Shriners Hospitals for Children®
Love to the rescue.™

SHC Community Health Needs Assessment

Shriners Hospitals for Children® - Lexington

Prepared by: Wanda Rice, Physician and Public Relations

Mission and Vision

Mission:

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special healthcare needs within a compassionate, family-centered and collaborative care environment.
- Provide for the education of physicians and other healthcare professionals.
- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

Vision:

- Shriners Hospitals for Children will be the unquestioned leader, nationally and internationally, in caring for children and advancing the field in its specialty areas.

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Our Commitment to the Community

Shriners Hospitals for Children – Lexington has been delivering expert pediatric orthopaedic care to children from Kentucky and the surrounding states since 1926. The hospital processes an average of 270 requests per month for initial evaluation and care. Eighty percent of requests for care are from physicians. Twenty percent are from families/guardians. Whether a child has a fracture or a complex neuromuscular condition, we firmly believe they all deserve the medical and surgical care needed to enable them to become strong, successful, and independent adults.

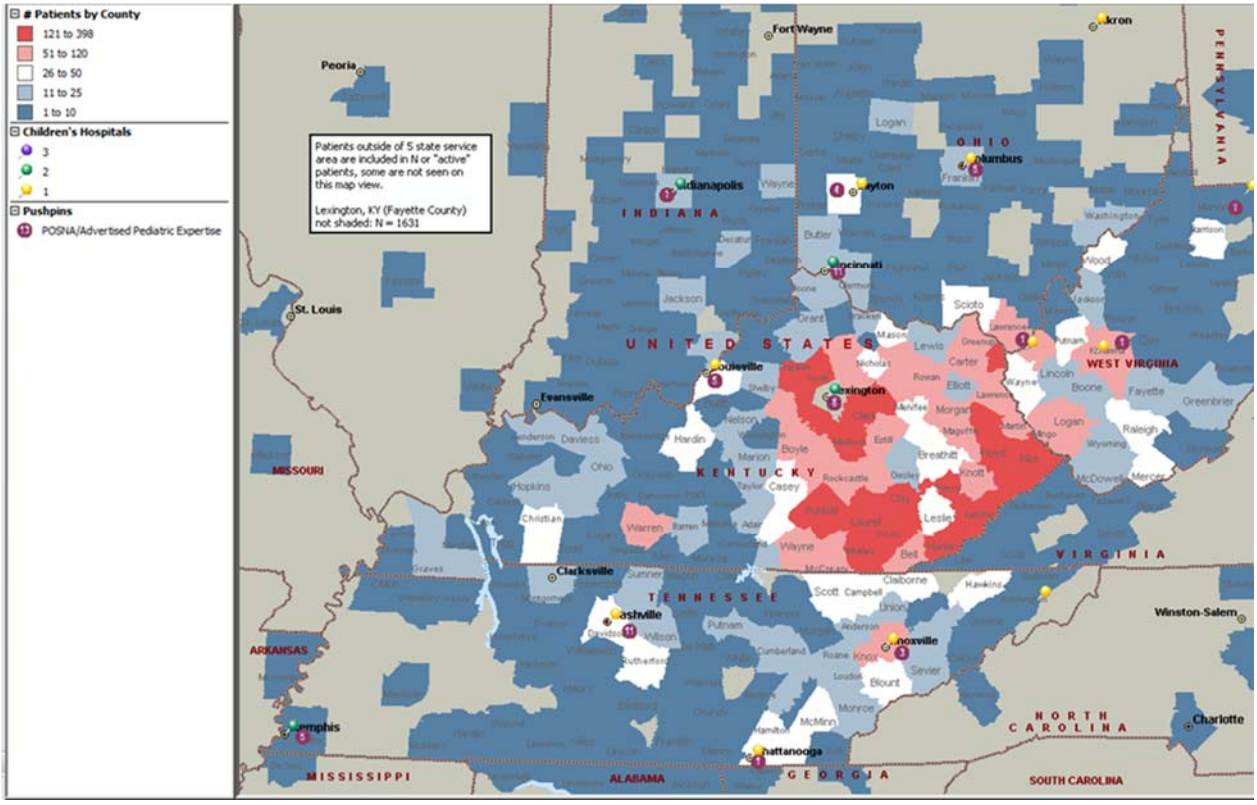
Having a narrow scope, focused on the specialty of pediatric orthopaedics, enables the staff to be completely committed to the unique needs of children. A priority is assuring access to care and delivery of services is uncomplicated. There are 14 Shrine Temples (fraternities) affiliated with the hospital. The Shriners offer support to families by providing transportation, meals, and lodging, when required, in order for a child to receive hospital services. Physician office visits, a full range of support services, and both inpatient and outpatient care are all provided in the same building.

Top 10 Conditions Treated in 2014 and 2015

- Scoliosis, kyphosis and other musculoskeletal deformities of the spine
- Cerebral Palsy
- Club foot and other foot disorders
- Lower extremity disorders including dislocations, fractures, joint derangement, abnormality of gait
- Congenital and acquired deformities of the hip
- Genu Varum and Valgum
- Limb Length Deficiencies
- Limb deformities
- Partial or complete limb deficiencies
- Hand and upper extremity fractures and other musculoskeletal conditions

Description of Community

The average number of children and teens actively receiving pediatric orthoapedic care (at least one visit in prior 2 years) is 10,800. In 2015 an average of 270 new patient appointments per month were requested by families/guardians seeking pediatric orthopaedic care. In keeping with the Shriners Hospitals for Children Mission, initial appointments are scheduled based soley on medical need, regardless of a patient or family ability to pay. The primary service area of the hosptial is shown on the 2016 patient origin map below (N = 10,848 individual patients). The majority of families live in central and eastern Kentucky and south western West Virginia.

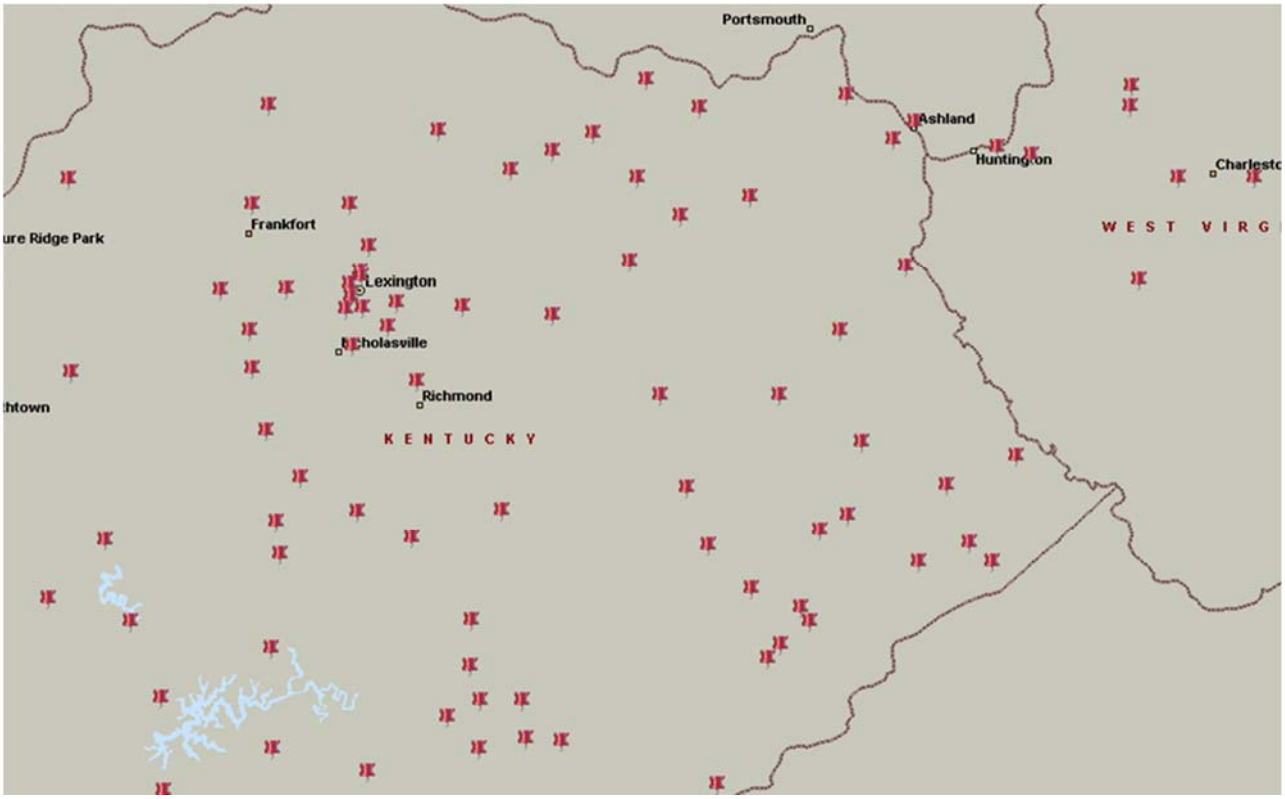


Process and Methods

The assessment process consisted of evaluation of existing data from local and state agencies, written survey (Exhibit 1) of our patient population administered during hospital visits, and key informant interviews during physician liaison visits to medical practices and at school nurse meetings in Kentucky and West Virginia during 2014 and 2015. Individuals and groups targeted were community physicians, Shriners who are actively involved with the welfare of children in their community, and school health nurses.

2016 Survey of Shriners Lexington Families

Penetration of Service Area by Zip Code



Key Findings

Rise in substance abuse in the geographic region we serve has been widely publicized and was cited by health care providers and school nurses as one of the most significant issues affecting the welfare of children in our region. According to the CDC (as sited by, the Kentucky Health Issues Poll, 2015) (Exhibit 2), Kentucky ranks fifth worst in the nation for drug overdose deaths. Drug overdose deaths

surpass motor vehicle accidents as the leading cause of accidental death in Kentucky. Parallel to increased substance abuse is an increase incidence of neonatal abstinence syndrome. According to the Kentucky Office of Drug Control Policy [Press Release, 2015] (Exhibit 3), hospitalizations for drug-dependent newborns in Kentucky increased from 955 in 2013 to 1409 in 2014.

Through the completion of a Community Health Status Assessment, The Lexington-Fayette County Health Department and their ‘‘Mobilizing for Action through Planning and Partnership (MAPP) Coalition’” Community Health Improvement Plan (2012) (Exhibit 4); a decision was made to focus on three priority initiatives: reduce obesity, reduce unemployment, and make neighborhoods safer in Lexington. Additionally, when conducting research to complete their Community Health Improvement Plan, the Coalition identified other health & social issues based on response rate from county residents that included the following: Unemployment (63.1%), Drug & Alcohol Abuse (61.5%), Health Care Cost (60.9%), Obesity (58.5%), Safe Neighborhoods (54.1%), Heart Disease & Stoke (52.6%), Health Insurance (51.4%), Cancer (50.2%), Aging Issues (49.5%), and Child Abuse (41.7%).

Further research indicated that bullying among peers was a common theme and that it should be a focus among committee members. According to the U.S. Department of Justice, Bureau of Justice Statistics, School Crime Supplement, and their National Crime Victimization Survey (2013), 25% of male students and 21% of female students reported having been victims of bullying at School or were victims of Cyber Bullying (Exhibit 5, bullying statistics). This result mirrors the results gathered from the SHC-Lexington Family Survey (see table below).

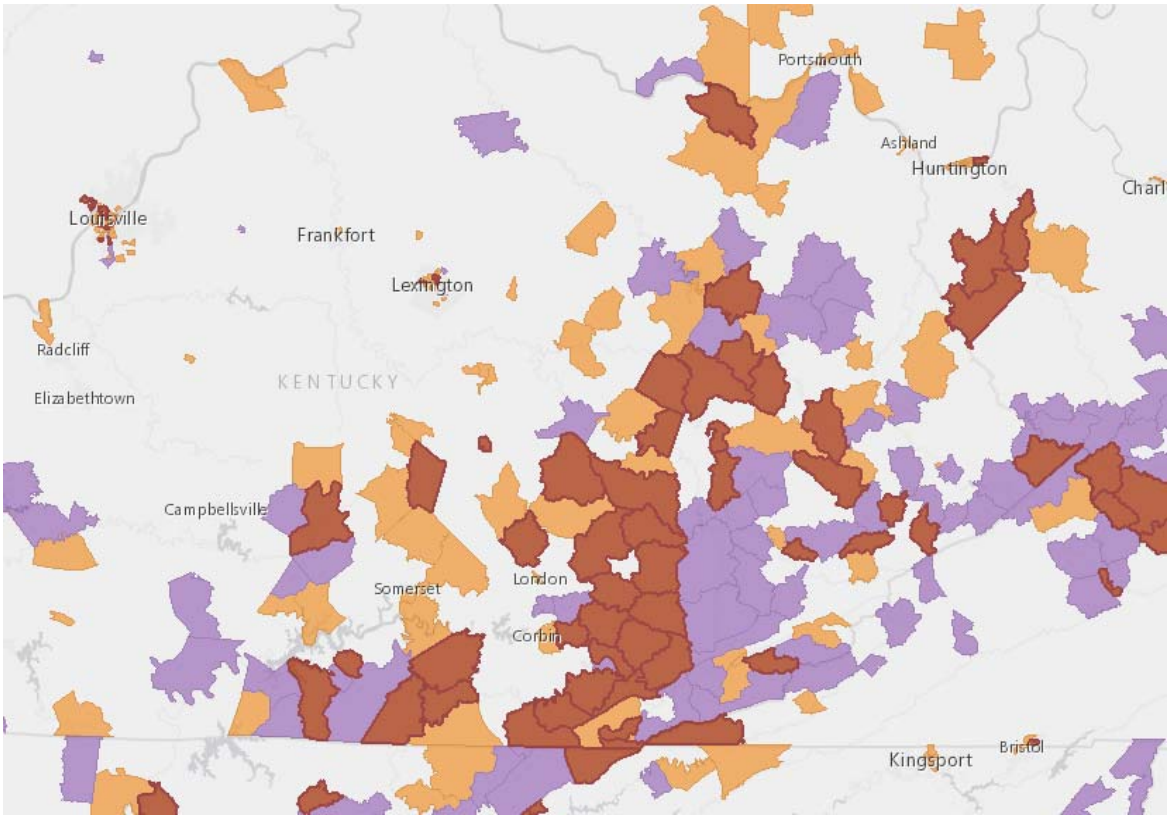
Survey of Shriners Lexington Families

Open question: top three concerns	
Medical needs being met, health needs related to condition, access to care	56%
Bullying, how child is treated by others at school/safety of school environment	26%
Exercise, weight, nutrition	15%
Drugs/violence	4%
Stress	3%
Child has been bullied or bullied others (ages 5 – 17 only N = 123)	23%
Child has been screened for scoliosis (ages 10 – 20 only, N = 93)	71%

Vulnerable Population Footprint

Two key social determinants, poverty and education, have a significant impact on health outcomes. The map on page 7 displays vulnerable populations in the Shriners Lexington service area by identifying high concentrations of the population living in poverty and without a high school diploma (Census Bureau 2008 – 2012, American Community Survey).

The orange shading shows areas where the percentage of population living at-or-below 100% of the Federal Poverty Level (FPL) exceeds 30%. The purple shading shows percentage of the population with no high school diploma exceeding 30%. The rust color shows counties in which both social determinants exist (US Census Bureau, American Community Survey: 2010-14). Many of the identified vulnerable population counties are counties of high patient origin. This gives us the unique opportunity to utilize existing hospital resources and the affiliated Shriners who live in those communities to implement action plans.



Action Plan

Action Plan Follow-up from 2013 CHNA

Access: Transportation

- Contacts for 14 affiliated temples and 6 additional temples that provided transportation to patients during 2014 and 2015 were validated and revised. Methods of distribution to the temple contacts were reviewed and improved. Education to temple contacts carried out (report content and methods of receipt). The updated electronic file was placed on a shared drive (protected) so various staff members with need to know may access as needed.

  An information sheet for families explaining transportation availability is included in every new patient packet (mailed to each familly after initial appointment is made) and assessment of family's ability to travel to the hosptial is performed over the telephone during the intake call. Families are verbally provided the contact number for transportation.

- Assessment of need for tranpsortation was added to the check-out/schedule next appointment process. The outcome of this assessment is documented in the electronic medical record.

These actions have resulted in improved accuracy of monthly mailed reports and weekly faxed reports to temples which enables the temple to secure personnel and equipment. In 2013 through 2015 the number of patient visits occuring secondary to temple transportation has been 11% – 13%. There have been fewer complaints of poor communication regarding transportation.

Access: Education related to insurance and financial assistance

- Family resource areas were created in two locations (outpatient and inpatient). These areas contain literature explaining various assistance programs that may be available based on needs and qualifications.
- A new assessment process for healthcare coverage was implemented in 2013. All patients are assessed prior to a scheduled visit. If they are without healthcare coverage, a computer based screening tool is used to determine eligibility for healthcare coverage in their state of residence. Forms are generated through the computer based system and sent to the family with encouragement to complete the process. *The rate of uninsured children being treated at Shriners Hospital for Children – Lexington in 2014 was 5.27% reduced to 4.03% in 2015. This rate is lower than the 6% rate reported by kentuckyhealthfacts.org for both Kentucky and the

area development districts encompassing the counties with vulnerable populations (Bluegrass Area, Big Sandy, Gateway, Kentucky River).

Education, Communication, and Outreach

- Safety education was carried out in various ways. Two separate activity books were developed through collaborative efforts with 4th grade teachers and students at a Fayette County School (class project) and Girl Scout Troop 740 (achievement of the Girl Scout Silver Award). The booklets were utilized at safety fairs and by the Girl Scouts as required for the Silver Award.

  Lawn mower safety was specifically targeted to promote during the spring and summer via exhibits/education to parents and children at local safety fairs. The exhibit included review and distribution of the SHC Lawn Mower Safety Tips information card and coloring pages for children. The safety cards were also placed in the parent resource areas at the hospital.

  A system-wide public relations summer safety initiative was developed and implemented by our corporate office. The initiative includes statistics and safety awareness for playground fun, swimming, boating, biking, camping and other outdoor activities. The summer safety campaign, promoted by NASCAR driver David Ragan, is called *On Track for a Safe Summer* and is promoted nationally and locally via the web/social media, hospital staff, and Shriners in their communities.

- An intensive educational program for scoliosis was developed and implemented. The program is a step-by-step guide to everything that happens from the time a child is determined to need surgery until the post-operative visit. The goal is to decrease pre-operative anxiety in the child and family by increasing knowledge of their condition, plan of care, and anticipated outcomes. Children and families who have been through the program have told us they felt prepared for the care events, less anxious, and we have seen positive surgical outcomes and recovery periods.

- Assessment for use of tobacco products has been implemented. Children and teens 13 and older are screened for tobacco use during physician office visits and at the time of admission. Those who use products receive counseling. If the child is pre-operative for spine surgery or other large bone procedures, a urine nicotine level is assessed. In some cases, the procedure is postponed until the child tests negative for nicotine.

Action plan 2016 CHNA

Health needs were prioritized based on the degree to which Shriners Hospitals for Children – Lexington can influence long-term change.

Prioritization Criteria

- Organizational Capacity – hospital has the capacity to address the issue.
- Existing Infrastructure – hospital has programs, systems, staff, and support resources in place to address the issue.
- Established Relationships – there are established relationships with community partners to address the issue.
- Ongoing Investment – existing resources are committed to the identified health issue.
- Focus Area – hospital has acknowledged competencies and expertise to address the issue and the issue fits with the mission of the non-profit organization.

Health Need	Capacity	Infrastructure	Partners	Investment	Focus Area	High or Low Priority
Access to care	Yes	Yes	Yes	Yes	Yes	High
Medical needs related to child's condition	Yes	Yes	Yes	Yes	Yes	High
Bullying	Yes	Yes	Yes	Yes	Yes	High
Exercise/Weight/Nutrition	No	No	Yes	No	No	High
Substance Abuse/Violence	No	No	Yes	No	No	High
Poverty/Unemployment	No	No	No	No	No	High
Neonatal Abstinence Syndrome	No	No	Yes	No	No	High
Safer Neighborhoods	No	No	No	No	No	High

Source: www.communitybenefitconnect.org

Plan to Address Health Needs:

Access to care and Medical Needs Related to Child's Condition

- Continue to monitor and improve access via the Shriners International transportation network.
- Continue to assess familial healthcare coverage and assist families in securing resources

Bullying

- A Shriners Guide to Anti-Bullying has been in development over the past 2 years. This is a twenty-page booklet created by Bill Frazier of the Whitesburg Shrine Club with the assistance of individuals in the Whitesburg Community.
- The booklet is designed for elementary school students and has already been utilized by Mr. Frazier in the counties of Magoffin, Letcher, and Knott and at Jenkins and Pineville Independent Schools. During 2015 additional Shriners from Kentucky and West Virginia expressed a desire to connect with schools in their counties to introduce the booklet and be a part of delivering a message that will ultimately help reduce bullying behavior.
- The booklet will be promoted in the hospital lobby
- Assess existing programs and tools available in Kentucky and West Virginia and share with Shriners who wish to become involved in their community.

Unmet Health Care Needs & Care for the Underserved

Exercise/Weight/Nutrition, Substance Abuse/Violence, Poverty/Unemployment & Neonatal Abstinence Syndrome, Safer Neighborhoods:

Because Shriners Hospitals for Children—Lexington is a specialty hospital, focused within the scope of pediatric orthopaedics, our facility lacks the resources to adequately address these immediate needs. However, each patient is assigned a certified nurse case manager who follows the patient and family throughout the course of their care at Shriners Lexington – often many years. The case manager collaborates with primary care physicians, referring physicians, local and state agencies, school nurses and therapists, and many other clinicians and support service providers in the home community to connect each family with appropriate resources.

Resources

"Courtesy: Community Commons, <http://www.communitycommons.org>, 2/24/2016."

Governor Steve Beshear. (2015). *Gov. Beshear Announces Funding to Increase Substance Abuse Treatment for Pregnant Women* [Press release]. Retrieved from: http://kentucky.gov/Pages/ActivityStream.aspx?viewMode=ViewDetailInNewPage&eventID={CDF9930C-BED1-439E-9638-C0CA03811F3F}&activityType=PressRelease

Kentucky Health Issues Poll. (2015). Heroin use and prescription drug misuse in Kentucky. Retrieved from: http://www.healthy-ky.org/sites/default/files/KHIPdrugmisuseFINAL.pdf

Kentucky Bullying Data Retrieved From: https://www.kycss.org/bullying.php

Lexington-Fayette County Health Department, (2012). Lexington-Fayette County Community health improvement plan. Retrieved from: http://www.lexingtonhealthdepartment.org/Portals/0/strategic%20community%20plans/Community%20Health%20Improvement%20Plan_050812.pdf

US Census Bureau, American Community Survey. 2010-14

U.S. Census Bureau (2006 & 2011). How poverty rates have changed in the region. *American Community Survey: one-year estimates.*

U.S. Census Bureau. (2013). Median household income, 2008-2013 (2013 dollars). *American Community Survey: One year estimate.* Retrieved from http://data.bls-gov.inflation

U.S. Census Bureau. (2013). Poverty Rate 2013. *American Community Survey: Five year estimate*. Retrieved from http://factfinder.census.gov

U.S. Department of Justice, Bureau of Justice Statistics, School Crime Supplement (SCS) to the National Crime Victimization Survey. (2013). retrieved from: http://www.bjs.gov/index.cfm?ty=tp&tid=974

West Virginia Bullying Data Retrieved from: https://wvde.state.wv.us/healthyschools/SDFSBullypage.html

Exhibits

EXHBIT 1

Shriners Hospitals for Children®

Lexington, Kentucky

We need your help!

We hope you'll take a few minutes to share your thoughts with us by filling out this survey. Please do not include your name anywhere, all responses will remain anonymous.

Please tell us your zip code _____

What are the top three concerns you have that affect the well-being of your child whether it is at home, school, or in the community.

1) _____

2) _____

3) _____

	Yes	No
I am aware of my child being bullied	☐	☐
I am aware of my child bullying others	☐	☐

Thank you for completing this survey. Please give it to the lobby volunteer or place it in the collection box on the desk.

EXHIBIT 2

KHIP
2014 Kentucky Health Issues Poll

INTERACT FOR HEALTH

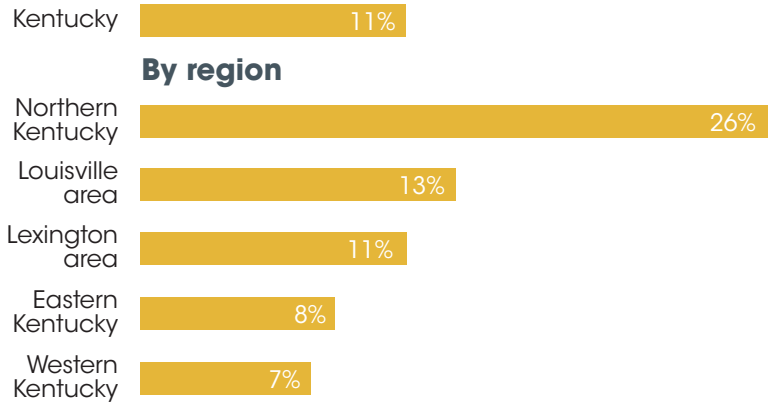
FOUNDATION FOR A HEALTHY KENTUCKY

Release date:
Feb. '15

Heroin use and prescription drug misuse in Kentucky

Kentucky ranks fifth worst in the nation for drug overdose deaths, behind only New Mexico, West Virginia, Nevada and Utah.[1] Drug overdose deaths per capita quadrupled between 1999 and 2010.[2] They now surpass motor vehicle accidents as the leading cause of accidental death in Kentucky.[3] The Kentucky Injury Prevention and Research Center (KIPRC) reported 980 overdose deaths in 2013.[4] KIPRC found that while prescription drug overdose deaths have declined 10% from last year, deaths because of heroin use rose 55% from 129 in 2012 to 200 in 2013.[5]

Have any of your family members or friends experienced problems as a result of using heroin? *(Graph shows only those who said yes.)*



The ***2014 Kentucky Health Issues Poll*** **(KHIP)** asked Kentucky adults about the influence of drug misuse on their family members or friends.

1 in 10 knows someone who has had problems because of heroin use

Overall, 1 in 10 Kentucky adults (11%) reported family or friends who have experienced problems as a result of heroin use. This is similar to 2013, when 9% of adults knew someone who had experienced a problem due to heroin use. However, the rate is much higher in some parts of the state. Three in 10 Northern Kentucky adults (26%) knew someone who has experienced problems as a result of heroin use.

Misuse of prescription pain relievers continues to decline

Nearly 1 in 4 adults (24%) reported that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine. This is down from previous years.

Since 2011, the percentage of adults who reported knowing friends and family members who have experienced problems as

Continued on back

[1] Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved Jan. 23, 2015, from http://wonder.cdc.gov/mcd-icd10.html.

[2] In Trust for America's Health. (Oct. 7, 2013). Prescription Drug Abuse: Strategies to Stop the Epidemic. Retrieved Jan. 2, 2014, from http://healthyamericans.org/assets/files/TFAH-2013RxDrugAbuseRptFINAL.pdf.

[3] Ibid.

[4] Kentucky Injury Prevention and Research Center (Oct. 2014). Special Emphasis Report: Drug Poisoning (Overdose) Deaths, 2000-2013. Retrieved Dec. 3, 2014, from www.safekentucky.org/images/documents/reports/substance_abuse/KY_Drug_Overdose_Death_Special_Emphasis_Report_2013_KIPRC.pdf

[5] Ibid.

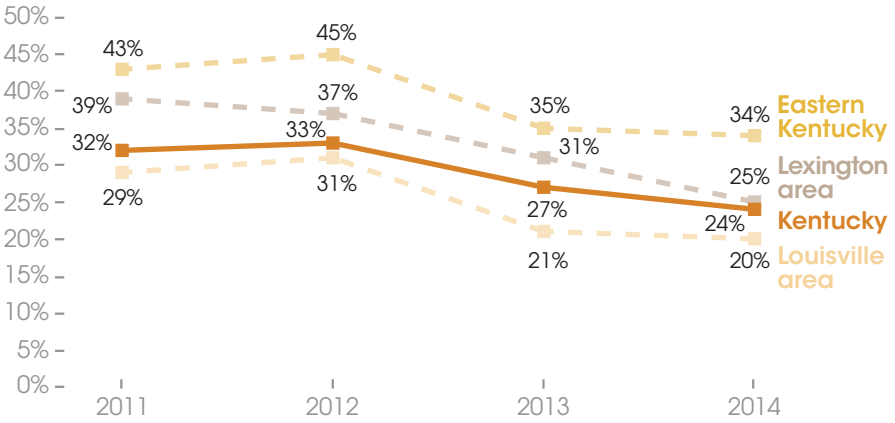
These findings unless otherwise noted are from the Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health. The Kentucky Health Issues Poll was conducted Oct. 8-Nov. 6, 2014, by the Institute for Policy Research at the University of Cincinnati. A random sample of 1,597 adults from throughout Kentucky was interviewed by telephone. This included 1,086 landline interviews and 511 cell phone interviews with cell phone users. In 95 of 100 cases, the statewide estimates will be accurate to ± 2.5%. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias. For more information about the Kentucky Health Issues Poll, please visit www.healthy-ky.org or www.interactforhealth.org/kentucky-health-issues-poll.

a result of abusing prescription pain relievers has declined in all five regions of the state. Eastern Kentucky and the Lexington and Louisville areas had significant declines.

Young adults more likely to know of drug abuse

Older Kentucky adults are less likely to report having friends or family members who have experienced problems as a result of drug abuse. Adults 18 to 29 are more likely than older adults to report knowing someone who has experienced problems as a result of using prescription pain relievers or heroin.

Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers?* *(Includes only the state and regions with significant changes 2011-2014.)*



*KHIP asked "Thinking about your friends and family … have any of your family members or friends experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine?" Graph shows only those who said yes.

Percentage who reported having family members or friends who experienced problems as a result of using heroin or abusing prescription pain relievers, by age *(Graph shows only those who said yes.)*

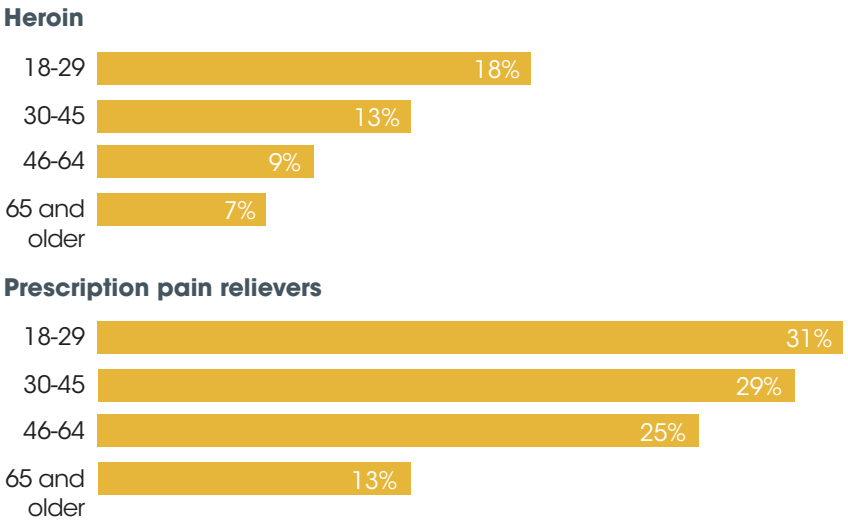


EXHIBIT 3

Search

RSS

Gov. Beshear Announces Funding to Increase Substance Abuse Treatment for Pregnant Women (http://kentucky.gov/Pages/Activity-Stream.aspx?viewMode=ViewDetailInNewPage&eventID={CDF9930C-BED1-439E-9638-C0CA03811F3F}&activityType=PressRelease)

Tuesday, 08 04, 2015

Terry Sebastian
Jennifer Brislin
502-564-2611

Funds will expand opioid treatment for pregnant women in Bluegrass, Cumberland regions; curb rise in drug-addicted newborns

FRANKFORT, KY – Governor Steve Beshear announced today that Kentucky will receive up to $3 million in federal grants over three years to provide expanded substance abuse treatment for opiate-dependent pregnant and postpartum women from the Bluegrass and Cumberland regions of the state.

“State leaders must do everything we can do to stop the pain drug abuse is having on Kentuckians and their families every single day, especially when it impacts mothers and their babies,” Gov. Beshear said. “Pregnant women who use heroin or other opiates during pregnancy have a significant risk of adverse outcomes for themselves and their babies. This important pilot project will allow us to improve access to treatment and support for pregnant women in two of the areas of our state hardest hit by substance abuse issues.”

Kentucky is one of 11 states selected by the Department of Health and Human Services (HHS) to receive this new grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), part of an initiative to increase access to substance use disorder treatment services.

Kentucky’s Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) will receive up to $3 million over three years from the grant, which it will use to build upon and expand current efforts to provide access to individualized, evidence-based substance use disorder treatment for these pregnant women, including medication-assisted therapies.

With the grant, officials hope to reduce the number of Kentucky newborns who experience neonatal abstinence syndrome (NAS) or neonatal opiate withdrawal syndrome (NOWS) by identifying opiate-addicted pregnant women and engaging them in treatment prior to delivery.

Kentucky hospitalizations for drug-dependent newborns soared in the last year, from 955 in 2013 to 1,409 in 2014, according to the Kentucky Office of Drug Control Policy.

The grant will also allow for the development of important links between providers of pregnancy care and the substance abuse treatment community. The grant also provides an opportunity to pilot a health home model for this specific population. Health home is a provision of the Affordable Care Act that allows programs to target individuals with specific chronic conditions for the coordination of services through a primary provider to ensure better health outcomes. An independent evaluation will examine maternal and infant outcomes as a result of the program.

“We continue to pursue new opportunities and strategies to strengthen the substance abuse treatment options available in Kentucky,” said Mary Reinle Begley, commissioner of DBHDID. “This federal funding will allow us to make a significant impact in the lives of Kentucky’s pregnant women who struggle with substance abuse issues, setting them on a path toward long-term recovery and healthier outcomes for not just them but their children.”

The grant is in addition to funding of up to $1 million recently announced by Gov. Beshear to address neonatal abstinence syndrome by assisting with transitional care and wrap-around services. That funding was part of an appropriation of up to $10 million contained in this year’s Senate Bill 192 for programs to curb the rise in heroin use and opioid addiction.

The federal government is making the new grant funding available to states and community health centers to expand the use of medication-assisted treatment for opioid use disorder. Medication-assisted treatment is an evidence-based, comprehensive way to address the needs of individuals that combines the use of medication with counseling and behavioral therapies to treat substance use disorders.

“For those Americans who have fallen into opioid addiction and dependency, we can make the greatest impact by helping them move into recovery,” said HHS Secretary Sylvia M. Burwell. “This funding will expand access to medication-assisted treatment and help states and community health centers continue to improve their responses to the opioid epidemic.”

For more information on the SAMHSA grant awards, visit: http://www.samhsa.gov/grants/awards/mat-pdoa (http://www.samhsa.gov/grants/awards/mat-pdoa). And for more information on the HHS Secretary’s Opioid Initiative, visit: http://aspe.hhs.gov/sp/reports/2015/OpioidInitiative/ib_OpioidInitiative.cfm (http://aspe.hhs.gov/sp/reports/2015/OpioidInitiative/ib_OpioidInitiative.cfm)

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Family & Health (/health
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Government
(/government/Pages
/default.aspx)
Residents (/residents
/Pages/default.aspx)
Tourism (/Tourism/Pages
/default.aspx)

Services (/Services
/Pages/default.aspx)
Register (/register
/Pages/default.aspx)
Contact
(https://kentuckygov.desk.com
/customer/portal/emails/new)
Site Map (/about/Pages
/sitemap.aspx)
Help
(https://kentuckygov.desk.com/)

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/widget
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/new?)

/Pages/disclaimer.aspx)
Accessibility (/policies
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Flickr
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/groups/kygov/)
YouTube
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/user/kygov)

Select Language ▼

Share Your Photos

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(http://www.kentucky.gov)

Kentucky.gov (http://www.kentucky.gov)

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EXHIBIT 4

LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT

Lexington-Fayette County Community Health Improvement Plan

May 2012

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Lexington-Fayette County MAPP Membership

Alzheimer Association of Greater KY and Southern Indiana

American Red Cross

Bluegrass Regional MHMR

Central Baptist Hospital

Clark County Health Department

Frontier Nursing University

Hope Center

KY Department of Public Health

KY Pink Connection

Lexington Clinic

Lexington-Fayette County Board of Health

Lexington-Fayette County Health Department

Lexington Fire & Emergency

Lexington Heals Institute

Lexington Police

Lexington Public Library

PNC Bank

Russell Cave Family Resource Center

Saint Joseph Hospital System

UK College of Dentistry

UK College of Public Health

UK Division of Dental Public Health

UK Healthcare

UK Markey Cancer Center

UK Polk Dalton Clinic

UK College of Nursing

Strategic Plan for Community Health Improvement

The Lexington-Fayette County Mobilizing for Action through Planning and Partnership (MAPP) Coalition was formed in June 2011 and is supported by the Lexington-Fayette County Health Department (LFCHD). The Coalition followed a community health improvement planning model developed by the National Association of County and City Health Officials (2008) in cooperation with the Centers for Disease Control and Prevention (CDC), called Mobilizing for Action through Planning and Partnerships (MAPP). The Coalition assessed Lexington-Fayette County's strengths and needs and formulated a plan to address the identified concerns.

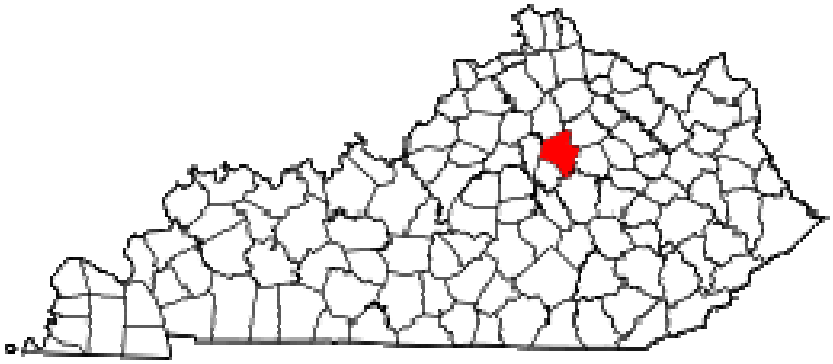
As shown in Figure 1, data collected during the four MAPP assessments, Community Themes and Strengths Assessment, Local Public Health Assessment, Community Health Status Assessment, and Forces of Change Assessment in addition to a Community Focus Group Assessment, helped in inform the entire planning process. The Lexington-Fayette County Coalition compiled and analyzed all assessment data, identified priority health issues, and created a strategic plan that specifies program, policy, systems, and environmental change strategies to improve the health of residents of Lexington-Fayette County.

Figure 1. MAPP Community Strategic Planning Process

Community Assessments

Community Health Status Assessment

Lexington-Fayette County Health Department (LFCHD) conducted a Community Health Assessment in December 2011. The results of the assessment provide some general demographic characteristics and provide a description of some of the leading contributing causes of community health issues (or risk factors) for the Lexington-Fayette County community (U.S. Census Bureau, 2010.



General Demographic Characteristics for Lexington-Fayette County:

Kentucky		**Fayette County**
4,339,367	Population	295,803
110	Pop. per Sq. Mile	1040
12.2%	% Racial Minority	24.3%
3.1%	% Hispanic	6.9%
23.6%	% Under 18 years old	21.2%
13.3%	% 65 and Older	10.5%

Individuals below Poverty Level: 20.4%

Families below Poverty Level: 3.0%

Race and ethnicity

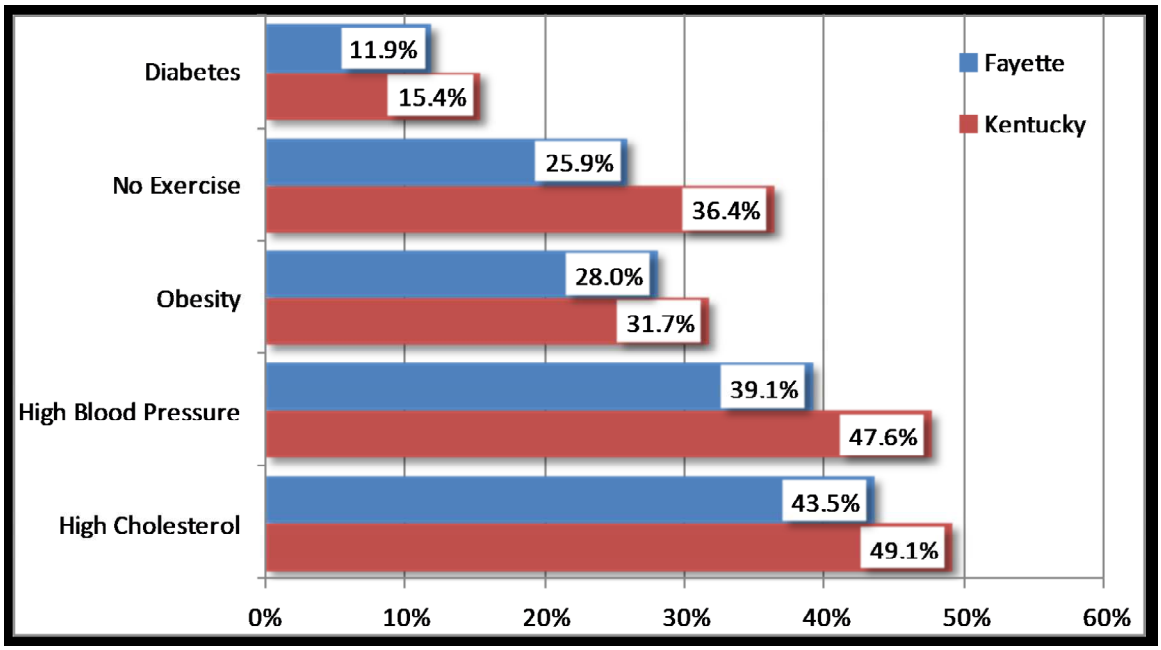
White: 75.7%
Black: 14.5%
American Indian: 0.2%
Asian/Pacific Islander: 3.3%
Hispanic: 6.9%

Educational attainment

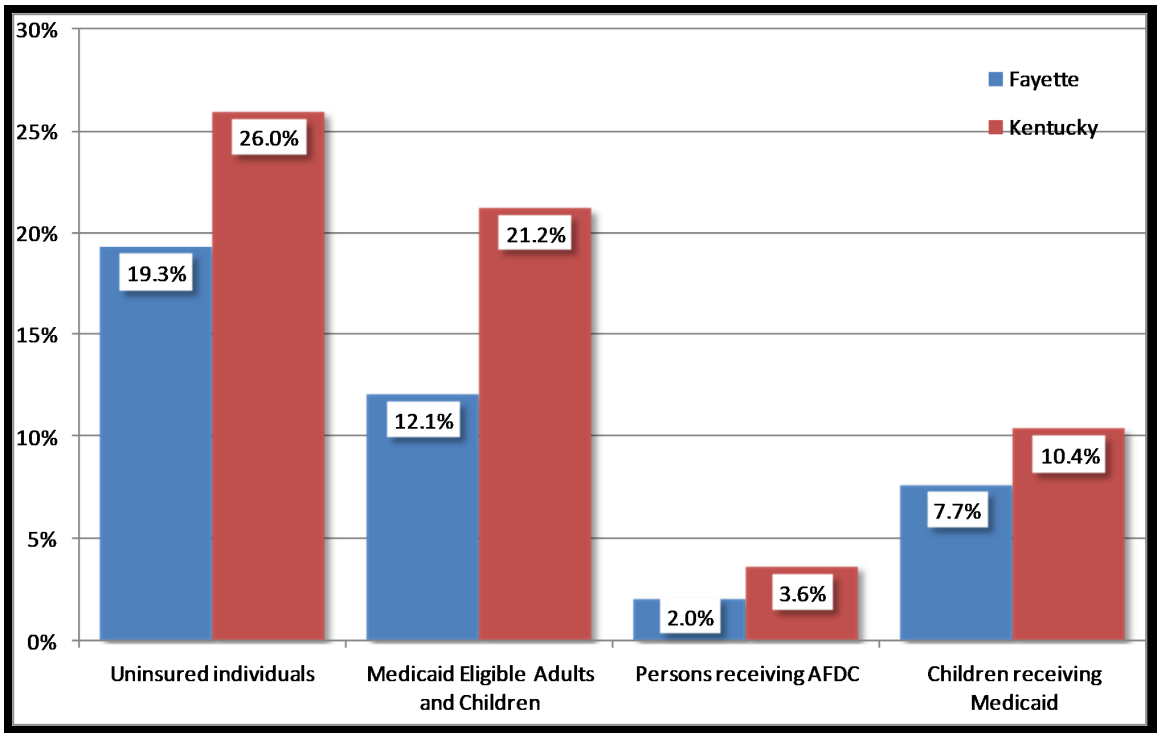
No high school diploma: 11.2%
High school diploma: 22.1%

Some of the primary risk factors identified as a part of the Community Health Status Assessment can be found in Figure 1 below.

Figure 1. Risk factors for poor health



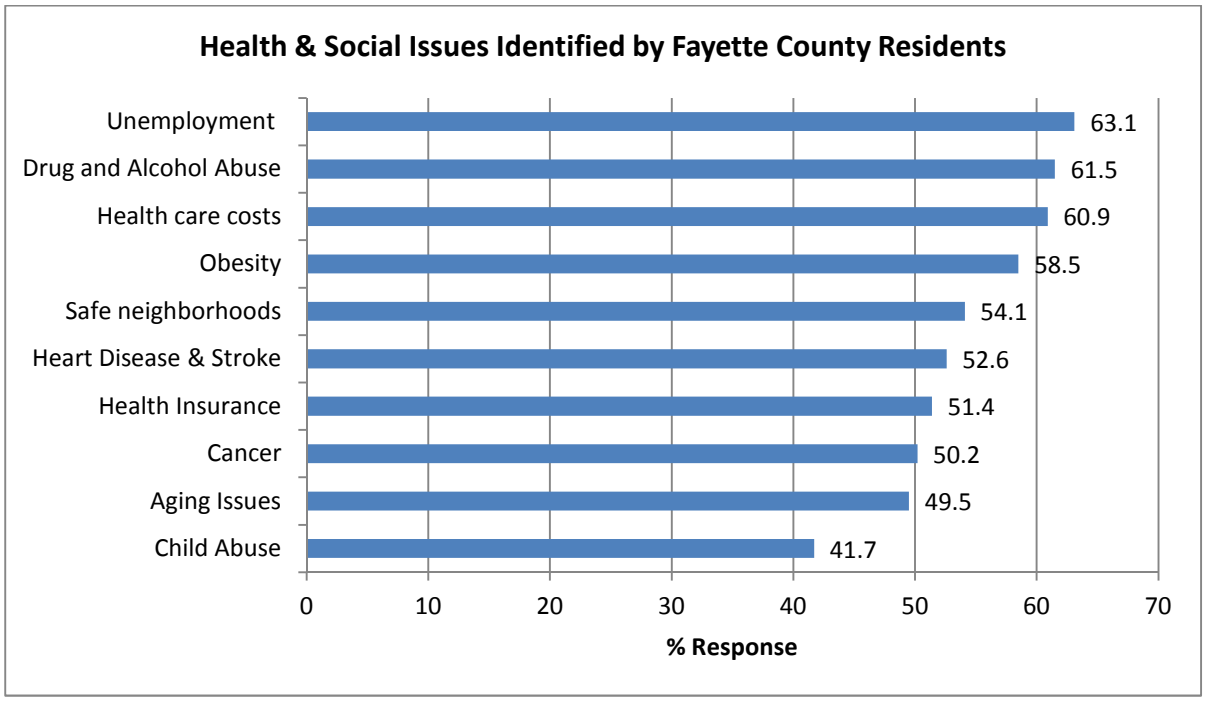
The Community Health Status Assessment also identified access to health care services as a major health concern (Figure 2.) **Figure 2. Access to Care**



Community Themes and Strengths Assessment

A household survey was administered to 6000 randomly selected Lexington-Fayette County households in June of 2011 to solicit the community's opinion about 10 important health, social, and environmental issues in Lexington-Fayette County. A total of 1228 completed surveys were obtained providing an overall response rate of 20.4%. Unemployment, drug and alcohol abuse, health care costs, obesity, and safe neighborhoods were identified as important issues by majority of survey respondents. Similarly, littering, energy efficiency, clean drinking water, recycling, and flood drainage problems were identified as important environmental issues by majority of survey respondents. Figure 3 illustrates the range of health and social issues identified by the community. About 15.4% of survey respondents reported being uninsured, whereas 46.4% and 57.7% reported being without dental and vision insurance. Only 3.7% of the survey respondents reported poor health status. About 21% of respondents were 65 or older and 40% of respondents were between the ages of 45-64 years. About 32.1% of the respondents were between the ages of 25-44 years. In terms of gender distribution, 26.2% of survey respondents were male and 70% were female. About 74.1% of the survey respondents were White, 17.5% were Black, 2.1% were Asian or Pacific Islander, and about 2.5% were Hispanic. In terms of household income distribution, 13.8% reported household income less than $10,000 and 27.4% reported household income between $10,000 and $34,999.

Figure 3. Health and Social Issues



Three focus groups were conducted by LFCHD across the Lexington-Fayette County area during the timeframe of October 16 through November 1, 2010. Participants were recruited in collaboration with neighborhood associations and Hispanic population advocates in Lexington-Fayette County. All focus group participants were low-income African Americans or Hispanics. The focus groups were designed to encourage participants to identify important health and social issues in their communities. A total 77 adults participated in these focus groups. Major categories of health and social issues that were identified by the focus groups include:

- Drug and alcohol abuse
- Neighborhood safety and security (especially among vulnerable subgroup such as Seniors)
- Chronic health issues (e.g., cancer, coronary heart disease, stroke, diabetes, high cholesterol, high blood pressure, dental care, and obesity)
- Trash
- Inadequate/unsafe housing/living conditions
- Inadequate access to healthcare
- Unemployment
- Severe weather assistance (e.g., in case of flood, power outage, extreme cold or heat)
- Recycling

Local Public Health System Assessment

The Fayette-County Health Department utilized the criteria put forth by the National Public Health Performance Standards Program (NPHPSP) in order to assess the performance and activities of the local public health system. The NPHPSP was developed by the Centers for Disease Control and Prevention (CDC) in 2007 in collaboration with the following partner organizations: American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Network of Public Health Institutes (NNPHI), and Public Health Foundation (PHF).

The local health department is only one of many key partners in the Lexington-Fayette County's public health system. The public health system in Lexington-Fayette County includes: the local public health department, other local governmental agencies, healthcare providers, human service organizations, schools, universities, faith-based organizations, youth development organizations, philanthropic organizations, and others. Over 40 of the Lexington-Fayette County public health partners completed the NPHPSP survey in July of 2011.

Figure 4 below displays self-reported performance scores from community stakeholders for each Essential Public Health Services (EPHS) along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score.

Figure 4. Summary of EPHS performance scores and overall score (with range)

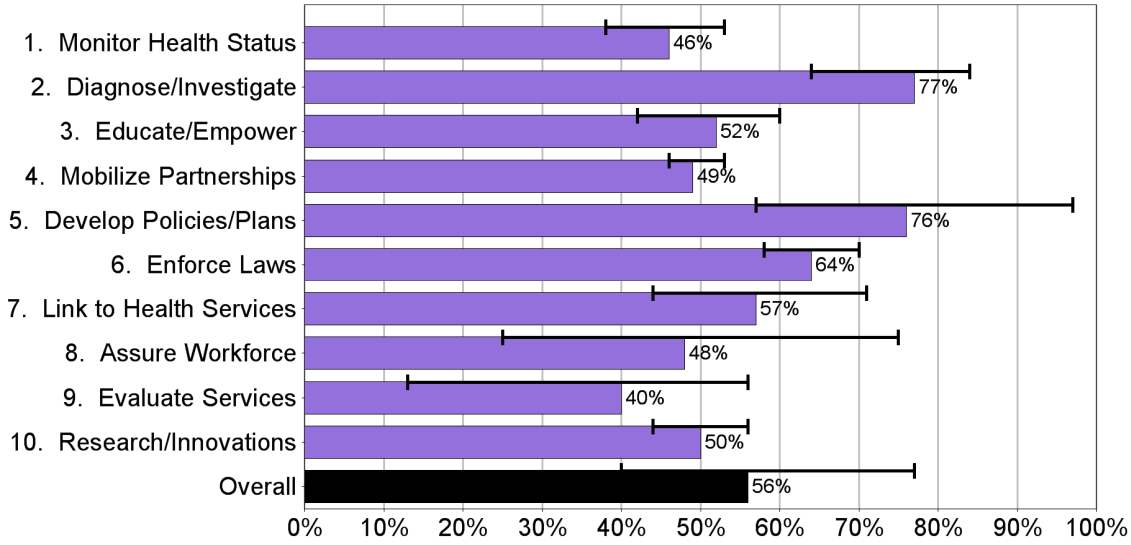
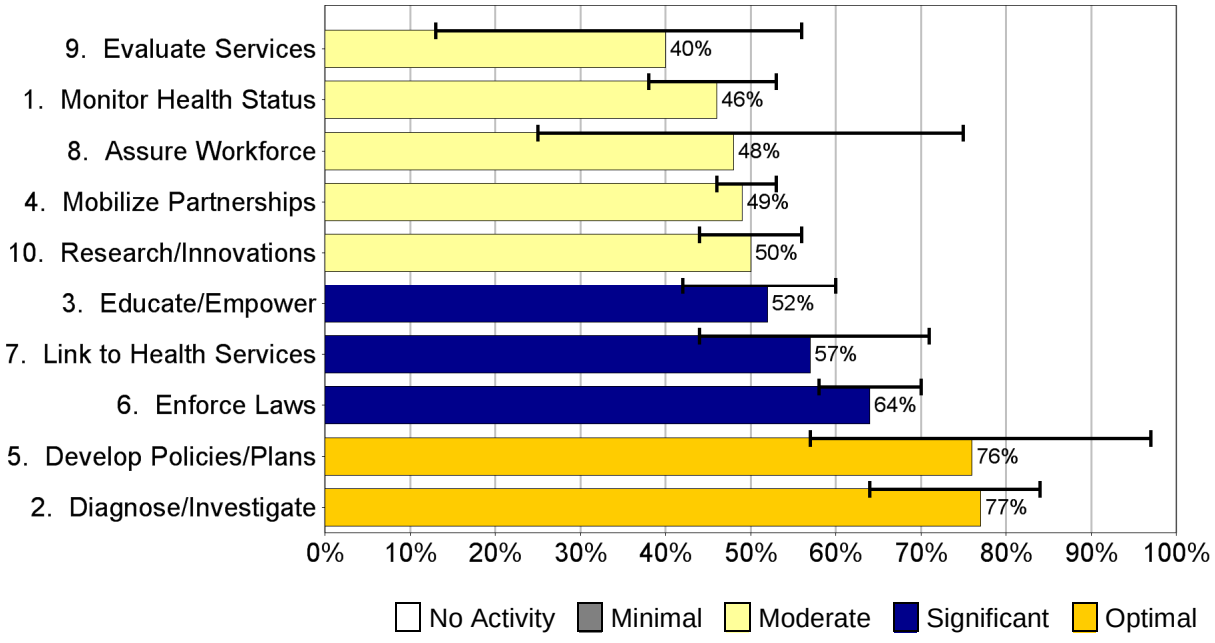


Figure 5 below illustrates the findings related to the rating of the delivery of the 10 Essential Public Health Services by the Public Health System by level of activity as measured by community stakeholders.

Figure 5. Rank ordered performance scores for each Essential Service, by level of activity



Forces of Change Assessment

Lexington-Fayette County conducted a Forces of Change Assessment in June 2011. The findings from this assessment were organized into eight primary categories that include: 1) Demographics, 2) Economics, 3) Environment, 4) Health Care, 5) Housing, 6) Infrastructure, 7) Social Issues, and 8) Public Health System. The eight primary categories were then divided into three subcategories 1) trends, factors, and events; 2) threats; and 3) opportunities. An example of the tables created for each of the eight primary categories divided into the three subcategories is displayed below.

Demographics

Trends, Factors, Events	**Threats**	**Opportunities**
Aging Population	Limited Services for Seniors	Services for Aging Population
War Veterans	Soldiers returning with injuries	Services of war veterans
Population Increasing	More demand of employment	Train skilled workforce
University student population	Not enough job placements at local level	Highly educated workforce
Migrant Workers	Limited health care and social services	Improve health and social services
Homeless population	Deficient mental health services	Improve mental and other social support services
Highly educated population	Challenges to match skilled workforce with jobs	Stable economy
Diverse population	Initial hardship for new immigrants to adjust in new culture	Need for Diverse services
Increase in poverty	Need for more services	Efficient use of existing services

Formulation of Goals and Strategies

The Lexington-Fayette County MAPP Coalition identified strategic issues by exploring the combined results of the five aforementioned assessments. This strategic issue identification process occurred over a series of meetings and stakeholder sessions. The identified issues reflect the most salient findings that need to be addressed in order to fulfill the Coalition's strategic plan and to improve the health of the Lexington-Fayette County community.

To address the strategic issues identified through MAPP process, the Lexington-Fayette County MAPP Coalition developed and prioritized three primary goals and generated potential strategies to meet those goals. The goals and strategies are as follows:

1. ***Reduce the prevalence of obesity in the community***
    - Strategy: Educate families about nutrition and physical activity across the continuum
        - Identify existing programs that focus on nutrition and physical education
        - Identify gaps and redundancies in programming and service areas
        - Create partnerships and linkages to address identified gaps
        - Create a comprehensive education program

- Strategy: Ensure access to fresh, local, affordable food in all communities in Fayette County
    - Gather existing data regarding food deserts and transfer findings into a user-friendly document for the lay community
    - Identify gaps and redundancies in programming areas
    - Create partnerships and linkages to address identified gaps
    - Create a comprehensive education program
- Strategy: Identify and utilize existing community venues to increase physical activity
    - Create a resource directory that itemizes physical activity venues
    - Assess readiness and safety of identified community venues
    - Address issue of transportation and accessibility
    - Connect existing programs to community venues
- Strategy: From partnerships with organizations to address the obesity issue in our community
    - Fayette County Neighborhood Council
    - YMCA
    - Parks and Recreation
    - Libraries
    - City Council
    - Neighborhood Associations
    - Fayette County School Board
    - Local Hospitals
    - Local Colleges and Universities
    - Faith-based organizations
    - Lexington-Fayette Urban County Government/Mayor's Office, City Planning and Zoning
    - Fire Marshall
    - Migrant Farmer Network

2. Assure <u>safe neighborhoods</u>

- Strategy: Promote drug and alcohol abuse prevention
    - Raise awareness about treatment resources
    - Promote early intervention through the juvenile court system
    - Promote existing available resources to address this issue
- Strategy: Make safe transportation available
    - Increase availability of public transit system
    - Increase safety for bicycle riders
    - Address issue of long bus rides
- Strategy: Promote family involvement for positive youth development
    - Increase parent involvement with kids
    - Make family activities more affordable
    - Address lack of response in neighborhoods
- Strategy: Involve and empower the community
    - Find ways to reach community members to increase communication
    - Collaborate with media to promote programs
    - Bring services to the community

3. ***Reduce the rate of <u>unemployment</u> in the community***
    - Strategy: Increase accessibility to GED classes
        - Address issues of funding, staff, and location
        - Address issue of time and convenience
        - Raise awareness about available GED classes
        - Address issue of transportation to the GED class location for low-income population
        - Provide ESL for Hispanic population
    - Strategy: Improve youth development programs in Fayette County
        - Engage Fayette County Public School System in the process
        - Engage long-term partners (big employers, business, and community organizations) in the process
        - Create interest/incentives for youth to participate in youth development programs
        - Address issue of funding for youth development programs
        - Raise awareness about alternative career pathways for youth
    - Strategy: Create inventory of available job development resources
        - Establish a lead organization to update inventory of resources in a timely manner
        - Encourage local organizations to work beyond their agencies
        - Connect job seekers to available jobs in the community
    - Strategy: Establish a task force
        - Define benefit of establishing a task force to gain broad representation in the community
        - Address issues of competing agendas for local agencies to participate in this process
        - Address issue of time commitment from local partners
        - Locate services (e.g., human and health services) at one place so more people are able to

Action Plan

The Lexington-Fayette County MAPP Coalition reconvened in March 2012 to refine the goals and objectives that had previously been developed. The Coalition generated the following action plans for each of the three strategic issues: reduce the prevalence of obesity in the community, assure safe neighborhoods, and reduce the rate of unemployment in the community.

Reduce the prevalence of OBESITY in the community

The goals and objectives developed for the first strategic issue, obesity, are in line with the following National Healthy People 2020 Nutrition and Weight Status and Physical Activity Objectives:

- NWS4—(Developmental) Increase the proportion of Americans who have access to retail a retail food outlet that sells a variety of foods that are encouraged by the *Dietary Guidelines for Americans*;
- NWS7—(Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling (below—worksite wellness);
- NWS9 and NWS 10—Reduce the proportion of adults, children, and adolescents who are obese (are considered obese);
- PA 1—reduce the proportion of adults who engage in no leisure-time physical activity.

Goal: Encourage families in Fayette County to increase physical activity across the continuum		
Outcome Objective: **Decrease the no exercise rate in Fayette County as measured by the BRFSS from 25.9% to 23.9% by 2015.**		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. **Create a resource directory to identify physical activity venues.**	Dec. 2012	Bluegrass Mental Health St. Joseph Healthcare Obesity Sub-Committee
2. **Create a program directory for physical activity venues and identify mechanisms of assistance for participation in programs.**	June 2013	KY Pink Connection Bluegrass Community and Technical College Obesity Sub-Committee
3. **Disseminate information through partners and Lexington Fayette-County Health Department (LFCHD) website.** **a. Partner with United Way of Bluegrass** **b. Partner with medical professional associations** **c. Partner with Cooperative Extension (UK)** **d. Partner with groups represented on MAPP Coalition** **e. Partner with City Council/Mayor's Office**	Dec. 2013	Lexington Fayette-County Health Department Obesity Sub-Committee

Goal: Promote the availability and access to fresh and affordable produce in food deserts throughout Fayette County.		
Outcome Objective: **Increase the number of community food venues in food deserts in Fayette County that provide common healthy food items (e.g., fresh produce, low-fat dairy, and whole grains) from 102 to 137 (according to the Lexington Community Food Assessment Report by Tanaka et al.) by 2015.**		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. **Gather existing data regarding food deserts and transfer findings to partners and public.**	Dec. 2012	Obesity Sub-Committee Lexington Clinic LFCHD
2**. Identify free locations within Fayette County to have farmers markets and health fairs/health education events.**	June 2013	UK Polk Dalton Clinic Obesity Sub-Committee
3. **Identify stakeholders to partner with existing initiatives to invest in the Lexington Tweens Nutrition and Fitness Coalition's Healthy Corner Store initiative.**	June 2012	Central Baptist LFCHD Obesity Sub-Committee

Goal: Improve worksite wellness in Fayette County.		
Outcome Objective: **Identify and increase the number of organizations in Fayette County that offer worksite wellness programs by 2015.**		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. **Identify existing worksite wellness programs in Fayette County.**	Dec. 2012	Central Baptist Obesity Sub-Committee
2. **Partner with and support existing effort by the Chamber of Commerce to improve worksite wellness and disseminate available resources and information to partners.**	June 2013	Kentucky Department for Public Health Central Baptist Obesity Sub-Committee

Goal: Form a partnership with the 16th District (Fayette County) PTA to enhance wellness councils in Fayette County schools.		
Outcome Objective: **Increase the number of active wellness councils in Fayette County schools from 16 to 50 by 2015.**		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. **Identify schools that do not have active wellness councils.**	Dec. 2012	Obesity Sub-Committee
2. **Identify barriers to participation in wellness councils.**	Dec. 2012	Obesity Sub-Committee
3. **Assist schools in overcoming barrier to participation in wellness councils and link them with existing wellness councils in order to develop a wellness council implementation strategy.**	Dec. 2013	Obesity Sub-Committee

Assure SAFE NEIGHBORHOODS

The goals and objectives developed for the second strategic issue, safe neighborhoods, are in line with the following National Healthy People 2020 Substance Abuse Objective:

- SA 13.1—Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days.

Goal: Decrease non-medical use of prescription drugs by reducing access to such drugs.		
Outcome Objective: **Increase the weight of the med-toss program by 10% annually and increase physician enrollment in the KASPER program to 100% by 2017.**		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. **Increase the weight of the med-toss program by 10% over the 2011 amount.** **a. Increase awareness through physicians informing patients of days and locations.** **b. Include medical community as volunteers at collection sites.** **c. Use churches.**	1. Dec. 2012	1. Safe Neighborhood Sub-Committee Lexington Police Department
2. **Increase physician enrollment in the KASPER program to 100%.**	2. Dec. 2017	2. Safe Neighborhood Sub-Committee Mayor's Alliance on Substance Abuse

Goal: Reduce crime.		
Outcome Objective: **By 2017, reduce property crimes by 5%.**		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. **By 2017, 25% of new neighborhood developments will meet at least one element of the "safe by design" standards.**	Dec. 2017	Lexington Police Department Lexington-Fayette Urban County Government Safe Neighborhood Sub-Committee

Goal: Decrease alcohol abuse.		
Outcome Objective: **By 2017, decrease 30 day alcohol abuse in 10th graders from 25% to 15% (according to the 2010 Kentucky Incentives for Prevention Survey Results—Fayette County).**		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1**. Increase alcohol education programs in schools from 0 to 1.** **a. Identify evidence-based programs for schools**	Dec. 2017	Safe Neighborhood Sub-Committee Fayette County Public Schools

Reduce the rate of UNEMPLOYMENT in the community

The goals and objectives developed for the third strategic issue, unemployment, are in line with the following National Healthy People 2020 Substance Abuse Objective:

- SA 13.3—Reduce the proportion of adults reporting use of any illicit drug in the past 30 days.

Goal: Reduce unemployment in Fayette County.		
Outcome Objective: **Decrease unemployment rate from 6.5% to 5.0% by 2017.**		
Impact and Process Objectives (Implementation Steps):	Time line:	Who:
1. **Increase educational attainment level from 22.1% to 28.93%.** **a. Interview the following to understand use of services:** • **BCTCS** • **Kentucky Entertainment Television Study at Home** • **Lexington-Fayette Urban County Government** **b. Obtain data from Department of Education** • **Number enrolled** • **Number graduated** • **Barriers to graduation** • **Barriers to enrollment**	Dec. 2015	1. Fayette County Adult Education Unemployment sub-committee
2**. Decrease number of Fayette County residents reporting recent drug abuse from 10,000 to 7,000.** **a. Conduct needs assessment to identify drug abuse as a barrier to employment**	Dec. 2012	Bluegrass Area Development District Unemployment sub-committee Mayor's Substance Abuse Task Force
3. **Conduct needs assessment to identify barriers to employment by 2015.** **a. Contact office of employment/EOT** **b. Contact Lexington Commerce (Business Education Network-BEN)** **c. Contact Industrial Authority (BIF)**	Dec. 2012	Bluegrass Area Development District Unemployment sub-committee

Next Steps

The Lexington-Fayette County MAPP Coalition team members decided to develop a CHIP advisory committee of 8-10 members to help achieve our goals. This group will meet quarterly and will track the progress of our goals and objectives and encourage everyone to complete their assignments. Our large MAPP team will meet biannually to maintain chains of communication and receive updates on our overall progress.

References

Centers for Disease Control and Prevention (2007). *National Public Health Performance Standards Program.* Retrieved February 22, 2012 from http://www.cdc.gov/nphpsp/PDF/UserGuide.pdf

Kentucky Incentives Prevention Survey Results—Fayette County (2010). Retrieved April 23, 2012 from http://drugfreefayette.com/wp-content/uploads/2012/01/F165-Fayette1.pdf

National Association of County and City Health Officials (2008). *MAPP Handbook.* Retrieved February 22, 2012 from http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP_Handbook_fnl.pdf

Public Health Accreditation Board (2011). *Standards and Measures.* Retrieved February 22, 201 http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/

Tanaka, K., P. Mooney, T. Lunsford, B. Maddock, W. Samson, H. Sands, C. Stapel, C. Thompson, and Q. Tyler (2008). Lexington Community Food Assessment, 2004-07 Research Report. Published by Department of Community & Leadership Development University of Kentucky, Lexington, KY40546-0215 http://www.uky.edu/Ag/CLD

U.S. Census Bureau (2010). *Lexington-Fayette County, Kentucky*. Retrieved February 22, 2012 from http://quickfacts.census.gov/qfd/states/21/21067.html

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EXHIBIT 5

Table 230.40. Percentage of students ages 12–18 who reported being bullied at school or cyber-bullied anywhere during the school year, by type of bullying at school, reports of injury, and selected student and school characteristics: 2013

[Standard errors appear in parentheses]

Student or school characteristic	Bullied at school or cyber-bullied anywhere				Type of bullying at school										Of students who were pushed, shoved, tripped, or spit on, percent report-ing injury\1\	
	Total bullied at school or cyber-bullied anywhere\2\		Total cyber-bullied anywhere\3\		Total bullied at school\4\		Made fun of, called names, or insulted		Subject of rumors		Threatened with harm		Tried to make do things did not want to do		Excluded from activities on purpose		Property destroyed on purpose		Pushed, shoved, tripped, or spit on			
1	2		3		4		5		6		7		8		9		10		11		12	
Total	**23.1**	**(0.67)**	**6.9**	**(0.42)**	**21.5**	**(0.66)**	**13.6**	**(0.51)**	**13.2**	**(0.50)**	**3.9**	**(0.27)**	**2.2**	**(0.21)**	**4.5**	**(0.30)**	**1.6**	**(0.20)**	**6.0**	**(0.39)**	**20.8**	**(2.48)**
Sex																						
Male	21.1	(0.84)	5.2	(0.43)	19.5	(0.81)	12.6	(0.70)	9.6	(0.60)	4.1	(0.38)	2.4	(0.30)	3.5	(0.34)	1.8	(0.28)	7.4	(0.59)	20.6	(3.21)
Female	25.2	(0.99)	8.6	(0.63)	23.7	(0.98)	14.7	(0.75)	17.0	(0.80)	3.7	(0.37)	1.9	(0.27)	5.5	(0.47)	1.3	(0.25)	4.6	(0.42)	21.1	(3.63)
Race/ethnicity\5\																						
White	25.3	(0.94)	7.6	(0.57)	23.7	(0.93)	15.6	(0.74)	14.6	(0.76)	4.4	(0.40)	2.0	(0.28)	5.4	(0.46)	1.5	(0.24)	6.1	(0.49)	22.3	(3.39)
Black	21.2	(1.85)	4.5	(0.94)	20.3	(1.81)	10.5	(1.22)	12.7	(1.40)	3.2	(0.68)	2.7	(0.59)	2.7	(0.71)	2.0	(0.54)	6.0	(0.97)	15.6!	(6.04)
Hispanic	20.5	(1.32)	5.8	(0.78)	19.2	(1.30)	12.1	(1.13)	11.5	(1.02)	4.0	(0.58)	1.6	(0.32)	3.5	(0.53)	1.4	(0.38)	6.3	(0.79)	18.3	(4.15)
Asian	11.8	(2.02)	5.8	(1.67)	9.2	(1.67)	7.5	(1.63)	3.7	(0.95)	‡	(†)	3.8!	(1.32)	2.2!	(0.71)	1.6!	(0.78)	2.0!	(0.85)	‡	(†)
Other	29.7	(3.83)	13.4	(2.43)	25.2	(3.60)	16.5	(2.99)	17.3	(3.05)	4.3!	(1.56)	4.0!	(1.38)	6.5	(1.85)	2.1!	(1.00)	8.5	(1.90)	‡	(†)
Grade																						
6th	29.9	(2.31)	5.9	(1.20)	27.8	(2.31)	21.3	(2.15)	16.1	(1.61)	5.9	(1.13)	3.4	(0.88)	6.5	(1.20)	3.1	(0.77)	11.0	(1.46)	26.8	(6.90)
7th	27.3	(1.65)	7.0	(0.91)	26.4	(1.65)	17.9	(1.35)	15.5	(1.35)	6.1	(0.88)	3.0	(0.52)	6.3	(0.86)	2.2	(0.52)	11.6	(1.12)	24.0	(4.11)
8th	22.7	(1.43)	6.4	(0.86)	21.7	(1.42)	14.5	(1.23)	12.7	(1.11)	3.9	(0.68)	2.3	(0.54)	5.2	(0.80)	1.5!	(0.45)	6.5	(0.85)	20.8	(5.92)
9th	24.4	(1.46)	6.7	(0.97)	23.0	(1.42)	13.7	(1.16)	13.8	(1.22)	3.6	(0.61)	2.6	(0.58)	4.3	(0.70)	1.2!	(0.40)	4.9	(0.83)	18.2!	(7.32)
10th	21.4	(1.52)	8.6	(1.16)	19.5	(1.48)	12.9	(1.21)	12.9	(1.28)	4.3	(0.73)	1.7	(0.47)	4.6	(0.72)	1.3	(0.37)	3.7	(0.68)	21.2!	(7.78)
11th	22.4	(1.50)	6.8	(0.87)	20.0	(1.50)	11.2	(1.20)	12.5	(1.31)	3.0	(0.60)	1.5	(0.45)	2.4	(0.61)	1.6!	(0.50)	3.4	(0.72)	‡	(†)
12th	15.4	(1.45)	5.9	(0.93)	14.1	(1.51)	6.4	(1.04)	9.7	(1.15)	1.0!	(0.43)	1.3!	(0.48)	2.5	(0.67)	0.7!	(0.31)	3.0	(0.71)	‡	(†)
Urbanicity\6\																						
Urban	22.6	(1.10)	7.1	(0.73)	20.7	(1.10)	12.8	(0.80)	12.7	(0.87)	3.9	(0.47)	2.7	(0.45)	4.1	(0.51)	1.4	(0.27)	5.6	(0.60)	20.9	(4.99)
Suburban	23.5	(0.93)	7.0	(0.61)	22.0	(0.90)	14.2	(0.69)	13.4	(0.71)	3.9	(0.39)	2.0	(0.28)	4.7	(0.43)	1.3	(0.24)	6.4	(0.52)	21.8	(3.31)
Rural	22.7	(1.87)	5.9	(1.02)	21.4	(1.86)	13.2	(1.49)	13.3	(1.45)	4.1	(0.67)	1.7	(0.42)	4.2	(0.73)	2.8	(0.66)	5.8	(0.88)	16.7!	(5.31)
Control of school																						
Public	23.0	(0.69)	6.9	(0.45)	21.5	(0.67)	13.5	(0.53)	13.2	(0.52)	3.9	(0.28)	2.2	(0.22)	4.3	(0.31)	1.6	(0.19)	6.1	(0.41)	20.3	(2.57)
Private	23.8	(2.79)	6.4	(1.44)	22.4	(2.71)	15.3	(2.01)	13.4	(2.20)	3.9	(1.14)	2.7 !	(0.82)	6.7	(1.31)	1.3 !	(0.60)	5.2	(1.24)	‡	(†)

†Not applicable.

!Interpret data with caution. The coefficient of variation (CV) for this estimate is between 30 and 50 percent.

‡Reporting standards not met. Either there are too few cases for a reliable estimate or the coefficient of variation (CV) is 50 percent or greater.

\1\Only students who reported that they were pushed, shoved, tripped, or spit on were asked if they suffered injuries as a result of the incident.

\2\Students who reported that they were both bullied at school and cyber-bullied anywhere were counted only once in the total for students bullied at school or cyber-bullied anywhere.

\3\Students who reported being cyber-bullied are those who responded that another student had done one or more of the following: posted hurtful information about them on the Internet; purposely shared private information about them on the Internet; threatened or insulted them through instant messaging; threatened or insulted them through text messaging; threatened or insulted them through e-mail; threatened or insulted them while gaming; or excluded them online. Students who reported more than one of these types of cyber-bullying were counted only once in the total for students cyber-bullied anywhere.

\4\Students who reported experiencing more than one type of bullying at school were counted only once in the total for students bullied at school.

\5\Race categories exclude persons of Hispanic ethnicity. "Other" includes American Indians/Alaska Natives, Pacific Islanders, and persons of Two or more races.

\6\Refers to the Standard Metropolitan Statistical Area (MSA) status of the respondent's household as defined in 2000 by the U.S. Census Bureau. Categories include "central city of an MSA (Urban)," "in MSA but not in central city (Suburban)," and "not MSA (Rural)."

NOTE: "At school" includes the school building, on school property, on a school bus, or going to and from school. Bullying types do not sum to totals because students could have experienced more than one type of bullying.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, School Crime Supplement (SCS) to the National Crime Victimization Survey, 2013. (This table was prepared August 2014.)