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*All information provided in this document represents July 1, 2015-June 30, 2016.
Our Women, Infants and Children (WIC) Supplemental Nutrition Program is one of the largest in the state. We provide nutritious foods, nutrition education and referrals to other services for low-income women, infants and children up to age 5.

Breastfeeding education and support are also essential services of this program. We promote breastfeeding as an optimal way to feed infants for at least the first year of life.

The WIC Program successfully finished the farmer’s market mini-grant issued by the Kentucky Department of Public Health. WIC nutritionists visited several local farmer’s markets, giving out Bluegrass Farmer’s Market vouchers, plant kits, coloring sheets, and bus passes to help increase the sustainability of the farmer’s market.

A strategic goal for medical nutrition therapy (MNT) was to increase participation from 40 participants to 120. THIS GOAL WAS MET AND SURPASSED. MNT EXCEEDED THE GOAL WITH 126 PARTICIPANTS.
We are committed to making sure the children of first-time parents have the best possible start in life.

Our HANDS Program, or Health Access Nurturing Development Services, is a free voluntary home visitation program designed for moms and/or dads with one or more risk factors for drug abuse, child abuse, domestic violence, anger management, housing and employment stability or parent-infant bonding. HANDS home visitors meet with families on a weekly basis beginning in early pregnancy and continuing until the child reaches two years of age. We work with families to link them to early prenatal care and support them in parenting, child development, parent-infant bonding, stress and anger management, discipline, and limit-setting with toddlers, and in reaching small and large successes in parenting. The four main goals of the program are positive pregnancy outcomes, safe and healthy homes, family self-sufficiency, and optimal child growth and development.

We value maintaining a strong presence in the community in order to eliminate health inequities.

Our Community Health Equity and Education (CHEE) team offers and participates in cultural diversity workshops, health fairs, events and community partnerships to raise awareness for, and eliminate health inequities.

HANDS SUCCESS STORIES

Thanks to the encouragement of a refugee family’s HANDS home visitor, both parents are now in school at Kentucky State University pursuing their dreams of becoming nurses. They both directly credit Suzette, FSW, and the HANDS program for helping them believe in themselves.

Laura, another HANDS home visitor, has a family with numerous issues that she has been seeing. The mother struggled with the basic parenting skills so many take for granted. Laura worked with the parents on parenting skills, bonding cues and communication, and other key components of basic care. In the past the father had the majority of the interaction with the baby during the supervised sessions. But, at the most recent visit, the mother actually asked questions about how to care for her baby for the first time. She kissed her baby! This was a huge step forward for this family.

POSTPONING SEXUAL INVOLVEMENT (PSI) PROGRAM

The program reaches out to youth in schools to focus on the risks and consequences of early sexual involvement and provide lessons about birth control, Sexually Transmitted Infections (STIs), HIV/AIDS and refusal skills building. This program reached 1,723 middle, elementary, high school and nontraditional students in the Juvenile Detention Center, Learning Center at Linlee, and William Wells Brown Community Center youth groups. Over the past 17 years, the program has also been incorporated in the University of Kentucky Public Health and Health Promotions class. Students most often say that teaching PSI is the best and most fun part of the class.

We educate on the dangers of tobacco use and help individuals stop using tobacco.

Angela Brumley-Shelton was one of two tobacco coordinators in Kentucky that March of Dimes sponsored to become Master Trainers for SCRIPT (Smoking Cessation and Reduction in Pregnancy Treatment). She will be training providers who work with pregnant women to use the intervention in their own programs.

We developed a media campaign to increase awareness about thirdhand smoke. We aired 125 television spots, making approximately 3,161,000 impressions. The spots reached 95% of the Fayette County population 5 times.

In our thirdhand smoke campaign digital marketing efforts, we reached over 20,000 residents, targeting mothers in the area.

CHILD CARE IMMUNIZATION AUDITOR PROGRAM

The program AUDITED 206 child care centers, preschools, and private schools to ensure children have valid immunization certificates on file. Staff identified and assisted 774 children who were not in compliance.

HEPATITIS B PROGRAM

The program received and processed 3,962 children’s hepatitis B forms.
We can help individuals prevent and manage diabetes.

We aim to reduce new cases of diabetes and encourage behavior changes for those living with pre-diabetes or diabetes. We partner with community agencies to get the message out about diabetes prevention by promoting the evidence-based Diabetes Prevention Program that encourages healthy lifestyles to delay or prevent type 2 diabetes.

The diabetes staff participated in several health fairs throughout the year to promote diabetes education awareness. Through the Fayette County Diabetes Coalition, we provided leadership as president, secretary, and treasurer. We attended awareness events and conducted A1C tests. We followed up with 90 at-risk individuals who were pre-screened.

We partnered with the University of Kentucky Extension Office to offer a cooking club at EJ Hays Middle School. Of the students who participated in the club, 43% reported they are now eating more vegetables, 50% are now eating more fruits, 46% of students adopt and practice one or more behaviors necessary to handle food safely and 93% adopt and practice at least one or more food selection behaviors consistent with Federal Dietary Guidelines.

We offer a weight loss support group called “Eat, Move, Lose.” 100% of the participants reported trying at least one new healthy living behavior and 100% have noticed at least one positive health outcome since attending. They have increased the number of physically active days per week from 2.3 days to 4.5 days. A decrease in emotional eating by trying a non-food stress reliever was reported by 100% of the participants.

We conducted a 5210 education program at three elementary schools, targeting the entire 3rd grade population. 5210 is a national, evidenced-based program that teaches kids daily habits of eating 5 fruits/vegetables, getting less than 2 hours of screen time, more than 1 hour of activity, and 0 sweetened beverages. At the conclusion of the program, 10% more students reported eating 5+ fruits/vegetables daily, 7% reported increasing the number of days a week they were active, and the number of students who reported drinking in excess of 10 sweetened beverages a week decreased by 3%.

We surpassed our goal of 750 Humana Vitality checks by 231 participants for a total of 981. The Cardiovascular Assessment Risk Reduction and Education (C.A.R.E.) program took almost 2,100 blood pressure readings and provided educational encounters with each participant.

We are there to assist our employees in achieving their personal wellness goals.

With the introduction of the C.A.R.E card as part of our Blood Pressure Awareness Program, pre-hypertension was lowered by 38%. In our latest Health Risk Assessment, we had our biggest participation ever with 113 participants, or 82% of the workforce.
We advocate for the health, safety and nutrition of children in child care.

The Child Care Health Consultants (CCHC) set up educational booths at a variety of events, including the Grandparents Raising Children conference and the Prevent Child Abuse Resource Fair. Our trainers also presented at numerous events, including the Breastfeeding Collaborative Webinar and the Carolina Global Breastfeeding Institute.

The trainers serve on the Child Care Collaboration Regulation Committee, the Kentucky Department for Public Health’s Safe Sleep Task Force, and the Kentucky Sudden Unexplained Infant Death (SUID) Review Team. In 2015, Kentucky became one of 14 states that was awarded a CDC grant that funds a state SUID Case Registry in order to better understand sudden unexplained infant death. The team has been charged with developing a comprehensive protocol to review all SUID cases and identify potential prevention strategies. Thus far, 33 cases have been reviewed by the state team.

CCHCs also worked collaboratively with the Governor’s Office of Early Childhood on various state work groups to provide quality child care in Kentucky and worked with epidemiologists to give direction for child care centers fighting outbreaks due to Salmonella and Shigellosis around the state. The CCHC trained four new consultants.

Our school nurses have developed an innovative model to care for sick students in public schools.

Our school nurses care for students throughout Fayette County Public Schools. Nurses provide medical attention to students with chronic conditions like diabetes, asthma, allergies and seizures, and train school staff to administer medications. They also collaborate with other internal programs to distribute important health education materials to students and parents, especially when there are disease outbreaks in our community.

In addition, our nurses monitor school attendance, assist with communicable disease outbreak investigation, monitor immunization compliance, provide diabetes education, train about medications, and provide a team to assist in emergency preparedness. The school nurses taught over 800 Fayette County Public School staff emergency protocols.

- **41,000** students receive nursing care from school health nurses in Fayette County
- **46,000** acute care visits in the 2015-2016 school year
- **41,604** (or 90%) of students were sent back to class (allowing parents to stay at work and children in classrooms)
- **72** daily treatments
- **119** type-1 diabetics
- **390** students with daily school medication
- **447** students with seizure disorders
- **498** students with life-threatening allergies

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**IMMUNIZATION COMPLIANCE RATES**

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<tr>
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<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>91.2 %</td>
<td>97.7 %</td>
</tr>
<tr>
<td>6th Grade</td>
<td>76.2 %</td>
<td>88.7 %</td>
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The Lexington-Fayette County Health Department launched the city’s first needle-exchange program on Sept. 4, 2015. The free, anonymous and confidential program is designed to reduce the spread of HIV and hepatitis by allowing injecting drug users to exchange used needles for clean needles.

In addition to free needles, the program also offers testing for HIV and hepatitis C, educational materials and a place to dispose of dirty needles. In April, the program began on-site referral to rehabilitative services through a partnership with Lexington’s Department of Social Services Substance Abuse and Violence Intervention.

Lexington’s needle-exchange program became possible after the 2015 Kentucky General Assembly enacted legislation allowing health departments to operate exchange programs. Lexington’s needle-exchange received approval by the Lexington-Fayette County Board of Health and Lexington-Fayette Urban County Council prior to opening.

The Bluegrass region, which covers 17 counties including Fayette County, has seen the number of people living with HIV grow from 75 cases in 2011 to 107 in 2013 (the most recent numbers available). Additionally, Kentucky has the nation’s highest per capita rate for Hepatitis C.
We’re committed to controlling the spread of sexually transmitted infections (STI) and HIV/AIDS in our community by tracking and investigating infected individuals and their contacts, and by providing public education.

**1,300 HIV TESTS**

An increase of 128 tests from last year and exceeded the goal by 500.

**100%**

of new HIV positives initiated were linked to HIV care, receiving their first appointment through our assistance.

**73% OF CASES INTERVIEWED WITHIN 3 DAYS.**

**84% OF CASES RE-INTERVIEWED WITHIN 3-5 DAYS.**

We work diligently to enhance our ability to prevent the further spread of disease.

Our Epidemiology Unit responded to over 500 cases of reportable diseases through the National Electronic Disease Surveillance system and to outbreaks for influenza and gastrointestinal illnesses.

We responded to the first outbreak of mumps in the state in at least the last decade, which involved working closely with staff as well as state, local, and national partners.

We created a Zika Response Plan in preparation for local transmission in Kentucky, should it occur, and created a Disease Outbreak Response Plan to enhance response efforts to emerging and/or highly infectious diseases.

We screen, evaluate and treat individuals in order to control the prevalence of tuberculosis (TB) in our community.

Our TB program has initiated comprehensive case management and a new database to assist in tracking clients. We provide TB surveillance for the resettlement of refugee and immigrant clients through a collaboration with Kentucky Refugee Ministries and Blue-grass Community Health Center.

Surveillance of over 138 patients referred to us for suspicion of TB infection. Directly observed therapy to 24 different patients with TB disease. Directly observed preventive therapy to 10 friends and family members of patients during the contact investigation process of identifying their disease.
Preparedness staff coordinated a full scale mass prophylactic dispensing exercise (also referred as the Strategic National Stockpile [SNS] exercise) in October. The exercise was conducted as a mass inoculation, administering over 1,000 free flu shots to the community.

Staff completed a Continuity of Operations Table Top Exercise in January. This exercise tested the health department’s ability to continue operations after a catastrophic event.

We had a highly successful assessment of the Region 15 Healthcare Coalition’s preparedness program. Best practices were identified by federal inspectors and permission was granted by the coalition to have inspectors share the practices nationally. The preparedness coordinator presented best practices for Healthcare Coalition growth at the state’s preparedness summit in Somerset, Ky.

The preparedness staff led the department in the activation of the Department’s Operations Center (DOC) to coordinate a response to Zika. The LFCHD’s response to Zika consists of prevention and surveillance measures by implementing the following: an extensive public information and outreach plan regarding Zika prevention; Zika surveillance and investigation of at risk individuals with an initial focus regarding travelers to Zika affected countries; mosquito surveillance from public reports and historical data; larvacide/mosquito application of predetermined areas from historical data of heavily mosquito populated areas.

Our Preparedness Team ensures that if an emergency occurs, we will be prepared to meet the mandated and immediate health concerns of our residents.
During the time period from August 2015 through June 2016 the Lexington-Fayette County Health Department in partnership with the Lexington Community Health Improvement Partnership (LEX-CHIP) engaged our community in a health assessment and planning process. LEX-CHIP, a community coalition of more than 60 community partners, recognizes that collaboration is vital to identifying the community’s needs and developing effective and sustainable strategies to improve the health and well-being of the community.

LEX-CHIP utilized the Mobilizing for Action through Planning and Partnerships (MAPP) model to help the group and community strategically prioritize public health issues and identify the resources to address them. The MAPP process is designed so that through an interactive and collaborative process, community partners participate in data collection, data analysis, planning, implementation, and evaluation.

LEX-CHIP gathered its data for the assessment through multiple sources. Community conversations were held with diverse groups to identify specific issues and concerns. Approved by an internal review board, a survey was disseminated among the community to help assess the weaknesses and strengths of the community through the eyes of the community members themselves. A strengths, weaknesses, opportunities, and threats (SWOT) exercise was conducted in conjunction with a forces of change assessment. An asset mapping and community resources and assets exercise was also completed at a community planning meeting. In addition, data from our Community Health Status Report was used in the analysis of the cumulative data collected. You can view the full report at www.lexingtonhealthdepartment.org.

Through the development of the assessment and the formation of the action teams that will address the identified priority areas, an overarching theme emerged. From active discussion and deliberation, the theme of “Rise Up Lex” was born. It is the hope of LEX-CHIP that this theme will become a motto for both LEX-CHIP and the community of Lexington. From this theme, the names of the action teams became LexBeWell, LexWork, and LexBeSafe.

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STATEMENT OF NET POSITION

ASSETS
Total current assets $8,429,414
Capital assets, net 2,595,107
Note receivable-HealthFirst Bluegrass, Inc. 2,029,503
Total assets 13,054,024
Deferred outflows 4,981,293
Total assets & deferred outflows of resources $18,035,317

LIABILITIES
Total current liabilities $867,711
Total long-term liabilities 58,577,536
Total liabilities 59,445,247
Deferred inflows 6,589,745
Total net position (47,999,675)
Total liabilities, deferred inflows & net position $18,035,317

STATEMENT OF CASH FLOWS

CASH FLOW
Net cash provided by operating activities $2,148,828
Net cash provided by (used in) capital & related financing activities (614,412)
Net cash provided by investing activities 7,370
Net increase in cash and cash equivalents 1,541,786
CASH AND CASH EQUIVALENTS-BEGINNING OF THE YEAR 6,579,160
CASH AND CASH EQUIVALENTS-END OF THE YEAR $8,120,946

OPERATING REVENUES
State grants $3,028,188
Federal pass-thru grants 2,660,637
Tax appropriations 7,815,362
Donations 1,592
Medicare service fees 6,881
Medicaid service fees 1,269,575
School board contract 1,506,016
Fees and contracts 381,335
Insurance 104,152
Other fees and contracts 55,741
Total operating revenues $16,829,479

OPERATING EXPENSES
Personnel $11,248,842
Operating 3,799,337
Depreciation 338,232
Total operating expenses $15,386,411

OPERATING INCOME $1,443,068

TOTAL NON-OPERATING INCOME (EXPENSE) (828)
Changes in net position 1,442,240

NET POSITION, AS RESTATED (49,442,252)
Prior year grant activity 337

NET POSITION-END OF YEAR ($47,999,675)
Dr. Rice Cowan Leach, of Frankfort, and the Commissioner of Health of the Lexington-Fayette County Health Department, died April 1, 2016, at the Hospice Care Center at St. Joseph Hospital in Lexington following a battle with cancer. He was 75.

Dr. Leach was born April 10, 1940, in Lexington, to the late George Brown Leach and Frances Scott Leach. He was raised in Louisville and Lexington before graduating from Amherst College in Massachusetts. He received his medical degree from the University of Kentucky in 1966, and then entered a rotating internship as an officer of the United States Public Health Service where he remained on active duty until 1993. Dr. Leach went on to obtain a Master of Health Services Administration degree from the Harvard School of Public Health.

During his Public Health Service career, he was medical director of hospital staffs, hospital commander, community health physician, director of a multi-state program in the Indian Health Service and served as chief of staff to the U.S. Surgeon General. He had international health experience in Guatemala, Bolivia and Panama and was a consultant to the Guam Memorial Hospital.

Dr. Leach served as Kentucky’s Commissioner of Public Health from 1992 until 2004, during which time he worked to implement several Public Health initiatives ordered by the Kentucky General Assembly. He chaired the Attorney General’s Task Force on Controlled Substance Abuse and participated in emergency responses and environmental cleanup activities.

From 2004 until 2010, he was medical director of the Primary Care Center of the Lexington-Fayette County Health Department. He was a professor and preventive residency program associate director at the University of Kentucky College of Public Health’s Department of Preventive Medicine and Environmental Health until becoming Lexington’s Commissioner of Health in March 2011.

Two of Dr. Leach’s most successful projects at Lexington’s health department were helping lead it to national accreditation from the Public Health Accreditation Board and the launching of the city’s first needle-exchange program. In March 2016, he was named the 2016 Public Health Hero Award winner for Lexington, given in honor of his lifetime of service to Lexington and the United States. The award was renamed the Dr. Rice C. Leach Public Health Hero Award so future generations can know what a true Public Health superhero is.

A natural storyteller, Dr. Leach enjoyed giving interviews to media outlets, talking with students or mentoring those interested in Public Health. He often stressed the need for teamwork, leading him to remind people of his oft-quoted motto: “There’s no such thing as your side of the canoe is leaking.”

Dr. Leach enjoyed music and dancing, good food, and, despite his Public Health ties, the occasional good cigar. He loved to laugh and tried to find the humor in any situation, even during his battle with cancer, which he refused to call a fight. Instead, he preferred to call it “arm wrestling,” saying, “A fight is something you get into thinking you have a chance to win.”