Kentucky Department for Public Health

Addendum to the 2023 State Health Assessment

2026

Our mission is to improve the health and safety of people in Kentucky through prevention, promotion and protection.

Kentucky Public Health

Prevent. Promote. Protect.

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Signature Page

This assessment addendum has been approved and adopted by the Kentucky Department for Public Health

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July 2, 2026

(date)

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Contents

Acknowledgements

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Section 1: Executive Summary

In 2023, the KDPH completed a comprehensive State Health Assessment (SHA).

- State Health Assessment (SHA)
- SHA Executive Summary

Section 2: Additional Data

In the State Health Improvement Plan (SHIP) workgroup meetings, it was determined that additional data was needed for the workgroups to make evidence-based public health decisions on developing goals, objectives and SMARTIE activities. Below are the topic areas and additional data reviewed.

Disability Demographic Data

The 2023 SHA reported those under the age of 65 years old with a disability in Kentucky was 13.2% and, in the U.S., 8.7%. [1] The Access to Care SHIP workgroup discussed that additional data on disability should be broken down further. The information below was provided from the 2024 Behavioral Risk Factor and Surveillance Survey (KyBRFS), numbers represent percentages and adults are defined as those 18 years and older. In Figure 1, the National Disability Rate is 30.2%, while Kentucky is 37.8%.

Figure 1

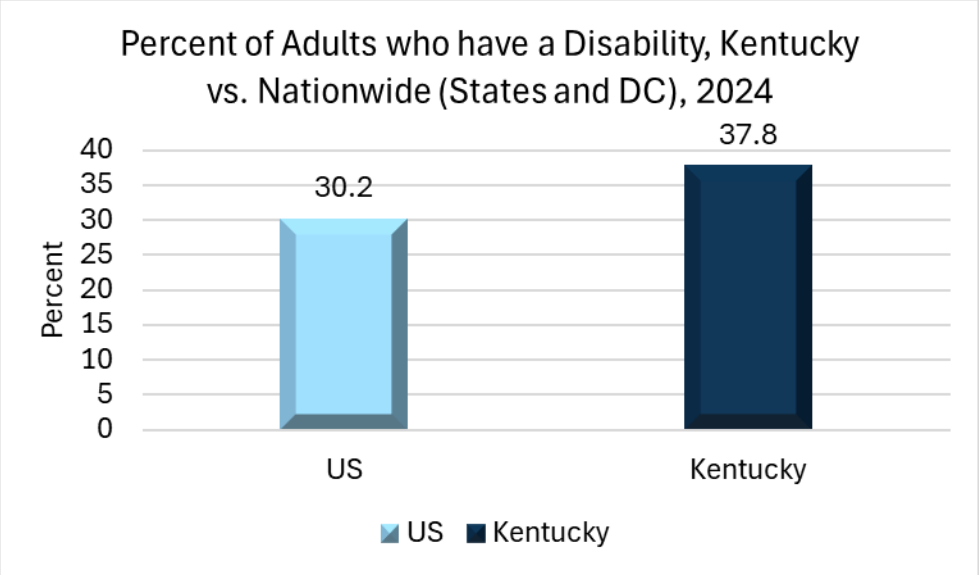
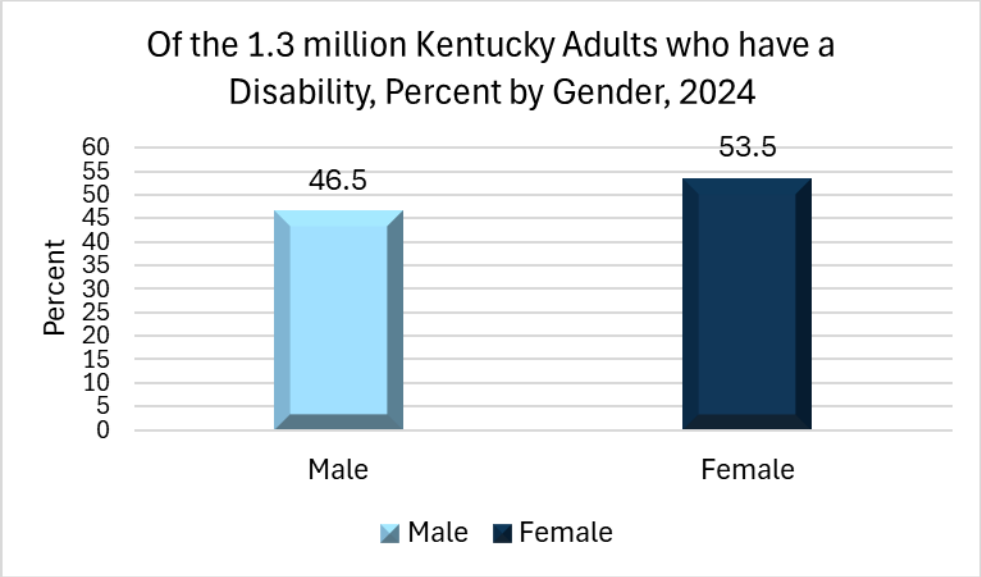


Figure 2



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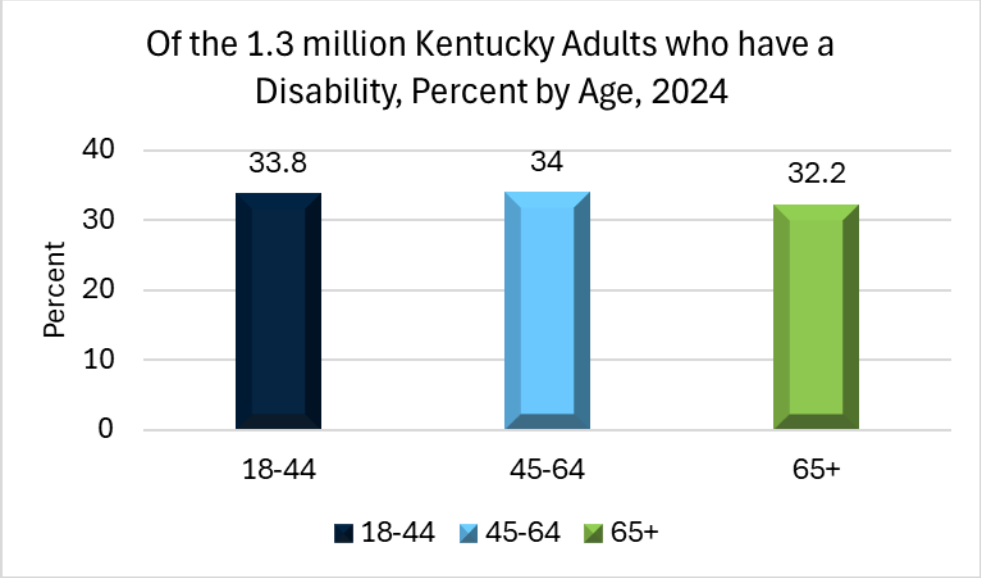
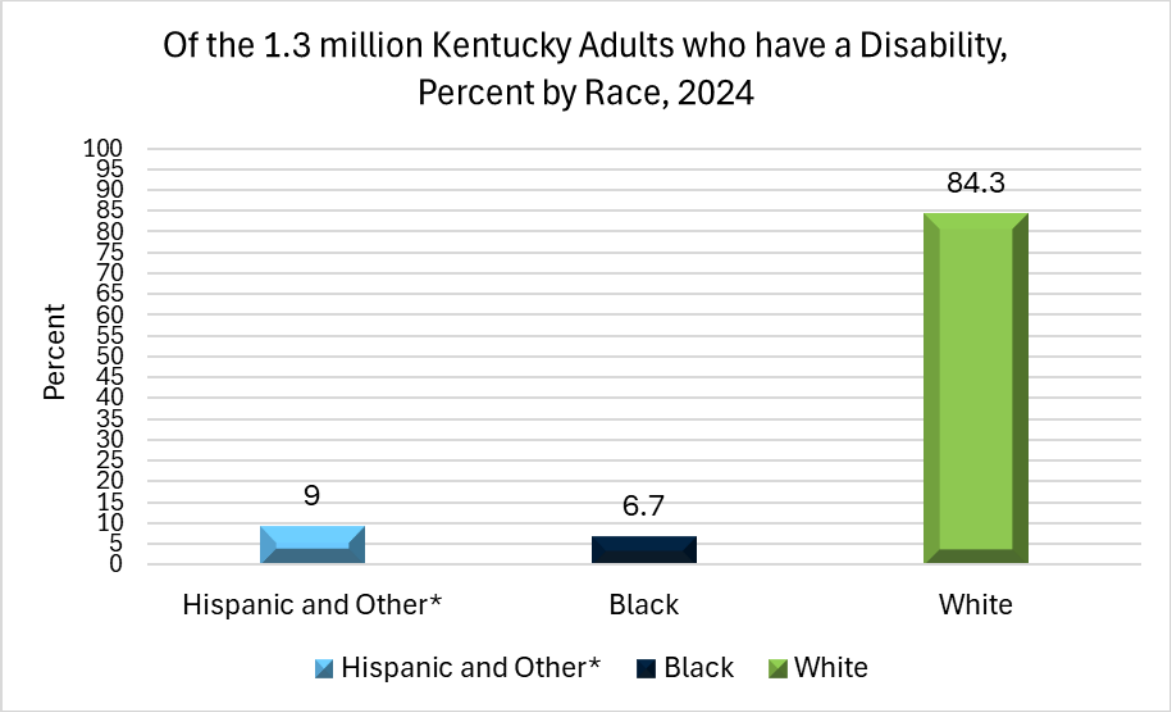


Figure 4



Note: Other is defined as Asian, Native American, Indians and Some Other Race.

For reference, disability is measured using the following yes/no questions:

- "Are you deaf, or do you have serious difficulty hearing?" [hearing]
- "Are you blind, or do you have serious difficulty seeing, even when wearing glasses?" [vision]
- "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?" (5 years or older) [cognitive]
- "Do you have serious difficulty walking or climbing stairs?" (5 years or older) [mobility]
- "Do you have difficulty dressing or bathing?" (5 years or older) [self-care]
- "Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?" (15 years or older) [independent living]

Identifiers are the standards the U.S. Department of Health and Human Services established via the Affordable Care Act. Prominent data sources including the U.S. Census Bureau and the Behavioral Risk Factor Surveillance System use these questions.

Health Care Access/Coverage

Question: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or governmental Plans such as Medicare?

At Risk: Adults defined as 18 years and older who answered "No" are considered at risk. Who is at risk in Kentucky?

Only 7.5% of Kentucky adults reported having no health care coverage, the same as the U.S. median prevalence (7.5%) shown in Figure 5. The prevalence of men who did not have any form of health insurance was significantly higher when compared to the prevalence of women without health insurance (9.4% vs. 5.2%), as shown in Figure 6. There were more White Kentucky Adults (5.3%) than Black Kentucky Adults (4.1%) who had no health care coverage, by Race, 2024, as shown in Figure 7. In Figure 8, about 12.2% of adults aged 18-34 years did not have health insurance. This was significantly higher when compared with adults aged 50 years or more. Adults with less than a high school education reported a significantly higher prevalence of no health insurance compared to those with a college degree (21.7% vs. 1.8%). Adults with an income less than $25,000 reported a higher prevalence of no health insurance coverage than those with an income of $50,000 or greater (10.5% vs. 5.9%). In Figure 9, Lake Cumberland ADD had the highest number of Adults with No Health Care Coverage (9.2%). In Figure 10, the years with the highest percentage of Kentucky Adults with No Health Care Coverage were 2019 and 2022 (8.3%), while the year with the lowest number of Adults with No Health Care Coverage was 2021 (4.3%).

Note: *Statistically significant means that an outcome in data is highly unlikely to have occurred by pure chance or luck. Not statistically significant means that an outcome in data could plausibly be explained by chance alone.

Confidence intervals describe the amount of uncertainty associated with a sampling method. Confidence intervals are usually reported to help explain how reliable or precise a result is. (Source: https://www.nlm.nih.gov/nichsr/stats_tutorial/section2/mod2_confidence.html). They are frequently reported in scientific literature and indicate how close research results are to reality. The confidence interval uses the sample to estimate the interval of probable values of the population and the parameters of the population. For example, suppose a study is 95% reliable with a confidence interval of 47-53. In that case, if researchers did the same study repeatedly with samples of the whole population, they would get results between 47 and 53 exactly 95% of the time. The reliability in this example refers to the consistency of the measurement or the ability to repeat it. Poor reliability is more likely with a small population or if the health event studied does not happen often or at regular times. In the document, confidence intervals are displayed as error bars on graphs. Note that not all data depicts a confidence interval.

Figure 5

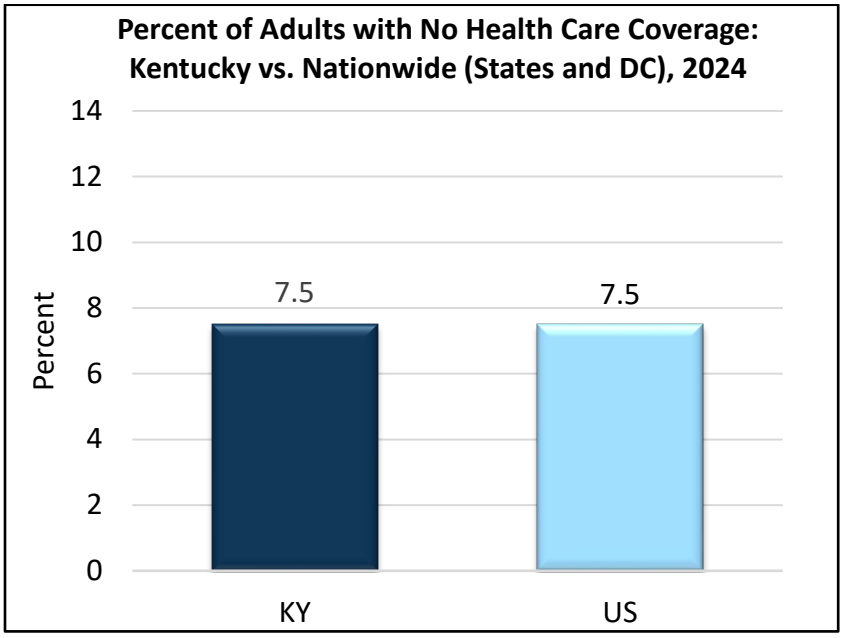
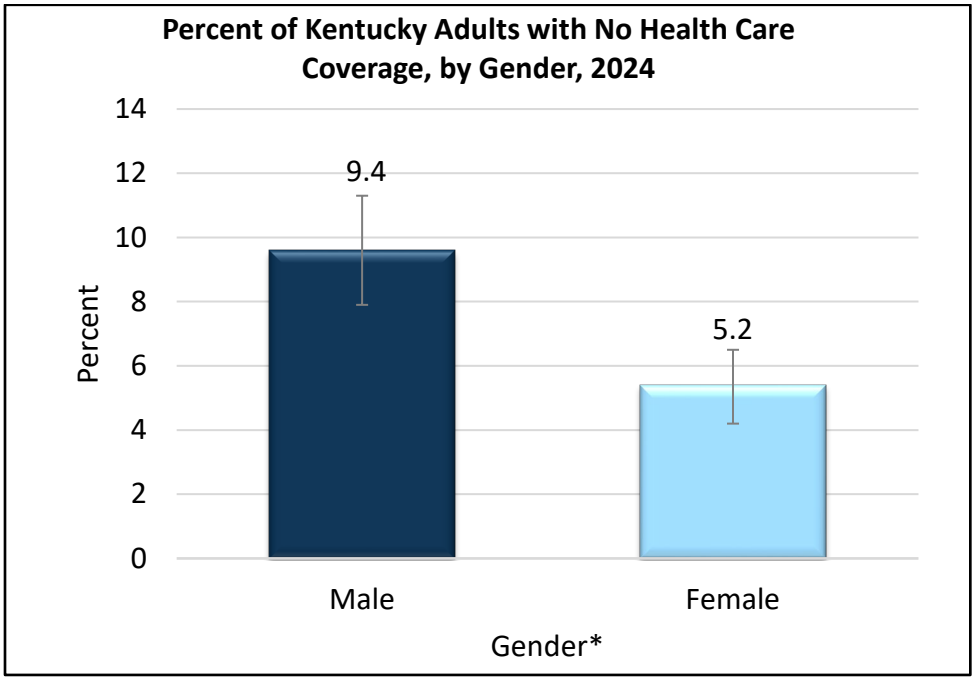


Figure 6



Note: *Denotes a statistically significant difference among the values.

Figure 7

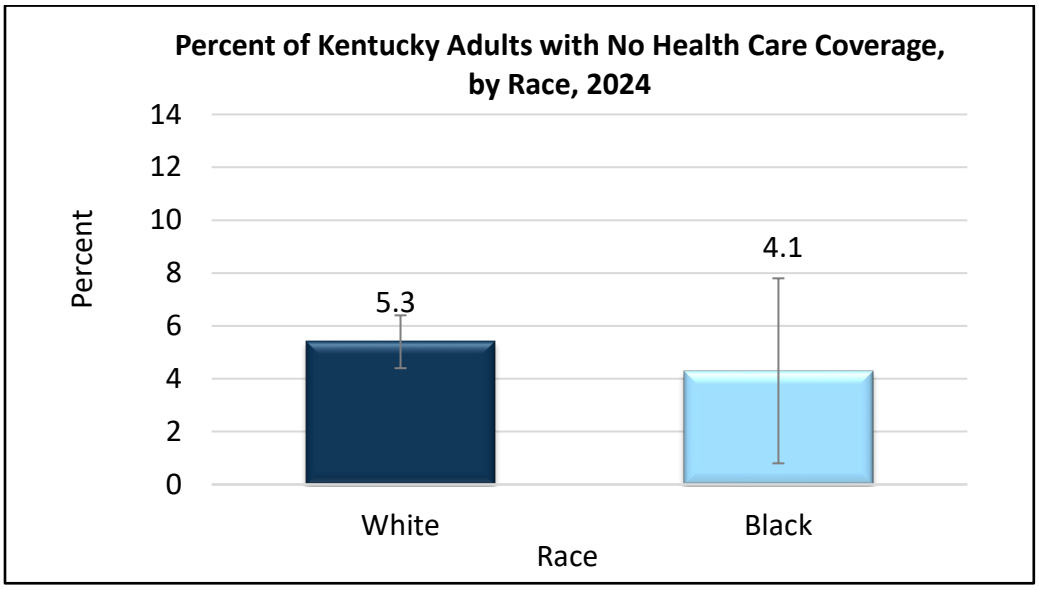
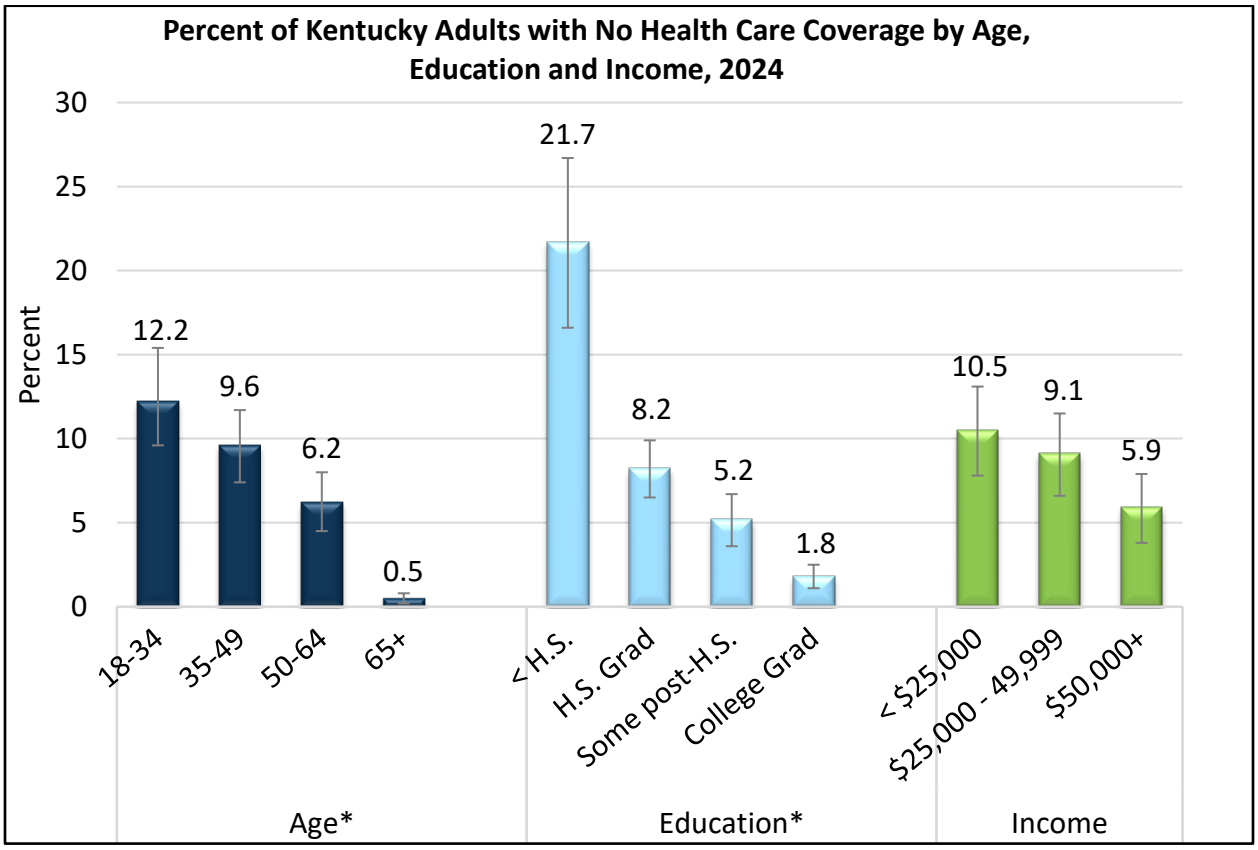


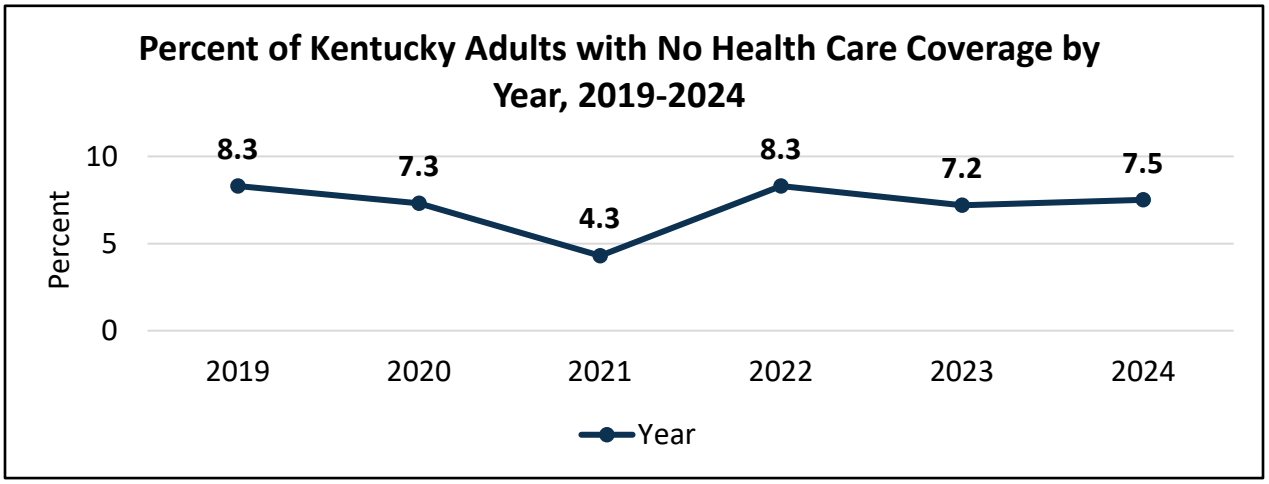
Figure 8



Note: *Denotes a statistically significant difference among the values.

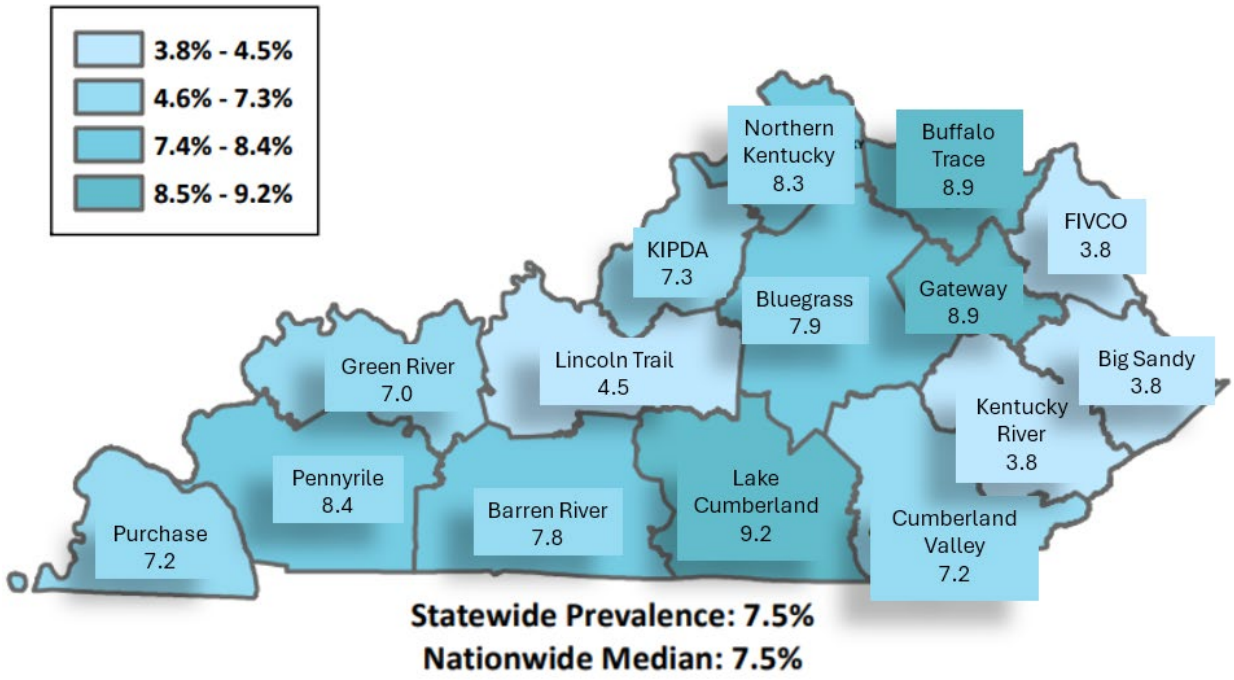
Figure 9

Percent of Kentucky Adults with No Health Care Coverage, by Area Development District (ADD),



2024.

Figure 10



Tobacco Use

Question: If you have smoked at least 100 cigarettes in your entire life, are you now smoking daily, some days or not at all?

At Risk: Adults defined as 18 years and older who are a "Current Smoker" (i.e., smoke "every day" or "some days" are considered at risk).

In Figure 11, 17.2% of Kentucky adults reported that they were current smokers in 2024. The estimate was higher than the U.S. median (11.6%). Figure 12 shows that the prevalence of smoking did not significantly differ by gender. In Figure 13, there were no statistically significant differences in smoking prevalence between White and Black adults. In Figure 14, the prevalence of cigarette smoking was higher among adults aged 35-49 years (22.3%) and adults aged 50-64 years (23.6%) compared to adults aged 18-34 years (12.1%), or aged 65+ years (12.2%). About 28.5% of adults with less than a high school education were currently smokers in 2024, which was significantly higher compared to just 5.7% of those with a college degree. Cigarette smoking is significantly higher among adults with an annual household income of less than $25,000 compared to those with a higher annual household income. In Figure 15, FIVCO, Big Sandy and Kentucky River ADD had the highest number of Adults who are Current Smokers (25.4%). In Figure 16, from 2019 (23.6%) to 2022 (17.4%) there has been a decline in adults who smoke. 2024 (17.4%) is the second lowest year over the past six (6) years of Kentucky adults who are current smokers.

Figure 11

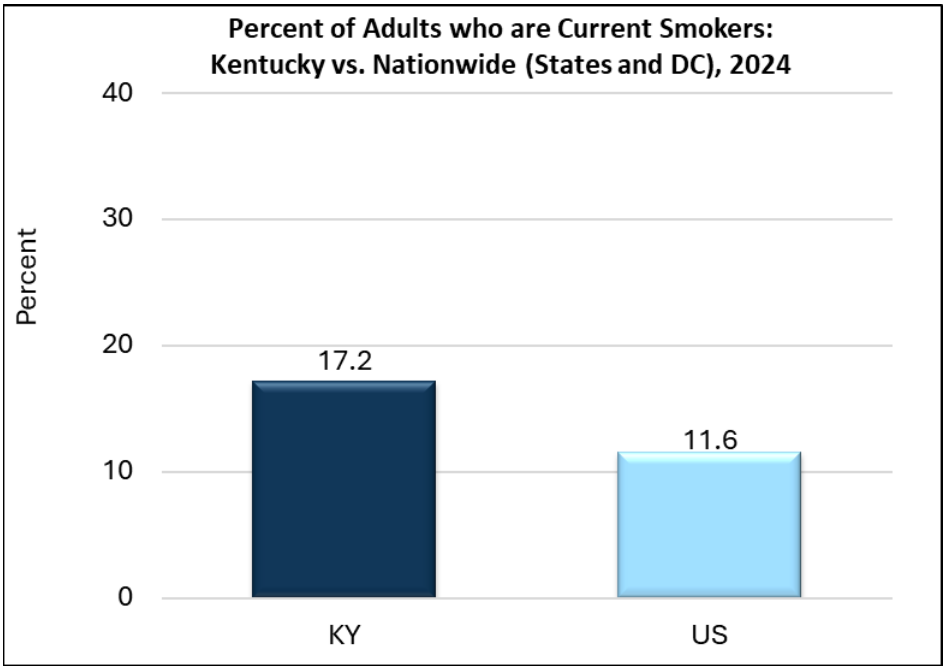


Figure 12

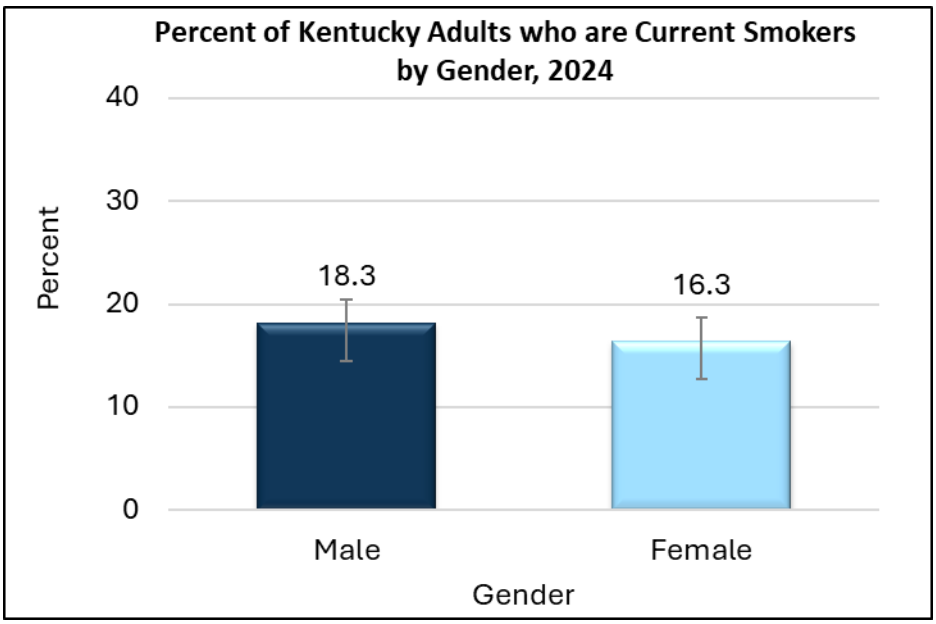


Figure 13

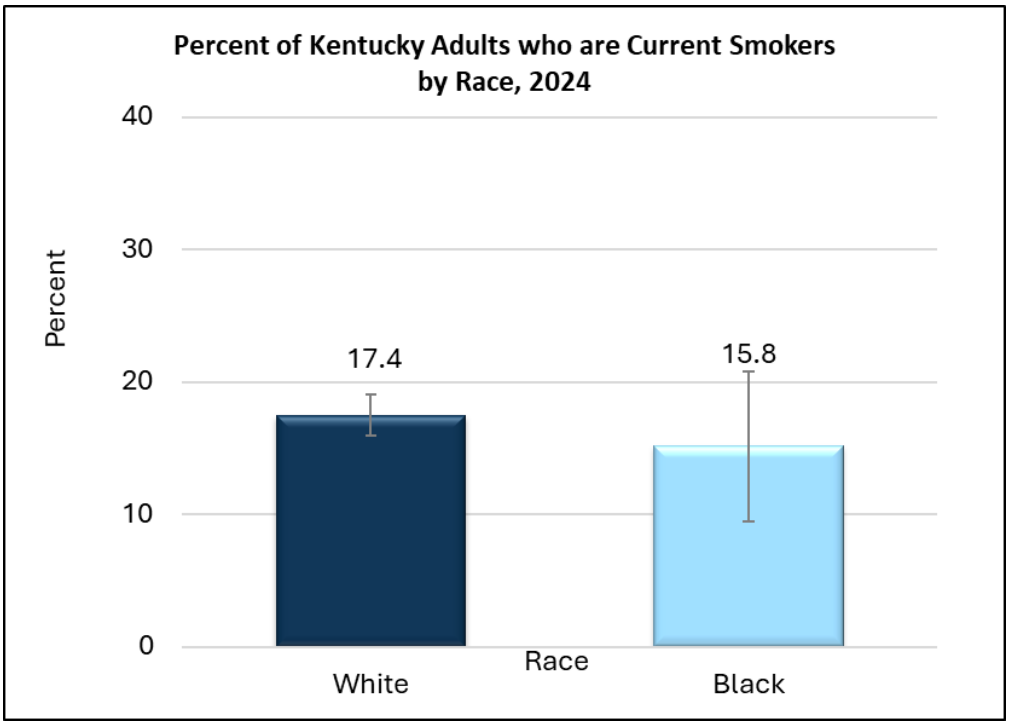
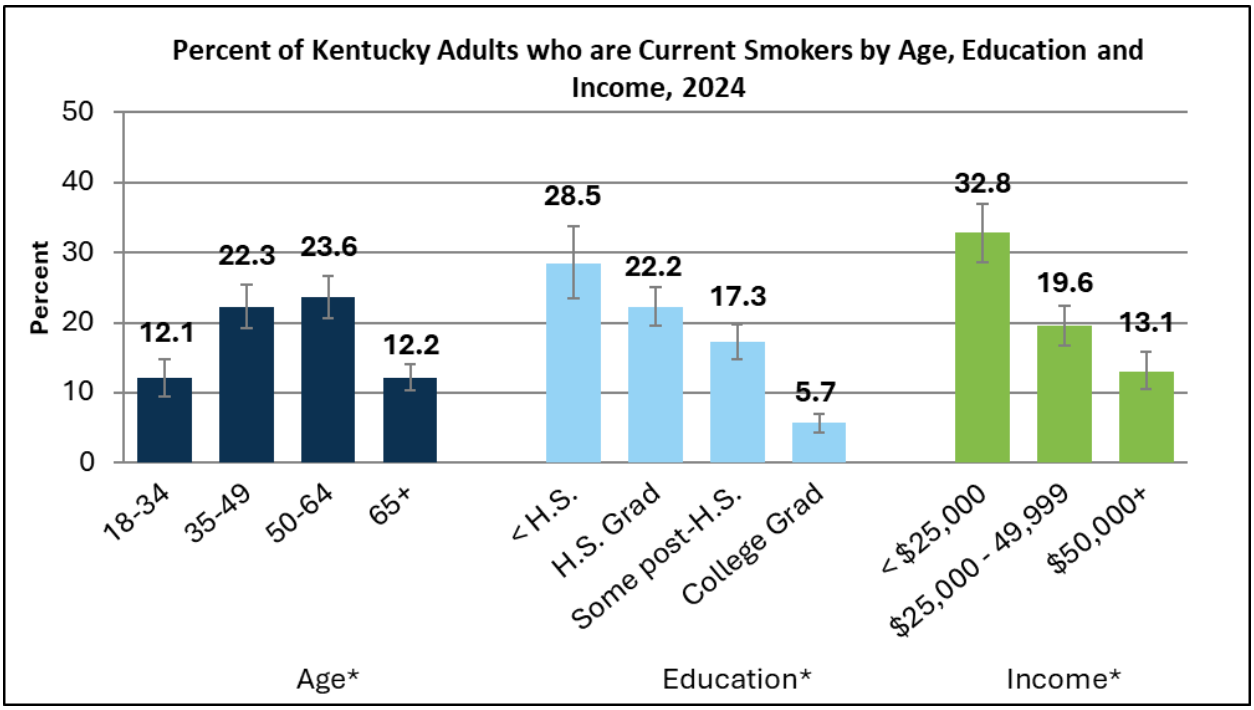


Figure 14



Note: *Denotes a statistically significant difference among the values.

Figure 15

Percent of Kentucky Adults who are Current Smokers, By ADD, 2024.

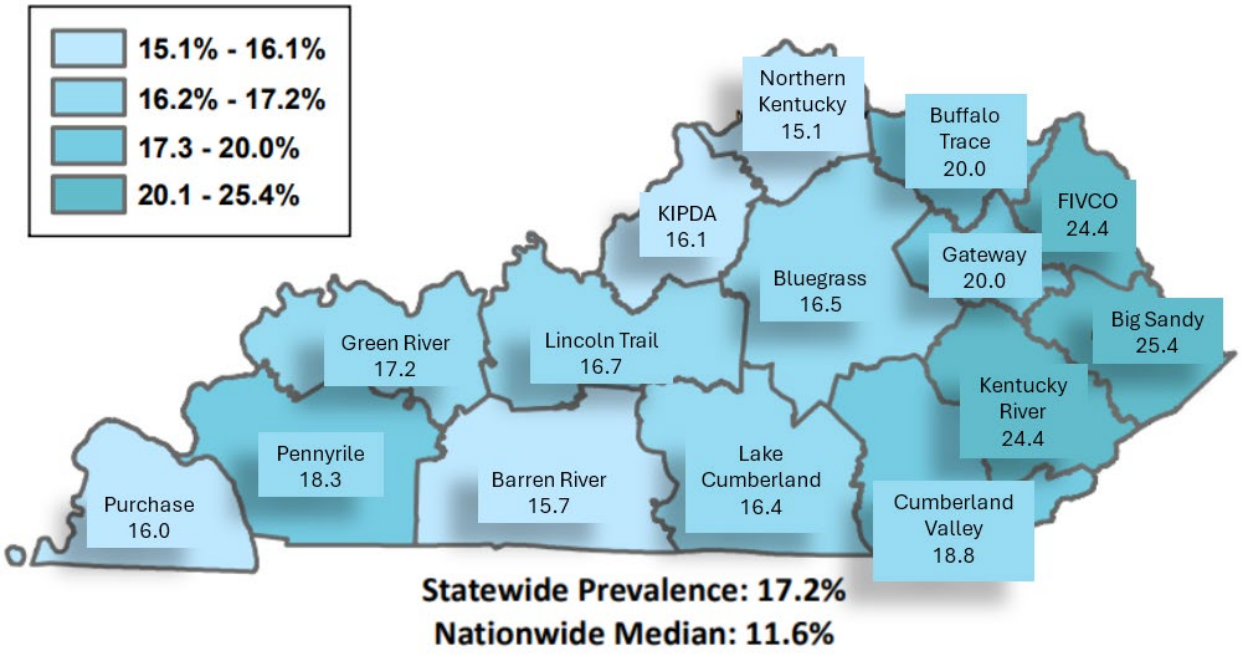
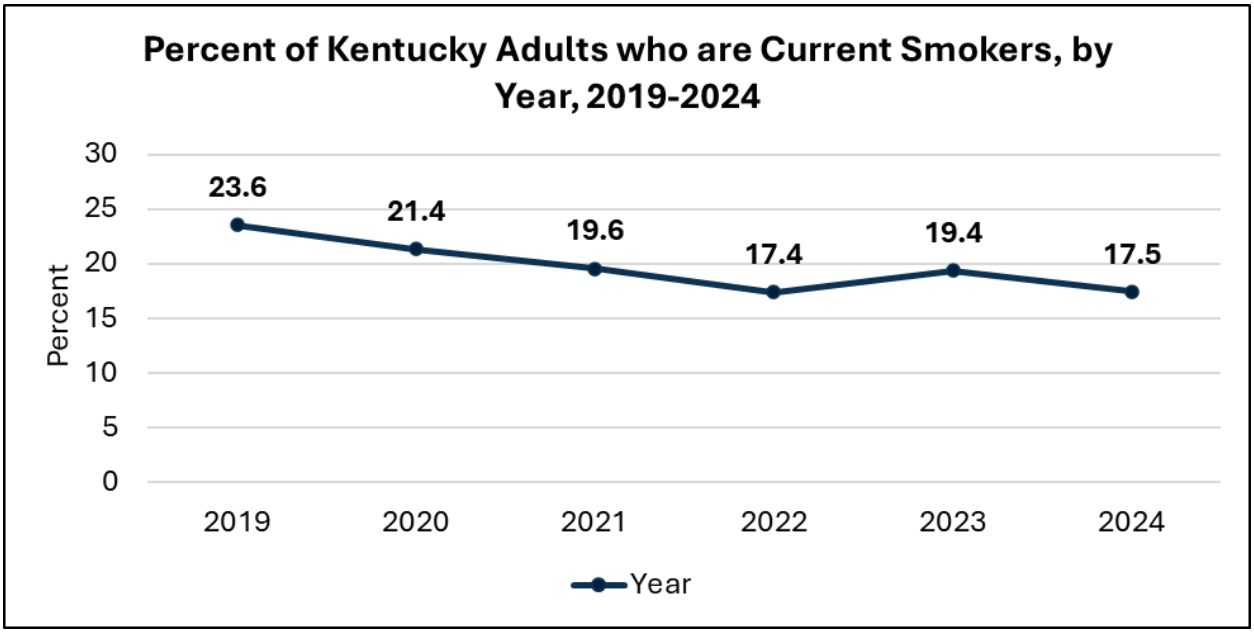


Figure 16

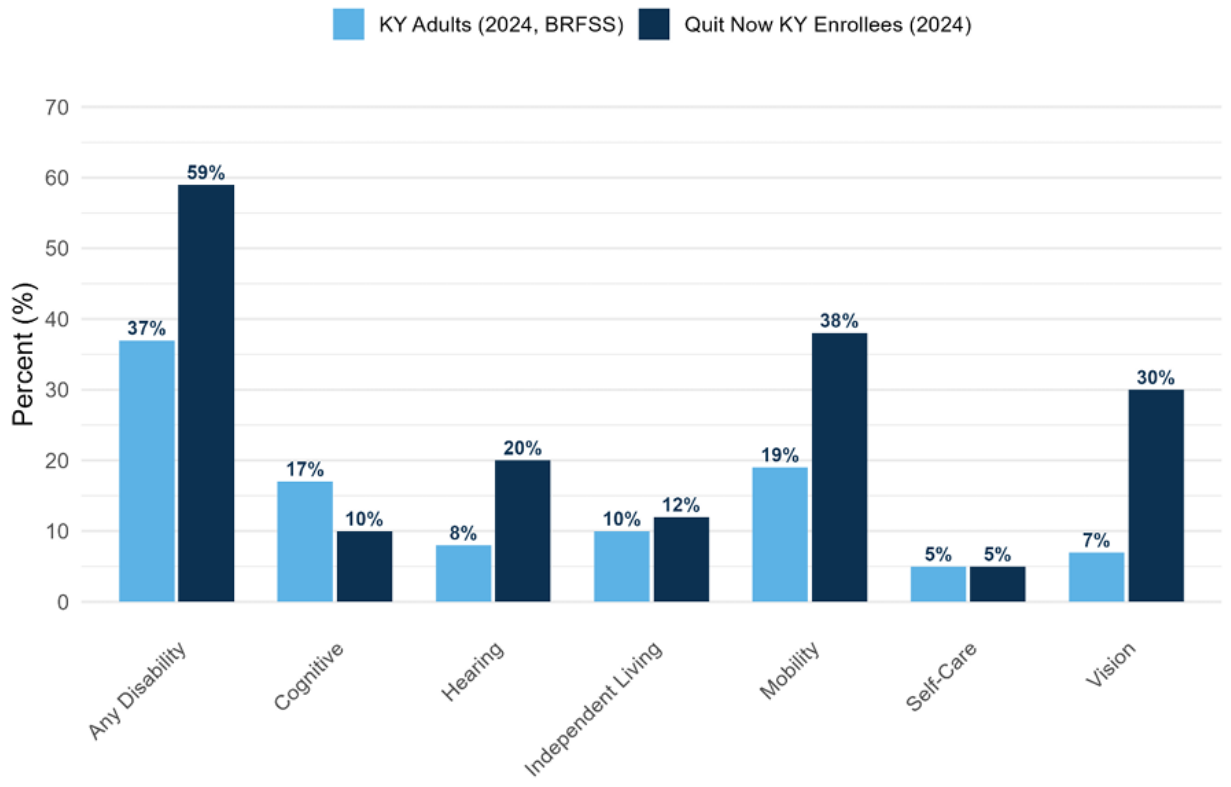


Highlights from the 2024 Quit Now Kentucky Disabilities Report are listed below. To review more data, please review the 2024 Quit Now Kentucky Disabilities Report.

- There were 23.5% of Quit Now Kentucky Enrollments from July 1, 2023, to April 30, 2024, who reported at least one disability.
- Among all respondents who reported having at least one disability, 26% reported having quit using tobacco as a result of using these Quit Now Kentucky services. Phone participants who completed five or more calls had a quit rate of 37%, while those who completed four or fewer had a quit rate of only 20%.
- Participants who received both coaching and nicotine replacement therapy had a quit rate of 30%, whereas those who only received coaching had a quit rate of 18%.
- Participants who were 55 years or older accounted for 62% of all participants in this evaluation, and those 65 years or older had the highest quit rate at 35%.
- Adults with functional disabilities are nearly twice as likely to smoke cigarettes as those without disabilities. In 2024, the Behavioral Risk Factor Surveillance System (BRFSS) found that over half (54%) of adults who smoke cigarettes have a disability, compared to only 33% of non-smoker adults who have a disability. Kentucky has the second highest smoking rate in the country (17.4%) and has a high percentage of residents with disabilities. According to the 2024 BRFSS, 37% of Kentucky adults have a disability. The graph below compares disability data from the 2024 BRFSS and enrollment information received from Quit Now Kentucky in 2024.

Figure 17

Disability prevalence: Kentucky adults versus Quit Now Kentucky enrollees.



Poor Mental Health

Question: Now, thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?

Measure: Adults defined as age 18 years and older who reported 14 days or more of being mentally unhealthy in the past 30 days were considered at risk.

In 2024, the percentage of adults with poor mental health days of more than 14 days in Kentucky was 18.7%, while the United States was 15.6% shown in Figure 18. In Figure 19, the prevalence of poor mental health was higher among female adults than male adults (21.3% vs. 16.0%). In Figure 20, the prevalence of poor mental health was higher for White adults (19.0%) than Black adults (16.7%). In Figure 21, the prevalence of adults mentally unhealthy for 14+days was highest in the age range of 25-49 years (23.2%), while the lowest in the age range 65 years and older (10.6%). Adults with less than a high school education had the highest rate of mental unhealthiness for 14+ days at 23.1%, while the lowest was those with a college degree (12.9%). In terms of income, those making less than $25,000 have the highest rate of mental unhealthy for 14+ days at 28.7%, while the lowest rate of mental unhealthy for 14+ days was those making $50,000 or more at 15.3%. In Figure 22, Cumberland Valley ADD had the highest prevalence of poor mental health days (24.5%). In Figure 23, the past two years in 2023 (20.7%) and 2024 (18.6%) have been the highest Kentucky adults mentally unhealthy for 14+ days in the Past Month.

Figure 18

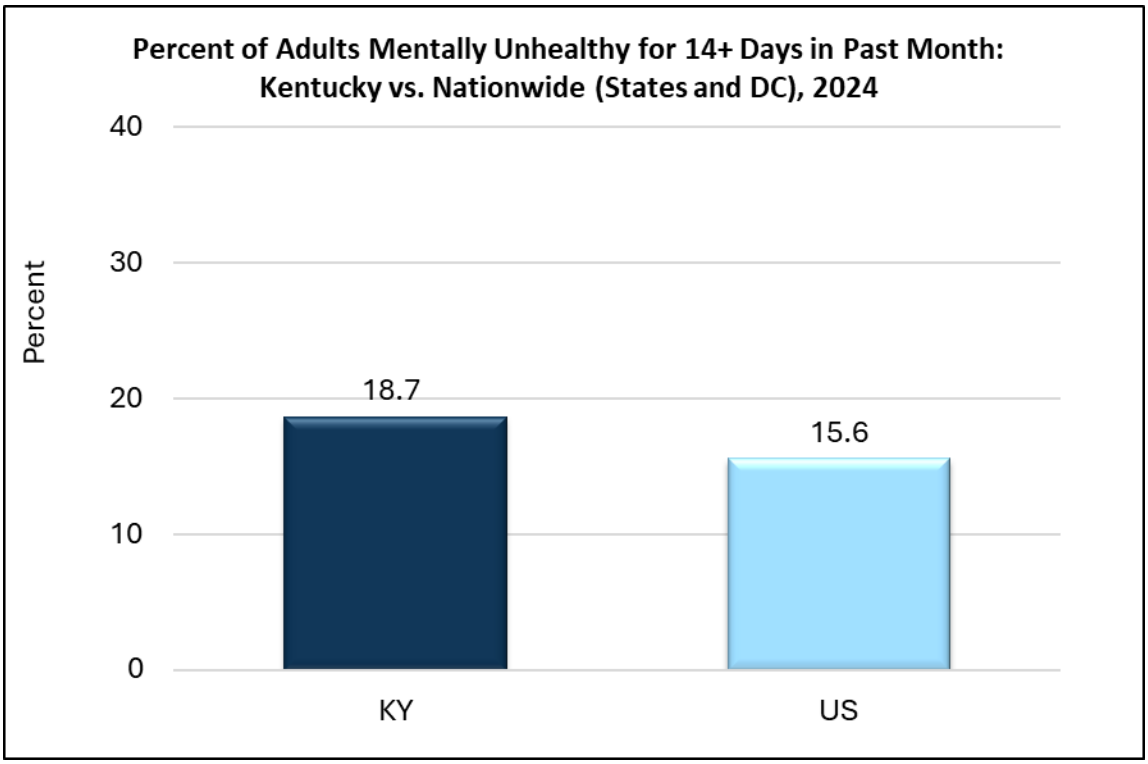
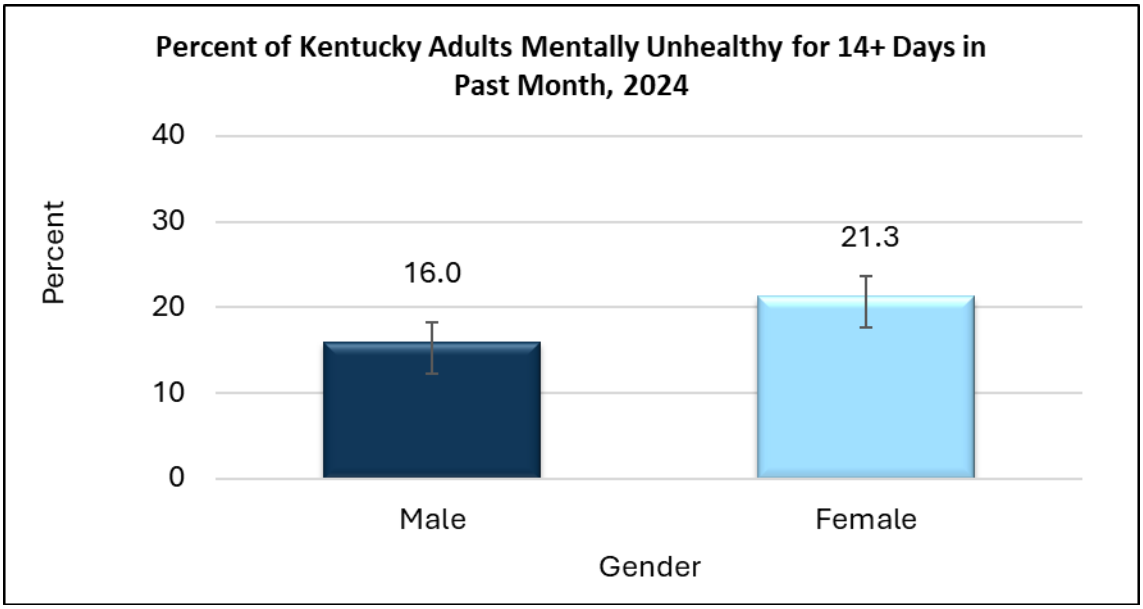


Figure 19



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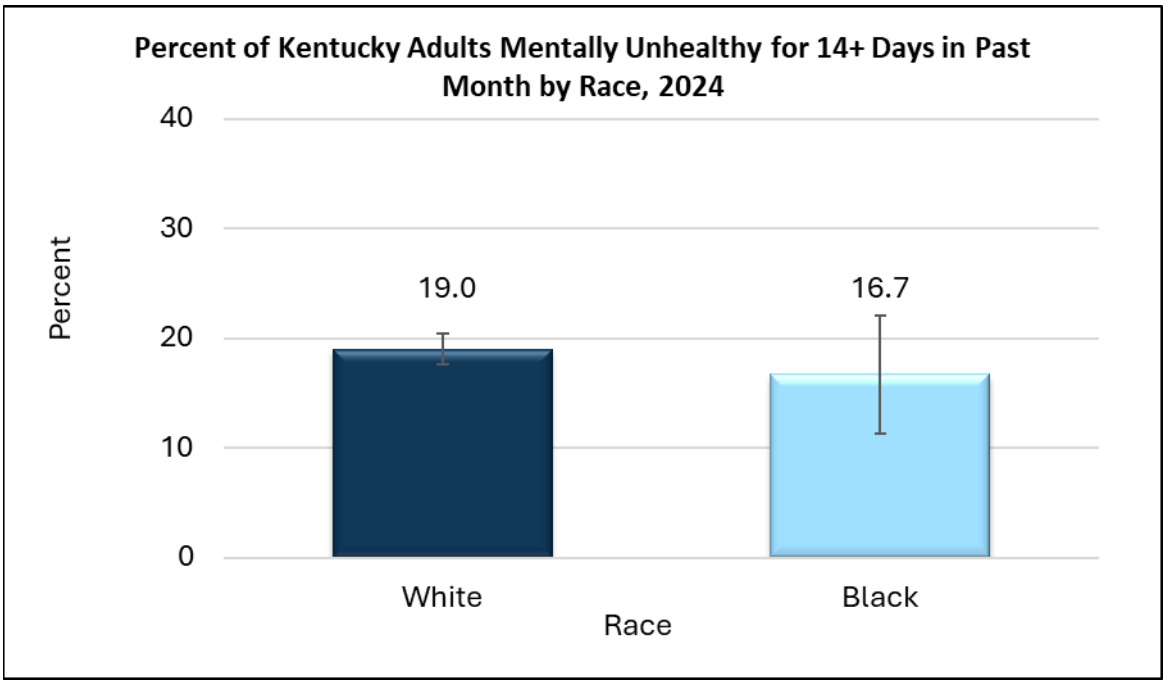
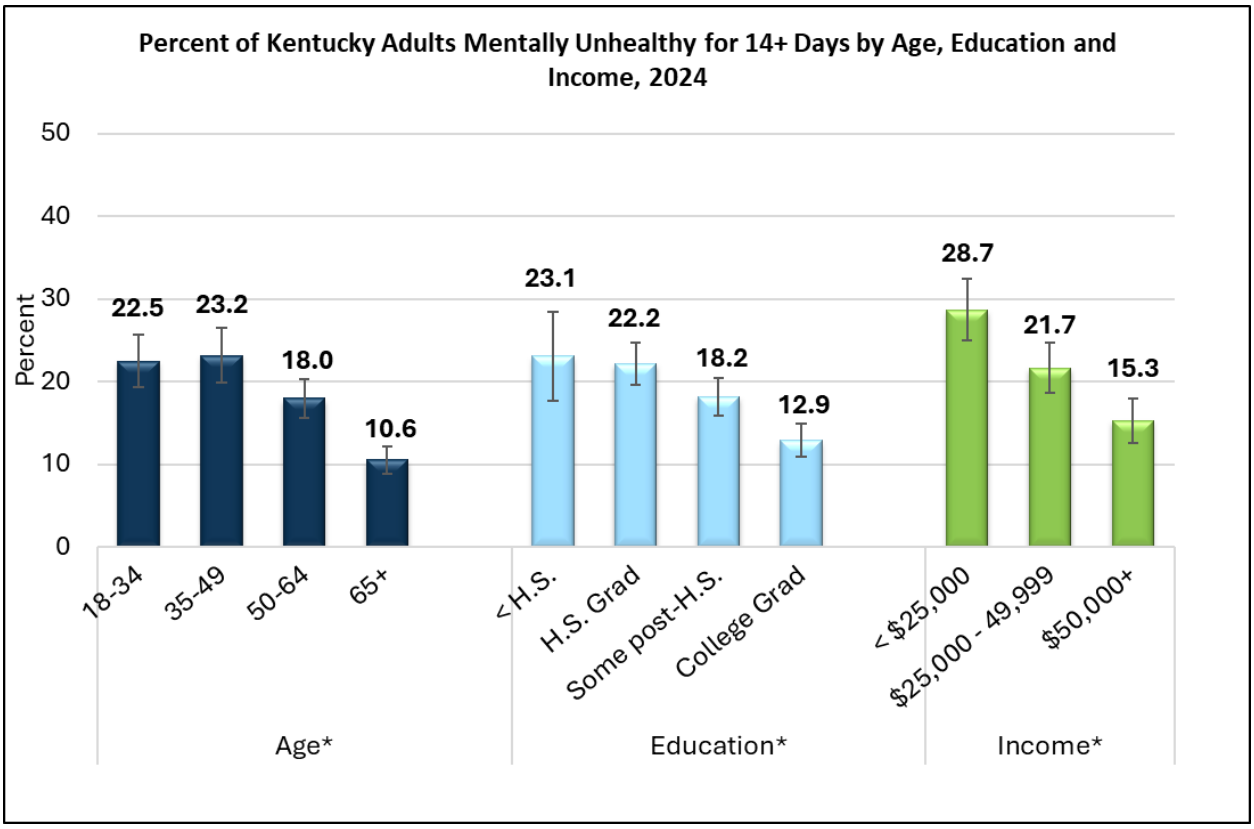


Figure 21



Note: *Denotes a statistically significant difference among the values.

Figure 22

Percent of Kentucky Adults Mentally Unhealthy 14+ Days in Past Month, by ADD, 2024.

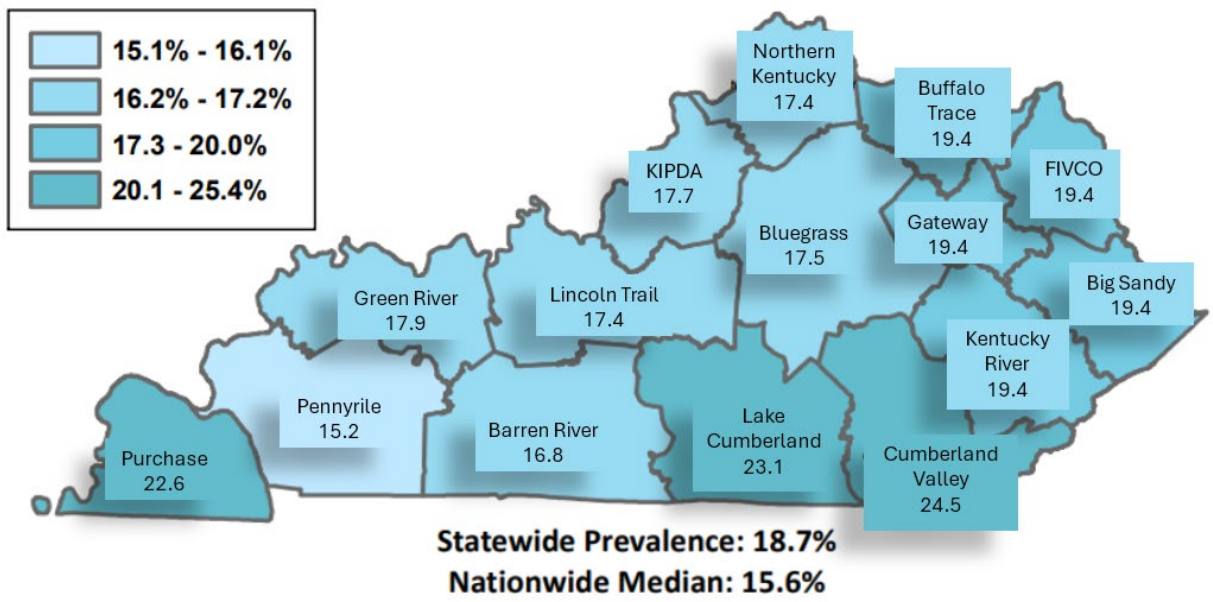
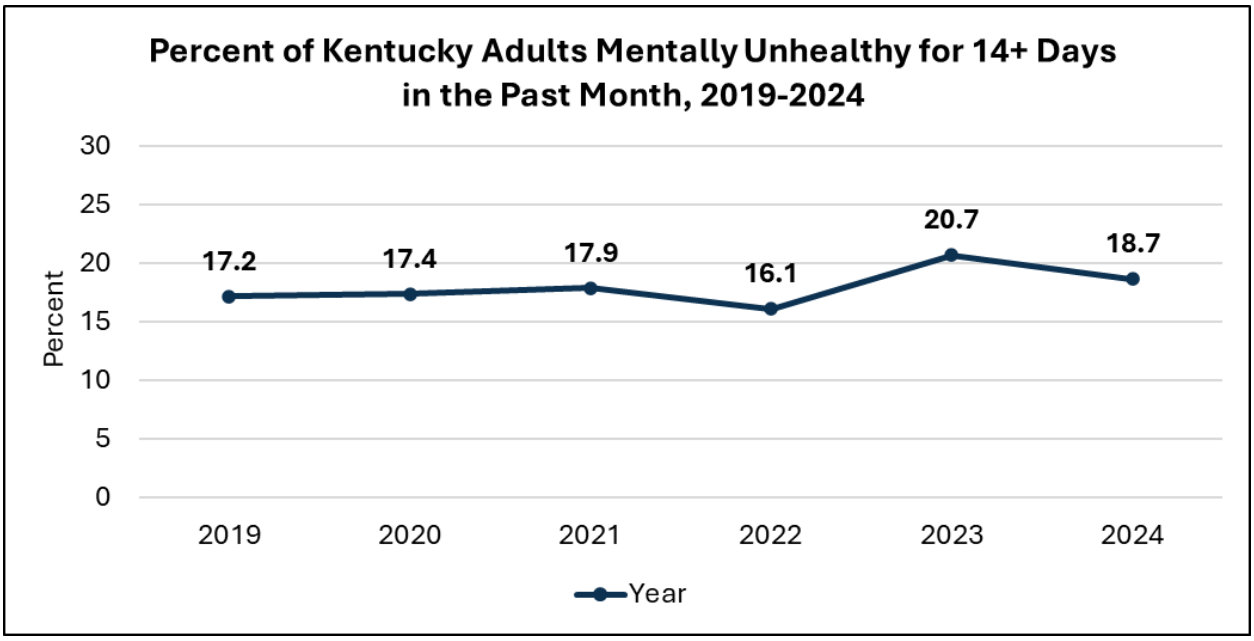


Figure 23



Drug Use

Highlights from the 2024 Drug Overdose Fatality Report are listed below. To review more data, please review the 2024 Drug Overdose Fatality Report.

- In 2024, there was a 30.2% reduction in overdose deaths in Kentucky compared to 2023.[2]
- Overdose deaths among Black residents declined 37.3% from 271 in 2023 to 170 in 2024.[2]
- In 2024, there were fewer overdose deaths in Jefferson County (340) compared to 2023 (501).[2]
- In 2024, Fentanyl was identified through toxicology in 62.3% of overdose deaths.[2]
- In 2024, the top five (5) counties with the highest rates of overdose death include Lee, Knott, Breathitt, Powell and Estill.[2]

Additional Partners in the SHA process

Since the release of the SHA, the SHA partnership has expanded. This expansion has brought in additional data sources displaying all populations including those with limited access to high-quality care, services and resources. Below is a table of expanded partners and some ways they have contributed their expertise to the SHA.

Table 1:

Table of additional partners in the SHA process including organization, individual(s) and contribution to data sharing.

Organization	Individual(s)	Contribution to data sharing
Bluegrass Council of the Blind	Theresa Thomas	Shared on 2/12/24 with the Nutrition SHIP workgroup an overview of things to consider for people with vision impairment and other challenges.
Department for Aging and Independent Living (DAIL)	Amanda Stoess	Shared on 2/12/24 with the Nutrition SHIP workgroup an overview of "Meeting Older Adults Where They Are" to bring awareness to the SHIP workgroup.
Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID)	Dr. Brittney Allen	Shared on 11/27/23 with the Drug Use SHIP workgroup about reducing stigma related to substance use disorder.

Organization	Individual(s)	Contribution to data sharing
Kentucky Department for Public Health	Judes Boulay, Ellen Cartmell, and Dr. Sarojini Kanotra	Dr. Kanotra shared on 12/4/23 with the Mental Health workgroup an overview of the Kentucky Behavioral Risk Factor Surveillance (KyBRFS) system for awareness in the SHIP workgroup. Judes Boulay shared on 12/11/23 with the Smoking/Vaping/Tobacco SHIP workgroup an overview of KyBRFS for awareness in the SHIP workgroup. Ellen Cartmell shared on 12/11/23 with the Smoking/Vaping/Tobacco SHIP workgroup an overview of Kentucky's Comprehension Plan for Tobacco Control.
Kentucky Department of Education	Stephanie Bunge	Shared on 1/8/24 with the Mental Health SHIP workgroup an overview of the Kentucky Youth Risk Behavior Survey (YRBS) for awareness in the SHIP workgroup.
Population Health team within the Kentucky Department for Public Health	Johan Malcolm and Kendra Doctor	Shared on 2/12/24 an overview of navigating nutrition in population health with the Nutrition SHIP workgroup.

Additional Qualitative Data

Our Healthy Kentucky Home

Our Healthy Kentucky Home campaign is a Team Kentucky initiative with the KDPH to engage and inspire Kentuckians on a personal journey of achievable health and wellness improvements through increased physical activity, improved nutritional health and decreased social isolation through targeted interventions. To find out more information, review the Our Healthy Kentucky Home campaign.

Figure 24

Walk with a Doc event held on April 24, 2025, supporting Our Healthy Kentucky Home Initiative.

Figure 25

Walk with a Doc event to improve physical activity and good mental health on April 24, 2025.

Diabetes

Kentucky has the 13th highest mortality rate from diabetes in the U.S.[3] In 2024, 9.4% of Americans have been diagnosed with diabetes; in Kentucky, that percentage is higher at 11.5%.[4] Those with prediabetes, a condition where blood sugar is higher than normal but not high enough to be diagnosed with diabetes, are also a concern, as many of these people will go on to develop diabetes without altering their lifestyle: 7.6% of Americans and 7.7% of Kentuckians have prediabetes.[4] Additionally, there are people who have diabetes who don't realize they have the condition.[5] Given these statistics, prevention of this lifestyle disease is paramount and makes a sound case for offering a produce prescription program in conjunction with the Diabetes Prevention Program.

Local Health Departments (LHD) provide the National Diabetes Prevention Program (NDPP) to their community free of charge. The NDPP is a one-year lifestyle change program. Participants begin meeting weekly for 16 weeks and then finish the year meeting monthly. The NDPP is an evidence-based, CDC curriculum designed to help those who have prediabetes or who are otherwise at risk for type 2 diabetes to make lifestyle changes that will lower their risk of type 2 diabetes. The curriculum includes education about various aspects of health, which include healthy eating, physical activity, stress management, and improving sleep. The goal of the

program is for participants to get at least 150 minutes of physical activity weekly and to lose five to seven percent (5-7%) of their beginning body weight (this may vary depending upon the participant's starting weight). Trained lifestyle coaches lead the program and provide feedback and encouragement to participants throughout the program.

A success story highlighted is the Allen Central County Health Department (ACHD). Due to diabetes being a lifestyle disease requiring healthy eating for optimal management, ACHD partnered with Need More Acres Farm and the Department for Public Health's State Physical Activity Program (SPAN), funded by the Centers for Disease Prevention and Control, to provide a produce prescription program in conjunction with the NDPP sessions. Through collaboration, the ACHD used some of their diabetes program dollars, and the SPAN provided approximately $21,000 so participants could receive fresh food boxes containing fresh produce, cooking kits, reusable bags, recipes and Instant Pots (see pictures). The Produce Prescription Box pilot began September 23, 2024, and concluded August 4, 2025. The pilot has provided fresh, locally sourced fruits and vegetables delivered to participants' homes; each participant is to receive a total of 24 food boxes during the yearlong class series. By the end of the program, 144 boxes were distributed to participants. Much positive feedback has been received from the produce prescription program:

- "Yes, it has helped, and I have loved all the different varieties. I probably was at 1-2 servings (of fruits and vegetables) per day and now more like 4-5. Yes, I tried lots of new vegetables."
- "Another wonderful box of greens and veggies and apples came today. I am so thankful for this program. Today I started my husband (who is borderline) on the same things I am eating. We just had a delicious salad, two chicken strips, leftover baby bakers, and leftover stir fry veggies."
- "Another tasty box of veggies. Thank you. Salad with apples and beets. Stir fry zucchini, broccoli, a few beet greens, and onion."
- "I roasted a sweet potato, a yellow potato, a red potato, and the sweet potato squash in olive oil. We love that sweet potato squash. The spice I used is California Garlic pepper."

Additionally, this program has benefited ten (10) other farmers in addition to Need More Acres Farm and supported farmers in extending the season of the crops they grow.

Figure 26

The Need More Acres Farm provides fresh produce that participants in Allen County, Kentucky, receive.

Inequities including SDOH

- Contributing factors for poor nutrition are access to healthy foods, considering the distance an individual lives from a grocery store or supermarket, locations for health food purchases in most communities and the inability to access healthy food because of cost barriers.
- Contributing factors for poor mental health are structural conditions, including employment, socioeconomic status, income, education, housing, social support, food security, childhood adversity, discrimination, ability to access acceptable and affordable health care and the neighborhood's social and physical conditions in which people live.[6]
- Contributing factors for smoking according to Garrett et. al are “low socioeconomic status to include low levels of education, low income, unemployment and blue-collar (e.g., mining) and service industry workers”. [7]
- Contributing factors for drug use are socioeconomic status, homelessness and incarceration.[8] Economic and social factors shape the behavior of an individual's drug use.[8] Minority groups have disproportionately high levels of social factors that adversely affect their health, further contributing to disparities in drug users’ health.[8]
- Contributing factors for lack of access to care are lack of health insurance coverage, limited availability of health care resources, physician shortages and unreliable or inconvenient transportation.[9]

Highlights from the Kentucky Minority Health Status Report. For further details, please review the Kentucky Minority Health Status Report.

- Cancer: From 2018 to 2022, cancer rates were higher in Appalachian Kentucky compared to non-Appalachian Kentucky.[10]
- HIV: Between 2019 and 2023, Black individuals were diagnosed with HIV at rates 3.7 to 5.5 times higher than White individuals, while Hispanic individuals had rates 2.5 to 4.8 times higher than Whites during the same period.[10]
- MCH: In 2020 to 2022, the infant mortality rate for Black babies in Kentucky was 10.3 per 1,000 live births, nearly twice the state average of 5.8.[10]
- Substance Use Disorder (SUD): In 2024, drug overdose deaths among Kentucky residents in the Appalachian region had a rate of 43.8, while non-Appalachian regions had a rate of 28.8.[10]

In the SHIP, each workgroup compiled an asset inventory containing resources, the reach (organization's impact) and contact information. The document can be found at SHIP2024-28.pdf in Appendix H. In addition, during the implementation of the SHIP, other community assets were identified and are listed below. This is not an all-inclusive list, but rather a sample of assets identified through ongoing workgroup meetings.

- Lexington-Fayette County Behavioral Health Resource Directory
- Population Health Consultant, Amanda Stoess, senior citizen population, Department for Aging and Independent Living
- Population Health Consultant, Ashley Smith-BIPOC population, Black Soil KY
- Population Health Consultant, Theresa Thomas-population with impaired vision or blindness, Bluegrass Council of the Blind Inc.
- Population Health Consultant, Lindsey Mullis-population with disabilities, UK Inclusive Health and Wellness
- Population Health Consultant, Amy Smith-population with neurodiversity, autism, and disabilities, Department for Community-Based Services

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