning 80
10					Suffocation 6	Fire/Flame 7	Nature/Envir 12	Poisoning 8				Fire/Flame 77

At least one but fewer than five.

**Legend:** Unintentional | Undetermined | Assault | Self Harm

Leading Causes of Injury-Related Emergency Department Visits of KY Residents By Age Group 2012

Rank	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
1	Falls 1,915	Falls 12,057	Falls 18,832	Falls 13,705	Falls 15,587	Falls 14,382	Falls 15,259	Falls 12,264	Falls 9,831	Falls 9,862	Falls 7,309	Falls 131,003
2	Struck by/Against 392	Struck by/Against 4,215	Struck by/Against 13,022	MVTC 13,695	MVTC 10,976	Overexertion 8,222	MVTC 6,568	MVTC 4,004	MVTC 1,783	MVTC 825	Struck by/Against 356	Struck by/Against 52,232
3	MVTC 321	Natural/Envir 3,288	Overexertion 4,653	Struck by/Against 11,767	Overexertion 10,161	MVTC 8,041	Overexertion 5,907	Overexertion 2,808	Overexertion 1,175	Struck by/Against 726	Not Specified 265	MVTC 51,151
4	Poisoning 291	Other Spec 2,243	Natural/Envir 4,506	Overexertion 8,940	Struck by/Against 8,342	Struck by/Against 5,783	Struck by/Against 4,135	Struck by/Against 2,321	Struck by/Against 1,173	Overexertion 598	MVTC 230	Overexertion 43,212
5	Natural/Envir 291	Poisoning 1,477	Cut/Pierce 3,603	Cut/Pierce 4,989	Cut/Pierce 4,609	Cut/Pierce 3,561	Cut/Pierce 2,860	Cut/Pierce 1,883	Cut/Pierce 1,050	Not Specified 501	Overexertion 218	Cut/Pierce 24,537
6	Other Spec 206	MVTC 1,331	MVTC 3,377	Natural/Envir 3,794	Not Specified 3,555	Not Specified 3,027	Not Specified 2,503	Natural/Envir 1,580	Natural/Envir 919	Natural/Envir 450	Cut/Pierce 180	Natural/Envir 23,607
7	Not specified 116	Cut/Pierce 1,304	Other Spec 2,588	Not Specified 3,135	Natural/Envir 3,430	Natural/Envir 2,715	Natural/Envir 2,498	Not Specified 1,473	Not Specified 752	Cut/Pierce 426	Natural/Envir 136	Not Specified 18,291
8	Fire/Burns 84	Not Specified 912	Other Pedal Cyc 2,248	Other Spec 2,555	Other Spec 2,586	Other Spec 1,909	Other Spec 1,520	Other Spec 845	Other Spec 451	Other Spec 266	Other Spec 124	Other Spec 15,293
9	Cut/Pierce 72	Fire/Burn 593	Not Specified 2,052	Struck by/Against 2,555	Struck by/Against 1,986	Struck by/Against 1,217	Struck by/Against 918	Nec 462	Nec 237	Nec 147	Nec 76	Struck by/Against 7,345
10	Nec 46	Overexertion 502	Poisoning 1,256	Other Trans 1,930	Other Trans 1,390	Nec 1,111	Nec 851	Poisoning 367	Poisoning 212	Poisoning 112	Poisoning 55	Nec 7,284

* Counts less than five are not included in this matrix

Legend: Unintentional | Undetermined | Assault | Self Harm

Based upon the injury data on the previous page, Kentucky's leading causes of injury-related mortality in 2012 were: unintentional poisonings, suicide, and motor vehicle traffic crashes. Falls were the leading cause of Emergency Department visits for all age groups of Kentucky residents. Jessamine County Data is limited to mostly ED injury information, and the coalition is hoping in the future to obtain more data that reflects additional sources of reporting.

Jessamine County Injury Indicators, Jessamine County Injury Report, KIPRIC

Leading Causes of Death in Jessamine County, Kentucky, 2011

| Cause of Death | Number of Deaths in Jessamine County[a] (% of all deaths) | Rate per 100,000 Total Population | | |
		Jessamine County[a]	Kentucky[b]	United States[b]
†Heart Disease	67 (18.1%)	137.7	205.6	173.7
†Malignant Neoplasms (Cancer)	94 (25.3%)	193.4	195.9	168.6
†Chronic Lower Respiratory	24 (6.5%)	50.5	63.1	42.7
Unintentional Injuries	23 (6.2%)	50.2	55.7	38.0
†Stroke	16 (4.3%)	34.1	43.1	37.9

† Leading causes of death known to be associated with secondhand smoke exposure.
[a] 2011 Vital Statistics Reports from the Kentucky Cabinet for Health and Family Services
Age-adjusted rates per 100,000 2011 population.
Estimates reflect only Kentucky residents who died in Kentucky.
[b] Hoyert DL, Xu JQ. Deaths: Preliminary data for 2011. National Vital Statistics Reports, (61)6. Hyattsville, MD: National Center for Health Statistics, 2012.
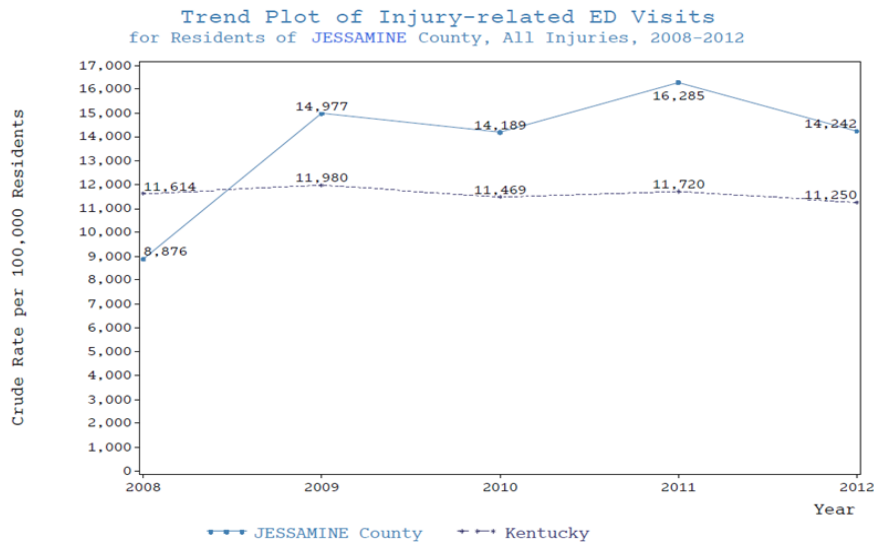
Graph from: Jessamine County Injury Report, KIPRIC

Injury Visits to Emergency Departments, 2008 – 2012, by Mechanism of Injury
JESSAMINE County Residents

	Cases	Total charges	Cases	Total charges
		Injury Visits to Emergency Departments 2008 - 2012		
MVTC	3,079	$9,569,819	256,810	$732,728,344
OTHER PEDAL CYC	239	$387,666	20,496	$31,043,602
OTHER PEDESTRIAN	27	$49,072	1,318	$2,593,599
FIREARM	17	$49,177	2,645	$8,595,708
OTHER TRANS	366	$880,227	37,231	$93,530,515
POISONING	718	$1,128,217	47,710	$73,749,863
FALLS	9,166	$14,184,584	673,159	$1,083,475,473
SUFFOCATION	22	$49,863	1,239	$2,450,581
DROWNING	*	$4,047	449	$651,327
FIRE/BURN	429	$259,024	23,715	$17,131,797
CUT/PIERCE	1,631	$1,560,096	140,333	$130,755,011
STRUCK BY/AGAINST	4,588	$5,571,574	305,898	$382,595,001
MACHINERY	77	$131,017	7,688	$11,015,348
NATURAL/ENVIR	1,270	$900,517	105,052	$81,242,078
OVEREXERTION	3,287	$2,774,792	219,507	$201,972,001
OTHER SPEC	1,228	$1,247,590	87,034	$88,643,855
NEC	457	$594,131	48,264	$71,174,687
NOT SPECIFIED	1,175	$1,746,399	83,845	$131,944,115
MISSING†	5,611	$5,921,285	422,821	$503,658,439

Motor Vehicle Accidents

Human Factor Code Driver-Related Motor Vehicle Injuries & Fatalities by Year, Jessamine County

	2014	2013	2012	2011	2010
Total Injuries	**390**	**309**	**354**	**358**	**386**
# substance-related[1]	43	16	35	42	39
# distraction-related[2]	198	147	202	161	178
# aggressive driving-related[3]	71	57	56	80	59
Total Fatalities	8	5	3	3	4
# substance related	0	1	1	0	2
# distraction related	1	3	1	2	0
# aggressive driving-related	6	2	1	0	1

[1]Substance-Related includes codes for: alcohol involvement, drug involvement, medication

[2]Distraction-Related includes codes for: cell phone, distraction, inattention

[3]Aggressive Driving-Related includes codes for: disregard traffic control, emotional, exceeded stated speed limit, following too close, improper backing, improper passing, too fast for conditions, turning improperly, weaving in traffic

Data from the Kentucky Collision Analysis for the Public.

The data above was collected to provide information on preventable motor vehicle injuries within Jessamine County.

Data was collected using different human factor codes related to accidents. The chart above very clearly indicates

that over the past 5 years, distraction-related injuries by far exceed those injuries attributed to a driver under the influence or aggressive driving behaviors. Despite that Kentucky State Law prohibits any driver under the age of 18 from using a cell phone, either hands-free or hand-held, and texting is illegal for any driver over the age of 18, cell phone use continues to be a significant cause of accidents locally, as well as state-wide.[13]

Of the 3,274 motor vehicle accidents in Jessamine County within the past two years, 1,532 (47%) of accidents were related to distracted driving. 23% of the distracted driving collisions were with drivers under the age of 22. Accident codes included in the analysis for "distracted driving" were: distracted driving, inattention, and cell phone use.[11] While this number itself is alarmingly high, The National Safety Council's recently published report *Crashes Involving Cell Phones: Challenges of Collecting and Reporting Reliable Crash Data* found that cell phone usage is significantly under-reported, and of the 180 fatal crashes that the study reviewed where evidence of cell phone usage was indicated, only 52% of the accidents were coded as such.[12] This leads us to believe that significantly more motor vehicle accidents in Jessamine County have been related to distraction than the percentage reported above.

A significant portion of Jessamine County distracted driving accidents with a driver less than 22 years of age happened near one of the schools. In Jessamine County, the schools are located adjacent to a central, west to east Road. With the exception of Route 27, the main road running directly through Nicholasville (north to south), this was the area with the highest distracted driving accident rate.[11] 2005-2009 injury-related hospitalization data showed 1,111 motor vehicle trauma cases, with a combined hospital stay of 1,111 days, costing $7,983,271, the largest cost of any of the preventable injury causes. [15] With many of these accidents potentially related to distracted driving in some manner, with increased programs and campaigns, many of these visits could be prevented in the future.
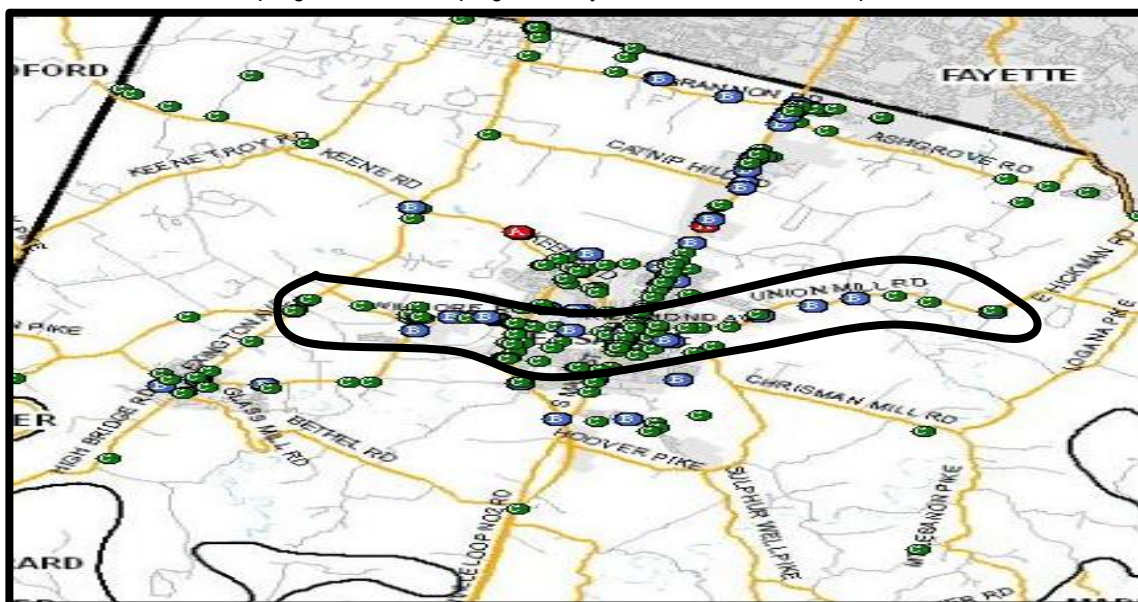
Jessamine County Reported Distracted Driving Accidents with driver <22 years of age[11]

Based upon this data, the Motor Vehicle Safety task group is working with student councils at each high school to develop distraction-free driving campaigns and programs, which aim to provide increased awareness of state laws and additional text-free signage on the roads mentioned above.

Older Adult Falls

Older adult falls continue to be another common cause of injury and injury-related death in older adults.[19] Women tend to suffer higher amounts of hip fractures compared to their male counterparts, and post-fall, approximately 73% of fall victims suffer some type of impairment due to anxiety.[20]

Since 2003, the number of fall-related, inpatient hospitalizations for Jessamine County residents, ages 65 and up, has nearly doubled, and in 2012 total hospital charges for falls in the 65 and older population were $2,816,727, compared with $735,386 in 2003. Between 2008-2012, there were 9,161 cases of a Jessamine County resident visiting the Emergency Department due to an un-intentional fall,[19] which is nearly double the amount of cases of any other mechanism of unintentional injury. For these reasons, older adult falls was identified as one of the focus areas for the Safe Communities Coalition, in hopes to create additional programs and resources to reduce falls through improved and safer environments, identification of local resources, and improvement of strength and balance for the older population.

Drug Overdose

An increase in drug use and the overdose rate is another area of concern identified for Jessamine County. In 2012, pharmaceutical opioids remained the primary cause of Kentucky resident drug overdose death, while benzodiazepines were the primary contributor to drug-overdose related hospitalizations in an acute care facility setting. While pharmaceutical opioid and benzodiazepine remained the primary

Kentucky Resident Drug Overdose Emergency Department Visit Rates, 2008—2012

Rate (number of visits/100,000 population)   47.8 – 111.4   111.5 – 148.4   150.2 – 394.2

KIPRC, 2013

contributors to drug-overdose death and hospitalization, the number of deaths and hospitalizations due to these did significantly decrease from the year prior. Pharmaceutical opioid involvement with drug overdose death decreased by 12% (benzodiazepines decreased by 16%), inpatient hospitalizations by 8% (benzodiazepines decreased by 11%), and ED visits by 6% (benzodiazepines by 9%). With that said, Jessamine County, and the state of Kentucky,
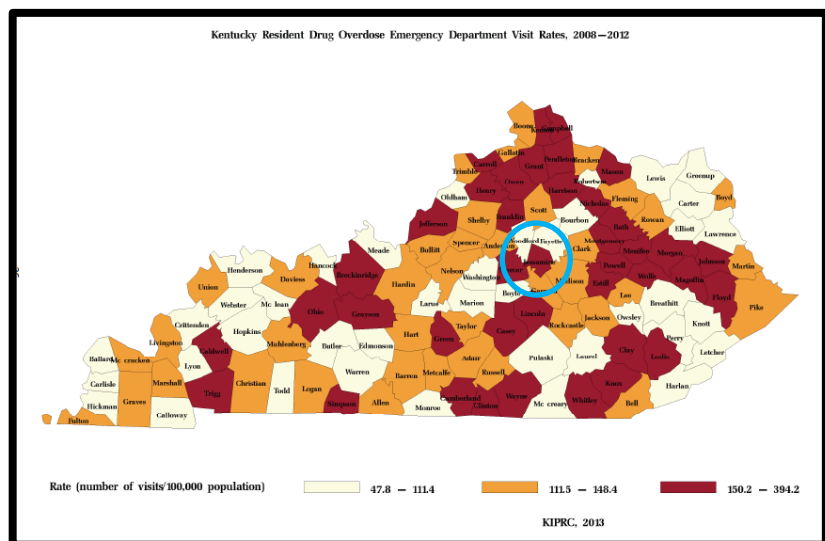
has experienced a drastic increase in heroin usage, and its involvement in fatalities and hospitalizations. From 2011 to 2012, there was a 207% increase in heroin related deaths; 42 deaths in 2011 to 129 deaths in 2012.[14] With the implementation of the Kentucky All Schedule Prescription Electronic Reporting System, (KASPER) for controlled substance prescriptions, the ability to obtain prescription pain medication has become more challenging, which has potentially contributed to the significant decrease in prescription medication overdose, death, and ED visits. With the change in controlled substance reporting, the prescription pain medication has become harder to obtain, and it is possible that this, in addition to the reformulation of OxyContin and Opana to a version of a harder to crush pill, has led to drug-seekers in search of substitutions, such as heroin.[16]

Workplace Safety

Workplace injuries and fatalities in Jessamine County are estimated to be higher than the average state-wide, and nationally. The Kentucky Department of Labor, census of Fatal Occupational injuries showed Jessamine County had 11.6 occupational fatalities per 100,000 workers, compared with Kentucky at 8 fatalities and the national average of 5 fatalities.[18] In 2015, the

Indicator #2: Work-Related Hospitalizations

In 2011, there were 1,750 work-related hospitalizations with an annual crude rate of 94/100,000 employed persons age 16 years and older, down 50% from the year 2000 (Figure 2).

Figure 2. Work-Related Hospitalization Rates in Kentucky Compared To U.S. Rates

Data Source: Numerator KY data were obtained from the KY Dept. for Public Health hospital discharge data set. Numerator US data are from National Hospital Discharge Survey. Denominator data were obtained from BLS Current Population Survey data. Rates may differ from rates reported in previous reports as the KY hospital discharge files for the last 4 years were updated. The 2008 hospitalization data may not be complete by expected payer source. US data were not available for years 2009-2011.

health department conducted a county-wide survey to assist in determining of what types of industries these injuries might be occurring in, and help identify areas and companies of focus. The group is presently reviewing the survey results.

Suicides

Statewide, suicides are noted to be the number 2 cause of death of those between the ages of 15-34. From 2005-2009, Jessamine County's suicide rate was 13.47, which is elevated compared with the national average of 11.5.[18] On the previous

Data source: Kentucky Department of Vital Statistics/Rate per 100,000 population, 2010
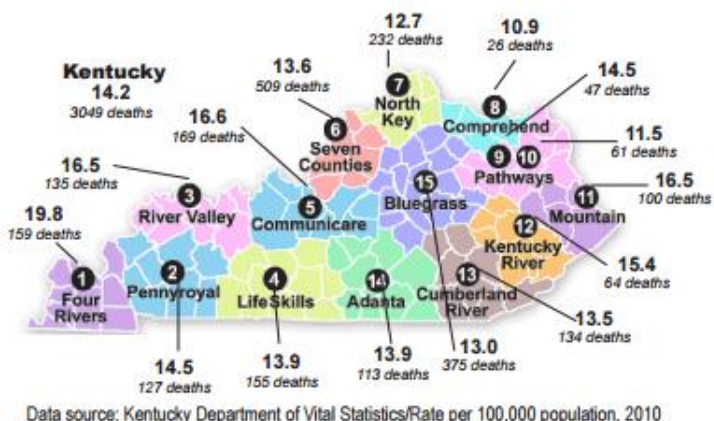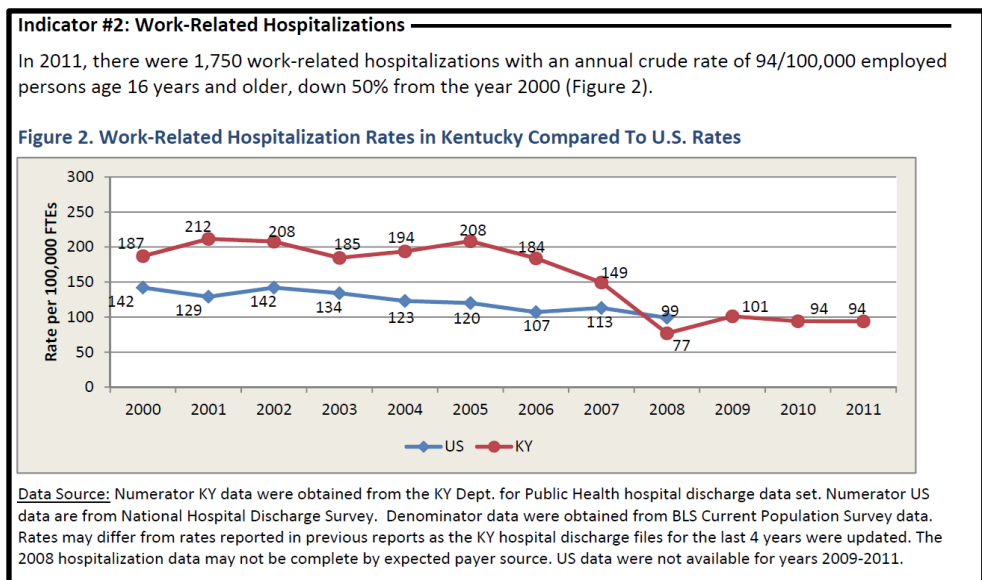
page is a map showing the number of deaths per 100,000 citizens, provided by the Suicide Prevention Resource Center. Jessamine County is located within the Bluegrass Region, which has a similar rate of suicide, compared with Jessamine County rates alone. A 2013 report on Kentucky Suicide and Suicide attempts from KIPRC found that the suicide rate increased 3% between 2010 and 2011, with the primary method of completed suicide being firearm usage. Members of the 45-54 year old age group most frequently committed suicide, compared to other age groups.[17]

Preparedness

Whether it is preparing for a potential chemical spill, a natural disaster, or a new baby, Jessamine County works hard to be ready for any situation. Preparedness entails many circumstances and capacities, the first being emergency preparedness. Jessamine is located directly next to Madison County where the Bluegrass Army Depot, a munitions and chemical weapons storage facility, is housed. Jessamine County is an evacuation site for Madison County residents in the occurrence of a spill or potentially harmful situation. Along with 9 other counties, Jessamine County agencies participate in the Chemical Stockpile Emergency Preparedness Program (CSEPP), which provides community education and emergency preparedness resources and training, among other activities. Additionally, Jessamine County also sees a variety of significant weather, including snow and ice storms, severe flooding, tornadic weather, and possibly an earthquake, due to the proximity to the New Madrid Fault Line. Preparedness in all of these situations is essential to save lives and prevent chaos during an emergency situation.

CPR, AED, and First Aid certifications are also important aspects of preparedness for everyday living. With a high rate of heart disease and unintentional injuries, as noted in the Table of the "Top Ten Leading Causes of Death in Jessamine County," having community members prepared and confident to assist in an emergency situation until medical professionals arrive is critical. There are many other instances in which preparedness affects the safety of the community. One example is infant mortality. KSPAN's 2011 report showed that 57% of all infant deaths in Kentucky were due to suffocation in bed, and providing safe sleeping assistance and education to new parents to better prepare them for caring for their infant is imperative.

3. How was data collected?

In 2014, The Kentucky Injury Prevention and Research Center (KIPRC) presented research to the coalition regarding Kentucky and Jessamine County injury data from 2008-2012. KIPRC has compiled and analyzed an enormous quantity of data on injuries and fatalities in Jessamine County and Kentucky since 2000, which is available on their website. Data from these reports and in-person presentations were largely used to determine the areas of focus of the committee. In this data, falls and motor vehicle accidents were identified as two of the greatest contributors to emergency room visits in Jessamine County (image on previous page). Additional resources utilized include, but are

not limited to: Jessamine County's Community Health Assessment and Improvement Plan (2013) and Kentucky Collision Analysis Data.

4. How the community data has been used to set priorities?

The data reviewed in the previous section was used by the coalition to narrow down our focus to five, preventable activities which contribute to the largest number of Jessamine County's injuries and fatalities. Additionally a sixth focus area, preparedness, was added due to past weather patterns, proximity to the Bluegrass Depot, and heart disease rates. After determining the six target areas, coalition members joined specific work groups, reviewed and assessed current community resources, programs, and events, and developed a plan of action for reducing injury and death in each area.

5. How will the data be used in the development of new programs?

The coalition has already begun to use the data to create new opportunities and programs for the community. As mentioned previously, the motor vehicle and preparedness group is working on preparing for an anti-distracted driving campaign in the fall, focusing on reaching out to the community through the schools and students. Since the road that the schools are located on was where a significantly large portion of distracted driving accidents occurred over the past two years, the group concurred this was an ideal area to begin. When reviewing community suicide data and local resources, it was identified that community members are unaware of the resources which exist locally to help those struggling with thoughts of suicide. Additionally, evidence-based programs targeting suicide prevention are being identified as possible opportunities in the future. The coalition plans to continually re-assess injury and fatality patterns and data to ensure that programs are positively impacting the community.

III. Current Community Programs Addressing Intentional and Unintentional Community Injury Patterns

Throughout the community, Jessamine County currently offers many programs addressing the identified intentional and unintentional injury causes. Below is a chart of programs currently offered by community partners. Please note, some programs have multiple partners participating, in which case the lead agency is designated in the chart. Detailed program descriptions are provided after for many of the programs.

MV= Motor Vehicle Safety; PP=Preparedness; SA=Substance Abuse; SP=Suicide Prevention; WPS=Workplace Safety; AF= Older Adult Falls

Agency & Programs	Area Targeted						Target Population			
	MV	PP	SA	SP	WPS	AF	Infants/ Young Children	Older Children /Teens	Adults	Elderly
Nicholasville Fire Department										
Fire Prevention Program					X		X	X	X	X
Senior Citizen Blood Pressure Checks					X	X				X
Cooking Safety & Fall Prevention Classes					X	X				X
Fire Extinguisher Training		X			X			X	X	X
CPR Classes		X			X			X	X	X
Smoke Detector Program		X			X			X	X	X
Car Seat Education Program	X						X	X	X	
Jessamine County Schools										
Summer Emergency Response Training		X					X	X		
BBP, Back Safety & MSDS Training					X				X	
Anti- texting & driving week	X							X		
No pass/no drive program	X							X		
Elementary School Medication Safety			X					X		
High School Student Mentoring Program			X					X		
Youth Services Presentations			X	X				X		
Suicide Prevention Program				X				X		
Athlete & Driver Drug Testing			X					X		
Ghost Out	X		X					X		
College & Career Fair		X			X			X		
Jessamine County Health Department										
Public Health Emergency Preparedness Program		X							X	

Agency & Programs	MV	PP	SA	SP	WPS	AF	Infants/ Young Children	Older Children /Teens	Adults	Elderly
				Area Targeted				**Target Population**		
Strong Woman						X			X	X
Exercise with Ease						X			X	X
Worksite Wellness Coordinator					X				X	X
Ebola Tabletop		X							X	
Cribs for Kids		X					X	X	X	
Cooper Clayton Tobacco Cessation			X						X	
Jessamine Co Agency for Substance Abuse Policy (ASAP)	X		X	X				X	X	X
Smart911	X	X	X	X	X	X	X	X	X	X
KentuckyOne Health- St. Joseph's Hospital Jessamine										
Workplace Care		X			X				X	
Falls Prevention Screening						X	X	X	X	X
Violence Prevention			X	X				X	X	
HAZMAT Training		X							X	
Department of Community Based Services										
Child Abuse Month Resource Fair		X						X	X	
Emergency Medical Services										
Child Passenger Safety	X						X	X	X	
CPR/ Bloodborne Pathogen/First Aid Training				X				X	X	
Jessamine County Chamber of Commerce										
Youth Leadership Jessamine County		X						X		
Emergency Management Agency										
Chemical Stockpile Emergency Preparedness Program		X							X	
Hazard Identification and Inspection		X			X	X			X	X
Home and Office Fire Prevention		X			X	X			X	X
Community Emergency Preparedness		X			X	X		X	X	
Vehicle Extrication Demonstrations	X							X	X	
Wilmore Police Department										
Seat belt and Impaired driving enforcement	X							X	X	X
Texting and Driving initiatives	X							X	X	

	Area Targeted						Target Population			
Agency & Programs	MV	PP	SA	SP	WPS	AF	Infants/ Young Children	Older Children /Teens	Adults	Elderly
Nicholasville Police Department										
Drug take-back program			X						X	X
D.A.R.E. Program Education			X					X		
Jessamine County Coroner's Office										
Disaster Planning		X							X	

1. Program Areas:
A. Motor Vehicle
Ghost Out Program
Both local high schools participate in a week-long alcohol and drug awareness program, as well as motor vehicle safety awareness organized by School Safety Resource Officers. Local emergency responders collaborate with the schools to provide the program.

Child Passenger Safety
The Nicholasville Fire Department, Police Department, and EMS all provide child passenger safety seat education, child seat safety installations and inspections. Inspections and installations are provided by certified Child Passenger Safety Technicians.

East Jessamine High School 2014 Ghost Out

Car Seat Program
The Nicholasville Fire Department began offering child passenger safety seat installations in 2006, when UK's Injury Prevention office provided Car Seat Educator training and certification for all 45 fire department personnel. The purpose of the program is to provide instruction and/or assistance on installing child passenger safety seating properly. The target population for the program is individuals with children. Community members are able to go to any fire station for assistance. Since its beginning, they have averaged 200 installations each year.

The Fire Department also partners with Safe Kids, and has expanded their education program, by requiring all newly hired personnel to attend and become certified as a Child Passenger Safety Technician. There are presently 14 technicians in the department, in addition to the educators. The addition of technicians allows the department to be better prepared and provide a higher level of service to citizens. While many community members have individual assistance, the fire department also has public safety events, where parents are about to pull in and have their child passenger seating inspected.

B. Older Adult Falls Prevention
Strong Woman Program
Developed by Tufts University with the goal of promoting strength training and nutrition, this program is recommended and funded by the Kentucky Arthritis and Osteoporosis Prevention Center. Outcomes for participants include improvement in balance, bone mineral density, arthritis symptoms and flexibility. The target populations for this program are women ages 50 and over, and those with elevated fall risk factors. This strength training program aims to help women maintain muscle mass, strength and function as they age.

The Jessamine County Health Department began offering this program in 2010, after they received funding to participate in a statewide train-the-trainer program for local health departments. The health department offers the 8-week class on Tuesdays and Thursdays, 3-4 times per year. Since it was introduced, more than 90 community members have participated, with an average of 10 women per session. Each class includes:
1) A warm-up
2) Lower Body Strength training exercises with ankle weights
3) Upper body strength training exercises using hand weights
4) Floor work with both upper and lower body
5) Lower body and core muscle group exercises
6) A cool down/stretching

Exercise with Ease
From the Arthritis Foundation, this class is a 6 week program designed to help improve symptoms and pain associated with arthritis. This evidence-based program has been shown to reduce pain and discomfort with arthritis, improve confidence and overall health, and increase balance, strength, and walking pace. The program was developed by the Thurston Arthritis Research Center and Institute on Aging of the University of North Carolina. Currently, the health department offers this class for one hour on Monday, Wednesday and Friday mornings.

Falls Prevention Screening
The emergency department at St Joseph's Jessamine screens every entering patient for their fall risk and assigns them a score based upon this. The Morse Fall Risk tool is used for adult patients, while the Humpty Dumpty Fall Risk tool is used for small children. The scores help to assist nursing staff in determining the likelihood that a patient will experience a fall while in the emergency department. Based upon the score, the nurse can ensure safeguards are in place during the patients stay to minimize the risk for a fall. Safeguards can include non-skid footwear, bed alarms, access to call lights, or raised side rails. Upon discharge, patients who have an elevated risk for falls are provided with educational information regarding falls prevention and home safety. Case management and social services are notified if the patient cannot return safety to their home environment, or do not have the proper support network to assess home fall risks, and post-discharge arrangements are made.

Hazard Identification and Inspection
Jessamine County Emergency Management Agency offers public education on common hazards in the home and workplace. They help individuals to recognize potential areas of concern and will provide home or workplace inspections.

Senior Citizen and Assisted Living Center Programs
The Nicholasville Fire Department is very active in providing education and training at the local senior citizen centers and assisted living facilities. They provide blood pressure checks, falls prevention education, and cooking safety classes. With a growing Hispanic population in the community, the fire department is working towards developing specifically-tailored programs and educational material. They are also planning to implement voluntary home safety inspections for interested citizens.

C. Poisoning by drug overdose and other agents
Jessamine County Agency for Substance Abuse Policy (ASAP) Jessamine County Health Department
A collaborative effort of many community partners, ASAP is funded primarily by grant money through the Office of Drug Control Policy in Frankfort. They have additionally received funds and stipends for programs such as community forums, speaking events, etc. ASAP's mission statement is "Through partnerships we invest in the health of the community to achieve a high quality of life, and minimize the overall impact of addictive substances while simultaneously reducing the incidence of suicide in Jessamine County." The agency works to address 5 main areas

of focus identified by the Community Needs Assessment: E-cigarettes, binge drinking, marijuana, prescription drugs/heroin, and suicide.

ASAP provides funding for other community groups who provide programs focusing on prevention, treatment and enforcement of substance abuse. Some of the past initiatives and funding which they have provided to others in the community include:

- Preventative legislation and policy
  - Responsible beverage server training
  - Support of synthetic marijuana restrictions and smoke-free school campuses
  - Placement of permanent drug disposal boxes (drug take back program)
  - Alcopop training for teens to increase awareness on the dangers of Alcopops and work to promote stricter regulation on Alcopops
- Prevention Programming
  - Purchasing and development of D.A.R.E materials
  - Providing funds for community forums on topics including: drug trends, underage drinking, risky behaviors, etc.
  - Providing funds for "at risk' students for prevention and group support
  - Support for Teens against Tobacco Usage (TATU) for schools
  - Partners with community organizations to run movie theater ads, and PSA's showing dangers of adolescent drug use
  - Distributed "what to do if you suspect alcohol poisoning or overdose" pocket cards
  - Scholarships for students to attend youth empowerment training which focus on the prevention of risky behaviors
  - Purchased portable breathalyzers for officers to provide screenings at field parties, etc
  - Purchased anti-needle stick/prick gloves for local law enforcement officers
- Support of Treatment
  - Purchase treatment videos from Hazeldon for the local Jessamine Counselling Center
  - Provide Nicotine Replacement Therapy (NRT) to all health department tobacco cessation participants
  - Provide funds for drug court participants to have a graduation celebration

Elementary School Medication Safety Education
Jessamine County Schools require that all elementary schools in the district participate in medication safety education on the dangers of medication in the home environment and elsewhere. The program has been completed on an annual basis for 10 years, and they have seen 500 participants. Classes are provided by school nurses

Drug Take-Back Program
Both the Nicholasville and Wilmore Police Departments have drug take-back sites for prescription drugs to encourage proper disposal of unused medications, instead of throwing away the medications in the trash or flushing down the toilet. The Emergency Management Agency assists in advertisement for community events to promote the drug take-back program. Over six months in 2014, the Nicholasville Police Department collected 235 pounds of medications to properly dispose of.

D.A.R.E. Program
Each year, the Nicholasville Police Department teaches the D.A.R.E. program to approximately 1100 6-7th graders. The aim of the program is to teach students good-decision making skills, empower them to respect others, and choose to lead lives free of violence, substance abuse, and other dangerous behaviors" (D.A.R.E. Mission and Vision Statements). One of the newer topics of D.A.R.E covers is prescription and over-the-counter medication use and abuse.

Teens Against Tobacco Usage (TATU) Program
From the American Lung Association, this is a peer-teaching tobacco prevention program where high school students are trained by members from local organizations on the hazards of tobacco use.   The high school students then provide education and support to younger, typically middle-school aged students.

Driver and Athlete Drug Testing
Jessamine County schools work hard to ensure that their student athletes are safe and healthy. This includes random drug testing for student drivers and athletes on the middle and high school level. Any student who is driving or participating in extra-curricular sporting events is eligible to be tested. Students are randomly selected to be tested six times per school year. If a student tests positive for drugs, they are encouraged to participate in a drug prevention program and lose privileges for a designated period of time. Since the program was initiated ten years ago, the percentage of student athletes who have tested positive for drugs has dropped from 11% to 2%.

D. Workplace Safety
Fire Extinguisher Training
The Nicholasville Fire Department provides free fire extinguisher training to local businesses. In 2014, the Fire Department received a public education grant from FireHouse Subs for over $14,000 to purchase a state-of-the-art fire extinguisher simulator. Previously, fire extinguisher trainings had some challenges and limitations, including the requirement of being taught outside, fees associated with re-filling used extinguishers, and trainee fear and lower participation rates with the use of actual fire. The new simulator allows for a more complete educational experience because classes can be taught indoors and participation rates have noticeably increased.
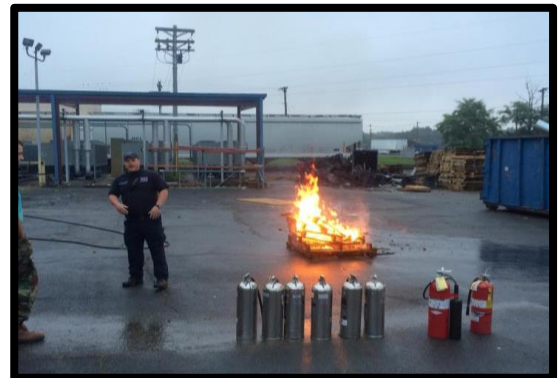
Fire Extinguisher Training

Workplace Care
KentuckyOne Health has recently expanded to provide a new service, KentuckyOne Workplace Care. St Joseph's Jessamine offers Workplace Care as a service to businesses in the community. With access to a large network of occupational health providers, including specialists, primary care physicians, diagnostic services, physical therapy and preventative health services, they offer onsite provider tours and job assessments, physical examinations, biometric screenings, consultations, and drug and alcohol testing. Workplace care is also certified to provide Department of Transportation (DOT) examinations and is committed to working with Jessamine County employers to protect their most valuable assets, employees and the residents, because *"if you don't live well, you don't work well."*

Cooper-Clayton Tobacco Cessation Program
This science-based program, aims to assist tobacco users in transitioning to a tobacco-free lifestyle using social support, education, skills training and nicotine replacement therapy (NRT). Cooper-Clayton is offered through the Jessamine County Health Department to businesses and citizens within the community. Classes are once a week, for 12 weeks, at the health department. Classes are also available offsite, per request of a local business. Classes are advertised through the health department website and Facebook page, clinic referrals, local physicians, dentists, pharmacists, local community groups, newspaper, radio, and listservs. (ASAP, Interagency groups, and the school system) Participants register through the JCHD clinic and the Tobacco Cessation Coordinator. Class topics include nutrition, physical activity, coping with withdrawal and setbacks, and depression, to name a few.

The JCHD began to offer the program in 2000, and it has since run a minimum of three times per fiscal year. For those who participate in Cooper-Clayton at the health department, NRT patches are provided at no cost, through

financial partnership with ASAP. If classes are provided offsite at a business, there is a small fee for patches for participants. Since 2000, there have been 547 participants.

Home and Office Hazard and Fire Prevention Program
Emergency Management Agency- provides in-home, and worksite, inspections and recommendations on creating safer environments by identifying areas of concern or high risk situations, and providing guidance on correcting these areas.

Jessamine College & Career Fair
Jessamine Career and Technology Center (JCTC) annually holds a college and career fair which brings Kentucky colleges and universities, military recruiters, and local businesses to JCTC to expose students to a variety of college and career opportunities, and help them investigate post-secondary options.   Typically, there are about 25-30 organizations from across the state which participate. The program provides students with access to admissions counselors of post-secondary institutions, military personnel, local business owners and representatives, and educational material. Students receive guided-interview information with conversation initiation advice, and have an opportunity to make professional connections.

The program targets high school students and has been held for the past 7 years. During this time, there have been approximately 5,000 participants including students, faculty, parents, local community members, college and university representatives, EMS, firefighters, law enforcement and military personnel.

Back Protection and BBP, MSDS training
Jessamine County Schools provides bloodborne pathogen, back safety, and Material Safety Data Sheet training for all employees to prevent injuries and exposure to bloodborne pathogens and chemicals. The program is offered annually and employees have the opportunity to choose on-line or face-to-face classes. They have trained approximately 720 employees over the last four years.

Worksite Wellness Coordinator
The health department recently established a worksite wellness coordinator position. The coordinator will assist community worksites on developing employee wellness programs tailored to each worksite's needs, interests, and areas of high risk, identified by all staff, including upper level management. The worksite employee health promotion program will also entail workplace safety programs and policy development, as studies show positive results when combining workplace interventions for health protection and health promotion. The coordinator plans to identify interested pilot sites during 2015 and 2016, and hopes to begin full program development with worksites in 2016. To recruit pilot sites, a workplace health and safety survey was created to assess local organizations current health and safety policies, status, injury history, as well as their interest in becoming a potential worksite wellness pilot site. The wellness coordinator spoke at the September 2015 Chamber of Commerce Luncheon to promote worksite wellness and inform the community of the new service. Pilot sites will be determined based upon a number of factors including, but not limited to: company size and leadership support. In addition to a comprehensive wellness program, the wellness coordinator will also offer on-site assistance for items including, but not limited to tobacco cessation classes, health education, and policy development.

The wellness coordinator is also presently in the middle of completing the CDC's Work@Health train-the-trainer program which would allow the coordinator to train employers to implement their programs based upon the CDC's evidence-based Work@Health program, and includes evidence-based techniques for assessment, intervention and evaluation.

Smoke-Free Workplace Initiative
The health department's Tobacco Cessation Coordinator works with local businesses to create written smoke-free workplace policies to protect employees and clients from secondhand smoke exposure. The coordinator is an active participant in Jessamine County ASAP and promotes smoke-free policies and legislation.

E. Violence and Suicide Prevention
Suicide Prevention Program

Jessamine County Schools provides annual suicide prevention counseling and education for all middle and high-school students. The training is led by school counselors who come to every classroom to speak with students. Cyberbullying and internet safety presentations are a component included for high-school students. September is Suicide Prevention Month, during this month much of the suicide education and information is provided for the students. Some of the schools have anti-bullying projects that the students take on, for example, in 2015, the one elementary school had door decorating competitions to promote a bully-free environment. Some pictures of the doors are shown below. Each year the schools submit a Safe Schools Data report with information regarding harassment, bullying, fighting, and assaults on school grounds, as well as education regarding actions and/or consequences for participating in these activities. The coalition is working to try and obtain recent results from Jessamine County's Safe Schools Data report to share with members to assess and develop further initiatives for continual improvement.
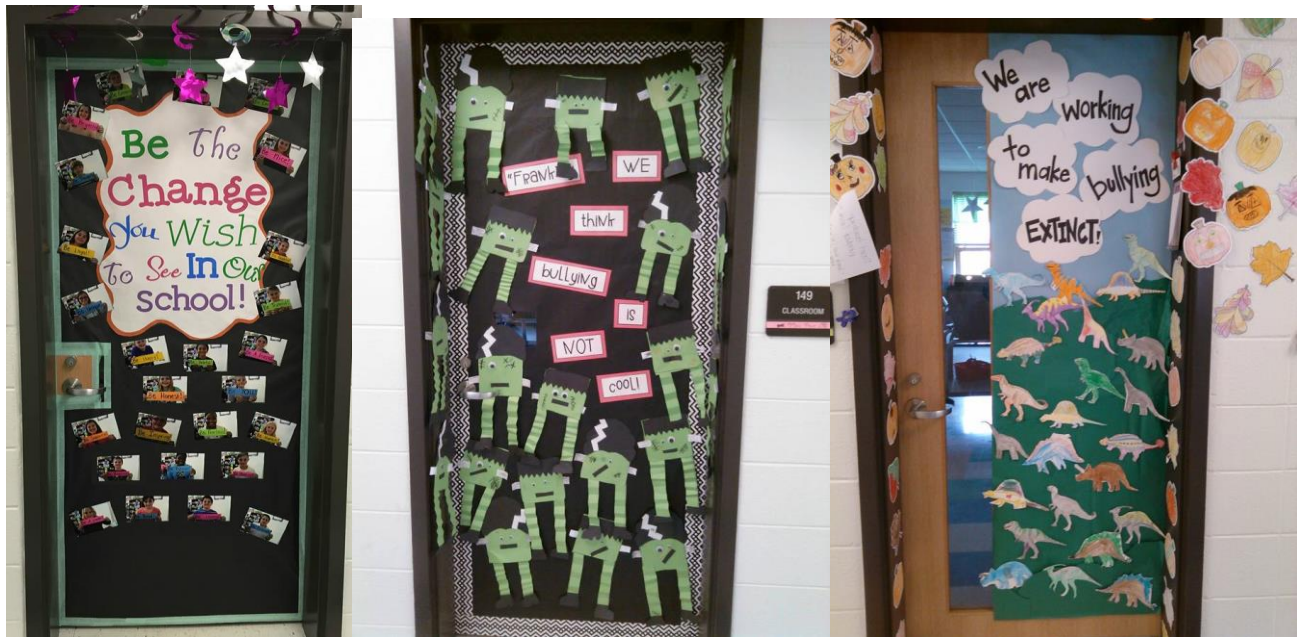
Violence Prevention

St. Joseph Jessamine's parent hospital, Saint Joseph Hospital, sponsors a violence prevention program, aimed at safer and healthier communities. With funding from Catholic Health Initiatives and the United against Violence Campaign, it is the first initiative of its kind sponsored by a national, nonprofit health system. The campaign addresses the cost of violence through public policy advocacy, socially responsible investing, and grassroots work in Kentucky- *one person, one neighborhood, one community at a time*.

Top priorities include:

- *Vulnerable populations*- Newborns to four year olds. Coalition partners from the hospital and community are working on education and awareness to address this issue.
- *Youth violence*- Prevention strategies focused on middle and elementary schools. Saint Joseph Hospital has established a strong and broad coalition to address the issue, partnering with schools and churches.
- *Teen dating violence*- Physical, emotional, or verbal abuse from a partner affects as many as one in three teens

Child Abuse Prevention Month Resource Fair
Since 2012, the Department for Community Based Services has partnered with multiple community partners to host a resource fair for new parents. Last year, DCBS partnered with the Jessamine County Early Childhood Council and received grant money to host the event. This year, they are held the fair on April 18th at the Jessamine Early Learning Village. Since Kids County Data Center indicated that 33% of births during 2009 in Jessamine County were to mothers not routinely receiving prenatal care, the 2014 fair sought to provide access to prenatal education and resources to new parents, with children less than two years of age. The resource fair brought in 47 families with children up to 2 years of age, with an additional nine families outside of the intended target population attending. Surveys were used to gather information on attendance and new parent concerns. The resource fair, called the "Health Beginnings Community Baby Shower," had 21 vendors attending, which included, but was not limited to: local area pediatricians, the Jessamine County Health Department HANDS program, the Women's Clinic from the University of Kentucky Hospital, Jessamine County Public Library, and Jessamine County Schools. From the resource fair, seven families enrolled in the health departments HANDS program, which is a voluntary home visitation program for new and expectant parents, aiming to assist first-time parents to have healthy pregnancies and births, healthy child growth and development, safe homes, and self-sufficient families. An additional fourteen families also expressed interest in learning more about the HANDS.

F. Emergency Preparedness

CSEPP Training Event

Chemical Stockpile Emergency Preparedness Program (CSEPP)
This is a multi-agency collaboration, comprised of representatives from multiple counties around the Bluegrass Army Depot, a chemical weapons storage and destruction facility located in Richmond, Kentucky in Madison County. EMS, Emergency Management Agency, Police Department, Jessamine County Health Department & St. Joseph's Jessamine all participate. The program provides information on evacuation routes in case of an emergency situation, as well as welcome centers in surrounding counties. The group ensures that plans are in place for decontamination and mass care in the event of an incident at the Depot.

Community Emergency Preparedness
The Emergency Management Agency provides education and practice for the public in preparing for disasters including severe weather, earthquakes, fire safety, and general seasonal safety awareness. They discuss with and train the community on the importance of preparedness kits and what should be included with them. They also plan community preparedness events, such as a city wide tornado drill. Much of the advertising for the agency and its' events and programs is through social media resources and internet based services. Their services are also offered to individual companies to help them plan and prepare for a potential disaster, or emergency situation.

School District Trauma Intervention Team
Jessamine County Schools has a trained intervention team, which consists of counselors, social workers, and psychologists who are trained to respond during, and after, critical incidents to provide assistance. The intervention team aims to help those affected by the trauma to cope following the incident.

Summer Emergency Response Training
For the past three years, Jessamine County Schools has offered Emergency Response Training over the summertime. The goal of the program is to prepare community emergency responders and the school district staff to respond to a variety of school-related emergency situations, including school intruders, school shootings, chemical disasters, and other potential threats. Participants are taken through multiple scenarios, where mock emergency situations occur. They are taught how to properly respond, and upon completion of each event, participants are

evaluated and recommendations are made for further response improvement. Improvement is measured by evaluating the implementation of effective strategies, as well a decrease in time to complete each drill successfully.

Students, ranging from preschool to 12th grade, are the target demographic for program participation. Over the past 3 years, 300-400 students have participated in the 3-4 day training exercises. This program is a collaborative effort between the school district, Nicholasville and Wilmore Police Departments, EMS, Emergency Management, 911 Emergency Response and the Jessamine County Sheriff's office.

Ebola Table Top
The Jessamine County Health Department hosted a table top exercise with local and county health and medical providers in November of 2014. The purpose of the table top discussion was to plan and prepare response protocol related to the ongoing Ebola epidemic in Africa. Representatives from St. Joseph's Jessamine, Kentucky Department for Public Health, E-911, Emergency Management Agency, Emergency Medical Services, Wilmore Police Department and the health department attended.

Public Health Emergency Preparedness Program
The purpose of this program is to safeguard lives from public health threats through collaboration in response planning. The Jessamine County Health Department serves as the lead agency for Emergency Support Function 8: Public Health and Medical Services (ESF8). ESF-8 is responsible for preparing for, responding to, and recovering from any natural or man-made public health disaster, in coordination with other local or state agencies. They work with employers and long term care facilities to set up Closed Point of Dispensing, in case of an outbreak when a mass vaccination is required. Additional plans/policies in place include Continuity of Operations Planning and Strategic National Stockpile, among others. Local agencies participate in annual exercises to test the plans and work together to ensure that plans are in place for the mass prophylaxis, in the event of pandemic disease or act of terrorism.

HAZMAT Team
The staff at St Joseph's Jessamine's completes yearly training in partnership with Jessamine County Fire and EMS to prepare for any Hazardous Materials Incident that may occur. The yearly training includes identification of signs and symptoms, decontamination, treatment, and follow-up care for any patients exposed to nerve gas or other hazardous agents.

Smart911
The Smart911 program was established in February of 2009, as a method to better assist the 911 telecommunicator in providing the best emergency response care to citizens. The Smart911 program allows community members to go online and create a safety profile for their household, which will proactively provide details of the home to responders, in case an emergency should arise. Anytime an emergency call is made from the number you provide, your profile is automatically uploaded onto the screen of the call taker. Once an account is created, users need to update or verify their information every six months to provide the most accurate information.

Smart911 is currently offered by five agencies in Kentucky, including Jessamine County, Lexington Fayette Urban County Government, Franklin County, Anderson County, and Daviess County. If you call 911 in any of these counties, their dispatchers and responders are able to access your profile. Jessamine County is able to provide access to this program, free of cost, thanks to the Jessamine County Fiscal Court. To date, 300 citizens have created their Smart911 profiles and are utilizing the free program.

Smoke Detector Program
Started with grant funding in 2007, the Nicholasville Fire Department's smoke detector program was established to help the fire department provide and install smoke detectors for the less fortunate. The program is supported by the State Fire Marshal's Office, as well as the local Lowe's and Walmart. Recently, the State Marshall's Office provided 100 free smoke detectors as part of a grant they received from Kentucky American Water. The Fire Department will

be partnering with the local Red Cross with conduct a smoke detector blitz, in which the fire department will go door-to-door to check and install smoke detectors provided by the Red Cross.

CPR Classes
In conjunction with the First Response of the Bluegrass and American Heart Association, the Nicholasville Fire Department provides CPR and AED training for the public and local businesses. Emergency Medical Services provides training opportunities as well. The only fee is for the cost of the certification card.

Fire Prevention Program
As one of the oldest, and most successful, programs with the Nicholasville Fire Department, they reach out to local schools, senior centers, and daycares. In cooperation with Jessamine County Schools, the fire department conducts basic fire prevention classes for students, with topics varying based upon age of the students. Classes are available to all age groups, including pre-school and kindergarten, but the target population is third through sixth. Topics include:

- Stop, drop, and roll
- When and how to dial 911
- Exit drills
- Smoke detectors
- Cooking safety

Additionally, participants are able to go through a safety trailer, where they are exposed to non-toxic smoke and are able to demonstrate what they have learned. The trailer was built by firefighters from the department, and was made with materials donated by Lowe's Home Improvement Store.

Home and Office Fire Prevention
Jessamine County Emergency Management Agency provides education and talks for the community on fire safety and prevention procedures. Additionally, they also provide inspections for businesses and homes, identifying potential fire hazards. Education programs are completed by request, by companies as part of a fire prevention, or pre-fire training. This program is a part of the Fire Prevention Program run by the Nicholasville Fire Department.

Youth Leadership Jessamine
The Jessamine County Chamber of Commerce Director organized a leadership program for juniors at local high schools and home schools. The leadership program is a non-profit, devoted to educating, preparing, and developing emerging leaders within the community. The youth leadership program is tailored from the adult leadership program which aims to educate residents about leadership skills and the ins and outs of Jessamine County, including heritage, economics, industry, education, state and local governments and more.

Cribs for Kids
The Kentucky Department for Public Health's Maternal and Child Health Division provided funding to the health department to purchase 26 cribs kits from the Cribs for Kids program. The program's goal is to prevent infant deaths by educating parents and caregivers on the importance of practicing safe sleep and providing portable cribs to families who, otherwise, cannot afford a safe place for their babies to sleep. Crib kits include: pack-n-play crib, crib sheet, sleep sack, hospital grade pacifier, safe sleep DVD, and safe sleep education information.

2. Indicate how these programs cover all residents and if/how the groups intersect
As shown in the chart on pages 21-23 listing all programs, the opportunities and resources available cover a wide variety of age ranges and residents. For each target area, a variety of services are provided. We are working to develop additional programs, resources, and campaigns in areas such as older adult falls and suicide prevention to ensure that we are serving all areas and sectors of the community.

Section 4: Evaluation Competency

The Safe Communities process has assisted our coalition in determining that not enough evaluation has gone on in the past for our programs and initiatives. Previously, program evaluation was slightly overlooked. However, our coalition recognizes the need for evaluation for current and new programs. Therefore, the coalition plans to review the programs which are ongoing and work to improve their evaluation tools and methods. The coalition also better recognizes the need for initial assessment and constant evaluation for new programs. Therefore, our coalition will also be thoroughly discussing the goals of each program and developing evaluation tools to best evaluate the specific goals of that program.

a. Motor Vehicle Safety- *Car Seat Program and Safe Kids*

The Child Passenger Certification training program, through Safe Kids, requires that their technicians complete a certification course and demonstrate knowledge and expertise in child passenger safety. When the technicians are working one-on-one with a community member and educating on how to properly install the safety seat, they must demonstrate to the technician comprehension of the skills and technique for properly installing the safety seat. While it is not an "evidence-based program," the CPS certification program is thought to be the standard across the globe.

b. Older Adult Falls- *Strong Women Program*

This is a nationally recognized, evidence-based, community exercise and nutrition program. It has been studied and reviewed by researchers for effectiveness over the years. One peer-reviewed study of the outcomes of the program is:

- Seguin RA, Heidkamp-Young E, Kuder J, & Nelson ME. Improved physical fitness among older female participants in a nationally disseminated, community-based exercise program. Health Education & Behavior, Apr 2012; 39(2):183-190.

At the JCHD, evaluations were performed pre and post session with class participants. Participants were tested using Senior Fitness and Agility Tests, and anthropometric measurements were taken to calculate BMI. The evaluations showed that all participants improved their upper body strength and aerobic endurance levels. The table on the following page provides additional information on the results of the pre and post Senior Fitness Test after an eight week program session.

Lower body strength	Upper Body Strength	Aerobic Endurance	Lower Body Flexibility	Upper Body Flexibility	Balance and Agility	BMI
25% of participants increased their LBS	100% of participants increased their UBS	100% of participants increased their AE	75% of participants increased their LBF	0% of participants increased their UBF	25% of participants increased their B&A	0% of participants decreased their BMI

c. Poisoning from drug overdose and other agents- *Teens Against Tobacco Use (TATU) Program*

Jessamine County offers the TATU program to the two local middle schools. The peer-led program reaches about 320-360 sixth graders each year, and each student exposed to multiple sessions throughout the year. The program includes a pre and post- program evaluation for the students. Prior to our coalition's formation, the American Lung Association's evaluation tool was used for the evaluation of the class, although the results of the student evaluations

did not lead to changes in the program, as they simply measured changes in student's knowledge about tobacco use. The last class to complete the program in Spring 2015 showed an increase in knowledge regarding side effects from smoking and the dangers of secondhand smoke. There was also an increase of nearly 20% of students who felt that youth could change the smoking laws, and a 4% increase in students who felt that youth could be non-smoking models for other kids. The program was changed by the Coordinator over the years to include new trends in Tobacco use, as they presented themselves. The Safe Communities process encouraged health department staff to take another look at the evaluation tool which was used, and to re-assess what measures needed to be evaluated with the program. After taking a closer look, the Tobacco Cessation Coordinator determined that instead of solely measuring information retention from the class, something which also needed to be assessed was behavior, or mindset, change as that was determined to be the goal of the TATU program for the 2015-2016 fiscal year. The initial evaluation tool is first below, and the updated one, to best reflect the needs/impact of the program follows. The updated evaluation tool was used with the first class in Fall 2015, and students have yet to complete the post-test for that session.

AMERICAN LUNG ASSOCIATION of Kentucky

T.A.T.U. Pre- and Post-Session Questionnaire

School: _____   Student Initials: _____

Date: _____

Please complete the following by marking your answer with an "X" in the box.

1. Youth can help change the smoking laws.
(A) Strongly Disagree (B) Disagree (C) Don't know (D) Agree (E) Strongly Agree

2. There is really nothing I can do about smoking.
(A) Strongly Disagree (B) Disagree (C) Don't know (D) Agree (E) Strongly Agree

3. Youth can be non-smoking models for other kids.
(A) Strongly Disagree (B) Disagree (C) Don't know (D) Agree (E) Strongly Agree

4. I can:
  a. Legally buy tobacco
  b. Make my own decisions about tobacco use
  c. Make others stop smoking
  d. All of the above

5. Smoking causes more deaths each year than:
  a. AIDS
  b. Alcohol
  c. Murder and suicide combined
  d. All of the above

6. The younger you are when you start smoking:
  a. The easier it is to quit
  b. The more likely you are not to smoke as an adult
  c. The harder it is to quit
  d. The more other kids will look up to you

7. Smoking causes
  a. Bad breath
  b. Cancer
  c. Heart disease
  d. All of the above

-over please-

8. Smoke from another person's cigarette:
  a. Can't hurt you
  b. Can hurt you
  c. Is good for you
  d. Is OK as long as you don't smoke

9. The tobacco companies use advertising to:
  a. Get more people to buy their brand
  b. Get more people of all ages to smoke
  c. Get more children to smoke
  d. All of the above

10. Ads for tobacco products are aimed at:
  a. Adults
  b. Minorities (African Americans, Hispanics, Asians, etc)
  c. Children
  d. All of the above

11. Most Americans:
  a. Smoke
  b. Don't smoke or use other tobacco products
  c. Use smokeless tobacco
  d. Smoke cigars

12. In the U.S., how many teenagers do you think smoke?
  a. Over 3/4 (three fourths)
  b. About ½ (one half)
  c. About 1/3 (one third)
  d. Less than 1/4 (one-fourth)

Please return your completed form to your workshop facilitator.

Thank you!

TATU Pre/Post Test

Date_____   Grade & School_____

Please complete the following by answering to the best of your knowledge:

1.) True or False: Tobacco use, in any form, has harmful effects on the body.

2.) True or False: Smokeless tobacco (dip, snus, dissolvable and E-Cigs) is less harmful than traditional smoking tobacco (cigarettes and/or cigars).

3.) Please select which system(s) of the body tobacco use can impact (circle all that apply):
    a. Circulatory System   b. Digestive System
    c. Respiratory System   d. Nervous System

4.) True or False: Tobacco Companies market or advertise directly to youth.

5.) True or False: The younger you are when you start smoking the easier it is to quit.

6.) True or False: Youth can be non-tobacco user role-models for other kids.

7.) True or False: Secondhand smoke or vapors are NOT harmful to others.

8.) Emphysema is a smoking related illness that (circle all that apply):
    a. Only happens after smoking for 25 years or more
    b. Is curable through oxygen or a lung transplant
    c. Can be deadly
    d. Causes shortness of breath, wheezing and coughing

9.) How likely are you to try the following tobacco products: (with 1 being highly unlikely and 5 being extremely likely). Please mark with an X.

	1	2	3	4	5
Cigarettes					
Dip					
E-Cigarettes					
Dissolvable tobacco					
Hookah					
Snus					

10.) On the lines below, please write two things you liked about the TATU program._____
_____
_____

d. Workplace Safety- *Workplace Tobacco Policy and Usage*
Since 2002, the University of Kentucky Department for Public Health and the Jessamine County Health Department has been conducting a bi-annual Tobacco policy survey to assess the changes in workplace tobacco use. In 2002, 57% of workplaces surveyed reported permitting smoking inside of their company, whereas in 2010, only 25% reported allowing smoking inside of their establishment. Businesses have also increased the availability of resources for employees who wish to quit smoking. 57% of businesses surveyed in 2002 reported providing resources for employees who wanted to quit smoking, whereas in 2010, 100% of businesses surveyed reported providing resources. A copy of the 2010 survey and results is located in Appendix D. 2014 facility inspection reports of Jessamine County businesses showed that 95% of establishments inspected were smoke-free facilities.

e. Violence/Suicide Prevention- School Suicide Prevention Training and Awareness
Annually, the state of Kentucky mandates school officials to provide suicide prevention and awareness training for all middle and high school students. Jessamine County Schools completes this training at the beginning of each school year. Students are also required to sign the Code of Conduct, which includes a section on anti-bullying.

The Health Department is currently looking into opportunities to implement evidence-based programs targeting anti-bullying for the community, and the coalition recently received a list of local suicide prevention training and resources. We plan to explore both avenues to create the most effective opportunities for our community.

f. Emergency Preparedness- *School Summer Emergency Response Training*
The emergency response training at the schools is a community effort. The trainings are all evaluated in two ways: response time and appropriateness of response to the situation. The participants are pre and post tested in these areas after they receive education and training on the situations presented.

The Jessamine County Safe Communities Coalition recognizes the need for further evaluation and additional methods for assessing the effectiveness of our programs. We plan to work to collect further data and information that will assist us in evaluation in the future.

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Appendix A
Meeting Minutes from January 28th, 2015

Safe Communities Committee Meeting
Meeting Minutes

Date of Meeting: Wednesday, January 25th, 2015. 1-2 pm

Location of Meeting: Jessamine County Health Department Community Room

Present: Randy Gooch, JCHD; Donna Givens, Jessamine County Schools, Kelli Canup, Jessamine County Schools; Tricia Atchison, KentuckyOne Health; Dawn Jett, JCEMS; Mark Case, Jessamine Co Fire District; Kevin Corman, Jessamine County Sheriff; Michael Hughes, Jessamine County Coroner; Jason Dotson, KY Dept of Health; Lindsay Ames, JCHD; Tina Muse, Providence School; Shana Peterson, JCHD; Ellie Parker, Bluegrass Prevention; Barry Waldrop, Nicholasville Police; April Jenkins, Jessamine County EMS; Jamie Goodpaster, Jessamine County EMS, Pat Glass, Jessamine County Schools; Lauren Lane, JCHD

Agenda Topics:
Welcome/Announcements
- Introductions of Everyone for New Members. Ellie will be leaving to move to Minnesota and will be missed!
- Members encouraged to review meeting minutes from October meeting.
- Donna Givens- strategic visioning meetings with schools- would like community partners and parents to participate- contact Sylvia Decker 885-4179
- Randy- we have started on the Safe Communities Application itself. Thanks to everyone who has participated with providing program information and for serving on the committee and work groups. We are always looking for additional members/agencies to join.

Action Items: Members to look over October meeting minutes and submit any changes they have.

Work Group Updates
1. *Workplace Safety and Falls:* Jessamine County has a higher rate of occupational fatalities (12/100,000) compared with the state of Kentucky (8/100,000) and the national average (5/100,000). The HD has put out a survey to worksites, which includes questions regarding employee safety and incidence of on-the-job injuries over the past two years. This will help identify additional safety professionals in the area to collaborate with and add to a community safety team, which will help businesses and homes identify safety and fall risks. The work group will also be focusing on CPR/First Aid certification for transportation professionals with the school district and potentially for students as well.

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2. *Drug Overdose and Suicide Prevention:* Shana gave a presentation on ASAP (Agency for Substance Abuse Prevention), which has merged with the work group and added suicide prevention as a focus area of the group, and is now called Jessamine County ASAP Board and Safe Communities Committee. **Summary of ASAP's History:** ASAP was brought together to bring prevention, treatment, and enforcement funding to the county to address the use and misuse of tobacco, alcohol, and other drugs through the Office of Drug Control Policy. Their vision is "A healthy Jessamine County." The 5 goal areas which they address are: 1) E-Cigarettes 2) Binge Drinking 3) Marijuana 4) Prescription Drugs/Heroin 5) Suicide. Some of the activities which are being completed or in progress: launching/updating website and Facebook page, partnering with Jessamine Journal to write articles, training youth representatives from high schools who will give presentations to adult groups, and the development of local resource guide of available programs for suicide prevention/intervention services.

3. Motor Vehicle Safety and Preparedness: Lauren presented data on Jessamine County motor vehicle injuries over the past two years. 47% of accidents were due to distracted driving (defined as cell phone use, inattention, distracted driving). Of those accidents, 23% were drivers <22 years of age. Additionally, 49% of accidents with drivers <22 years of age were related to distracted driving of some form. The work group identified teenage distracted driving as an area of focus for programs and initiatives. The group has met with student councils at both high schools, and they are interested and excited about the potential for the program. The work group would like the students to take the lead on the projects and initiatives, including, but not limited to PSA's, campaigns, surveys, and signs. The group would like to increase awareness of KY cell phone use laws, as well as decrease distracted driving accidents with the driver population <22 years of age over the next two years.

- It was noted that each group is working with the schools and have significant student involvement in projects, some very much so student-directed with projects and initiatives. The partnerships that have been formed between the community agencies are essential and will be one of the reasons these programs and initiatives are/will be so successful. Continue reaching out to additional community agencies to bring in more partners to the Committee as well.
  Action Items: None

Future Meetings & Timeline
- A rough draft of the Safe Communities Application will be completed by end of the February, revised, and then submitted in March, ideally during the first couple weeks.
- Next meeting will be the last week of February.
- For the application, we will need each agency to provide more specific information on each of the programs which they sent us names/information for this past fall. We will be contacting you with the programs that you provided us with, and what additional information we would like to include in the application.
  Action Items: Randy and Lauren will be compiling information about all programs/events offered by the agencies, and will be sending out emails with specific details on what additional information we need for the application. They will then complete the rough draft of the application, which will be reviewed at the next meeting.

Next Meeting: End of February to review Safe Communities Application. A doodle poll has already been sent out. The final date and time will be sent out next Monday.

210 East Walnut Street, Nicholasville, Kentucky 40356
Medical 859-885-4149 Environmental 859-885-2310
Medical Fax 859-885-1863 Environmental Fax 859-887-3683
www.myjchd.org

Safe Communities Committee Meeting
Meeting Minutes

Date of Meeting: Friday, March 20th, 2015. 1-2 pm

Location of Meeting: Jessamine County Health Department Community Room

Present: Randy Gooch, JCHD; Donna Givens, Jessamine County Schools; Shana Peterson, JCHD; Tricia Atchison, KentuckyOne Health; Kelly Tudor, KentuckyOne Health; Mary Carpenter, DCBS; Michael Hughes, Jessamine County Coroner; Lesia Chaffins, JCHD; Justin Ray, Magistrate/JCHD Board, Lauren Lane, JCHD.

Agenda Topics:
Welcome/Announcements
- Introductions of Members. Welcome Kelly, from KentuckyOne Health.
- Moment of silence for Officer Burke Rhoads
- Review 1/29/15 meeting minutes- Shana motioned to approve minutes, Michael Hughes seconded the motions. Minutes approved.
- SCALE grant update given by Lauren Lane- Pacesetter community application through the Robert Woods Johnson Foundation- did not make the list of finalist communities for the grant. Will keep looking for opportunities

Application update/approval
- Sent out to committee members this past week, please review, encouraged members to review for content and grammatical changes.
  Action Items: Members to review and return changes for application. Will revise, update, and add to the program evaluations, and Lauren Lane will send out final rough draft for revisions to the committee.

Strength Building Exercise
- Application additions, deletions, or corrections or any community partners who were overlooked from the application
  1) Change spelling of Tricia Atchison name
  2) Add Kelly Tudor to list and to Workplace safety/Adult Falls subcommittee
  3) Replace Jonathon Kleppinger with Ben Kleppinger
- What can we do to make the coalition stronger?
  1) Charter/Bylaws

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2) Letter of commitment from Agencies/partners

3) Expansion to a Health and Safe Community Coalition

4) Marketing and Advertising Efforts

5) More employer involvement

6) Newsletter to community highlighting what has been going on, upcoming plans

7) Grant receipts- Goal of 2-3 per year

8) Quarterly updates for annual report

9) Call tree for HD emergencies

- Create a charter, bylaws; letter of commitment from all of the partners who have representation on the safe communities committee; change to a health and safety coalition; bring in more medical providers; call tree for HD emergencies-> have a the partners have a copy of the tree to provide information on how to contact us; market or advertise efforts- monthly piece in Jessamine Journal to highlight a program from a SC partner- piece in weekly Tuesday Tidbits Chamber newsletter; webpage? Annually decide what we need to focus on monthly.; quarterly updates to include with the annual report; grant receipts and funding for coalition- 2-3 grants per year to apply for; more employer involvement

- Other stakeholders/partners to include:

1) Community residents

2) Jessamine counseling (bluegrass.org)

3) Extension representative

4) Court Judges

5) Kids (x2)

6) YMCA

7) Jessamine Journal (with new Editor Ben Kleppinger)

8) Parks and Recreation

9) Employer Representatives- including RJ Corman, McLane Cumberland, Alltech, etc

10) Nursing home & senior living representatives

11) Daycare representatives

12) Homeowners associations

13) Fishing and wildlife professionals (hunting safety)

- How to make meetings more effective?

1) Annual meeting to review and applaud subcommittee efforts

2) Program presentations from partners x3

3) State or national speakers

4) Host meeting at different member locations

5) Subcommittee updates at each meeting

6) Clear goal/purpose moving forward after safe community designation

7) Guest speakers from community and stakeholders

8) Data presentations (KIPRC, universities, etc)

9) legislative updates

Action Items: Lauren will update application based upon suggested revisions; Randy will create a google doc with recommendations/suggestions given during meeting to the whole committee. Members, please add any further recommendations that you may have.

Future Meetings & Timeline

- Should we set a certain time each quarter, or doodle polling- doodle poll for what would be your availability- second, third, or fourth Wednesday of the month- list in priority order

- Revisions and 2nd draft of application will be completed within the next few weeks and sent out to the committee members for final review before submission to Safe Communities.
  Action Items: Lauren Lane will send out doodle poll for standing meeting time, as well as revised Safe Communities draft to the committee.

Next Meeting: Plan to set a standing meeting time, either the 2nd, 3rd or 4th Wednesday of the month. Please be on the lookout for the doodle poll.

Jessamine Health: County's smoking rate is among highest in region as officials continue to press for a workplace ban

By Jonathan Kleppinger jkleppinger@jessaminejournal.com | Posted: Wednesday, August 6, 2014 1:54 pm

As a state, Kentucky is known more for its unhealthy habits than its healthy ones, with poor rankings nationwide for smoking, obesity and dental care. Jessamine County generally fares well in health categories when compared to the other 119 counties, ranking 10th for health outcomes and 23rd for health factors in the 2014 County Health Rankings. But how is the county really doing when it comes to specific health issues? In this four-week "Jessamine Health" series, The Jessamine Journal will look closely at a few of the many factors that impact the overall health of the community.

The first week of the series features stories about motor-vehicle collisions and the smoking rate in Jessamine County.

Jessamine County Smoking Rate

Above are the adult smoking rates for Jessamine and its surrounding counties, according to Behavior Risk Factor Surveillance System data from 2006-2012.

In 2011, the governments of Jessamine County, Nicholasville and Wilmore each discussed implementing a county-wide smoking ban for businesses. And after hearing public input, each decided to let the issue fall without action.

Three years later, the smoking rate in Jessamine County is still a black eye in the central-Kentucky region. But public-health officials hope the tide of public opinion is turning after a widely publicized poll that showed support for a ban earlier this year.

A total of 27 percent of adults in Jessamine County smoke, according to the most recent data compiled by the Behavior Risk Factor Surveillance System (BRFSS). The County Health Rankings, which provide data nationwide, used BRFSS data from 2006-2012 to find the rates and rank counties. Jessamine County's smoking rate was 30 percent for 2005-2011.

Jessamine County's most recent rate is right in line with the state average, but the state as a whole regularly ranks dead last in the nation — the Jessamine rate of 27 percent is in the bottom 15 percent of counties nationwide. A 2014 report from the Office of the Surgeon General estimates that 11.7 percent of Kentuckians 17 and under will die prematurely because of a smoking-related illness, citing mortality rates and a 36.5-percent smoking rate among those ages 18-30. The only state with a higher percentage was West Virginia at 12.3.

Regionally, Jessamine lags behind each of its five neighboring counties, with a rate almost twice that of Woodford County's 14 percent and well above the 16 percent in Fayette County to the north.

Local public-health director Randy Gooch says he believes one reason for the higher rate is that Jessamine County is behind the curve in implementing a smoking ban; three of the neighboring counties with lower rates have had smoke-free regulations in place for at least six years. He said many visitors from central Kentucky are surprised to encounter smoke in Jessamine County restaurants.

"I think more people here are coming to expect a smoke-free environment because of what they experience when they go to Lexington or these surrounding counties," Gooch said. "I've actually received calls where they've told me, 'Hey, I walked into this restaurant and it just reeked of smoke, and while I was sitting there eating, somebody lit one up behind me.' And I'm like, 'I'm sorry — they still have the right to do that.'"

But the dining establishments that still allow smoking in Jessamine County are the exception, not the rule. Out of 212 facilities inspected by the Jessamine County Health Department in 2013, only 12 allowed smoking.

Gooch said he hoped a county-wide smoking ban in Jessamine County would cover not only dining establishments but all indoor workplaces, citing potential dangers of secondhand smoke. He said the rights of business owners should be held equally with the rights of customers.

"We don't want anybody to be smoking or to be taking in toxins and poisons that are going to affect their health negatively, but one of the big things we want with this smoke-free policy is certainly to protect those individuals that choose not to be affected by those toxins," Gooch said.

"Everybody has a personal choice in America right now, and we certainly understand their right to have that personal choice in utilizing legal products. We just want to make sure that we protect all of those individuals that don't want to be exposed to those toxins and poisons and make sure they still have the right to do business in any areas that they want to."

A possible smoking ban was the main topic of an intergovernmental meeting in February 2011, and the Nicholasville City Commission, Jessamine County Fiscal Court and Wilmore City Council each followed up by hosting a forum on the subject. But the issue never made it to a vote before any of the three bodies; Wilmore council members surprised Mayor Harold Rainwater — a vocal supporter of the ban — by standing firmly that the issue should not be legislated.

"Quite frankly, I doubt if Wilmore will pursue it (again)," Rainwater said this week. "I think if the whole county did — Nicholasville did and the county did — then I think Wilmore might ride that, but I don't think we're going to be the initiators of it."

Smoke-free advocates hope that joint effort will come to fruition as public opinion turns in favor of a county smoking ban. An Asbury University poll conducted on behalf of the Jessamine County Health Department in fall 2013 showed that 66.2 percent of local residents supported a county law to ban smoking in workplaces — an approximately 10-percent increase from the last polling, done by the University of Kentucky in 2006.

Susanna Moberly was the main voice for the Smoke-Free Jessamine Coalition during smoking-ban discussions in 2011. Moberly said the coalition became less active as support for a statewide ban mounted, but she said a local ordinance is still the best way to move forward and stay ahead of state mandates.

"Once you have an ordinance that governs your specific city, it's really not possible for the state to overthrow that," Moberly said. "So we could make the local ordinance govern the policies that we think are best for our specific city, and then once something is enacted, whether it's at the same degree of legislation or not with the state, you are really not overthrown with a local ordinance."

Nicholasville Mayor Russ Meyer said he hoped the smoking-ban discussion would be revived among the three governments but not without concern for special cases, the most obvious being Jake's Cigar Bar and Lounge in Brannon Crossing.

"There need to be local provisions discussed, because one thing you don't want to happen is a small business being put out of business because of a ban," Meyer said. "Take any local small-business person that's gone out and taken risks — you don't want to see them go out of business."

Jessamine County Judge-Executive Neal Cassity said he could sense the tide of public opinion turning in favor of a ban, but he also said the many restaurants and businesses that had decided to go non-smoking on their own had been a "positive thing" for the fiscal court and the county.

Cassity and Meyer will not be at the helm of local government come January — Cassity will retire, and Meyer is a candidate for one of Jessamine County's two state-representative seats. Gooch said he already had plans to get the Asbury University survey into the hands of newly elected leaders after the November election.

In the meantime, Gooch says there are benefits for businesses to reap from going smoke-free, with some reports estimating Kentucky businesses could save billions of dollars annually through long-term productivity and lower health-care costs.

"A lot of employers are to be given credit, because a lot of them have gone smoke-free on their own, and we applaud their efforts to do that, and I hope that they do see the benefits and experience a greater level of productivity because they have chosen to go smoke-free," Gooch said.

Jessamine County Chamber of Commerce Opinions on Public Smoking

No Smoking Allowed

90% do not permit smoking inside of their businesses

Against Smoking Indoors In Public Places

62-66% favor state laws

72-77% favor local ordinances

47.7% believe restrictions would have no effect on new businesses coming to Jessamine County

31.4% believe restrictions would attract new businesses to Jessamine County

19.9% believe restrictions would discourage businesses from coming to Jessamine County

JCHD

Results from Chamber of Commerce Sample (n=80), December 2013
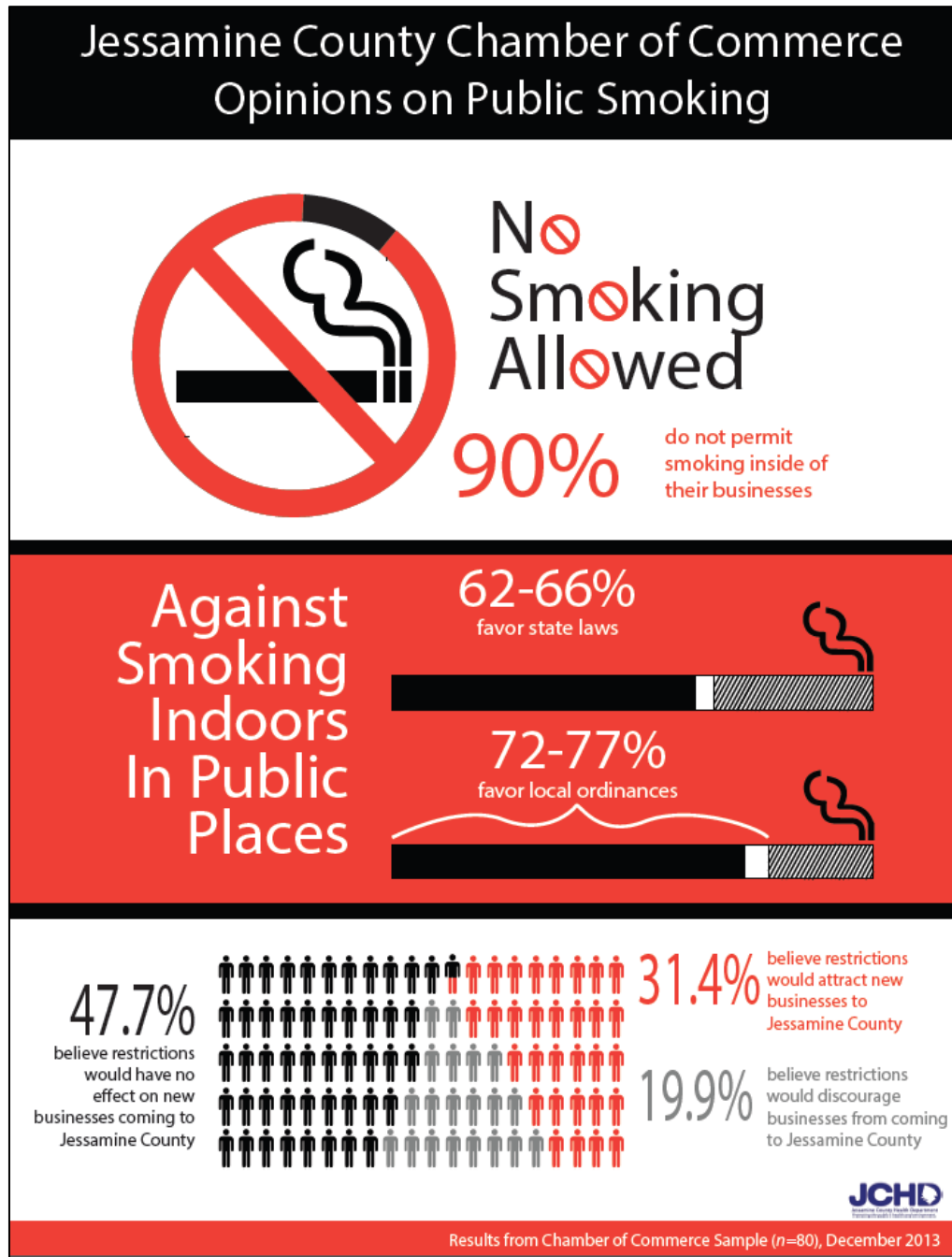
Jessamine County Residents' Opinions on Public Smoking

"Secondhand smoke is associated with health conditions."

- Strongly Agree
- Agree
- Strongly Disagree
- Disagree
- No Response

yes   no

Should Jessamine County adopt a county law so that all public buildings (workplaces) have a smoke-free environment?

68.4%	Republicans	31.3%
69.4%	Democrats	30.1%
66.2%	Total	33.3%

JCHD
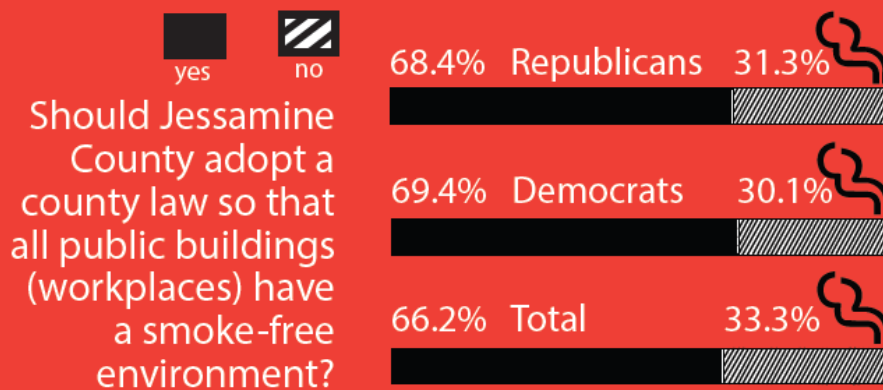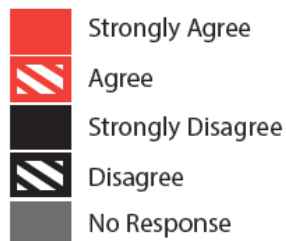
Results from Jessamine County Residents' Opinion Poll

Appendix D
Jessamine County Workplace Tobacco Policy Study, 2010

The Kentucky Department for Public Health
University of Kentucky College of Nursing
Jessamine County Workplace Tobacco Policy Study, 2010

	Jessamine N = 8		Kentucky N = 562	
Demographic Information				
1. How many employees do you have?	n =	8	n =	562
	Mean =	178	Mean =	243
2. About what percentage of your employees are male?	n =	8	n =	524
	68.8%		69.3%	
3. About what percentage of your employees are female?	n =	8	n =	522
	31.3%		30.8%	
4. About what percentage of your employees are under 18 years of age?	n =	8	n =	516
	0.00%		0.05%	
5. About what percentage of your employees are	n =	3	n =	498
a. Caucasian	75.0%		84.1%	
b. African American	11.7%		10.7%	
c. Hispanic	10.0%		6.1%	
d. Asian	5.0%		2.3%	
e. Other	0.0%		3.1%	
Smoking Policy/Environment				
6. Does your company have a written smoking policy?	n =	8	n =	554
Yes	8	100.0%	470	84.8%
7. [For companies without a written policy] Does your company have a smoking policy that is not in writing?	n =	0	n =	82
Yes	0	0.0%	72	87.8%

	Jessamine N = 8		Kentucky N = 562	
8. How is the company policy communicated?	n =	8	n =	552
a. Employee handbook	4	50.0%	378	68.5%
b. Hallways	0	0.0%	73	13.2%
c. Offices	0	0.0%	56	10.1%
d. Restrooms	0	0.0%	50	9.1%
e. Administrative offices	0	0.0%	37	6.7%
f. Not communicated	0	0.0%	4	0.7%
g. At time of hire/orientation	5	62.5%	364	65.9%
h. Signs/bulletin boards	6	75.0%	284	51.4%
i. Electronic newsletter	1	12.5%	23	4.2%
j. Other	0	0.0%	89	16.1%
9. Are employees permitted to smoke inside your company?	n =	8	n =	557
Yes	2	25.0%	107	19.2%
10. [For companies allowing indoor smoking] Is indoor smoking restricted to specified indoor areas?	n =	2	n =	103
Yes	2	100.0%	96	93.2%
11. [For companies allowing indoor smoking] Does the policy, written or unwritten, specify which indoor areas are smoking areas?	n =	2	n =	102
Yes	2	100.0%	80	78.4%
No	0	0.0%	14	13.7%
Does not have a policy, written or unwritten	0	0.0%	8	7.8%

12. [For companies allowing indoor smoking] Are indoor smoking areas separately enclosed and ventilated?		n = 2	n = 101
All		0 0.0%	43 42.6%
Some		0 0.0%	17 16.8%
None		2 100.0%	37 36.6%
I don't know		0 0.0%	4 4.0%
13. [For companies allowing indoor smoking] Does the smoking policy specify which indoor areas are separately ventilated for smoking?		n = 2	n = 98
Yes		0 0.0%	33 33.7%
No		2 100.0%	51 52.0%
Does not have a policy, written or unwritten		0 0.0%	14 14.3%
14. [For companies allowing indoor smoking] Where is indoor smoking permitted?		n = 2	n = 112
a. Cafeteria		0 0.0%	17 15.2%
b. Break rooms		0 0.0%	36 32.1%
c. Personal offices		0 0.0%	8 7.1%
d. Conference rooms		0 0.0%	5 4.5%
e. Bathrooms		0 0.0%	8 7.1%
f. Work area/plant floor		1 50.0%	28 25.0%
g. Smoking rooms		1 50.0%	35 31.3%
h. Other		0 0.0%	0 0.0%
15. Are employees permitted to smoke outside your company?		n = 8	n = 554
Yes		7 87.5%	522 94.2%
16. [For companies allowing outdoor smoking] Where is outdoor smoking permitted?		n = 7	n = 522
a. Anywhere outside		0 0.0%	96 18.4%
b. Designated areas outside		7 100.0%	405 77.6%
c. Other		0 0.0%	21 4.0%
17. [For companies allowing outdoor smoking] Does the smoking policy, written or unwritten, specify which outdoor areas are smoking areas?		n = 7	n = 516
Yes		7 100.0%	356 69.0%
No		0 0.0%	134 26.0%
Does not have a policy, written or unwritten		0 0.0%	26 5.0%
18. [For companies allowing outdoor smoking] Are outdoor smoking areas enclosed?		n = 7	n = 516
No		5 71.4%	426 82.6%
19. Is smoking permitted during work hours?		n = 8	n = 555
Yes		8 100.0%	489 88.1%
20. [For companies permitting smoking during work hours] Does the smoking policy, written or unwritten, specify when smoking is permitted?		n = 8	n = 478
Yes		7 87.5%	328 68.6%
No		1 12.5%	127 26.6%
Does not have a policy, written or unwritten		0 0.0%	23 4.8%

Smoking Policy Compliance/Enforcement

	n = 8	n = 560
25. To what extent do employees comply with the existing smoking policy?		
a. All of the time	5 62.5%	349 62.3%
b. Some of the time	1 12.5%	38 6.8%
c. Most of the time	2 25.0%	165 29.5%
d. Never	0 0.0%	0 0.0%
e. Does not have a policy, written or unwritten	0 0.0%	8 1.4%

	n = 8	n = 562
26. Who enforces the smoking policy for employees? (Fill in all that apply)		
a. Immediate supervisor	6 75.0%	426 75.8%
b. Manager	4 50.0%	364 64.8%
c. Security	1 12.5%	44 7.8%
d. Peers	1 12.5%	78 13.9%
e. Others	1 12.5%	76 13.5%
f. Does not have a policy, written or unwritten	0 0.0%	11 2.0%

	n = 8	n = 562
27. For a first time offense, what action is taken when an employee violates the smoking policy? (Fill in all that apply)		
a. Verbal reprimand	6 75.0%	383 68.1%
b. Written reprimand	3 37.5%	95 16.9%
c. Participation in smoking cessation / educational program	0 0.0%	1 0.2%
d. Other	0 0.0%	106 18.9%
e. Does not have a policy, written or unwritten	0 0.0%		

	n = 8	n = 496
21. [For companies permitting smoking during work hours] When is smoking permitted?		
a. Anytime	1 12.5%	68 13.7%
b. Before work	5 62.5%	242 48.8%
c. Break time	8 100.0%	421 84.9%
d. Lunch time	8 100.0%	414 73.7%
e. After work	4 50.0%	235 47.4%
f. During meetings	0 0.0%	3 0.6%
g. After work functions	0 0.0%	29 5.8%
h. Other times	0 0.0%	13 2.6%

	n = 8	n = 555
22. Are No Smoking signs posted at your company?		
Yes	7 87.5%	484 87.2%

	n = 8	n = 544
23. Do employees smoke in company vehicles?		
Yes	1 12.5%	126 23.2%
No	5 62.5%	329 60.5%
Does not have company vehicles	2 25.0%	89 16.4%

	n = 6	n = 448
24. Does the smoking policy, written or unwritten, specify if smoking is permitted or not in company vehicles?		
Yes	4 66.7%	234 52.2%
No	2 33.3%	178 39.7%
Does not have a policy, written or unwritten	0 0.0%	36 8.0%

28. For a second time offense, what action is taken when an employee violates the smoking policy? (Fill in all that apply)	n = 8		n = 562	
a. Verbal reprimand	1	12.5%	72	12.8%
b. Written reprimand	7	87.5%	353	62.8%
c. Day off without pay	1	12.5%	10	1.8%
d. Participation in smoking cessation or education program	0	0.0%	5	0.9%
e. Other	1	12.5%	125	22.2%
f. Does not have a policy, written or unwritten	0	0.0%	21	3.7%
29. For 3 or more offenses, what action is taken when an employee violates the smoking policy? (Fill in all that apply)	n = 8		n = 562	
a. Verbal reprimand	0	0.0%	22	3.9%
b. Written reprimand	1	12.5%	94	16.7%
c. Day off without pay	1	12.5%	34	6.0%
d. Participation in smoking cessation or education program	0	0.0%	5	0.9%
e. Mandatory smoking cessation program	0	0.0%	1	0.2%
f. Suspension from work	1	12.5%	122	21.7%
g. Termination	3	37.5%	185	32.9%
h. Never happens	2	25.0%	76	13.5%
i. Other	1	12.5%	72	12.8%
j. Does not have a policy, written or unwritten	0	0.0%	26	4.6%
30. Who do employees contact if they have compaints about people violating smoking restrictions? (Fill in all that apply)	n = 8		n = 562	
a. Immediate supervisor	7	87.5%	406	72.2%
b. Health and safety personnel	1	12.5%	76	13.5%
c. Risk manager	1	12.5%	36	6.4%
d. Human resources	5	62.5%	305	54.3%
e. Manager	4	50.0%	174	31.0%
f. Other	0	0.0%	35	6.2%

Smoking Cessation

31. Does your company provide resources to employees who want to quit using tobacco products?	n = 8		n = 560	
Yes	8	100.0%	423	75.5%
33. Who provides the smoking cessation servies? (Fill in all that apply)	n = 8		n = 425	
a. Company nurse	0	0.0%	18	4.2%
b. Community resource person	0	0.0%	14	3.3%
c. Employee Assistance Program	2	25.0%	122	28.7%
d. Insurance Company Program	2	25.0%	181	42.6%
e. Hospital/Health Department	1	12.5%	91	21.4%
f. Physicians/Other Health Care Professionals	0	0.0%	15	3.5%
g. Human Resources	0	0.0%	36	8.5%
h. Other	3	37.5%	58	13.6%

Availability of Tobacco Onsite

34. Are cigarettes sold on company property?	n = 8		n = 561	
Yes	0	0.0%	4	0.7%
35. [For companies selling cigarettes on company property] How are cigarettes sold? (Fill in all that apply)	n = 0		n = 5	
a. Company store	0	0.0%	0	0.0%
b. Vending machines	0	0.0%	1	20.0%
c. Other	0	0.0%	0	0.0%

32. What resources are available? (Fill in all that apply)	n = 8	n = 425
a. Cooper-Clayton Method to Stop Smoking	1 12.5%	87 20.5%
b. Fresh Start (American Cancer Society)	1 12.5%	7 1.6%
c. Freedom from Smoking (American Lung Association)	0 0.0%	2 0.5%
d. Make Yours a Fresh Start Family (American Cancer Society)	0 0.0%	1 0.2%
e. Employee Assistance Program	2 25.0%	187 44.0%
f. Telephone Quit Line	0 0.0%	50 11.8%
g. Self-Help Booklets/Posters	1 12.5%	37 8.7%
h. Counselor	0 0.0%	20 4.7%
i. Computer/On-line Help	0 0.0%	30 7.1%
j. Doctor/Other Health Care Professional	0 0.0%	25 5.9%
k. Insurance	2 25.0%	228 53.6%
l. Other classes	2 25.0%	20 4.7%
m. Reimbursements/Incentives	2 25.0%	60 14.1%
n. Other	2 25.0%	82 19.3%
40. How interested are you in receiving assistance on effective smoking cessation programs?	n = 8	n = 557
a. Very interested	1 12.5%	113 20.3%
b. Somewhat interested	4 50.0%	156 28.0%
c. Not interested	3 37.5%	288 51.7%
Spit Tobacco Policy		
41. Which of the following best describes your company's official policy on spit (smokeless) tobacco for indoor common areas such as lobbies, rest rooms, and lunch rooms?	n = 8	n = 561
a. Not allowed in common areas	6 75.0%	354 63.1%
b. Allowed in some common areas	1 12.5%	63 11.2%
c. Allowed in all common areas	0 0.0%	37 6.6%
d. Other	0 0.0%	30 5.3%
e. No official policy	1 12.5%	77 13.7%
42. Which of the following best describes your company's official policy on spit (smokeless) tobacco for work areas?	n = 8	n = 559
a. Not allowed in work areas	6 75.0%	379 67.8%
b. Allowed in some work areas	1 12.5%	51 9.1%
c. Allowed in all work areas	0 0.0%	42 7.5%
d. Other	0 0.0%	13 2.3%
e. No official policy	1 12.5%	74 13.2%

Perceptions of Policy/Interest in Assistance

36. Does your smoking policy mention anything about the consequences of tobacco, secondhand smoke or about protecting the health of others?	n = 8	n = 552
Yes	1 12.5%	134 24.3%
No	7 87.5%	396 71.7%
Does not have a policy, written or unwritten	0 0.0%	22 4.0%
37. How satisfied are you with your current smoking policy?	n = 8	n = 560
a. Very satisfied	3 37.5%	271 48.4%
b. Somewhat satisfied	2 25.0%	119 21.3%
c. Satisfied	2 25.0%	123 22.0%
d. Not satisfied	1 12.5%	38 6.8%
e. Does not have a policy, written or unwritten	0 0.0%	9 1.6%
38. Are you contemplating changes in your smoking policy?	n = 8	n = 558
No	6 75.0%	468 83.9%
39. How interested are you in receiving assistance on changing your smoking policy?	n = 8	n = 554
a. Very interested	0 0.0%	38 6.9%
b. Somewhat interested	3 37.5%	84 15.2%
c. Not interested	5 62.5%	432 78.0%
43. If your company has an official spit tobacco policy, how often is it enforced?	n = 8	n = 554
a. Always enforced	4 50.0%	352 63.5%
b. Sometimes enforced	3 37.5%	63 11.4%
c. Never enforced	0 0.0%	9 1.6%
d. Other	0 0.0%	10 1.8%
e. Does not have a policy, written or unwritten	1 12.5%	120 21.7%
44. Would you send us a copy of your spit tobacco and/or smoking policy if you have them?	n = 8	n = 547
Yes	7 87.5%	191 34.9%
No	1 12.5%	262 47.9%
Does not have written policies	0 0.0%	94 17.2%

Company Support/Community Involvement

45. Does your company have an employee wellness or health promotion program (e.g. health education services, activities, classes, workshops, lectures, individual counseling or wellness information)?	n = 8	n = 553
Yes	5 62.5%	362 65.5%
No	2 25.0%	181 32.7%
Don't know	1 12.5%	10 1.8%
46. Do your company health insurance plans cover all or part of the cost of the following? (Fill in all that apply)	n = 8	n = 562
a. Pharmaco-therapies for smoking cessation (e.g. Wellbutrin, Zyban, patches/gum, etc.)	7 87.5%	332 59.1%
b. Behavorial counseling or classes for smoking cessation	8 100.0%	232 41.3%
47. Does your company have community outreach or funding programs for community projects?	n = 8	n = 549
Yes	5 62.5%	284 51.7%

Miscellaneous				
48. Does the manufacture of your products involve flammable materials?	n =	8	n =	554
Yes		7 87.5%		329 59.4%
49. Do your employees belong to a union?	n =	8	n =	560
Yes		0 0.0%		120 21.4%
Manufacturing Facility Participation Rate		66.7%		69.1%