Kentucky Department for Public Health

State Health Improvement PLAN

2024-2028

Kentucky Public Health

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

Accredited Health Department

PHAB

Advancing Public Health Performance

Public Health Accreditation Board

Adopted: 08/20/2024

This state health improvement plan has been adopted by the Kentucky Department for Public Health on August 20, 2024.

Contact Information: For questions about this assessment, contact: CHFS.DPHUPDATES@ky.gov or 502.564.3970

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Acknowledgements

The Kentucky Department for Public Health (KDPH) appreciates all the organizations collaborating in developing the State Health Improvement Plan (SHIP). This document is a statewide effort to improve the health of Kentuckians. We are grateful for the participants' time and expertise in developing plan goals, objectives and **s**pecific, **m**easurable, **a**chievable, **r**elevant, **t**ime-bound, **i**nclusive, and **e**quitable (SMARTIE) activities.

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Letter from Commissioner Stack

Figure 1: Image of Commissioner Steven J. Stack, MD, MBA

The Kentucky Department for Public Health (KDPH), in partnership with public and private sector partners, is excited to share the 2024–2028 Kentucky State Health Improvement Plan (SHIP). This SHIP is the culmination of a data-driven, deliberative process and provides a roadmap to support healthier people and healthier communities throughout the commonwealth. We are grateful for the many people who have contributed to this project, and we look forward to our collaborative efforts to bring this plan to fruition in the years ahead.

We also invite you to visit the KDPH's website or follow us on social media to learn more about our nearly 150 programs promoting healthier Kentuckians. For additional information on an even wider array of services and supports for our commonwealth, please visit the Cabinet for Health and Family Services (CHFS) website.

Wishing you good health,

Steven J. Stack, MD, MBA

Commissioner

Executive Summary

A state health improvement plan (SHIP) is developed to identify statewide public health priorities and a description of how the health department and community partners will work together to improve the health of the population. A comprehensive SHIP is used to set priorities, identify and direct resources, and implement projects, programs, and policies. The Kentucky 2024-2028 SHIP was developed using data compiled by the KDPH and partners in the 2023 Kentucky State Health Assessment. The plan is the culmination of many collaborative gatherings reviewing and supplementing data, identifying community assets, and providing leadership, direction, and oversight within a state to address health improvement, strengthen the public health infrastructure and engage system partners in contributing to planning, implementation, and evaluation.

A SHIP provides information on health status, system capacity and resources, health improvement policy changes, health and system priorities, measurable objectives and outcomes, implementation plans and evaluation measures, all within established time frames. A SHIP identifies priorities specific to the needs of the state and considers the resources available to meet those needs. When developed with these characteristics, and if adhered to, a SHIP can improve the health of a state's population [ASTHO State Health Improvement Plan (SHIP) Guidance and Resources, ASTHOSHIPGuidance.pdf (ky.gov)].

The KDPH convened more than 100 public health partners and local health department leaders in September and October 2023 to discuss the health status of Kentucky, identify five public health priorities and engage partners to participate in workgroups to create a comprehensive plan. Partners self-selected which priority area(s) they would participate in based on interest, expertise, and resources they could contribute to the process. Continued work was carried out via virtual meetings with one KDPH staff and one external partner serving as co-chairs for each of the five priority area workgroups. More than 200 individuals participated in workgroup meetings consistently over seven months. The workgroups utilized quality improvement models to guide the SHIP development process, including Plan Do Study Act, Appreciative Inquiry, and SMARTIE goals.

For each of the five priority areas, workgroups identified goals, objectives, and corresponding activities using the SMARTIE system of goal setting: Specific, Measurable, Achievable, Relevant, Inclusive, and Equitable. Workgroups identified responsible organizations or drivers for each objective and activity, understanding that the SHIP is a state plan, not solely a public health plan. Workgroups finalized their goal recommendations in May 2024 and determined plans for workgroup follow-up. A summary of the priority areas and their overarching goals are below.

- **Access to Care:** Improve workforce development and network adequacy and improve standardization of provider data collection, reporting and transparency.
- **Mental Health:** Improving the mental health of Kentucky children and adults is a new priority for the 2024-2028 SHIP and addresses "adverse childhood events" impact on mental health throughout the lifespan.
- **Smoking, Vaping and Tobacco:** Engage with healthcare organizations and multi-sectored partnerships to expand evidence-based tobacco control policies and translate evidence to practice.
- **Nutrition:** Increase consumption of fruits and vegetables through expansion of produce prescription voucher programs, maintaining or increasing enrollment and use of food assistance programs and increasing healthy food access.
- **Drug Use:** Addresses prevention, harm reduction, treatment, and recovery.

Figure 2: Kentucky Health Data

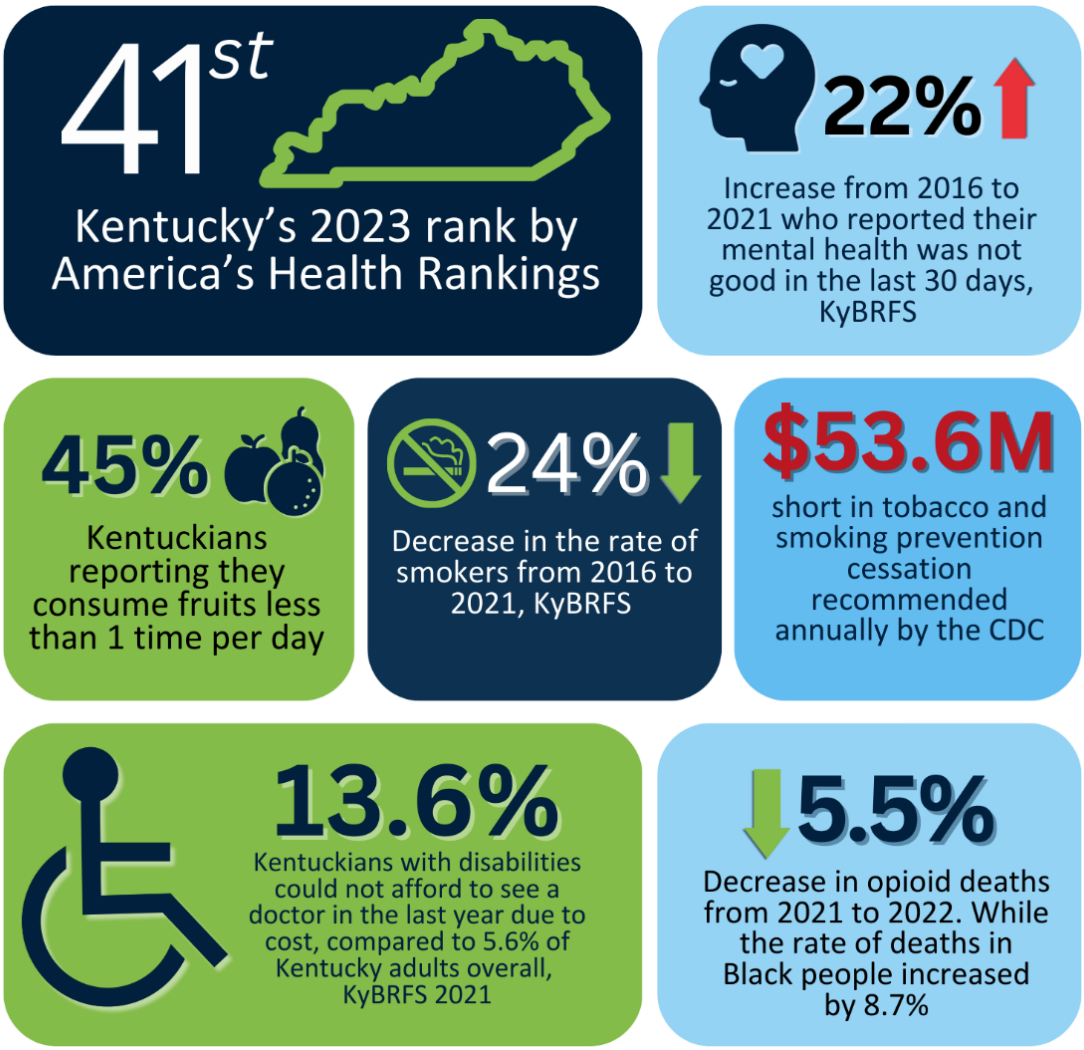

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Figure 3 demonstrates the overarching responsibilities of the SHIP committee, steps in the SHIP and models used during development. The SHIP internal KDPH committee met in July 2023 and discussed the appreciative inquiry model and the plan, do, study, act (PDSA) model, displayed in the figure. Co-chairs had additional responsibilities for workgroups such as convening the subject matter experts, facilitating meetings, and guiding them through the workplan process.

Figure 3: SHIP Committee Responsibilities and Models

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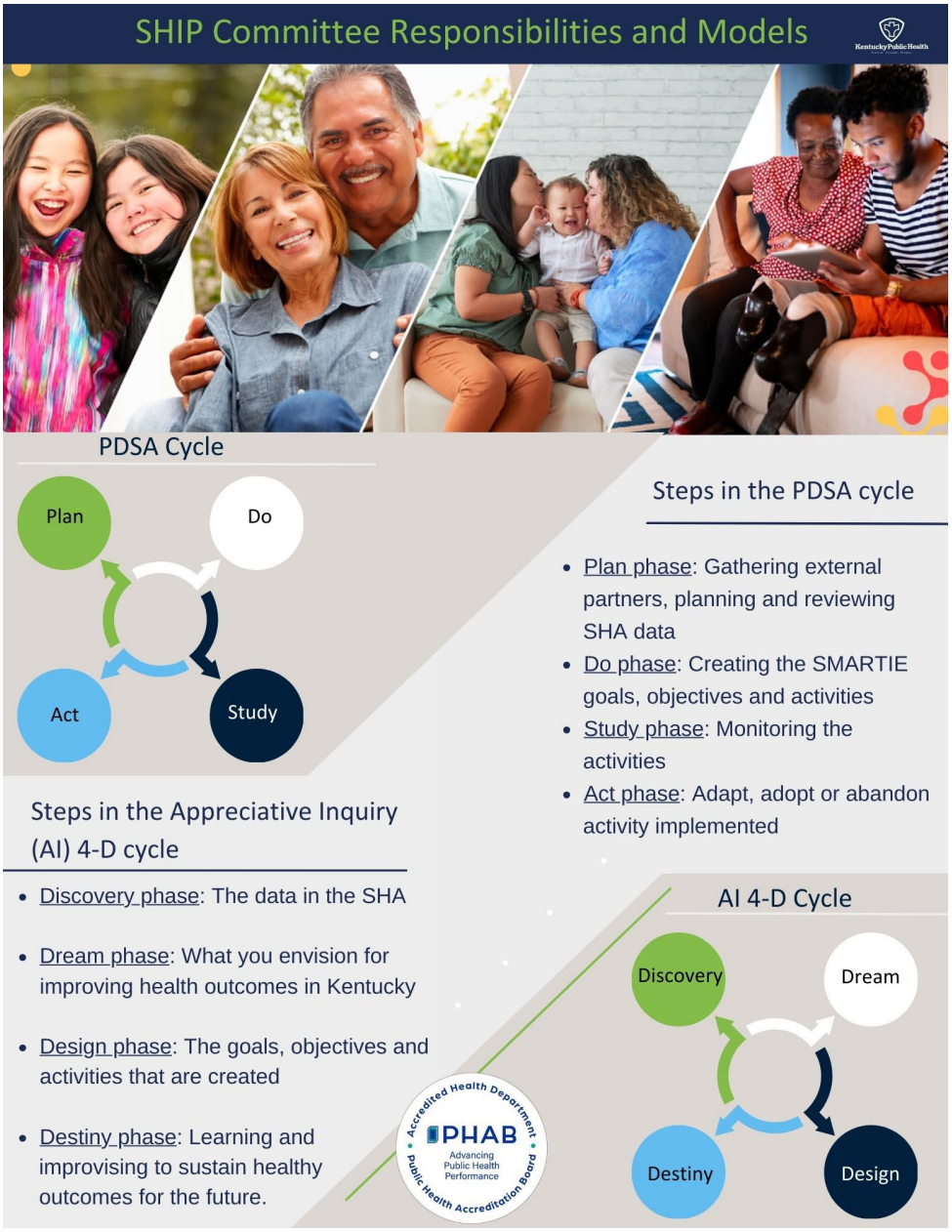
Figure 3: SHIP Committee Responsibilities and Models (Continued)



Orientation to the Kentucky State Health Improvement Plan

Kentucky at a Glance

Kentucky, known as the "Bluegrass State" for the deep hue of its pasturelands, is known for its rich coalfields, fast racehorses, fine bourbon, and superior collegiate sports. Kentucky is home to the

nation's longest length of contiguous navigable waterways, the nation's most extensive cave system, and two of the largest man-made lakes east of the Mississippi.

The state of Kentucky is in the south-central United States along the west side of the Appalachian Mountains. Its area of 39,436 square miles includes some of the most diverse topography in the eastern half of the nation. The east part of the state, the Eastern Coal Field, is a rugged, mountainous area covered with forests and dissected by streams. In the gently rolling central part of the state, the Bluegrass region to the north and the Mississippi Plateau to the south are separated by a chain of low, steep hills, the Knobs. The western part of the state, the Western Coal Field, comprises less rugged mountains enclosed by the Mississippi Plateau. The southwest corner of the state, the Jackson Purchase, is a low, flat plain.

The population of Kentucky is 4,505,836.[1] Kentucky's growth since the 2010 Census equaled 3.8 percent, less than the overall U.S. population growth of 7.4 percent for the same period.[1,2] Kentucky has 120 counties and over 350 incorporated cities (population of 500 or more),[3] including nine Metropolitan Planning Organizations (200,000 or greater population).[4] Kentucky's population percentage of females and males in both Kentucky and the United States is comparable. Comparing Kentucky's population by age categories to the U.S. population, there are only slight variations.[5] Kentucky has less diversity by race/ethnicity than the U.S. population.[6]

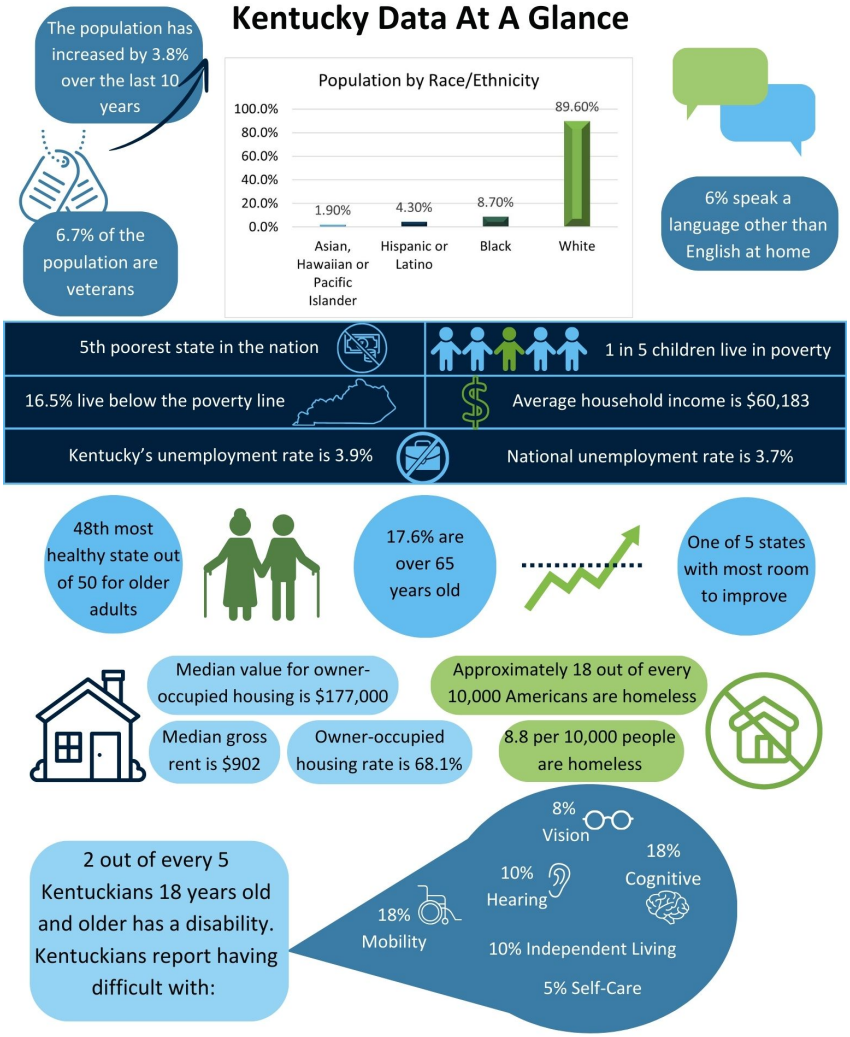
Kentucky's rural landscape, high rate of people living in poverty and healthcare provider shortages (particularly in rural areas) contribute to many public health changes. In contrast, Kentucky has a high graduation rate and low number of uninsured Kentuckians, which are assets.

- Median annual household income for Kentuckians ($60,183) is $14,966 less than the U.S. median ($75,149).[7]
- Kentuckians have a higher percentage of persons in poverty (16.5% vs. 11.5%) compared to the U.S.[8] The per capita income in the past 12 months was $33,515 for Kentucky and $41,261 for the U.S.[9]
- The unemployment percentage in Kentucky (3.9%) is comparable to the U.S. (3.7%).[10]
- In Kentucky, 11.4% of the population have achieved a graduate or professional degree, 27.9% have a bachelor's degree or higher, 19.9% have some college credits, 4.3% have less than a 9th-grade education and 6.7% have a 9th to 12th grade education with no diploma.[11] Kentucky's graduation rate is 91.1%, which is third in the nation and higher than the U.S. (86.5%).[12]
- The percentage of uninsured adults is lower in Kentucky than in the U.S. (8% vs. 12%). The percentage is slightly lower for uninsured children (KY: 4%, U.S.: 5%).[13] Kentucky Medicaid beneficiaries total 1,561,401[14] and Kentucky Medicare beneficiaries total 973,249.[15] Twenty-nine percent (29%) of Kentuckians are covered by Medicaid/Children's Health Insurance Program (CHIP).[16]
- There are an estimated 270.8 primary care physicians for every 100,000 Kentuckians, which ranks eleventh (11th) in the nation.[12]
- Kentuckians have a higher percentage than the U.S. of those under 65 years old with a disability.[17]
- In Kentucky, 3,984 people were homeless on any given night in 2022.[18]

The infant mortality rate in Kentucky in 2021 was 6.15 per 1,000 live births,[19] which was higher than the national rate of 5.4/1,000 live births.[20] The infant mortality rate per 1,000 live births among babies born to Black birthing people is 1.6 times the state rate (Black: 9.9/1,000, white: 5.3/1,000).[21] The Neonatal Abstinence Syndrome (NAS) rate is 18.9 per 1,000 newborn hospitalizations, three times higher than the national rate (6.3).[22] The percentage of births to mothers who smoked during pregnancy in Kentucky has declined from 18.7% to 14.2% (2015 to 2021).[23] However, this is more than double the 2021 US rate of 5%.[24] In Kentucky, 24.0% of youth ages 10 to 17 have obesity, giving Kentucky a ranking of 50 among the 50 states and D.C.[25]

Over 13% of Kentucky households report food insecurity.[26] Food insecurity is defined by the United States Department of Agriculture as the lack of access, at times, to enough food for an active, healthy life.[27] Over 15% of Kentucky children (<18 years) are food insecure (154,290 children), 12 Kentucky counties have childhood insecurity rates of 24% or higher and the senior (age 60+) food insecurity rate in Kentucky is 6.9%.[27] Food insecurity rates in Kentucky vary by race/ethnicity – Black (all ethnicities): 21.0%, Latino (Hispanic): 15.0% and white (non-Hispanic): 12.0%.[27]

Figure 4: Kentucky Data at a Glance



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Background and Purpose

A SHIP process is described as a collaborative effort to identify, analyze, and address health problems in a state; assess applicable data; develop measurable health objectives and indicators; inventory statewide health assets and resources; identify perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate state public health system "ownership" of the entire process. State health improvement is not limited to issues clarified within traditional public health or health services categories. Still, it may include environmental, business, economic, housing, land use and other problems indirectly affecting the public's health.[28] The results of the state health improvement process are contained in a written document, the state health improvement plan.

A SHIP serves as a system-wide planning guide for states. The SHIP provides leadership, direction, and oversight within a state to address health improvement, strengthen the public health infrastructure and engage system partners in contributing to planning, implementation and evaluation. It provides information on health status, system capacity and resources, health improvement policy changes, health and system priorities, measurable objectives and outcomes, implementation plans and evaluation measures, all within established time frames. Importantly, it identifies priorities specific to the needs within the state and considers the resources available to meet those needs. When developed with these characteristics, and if adhered to, it can improve the health of a state's population.[29]

With this purpose in mind, the KDPH undertook a comprehensive State Health Assessment in 2023 then, convened partners and local health department representatives to review the SHA and select five priority issues. In October 2023, partners self-selected participation in priority-focused workgroups. Once the priority issues were selected and workgroups formed, the process of developing workplans to address health challenges and outcomes began. At the activity level, workgroups utilized the SMARTIE format. In addition, each workgroup listed evidence-based or promising practice resources and a list of responsible organizations who are tasked with doing or ensuring each activity. Each workgroup developed an asset inventory containing resources that can be leveraged to help the community address priority areas or implement workplans (see Appendix H for the Asset Inventories). Some workgroups wanted to achieve health priorities at the macro level via policy recommendations. The following symbol will be used to signify a goal, objective, or activity with a policy focus.

For additional details on workplan development, see Appendix F.

All five priority workgroups will annually meet virtually or in person together to discuss and collaborate on the implementation progress. Each priority workgroup will meet virtually at least annually. In addition to the meetings, there will be communication throughout the 2024-2028 SHIP cycle through email, phone or additional meetings as needed.

To get involved in the SHIP, please contact the Office of Performance Improvement and Accreditation (OPIA) using the SHIP survey to get involved.

Successes and Challenges in 2017-2022 SHIP

Figure 5: Image of State Health Improvement Plan Cover 2017-2022

This plan focuses on improving the health of Kentucky and, thus, identifying areas for improvement. We would be remiss if the report did not mention a few of our many successes with the focus areas chosen in the 2017-2022 SHIP. Even with these successes, many challenges came about during this time. Despite ongoing efforts, Kentucky's health rankings have changed little over the last 30 years, according to America's Health Rankings. The state has ranked 40th or below in America's Health Rankings for 29 of the last 30 years; in 2022, Kentucky ranks 46th for health behaviors, 45th for health outcomes and 43rd overall. In the area of health outcomes, Kentucky ranks high in multiple chronic conditions, high in Adverse Childhood Experiences (ACEs), high in premature death, and high in smoking (Figure 6). Changing the deeply ingrained health culture to one that emphasizes preventive care has been challenging; however, progress has been steadily achieved.

Figure 6: Overall, America's Health Rankings of States

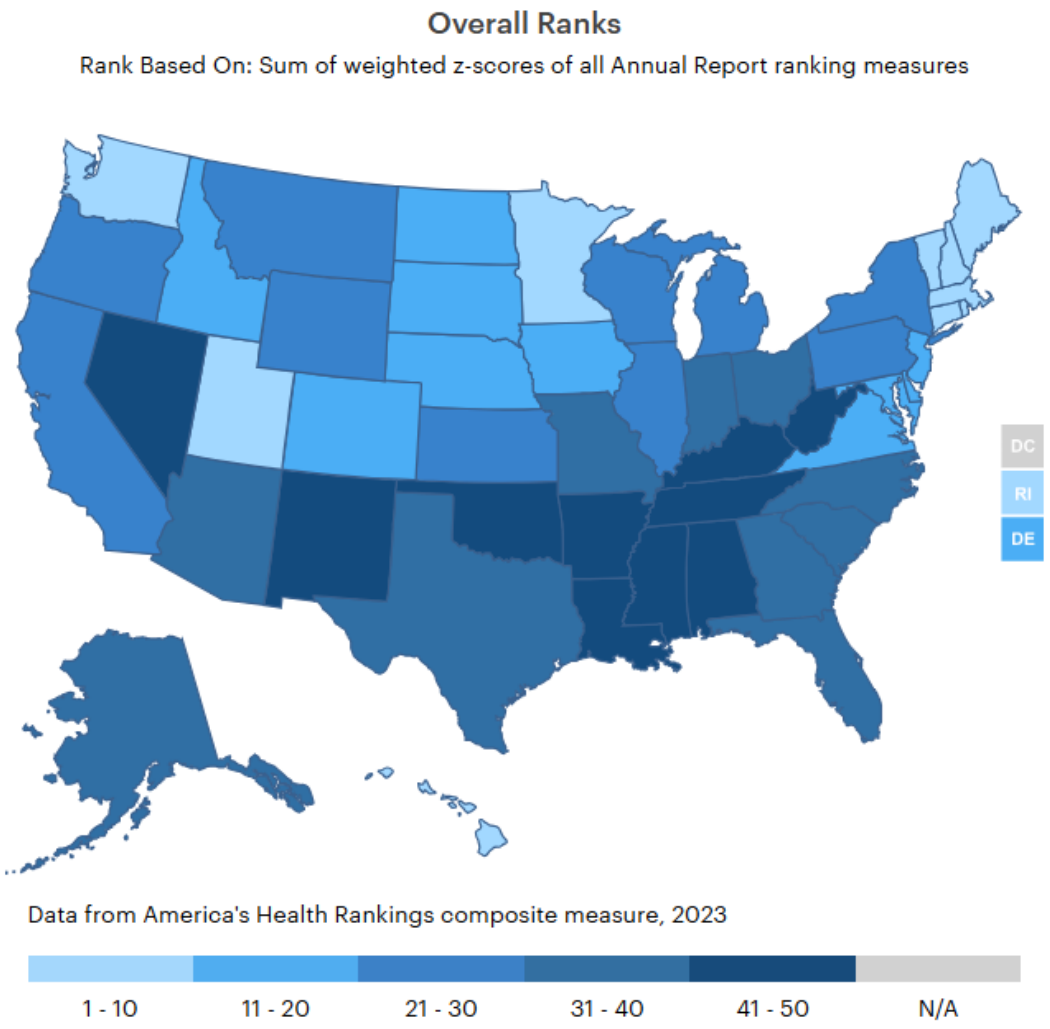


Image source: https://www.americashealthrankings.org/explore/measures/Overall/KY

Figure 7: SHIP Priority Areas from 2017-2028:

2017-2022		2023-2028
Integration to Health Access	→	Access to Care
Adverse Childhood Experiences	→	Mental Health
Smoking	→	Smoking/Vaping/Tobacco
Obesity	→	Nutrition
Substance Use Disorder	→	Drug Use

Figure 7 shows how the SHIP priorities evolved from the previous cycle to now. Overarching SHIP priorities have been consistent over the past two cycles, with slight differences. Concerning health care access, the previous focus included expanding access to health care services and strengthening community cross-sector health coalitions. The current cycle focus is on improving workforce development and network adequacy and improving standardization of data collection, reporting and transparency. In the previous cycle, the smoking priority area was focused on reducing youth and adult smoking and some of its co-morbidities. Current cycle goal topics focus on engaging with healthcare organizations and multi-sectored partnerships, evidence-based tobacco control policies and translating evidence to practice. Substance use previously had prevention, harm reduction and treatment goals. These categories were carried over with the addition of recovery goals to expand access of community-based recovery support services statewide.

The 2017-2022 priority of Adverse Childhood Experiences (ACEs) addressed improving Kentucky's awareness of ACEs, availability of resiliency training strategies and increasing collaboration with state and local partners. The 2023-2028 mental health priority is broader however, ACEs can have an impact on mental health throughout the lifespan. Last cycle's obesity priority focused on increasing breastfeeding, increasing the availability of healthier food and beverage choices in communities, implementing policies to address access to and consumption of healthier foods, increasing opportunities for physical activity at all ages and implementing policies to increase opportunities for physical activity. For the 2024-2028 SHIP cycle the focus has narrowed to nutrition.

"Fabric" issues identified in the 2017-2022 SHIP are topics that are deeply intertwined with each of the priority areas. These issues consistently recurred during conversations with partners and are woven directly into each of the 2023-2028 SHIP priorities such that, to accomplish the five focus area goals, investigation of the fabric issues must also be undertaken.

Figure 8: Successes in Kentucky Over Previous SHIP Cycle

Substance Use Disorder (SUD)
✓ One of eight states with a decrease in total overdose deaths in 2022
✓ Created a central naloxone distribution and data collection position
✓ Medicaid coverage of methadone therapy
✓ Increased the availability of evidence for SUD
✓ Increased the number of Harm Reduction Programs

✓ Developed initiative to screen and refer patients in birthing hospitals for SUD – Kentucky Perinatal Quality Collaborative (KyPQC)
✓ More treatment facilities for pregnant and parenting persons
✓ Distribution of Opioid Abatement Funds to support local response to opioids in communities
✓ Expansion of services to inmates and those released from prison/jail
✓ Development of https://www.findrecoveryhousingnowky.org/
✓ Expansion of school programs to encourage responsible decision-making
✓ Ease of available drug take-back opportunities
✓ Statute revision of HIV testing in Emergency Departments (EDs)
Tobacco
✓ Reduced youth smoking
✓ Reduced adult smoking
✓ Reduced exposure to secondhand smoke through comprehensive indoor smoke-free policies
✓ Reduced lung cancer mortality through increased lung cancer screening for individuals with a history of tobacco use
✓ There is a decline in pregnant persons in Kentucky who smoke
✓ Increase in tobacco-free school districts
Obesity
✓ Increase access to breastfeeding rates: Ever breastfeed and Breastfeeding at six months
✓ Increase in farmers markets that accept Supplemental Nutrition Assistance Program (SNAP)/Women, Infants, and Children (WIC)
✓ Increased percentage of students in grade 9-12 who achieve one hour or more of moderate- and/or vigorous-intensity physical activity daily
✓ The percentage of schools implementing all the components of the state's required local school wellness policy is 47%.
✓ The percentage of food insecure individuals has dropped to 14.8%
✓ Sixty percent (60%) of schools completed the Healthy Schools Program (HSP) assessment.
✓ Increased the number of adopted bicycle/pedestrian plans.
ACEs
✓ Development of PaRK (Partnership for a Resilient Kentucky), https://www.resilient-ky.org/

✓ Identified existing evidence-based and evidence-informed curriculum that support family; build resiliency skills in children, teens, and adults; and potentially reduce ACEs, including Health Access Nurturing Development Services (HANDS), Bounce Coalition, and Kentucky Youth Advocates.
✓ Increased number of ACEs training per year.
✓ Encouraged and promoted social norms that prevent against violence and adversity.
✓ Encouraged and promoted understanding of what factors contribute to healthy relationships and environments early in a child's life.
✓ Established program that helps to lessen immediate and long-term harms.
Integration of Health Access
✓ Increase in telehealth services
✓ Increase in the number of agencies that contribute to KHIE (Kentucky Health Information Exchange)
✓ Payment for Community Health Workers (CHW)
✓ Beginning 2014, Kentucky prioritized increase to health care.
✓ Thirty-seven percent (37%) increase in adult dental visits
✓ Dramatic drop in the in the percentage of uninsured adults reporting no healthcare coverage.
✓ Kids Count program a National and state-by-state effort used to measure child outcomes and contribute to public accountability for those outcomes.
✓ The new Medicaid beneficiaries has increased breast, cervical, and colorectal cancer screenings as well as increased adult dental visits.

Figure 9: Emerging Challenges and Trends

Substance Use Disorder (SUD)
• Ever changing unregulated drug supply
• Increase in overdose deaths among Black Kentuckians
• Three-fourths of overdoses were Medicaid clients
• Eliminate barriers to the use of non-opioid therapies for pain management
• Neonatal Abstinence Rate (NAS) rate had a slight increase
Tobacco
• Tobacco culture.

• Increased "glamorization" of vaping.
• Prevalence of smoking-related diseases remains high.
• Emergency department visits and hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) have increased.
Obesity
• Forty eight percent of Kentucky's population are obese, 38% of children are obese.
• Social and economic factors, physical inactivity and cardiovascular problems that arise from obesity.
• Seventy-six percent (67%) of children in Kentucky do not have physical education daily.
• More research into the prevention of childhood obesity and more funding for it.
ACEs
• According to the Kentucky Behavioral Risk Factor Surveillance (KyBRFS), 59% of Kentucky residents have experienced at least one ACE, and 64% have experienced two or more.
• Kentucky has a lack of mental health resources to refer patients for treatment.
• Lack of funding to research and support ACEs study and implementation.
• Growing up in a household with mental health problems.
• Growing up in a household with substance abuse problems.
Integration of Health Access
• Change in leadership at the state.
• COVID-19 and everything that came with it.
• Shortage of medical personnel, limited access to certain types of care.
• High insurance costs, inadequate transportation systems and appointment availability issues.
• Insufficient insurance coverage. Lack of insurance often contributes to healthcare.

2023 State Health Assessment

In 2023, the KDPH completed a comprehensive SHA.

- State Health Assessment (SHA)
- SHA Executive Summary

Health Equity as a Framework

Social determinants of health (SDOH) are defined in Healthy People 2030 (HP2030) as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[30] SDOH includes education access and quality, healthcare access and quality, neighborhood and built environment, social and community context and economic stability, as shown in Figure 10. Health literacy studies have effectively demonstrated the association between SDOH and adverse health outcomes. Achieving health equity will require addressing these SDOH through population-based and targeted methods focused on the areas with the greatest need. Targeting disparities and inequities among the SDOH provides an opportunity to significantly improve the commonwealth's overall health.

Figure 10: Healthy People 2030 Social Determinants of Health Factors

Image source: CDC - Social Determinants of Health

The 10 Essential Public Health Services (EPHS) describe the public health activities that all communities should undertake to carry out the public health mission. The EPHS focus on the public health system at large and can be leveraged to incorporate interventions to modify SDOH. To achieve equity, the EPHS promotes policies, systems and conditions within communities that enable the highest level of health for all and seeks to remove systemic and structural barriers that result in health inequities.[31]

Figure 11: The 10 Essential Public Health Services

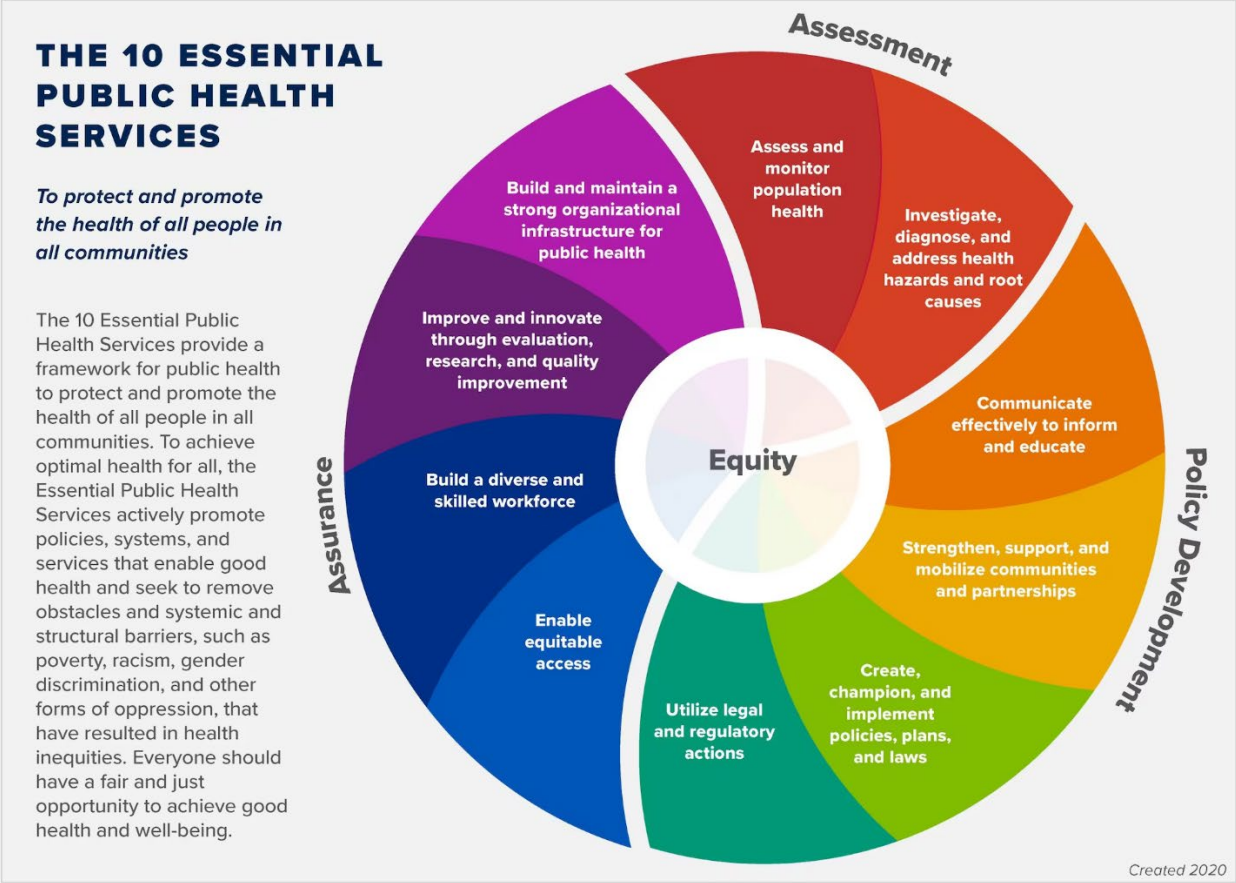


Image source: [CDC - 10 Essential Public Health Services]

Health equity is "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."[32]

[The 2023 Kentucky Minority Health Status report link] can provide detailed information.

Figure 12: Social Determinants of Health

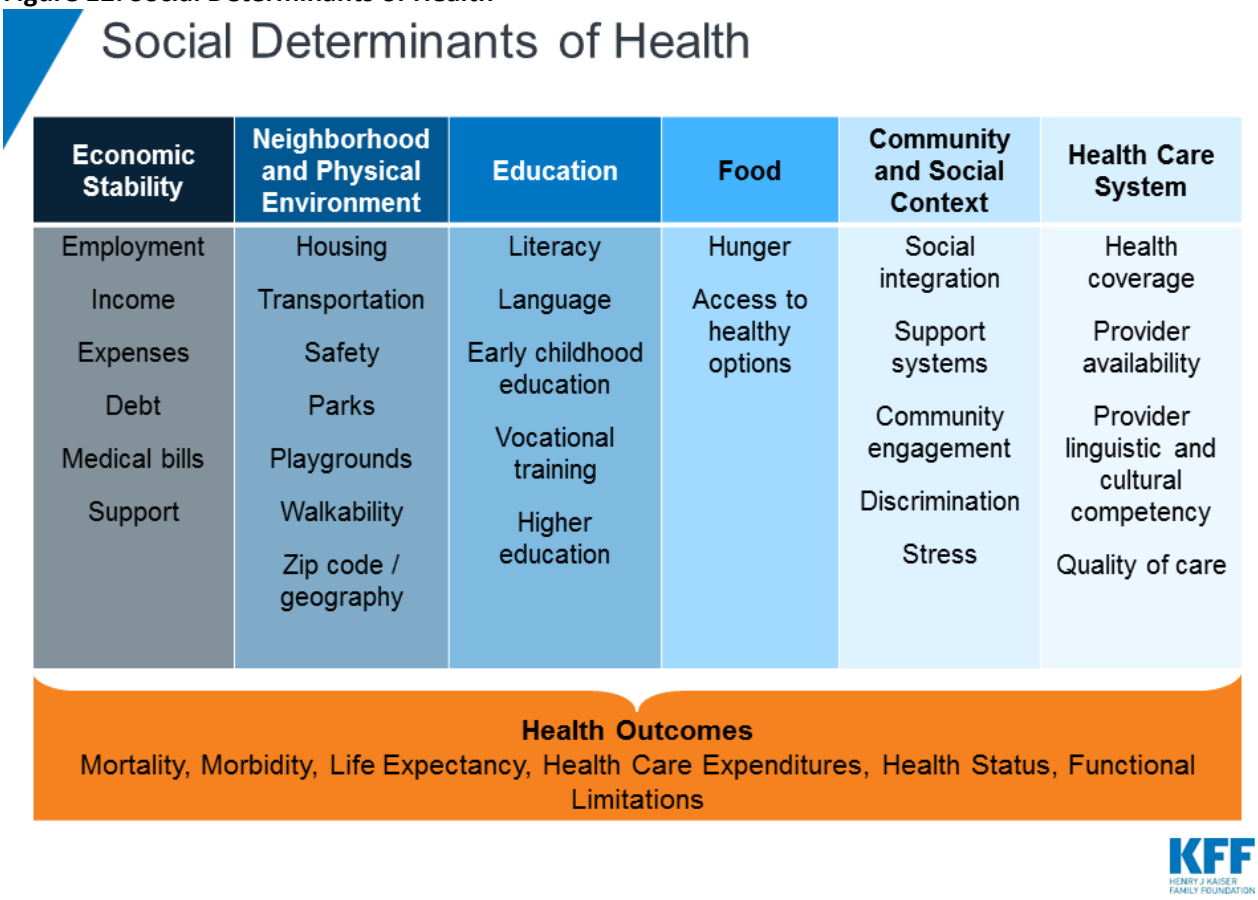


Image source: [Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity | KFF]

Historically, approaches to improving health outcomes have focused on providing everyone with equal resources and healthcare services. Not all populations benefit from this "one-size-fits-all" approach. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices and SDOH – and to eliminate disparities in health and health care.[32] Using an equity framework to address the SHIP priorities helps ensure a greater opportunity for Kentuckians to live long, healthy and productive lives regardless of income, education, gender or race/ethnicity. The KDPH and partners have recognized the relationship between equity and health outcomes and are committed to reducing social inequities in each of the five priority areas.

Figure 13: Equality, Equity, Reality and Liberation Image

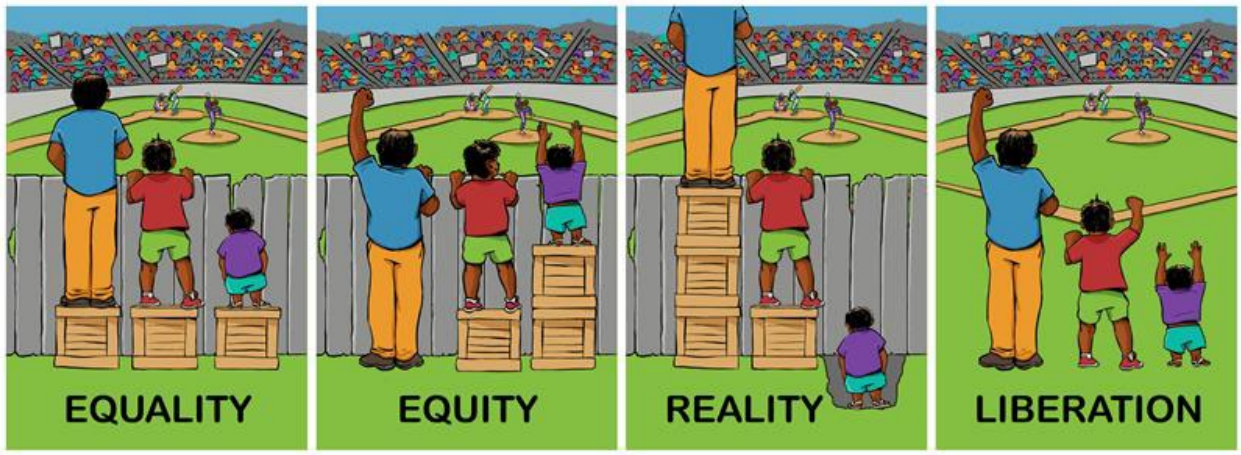


Image source: Equity or Equality? Why It Matters | by Helen W Mallon | Collective Power | Medium

Figure 13 illustrates four separate states:

- Equality: The assumption that everyone benefits from the same supports.
- Equity: When everyone gets the support they need.
- Reality: Some get more than needed while others get less than needed.
- Liberation: When all can benefit without supports or accommodations because the system barrier or cause of inequality was addressed. The systemic barrier has been removed.[33]

Socioeconomic factors, such as extensive poverty and poor educational achievement, along with other social indicators, including access to care and food insecurity, provide opportunities to create a culture of health in all communities across the commonwealth. Public health has historically addressed health disparities by focusing on the risk factors for disease and conditions using the medical model as the context. Using a Kentucky Framework of Health Equity (Figure 14) shifts the focus to social factors such as schools, neighborhoods, workplaces, gender, and class. The Framework of Health Equity provides a structure to focus on social and ecological factors as significant contributors that impact our health and health outcomes. This Framework of Health Equity will serve as the lens through which each priority focus area is examined.

Access to Care

SDOH and equity are pressing issues related to access to care. Early on, the Access to Care Workgroup acknowledged that health insurance is essential, but contributing factors should be examined more broadly. Thousands have no access to health insurance due to a lack of documentation, which has a disparate impact. Disability status is an essential consideration in providing quality healthcare, and it should be noted barriers to healthcare access is not just caused by physical disability or geography. Individuals with intellectual disabilities are often excluded from programs or services because it is assumed their disability prevents them from participating without attempting to provide the needed accommodations to give them access.

Accessing care physically – e.g., inadequate transportation to areas with hospitals or other healthcare facilities for routine screenings or preventative measures, availability of appointments during working hours only when taking time off from work is not an option – is a commonly associated barrier. Inequity may occur when people cannot access care due to costs, or there is lack of providers in the area. Some areas of Kentucky, predominantly rural, have fewer providers available than other areas.

The Kentucky Primary Care Office works to improve access to healthcare throughout the state in partnership with the Health Resources and Services Administration (HRSA). HRSA has established a consistent methodology for identifying when geographic areas, communities and institutions experience a shortage in healthcare providers to meet their basic needs. There were 557 Health Professional Shortage Area (HPSA) Designations, 107 Medically Underserved Area/Medically Underserved Populations (MUA/MUP) Designations, 26 Charitable Health Organizations Registered and 287 National Health Service Corps Awardee Clinicians serving in 2022. However, this methodology can have shortcomings. If a provider is available, they may not accept the insurance that people have. This workgroup challenged one another to incorporate justice into each goal and objective. Justice means the systemic barrier is removed, and individuals can access without support or accommodations because the cause of the inequity will have been addressed.

Mental Health

The Centers for Disease Control and Prevention (CDC) defines mental health as “our emotional, psychological and social well-being.” Mental health is a foundational area and can affect how someone thinks, feels, and acts and can lead to other physical adverse health behaviors and outcomes. Depression is a risk factor for certain health conditions such as diabetes, heart disease and stroke.[34]

The Mental Health Workgroup considered many facets of this topic. Mental health literacy – the understanding and beliefs about mental health disorders – is a notable challenge. People residing in areas where internet is not available or reliable – usually rural areas – often do not have access to public messaging about mental health resources and services. Hence, publicizing resources through multiple means of communication is vital to reach the most people. Often, people experience mental health inequities without realizing it. Generalizations can have unintentional disparate impacts. Sources of mental health data should be carefully selected to ensure accuracy and robustness. Removing barriers should be done for everyone regardless of demographics or disability status.

Smoking, vaping, tobacco, and drug use incidence is also higher in those with mental health disorders. Poor nutrition can lead to obesity, often a symptom of underlying depression. Moreover, weight-gain leading to obesity may be a side effect of mental health treatment medication. Stresses occurring during childhood have profound and lasting adverse cognitive effects. Many with health coverage do not know

how to use their benefits to seek mental healthcare, and the process of seeking treatment is often complicated and can be a barrier alone. Mental health and its associated complications must be at the forefront of our approaches to remodeling healthcare and healthcare access in the commonwealth.

Smoking/Vaping/Tobacco

The Smoking/Vaping/Tobacco Workgroup addressed several complex considerations. They mentioned that populations or groups targeted with advertisements are most likely to initiate some form of tobacco use and agreed about the importance of examining who the tobacco industry has historically targeted. Forty percent (40%) of cigarettes are consumed by individuals with mental and/or behavioral health conditions, and there are many opportunities to address that. People with disabilities smoke at higher rates than the rest of the population, and Kentucky has a higher rate of disability than the U.S. average.[35,36,37,38] There are geographical disparities, such as within "tobacco nation" a group of 12 Midwestern and Southern States, including Kentucky, where both adults and young adults have a 50% higher smoking prevalence and smoke many more cigarettes per capita than people living in other states.[39]

Disparities exist among racial and ethnic groups in Kentucky. Black residents initiate smoking sooner, and although the prevalence of cigarette smoking did not significantly differ by race from white people, Black people are more likely to die from smoking-related diseases.[40, 41, 42] People in Appalachia, compared to non-Appalachian residents, have a higher percentage of adults who are current smokers.[41] Addressing these inequities through evidence-based interventions will help reduce the morbidity and mortality from tobacco use and exposure in these disparate populations. Prevention and cessation strategies must account for the unique challenges, assets, and intersections of identities within Kentucky populations disproportionately impacted by tobacco.

Nutrition

The Nutrition Workgroup noted that food can be inaccessible and sometimes stigmatized for many different cultures – holistic health and cultures should be considered.

The Nutrition Workgroup identified the following as barriers to consuming healthy foods:

- Living in a food desert (limited access to affordable and nutritious food) can affect both urban and rural populations, with minimal access to fresh foods and those without transportation of particular concern. Even more walkable urban areas do not have local markets that are easy to access.
- There are also "food swamps," places where there is accessible food, but often things like fast food or food of lower nutritional quality; oversight failures may result in misappropriation of resources. Fast food and prepackaged foods are more heavily marketed than fresher, healthier choices. Unhealthy options are often more affordable.
- Farmers market-based programs often offer fresh fruits and vegetables but require people to have transportation and feel comfortable in that environment; it usually doesn't meet people where they are purchasing food, like at a discount store or gas station.
- All forms of disability need to be considered – reflect on whether disability impacts decisions related to food and nutrition for a person: for example, a popup farmers market might provide fresh and healthy food, but if it is located in a place that makes access challenging for someone with poor mobility the intended outcome may not be met.

The voices of those most impacted by poor food access often are not represented in discussing solutions and strategies.

Residents in eastern Kentucky, persons with intellectual and developmental disabilities (IDD) and racial and ethnic minorities experience an increased burden. Inequities related to food insecurity and food deserts are social indicators widening the disparity gap among some geographical areas and populations within the state. Many of the communities in eastern Kentucky, as well as Black and Hispanic populations throughout the state, have limited access to care, limited income and other barriers that place them at most significant risk for poor health outcomes related to obesity due in part to inadequate nutrition. Policies, institutional and structural barriers and social norms can impact communities and need to be addressed if a cultural shift is to occur providing a more equitable and healthier place for disadvantaged individuals to live.

Drug Use

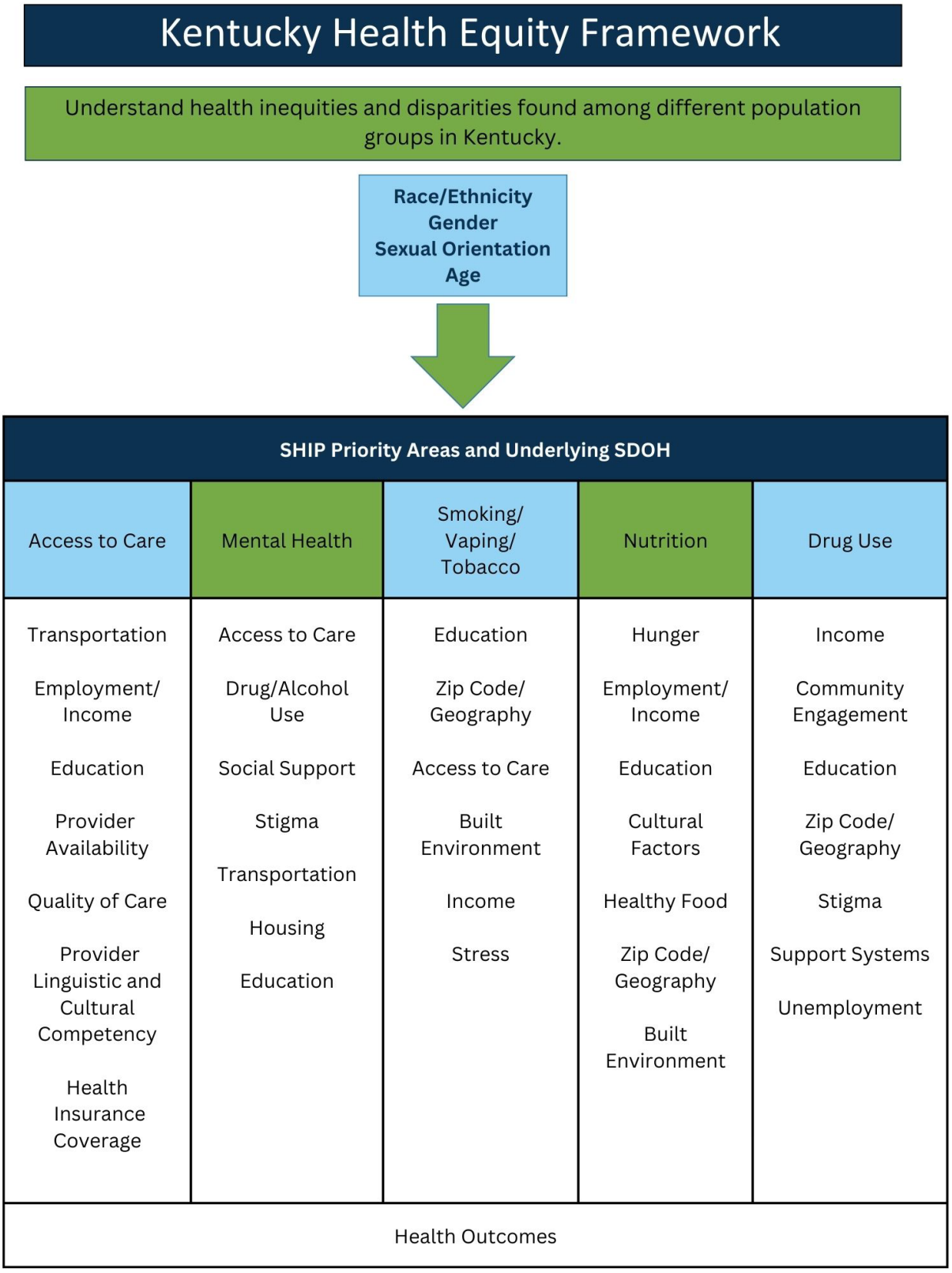
Across the nation, overdose is the primary cause of accidental death – linked in large part to stark increases in the availability of illicitly manufactured fentanyl that is often found in combination with other drugs.[43] In Kentucky, over 2,100 overdose deaths were reported in 2022 (a 5.4% decrease from 2021),[44] *a*s well as more than 11,200 non-fatal overdoses (a reduction of 12.9% from 2021).[45] (While Kentucky saw a decline in overall overdose deaths, including an 8% decrease in deaths among White Kentuckians, there was a 9*% increase in overdose deaths among Black Kentuckians* during the same period.[46] This mirrors national trends that show overdoses increasing rapidly among Black, Indigenous, and People of Color (BIPOC).[47] Research highlights disparities in access to treatment, including FDA-approved medications for opioid use disorder, harm reduction and community resources, and pervasive factors such as income inequality, stigma and medical mistrust, as key drivers in increased overdose rates among BIPOC.[48]

Furthermore, SDOH such as low socioeconomic status, unemployment, lack of social cohesion and hopelessness have been linked to the initiation of drug use and development of substance use disorder (SUD). In addition, geographic location, poverty, and educational attainment are often associated with SUD. To wholly and equitably address drug use and the overdose crisis, decreasing disparities in service access and availability is critical, as well as improved behavioral health workforce training and implementation of culturally responsive, evidence-based, and promising interventions.

Summary

For each focus area above, workgroups examined the underlying SDOH, which may be found in the preceding subsections and are summarized in Figure 14.

Figure 14: Social Determinants of Health as Defined in the Five Priority Areas of the SHIP



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Priority Health Issues Workplans and Data

Beginning October 2023, the five priority issue workgroups (Access to Care, Mental Health, Smoking/Vaping/Tobacco, Nutrition and Drug Use) met virtually at least monthly and formulated work plans organized into goals, objectives and activities that support these areas. Workgroups were asked to:

1. Develop **s**pecific, **m**easurable, **a**chievable, **r**elevant, **t**ime-bound, **i**nclusive and **e**quitable (SMARTIE) activities for every goal and objective;
2. Provide an evidence-based or promising practice source for each;
3. Determine the organization(s) ultimately responsible for each activity; and
4. Identify assets for each priority that could be leveraged to support priority goals.

The workgroups will review their workplans at least annually and update goals, objectives and activities as needed. Revisions to the workplans will be done when necessary, such as when a goal, objective or activity is no longer meeting the identified need or when positive progress has been made and a successful strategy is no longer needed. The platform that will be utilized to monitor the SHIP actively and in real time is Monday.com, a web-based project management tool utilized by KDPH. The expectation is that workgroups will, at a minimum, meet twice a year, once with workgroup members for progress updates, identifying improvement opportunities and collectively brainstorming solutions, but more frequent communication may be necessary to achieve success. The KDPH plans to convene all the SHIP partners from each workgroup annually to share success stories and challenges and connect about the progress that has been made. This larger SHIP convening will continue annually through 2028. Workgroup leadership and membership are expected to change throughout these workplans.

Please reference the SHA for additional data about the selected priorities.

Figure 15: Roles and Responsibilities for SHIP Contributors

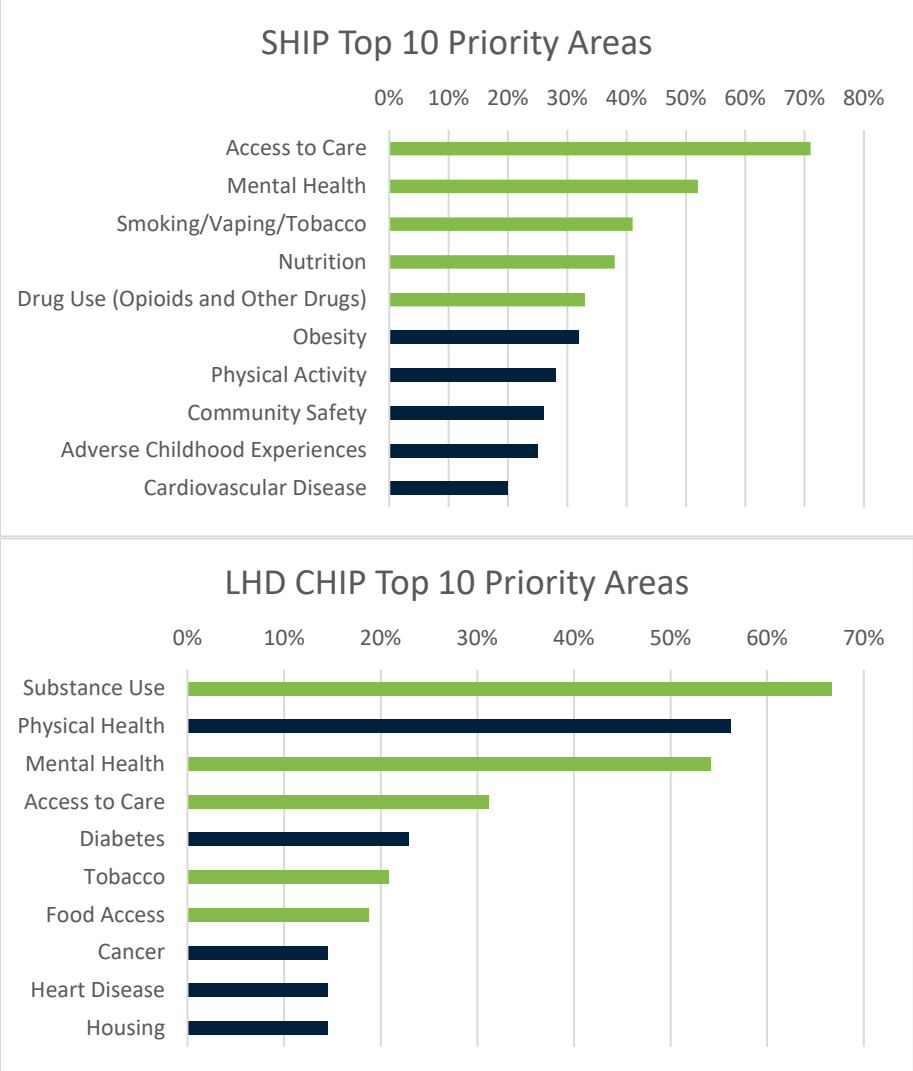
Co-chairs	Co-chairs & Work Group Members	Kentucky Department for Public Health (KDPH)	Office of Performance Improvement and Accreditation (OPIA)
• A collaborative team leading a work group in identifying partners, establishing goals, objectives, and activities. • One KDPH representative. • Partner organization representative. • Commit to serving the role until March of 2024. • Facilitate meetings. • Be a Minute taker or assign a volunteer to take minutes.	• Be an active participant in the monthly work group meetings. • Familiarize yourself with the priority area data. • Engage additional partners. • Develop a workplan that includes SMARTIE goals, objectives, and activities. • Align partners with the workplan. • Implement the developed work plan. • Monitor progress on work plan. • Identify barriers to the work plan.	• Be an advocate for the work plan. • Provide additional data on the priority area as needed. • Connect and provide feedback as needed on capacity, services, resources and about state level actions and direction. • Publishes the State Health Improve-ment Plan (SHIP) document.	• Track work group progress (Excel, REDCap, Monday.com or another platform). • Share information and related resources as available. • Guide and assist work groups as needed. • Provide support to the co-chairs. • Coordinates the development of the SHIP document.

SHIP Alignment with Local Community Priorities

To comply with Kentucky Public Health Transformation (PHT) statute and regulation, all Kentucky local health departments (LHD) must complete a local needs assessment (LNA) or community health assessment (CHA) at least every five years. In August 2023, LHD were asked to report the completion status of a LNA or CHA and self-identify community priorities. The KDPH analyzed the submissions to develop a comparison between state issues and prominent local issues.

Priority rankings for the SHIP are based on votes collected during the September 27, 2023, "Planning with Partners" meeting (See Appendix C). LHD priority area topics are based on the data collected in August 2023 and does not account for overlap. For example, substance use may include multiple substances such as drugs, tobacco and alcohol or it may be specific to just drug use. When examining the top ten priorities to address for state and local communities, the top five priorities selected for the SHIP fall within the top seven priorities for LHD (noted in green in Figure 16). There will be a larger impact on health outcomes with stronger statewide alignment.

Figure 16: Local to State Comparison of Health Improvement Plan Priorities



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Environmental Impact

Workgroups were encouraged to consider whether there could be an environmental impact when developing activities. To encourage exploration by the workgroups, workgroup co-chairs and members were notified of conference and learning opportunities as available. For example, the first "CAFE Climate and Health Annual Conference" opportunity that brought together researchers, policymakers, industry and community representatives working at the intersection of climate and health was shared with workgroups.

Priority 1: Access to Care

ACCESS TO CARE

Goals	Objectives	Activities
1. Improve Workforce Development and network adequacy by December 2028.	1.1: Increase healthcare provider participation in loan repayment programs. 1.2: Collect more comprehensive and uniform data from healthcare licensure boards to create an accurate baseline to measure workforce capacity and network adequacy. 1.3: Examine the current payment and delivery system and identify opportunities for improving access and efficiency.	1.1.1: By December 2028, the KY Primary Care Office (PCO) will increase National Health Service Corps (NHSC) and Kentucky loan repayment program awardees by 10% statewide. 1.2.1: By December 2025, 100% of licensure boards will participate in developing a list of comprehensive, uniform data and 90% of boards will implement data collection and reporting. 1.3.1: By 2028, improve access to qualified health care practitioners of all types in underserved sites and settings.
2. Improve standardization of health Professional data collection, reporting and transparency.	2.1: Develop a Health Data Trust (HDT) to collect, house and analyze paid claims data from all government-purchased/administered health insurance plans (required) and other health insurance plans (voluntary). 2.2: Develop a recommended list of demographic data measures and an implementation guide for data collection and reporting by health professionals across settings/statewide.	2.1.1a: By 2026, a Health Data Trust (HDT) Governance Board will be created and functioning with broad and inclusive stakeholder representation. 2.1.1b: By 2027, the Governance Board will design a HDT ready to implement pending legislation and funding. 2.2.1: By 2028, develop a data guide to support health professionals across settings to collect uniform, consistent health data on diverse demographics.

Figure 17: Disability Healthcare Data

	KY Adults with Disabilities	KY Adults without Disabilities	Data Source
Could not see a doctor in the past year due to cost	13.6%	5.6%	KyBRFS, 2021
Visited a dentist in the past year among adults 18 years of age or older	46.2%	63.2%	KyBRFS, 2020
Have healthcare coverage	96.8%	95.3%	KyBRFS, 2021

There is limited data on the barriers people with disabilities experience when accessing healthcare, despite people with disabilities experiencing increased health disparities compared to people without disabilities.

According to the World Health Organization,[49] persons with disabilities face barriers in all aspects of the health system, including:

- A lack of provider knowledge on disability.
- Negative attitudes and discriminatory practices among healthcare workers.
- Inaccessible health facilities and information.
- Lack of information or data collection and analysis on disability.

A 2022 scoping review on global barriers to health services experienced by people with disabilities found that:[50]

- The main obstacles indicated by the users of the service were:
    - Communication failure between professionals and patients/caregivers
    - Financial limitations
    - Attitudinal/behavioral issues
    - Scarce service provision
    - Organizational and transport barriers
- The main barriers presented by service providers were:
    - Lack of training for professionals
    - Failure of the health system
    - Physical barriers
    - Lack of resources/technology
    - Language barriers

Another study[51] identified three major themes related to the barriers people with disabilities experience in accessing adequate healthcare services:

- A lack of patient-centeredness that impedes the quality of care.
- Inadequate communication that marginalizes patients within the clinical encounter.
- Accessibility barriers that interfere with navigating the healthcare system.

In addition, the lack of reliable, uniform data collected and reported on disability impedes the ability of health professionals to provide accessible, inclusive health services to individuals with disabilities.[52]

Alignment to Access to Care Goal 1:

There are six programs with a total of 380 clinicians that receive healthcare loan repayment awards in Kentucky.

1. NHSC Scholarship Program
2. NHSC Substance Abuse Disorder Program
3. Healthcare Worker Loan Relief of Kentucky
4. Kentucky State Loan Repayment Program
5. NHSC Loan Repayment Program
6. NHSC Rural Community Loan Repayment Program

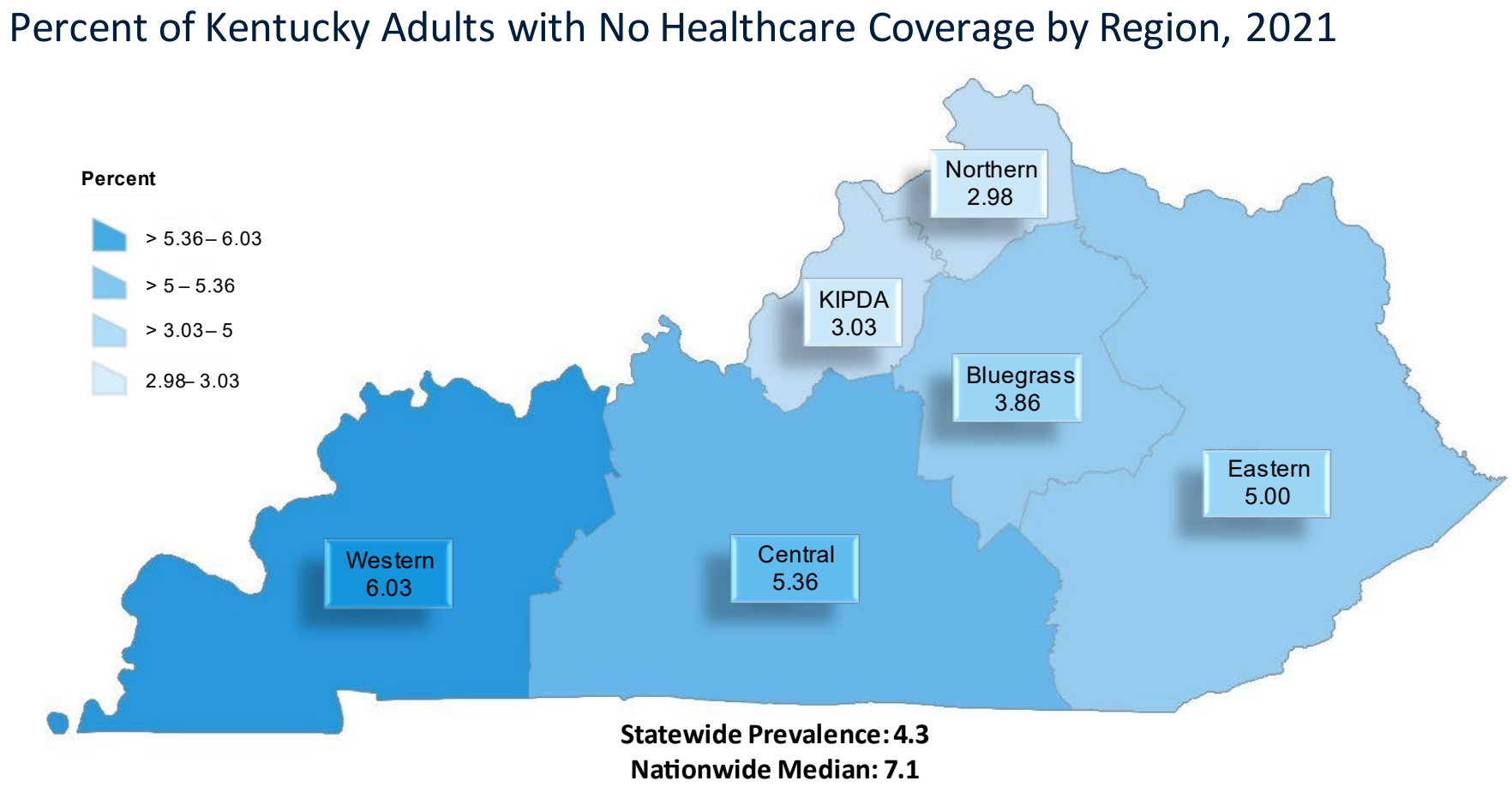
Note: NHSC = National Health Service Corps. Data source: Adapted from "3RNET PRISM Dashboard" by 3RNET,2024, https://prism.3rnet.org/. Retrieved July 17, 2024, from https://prism.3rnet.org/. Copyright 2024, Version 1.127, 3RNET.

Alignment to Access to Care Goal 2: The standard data elements to collect listed below are the combined data elements from HB766 introduced in the 2024 Kentucky General Assembly, orig_bill.pdf (ky.gov).

Suggested Standard Data Elements to Collect:

- Each licensee's personal information, including but not limited to:
  - First, middle, and last name
  - Physical address of all practice locations
  - License type
  - License number and date of issuance
  - License expiration date
  - National Provider Identifier number
  - Race
  - Whether the licensee speaks a language other than English at a level of fluency to be able to communicate important healthcare information with his or her non-English-speaking patients
- Workforce participation information, including but not limited to:
  - Degree level or certificates completed
  - Employment type
  - Employment specialty
  - Employment setting
  - Employment status, including but not limited to:
    - Actively employed in respective field
    - Actively employed in a clinical setting, either in-person or through telehealth or both
    - Actively employed outside of respective field
    - Unemployed but seeking work in respective field
    - Unemployed but not seeking work in respective field
    - Reason for unemployment
    - Ability to meet patient needs of those covered under the federal Americans with Disabilities Act

Figure 18: SHA data on Access to Care



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Priority 2: Mental Health

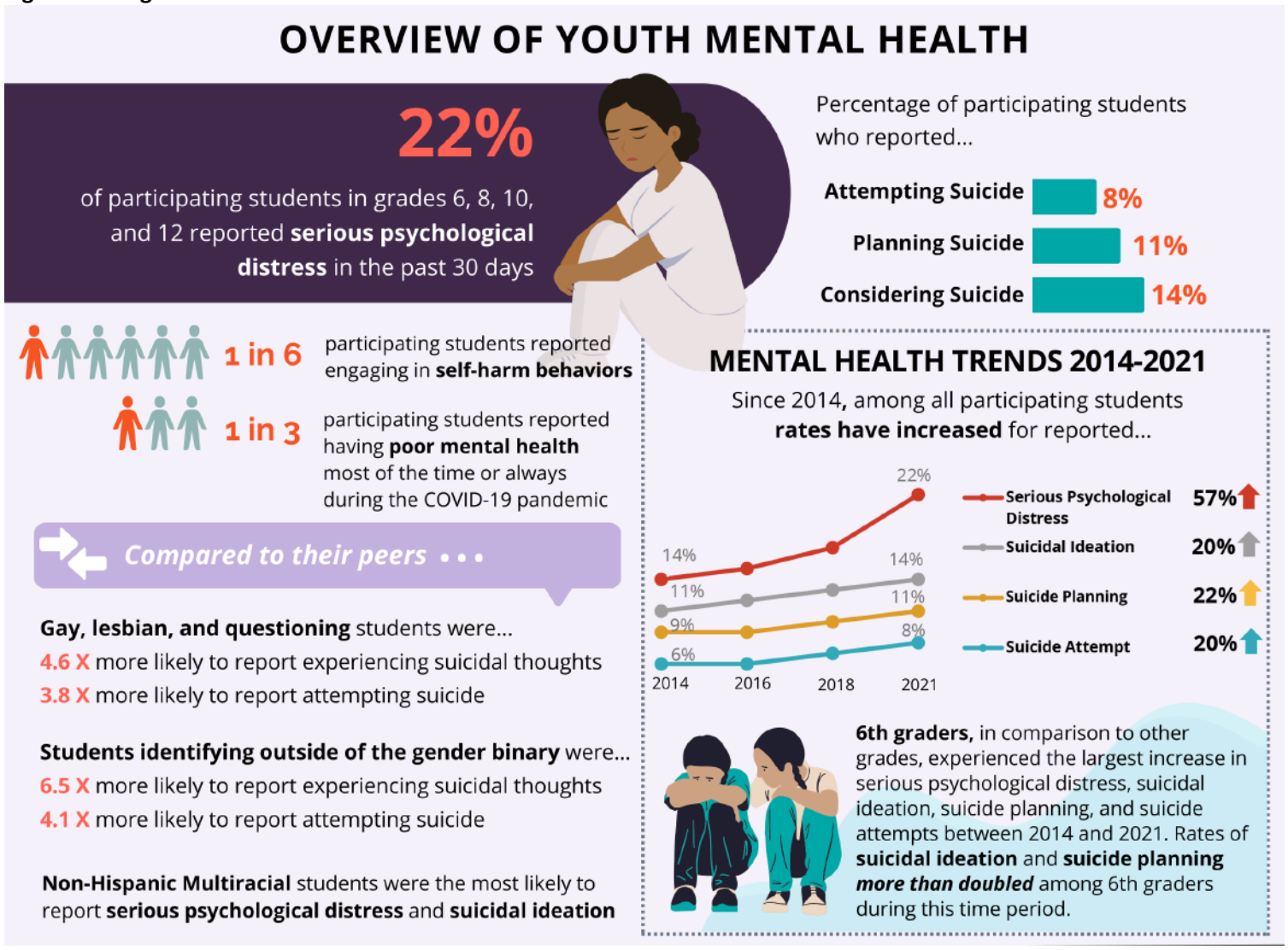
MENTAL HEALTH

Goal	Objectives	Activities
1. Improve mental health of Kentucky children.	1.1: Increase awareness of and access to telehealth mental health services. 1.2: Increase awareness of and access to resources on mental health. 1.3: Improve mental health for persons with disabilities (intellectual, physical or other).	1.1.1: The Mental Health (MH) SHIP Workgroup will increase the awareness of and access to telehealth mental health services by creating a fact sheet that contains resources, mapping available providers for underserved communities and then distributing it to communities of high need by the end of 2028. 1.2.1: The MH SHIP Workgroup will create a physical activity and mindfulness program that will be implemented in after-school programs and public libraries across the State; first phase of program will be a pilot program in counties that do not offer physical activity classes and will have the goal of observing a decrease in self-reported anxiety and depression levels among participating students within one academic year. 1.2.2: The MH SHIP Workgroup will create a "Trauma-Informed Schools Initiative" that aims to increase awareness of trauma-informed care among educators and staff in Kentucky schools by providing a comprehensive resource packet containing training materials and tools for implementation, with the goal of reaching 20% of Kentucky schools within its first year. 1.3.1: The MH SHIP Workgroup will improve the mental health of children with disabilities (physical, intellectual, etc.) by creating and launching a website that will provide resources for parents/caregivers of children with disabilities in Kentucky, including resources on disability rights, educational resources, healthcare services and recreational opportunities.

MENTAL HEALTH

Goal	Objectives	Activities
2. Improve mental health of Kentucky adults.	2.1: Improve mental health access to care to existing programs for persons with disabilities (intellectual, physical, developmental and other). 2.2: Improve mental health access to care to existing programs for justice involved adults leaving Kentucky jails and prisons. 2.3: Improve telehealth access and awareness for mental health services.	2.1.1: By December 2028, the MH SHIP Workgroup will work collaboratively with community liaisons to prioritize delivery of mental health resources and services for consumers with disabilities, while actively seeking to address systemic barriers and disparities that may hinder access to needed supports. 2.2.1: By December 2028, the MH SHIP Workgroup will work collaboratively with community liaisons to prioritize delivery of mental health resources and services for consumers who are justice involved and working towards reintegration into their communities, while actively seeking to address systemic barriers and disparities that may hinder access to needed supports. 2.3.1: By December 2028, the MH SHIP Workgroup will decrease reported mental health distress in Kentuckians by launching an accessible website that will provide web-based resources to individuals and families in Kentucky to improve coping skills and mental clarity. 2.3.2: The MH SHIP Workgroup will increase the awareness of and access to telehealth mental health services by creating a fact sheet that contains resources and mapping available providers for underserved communities and then distributing it to communities of high need by the end of 2028.

Figure 19: Aligns with Mental Health Goal 1



Source: [KIP Infographic-Youth Mental Health (8.5 × 27 in) (squarespace.com)]

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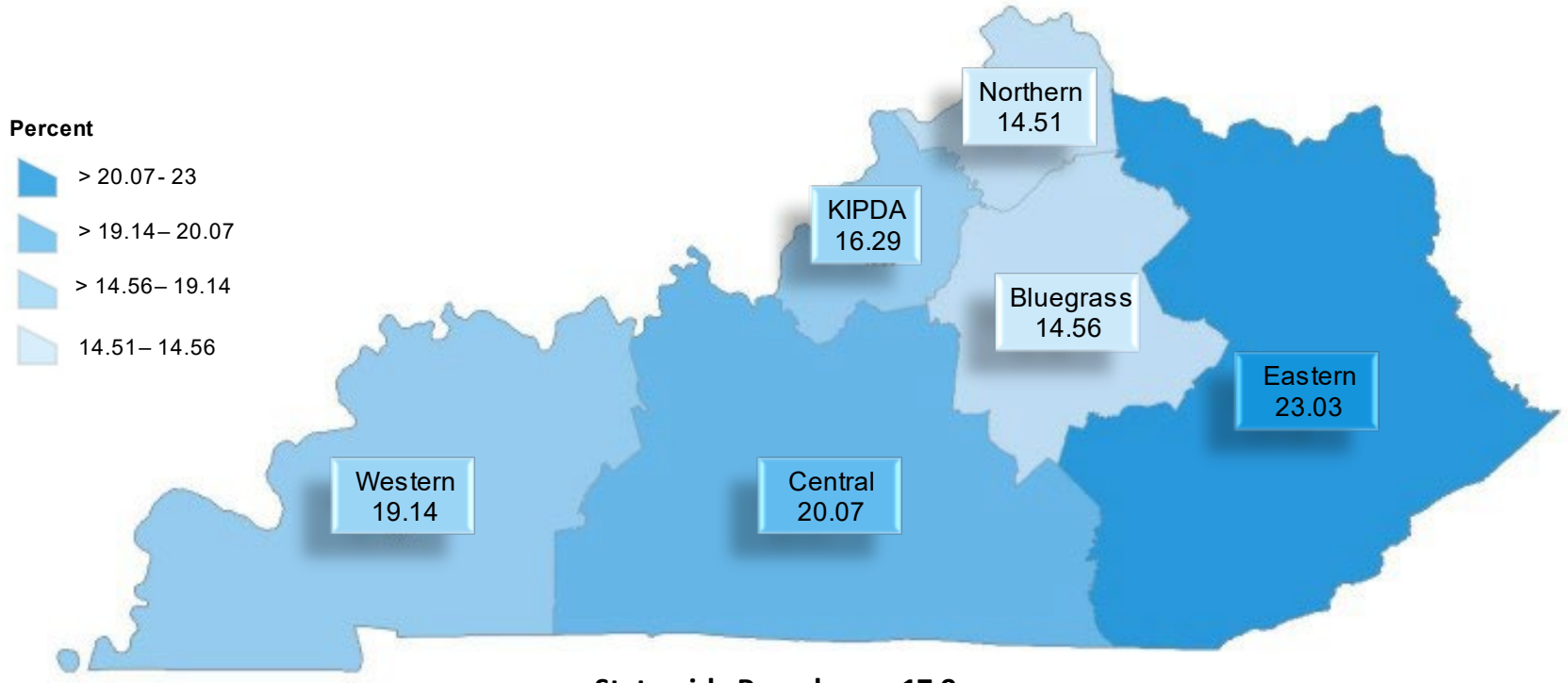
Figure 20: Aligns with Mental Health Goal 2

Percent of Kentucky Adults Mentally Unhealthy for 14 Days or More in the Past Month by Region, 2021



Statewide Prevalence: 17.9
Nationwide Median: 14.4

Priority 3: Smoking/Vaping/Tobacco

SMOKING/VAPING/TOBACCO

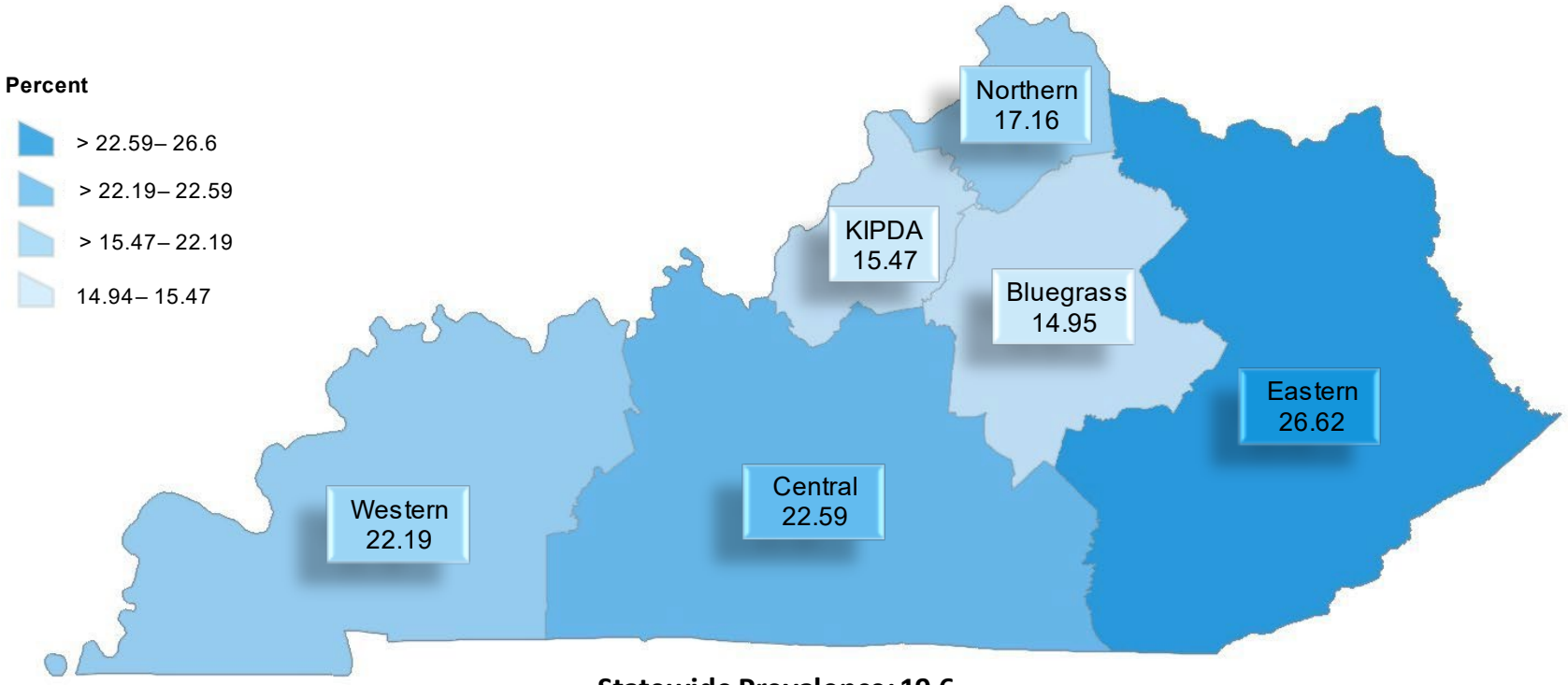
Goals	Objectives	Activities
1. Engage and educate healthcare organizations on evidence-based policies to create supportive environments for tobacco treatment to improve patient/client outcomes.	1.1: Promote consistent universal screening for tobacco use as a prerequisite for intervening with patients or clients who use tobacco. 1.2: Increase provider, insurer, and partner knowledge to include tobacco treatment as a practice and system priority.	1.1.1: By 2028, establish a baseline and produce a 5% increase in the percentage of current adult smokers who received advice to quit smoking or using tobacco from a healthcare provider. 1.2.1: Increase the awareness of nicotine replacement therapy effectiveness and no-cost availability by 2028, as measured by an increase in the number of people participating in training on this topic, as well as a 10% increase in the amount of nicotine replacement therapy distributed through identified sources.
2. Partnerships: Engage, advance, and diversify multi-sectored partnerships to increase equity and achieve wider influence for a more significant impact	2.1: Invest resources in amplifying underrepresented communities' voices, skills, and needs. 2.2: Tailor messages to be culturally relevant and accessible to populations experiencing tobacco-related disparities.	2.1.1: Identify and list three resources per area development district of community-driven organizations that serve underrepresented populations within the commonwealth by 2028. 2.2.1: Increase the use of Quit Now Kentucky by people facing health inequities by 20% by 2028.

SMOKING/VAPING/TOBACCO

Goals	Objectives	Activities
3. Policy Change: Facilitate evidence-based tobacco control policies that advance a healthier Kentucky	3.1: Enact comprehensive smoke-free laws to decrease exposure to secondhand smoke in workplaces and public places. 3.2: Increase state funding for tobacco control based on CDC recommendations to reduce tobacco-related disease.	3.1.1: By 2028, educate and support communities considering smoke-free policies and support those enacting and enforcing smoke-free policies, working toward comprehensive smoke-free laws across Kentucky. 3.2.1: By 2028, Increase state funding for tobacco control based on Centers for Disease Control and Prevention (CDC) recommendations to reduce tobacco-related disease. 3.2.2: Secure all JUUL settlement funding available for allocation by the Kentucky General Assembly for evidence-informed tobacco control.
4. Translate Evidence into Practice: Translate evidence-based initiatives into practice to maximize resources and impact.	4.1: Adapt evidence-based interventions to ensure they meet the needs of Kentucky populations and settings.	4.1.1: Increase the number of Kentucky professionals trained to facilitate evidence-informed prevention programs (e.g., CATCH My Breath) by 10% by 2028. 4.1.2: Increase the number of certified facilitators of evidence-informed cessation programs (e.g., Freedom from Smoking) in Kentucky by 10% by 2028.

Figure 21: SHA data

Percent of Kentucky Adults who are Current Smokers by Region, 2021



Statewide Prevalence: 19.6
Nationwide Median: 14.4

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Figure 22: Aligns with Smoking/Vaping/Tobacco Goal 1

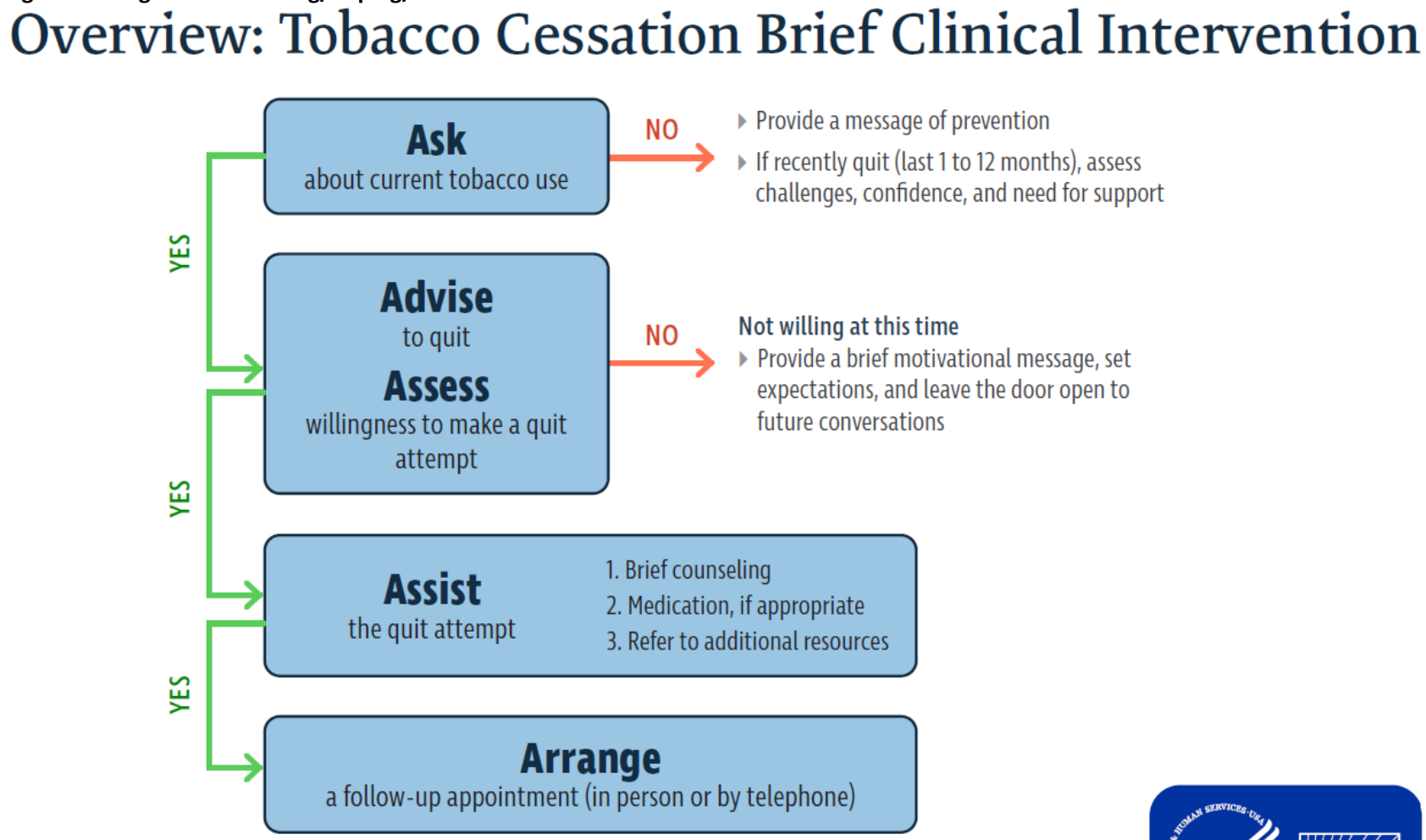


Image source: [CDC conversation guide]

Figure 23: History of Commercial Tobacco Control Partnerships that aligns with Smoking/Vaping/Tobacco Goal 2

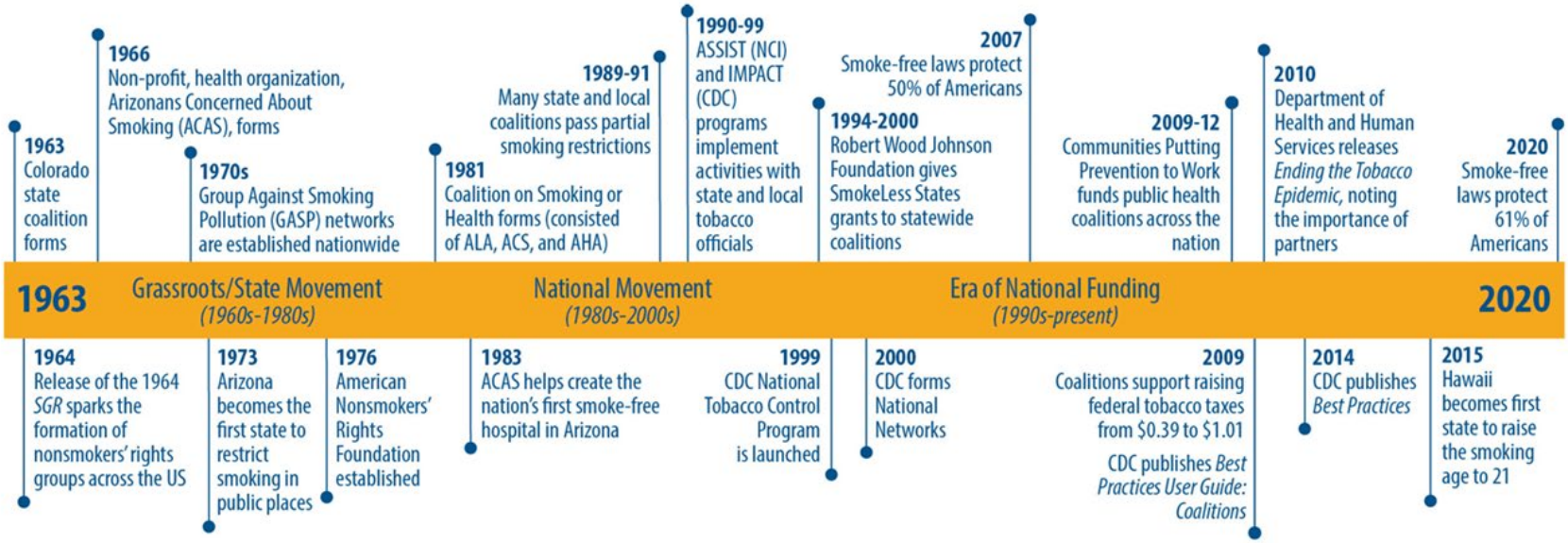


Image source: [CDC Best Practice User Guide on Partnerships]

Figure 24: Funding Graph of Kentucky Tobacco Control Budget that aligns with Smoking/Vaping/Tobacco Goal 3

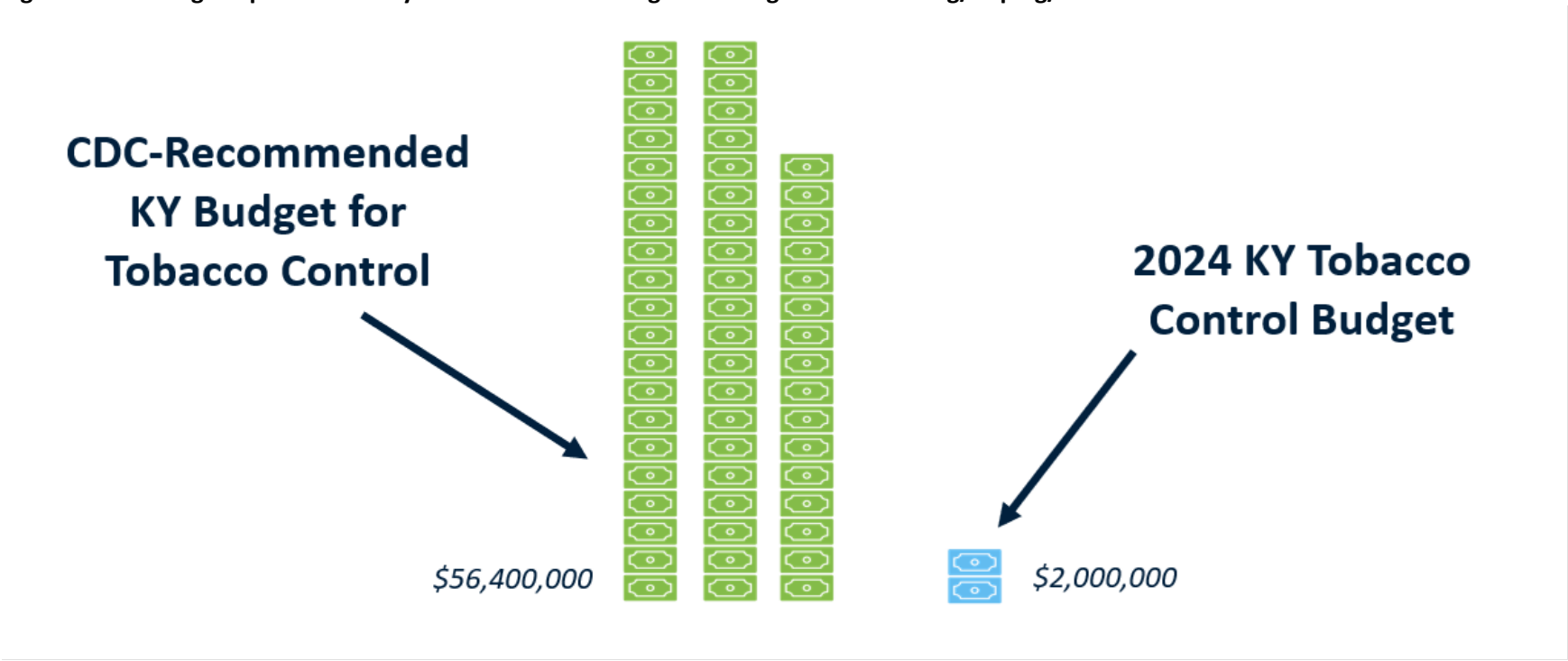


Figure 25: Aligns with Smoking/Vaping/Tobacco Goal 4

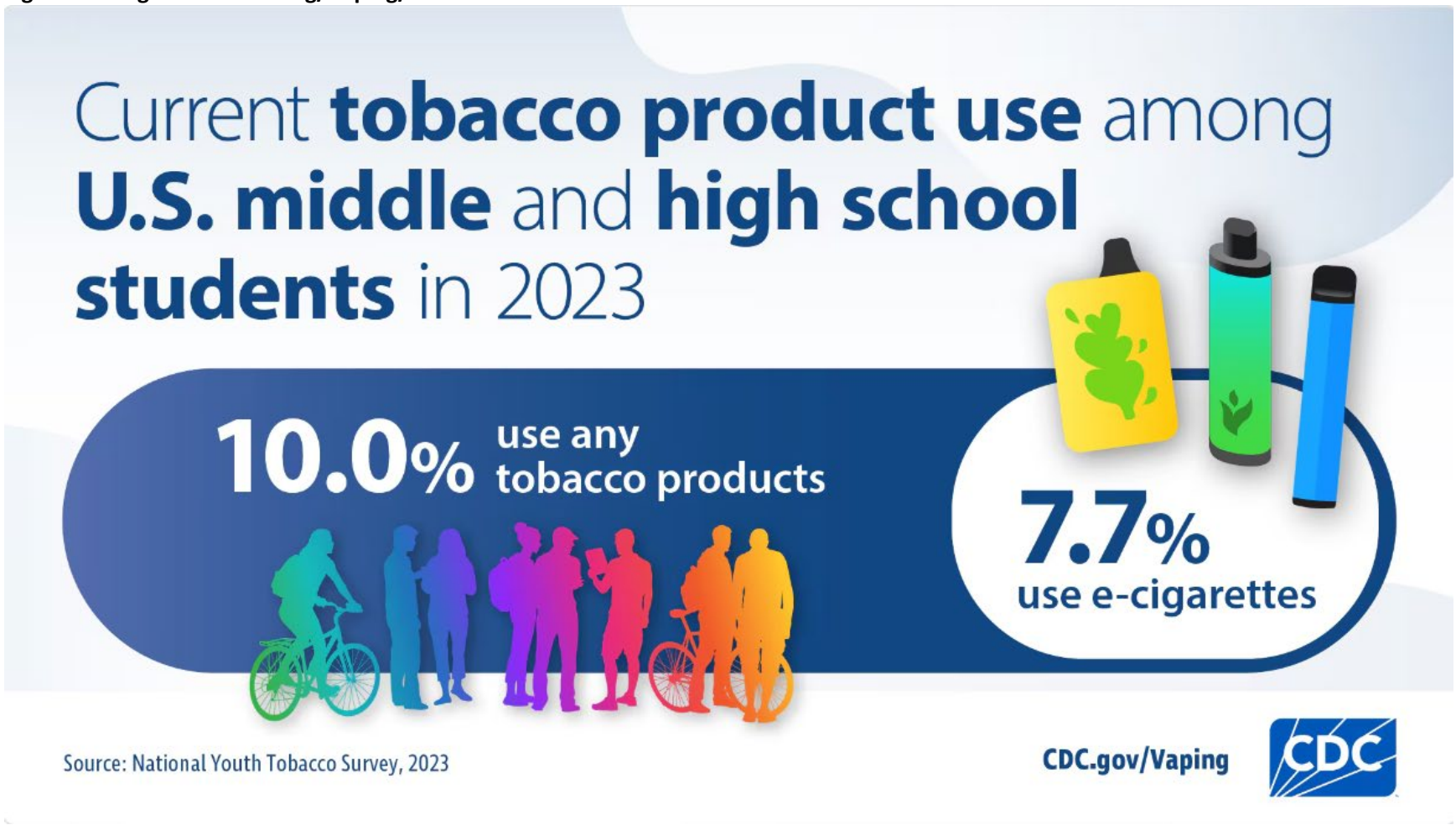


Image source: Cdc.gov/vaping

Priority 4: Nutrition

NUTRITION

Goals	Objectives	Activities
1. Expand fruit and vegetable produce prescription and voucher programs.	1.1: Assess the current capacity of state fruit and vegetable produce prescription programs and identify best practices for implementation of fruit and vegetable produce prescription and voucher programs. 1.2: Build collaborative networks to increase knowledge of best practices of fruit and vegetable voucher programs and promote enrollment and utilization of existing fruit and vegetable produce prescription and voucher programs.	1.1.1: Baseline data will be collected from the Kentucky Department of Agriculture and other sources by 2025. This will be used to formulate a plan reflective of these findings related to fruit and vegetable voucher incentive programs and produce prescription programs to increase reach and disseminate best practices. 1.2.1: By 2028, collaborate with stakeholders and decision-makers to develop educational and best practices materials to promote and increase enrollment and utilization of fruit and vegetable voucher incentive programs by 20%.

NUTRITION

Goals	Objectives	Activities
2. Maintain or increase the number of eligible Kentuckians enrolled and using food assistance programs (i.e., SNAP, WIC, Senior Farmer's Market Programs).	2.1: Understand, identify and address barriers to SNAP participation. 2.2: Increase redemption rates for the WIC Farmer's Market Nutrition Program. 2.3: Support WIC's promotion of new food packages to eligible families.	2.1.1: Work with Supplemental Nutrition Assistance Program (SNAP) to collaborate to streamline and reduce barriers to SNAP participation by April 2026 by evaluating the application process, barriers to senior SNAP participation and troubleshooting obstacles such as lack of transportation for SNAP participants. 2.2.1: Through the partnership with the Kentucky Department of Agriculture (KDA) and the WIC Program, the State Physical Activity and Nutrition (SPAN) Program will provide funding to KDA for the purchase of hot spots and other technology to increase internet connectivity for Farmer's Markets that accept WIC FMNP benefits via the digital platform by December 2025. 2.3.1: Through our partnership with the WIC Program, Nutrition SHIP will support WIC's new food package roll-out leading up to the implementation date of April 2026 and continue efforts to ensure eligible families are made aware of increased offerings available from WIC.

NUTRITION

Goals	Objectives	Activities
3. Increase healthy food access through programming in communities.	3.1: Identify, support, advocate and collaborate with institutions and communities to adopt programs increasing healthy food access.	3.1.1: By 2026, KDPH will have partnered with Women, Infants and Children (WIC), SNAP, and the Kentucky Department of Agriculture, along with local communities, local health departments and stakeholders, to identify how we can work to implement programming to benefit at-risk families and individuals who are food insecure or live in food deserts to increase access to healthy food. 3.1.2: By 2027, areas that are food deserts or have food scarcity will have increased options for healthy food access through a variety of venues that can include but not be limited to expanded fresh food and produce at dollar stores, pop-up farmer's markets, and mobile markets. 3.1.3: By the time of evaluation in 2028, food insecurity numbers (Feeding KY) will show a decrease in food insecurity in areas categorized as food deserts by 20% from baseline.
4. Increase knowledge of fruit and vegetable voucher programs.	4.1: Build collaboration between the KY Dept of Agriculture and local organizations that interface with target populations to increase awareness and use of fruit and vegetable voucher incentive programs.	4.1.1: Nutrition SHIP will convene stakeholders and community organizations and collaborate with the Kentucky Department of Agriculture in 2025 to assess current and promotion resources. 4.1.2: A resource directory will be created with access to available materials to promote programs in 2027.

Figure 26:

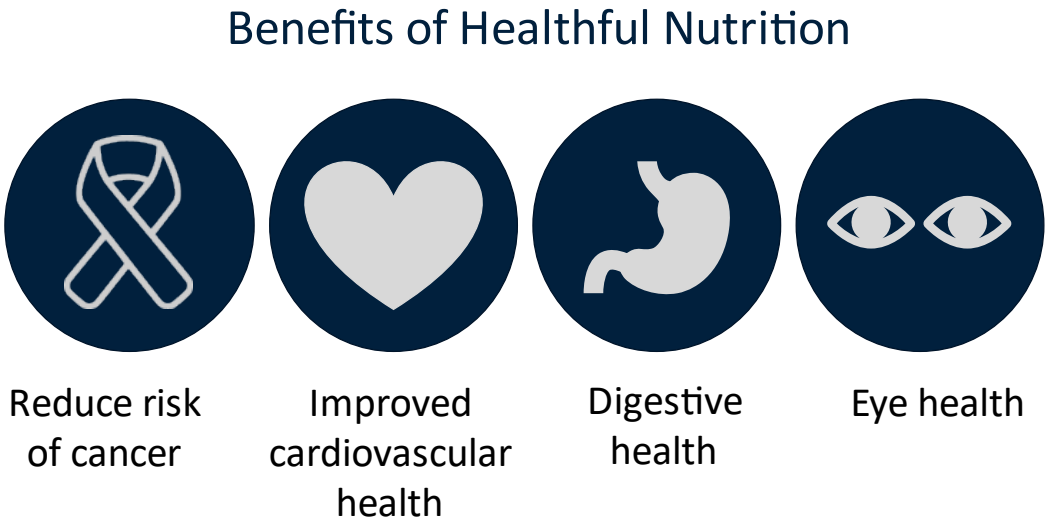
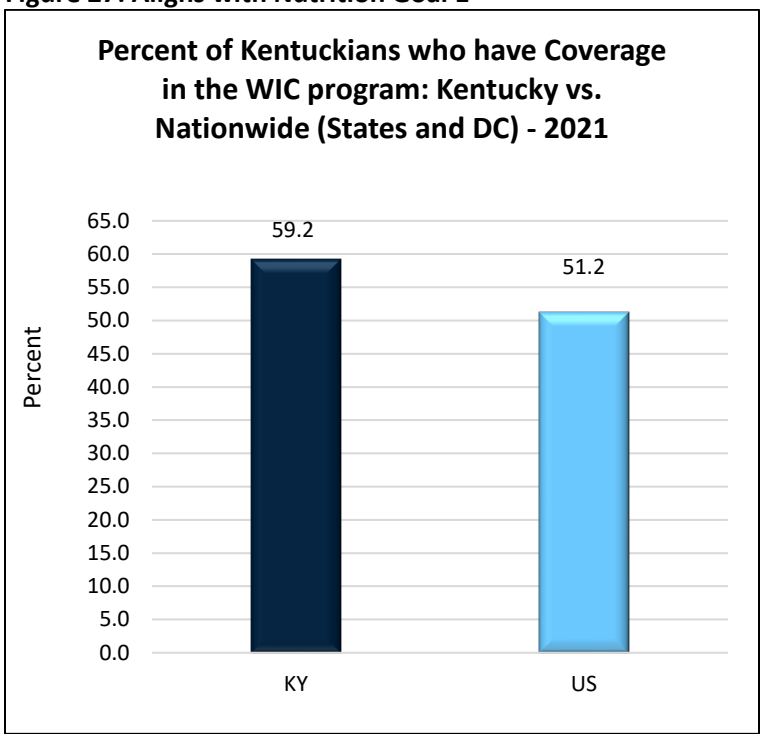


Figure 27: Aligns with Nutrition Goal 1



Data source: [National and State Level Estimates of WIC Eligibility and Program Reach in 2021 | Food and Nutrition Service (usda.gov)]

Figure 28: Kentucky SNAP participation in February of 2024 that aligns with Nutrition Goal 2

Kentucky		
Supplemental Nutrition Assistance Program (SNAP)		
Month	Household Participating	Persons Participating
February 2024	275,991	592,290

Data source: https://www.fns.usda.gov/data-research/data-visualization/program-participation

Figure 29: Aligns with Nutrition Goal 3

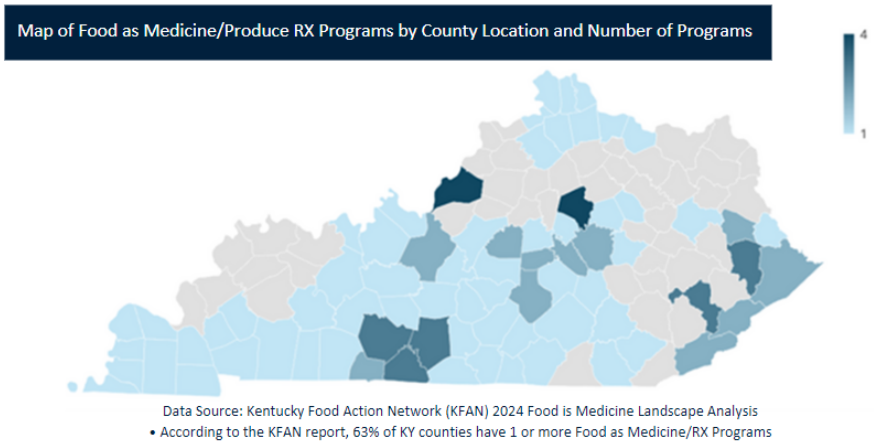


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Figure 30: Image of Kentucky Double Dollars program that aligns with Nutrition Goal 4

Kentucky Double Dollars provides financial incentives to participants in SNAP, WIC Farmers Market Nutrition and Senior Farmers Market Nutrition Programs.

"Since the Double Dollars program was implemented, the effect on the community seems broader. We have seen an increase in locals from our county, with lower means, that normally may not be able to shop local or purchase good quality produce." ~Knott County farmer

Image source: https://kentuckydoubledollars.org/

Priority 5: Drug Use

DRUG USE

Goals	Objectives	Activities
1. Reduce and prevent substance use by supporting and expanding the provision of evidence-based prevention programs, policies and practices (EBPPPs).	1.1: Increase utilization of evidence-based primary prevention policies, programs and practices. 1.2: Increase public awareness of substance use, including intentional and unintentional polysubstance use and related consequences, including overdose mortality and morbidity.	1.1.1: Increase by 200 the number of schools implementing evidence-based prevention curriculums by 2028. 1.1.2: Provide at least 14 annual trainings and support technical assistance to communities and organizations on evidence-based or evidence-informed programs, policies and practices, including two specific trainings related to substance use prevention in underserved communities. 1.2.1: Produce and disseminate a minimum of three reports per year that highlight intentional and unintentional polysubstance use and related consequences by race, ethnicity and co-morbidities to partners and communities by June 30th of each year, beginning by June 30, 2025. 1.2.2: Provide a minimum of 14 educational opportunities per year that include information on intentional and unintentional polysubstance use.

DRUG USE

Goals	Objectives	Activities
2. Expand the availability and awareness of harm reduction services across the Commonwealth.	2.1: Expand harm reduction service availability in Kentucky's Local Health Departments (LHDs) and Community-Based Organizations (CBOs). 2.2: Promote and invest in including people with lived experience in Harm Reduction education in academic, public health and Healthcare Organizations (HCOs). 2.3: Expand the availability of Overdose Education and Naloxone Distribution (OEND) across the commonwealth using the Find Naloxone Now KY platform.	2.1.1: Support LHDs to open 10 new Harm Reduction Program sites by the end of 2027. 2.2.1: Publish at least 10 Harm Reduction educational materials focusing on the lived experience of people who use drugs by the end of 2025. This educational suite will be revised and updated by the end of 2027. 2.3.1: All LHDs in Kentucky will provide Overdose Education and Naloxone Distribution (OEND) by the end of 2027. 2.3.2: 100% of Community Mental Health Centers (CMHCs), 100% of Federal Qualified Health Centers (FQHCs), 50% of State Prisons/Regional Jails and 50% of Hospital Emergency Departments will provide OEND by the end of 2027.

DRUG USE

Goals	Objectives	Activities
3. Increase availability of and access to evidence-based and promising treatment services that support all Kentuckians in achieving recovery.	3.1: Expand utilization of evidence-based treatment services, including medications for opioid use disorder. 3.2: Support the provision of quality treatment through the promotion and support of professional development and workforce initiatives that improve the capacity and competency of service providers.	3.1.1: Increase Medications for Opioid Use Disorder (MOUD) uptake and retention by 25% across substance use treatment settings by 2028. 3.1.2: Expand the number of Certified Community Behavioral Health Clinics (CCBHCs) in Kentucky to eight by 2028. 3.1.3: Increase the utilization of FindHelpNowKY.org by 20% by the end of 2027. 3.2.1: Increase the number of statewide trainings on evidence-based practices to five annually by the end of 2027.

DRUG USE

Goals	Objectives	Activities
4. Expand access and availability of community-based recovery support services statewide.	4.1: Increase the availability of safe and affordable housing for individuals in recovery. 4.2: Expand linkage and engagement in recovery-friendly education and employment resources. 4.3: Create Recovery Ready Communities through increased awareness and education that decreases stigma and promotes utilization of recovery supports.	4.1.1: Increase by 250 the number of homes meeting the National Alliance for Recovery Residencies (NARR) standards by 2028. 4.2.1: Increase the number of employers engaged in training and technical assistance to support capacity to hire and retain individuals with substance use disorder by 50% by 2028. 4.3.1: Increase the number of certified Recovery Ready Communities by eight per year through the end of 2027. 4.3.2: Establish six additional Recovery Community Centers (RCCs) by 2028.

Figure 31: SHA data

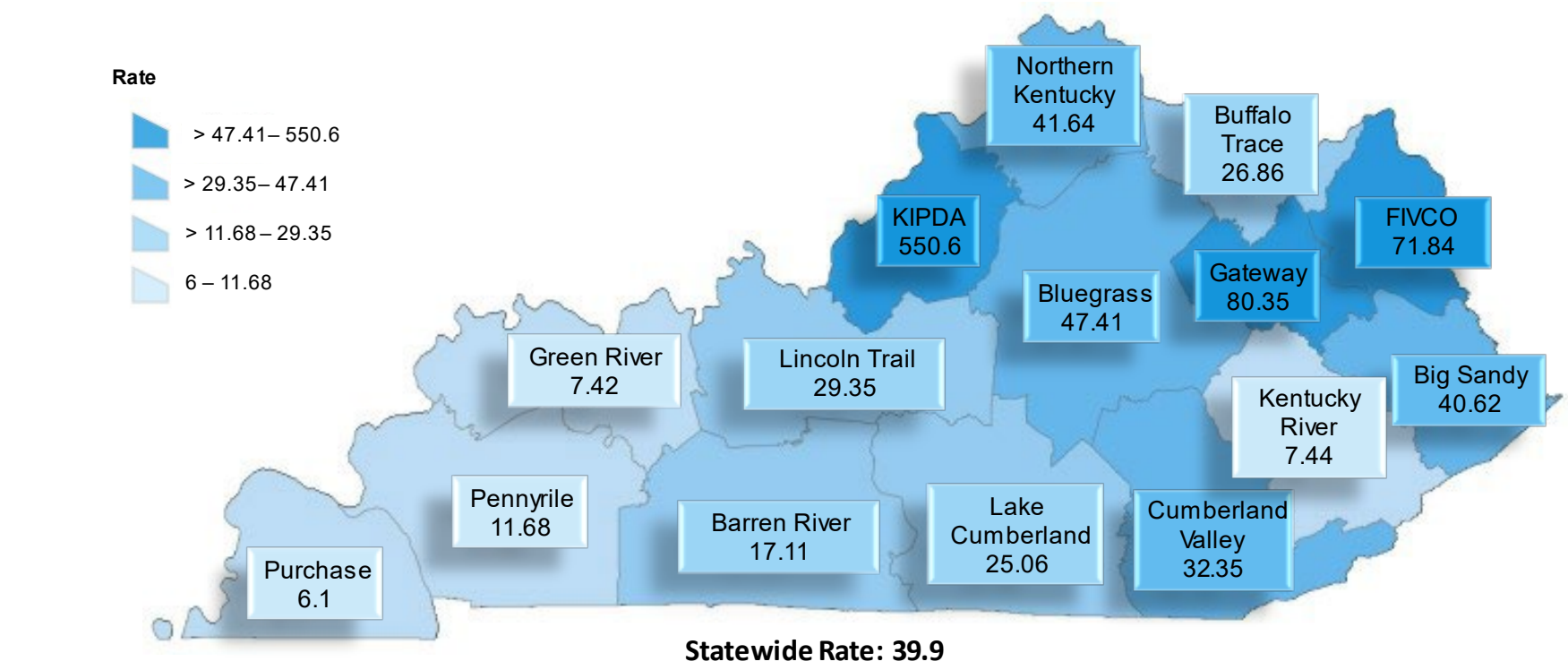

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Figure 32: Substance Abuse and Mental Health Services Administration's (SAMHSA's) Strategic Prevention Framework that aligns with Drug Use Goal 1

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Strategic Prevention Framework (SPF) includes these five steps:

1. Assessment: Identify local prevention needs based on data (e.g., What is the problem?)
2. Capacity: Build local resources and readiness to address prevention needs (e.g., What do you have to work with?)
3. Planning: Find out what works to address prevention needs and how to do it well (e.g., What should you do and how should you do it?)
4. Implementation: Deliver evidence-based programs and practices as intended (e.g., How can you put your plan into action?)
5. Evaluation: Examine the process and outcomes of programs and practices (e.g., Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

- Cultural competence: The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
- Sustainability: The process of building an adaptive and effective system that achieves and maintains desired long-term results.

Image source: A Guide to SAMHSA's Strategic Prevention Framework

Figure 33: Kentucky Public Health, Local Health Departments, Districts, and Independent Counties Operational Harm Reduction Program Sites as of 7/2/2024 that aligns with Drug Use Goal 2

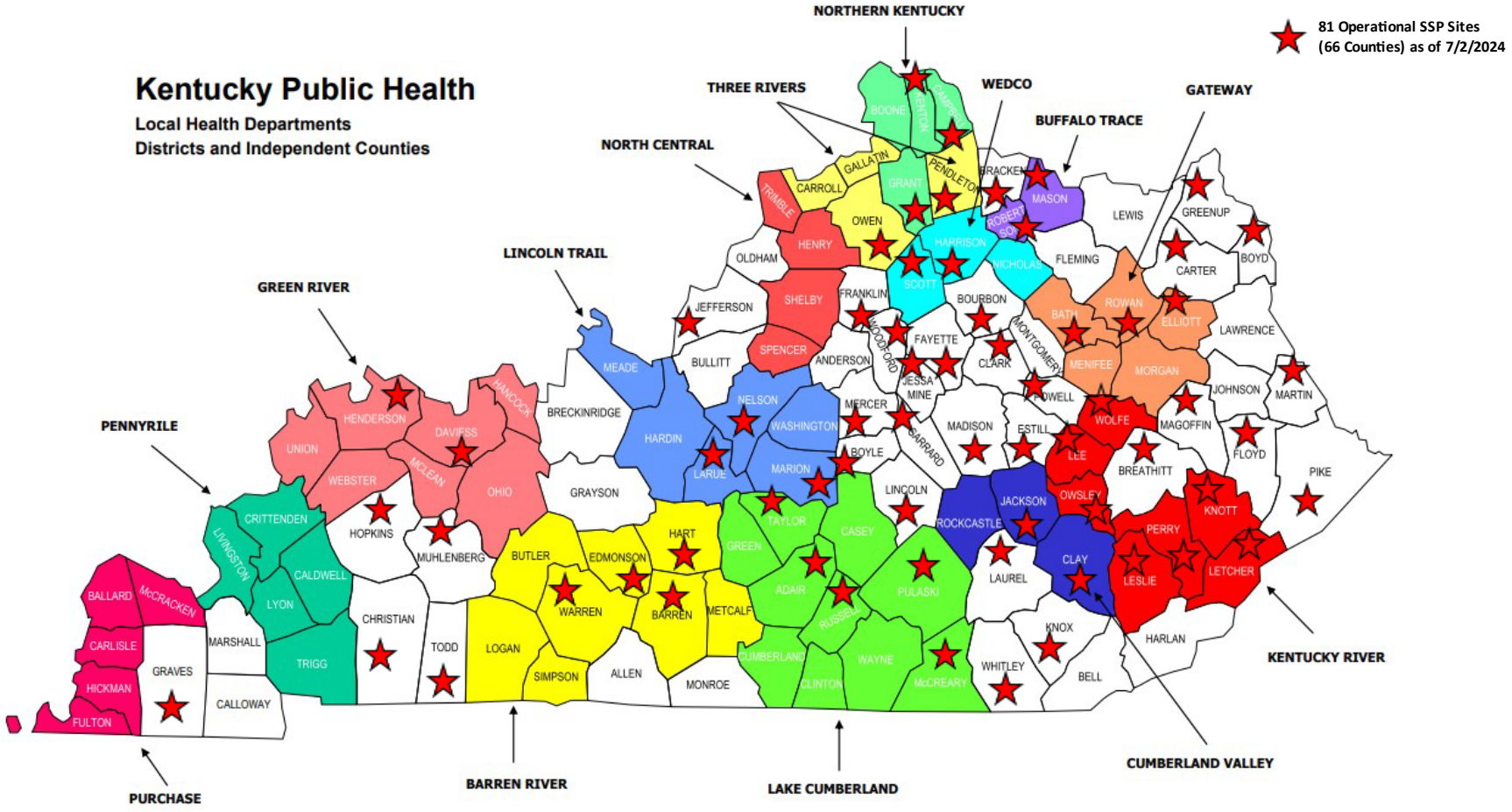
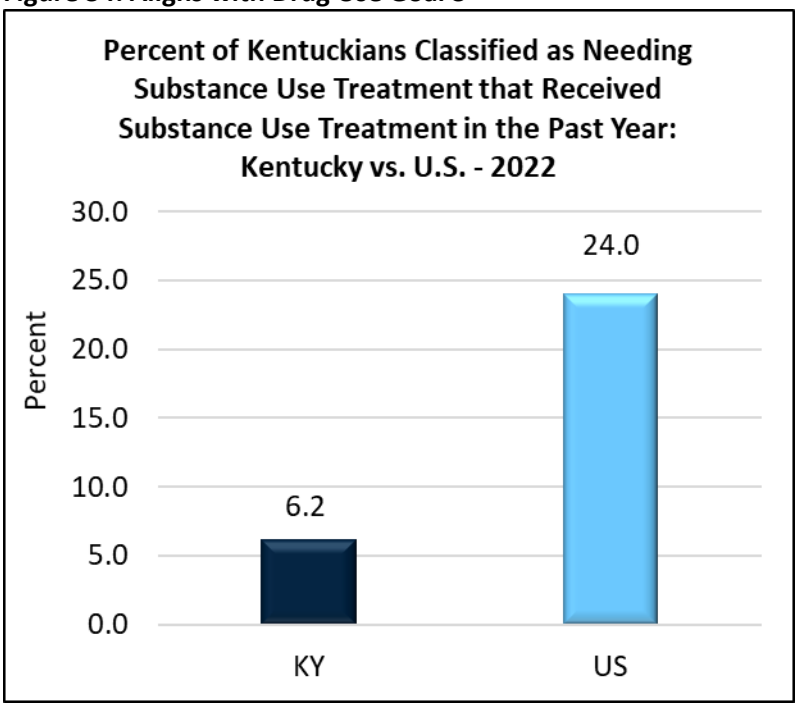


Image source: [Syringe Services Programs - Cabinet for Health and Family Services (ky.gov)]

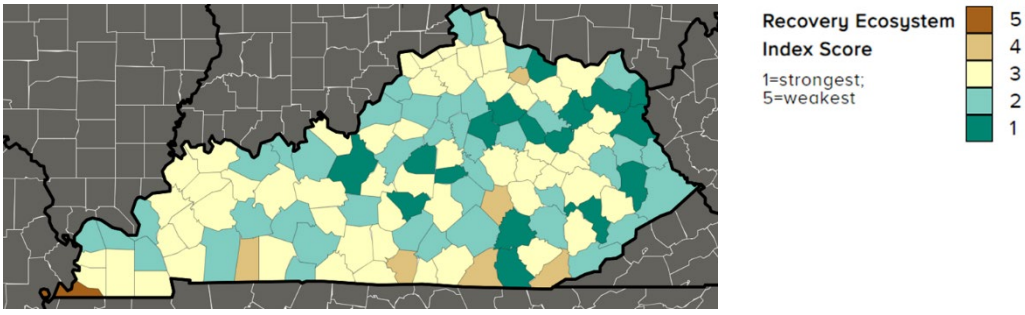
Figure 34: Aligns with Drug Use Goal 3



* People were classified as needing substance use treatment in the past year if they had an SUD or received substance use treatment in the past year. Estimates are among people aged 12 or older who were classified as needing substance use treatment in the past year.

Data source: 2022 National Survey on Drug Use and Health (NSDUH)
https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases#annual-national-report

Figure 35: How a Recovery Ecosystem Creates Recovery Capital that aligns with Drug Use Goal 4



The Recovery Ecosystem Index comprises 14 indicators that impact the strength of a recovery ecosystem, organized into three components – SUD Treatment, Continuum of SUD Support and Infrastructure and Social Factors.

Image source: rei.norc.org

Appendices

Appendix A: State Health Improvement Plan Contributors

Figure 36: Partners Involved in Planning

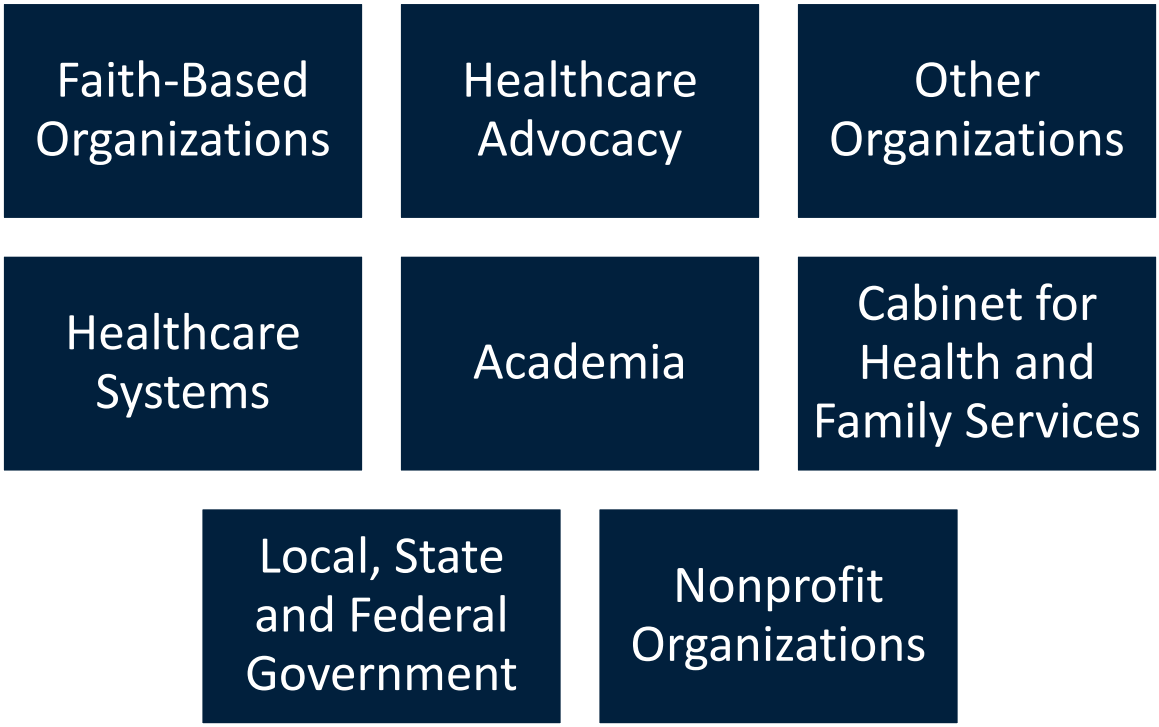


Figure note: "Other Organizations" may fall into multiple categories. The five organizations listed as others are Immunize Kentucky, Kentucky Injury Prevention and Research Center, LivingWell, REACH Evaluation and WellCare. A total of 56 organizations and over 200 individuals participated in the planning.

The priority issue workgroups, composed of representatives from LHD, colleges and universities, professional organizations, faith-based organizations, the mental health community, legislators, civic groups, managed care organizations, non-profit organizations and hospital organizations completed their assigned task to develop SMARTIE workplans in May 2024. Multiple organizations share an equal responsibility with the KDPH to support the workplans. Below are the individuals and their agencies that helped develop these workplans. We thank them for their time and energy to improve the health of all Kentuckians. Note: Organizations and individuals may fall into multiple categories.

Faith-Based Organizations	Members
Catholic Charities - Archdiocese of Louisville	Jane Evans and Makeda Freeman Woods

Healthcare Advocacy	Members
Kentucky Hospital Association	Claire Arant and Melanie Landrum
Kentucky Rural Health Association	Tina McCormick

Other Organizations	Members
Immunize Kentucky	Jessy Sanders
Kentucky Injury Prevention and Research Center	Terry Bunn
LivingWell	Vicky Stevens
REACH Evaluation	Meredith Cahill and Lisa Crabtree
WellCare	Laura Chowning

Healthcare System	Members
Appalachian Regional Healthcare	Maggie Creech
Baptist Health	Annabelle Pike and Erin Priddy
CHI Saint Joseph Health	Sherri Craig
NewVista	Amy Colvin
Pathways	Jennifer Willis
Shepherds Shelter/Ross Rehab	Wayne Ross
Sterling Healthcare	Tiffany Taul-Scruggs

Academia	Members
Cloverport Independent School District	Pat Fuqua
Mercer County School District	Sylvia Moore
Northern Kentucky University	Dr. Gannon Tagher
Simmons College	Dr. Tashika Carlton
Spalding University	Dr. Shannon Cambron
University of Kentucky	Seif Atyia, Jim Ballard III, Nicole Barber-Culp, Dr. Nicole Breazeale, Matt Coleman, Kristen Dahl, Andrea Deweese, Soma Dutta, Frances Feltner, Katherine Jury, Mykal Leslie, Brent McKune, Lindsey Mullins, Heather Norman-Burgdolf, Austin Nugent, Dr. Ashton Potter-Wright, Sean Regnier, Margo Riggs, April Smith, and Haily Traxler
University of Louisville	Priya Chandan, Molly Parsch and Nicholas Peiper

CHFS Department	Members
Department for Aging and Independent Living (DAIL)	Amanda Caudill, Edward Clark, Marnie Mountjoy, Amanda Stoess and Susan Taylor

Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID)	Crystal Adams, Brittney Allen, Vanessa Brewer, Paula Brown, Steve Cambron, Patti Clark, Camille Croweak, Emily Flath, Beth Jordan, Elizabeth Markle, Katie Marks, Phyllis Millspaugh, Tara Rueckert, Maggie Schroeder, Shelly Steiner, Adam Trosper and Kate Overberg-Wagoner
Department for Community Based Services (DCBS)	Leslie Hughes Burgess and Ashley Messer
Department for Family Resources Centers and Volunteer Services (DFRCVS)	Teresa Combs, Melissa Goins, Melanie Madison, Beth Martin, and Melissa Newton
Department for Medicaid Services (DMS)	Jodi Allen, Danita Coulter, Leitha Harris, Jamie Hurt-Mueller, Angela Parker, Stephanie Patchen, Kristen Shroyer, Judy Theriot
Kentucky Department for Public Health (KDPH)	Carissa Adams, Summer Amador, Ciaran Allen-Guy, Elizabeth Anderson Hoagland, Lisa Arvin, Amy Baker, Danielle Banks, Chase Barnes, Rahel Basse, Adam Berrones, Brian Boisseau, Lonna Boisseau, Judes Boulay, Julie Brooks, Candace Carpenter, Ellen Cartmell, Carrie Conia, Kyra Dailey, Marsha Deaton, Kendra Doctor, Soma Dutta, Laura Eirich, Rebecca Gillis, Elizabeth Goode, Katharine Green, Virginia Hamilton, Paul Harvey, Pauline Hayes, Danielle Hoskins, Meagan Hurst, Tiffany Hubbard, Oshea Johnson, Tisha Johnson, Sarojini Kanotra, Nicole Key, Danielle King, Abbie Knapp, Karen Lencki, Johan Malcolm, Elden May, Julie McKee, Annie Miklavcic, Lisa Mills, Aravind Pillai, Theresa Renn, Sheila Rose, Amanda Shafer, Allison Siu, Chris Smith, Brooke Spillman, Kendra Steele, Heather Stone, Kelly Tharpe, Jennifer Toribio Naas, Casey Turner, Shelby VanAlstine, Phoebe Wheeler-Crum, Dr. Connie White, Ruth Willard, Marie Winfrey, Shellie Wingate, Shelley Wood and Andrew Yunt
Office of Application Technology Services (OATS)	Melody Stephenson
Office for Children with Special Health Care Needs (OCSHCN)	Ivanora Alexander, Kimberly Bays, Devenna Bales, Mackenzie Blevins, Donna Croslin, Danna Duncan, Meredith Evans, Christine Meadows, Jillian Taylor, and Melanie Turner
Office of the Inspector General (OIG)	Paige Barret, James Gray, Susan Harris, Melissa Moore, and Jordan Shannon
Office of the Secretary	Amy Noble

Government: Local, State and Federal	**Members**
Centers for Disease Control and Prevention (CDC)	Allison Siu and Jaelin Southerling
Council on Postsecondary Education	Michaela Mineer and Leslie Sizemore

Education and Labor Cabinet: Kentucky Commission on the Deaf and Hard of Hearing (KCDHH)	Anita Dowd and Emily Kimbell
Justice and Public Safety Cabinet - Department of Corrections	Cookie Crews and Russell Williams
Justice and Public Safety Cabinet - Office of Drug Control Policy	Van Ingram
Kentucky Department of Education	Stephanie Bunge
Kentucky Firefighters Association and Local Fire Department Representation	Bonita Bobo, Ted Calvert, Freddie George and Tim Thompson
Local Health Departments	Tracy Aaron, Ashley Bader, Katie Columbia, Laura Foley, Christie Green, Jeanette Hart, Tanya Livesay, Rachel Massie, Meagan Meredith, Debbie Miller, Christina Nentwick, Omotese Oaikhena, Tammy Pennington, David Peterson, Amanda Reckard, Marcy Rein, Jennifer Robinson, Tammy Scarberry, Ashley Smith, Melissa Smith, Olivia Sutherland, Trisha Thomas, Natasha Trauth, Tamara Walker, and Sarah Young
Personnel Cabinet	Chris Chamness
Teachers Retirement System	Leeann Uebel

Nonprofit Organizations	**Members**
A Stroke of Grace	Christine Cosby-Gaither
Alzheimer's Association	Mackenzie Wallace
American Cancer Society	Ellen Schroeder
Bluegrass Council for the Blind	Theresa Thomas
Dream.org	John Bowman
Foundation for a Healthy Kentucky	Allison Adams, Heather Bruner, Amalia Mendoza and Katy Walker
God's Pantry	John Rupp
Kentuckiana Health Collaborative	Jenny Goins and Natalie Middaugh
Kentucky Equal Justice Center	Chloe Atwater, Miranda Brown, Jane Connell Young, Robin Kunkel and Tyler Offerman
Kentucky Primary Care Association	Ashley Gibson and Molly Lewis
Kentucky Voices for Health	Emily Beauregard and Kelly Taulbee
Kentucky Youth Advocates	Yelena Bagdasaryan and Alicia Whatley
Mental Health America of Kentucky	Hannah Brosnan and Marcie Timmerman
Paris-Bourbon County YMCA	Andrew Beckett

Priority Area	**Co-Chairs**
Access to Care	Emily Beauregard, Kentucky Voices for Health & Shellie Wingate, Kentucky Department for Public Health (KDPH)

Mental Health	Russell Williams, Kentucky Department of Corrections & Jennifer Toribio Naas, KDPH
Smoking/Vaping/Tobacco	Sean Regnier, University of Kentucky & Ellen Cartmell, KDPH
Nutrition	Kate Overberg-Wagoner, BHDID & Lisa Arvin, KDPH
Drug Use	Brittney Allen, BHDID & Chase Barnes, KDPH

Appendix B: Acronyms

ACEs	Adverse Childhood Experiences
AHR	America's Health Rankings
ASTHO	Association of State and Territorial Health Officials
BHDID	Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities
CCBHC	Certified Community Behavioral Health Clinics
CDC	Centers for Disease Control and Prevention
CHFS	Cabinet for Health and Family Services
CHIP	Community Health Improvement Plan
CHW	Community Health Worker(s)
CMHC	Community Mental Health Center
COPD	Chronic Obstructive Pulmonary Disease
CSFP	Commodity Supplemental Food Program
DAIL	Department for Aging and Independent Living
DCBS	Department for Community Based Services
DMS	Department for Medicaid Services
EBPPPs	Evidence-Based Prevention Programs, Policies and Practices
ED	Emergency Department
EFAP	Emergency Feeding Assistance Program
FDA	Food and Drug Administration
FMNP	Farmers Market Nutrition Program
FRYSC	Family Resource and Youth Service Center
HANDS	Health Access Nurturing Development Services
HDT	Health Data Trust
HiAP	Health in All Policies
HIV	Human Immunodeficiency Virus
HP2030	Healthy People 2030
HRSA	Health Resources and Services Administration
IDD	Intellectual and Developmental Disabilities
KASPER	Kentucky All Schedule Prescription Electronic Reporting
KCDHH	Kentucky Commission on the Deaf and Hard of Hearing

KDE	Kentucky Department of Education
KDPH	Kentucky Department for Public Health
KHIE	Kentucky Health Information Exchange
KIP	Kentucky Incentives for Prevention
KIPRC	Kentucky Injury Prevention and Research Center
KORE	Kentucky Opioid Response Effort
KTAP	Kentucky Temporary Assistance for Needy Families
KY-ASAP	Kentucky Agency for Substance Abuse Policy
KyBRFS	Kentucky Behavioral Risk Factor Surveillance System
LEADS	Lung Cancer Education Awareness Detection Survivorship
LGBTQ	Lesbian, Gay, Bisexual Transgender and Queer
LHD	Local Health Department(s)
MAT	Medication Assisted Therapy
MHAKY	Mental Health America of Kentucky
MME	Morphine Milligram Equivalent
MOUD	Medications for Opioid Use Disorder
mPINC	CDC Maternity Practices in Infant Nutrition and Care
NARR	National Alliance for Recovery Residencies
NAS	Neonatal Abstinence Syndrome
NHSC	National Health Service Corps
NRT	Nicotine Replacement Therapy
OATS	Office of Application Technology Services
OCSHCN	Office for Children with Special Health Care Needs
OEND	Overdose Education and Naloxone Distribution
OIG	Office of the Inspector General
OPIA	Office of Performance Improvement and Accreditation
PaRK	Partnership for a Resilient Kentucky
PCO	Primary Care Office
PHT	Public Health Transformation
PROSPR	Population-Based Research to Optimize the Screening Process
RCC	Recovery Community Center
REACH	Resources for Education, Adaptation, Change & Health
SDOH	Social Determinants of Health

SFMNP	Senior Farmers Market Nutrition Program
SHA	State Health Assessment
SHIP	State Health Improvement Plan
SNAP	Supplemental Nutrition Assistance Program
SUD	Substance Use Disorder
UK	University of Kentucky
UNICEF	United Nations International Children's Emergency Fund
UofL	University of Louisville
WHO	World Health Organization
WIC	Women, Infants and Children
YPP	University of Kentucky Young Parents Program

Appendix C: Planning with Partners Meeting

On September 27, 2023, the Kentucky Department for Public Health (KDPH) convened a meeting of partners, including public health advocates and community representatives from across the state. The objectives of the meeting were to:

1. Present and review the 2023 State Health Assessment (SHA) data.
2. Select priorities to focus on in the next five years for the SHIP.
3. Establish workgroups for the priorities selected to create SMARTIE goals, objectives and activities at a future meeting.

The KDPH organized this meeting, and the KDPH Deputy Commissioner for Clinical Affairs, Dr. Connie White, performed hosting duties. Additional speakers throughout the meeting were from the KDPH and several partner organizations.

SHIP Planning with Partners 2023 presentation link.

Figure 37: Agenda of the Planning with Partners Meeting

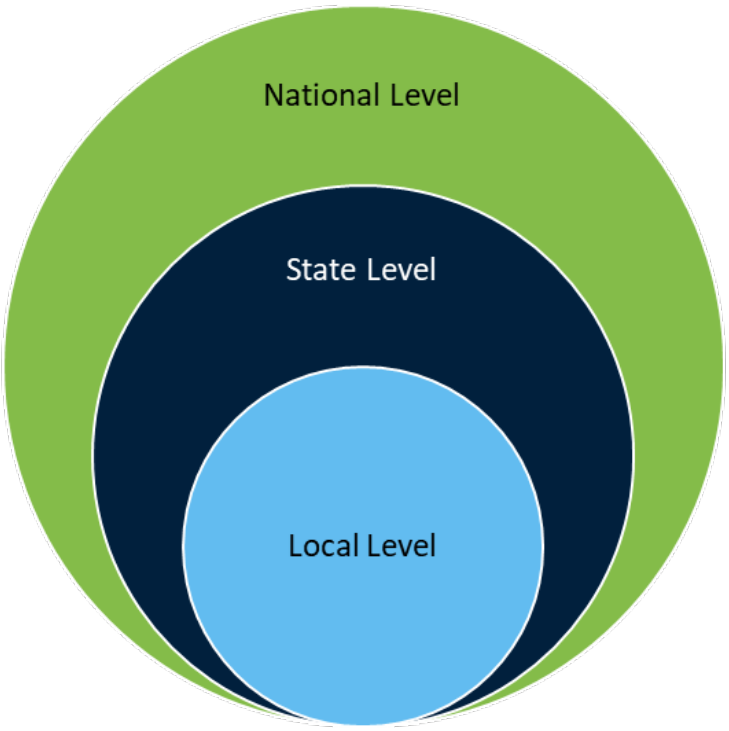
Time	Agenda Items	Duration
8:30am	**Attendee Registration** (beverages available)	45 minutes
9:15am	**Welcome Remarks** Dr. Connie White, Kentucky Department for Public Health (KDPH), Deputy Commissioner for Clinical Affairs	5 minutes
9:20am	**Welcome Remarks** Dr. Steven Stack, Commissioner, KDPH Department for Public Health	15 minutes
9:35am	**Success stories and Challenges: 2017 SHIP** Dr. Connie White, KDPH Deputy Commissioner for Clinical Affairs	20 minutes
9:55am	**Public Health Transformation and the Impact to Public Health Priorities** Jan Chamness, KDPH Director of Public Health Transformation	35 minutes
10:30	**Break and Beverage Refresh**	5 minutes
10:35	**2023 SHA Executive Summary** Dr. Connie White, KDPH Deputy Commissioner for Clinical Affairs	5 minutes

10:40	**SHA Data Report (Speaker by topic for Cancer, Tobacco and State Physical Activity and Nutrition Program and Opioid)** Elizabeth Anderson Hoagland, KDPH, Health Promotion Section Supervisor Chase Barnes, KDPH, Harm Reduction Program Manager Dr. Connie White, KDPH Deputy Commissioner for Clinical Affairs	1 hour
11:40	**Highlights from Public Health System Partners** Allison Adams, Foundation for a Healthy Kentucky (7 minutes) Emily Beauregard, Kentucky Voices for Health (7 minutes) Elaine Russell, Kentucky Cancer Consortium (7 minutes) Doug Thoroughman, KDPH, COVID-19 (14 minutes)	35 minutes
12:15	**Networking Lunch & Video Highlights** (Box lunches and beverages available)	45 minutes
1:00	**Reactions to the SHA Data Report** **Small group discussion**	40 minutes
1:40pm	**Defining Our Public Health Priorities** Elizabeth Goode, MPH, KDPH, Director of the Division for Prevention and Quality Improvement	20 minutes
2:00	**Break**	15 minutes
2:15	**2023-2028: Priorities and Community Engagement (share results and discuss next steps and get people to volunteer)** Dr. Connie White, KDPH Deputy Commissioner for Clinical Affairs	30 minutes
2:45	**Closing Remarks** Dr. Steven Stack, Commissioner, KDPH Department for Public Health	15 minutes
3:00	**Adjourn**	

Appendix D: Planning with Local Health Departments Meeting

On October 25, 2023, Local Health Department (LHD) staff met with the Kentucky Department for Public Health (KDPH) staff for a review of the Community Health Improvement Plans (CHIP) that Kentucky LHD have adopted to help assure alignment between state and local goals. The most recognized priority initiative in the CHIP was substance use disorder, followed closely by obesity. The main topics discussed with LHD were an overview of the SHIP process, Community Health Assessment/State Health Assessment and Community Health Improvement Plan/State Health Improvement Plan alignment, dialogue on SHIP priorities and discussion of local activities to address.

Figure 38: Image to Show the Relationship Between Local, State and National Level



There was an in-person and a virtual participation opportunity for various health departments from rural and urban areas, serving both large and small communities, to break down the travel barrier.

LHD were asked which of the five SHIP priority areas was their greatest strength and greatest challenge for their LHD (or local community). The greatest strength was improving access to care, and the greatest challenge was addressing mental health needs.

Figure 39: Which of the Five SHIP Priority Areas is the Greatest Challenge of your Local Health Department (or Local Community)?

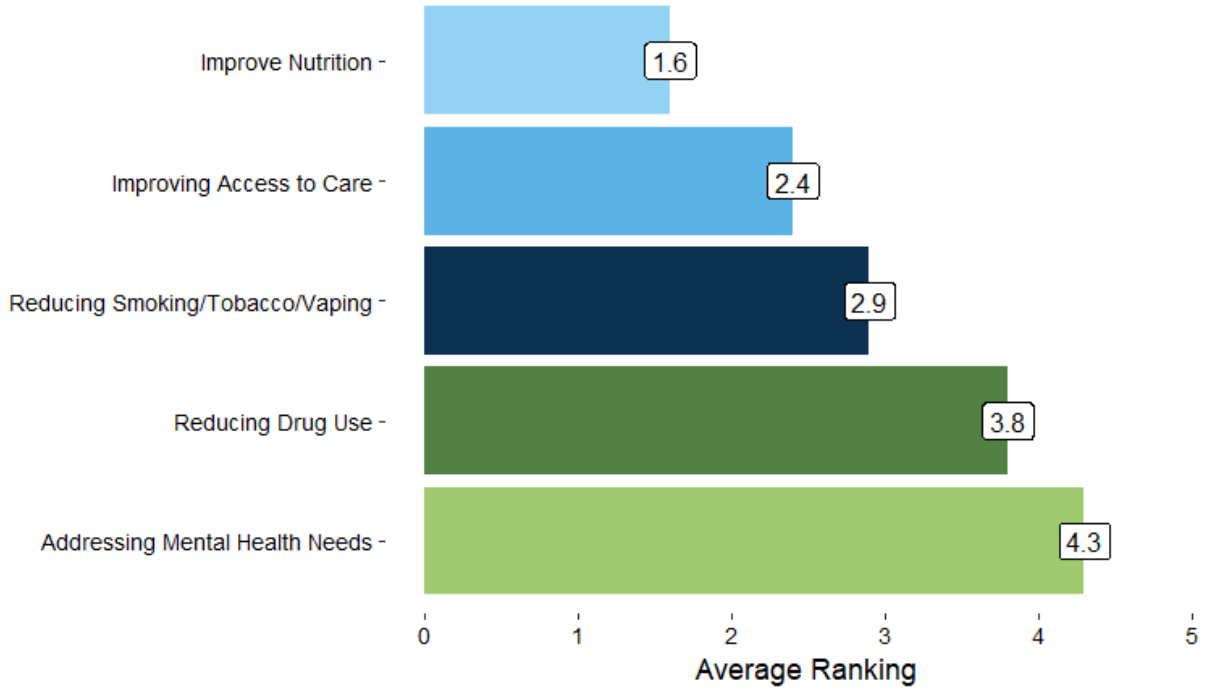


Figure 40: Which of the Five SHIP Priority Areas is the Greatest Strength of your Local Health Department (or Local Community)?

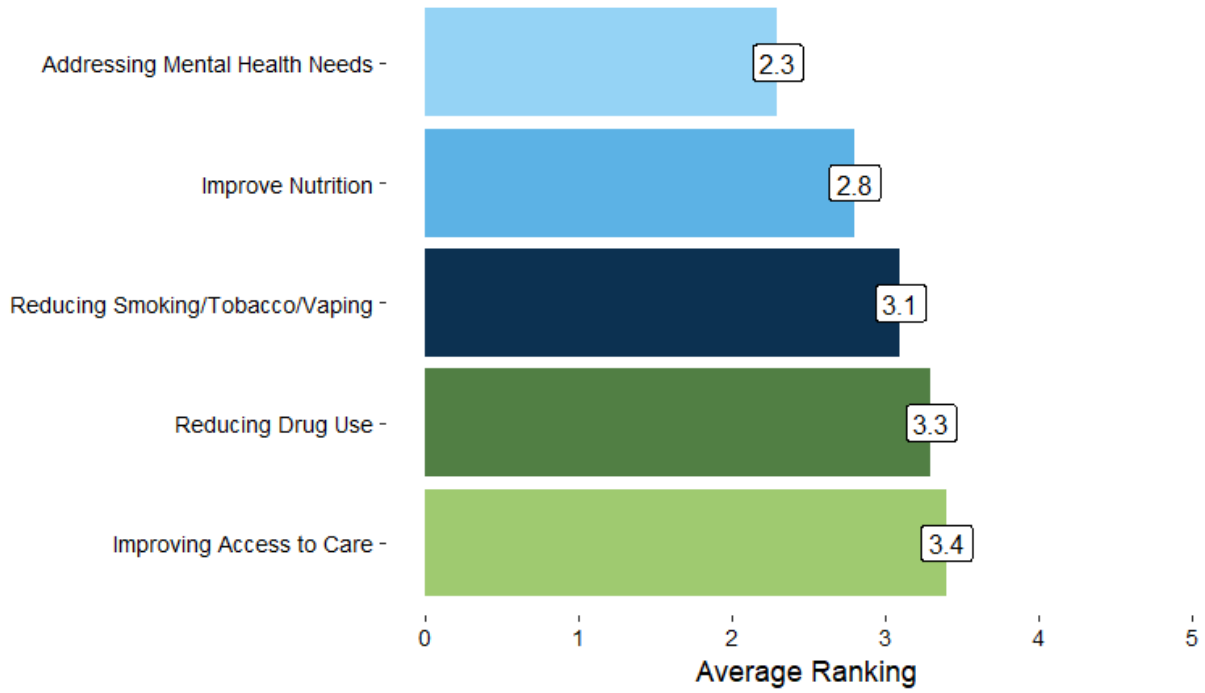


Figure 41: When Asked what Challenges and Barriers to Access to Care the LHD Face in Their Community, Transportation was the Highest.

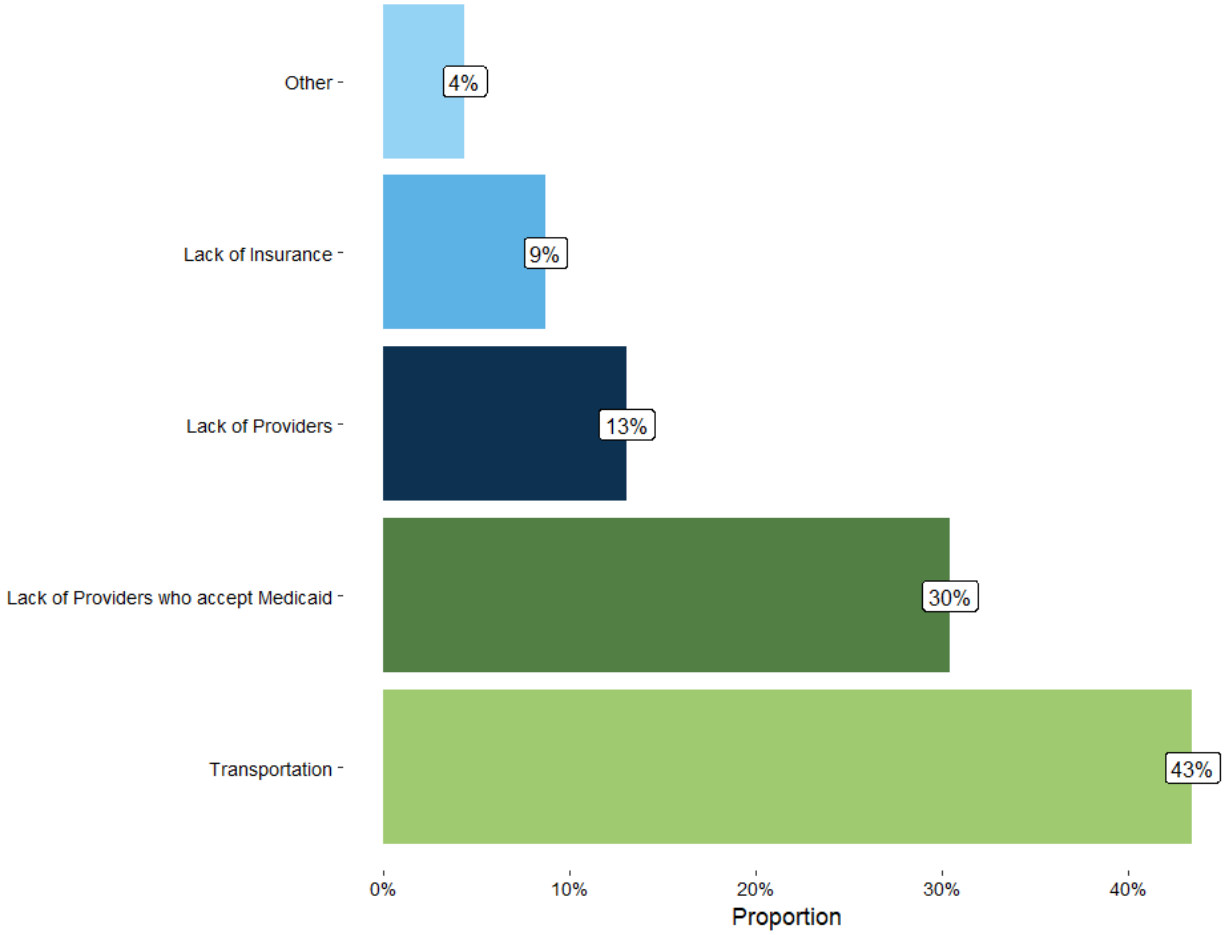


Figure 42: When Asked what the Factor is that has Reduced Smoking Rates the Most, 55% of LHD Responded Smoke-Free Policies for Indoor Public Spaces

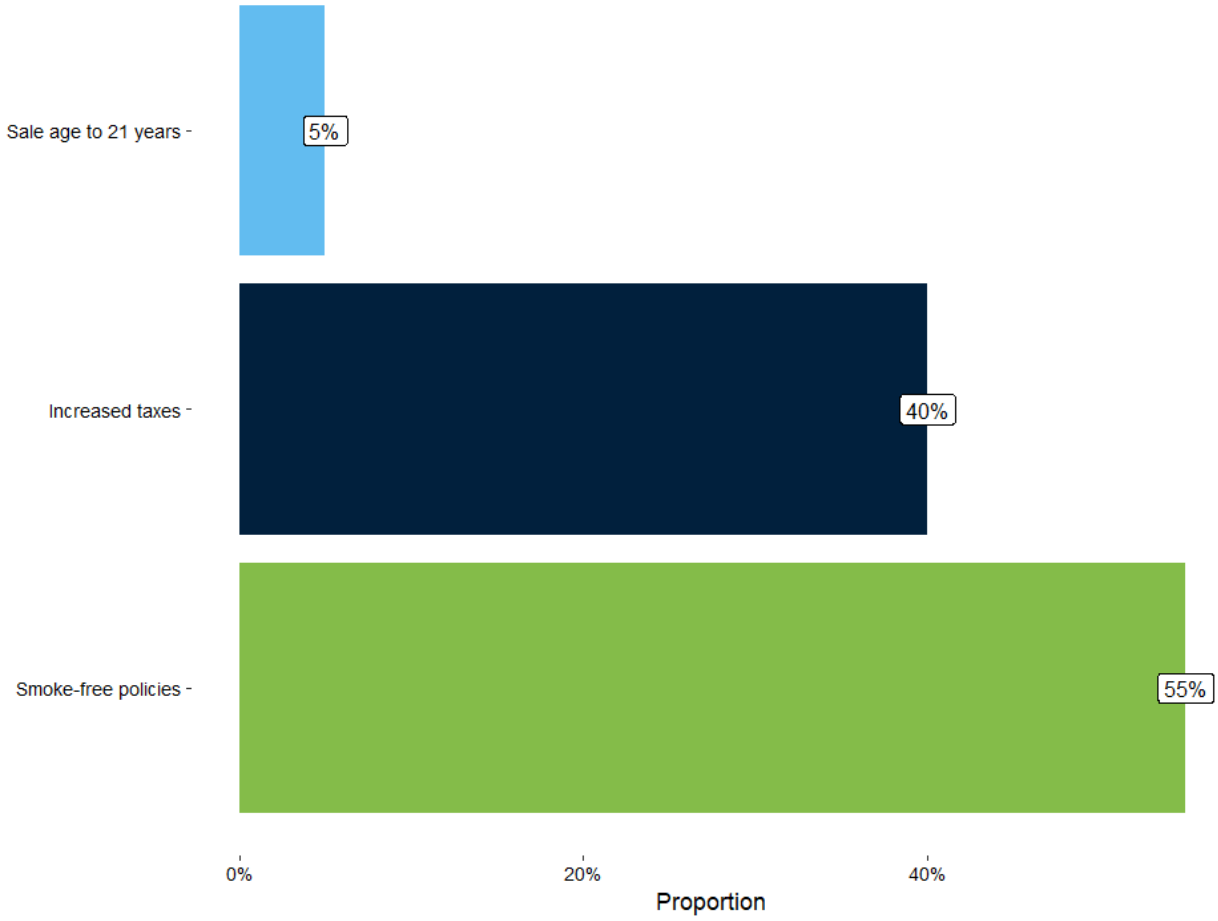
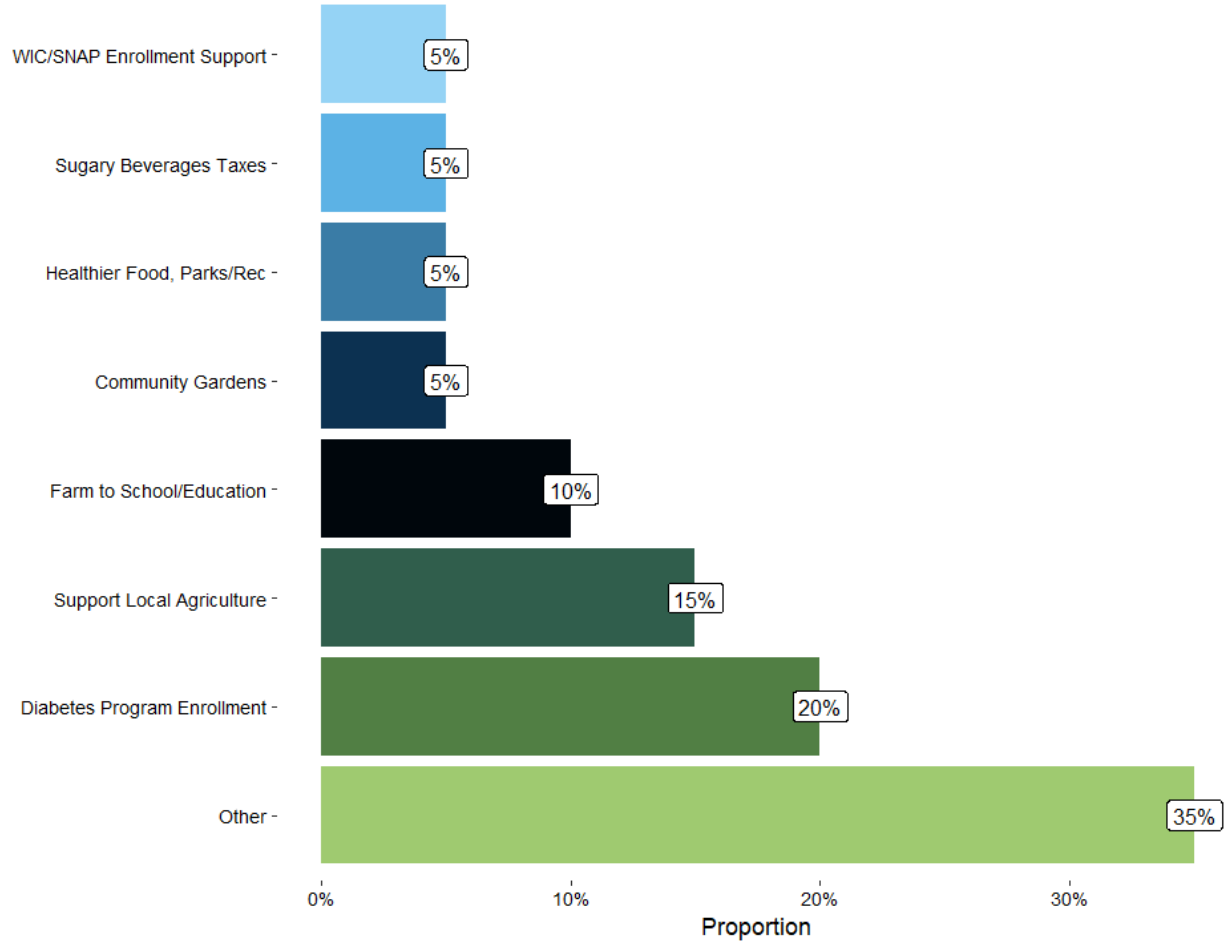


Figure 43: When LHD Were Asked what Their Top Realistic Priority was for Improving the Nutrition of Kentuckians, Thirty-Five Percent Responded Other, and 20% Responded Expanding Environment in Diabetes Prevention Programs and Among Eligible Populations



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Appendix E: Workgroup Planning Meetings

The Access to Care Workgroup completed a survey in January of 2024 to determine what goal categories the workgroup should focus on in the workplan. The results focused on workforce development and network adequacy; other barriers to care such as transportation, health literacy and language access; accommodations for people with disabilities; and standardization of data collection, reporting and transparency. The results are below.

- Workforce Development and network adequacy received the highest ranking with 9 workgroup members.
- Data collection, reporting and transparency as well as other barriers to care, including transportation, health literacy, language access and accommodations for people with disabilities tied for the second highest ranking with 7 workgroup members each.
- Provider awareness of resources available to patients received the third highest ranking with 4 workgroup members.
- Health insurance coverage and affordability received the fourth highest ranking with 2 workgroup members.
- Parity between physical, mental, oral and vision coverage as well as other received the lowest ranking with 1 workgroup member each.

The Smoking/Vaping/Tobacco Workgroup modeled their goals after Kentucky's Comprehensive Plan for Tobacco Control, which included five priority areas (Effective Communication, Healthcare Engagement, Partnerships, Policy Change and Translate Evidence into Practice). In January 2024 members of the workgroup ranked each strategy within the priority areas to determine what objectives to focus on within the goal areas. The ranking was 1 (lowest) to highest priority, depending on the number of strategies. For example, the Effective Communications goal area had four strategy options. A rank of 1 was the highest priority, and a rank of 4 was the lowest priority for that strategy. The Policy Change goal area had six strategy options – a rank of 1 was highest priority, while a rank of 6 was the lowest priority. Effective Communication was removed as a goal as it was integrated into the remaining four priority areas. The results are shared below.

Effective Communication:

- Tailor messages to be culturally relevant and accessible to populations experiencing tobacco-related disparities with a rank of 2.3.
- Share actionable information for specific audiences and the public to use in support of tobacco control efforts with a rank of 2.4.
- Increase access to and understanding of evidence-based information to inform better and counter misinformation with a rank of 2.5.
- Disseminate personal stories related to the harms of tobacco use as well as evidence-based strategies to mitigate those harms with a rank of 2.8.

Healthcare Engagement:

- Promote consistent universal screening for tobacco use as a prerequisite for intervening with patients or clients who use tobacco & Increase provider, insurer and partner knowledge to include tobacco treatment as a practice and system priority tied at a ranking of 2.2.
- Establish protocols to identify and connect patients to evidence-based referral resources with a ranking of 2.5.
- Provide education targeting different types of staff within healthcare organizations regarding tobacco-free policies with a ranking of 3.1.
- Partnerships: Identify the underrepresented communities most impacted by tobacco use and its burdens with a rank of 2.
- Invest resources in amplifying the voices, skills and needs of underrepresented communities with a rank of 2.4.
- Coordinate and invest in partner initiatives & expand statewide coalition leadership structure tied at a ranking of 2.8.

Policy Change:

- Enact comprehensive smoke-free laws to decrease exposure to secondhand smoke in workplaces and public places with a rank of 2.6.
- Increase state funding for tobacco control based on the CDC recommendations to reduce tobacco-related disease with a rank of 2.8.
- Increase state tobacco and e-cigarette product excise taxes to reduce tobacco use among youth and adults with a rank of 2.9.
- License tobacco retailers to reduce the commercial availability of tobacco products to youth with a rank of 3.3.
- Fund and implement long-term high-intensity mass-media campaigns to promote the Quitline to increase access to tobacco treatment with a rank of 3.9.
- Support voluntary, evidence-based tobacco control policies such as tobacco-free campuses with a rank of 5.5.
- Translate Evidence into Practice: Adapt evidence-based interventions to ensure they meet the needs of Kentucky populations and settings with a rank of 2.4.
- Identify and share evidence-based practices & provide training and technical assistance to those who implement tobacco control interventions tied with a rank of 2.9.
- End interventions shown to be ineffective, harmful, or unnecessary with a rank of 3.4.
- Review and share other state and community models with a rank of 3.5.

The Smoking/Vaping/Tobacco Workgroup strategies that received the highest ranking (priority) and the focus group leader for each:

- Healthcare Engagement: Leitha Harris, focus group leader
    - Promote consistent universal screening for tobacco use as a prerequisite for intervening with patients or clients who use tobacco.
    - Increase provider, insurer, and partner knowledge to include tobacco treatment as a practice and system priority.

- Partnerships: Nicole Key, focus group leader
    - Identify the underrepresented communities most impacted by tobacco use and its burdens.
    - Tailor messages to be culturally relevant and accessible to populations experiencing tobacco-related disparities.
- Policy Change: Ellen Schroeder, focus group leader
    - Enact comprehensive smoke-free laws to decrease exposure to secondhand smoke in workplaces and public places.
- Translate Evidence into Practice: Sean Regnier, focus group leader
    - Adapt evidence-based interventions to ensure they meet the needs of Kentucky populations and settings.

The Mental Health Workgroup did break out rooms in the January 2024 Microsoft Teams meeting to brainstorm SMARTIE goals. In February 2024, a survey was given to rank the objectives for each goal. The survey scale was from 1.0, meaning the lowest ranking of importance and 5.0, meaning the highest. The results are below.

Increase good mental health in children:

- Mental Health for Persons with Disabilities (intellectual or other) at 2.70 out of 5.0 scale.
- Virtual mental health treatment at 2.65 out of 5.0 scale.
- Resources on mental health at 2.65 out of 5.0 scale.
- PE requirement in schools to decrease anxiety and depression at 2.0 out of 5.0 scale.

Increase good mental health in adults:

- Mental health access to care to existing programs is 4.61 out of 5.0 on the scale.
- Mental health for persons with disabilities (intellectual or other) at 3.96 out of 5.0 scale.
- Virtual mental health treatment at 3.83 out of 5.0 scale.
- Bringing existing data and resources together at 3.09 at 5.0 scale.
- Offenders with mental illness at 3.0 out of 5.0 scale.
- Workplace wellness at 2.52 out of 5.0 scale.

The Nutrition Workgroup had an open discussion on objectives and activities in the January 2024 Teams meeting that helped categorize the creation of goals. Below are the three goals and topics discussed for objectives and activities in February 2024.

Access to Healthier Food Options:

- Fruit and vegetable voucher incentive programs.
- Produce prescription programs.
- Food as medicine programs funded by 1115 Medicaid Waiver.
- Work to support healthier offerings within schools, e.g., Farm to School programs.

Food and Nutrition Education:

- Work with communities to attract healthier shelf-stable food for charitable feeding system.
- Expanding Diabetes education and support to patients to improve patient outcomes.
- Community gardens.
- Empowerment and skill building in children to be able to advocate for themselves to make healthy eating choices.
- Support marginalized populations and those with unique needs with nutrition ed., supports and skill building to improve nutrition (undocumented, refugees, people with disabilities, senior citizens, BIPOC), e.g., Common Table, which has culinary classes for refugees, etc.
- Programming to address the effects and trauma of food insecurity in foster children as well as children in general.
- Work through Kentucky's Civil Legal Aid Programs throughout the states to impact change regarding food insecurity for Kentucky seniors.

Policy (Identify/Amend/Create Policy):

- To support local growers and farmers to make local food system connections, e.g., schools connecting with local farms to procure local food for school meals.
- To combat the impact of food insecurity on the development of disordered eating behaviors and unhealthy perceptions about food that lead to adverse mental and behavioral health outcomes (Dinner Table Project and Confident Body, Confident Child could also fall under the education piece).
- Create pathways to connect organizations at the local level to synergize efforts related to nutrition education and skill-building.
- Identify ways to work in administrative advocacy.

In January 2024, the Drug Use Workgroup met and shared drafted goals.

There are four main focus groups:

- Harm Reduction led by Chris Smith.
- Recovery led by Maggie Schroeder.
- Treatment led by Sean Regnier.
- Prevention led by Paula Brown.

Appendix F: Workgroup Full Workplans

Once the priority issues were selected and workgroups formed, the process of developing workplans to address health challenges and outcomes began. Each workgroup was provided with technical assistance and education from the KDPH on writing SMARTIE goals and best practices. Because each workgroup took initiative in developing their workplans, there may be some slight differences in the way goals, objectives and activities are written.

Over several months, virtual meetings were held. During these monthly meetings additional data were shared to gain a deeper understanding about the topic, and members brainstormed challenges in this area. Through collaborative efforts led by co-chairs of each workgroup consisting of a KDPH subject matter expert and external or sister organization representative, workplans were formed. Workgroup members hailed from other departments within the Cabinet for Health and Family Services, academia, faith-based organizations, government (local, state, and federal), health advocacy groups, healthcare systems, and nonprofit organizations among others (see Appendix A for SHIP Contributors). These members live in and serve all areas of the Commonwealth, bringing expertise in their fields to each workgroup.

Workgroups were given a template to assist in developing their workplans. These templates requested a minimum of one goal per workgroup, with accompanying objectives and activities, each level becoming increasingly more focused and detailed for action. At the activity level, workgroups utilized the SMARTIE format. In addition, each workgroup listed evidence-based or promising practice resources to assure validity so that the activities proposed have strong scientific support for efficacy, and a list of responsible organizations who are tasked with doing or ensuring each activity. Each workgroup developed an asset inventory containing resources that can be leveraged to help the community address priority areas or implement workplans (see Appendix H for the Asset Inventories). Some workgroups wanted to achieve health priorities at the macro level via policy recommendations. The following symbol will be used to signify a goal, objective, or activity with a policy focus.

Access to Care Full Workplan:

Priority Issue:	**Access to Care**

Goal 1:	**Improve Workforce Development and network adequacy by December 2028.**
Objective 1.1:	Increase healthcare provider participation in loan repayment programs.
Objective 1.2	Collect more comprehensive and uniform data from healthcare licensure boards to create an accurate baseline for workforce capacity and network adequacy.
Objective 1.3	Examine the current payment and delivery system and identify opportunities for improving access and efficiency.

SMARTIE activity	Activity 1.1.1 for Objective 1.1

Specific:	Increase participation in the National Health Service Corps (NHSC), Kentucky State Loan Repayment Program and Health Care Worker Loan Relief Program of Kentucky for high-need healthcare-related professions. The Primary Care Office (PCO) funds the Kentucky Office of Rural Health to provide information about loan repayment options and opportunities for healthcare clinicians through promotional activities such as articles in The Bridge and presenting or hosting information booths at conferences. The PCO notifies state and community stakeholders and clinics of loan repayment opportunities. The PCO also notifies stakeholders, clinics, and clinicians about NHSC extension opportunities. The Kentucky Primary Care Office (PCO) will target healthcare clinicians providing healthcare access to underserved populations, including those with language access needs.
Measurable:	Increase NHSC and Kentucky student loan repayment programs by 10% by 2029. Health Resources and Services Administration (HRSA) Data Warehouse will verify participation data.
Achievable:	This activity is already in progress.
Relevant:	It improves healthcare workforce development by encouraging clinicians to practice in shortage areas and with underserved populations.
Time-Bound:	Implement promotional activities in 2024 and reach an increase in NHSC and Kentucky loan repayment program awardees by 10% by December 2029.
Inclusive:	Responsible organizations are targeting specific underserved populations and shortage areas.
Equitable:	Responsible organizations are targeting specific underserved populations and shortage areas.
Write your SMARTIE activity:	**By December 2028, the KY PCO will increase NHSC and Kentucky loan repayment program awardees by 10% statewide.**
Provide Evidence-Based or promising practice sources:	• County Health Rankings • Primary Care Office (PCO) has data on practice location and hours worked for Primary Care Providers, Dentists and Psychiatrists and Health Professional Shortage Areas. • HRSA Data Warehouse • KDPH National Rural Recruitment and Retention Network (3RNET) Program on Primary Care Research, Cecil G. Sheps Center for Health Services Research University of North Carolina at Chapel Hill study on Kentucky safety net provider perceptions. • Board Licensure websites • Kentucky Health Information Exchange (KHIE) • Kentucky Behavioral Risk Factor Surveillance Survey (KyBRFS) • ESSENCE-platform environment that CDC gives to KDPH to access healthcare data. KHIE controls the CDC ESSENCE environment for KDPH. • Kentucky Hospital Association Data • Kentucky Office of Data and Analytics • Kentuckiana Health Collaborative (KHC) Community Measurement Reporting on Healthcare Effectiveness Data and Information Set (HEDIS) measures • Vital Statistics

	• Schedule E • Community Health Assessments • KDPH Partnerships • Custom Data Processing (CDP)
Responsible organizations:	KDPH/PCO, Kentucky Office of Rural Health and other stakeholders to promote to their specific audiences.

SMARTIE activity	**Activity 1.2.1 for Objective 1.2**
Specific:	Work with the Cabinet for Health and Family Services, Department of Insurance and healthcare licensure boards to develop a list of uniform data elements and an implementation plan for data collection and reporting.
Measurable:	The number of licensure boards participating in developing the list of uniform data elements will be measured. Number of licensure boards that implement uniform data collection and reporting.
Achievable:	This can be achieved with relatively minimal, one-time funding and system changes.
Relevant:	CHFS's 2023 Workforce Study report identified numerous data limitations that make it challenging to measure KY's workforce accurately. The limitations impact the ability to strategically and effectively target workforce shortages, and to measure and enforce network adequacy accurately.
Time-Bound:	Implement in 2025 with ongoing monitoring and evaluation.
Inclusive:	All health-related licensure boards will be asked to participate. Uniform data elements to collect could include additional demographics, language access, other population-specific needs, insurance types, etc.
Equitable:	With more comprehensive and uniform data, this initiative will identify workforce disparities and gaps, inform policy and practice decisions, and create new opportunities for targeted strategies to increase our workforce in ways that will reduce disparities.
Write your SMARTIE activity:	**By December 2025, 100% of licensure boards will participate in developing a list of comprehensive, uniform data and 90% of boards will implement data collection and reporting.**
Provide Evidence-Based or promising practice sources:	2023 Workforce Capacity Report and Supplement with recommended data fields
Responsible organizations:	Cabinet for Health and Family Services (CHFS), Department of Insurance (DOI), licensure boards
Notes from the planning meeting:	In some states, providers must complete a survey centralized in the state primary care office that works on Health Provider Shortage Areas (HPSA). There's some interest in focusing certain workforce activities on shortages that have already been identified by the group, including dental, neurology and gerontology. Mental health should be included in that list, too.

SMARTIE activity	**Activity 1.3.1 for Objective 1.3**
Specific:	Work with the Cabinet for Health and Family Services, Department of Insurance and healthcare licensure and certification boards to identify opportunities to expand the scope of practice for clinical, allied health staff.
Measurable:	The number of boards participating in efforts to expand the scope of practice will be measured. Number and type of expanded licenses or certifications, including where they practice.
Achievable:	Scope of practice has been implemented in other states for multiple positions that can ease the burden on providers: e.g., full practice authority for nurse practitioners, expanded duties for certified medical assistants, general supervision/direct access for dental hygienists [billing currently not extended to Kentucky Federally Qualified Health Centers (FQHCs)], defined roles for dental therapists.
Relevant:	Examining the scope of practice and defining it for allied health professionals helps to reduce the administrative burden on clinicians and expands access to services.
Time-Bound:	Implementation of one or more workgroups in 2025. The responsible organizations will identify licensure/certification expansion opportunities by 2026. Implementation of expanded scope for specific licenses/certifications starting in 2027 with ongoing monitoring and evaluation.
Inclusive:	All health-related licensure boards and professional organizations representing hospitals, primary care providers, rural health providers and federally qualified health centers will be asked to participate.
Equitable:	Expanding the scope of practice for allied health professionals and Advanced Practice Registered Nurses (APRNs)/Physician Assistants (PAs) enhances access in underserved areas. For example: nurse practitioners are well distributed and growing in low-income and rural areas.
Write your SMARTIE activity:	**By 2028,** improve access to qualified health care practitioners of all types in underserved sites and settings.
Provide Evidence-Based or promising practice sources:	How State Scope of Practice Policies Impact NP Care Practical Implications of State Law Amendments Granting Nurse Practitioner Full Practice Authority The National Council of State Boards of Nursing endorsed a full practice authority service delivery model that allows a nurse practitioner to perform additional duties. 27 states have full practice authority for Nurse Practitioners (Source) KY Public Health Dental Hygienist License Expanding Access to Care through Dental Therapy

Responsible organizations:	CHFS, DMS, licensure/certification boards

Goal 2:	**Improve standardization of health Professional data collection, reporting and transparency.**
Objective 2.1:	Develop a Health Data Trust (HDT) to collect, house and analyze paid claims data from all government-purchased/administered health insurance plans (required) and other health insurance plans (voluntary). Note: this could be an extension of the Kentucky Health Information Exchange (KHIE).
Objective 2.2	Develop a recommended list of demographic data measures and an implementation guide for data collection and reporting by health professionals across settings/statewide.

SMARTIE activity	**Activity 2.1.1 for Objective 2.1** **Policy Focus**
Specific:	Work with the Cabinet for Health and Family Services, Department of Insurance, insurers, employers, provider groups and other stakeholders to develop a HDT governance structure.
Measurable:	Number of insurers, providers, consumers, and other stakeholders participating in the governance structure.
Achievable:	With start-up funding and system changes, a HDT can be achieved. More than 26 states currently operate similar databases. Developing a governance structure is the first step in designing and implementing the infrastructure, gaining buy-in and operationalizing an HDT.
Relevant:	The cost of healthcare continues to rise faster than income. Both cost and quality of care vary drastically from one region to another, as well as between providers and insurers. The healthcare system lacks the transparency and choices for patients to seek out and receive high-value care effectively.
Time-Bound:	Implementation of the governance structure in 2026. Decisions related to the uniform data layout, data use, accessibility, privacy and security and fee structure will be made by the Governance Board and the HDT will be ready to implement (pending legislation and funding) by 2027. Monitoring and evaluation will be ongoing.
Inclusive:	All health insurance plans will be invited and encouraged to participate. HDT Governance Board stakeholders should include advocates, consumers, researchers, employers, insurers, health systems, providers, and government officials.
Equitable:	With a Governance Board that is inclusive of a wide range of stakeholders, including directly impacted consumers and diverse geographic representation, the HDT will be designed to:

	1. Collect more comprehensive and uniform data, and identify disparities in the availability, cost and quality of care for different regions and populations of Kentucky. 2. Enhance community needs assessments, address care gaps, inform policy and practice decisions and create new opportunities for targeted strategies to reduce disparities.
Write your SMARTIE activity:	**a. By 2026, a HDT Governance Board will be created and functioning with broad and inclusive stakeholder representation.** **b. By 2027, the Governance Board will design a HDT ready to implement pending legislation and funding.**
Provide Evidence-Based or promising practice sources:	Examples of states that have successfully implemented All-Payer Claims Databases (APCDs): https://www.apcdcouncil.org/resources Although not perfect, using Section 4302 of the Affordable Care Act (ACA) and Health and Human Services' (HHS) established standards as a starting point for improving demographic data. The Kentucky Prescription Assistance Program (KPAP) keeps track of patients served, orders filled and average wholesale price (AWP) dollar amount of medications provided to Kentuckians. Kentucky Health Information Exchange (KHIE) Kentucky Immunization Registry (KYIR)
Responsible organizations:	CHFS, DOI, government-purchased/administered plans

SMARTIE activity	**Activity 2.2.1 for Objective 2.2**
Specific:	Work with the Cabinet for Health and Family Services and partner organizations (subject matter experts) to develop a recommended list of demographic data measures and an implementation guide for data collection and reporting by health professionals across settings/statewide.
Measurable:	Number of stakeholders/subject-matter experts who participate in developing the demographic data collection guide. Number of providers/departments/agencies incorporating demographic data collection and reporting following the new guidance.
Achievable:	With minimal funding and systems change, this can be achieved.
Relevant:	Demographic data is inconsistently collected across health settings. When different measures are used to identify a demographic, the data cannot be compared across settings, programs or communities. Furthermore, the data is often unable to be disaggregated by subgroups.

	The lack of uniform, reliable health data on different demographics makes it difficult for health professionals to fully understand the health disparities of diverse communities. The lack of robust health disparity data hinders health professionals from effectively implementing appropriate health interventions.
Time-Bound:	Fall 2024-2025: Convene a workgroup with subject matter experts/representatives from diverse communities to identify the recommended demographic data measures and inform the development of the data collection and reporting implementation guide. 2026: Disseminate and promote data guide with CHFS/KDPH-led/marketed webinars and materials.
Inclusive:	Subject matter experts/representatives from different communities (demographics) will be invited to participate in the workgroup to identify the recommended data measures and inform the development of the implementation guide.
Equitable:	With more consistent and comprehensive demographic data, healthcare professionals can better understand the health disparities experienced by diverse communities, design/implement effective responses and evaluate progress toward health equity.
Write your SMARTIE activity:	**By 2028, develop a data guide to support health professionals across settings to collect uniform, consistent health data on diverse demographics.**
Provide Evidence-Based or promising practice sources:	The National Association of the Deaf, Hearing Loss Association of America and KY Commission on the Deaf Oregon Health Authority's Race, Ethnicity, Language, and Disability (REALD) Implementation https://www.oregon.gov/oha/EI/Pages/REALD.aspx
Responsible organizations:	CHFS, partner organizations

Mental Health Full Workplan

Priority Issue:	**Mental Health**
Goal 1:	**Improve mental health of Kentucky children.**
Objective 1.1:	Increase awareness of and access to telehealth mental health services.
Objective 1.2	Increase awareness of and access to resources on mental health.
Objective 1.3	Improve mental health for persons with disabilities (intellectual, physical, or other).

SMARTIE activity	**Activity 1.1.1 for Objective 1.1**

Specific:	Find out the state of broadband, cellular phone and Wi-Fi compatibility across Kentucky and determining if health insurance covers telehealth mental health services.
Measurable:	Use data from County Health Rankings, KyBRFS, and SHIP. Specific telehealth group from the State, active during COVID-19, may have data. A few of the Education and Labor Cabinet data sources are https://digitalequity.ky.gov/Pages/index.aspx, and DIGITAL EQUITY PLAN.
Achievable:	Create a one-pager or fact sheet to increase awareness of telehealth mental health services. It creates social media advertising that can be circulated to KDPH, LHD, community health workers (CHWs), Area Health Liaisons, schools (Family Resource and Youth Service Centers – FRYSC), International Center in Bowling Green and community partners.
Relevant:	Yes, there is not enough awareness available right now about telehealth mental health services and access. Data shows that children are experiencing more mental health issues post-pandemic.
Time-Bound:	By 2028 (end of next SHIP cycle)
Inclusive:	Make sure responsible organizations are reaching communities of high need. Regarding advertising, there will be culturally appropriate items.
Equitable:	Mapping out available providers for underserved communities and ensuring we have all the data on those for mental health. The responsible organizations will provide materials/fact sheets in multiple languages and ensure all materials are accessible. Check with local public health agencies to see which languages their area needs most frequently. Ensure materials are at the 4th grade reading level to make them more accessible.
Write your SMARTIE activity:	The Mental Health (MH) SHIP Workgroup will increase the awareness of and access to telehealth mental health services by creating a fact sheet that contains resources, mapping available providers for underserved communities and then distributing it to communities of high need by the end of 2028. (Note: Find out which resources we have and how we can track an increase in utilization first).
Provide Evidence-Based or promising practice sources:	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8413840/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10118045/ Opinion Article: https://www.frontiersin.org/articles/10.3389/fped.2022.793167/full
Responsible organizations:	FRYSCs; KDPH; LHD; Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID); Area Health Liaisons

SMARTIE activity	**Activity 1.2.1 for Objective 1.2**
Specific:	Create a curriculum that promotes mental health wellness through physical activity in school-aged children in Kentucky that can be implemented in after-school programs across the State.
Measurable:	Use data from KIP Survey (only looks at middle and high schools). Could create pre- and post-mental health surveys to measure progress.
Achievable:	Utilize existing resources, community partnerships and volunteer support to develop and implement a comprehensive physical activity and mindfulness curriculum.

Relevant:	Research has shown that physical activity and mindfulness practices positively impact children's mental wellness.
Time-Bound:	By 2028 (end of next SHIP cycle). Program should be implemented in phases, focusing on achievable milestones and incremental progress over time. Pilot program should be implemented in three specific counties for first year of the program.
Inclusive:	Create inclusive activities and empower all students to participate and benefit from the program, regardless of background or ability.
Equitable:	Ensure equal access to program resources and support services for all students, leveraging community support to address barriers to participation.
Write your SMARTIE activity:	**The Mental Health SHIP Workgroup will create a physical activity and mindfulness program that will be implemented in after-school programs and public libraries across the State; first phase of program will be a pilot program in counties that do not offer physical activity classes and will have the goal of observing a decrease in self-reported anxiety and depression levels among participating students within one academic year.**
Provide Evidence-Based or promising practice sources:	https://pubmed.ncbi.nlm.nih.gov/30993594/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8304760/#:~:text=(4)%20Conclusions%3A%20We%20established,anxiety%2C%20personality%20anxiety%2C%20and%20social Article from NEA Today https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7297899/ https://www.cdc.gov/healthyschools/school_based_pa_se_sel.htm https://www.massgeneral.org/children/physical-activity/mental-health https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/exercise-prescriptions
Responsible organizations:	KDPH, FRYSCs, BHDID, Schools, Department of Education, Family Resource Youth Services Coalition of Kentucky (FRYSCKy), Kentucky Public Library Association, Kentucky Out-of-School Alliance (KYOSA)

SMARTIE activity	**Activity 1.2.2 for Objective 1.2**
Specific:	Increase awareness of trauma-informed care among educators and staff in Kentucky schools by creating a comprehensive resource packet.
Measurable:	Set a goal to increase the number of schools implementing trauma-informed practices by 20% within one academic year, facilitated by distributing and utilizing the resource packet.
Achievable:	Utilize existing state resources, partnerships, and volunteer support to develop and distribute the trauma-informed resource packet at no cost to schools, while offering ongoing technical assistance and guidance to facilitate its utilization and implementation.
Relevant:	Address the prevalence of adverse childhood experiences (ACEs) and trauma in Kentucky communities, aligning with state educational priorities to support student success and well-being through trauma-informed care, by providing accessible and comprehensive resources to educators and parents.
Time-Bound:	Have resource packet created by end of 2025 and distributed to schools in Kentucky in 2026.

Inclusive:	Ensure that the trauma-informed resource packet is accessible and culturally responsive to educators and parents from diverse backgrounds and educational settings, providing translations, alternative formats and accommodations as needed.
Equitable:	Provide equal access to the trauma-informed resource packet for all schools, leveraging community support and volunteer assistance to address financial constraints, while offering additional support and resources to schools serving high-needs populations or facing challenges in implementing trauma-informed practices.
Write your SMARTIE activity:	**The Mental Health SHIP Workgroup will create a "Trauma-Informed Schools Initiative" that aims to increase awareness of trauma-informed care among educators and staff in Kentucky schools by providing a comprehensive resource packet containing training materials and tools for implementation, to reach 20% of Kentucky schools within its first year.**
Provide Evidence-Based or promising practice sources:	KRS 158.4416 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9687652/ https://journals.sagepub.com/doi/full/10.3102/0091732X18821123 Opinion Article: https://www.frontiersin.org/articles/10.3389/feduc.2022.911328/full
Responsible organizations:	KDPH, BHDID, Kentucky Department of Education, FRYSCs

SMARTIE activity	**Activity 1.3.1 for Objective 1.3**
Specific:	Design and launch a user-friendly website that offers a wide range of resources including information on disability rights, educational support, healthcare services, assistive technology, recreational opportunities, and community support networks, explicitly tailored to the needs of children with disabilities in Kentucky, ensuring inclusivity and equitable access for all.
Measurable:	Track website traffic, user engagement and user feedback to assess the effectiveness and usefulness of the resources provided. Monitor the number of people accessing the website and utilizing the available resources to support their children with disabilities, paying attention to any disparities in access and usage.
Achievable:	Collaborate with local disability organizations, healthcare providers, educators, and families of children with disabilities to gather relevant information and resources, ensuring diverse perspectives and needs are represented. Work with CHFS/KDPH to create an accessible and user-friendly online platform that prioritizes equity and inclusivity.
Relevant:	The goal addresses the critical need for easily accessible and comprehensive resources for children with disabilities and their families, with a specific focus on promoting equity and inclusivity in service provision, ensuring that all children and families have equal opportunities to access support and resources regardless of their background or circumstances.

Time-Bound:	Develop and launch the web page by 2027 with ongoing updates and improvements based on user feedback and changing needs. Promote the website through social media, community outreach and partnerships with relevant organizations to maximize its reach and impact, particularly focusing on reaching marginalized and underserved communities.
Inclusive:	Ensure that the website is designed and implemented inclusive of diverse needs, preferences, and abilities, incorporating features such as alternative text for images, keyboard navigation and adjustable text sizes to accommodate users with disabilities.
Equitable:	Prioritize equity in designing and delivering resources and services, actively addressing systemic barriers and disparities that may hinder access to support for children with disabilities and their families, and advocating for policies and practices that promote equitable access to opportunities and resources for all.
Write your SMARTIE activity:	**The MH SHIP Workgroup will improve the mental health of children with disabilities (physical, intellectual, etc.) by creating and launching a website that will provide resources for parents/caregivers of children with disabilities in Kentucky, including resources on disability rights, educational resources, healthcare services and recreational opportunities.**
Provide Evidence-Based or promising practice sources:	https://www.education.ky.gov/specialed/excep/Pages/FamParTool.aspx https://researchinvolvement.biomedcentral.com/articles/10.1186/s40900-023-00481-y https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3636206/ https://academic.oup.com/jpubhealth/article/45/1/e134/6528299?searchresult=1
Responsible organizations:	FRYSCs, Kentucky Department of Education, KDPH, LHD, BHDID, Area Health Liaisons, Office for Children with Special Health Care Needs (OCSHCN)

Goal 2:	**Improve mental health of Kentucky adults.**
Objective 2.1:	Improve mental health access to care to existing programs for persons with disabilities (intellectual, physical, developmental, and other).
Objective 2.2	Improve mental health access to care to existing programs for justice involved adults leaving Kentucky jails and prisons.
Objective 2.3	Improve telehealth access and awareness for mental health services.

SMARTIE activity	**Activity 2.1.1 for Objective 2.1**
Specific:	The MH SHIP Workgroup will work collaboratively with community liaisons to comprehensively explore disparities for consumers with disabilities within mental health and actively work towards eliminating barriers.
Measurable:	Identify a system for tracking the number of individuals with disabilities who receive mental health services through Medicaid waivers (with the new allocations for Supports for Community Living (SCL), these will be monitored).

	Create a platform that identifies qualified mental health professionals who provide mental health services for adults with disabilities (intellectual, physical, developmental, and other).
Achievable:	Collaborate with BHDID, KY Community Mental Health Centers (CMHCs), KDPH, National Alliance on Mental Illness (NAMI) KY, KY Department of Professional Licensing and KY Judicial Commission to gather information and resources to create a user-friendly tracking platform that prioritizes mental health appointments for adults with disabilities (intellectual, physical, developmental, and other).
Relevant:	Consumers with disabilities experience barriers and disparities that hinder their access to equitable mental health services.
Time-Bound:	By 2028 (end of next SHIP cycle).
Inclusive:	Ensure that mental health programming in Kentucky is equally accessible, inclusive, and focused on service provision to consumers with disabilities.
Equitable:	Actively ensure parity in mental programming, specifically promoting equality and inclusivity in service provision for those Kentuckians with disabilities.
Write your SMARTIE activity:	**By December 2028, the MH SHIP Workgroup will work collaboratively with community liaisons to prioritize delivery of mental health resources and services for consumers with disabilities, while actively seeking to address systemic barriers and disparities that may hinder access to needed supports.**
Provide Evidence-Based or promising practice source:	https://www.samhsa.gov https://nimh.nih.gov https://mhaky.org
Responsible organizations:	KDPH, BHDID, NAMI KY, CMHC, Kentucky Behavioral Health Planning and Advisory Council, Mental Health America of Kentucky

SMARTIE activity	**Activity 2.2.1 for Objective 2.2**
Specific:	The MH SHIP Workgroup will work collaboratively with community liaisons to comprehensively explore disparities for justice-involved consumers with mental health concerns returning to the community and actively work towards eliminating barriers.
Measurable:	Identify a system for tracking the number of justice-involved adults diagnosed with severe mental illness leaving Kentucky jails and prisons who complete their first mental health appointment with a CMHC or other identified mental health provider within 30-days of release. Identify a system for tracking the number of justice-involved adults diagnosed with severe mental illness leaving Kentucky jails and prisons who are successfully placed in sustainable housing or mental health programming within 90-days of release.
Achievable:	Collaborate with Kentucky Jailors Association, Kentucky Division of Probation and Parole, Kentucky Division of Re-Entry, BHDID, KY CMHC, KDPH, NAMI KY, and Kentucky Judicial Commission to gather information and resources to create a user-friendly tracking platform that prioritizes justice-involved adults with severe mental illness re-entering their communities.
Relevant:	Justice-involved consumers experience barriers and disparities that hinder their access to equitable mental health services.

Time-Bound:	By 2028 (end of next SHIP cycle).
Inclusive:	Ensure that mental health programming in Kentucky is equally accessible, inclusive, and focused on service provision to consumers who are justice involved and working towards re-entry into their respective communities.
Equitable:	Actively ensure parity in mental programming, with a specific focus on promoting equality and inclusivity in service provision for justice involved consumers working on re-entry into their communities.
Write your SMARTIE activity:	**By December 2028, the MH SHIP Workgroup will work collaboratively with community liaisons to prioritize delivery of mental health resources and services for consumers who are justice involved and working towards reintegration into their communities, while actively seeking to address systemic barriers and disparities that may hinder access to needed supports.**
Provide Evidence-Based or promising practice source:	https://www.samhsa.gov https://nimh.nih.gov https://mhaky.org https://kycourts.gov
Responsible organizations:	Department of Corrections (DOC), KDPH, BHDID, NAMI KY, Kentucky Behavioral Health Planning and Advisory Council, Mental Health America of Kentucky, Kentucky Judicial Commission Mental Health

SMARTIE activity	**Activity 2.3.1 for Objective 2.3**
Specific:	Design and launch a user-friendly website that offers a wide range of web-based platforms focused on self-care, wellness, stress reduction, improved attention and overall mental health.
Measurable:	Decrease frequent mental distress from 16.1% to 15.9% (National Average) in adult Kentuckians (Data from America's Health Rankings 2023 Annual Report).
Achievable:	Collaborate with local, regional, and national mental health platforms to gather information and resources. Work with CHFS/KDPH to create an accessible and user-friendly online platform that prioritizes equality and inclusivity.
Relevant:	The goal addresses the critical need for easily accessible and comprehensive mental health resources for adults (both in the workplace and at home) who are experiencing mental distress, burn-out and chronic stress.
Time-Bound:	By 2028 (end of next SHIP cycle).
Inclusive:	Ensure that the website is designed and implemented in a way that is inclusive of diverse needs, preferences, and abilities, incorporating features such as alternative text for images, keyboard navigation and adjustable text sizes to accommodate users with disabilities.
Equitable:	Prioritize equity in the design and delivery of resources and services, actively seeking to address systemic barriers and disparities that may hinder access both at home and in the workplace.
Write your SMARTIE activity:	**By December 2028, the MH SHIP Workgroup will decrease reported mental health distress in Kentuckians by launching an accessible website that will provide web-based resources to individuals and families in Kentucky to improve coping skills and mental clarity.**

Provide Evidence-Based or promising practice source:	https://assets.americashealthrankings.org https://www.samhsa.gov https://nimh.nih.gov
Responsible organizations:	KDPH, BHDID, NAMI, American Psychological Association (APA), World Health Organization (WHO), Area Health Liaisons

SMARTIE activity	**Activity 2.3.2 for Objective 2.3**
Specific:	Find out the state of broadband, cellular phone and Wi-Fi compatibility across Kentucky as well as determining if health insurance covers telehealth mental health services.
Measurable:	Can use data from County Health Rankings, KyBRFS, and SHIP. There was also a specific telehealth group from the State that may have data; they were active during COVID-19. Another data source: https://digitalequity.ky.gov/Pages/index.aspx, and https://digitalequity.ky.gov/Documents/Digital%20Equity%20Plan_FEB_2024.pdf.
Achievable:	Create a one-pager fact sheet to increase awareness of telehealth mental health services. Creating social media advertising that can be circulated to KDPH, LHD, CHWs, Area Health Liaisons, Universities, NAMI Kentucky, CMHC, Courts and other relevant community partners.
Relevant:	There is not enough awareness available right now about telehealth mental health services and access. Data shows that adults are experiencing more mental health issues post-pandemic.
Time-Bound:	By 2028 (end of next SHIP cycle).
Inclusive:	Make sure we are reaching communities of high need, including rural communities. In regard to advertising, we will have items that are culturally appropriate.
Equitable:	Mapping out available providers for underserved communities and making sure we have all the data complete on those for mental health. We will provide materials/fact sheets in multiple languages and make sure that all materials are accessible. Check with local public health agencies to see which languages their area needs most frequently. Make sure that materials are at the 4th grade reading level to make them more accessible.
Write your SMARTIE activity:	**The MH SHIP Workgroup will increase the awareness of and access to telehealth mental health services by creating a fact sheet that contains resources and mapping available providers for underserved communities and then distributing it to communities of high need by the end of 2028. (Note: Find out which resources we do have and how we can track an increase in utilization).**
Provide Evidence-Based or promising practice source:	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8413840/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10118045/ Opinion Article: https://www.frontiersin.org/articles/10.3389/fped.2022.793167/full
Responsible organizations:	CMHC, KDPH, LHD, Universities, BHDID, Area Health Liaisons, NAMI KY

Smoking/Vaping/Tobacco Full Workplan:

Priority Issue:	**Smoking/Vaping/Tobacco**

Goal 1:	**Healthcare Engagement: Engage and educate healthcare organizations on evidence-based policies to create supportive environments for tobacco treatment to improve patient/client outcomes.**
Objective 1.1:	Promote consistent universal screening for tobacco use as a prerequisite for intervening with patients or clients who use tobacco.
Objective 1.2	Increase provider, insurer, and partner knowledge to include tobacco treatment as a practice and system priority.

Healthcare Engagement Sub-Committee Members:	**Leitha Harris, Medicaid** Ellen Schroeder, American Cancer Society Rebekah Shoopman, Lexington-Fayette Co. Health Department Erin Priddy, Baptist Health Annabelle Pike, Baptist Health Troy Sutherland, Department for Medicaid Services Nirvana Nawar, Kentucky Lung Cancer Screening Program (DPH) Ellen Cartmell, Kentucky Tobacco Prevention & Cessation Program (DPH)

SMARTIE activity	**Activity 1.1.1 for Objective 1.1**
Specific:	Promote the utilization of Healthcare Effectiveness Data and Information Set (HEDIS) questions about tobacco use and the CDC's Tobacco Cessation Brief Clinical Intervention Tool by providers to promote a universal standard for discussing tobacco use in healthcare settings.
Measurable:	The Tobacco Cessation Brief Clinical Intervention Tool will be shared on the Kentucky Department for Public Health website, and existing HEDIS tobacco-use questions will be used to establish a baseline percent of Kentucky adult tobacco users whose provider has: 1) advised them to quit; 2) discussed cessation strategies with them and 3) discussed cessation medications with them.
Achievable:	Most Kentucky residents are enrolled in health plans (e.g., commercial, Medicare, Medicaid) that report health and service provision data using HEDIS. The steps included in the CDC tool can be completed with patients who use tobacco within three to five minutes.
Relevant:	Utilizing the existing HEDIS tobacco-use tools will provide important information regarding the barriers and facilitators to tobacco treatment entry. The CDC tool gives providers an effective means to identify patients for referrals to cessation programs consistently.
Time-bound:	Complete by 2028
Inclusive:	It affects all healthcare providers, including frontline clinicians and administrative staff who screen for tobacco use.
Equitable:	Standardized processes reduce opportunities for bias around the provision of treatment referrals for people who face health disparities (e.g., racial, or ethnic minorities and people with disabilities).

Write your SMARTIE activity:	**By 2028, establish a baseline and produce a 5% increase in the percent of current adult smokers who received advice to quit smoking or using tobacco from a healthcare provider.**
Provide evidence-based or promising practice sources:	www.cdc.gov/tobacco/patient-care/pdfs/hcp-conversation-guide.pdf millionhearts.hhs.gov/tools-protocols/action-guides/tobacco-change-package www.ncqa.org/hedis/measures/medical-assistance-with-smoking-and-tobacco-use-cessation/
Responsible organizations:	KTPC, the Department for Medicaid Services

SMARTIE activity	**Activity 1.2.1 for Objective 1.2**
Specific:	Educate the public and providers, including pharmacists, about the effectiveness of nicotine replacement therapy and the fact nicotine replacement therapy is available at no cost to most Kentucky residents.
Measurable:	Increases in the number of individuals participating in training on nicotine replacement therapy as well as a 10% increase in the actual amounts of nicotine replacement therapy being distributed through 1) Medicaid claims; 2) Kentucky's tobacco quitline, which provides nicotine replacement therapy to Medicare enrollees and those who are uninsured; 3) local health department reports on nicotine replacement therapy distribution.
Achievable:	In most cases, nicotine replacement therapy can be provided at no cost to patients who are Kentucky residents.
Relevant:	Nicotine replacement therapy is one of three FDA-approved pharmacotherapies for the treatment of tobacco use disorder. Appropriate use of nicotine replacement therapy can significantly improve the probability of someone quitting smoking successfully.
Time-bound:	Complete by 2028
Inclusive:	It affects all seeking assistance with tobacco cessation.
Equitable:	Affects everyone who uses tobacco products and for whom nicotine replacement therapy is appropriate.
Write your SMARTIE activity:	**Increase the awareness of nicotine replacement therapy effectiveness and no-cost availability by 2028, as measured by an increase in the number of people participating in training on this topic, as well as a 10% increase in the amount of nicotine replacement therapy distributed through identified sources.**
Provide evidence-based or promising practice sources:	U.S. Preventive Services Task Force recommendation statement on Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions
Responsible organizations:	KTPC (quitline), Department for Medicaid Services, health plans.

Goal 2:	**Partnerships: Engage, advance, and diversify multi-sectored partnerships to increase equity and achieve wider influence for greater impact.**

Objective 2.1:	Invest resources in amplifying voices, skills and needs of underrepresented communities.
Objective 2.2:	Tailor messages to be culturally relevant and accessible to populations experiencing tobacco-related disparities.

Partnerships Sub-Committee Members:	**Nicole Key, Kentucky Tobacco Prevention & Cessation Program** Sean Regnier, University of Kentucky Zim Okoli, University of Kentucky Erin Priddy, Baptist Health Jennifer Robinson, Franklin County Health Department Bethany Thomas, School Health (KDPH)

SMARTIE activity	**Activity 2.1 for Objective 2.1**
Specific:	Identify, support the development of and provide resources to organizations that serve Kentucky's underrepresented communities, as defined by the CDC.
Measurable:	Identify and provide three resources per area development district.
Achievable:	Aligns current initiatives and programs.
Relevant:	Tobacco use and related adverse health outcomes disproportionately affect vulnerable populations.
Time-bound:	By 2028.
Inclusive:	It affects people who face significant disparities in healthcare systems.
Equitable:	Creates opportunities to serve additional demographic populations and geographic areas.
Write your SMARTIE activity:	**Identify and list three resources per area development district of community-driven organizations that serve underrepresented populations within the commonwealth by 2028.**
Provide evidence-based or promising practice sources:	https://www.cdc.gov/tobacco/php/state-and-community-work/guides-for-states.html
Responsible organizations:	KTPC

SMARTIE activity	**Activity 2.2 for Objective 2.2**
Specific:	Increase the use of Quit Now Kentucky by people facing health inequities (e.g., people with disabilities, people who are LGBTQ, people who have a behavioral health diagnosis).
Measurable:	Increase use by 20% among people facing health inequities.
Achievable:	KTPC maintains quitline numbers on use by many of these populations. The American Community Survey Six Disability Questions have recently been added to the quitline intake questionnaire.
Relevant:	Quit Now Kentucky helps individuals end their tobacco use and maintain cessation. The quitline can serve as an essential bridge to treatment entry for populations who smoke

	at higher rates than the general population (e.g., people with disabilities, veterans, low socio-economic status).
Time-bound:	By 2028
Inclusive:	Includes all individuals who use tobacco, including people who face barriers to treatment entry and retention.
Equitable:	Focusing on underserved populations can advance health equity, reducing the onset of smoking and increasing access to treatment.
Write your SMARTIE activity:	**Increase the use of Quit Now Kentucky by people facing health inequities by 20% by 2028.**
Provide evidence-based or promising practice sources:	www.cdc.gov/tobacco/php/state-and-community-work/guides-for-states.html https://www.naquitline.org/page/qi
Responsible organizations:	KTPC, National Jewish Health

Goal 3:	**Policy Change: Facilitate evidence-based tobacco control policies that advance a healthier Kentucky.**
Objective 3.1:	Enact comprehensive smoke-free laws to decrease exposure to secondhand smoke in workplaces and public places.
Objective 3.2:	Increase state funding for tobacco control based on CDC recommendations to reduce tobacco-related disease.

Policy Focus

Policy Change Sub-Committee Members:	**Ellen Schroeder, American Cancer Society** Alicia Whatley, Kentucky Youth Advocates Steve Cambron, Synar Program, BHDID Ellen Cartmell, Kentucky Tobacco Prevention & Cessation Program Katie Rose Garden, American Cancer Society Cancer Action Network Doug Hogan, American Cancer Society, Cancer Action Network Niki Milburn, American Cancer Society, Cancer Action Network Nirvana Nawar, Lung Cancer Screening Program Amanda Bucher, Kentucky Center for Smoke-free Policy Andrea Radford, American Cancer Society Shannon Baker, American Lung Association Kristian Wagner, Kentucky Cancer Consortium

SMARTIE activity	**Activity 3.1.1 for Objective 3.1**
Specific:	Educate and support communities that are considering smoke-free policies and support those enacting or enforcing smoke-free policies.
Measurable:	Increase the number of communities with comprehensive smoke-free laws from 45 to 50 (one additional law/community per year). The percentage of covered Kentuckians is currently 38.1%.

Policy Focus

Achievable:	Public health organizations include education about the benefits of a smoke-free environment as part of their mission to improve health.
Relevant:	Numerous studies have found that tobacco smoke is a significant contributor to indoor air pollution and that breathing secondhand smoke (also known as environmental tobacco smoke) is a cause of disease in healthy non-smokers, including heart disease, stroke, respiratory disease, and lung cancer. Comprehensive smoke-free laws have been shown to reduce use among youth.
Time-bound:	Complete by 2028.
Inclusive:	Impacts all Kentuckians.
Equitable:	All communities considering smoke-free policies, including those targeted by Big Tobacco, can be educated and supported.
Write your SMARTIE activity:	**Educate and support communities considering smoke-free policies and support those enacting and enforcing smoke-free policies, working toward comprehensive smoke-free laws across Kentucky.**
Provide evidence-based or promising practice sources:	Smoke-free CAT | Breathe (uky.edu) https://smokefreegaps.org/gaps-kentucky/ www.cdc.gov/tobacco/php/state-and-community-work/guides-for-states.html
Responsible organizations:	All organizations committed to the health of Kentuckians, including but not limited to the American Cancer Society, American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, Kentucky Center for Smoke-free Policy, Kentucky Department for Public Health, Kentucky Youth Advocates, Kentucky Medical Association, Americans for Non-Smokers Rights, and the Kentucky Chamber of Commerce.

SMARTIE activity	**Activity 3.2.1 for Objective 3.2 – Requesting [Non-JUUL] State Funding** **Policy Focus**
Specific:	Increase state funding for tobacco control based on CDC recommendations to reduce tobacco-related harms.
Measurable:	Maintain or increase the amount of state funding for tobacco control to at least $2 million per year, with the long-term goal of $10 million by 2028.
Achievable:	Organizations and partners respond to action alerts or requests directed by advocates. Increasing state funds dedicated to tobacco prevention and cessation is a current policy objective supported by multiple partners.
Relevant:	Tobacco cessation funding provides more resources to those attempting to quit to improve health and prevent initiation of tobacco use.
Time-bound:	Complete initial goal by 2024, long term by 2028.
Inclusive:	Includes all Kentuckians.
Equitable:	It affects everyone who lives, works, learns, plays, or worships in Kentucky.
Write your SMARTIE activity:	**Increase state funding for tobacco control based on CDC recommendations to reduce tobacco-related disease.**
Provide evidence-based or promising	www.CDC.gov/tobacco/stateandcommunity/state-fact- sheets/index https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/index.htm#KY

practice sources:	
Responsible organizations:	All organizations committed to the health of Kentuckians, including but not limited to the American Cancer Society, American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, Kentucky Center for Smoke-free Policy, Kentucky Department for Public Health, Kentucky Youth Advocates, Kentucky Medical Association, the Campaign for Tobacco-Free Kids, Americans for Non-Smokers Rights, Kentucky Cancer Program and the Kentucky Chamber of Commerce.

SMARTIE activity	**Activity 3.2.2 for Objective 3.2 – Securing JUUL funding** **Policy Focus**
Specific:	Secure all JUUL settlement funding available for allocation by the Kentucky General Assembly for evidence-informed tobacco control.
Measurable:	All $14 million settlement dollars should be reserved for tobacco-control use, excluding the dollars allocated to the Office of the Attorney General to recoup settlement costs.
Achievable:	The funding request is to align with the court-ordered JUUL settlement.
Relevant:	Tobacco control policies align with JUUL's statements and commitments regarding its corporate social responsibility efforts to support tobacco harm reduction and prevent youth access to its products.
Time-bound:	Through 2028, or the conclusion of the settlement
Inclusive:	The activity affects all identified underserved communities and young adults (youth).
Equitable:	Increasing funds for tobacco control benefits all communities.
Write your SMARTIE activity:	**Secure all JUUL settlement funding available for allocation by the Kentucky General Assembly for evidence-informed tobacco control.**
Provide evidence-based or promising practice sources:	www.astho.org/communications/blog/how-states-can-leverage-juul-settlement-funds-to-promote-public-health/ https://www.publichealthlawcenter.org/resources/juul-settlement-state-map https://www.publichealthlawcenter.org/commentary/230727/7/27/23-how-spend-juul-settlement-funds-champion-our-children-target-commercial https://www.tobaccofreekids.org/what-we-do/us/statereport
Responsible organizations:	All organizations committed to the health of Kentuckians, including but not limited to the American Cancer Society, American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, Kentucky Center for Smoke-free Policy, Kentucky Department for Public Health, Kentucky Youth Advocates, Kentucky Medical Association, American Academy of Pediatrics, the Campaign for Tobacco-Free Kids, Americans for Non-Smokers Rights, Kentucky Cancer Program and the Kentucky Chamber of Commerce.

Goal 4:	**Translate Evidence into Practice: Translate evidence-based initiatives into practice to maximize resources and impact.**
Objective 4.1:	Adapt evidence-based interventions to ensure they meet the needs of Kentucky populations and settings.

Translate Evidence into Practice Sub-Committee Members:	**Sean Regnier, University of Kentucky** Zim Okoli, University of Kentucky Stacy Crase, Powell County Health Department Teresa Combs, DFRYSC

SMARTIE activity	**Activity 4.1.1 for Objective 4.1**
Specific:	Increase the utilization of CATCH My Breath programs for youth in Kentucky.
Measurable:	Increase the number of professionals trained in the CATCH My Breath program by 10%.
Achievable:	Aligns current initiatives and programs. Can aid in prevention efforts for underserved populations (e.g., youth with disabilities).
Relevant:	Youth nicotine and cannabis vaping is a significant public health concern.
Time-bound:	By 2028
Inclusive:	It serves as an evidence-based prevention program that can benefit all youth.
Equitable:	All youth and communities benefit from evidence-based tobacco prevention curricula.
Write your SMARTIE activity:	**Increase the number of Kentucky professionals trained to facilitate evidence-informed prevention programs (e.g., CATCH My Breath) by 10% by 2028.**
Provide evidence-based or promising practice sources:	https://catch.org/program/vaping-prevention www.cdc.gov/tobacco/php/state-and-community-work/guides-for-states.html
Responsible organizations:	KDPH, Kentucky Department of Education

SMARTIE activity	**Activity 4.1.2 for Objective 4.1**
Specific:	Increase utilization of Freedom from Smoking programs.
Measurable:	Increase the number of professionals trained to facilitate Freedom from Smoking by 10%.
Achievable:	Aligns current initiatives and programs.
Relevant:	Freedom From Smoking is a popular and effective program by the American Lung Association.
Time-bound:	By 2028
Inclusive:	It affects people who face barriers to treatment entry and retention.
Equitable:	Treatments focusing on underserved populations can improve health equity concerns.

Write your SMARTIE activity:	**Increase the number of certified facilitators of evidence-informed cessation programs (e.g., Freedom from Smoking) in Kentucky by 10% by 2028.**
Provide evidence-based or promising practice sources:	https://www.lung.org/quit-smoking/join-freedom-from-smoking/freedom-from-smoking-clinics
Responsible organizations:	KDPH, American Lung Association

Nutrition Full Workplan:

Priority Issue:	**Nutrition**

Goal 1:	**Expand fruit and vegetable produce prescription and voucher programs.**
Objective 1.1:	Assess the current capacity of state fruit and vegetable produce prescription programs and identify best practices for implementation of fruit and vegetable produce prescription and voucher programs.
Objective 1.2	Build collaborative networks to increase knowledge of best practices of fruit and vegetable voucher programs and promote enrollment and utilization of existing fruit and vegetable produce prescription and voucher programs.

SMARTIE activity	**Activity 1.1.1 for Objective 1.1**
Specific:	Conduct a state assessment of existing fruit and vegetable produce prescription and voucher programs and best practices used for implementation.
Measurable:	Based on data from the Kentucky Department of Agriculture, the number of producers and Farmers Markets that have improved their process to increase redemption/access for benefit issuance will be determined. Collect information (surveys or meetings) from existing programs on best practices for prescription and voucher programs for fruit and vegetable produce.
Achievable:	Aligns with multiple programs' priorities.
Relevant:	There is strong evidence that fruit and vegetable incentive programs increase affordability, access, purchase[53] (*Fruit & Vegetable Incentive Programs | County Health Rankings & Roadmaps*, 2020) and consumption of fruits and vegetables[53] (*Fruit & Vegetable Incentive Programs | County Health Rankings & Roadmaps*, 2020).
Time-Bound:	Assess current produce prescription and voucher programs in 2024. Convene stakeholders and decision-makers by 2025. Identify and disseminate best practices in 2025. Pilot promising and best practices in 2026-2027. Evaluate program expansion in 2028.
Inclusive:	The workgroup will include program participants as stakeholders in workgroups to be sure efforts are equitable and inclusive, as well as other local representatives identified through the KY Department of Agriculture, local grocers, representatives from agencies

	such as Bluegrass Council for the Blind, aging and/or assisted living facilities, LHD, schools, FRYSCs and the local community mental health center (CMHC).
Equitable:	This strategy will help understand the program's current capacity, identify gaps or barriers to produce prescription and voucher programs and ensure equitable access across the state.
Write your SMARTIE activity:	**Baseline data will be collected from the Kentucky Department of Agriculture and other sources by 2025. This will be used to formulate a plan reflective of these findings related to fruit and vegetable voucher incentive programs and produce prescription programs to increase reach and disseminate best practices.**
Provide Evidence-Based or promising practice sources:	https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/fruit-vegetable-incentive-programs https://cms2.revize.com/revize/hopkinsvilleky/document_center/Downtown_Renaissance/Farmers_Market/2019/FM_Manual_and_Resource_Guide-2019.pdf
Responsible organizations:	Coalition including KDPH, Kentucky Food Action Network (KFAN), Ag Extension, KY Department of Agriculture (KDA), Community Farm Alliance (CFA) along with schools, local health departments (LHD), CMHC regional offices, Family Resource and Youth Service Center (FRYSC). For those that are not currently enrolled, including but not limited to schools, LHD, CMHC regional offices, FRYSC and other assets as identified.

SMARTIE activity	**Activity 1.2.1 for Objective 1.2**
Specific:	Collaborate with stakeholders and decision-makers to assess and adapt current educational and promotional resources promoting fruit and vegetable voucher incentive programs. The materials will be developed to include best practices, how-to guides, and the benefits of enrolling in fruit and vegetable voucher incentive programs. Once materials have been created or acquired, they will be disseminated to increase enrollment and utilization across Kentucky.
Measurable:	The number of fruit and vegetable voucher incentive programs available before and after the distribution of materials will be measured.
Achievable:	Yes.
Relevant:	Effective practices are essential to maximizing reach for voucher incentives and nutrition security programming, so this activity is relevant.
Time-Bound:	Convene stakeholders in 2025, adapt materials in 2026, distribute materials in 2027 and measure reach in 2027 and 2028.
Inclusive:	The workgroup will include stakeholders and decision-makers.
Equitable:	These practices, once implemented, ensure equitable access to healthy food for vulnerable and underserved populations.
Write your SMARTIE activity:	**By 2028, collaborate with stakeholders and decision-makers to develop educational and best practices materials to promote and increase enrollment and utilization of fruit and vegetable voucher incentive programs by 20%.**
Provide Evidence-Based or promising practice sources:	https://www.cdc.gov/nutrition/php/public-health-strategy/voucher-incentives-produce-prescriptions.html

Responsible organizations:	SHIP members and community stakeholders

Goal 2:	**Maintain or increase the number of eligible Kentuckians enrolled and using food assistance programs (e.g., SNAP, WIC, Senior Farmer's Market Programs).**
Objective 2.1:	Understand, identify and address barriers to SNAP participation.
Objective 2.2	Increase redemption rates for the WIC Farmers Market Nutrition Program.
Objective 2.3	Support WIC's promotion of new food packages to eligible families.

SMARTIE activity	**Activity 2.1.1 for Objective 2.1**
Specific:	Work with Kentucky-specific food assistance programs, specifically SNAP, for this activity to increase program participation.
Measurable:	Monitor SNAP enrollment through a partnership with the KY SNAP program before and after post-education/activity efforts, monitor United States Department of Agriculture (USDA) data for KY-specific Women, Infants and Children (WIC) participation and partner with KY Department for Community Based Services (DCBS) to determine Kentucky Temporary Assistance Program (KTAP) data.
Achievable:	With help from KY food assistance programs, including but not limited to SNAP, WIC, KTAP and advocacy partner groups.
Relevant:	This is a tangible way to increase food access for many who are food insecure.
Time-Bound:	Education would be ongoing through 2027; evaluation would take place in 2028.
Inclusive:	Responsible organizations will work with SNAP and brainstorm how to include participants. Responsible organizations will explore how to involve program participant's needs.
Equitable:	This activity benefits all people who would qualify for food assistance programs.
Write your SMARTIE activity:	**Collaborate with SNAP to streamline and reduce barriers to SNAP participation by April 2026 by evaluating the application process, barriers to senior SNAP participation and troubleshooting obstacles such as lack of transportation for SNAP participants.**
Provide Evidence-Based or promising practice sources:	https://kypolicy.org/increasing-snap-benefit-removing-barriers-for-immigrant-refugee-communities-would-improve-kentuckians-access-to-healthy-foods/
Responsible organizations:	Kentucky Food assistance programs, Nutrition SHIP Access, community stakeholders and Local Health Departments.

SMARTIE activity	**Activity 2.2.1 for Objective 2.2**
Specific:	Increase redemption rates with the WIC Farmers Market Nutrition Program (FMNP) through the SPAN Program's partnership with the Kentucky Department of Agriculture and the WIC Program.
Measurable:	The Kentucky Department of Agriculture will provide reports on the increase in produce voucher program utilization.

Achievable:	Achievable with collaboration.
Relevant:	Yes. Increasing redemption rates will increase food access for those that are food insecure.
Time-Bound:	By 2025 redemption rates can increase.
Inclusive:	Responsible organizations will work with the stakeholders of KDA and the WIC Program.
Equitable:	This activity benefits all people who would qualify for/participate in WIC.
Write your SMARTIE activity:	**Through the partnership with the Kentucky Department of Agriculture (KDA) and the WIC Program, the State Physical Activity and Nutrition (SPAN) Program will provide funding to KDA for the purchase of hot spots and other technology to increase internet connectivity for Farmers Markets that accept WIC FMNP benefits via the digital platform by December 2025.**
Provide Evidence-Based or promising practice sources:	https://www.cdc.gov/nutrition/php/public-health-strategy/voucher-incentives-produce-prescriptions.html
Responsible organizations:	KDA, Nutrition SHIP, SPAN and WIC Program

SMARTIE activity	**Activity 2.3.1 for Objective 2.3**
Specific:	Partner with community organizations to bring awareness to the WIC Program roll-out of new food packages to eligible families that provide culturally relevant foods, among other package improvements. Host calls, develop presentation materials or participate in community events to reach and promote new food packaging.
Measurable:	Through WIC-provided enrollment/participation reports, responsible organizations will track program utilization.
Achievable:	Yes, in collaboration with the WIC Program.
Relevant:	Increasing awareness will help program participants learn about new food packaging and increased offerings.
Time-Bound:	New food package will be implemented as of April 2026.
Inclusive:	WIC Program strives to be inclusive with a new food package offering culturally relevant foods.
Equitable:	Yes, the program is available to anyone who meets the program criteria.
Write your SMARTIE activity:	**Through the partnership with the WIC Program, the Nutrition SHIP Workgroup will support WIC's new food package roll-out leading up to the implementation date of April 2026 and continue efforts to ensure eligible families are made aware of increased offerings available from WIC.**
Provide Evidence-Based or promising practice sources:	State WIC Program, USDA

Responsible organizations:	State WIC Program and Nutrition SHIP Workgroup

Goal 3:	**Increase healthy food access through programming in communities.**
Objective 3.1:	Identify, support, advocate and collaborate with institutions and communities to adopt programs increasing healthy food access.

SMARTIE activity	**Activity 3.1.1 for Objective 3.1**
Specific:	Identify at-risk populations within the state that live in food deserts, have food scarcity or are food insecure and identify funding sources to support the adoption of programming to increase healthy food access in these areas.
Measurable:	Map the Meal Gap to track and monitor food insecurity.
Achievable:	With the help of Kentucky food assistance programs and advocacy partner groups.
Relevant:	This is a tangible way to increase food access for many who are food insecure.
Time-Bound:	Education would be ongoing through 2027; evaluation would take place in 2028.
Inclusive:	This activity benefits all people who would qualify for food assistance programs and are food insecure.
Equitable:	This activity benefits all people who would qualify for food assistance programs and are food insecure.
Write your SMARTIE activity:	**By 2026, KDPH will have partnered with WIC, SNAP, and the Kentucky Department of Agriculture, along with local communities, local health departments and stakeholders, to identify how we can work to implement programming to benefit at-risk families and individuals who are food insecure or live in food deserts to increase access to healthy food.** **By 2027, areas that are food deserts or have food scarcity will have increased options for healthy food access through a variety of venues that can include but not be limited to expanded fresh food and produce at dollar stores, pop-up farmers markets and mobile markets.** **By the time of evaluation in 2028, food insecurity numbers (Feeding KY) will show a decrease in food insecurity in areas categorized as food deserts by 20% from baseline.**
Provide Evidence-Based or promising practice sources:	https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-foods-support-healthy-dietary-patterns https://map.feedingamerica.org/
Responsible organizations:	Kentucky Food assistance programs, Nutrition SHIP Access, community stakeholders, Local Health Departments

Goal 4:	**Increase knowledge of fruit and vegetable voucher programs.**
Objective 4.1:	Build collaboration between the KY Department of Agriculture and local organizations that interface with target populations to increase awareness and use of fruit and vegetable voucher incentive programs.

SMARTIE activity	**Activity 4.1.1 for Objective 4.1**
Specific:	Assess and adapt current educational and promotional resources promoting fruit and vegetable voucher incentive programs. Create a resource directory through the assessment.
Measurable:	The number of educational resources developed.
Achievable:	Time and other resources from stakeholder groups.
Relevant:	Current data trends show Kentuckians would benefit from fruit and vegetable consumption.
Time-Bound:	Convene stakeholders in 2025, adapt materials in 2026, distribute materials in 2027 and measure reach in 2027 and 2028.
Inclusive:	Create and use resources appropriate to priority populations. Invite stakeholders, including users of the voucher incentives, to develop strategies to address utilization.
Equitable:	Will impact all users of the voucher incentive programs.
Write your SMARTIE activity:	**Nutrition SHIP Workgroup will convene stakeholders and community organizations and collaborate with the Kentucky Department of Agriculture in 2025 to assess current and promotion resources.** **A resource directory will be created with access to available materials to promote programs in 2027.**
Provide Evidence-Based or promising practice sources:	KDA website and resources
Responsible organizations:	Nutrition SHIP Workgroup, KY Department of Agriculture, community organizations, stakeholders and local health departments.

Drug Use Full Workplan:

Priority Issue:	**Drug Use**

Goal 1 (Prevention):	**Reduce and prevent substance use by supporting and expanding the provision of evidence-based prevention programs, policies, and practices (EBPPPs).**
Objective 1.1:	Increase utilization of evidence-based primary prevention policies, programs, and practices.
Objective 1.2:	Increase public awareness of substance use, including intentional and unintentional polysubstance use and related consequences, including overdose mortality and morbidity.

Policy Focus

SMARTIE activity	**Activity 1.1.1 for Objective 1.1**
Specific:	Increase the number of schools implementing evidence-based prevention curriculums such as Sources of Strength or Too Good for Drugs.
Measurable:	Increase the number of schools by a minimum of 200.

Achievable:	There are 136 schools currently implementing Sources of Strength; 182 currently implement Too Good for Drugs.
Relevant:	There are over 1400 schools in KY, so there is a significant gap in the provision of such resources for KY youth.
Time-Bound:	By 2028.
Inclusive:	Engage schools and communities to support implementation.
Equitable:	Available for all youth.
Write your SMARTIE activity:	**Increase by 200 the number of schools implementing evidence-based prevention curriculums by 2028.**
Provide Evidence-Based or promising practice sources:	https://sourcesofstrength.org/ https://toogoodprograms.org/collections/too-good-for-drugs
Responsible organizations:	CHFS, Community-Based Organizations (CBOs), Primary and Secondary Schools

SMARTIE activity	**Activity 1.1.2 for Objective 1.1** **Policy Focus**
Specific:	Provide training on a minimum of three EBPPPs.
Measurable:	Fourteen trainings.
Achievable:	Aligned with current initiatives and programs.
Relevant:	Intentional and Unintentional polysubstance use is an issue across the state.
Time-Bound:	Annually.
Inclusive:	Trainings are open to all stakeholders.
Equitable:	At least one specific to minoritized and marginalized populations.
Write your SMARTIE activity:	**Provide at least 14 annual trainings and support technical assistance to communities and organizations on evidence-based or evidence-informed programs, policies, and practices, including two specific trainings related to substance use prevention in underserved communities.**
Provide Evidence-Based or promising practice sources:	https://toogoodprograms.org/ https://dare.org/d-a-r-e-s-keepin-it-real-elementary-and-middle-school-curriculums-adhere-to-lessons-from-prevention-research-principles/
Responsible organizations:	CHFS, CBOs

SMARTIE activity	**Activity 1.2.1 for Objective 1.2**
Specific:	Produce and disseminate reports including polysubstance use data and related consequences by race, ethnicity, and co-morbidities.
Measurable:	Three documents per year.
Achievable:	Processes are already in place.

Relevant:	Polysubstance use mortality and morbidity is a current issue.
Time-Bound:	Complete and disseminate three reports by June 30th of each year beginning with June 30, 2025.
Inclusive:	The activity includes data on all segments of the population.
Equitable:	Ensure that all segments of the population receive information from the report.
Write your SMARTIE activity:	**Produce and disseminate a minimum of three reports per year that highlight intentional and unintentional polysubstance use and related consequences by race, ethnicity and co-morbidities to partners and communities by June 30th of each year, beginning by June 30, 2025.**
Provide Evidence-Based or promising practice sources:	https://www.samhsa.gov/resource/ebp/community-engagement-essential-component-substance-use-prevention-system https://www.samhsa.gov/resource/ebp/substance-misuse-prevention-young-adults
Responsible organizations:	CHFS, Kentucky Injury Prevention and Research Center (KIPRC), LHD, CMHCs, Community Coalitions

SMARTIE activity	**Activity 1.2.2 for Objective 1.2**
Specific:	Provide education to individuals and groups on intentional and unintentional polysubstance use and related consequences.
Measurable:	Provide a minimum of 14 educational opportunities per year.
Achievable:	Information on intentional and unintentional polysubstance use can be incorporated into existing educational opportunities.
Relevant:	Polysubstance use is prevalent. Adulteration of drugs with fentanyl has increased unintentional polysubstance use.
Time-Bound:	July 1 – June 30 of each year through 2027.
Inclusive:	Trainings are open to all segments of the population.
Equitable:	Specific outreach will be conducted to marginalized and minoritized populations and organizations that serve those populations.
Write your SMARTIE activity:	**Provide a minimum of 14 educational opportunities per year that include information on intentional and unintentional polysubstance.**
Provide Evidence-Based or promising practice source:	https://www.samhsa.gov/resource-search/ebp
Responsible organizations:	CHFS, RPCs, Community Coalitions, ASAP Boards

Goal 2 (Harm Reduction):	**Expand the availability and awareness of harm reduction services across the Commonwealth.**
Objective 2.1:	Expand harm reduction service availability in Kentucky's Local Health Departments (LHD) and Community-Based Organizations (CBOs).
Objective 2.2:	Promote and invest in including people with lived experience in Harm Reduction education in academic, public health and Healthcare Organizations (HCOs).

Objective 2.3:	Expand the availability of Overdose Education and Naloxone Distribution (OEND) across the commonwealth using the Find Naloxone Now KY platform.

SMARTIE activity	**Activity 2.1.1 for Objective 2.1** Policy Focus
Specific:	Support LHD to collaborate with CBOs to expand access to syringe exchange by providing technical assistance and linkage to existing programs.
Measurable:	Support 10 LHD to provide access to syringe exchange.
Achievable:	81 LHD Harm Reduction Program sites are currently providing access to syringe exchange in 66 Kentucky counties. Data collected in the 2023 KDPH Harm Reduction Needs Assessment show that 27 LHDs intend to seek approval to provide access to syringe exchange by the end of 2027.
Relevant:	LHD Harm Reduction Programs are proven to reduce harms associated with substance use.
Time-Bound:	Complete by 2027.
Inclusive:	It affects all people who inject drugs.
Equitable:	The activity addresses racial and geographic disparities of current harm reduction program provisions.
Write your SMARTIE activity:	**Support LHD to open 10 new Harm Reduction Program sites by the end of 2027.**
Provide Evidence-Based or promising practice source:	Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs) | CDC
Responsible organizations:	CHFS, LHD, City Councils, County Fiscal Courts, CBOs

SMARTIE activity	**Activity 2.2.1 for Objective 2.2**
Specific:	Publish a suite of Harm Reduction education materials focused on the lived experiences of diverse groups of people who use and have used drugs.
Measurable:	Publish at least 10 educational resources through slide presentations, printed materials and recorded videos addressing infectious/communicable disease transmission, non-bloodborne infections, safer use, fentanyl myths and overdose prevention and response.
Achievable:	LHD and CBO Harm Reduction direct service providers, academic research and teaching institutions work closely with people with lived experience. Collaborative partnerships exist among these organizations and can be leveraged to inform and participate in creating and reviewing educational materials.
Relevant:	Education that reflects lived experience can improve the quality of healthcare and public health services accessed by people who use drugs.
Time-Bound:	Complete by 2027.
Inclusive:	Ensures that the perspectives of people who use drugs are included in public health and healthcare decision-making.

Equitable:	Effective representation of people who use drugs will incorporate the lived experiences of diverse populations, including people who use opioids, people who use stimulants and people acutely affected by geographic and racial disparities in overdose mortality.
Write your SMARTIE activity:	**Publish at least 10 Harm Reduction educational materials focusing on the lived experience of people who use drugs by the end of 2025. This educational suite will be revised and updated by the end of 2027.**
Provide Evidence-Based or promising practice source:	Peer Development And Supporting People With Lived Experiences (cdc.gov)
Responsible organizations:	CHFS, LHD, CBOs, academic research institutions

SMARTIE activity	**Activity 2.3.1 for Objective 2.3**
Specific:	Support the expansion of Overdose Education and Naloxone Distribution (OEND) in LHD in Kentucky by providing technical assistance to build capacity for passive, active and secondary naloxone distribution, and linkage to existing resources.
Measurable:	Support the expansion of OEND to all 120 LHD in Kentucky.
Achievable:	107 of 120 LHD in Kentucky currently provide OEND.
Relevant:	OEND is a proven public health intervention to reduce overdose mortality.
Time-Bound:	Complete by 2027.
Inclusive:	Fentanyl, the most common cause of opioid overdose death, is found in the form of counterfeit pain medication as well as in products sold in unregulated markets as heroin, cocaine and methamphetamine.
Equitable:	Expansion of OEND to all LHD may reduce geographic and racial disparities in overdose mortality.
Write your SMARTIE activity:	**All LHD in Kentucky will provide OEND by the end of 2027.**
Provide Evidence-Based or promising practice source:	Lifesaving Naloxone (cdc.gov)
Responsible organizations:	CHFS, LHD

SMARTIE activity	**Activity 2.3.2 for Objective 2.3**
Specific:	Support the expansion of OEND in CMHCs, healthcare organizations (HCOs) and judicial/carceral settings by providing technical assistance and linking to existing resources.
Measurable:	Support the expansion of OEND to 100% of CMHCs, 100% of FQHCs, 50% of State Prisons/Regional Jails and 50% of Hospital Emergency Departments.

Achievable:	OEND is currently available in some, but not all CMHCs, HCOs and judicial/carceral settings.
Relevant:	OEND is a proven public health intervention to reduce overdose mortality.
Time-Bound:	Complete by 2027.
Inclusive:	Fentanyl, the most common cause of opioid overdose death, is found in the form of counterfeit pain medication as well as in products sold in unregulated markets as heroin, cocaine and methamphetamine.
Equitable:	CMHCs, HCOs and judicial/carceral settings provide services to people at risk for overdose who may be less likely to utilize SSPs.
Write your SMARTIE activity:	**100% of CMHCs, 100% of FQHCs, 50% of State Prisons/Regional Jails and 50% of Hospital Emergency Departments will provide OEND by the end of 2027.**
Provide Evidence-Based or promising practice source:	Lifesaving Naloxone (cdc.gov)
Responsible organizations:	CHFS, CMHCs, Hospital Emergency Departments, Healthcare Organizations (HCOs) and judicial/carceral settings

Goal 3 (Treatment):	**Increase availability of and access to evidence-based and promising treatment services that support all Kentuckians in achieving recovery.**
Objective 3.1:	Expand utilization of evidence-based treatment services, including medications for opioid use disorder.
Objective 3.2:	Support the provision of quality treatment through the promotion and support of professional development and workforce initiatives that improve the capacity and competency of service providers.

SMARTIE activity	**Activity 3.1.1 for Objective 3.1**
Specific:	Expand availability and capacity to prescribe medications for opioid use disorder (MOUD).
Measurable:	Increase number of MOUD prescriptions, retention, and prescribers.
Achievable:	Several policy changes in recent years have expanded access to MOUD.
Relevant:	Studies show that methadone and buprenorphine reduce opioid-related mortality by over 50 percent. Treatment that includes MOUD is also associated with significant reductions in human immunodeficiency virus and viral hepatitis disease transmission, and with improvements in recovery-related outcomes such as employment, educational attainment and quality of life.
Time-Bound:	Complete by 2027.
Inclusive:	It impacts all people with OUD.
Equitable:	MOUD is less frequently prescribed to people of color; strategies to expand access will consider opportunities to decrease this disparity.
Write your SMARTIE activity:	**Increase MOUD uptake and retention by 25% across substance use treatment settings by 2028.**

Provide Evidence-Based or promising practice source:	https://www.samhsa.gov/medications-substance-use-disorders
Responsible organizations:	CHFS, DOC, CBOs, and Treatment Providers

SMARTIE activity	**Activity 3.1.2 for Objective 3.1**
Specific:	Expand the number of Certified Community Behavioral Health Clinics (CCBHC) in Kentucky.
Measurable:	Expand the number of CCHBCs to eight.
Achievable:	Currently, four CCBHCs in Kentucky are state-certified.
Relevant:	CCBHCs ensure access to coordinated comprehensive behavioral healthcare.
Time-Bound:	Complete by the end of 2027.
Inclusive:	Includes all people who use substances.
Equitable:	Expanding the number of CCHBS creates the opportunity to serve additional geographic and demographic populations.
Write your SMARTIE activity:	**Expand the number of CCBHCs in Kentucky to eight by 2028.**
Provide Evidence-Based or promising practice source:	https://www.samhsa.gov/certified-community-behavioral-health-clinics
Responsible organizations:	CHFS, CBOs

SMARTIE activity	**Activity 3.1.3 for Objective 3.1**
Specific:	Expand the awareness and utilization of FindHelpNowKY.org for underserved populations.
Measurable:	Increase the utilization (e.g., visits to the site) of FindHelpNowKY.org by 20%.
Achievable:	FindHelpNowKY.org has been updated to include Mental Health, Treatment Services, Recovery Housing, and Naloxone.
Relevant:	FindHelpNowKY.org is a vital resource to support harm reduction and linkage to treatment.
Time-Bound:	Complete by 2027.
Inclusive:	Includes all people who use substances.
Equitable:	Creates opportunity to serve additional geographic and demographic populations.
Write your SMARTIE activity:	**Increase the utilization of FindHelpNowKY.org by 20% by the end of 2027.**
Provide Evidence-Based	https://findhelpnow.org/ky

or promising practice source:	
Responsible organizations:	CHFS, PAR (People Advocating for Recovery), ODCP (Office on Drug Control Policy) and Kentucky Injury Prevention and Research Center (KIPRC)

SMARTIE activity	**Activity 3.2.1 for Objective 3.2**
Specific:	Increase professional development opportunities by providing additional training on evidence-based practices (e.g., Contingency Management, American Society on Addiction Medicine).
Measurable:	Provide at least five training opportunities annually.
Achievable:	Limited training opportunities exist for certain evidence-based practices (e.g., Contingency Management).
Relevant:	There is currently no pharmacotherapy for stimulant use disorder, justifying the need for the utilization of other evidence-based practices.
Time-Bound:	Complete by 2027.
Inclusive:	It would support the workforce across Kentucky and promote procedural fidelity.
Equitable:	This can include training on cultural responsiveness.
Write your SMARTIE activity:	**Increase the number of statewide trainings on evidence-based practices to five annually by the end of 2027.**
Provide Evidence-Based or promising practice source:	Office of Inspector General (2022). OIG Advisory Opinion No. 22-04. Department of Health and Human Services. https://oig.hhs.gov/documents/advisory-opinions/1024/AO-22-04.pdf
Responsible organizations:	CHFS, CBOs

Goal 4 (Recovery):	**Expand access and availability of community-based recovery support services statewide.**
Objective 4.1:	Increase the availability of safe and affordable housing for individuals in recovery.
Objective 4.2:	Expand linkage and engagement in recovery-friendly education and employment resources.
Objective 4.3:	Create Recovery Ready Communities through increased awareness and education that decreases stigma and promotes utilization of recovery supports.

SMARTIE activity	**Activity 4.1.1 for Objective 4.1**
Specific:	Increase the number of NARR-certified houses across the state.
Measurable:	By 2027, in Kentucky have 250 NARR Certified Houses.
Achievable:	The statute mandates NARR-certified housing.
Relevant:	Certification supports safe and affordable housing for individuals in recovery.
Time-Bound:	By 2028.
Inclusive:	It will impact all individuals in recovery who need safe and affordable housing.
Equitable:	Increasing the number of houses can address geographic disparities.

Write your SMARTIE activity:	**Increase by 250 the number of homes meeting the National Alliance for Recovery Residencies (NARR) standards by 2028.**
Provide Evidence-Based or promising practice source:	https://narronline.org/wp-content/uploads/2018/11/NARR_Standard_V.3.0_release_11-2018.pdf
Responsible organizations:	CHFS, Recovery Housing Providers, CBOs

SMARTIE activity	**Activity 4.2.1 for Objective 4.2**
Specific:	Support employers in engaging in Fair Chance practices through training and technical assistance.
Measurable:	Four academies are scheduled for FY 24.
Achievable:	Already providing Fair Chance academies.
Relevant:	Increases employment support for individuals in recovery.
Time-Bound:	Four annually through 2027.
Inclusive:	All employers are welcome.
Equitable:	Training includes diversity, equity, and inclusion.
Write your SMARTIE activity:	**Increase the number of employers engaged in training and technical assistance to support capacity to hire and retain individuals with substance use disorder by 50% by 2028.**
Provide Evidence-Based or promising practice sources:	https://kentuckycomeback.com/fairchance/ https://www.ekcep.org/site
Responsible organizations:	CHFS, ODCP, CBOs, KY Chamber of Commerce

SMARTIE activity	**Activity 4.3.1 for Objective 4.3**
Specific:	Increase the number of Recovery Ready Communities across the state.
Measurable:	Eight Recovery Ready Communities per year to 2027.
Achievable:	Seven Communities are already engaged in the process.
Relevant:	Incentivizes Communities to expand access to prevention, treatment, and recovery services.
Time-Bound:	30 total Recovery Ready Communities by 2028.
Inclusive:	All Communities are welcome.
Equitable:	Can include equitable service access as a certification component.
Write your SMARTIE activity:	**Certify eight Recovery Ready Communities per year through the end of 2027.**

Provide Evidence-Based or promising practice source:	https://rrcky.org/
Responsible organizations:	CHFS, ODCP, Volunteers of America (VOA), Multi-Disciplinary Advisory Committee

SMARTIE activity	**Activity 4.3.2 for Objective 4.3**
Specific:	Expand the number of Recovery Community Centers (RCC).
Measurable:	Increase the number of Recovery Community Centers by two per year.
Achievable:	Currently, there are 15 RCCs.
Relevant:	RCCs are vital community hubs that support people in recovery and link them to resources.
Time-Bound:	Add six additional RCCs by 2027.
Inclusive:	RCCs are open to everyone.
Equitable:	Addresses geographic and population disparities if we increase the number of RCCs.
Write your SMARTIE activity:	**Establish six additional RCCs by 2028.**
Provide Evidence-Based or promising practice source:	https://facesandvoicesofrecovery.org/programs/arco/
Responsible organizations:	CHFS, CBOs

Appendix G: Workgroup Evaluation Survey Results

The five SHIP workgroups received a voluntary evaluation survey to provide helpful information to improve future SHIP workgroups. There was a total of eight questions, six were quantitative and two were qualitative questions. The survey was available from March 1st-April 30th, 2024. The results are below:

- Forty-three of the 200 (21.5%) participants completed the evaluation survey.
- Forty-three of 43 (100.0%) responded that the workgroup had upheld the group agreements.
- Forty-three of 43 (100.0%) responded that the co-chairs provided subject matter expertise to the workgroup with quality content.
- Thirty-seven of 43 (86.0%) responded yes that the KDPH Office of Performance Improvement and Accreditation (OPIA) provided helpful support to the co-chairs and workgroup. Six of 43 (14.0%) responded that the OPIA partially provided helpful support to the co-chairs and workgroup.
- Thirty-one of 43 (72.1%) responded yes that they felt their participation in the workgroup was an effective use of their time. Eleven of 43 (25.6%) responded that they partially felt their participation in the workgroup was an effective use of their time, and one of 43 (2.3%) responded no, that it was not an effective use of their time.
- On a star rating of 1 (lowest score) to 5 (highest score), participants were asked how confident they are the workgroup will accomplish chosen goals, objectives, and activities by 2028. The results showed a score of 4.2.

Figure 44: Evaluation Feedback – Percent of Survey Participants from Each Workgroup

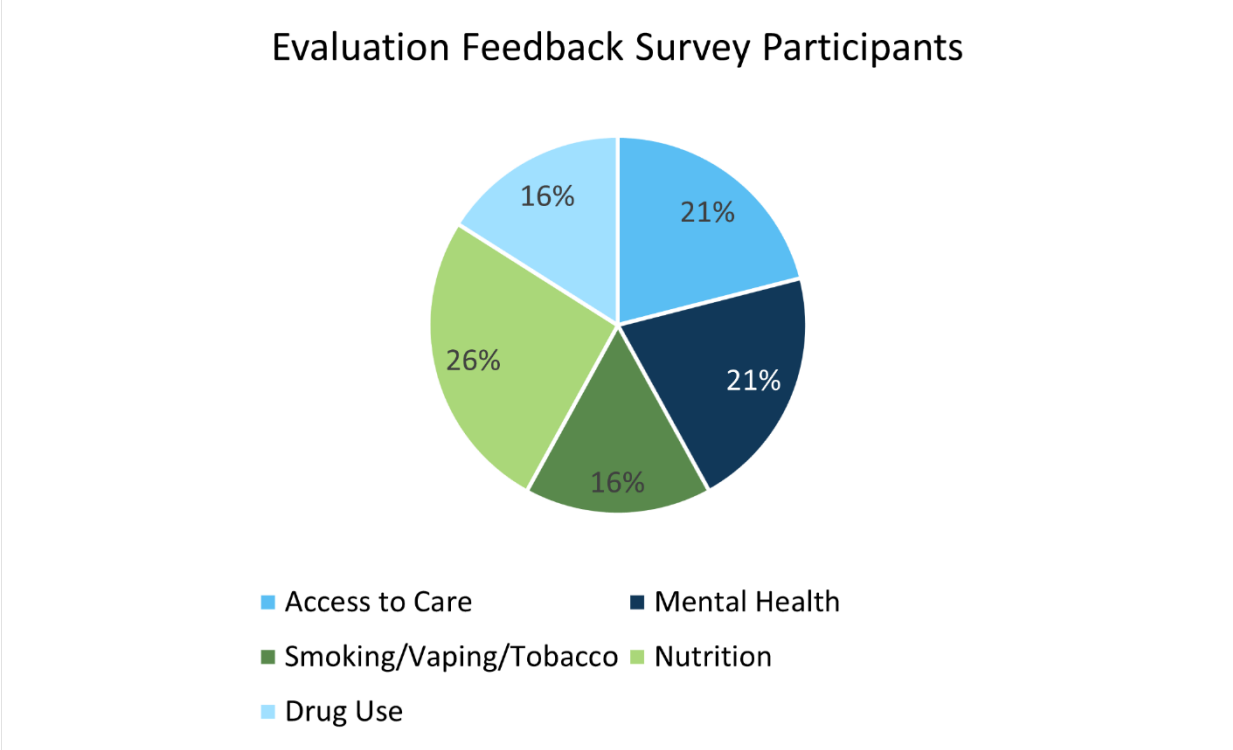


Figure 45:

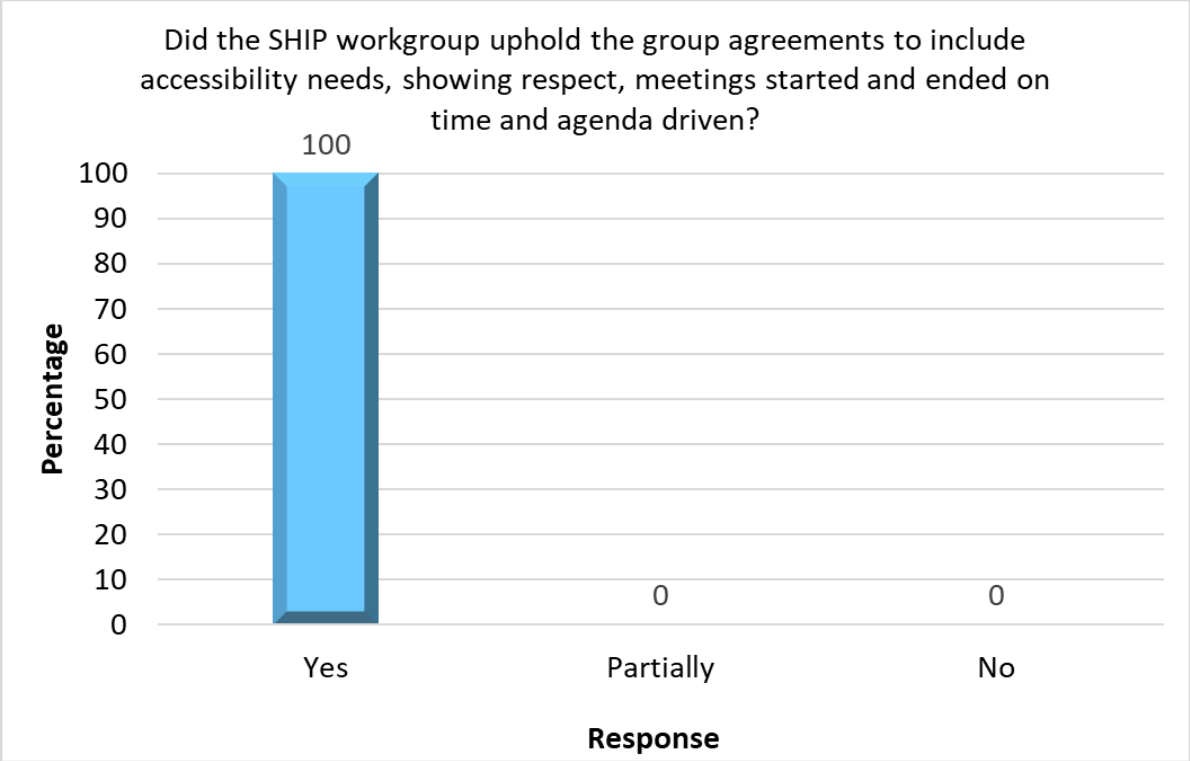
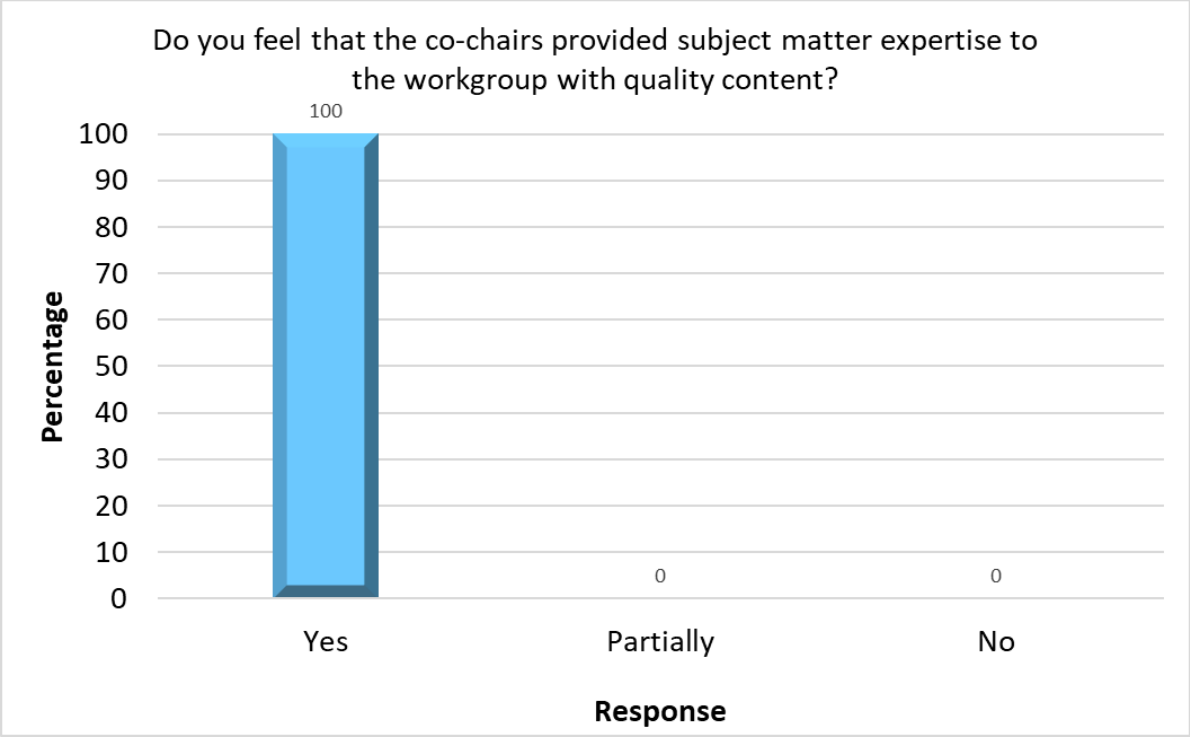


Figure 46:



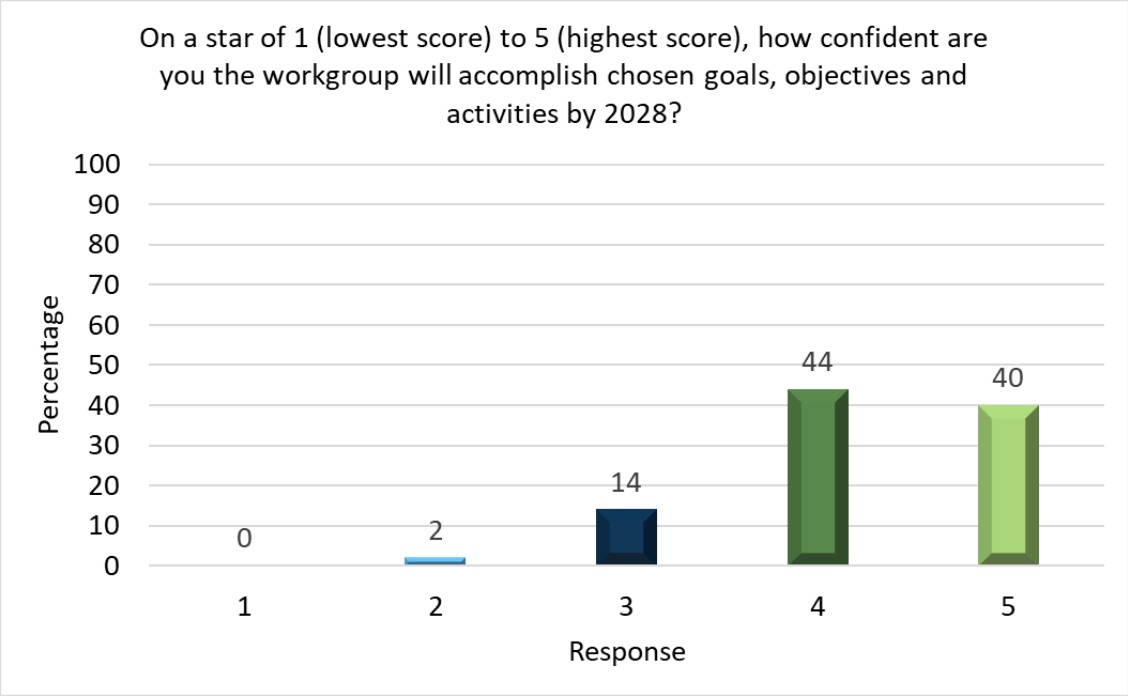
Kentucky Public Health
Prevent. Promote. Protect.

Figure 47:

Figure 48:

Kentucky Public Health
Prevent. Promote. Protect.

Figure 49:



Qualitative Feedback:

Do you have other feedback to provide to improve the process of the State Health Improvement Plan (SHIP) workgroups?

- Acknowledgement that virtual meetings were necessary, but some in-person meetings would have been useful for a discussion about next steps.
- Request for a final cross-cutting meeting where the SHIP is presented once completed.
- Knowing what the final product would look like would have been helpful. Found SMARTIE goal writing to be redundant and frustrating, being new to the SMARTIE goal writing process.
- The workgroup demonstrated the value of subject matter experts and other professionals discussing current challenges and developing a plan to address them. There was respect throughout the process and appreciation of all voices who shared with insight, sincerity, and compassion. Kudos to the chairs and support staff who led and participated in workgroup meetings.
- Co-chairs were good communicators for the workgroup.
- The workgroup would have benefited from more time spent on the charges set forth for the workgroup to accomplish. The work did feel rushed, but that is no fault of the group or the group leaders. It would have been nice to have more time to work on this in an iterative process.
- Input was given regarding the times of meetings. For the future, this respondent would like another poll to be offered for times.
- Politics play a role in how much of the workplan can be accomplished. Some of the goals may not be as achievable as intended because of that.
- Initially it could have been beneficial to have a better understanding of what aspects needed to be written in a SMARTIE format.

Appendix H: Asset Inventories

Each workgroup compiled an asset inventory containing resources, the reach (e.g., reason for inclusion, communities within the state that can access the asset) and contact information. The purpose of the asset inventories was to include resources that will help workgroups, partners and the community address goals, objectives and activities in each of the five selected priorities. These inventories are not all-encompassing of every asset Kentucky has in these priority areas, but rather serves as a quick reference guide for seeking additional support.

Access to Care Assets Inventory

Asset:	J-1 Visa and Primary Care Programs
Reach:	Healthcare workforce: Medical students with J1 visas and healthcare facilities located in Kentucky Health Professional Shortage Areas and Medically Underserved Areas
Contact Information:	Kasey Padgett kasey.padgett@ky.gov 502-564-6164

Asset:	Behavioral Health, Development, and Intellectual Disabilities (BHDID) workforce development initiative
Reach:	Healthcare workforce and network adequacy
Contact Information:	Dr. Vestena Robbins vestena.robbins@ky.gov 502-782-6108

Asset:	Kentucky Behavioral Risk Factor Surveillance Survey (KyBRFS)
Reach:	Data collection and reporting: All of Kentucky
Contact Information:	Sarojini Kanotra sarojini.kanotra@ky.gov 502-564-6078

Asset:	Custom Data Processing (CDP)
Reach:	Data collection and reporting
Contact Information:	Michelle Goins michelle.goins@cdpehs.com https://www.cdpehs.com/

Asset:	ESSENCE
Reach:	Data collection and reporting
Contact Information:	https://www.cdc.gov/nssp/php/about/how-we-conduct-syndromic-surveillance.html?CDC_AAref_Val=https://www.cdc.gov/nssp/new-users.html

Asset:	HRSA data warehouse

Reach:	Data collection and reporting
Contact Information:	Beth Shafer amanda.shafer@ky.gov 502-564-6395

Asset:	Kentucky Board of Medical Licensure
Reach:	Data collection and reporting, scope of practice
Contact Information:	(502) 429-7150

Asset:	Kentucky Dental Board
Reach:	Data collection and reporting, scope of practice
Contact Information:	Jeff Allen jeffrey.allen@ky.gov

Asset:	KDPH Coursera
Reach:	Healthcare workforce: Public health staff and potential hires
Contact Information:	Deena Bell deena.bell@ky.gov 502-229-5604

Asset:	KDPH Employee Educational Assistance Program
Reach:	Healthcare workforce: Public health staff
Contact Information:	Deena Bell deena.bell@ky.gov 502-229-5604

Asset:	Kentucky Prescription Assistance Program (KPAP)
Reach:	Healthcare workforce and network adequacy: All of Kentucky
Contact Information:	Jennifer Toribio Naas jennifer.toribionaas@ky.gov 502-564-5536

Asset:	Kentuckiana Health Collaborative (KHC) Community Measurement Reporting on Healthcare Effectiveness Data and Information Set (HEDIS) measures
Reach:	Data collection and reporting
Contact Information:	https://khcollaborative.org/

Asset:	Kentucky Health Information Exchange (KHIE)
Reach:	Data collection and reporting: Patient demographics for healthcare providers
Contact Information:	https://khie.ky.gov/Pages/index.aspx

Asset:	Kentucky Hospital Association Data
Reach:	Data collection and reporting

Contact Information:	https://www.kyha.com/kha-data-center/utilization-data/

Asset:	Medicaid
Reach:	Healthcare workforce and network adequacy
Contact Information:	Lisa Lee/Veronica Judy-Cecil lisa.lee@ky.gov / veronica.judycecil@ky.gov

Asset:	RETAIN Kentucky
Reach:	Healthcare Workforce
Contact Information:	Beth Potter Beth.potter@uky.edu

Asset:	Work Ready Kentucky Scholarship
Reach:	Healthcare workforce: Healthcare students and potential healthcare students
Contact Information:	Phone: 833-711-9757

Mental Health Assets Inventory

Asset:	988 Suicide and Crisis Lifeline
Reach:	Available to all Kentuckians; provides support and resources for suicide prevention, mental health and substance abuse.
Contact Information:	Call or text "988"; available 24 hours a day, 7 days a week, 365 days a year. https://988.ky.gov/

Asset:	Bluegrass Council of the Blind
Reach:	Provides peer-to-peer mentoring and support groups for people with vision impairments and for spouses, family members and caregivers of people with vision loss.
Contact Information:	Theresa Thomas, Executive Director 859-259-1834 Email: theresa@bcbky.org Website: www.bcbky.org

Asset:	Childcare.gov
Reach:	National organization who provides resources for parents/caregivers of children with disabilities.
Contact Information:	https://childcare.gov/consumer-education/services-for-children-with-disabilities

Asset:	Children And Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
Reach:	Children and Adults
Contact Information:	https://chadd.org/understanding-adhd/ Tel: 301-306-7070; Fax: 301-306-7090; for general inquiries, contact: customer_service@chadd.org; for questions about the CHADD website, contact: it@chadd.org. All contact information directly from CHADD website.

Asset:	Department for Behavioral Health, Developmental and Intellectual Disabilities
Reach:	Statewide program that promotes health and well-being by facilitating recovery for people whose lives have been affected by mental illness and substance abuse and supporting people with intellectual or developmental disabilities.
Contact Information:	https://www.chfs.ky.gov/agencies/dbhdid/Pages/default.aspx https://dbhdid.ky.gov/kdbhdid/ (Website under construction) Phone: 502-564-4527 and 1-800-374-9146

Asset:	Family Resource Youth Services Coalition of Kentucky (FRYSCKy)
Reach:	Non-profit organization of professionals (including educators and human services providers) who come together to provide legislative advocacy, training and support for Family Resource and Youth Service Centers Coordinators and their staff in KY. The goal of the Coalition is to promote a network that strives to remove barriers to success in school through learning from each other, sharing resources and collaborating more effectively on behalf of children, youth and families.
Contact Information:	Email: info@fryscky.org Phone: 859-333-4209 Website: https://www.fryscky.org/

Asset:	Family Voices
Reach:	National family-led organization of families and friends of children and youth with special health care needs (CYSHCN) and disabilities.
Contact Information:	https://familyvoices.org/

Asset:	HHS Headquarters U.S. Department of Health & Human Services Office of Population Affairs
Reach:	Multiple Mental Health Resources: Get information and resources about adolescent mental health and how to support adolescents.
Contact Information:	200 Independence Avenue, S.W. Washington, D.C. 20201; Toll Free Call Center: 1-877-696-6775 https://opa.hhs.gov/adolescent-health/mental-health-adolescents/mental-health-resources

Asset:	Human Development Institute at University of Kentucky
Reach:	Kentucky Disability Resource Guide
Contact Information:	https://resources.hdiuky.org/wp-content/uploads/2021/07/HDI-KentuckyDisabilityResourceGuide-July-20-2021.pdf

Asset:	Kentucky Association of Sexual Assault Programs
Reach:	Coalition of KY's 13 Sexual Assault Programs. Offers technical support and resources to those programs. Programs provide services/resources to survivors of any type of sexual harassment, sexual assault or sexual violence as well as services for friends and family of survivors.
Contact Information:	https://www.kasap.org (502) 226-2704

Asset:	Kentucky Center for School Safety (KCSS)
Reach:	KCSS is a state agency dedicated to promoting safe and secure learning environments in Kentucky schools. They provide training, resources and support for schools on topics such as bullying prevention, crisis response and trauma-informed practices.
Contact Information:	https://kycss.org/

Asset:	Kentucky Department of Education (KDE)
Reach:	KDE oversees K-12 education in Kentucky and provides guidance and resources to support trauma-informed practices in schools. They collaborate with state agencies and organizations to promote the well-being of students and educators.
Contact Information:	https://www.education.ky.gov/Pages/default.aspx

Asset:	Kentucky Employee Assistance Program (KEAP)
Reach:	Provide wellness benefits and human resources administrative support to State employees.
Contact Information:	https://personnel.ky.gov/keap

Asset:	Kentucky Incentives for Prevention (KIP)
Reach:	KIP targets public school students in middle and high school across Kentucky. The KIP Survey has been administered bi-annually during even-numbered years in the autumn timeframe. KIP is operated by the Substance Abuse Prevention Program of Kentucky's Cabinet for Health and Family Services. The KIP Survey is Kentucky's largest source of data related to student use of alcohol, tobacco and other drugs (ATOD), as well as several factors related to potential substance abuse.
Contact Information:	KIP SURVEY Contact: Lisa Crabtree Phone: 502-585-1911 Email: Lisa@reacheval.com

Asset:	Kentucky Out-of-School Alliance (KYOSA)
Reach:	Their mission is to support the continued growth, development and accessibility of quality out-of-school programs to promote the success of children and youth. They do this by forging statewide, regional and local cross-sector collaborations, advancing statewide policy, building the capacity of the out-of-school time workforce and providing a centralized hub of data and resources.
Contact Information:	Website: https://kyoutofschoolalliance.org/

Asset:	Kentucky Partnership for Children and Families
Reach:	Statewide, private, not-for-profit organization that believes all families raising youth and children affected by behavioral health challenges deserve responsive systems providing services and resources that are Family-Driven and Youth-Driven.

Contact Information:	https://kypartnership.org/

Asset:	Kentucky Public Library Association
Reach:	Their mission is to provide leadership for the development, promotion and improvement of library and information services and the profession of librarianship in order to enhance learning and ensure access to information for all.
Contact Information:	Website: https://kpla.org/ Email: kpla.conferencechair@gmail.com

Asset:	Kentucky Youth Advocates
Reach:	Nonprofit organization that advocates for policies and practices that improve child well-being in Kentucky.
Contact Information:	https://kyyouth.org/ Email: info@mhddcenter.org

Asset:	Mental Health and Developmental Disabilities National Training Center
Reach:	National collaboration between the University Centers for Excellence in Developmental Disabilities at the University of Kentucky, University of Alaska Anchorage and Utah State University. They work to improve mental health services and supports for people with developmental disabilities. By serving as a national clearinghouse, they help provide access to the most current evidence-based, trauma-informed, culturally responsive practices that address the mental health needs of individuals with developmental disabilities.
Contact Information:	https://www.mhddcenter.org/

Asset:	Merge
Reach:	They strengthen connections across systems in Kentucky related to mental health. Provides resources on advocacy, mental health, developmental disabilities and other disabilities.
Contact Information:	https://hdi.uky.edu/merge

Asset:	National Alliance on Mental Illness (NAMI)
Reach:	National Organization
Contact Information:	https://www.nami.org/Home info@nami.org; NAMI Helpline is available M-F 10 am – 10 pm, ET. Connect by phone 800-950-6264 or text "Helpline" to 62640, or chat. In a crisis, call or text 988.

Asset:	National Association of County and City Health Officials (NACCHO, partnership with Credible Mind) Behavioral Health 360
Reach:	It is a similar resource collection system as Aunt Bertha or 211 from United Way, but it focuses specifically on mental health. It also has a user interface that helps tease out the different types of mental health issues a person may be suffering from to guide them to more appropriate resources.
Contact Information:	Link to Article about program

	Link to learn more: Get Started with NACCHO Behavioral Health 360 - CredibleMind

Asset:	NADD (National Association for the Dually Diagnosed)
Reach:	An association for persons with intellectual disabilities and mental health needs. Their mission is to promote leadership in the expansion of knowledge, training, policy and advocacy for mental health practices that promote a quality of life for individuals with dual diagnosis (IDD/MI) in their communities.
Contact Information:	https://thenadd.org/

Asset:	NASDDDS (National Association of State Directors of Developmental Disabilities Services)
Reach:	Their mission is to assist member state agencies in building person-centered and culturally and linguistically appropriate systems of services and supports for people with intellectual and developmental disabilities and their families.
Contact Information:	https://www.nasddds.org/

Asset:	National Center for Learning Disabilities (NCLD)
Reach:	National organization that provides resources, support and advocacy for individuals with learning disabilities and their families. They offer information on learning disabilities, education advocacy and support services to help individuals with learning disabilities thrive in school and beyond.
Contact Information:	https://www.ncld.org/

Asset:	National Disability Rights Network (NDRN)
Reach:	NDRN is a nonprofit organization that serves as the federally mandated protection and advocacy system for individuals with disabilities in the United States. They work to protect and advocate for the rights of people with disabilities through legal representation, advocacy, and public policy initiatives.
Contact Information:	https://www.ndrn.org/

Asset:	National Maternal Mental Health Hotline
Reach:	Confidential hotline for pregnant and new mothers (interpreters available). Provides real-time support, information and resources.
Contact Information:	1-833-852-6262 1-833-TLC-MAMA https://mchb.hrsa.gov/national-maternal-mental-health-hotline

Asset:	New Vista
Reach:	Mental health and substance use services for Children and Adults.
Contact Information:	https://newvista.org/ 24-Hour Help Line: 1-800-928-8000

Asset:	Office of Health Equity of the Kentucky Department for Public Health

Reach:	Statewide program that addresses health disparities among racial and ethnic minorities and rural Appalachian populations.
Contact Information:	https://www.chfs.ky.gov/agencies/dph/oc/Pages/heb.aspx Phone: 502-564-3970

Asset:	Recovery Incorporated of Kentucky Uplift Mental Health Support: In business for over 70 years to help anyone who is suffering from anxiety, depression, unwanted thoughts, thoughts of suicide, bipolar, obsessive-compulsive disorder (OCD) and other mental disorders.
Reach:	Located in Louisville, KY and is a 503© Non-Profit organization.
Contact Information:	https://upliftmentalhealthsupport.org/ 502-458-8016

Asset:	River Valley Behavioral Health
Reach:	Regional Community Mental Health Center (Western Kentucky)
Contact Information:	https://www.rvbh.com/ (270) 689-6500

Asset:	Substance Abuse and Mental Health Services Administration (SAMHSA)
Reach:	Agency within the Dept. of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation.
Contact Information:	https://www.samhsa.gov/

Asset:	The Arc
Reach:	The Arc is one of the largest national organizations advocating for and supporting individuals with intellectual and developmental disabilities and their families. They provide a wide range of resources, including information on advocacy, education, and support services.
Contact Information:	https://thearc.org/

Asset:	The National Child Traumatic Stress Network
Reach:	The National Child Traumatic Stress Network (NCTSN) was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. This unique network of frontline providers, family members, researchers and national partners is committed to changing the course of children's lives by improving their care and moving scientific gains quickly into practice across the U.S.
Contact Information:	https://www.nctsn.org/resources/child-trauma-toolkit-educators

Asset:	The State Interagency Council for Services and Supports to Children and Transition-Age Youth (SIAC)
Reach:	Serves as the governing body for the System of Care for children and youth with or at risk of behavioral health challenges and their families. SIAC is currently working with the Innovations Institute at the University of Connecticut to

	develop a comprehensive, multi-perspective children's behavioral health for use by all agencies. SHIP MH workgroup could join the ongoing work on this plan vs. creating its own.
Contact Information:	https://dbhdid.ky.gov/dbh/siac.aspx Phone: 502-564-4456 Program Administrator: Lea Taylor Phone: 502-782-6138

Asset:	The University of Kentucky Cooperative Extension program
Reach:	Grant funding to offer Mental Health First Aid to Kentuckians for no cost and trained facilitators.
Contact Information:	Katherine Jury (Health Specialist katherine.jury@uky.edu) or Program Director Dr. Jennifer Hunter (jhunter@uky.edu) Program Link

Asset:	TIP 57: Trauma-Informed Care in Behavioral Health Services
Reach:	Resource from SAMHSA on Trauma-Informed Care.
Contact Information:	https://store.samhsa.gov/sites/default/files/sma14-4816.pdf

Asset:	U.S. Department of Education - Office of Civil Rights
Reach:	Information on how to protect students with disabilities.
Contact Information:	https://www2.ed.gov/about/offices/list/ocr/504faq.html

Smoking/Vaping/Tobacco Asset Inventory

Asset:	#iCANendthetrend: Uses trained college students to provide evidence-based prevention information to high school and middle school students, teachers, parents, and other adults as needed. Presentations are provided at no cost. (Supported by Kentucky Tobacco Prevention & Cessation Program at KDPH.)
Reach:	Prevention – Statewide; schools; youth
Contact Information:	education.uky.edu/icanendthetrend icanendthetrend@uky.edu

Asset:	Alcoholic Beverage Control: Holds the US Food and Drug Administration contract to conduct compliance checks of tobacco retailers in Kentucky.
Reach:	Statewide
Contact Information:	ABC.Enforcement@ky.gov

Asset:	American Cancer Society (ACS): A leading cancer-fighting organization with the vision to end cancer as we know it for everyone. The ACS is improving the lives of people with cancer and their families as the only org combating cancer through advocacy, research, and patient support to ensure that everyone has an opportunity to prevent, detect, treat and survive cancer.
Reach:	Statewide/Nationwide
Contact Information:	Ellen Schroeder, ellen.schroeder@cancer.org Andrea Radford, andrea.radford@cancer.org

Asset:	American Cancer Society Cancer Action Network (ACS CAN): Advocates for evidence-based public policies to reduce the cancer burden for everyone. Engages volunteers nationwide to make their voices heard by policymakers at every level of government. They believe everyone should have a fair and just opportunity to prevent, detect, treat, and survive cancer.
Reach:	Statewide/Nationwide
Contact Information:	Doug Hogan, doug.hogan@cancer.org Katie Rose Garden, katie.garden@cancer.org Niki Milburn, Niki.milburn@cancer.org

Asset:	American Lung Association: Their vision is a world free of lung disease.
Reach:	Statewide/Nationwide
Contact Information:	Shannon Baker, Shannon.baker@lung.org

Asset:	Baptist Health Hardin: Community outreach for anti-vaping education and tobacco cessation programs.
Reach:	Ten counties: Hardin, Meade, Larue, Nelson, Grayson, Breckinridge, Hart, Bullitt, Green and Taylor
Contact Information:	Erin Priddy – Erin.Priddy@BHSI.com Manager, Community Health and Wellness

Asset:	BREATHE, University of KY College of Nursing (KCSP): The mission of BREATHE is to promote lung health and healthy environments to achieve health equity through a) research, b) community outreach and empowerment, c) advocacy and policy development and d) access to health services. BREATHE'S vision is that everyone can access clean air and live in healthy environments.
Reach:	Statewide
Contact Information:	Amanda Bucher, Amanda.bucher@uky.edu

Asset:	CATCH My Breath: Prevention curriculum
Reach:	Statewide
Contact Information:	https://catch.org/program/vaping-prevention

Asset:	Department for Medicaid Services: Provides healthcare coverage to 1,560,357 KY residents as of 2/12/24. Coverage is provided through six Managed Care Organizations (Aetna, Anthem, Humana, Passport, United Health Care and WellCare) and traditional Medicaid (Fee for Service).
Reach:	Located in Frankfort, KY, the state Agency in the CHFS
Contact Information:	Leitha Harris-Leitha.Harris@ky.gov Troy Sutherland-Troy.Sutherland@ky.gov

Asset:	Freedom From Smoking (American Lung Association): Health departments or other local community partners often offer group cessation classes.
Reach:	Statewide, in communities

Contact Information:	https://www.lung.org/quit-smoking/join-freedom-from-smoking/freedom-from-smoking-clinics

Asset:	Kentucky Center for Smoke-Free Policy (UK College of Nursing): Has a database of smoke-free ordinances passed in Kentucky, including model ordinances
Reach:	Statewide
Contact Information:	Amanda Bucher Amanda.Bucher@uky.edu

Asset:	Kentucky Chamber of Commerce: Supports tobacco control policies from the angle that healthier citizens are better for Kentucky's workforce and economic development.
Reach:	Statewide
Contact Information:	Ashli Watts awatts@kychamber.com

Asset:	Kentucky Lung Cancer Screening Program (KDPH): Program with the goals of: • Increasing lung cancer screening • Reducing morbidity and mortality from lung cancer • Reducing healthcare costs associated with the treatment of lung cancer. The Lung Cancer Screening Program's mission is to engage the community, educate providers, foster dynamic partnerships, and promote high-quality lung cancer screening in all parts of Kentucky.
Reach:	Statewide
Contact Information:	Nirvana Nawar Office: (502)564-7648 Nirvana.Nawar@ky.gov

Asset:	Kentucky Prevention Enhancement System (PES): Provides technical assistance and training to Regional Prevention Centers and their partner prevention planning boards, faith-based groups, and other stakeholders on best practices in Alcohol, Tobacco and Other Drug (ATOD) use/misuse prevention and mental health awareness.
Reach:	Statewide
Contact Information:	Tara Rueckert tara.rueckert@ky.gov

Asset:	Kentucky Regional Extension Center - UK HealthCare: It provides guidance and support on technology innovation, performance improvement and healthcare transformation for healthcare organizations across the Commonwealth of Kentucky, including large health systems, rural and Critical Access Hospitals and physician practices of all sizes.
Reach:	Statewide

Contact Information:	Brent McKune brent.mckune@uky.edu 2333 Alumni Park Plaza, Suite 200 Lexington, KY 40517 Office: 859-323-4739 www.KentuckyREC.com

Asset:	Kentucky Tobacco Prevention & Cessation Program (KTPC): The Kentucky Department for Public Health's tobacco control program. CDC and the state legislature jointly fund it.
Reach:	Statewide
Contact Information:	Ky.TobaccoFree@ky.gov

Asset:	Kentucky Youth Advocates: Advocates for policies that give children the best possible opportunities for a brighter future and are making Kentucky the best place in America to be young.
Reach:	Located in Louisville, KY and is a 503© Non-Profit organization. Statewide policy change efforts.
Contact Information:	Alicia Whatley, Awhatley@kyyouth.org

Asset:	Kentucky Youth Network Registry
Reach:	Statewide
Contact Information:	Jaclyn Hodges (KTPC), Ky.TobaccoFree@KY.gov

Asset:	Lexington-Fayette County Health Department – Community Outreach and Tobacco Cessation and Prevention Program
Reach:	Fayette County
Contact Information:	Rebekah Shoopman 859-288-2377 rebekahr.shoopman@lfchd.org

Asset:	My Life, My Quit (National Jewish Health): No cost, 24/7 quitline for confidential help quitting any kind of tobacco product. Coaches specialize in nicotine addiction and in child psychology (e.g., addressing peer pressure). Coaching is available via text message, call or online chat.
Reach:	Cessation – Statewide; any resident of Kentucky age 17 or younger.
Contact Information:	MyLifeMyQuit.com Text START MY QUIT to 36072 (For partner questions, *not* individual help quitting: Ky.TobaccoFree@ky.gov. The link will direct you to DPH's Kentucky Tobacco Prevention & Cessation Program.)

Asset:	Quit Now Kentucky (National Jewish Health): No cost, 24/7 quitline for confidential help quitting any kind of tobacco product. Coaches specialize in nicotine addiction. Coaching is available by phone or online chat.

	Some enrollees are eligible for free nicotine replacement therapy (gum, patches, lozenges).
Reach:	Cessation – Statewide; any resident of Kentucky; all ages.
Contact Information:	QuitNowKentucky.org 1-800-QUIT-NOW (For partner questions, *not* individual help quitting: Ky.TobaccoFree@ky.gov. This link will direct you to DPH's Kentucky Tobacco Prevention & Cessation Program.)

Asset:	Synar Program, Department for Behavioral Health Developmental and Intellectual Disabilities: Promotes health and well-being by facilitating recovery for people whose lives have been affected by mental illness and substance use, supporting people with intellectual or other developmental disabilities and building resilience for all.
Reach:	State
Contact Information:	Steve Cambron, Steve.cambron@ky.gov, 800-374-9146

Asset:	University of Kentucky BREATHE Tobacco Treatment Specialist (TTS) Program: Offers on-demand tobacco treatment.
Reach:	Statewide
Contact Information:	BreatheTTS@uky.edu

Nutrition Asset Inventory

Asset:	Appalachian Regional Healthcare (ARH): Partner for community projects relating to produce prescription and food insecurity.
Reach:	Eastern Kentucky
Contact Information:	Danielle Harmon, dfranklin@arh.org Director of Community Development

Asset:	Appalachian Regional Healthcare (ARH) Foundation: Foundation providing grant funding for community improvement projects in eastern Kentucky.
Reach:	Eastern Kentucky
Contact Information:	https://www.arh.org/donate

Asset:	BlackSoilKY: Black-owned Agribusiness that works with Black farmers across the state to increase markets for Black-owned farms. Also works with programming that addresses food insecurity and food is medicine programs.
Reach:	Not statewide but works with farms across the state.
Contact Information:	www.blacksoilky.com Ashley Smith ashley@blacksoilky.com

Asset:	Cabinet For Health and Family Services: SNAP Education State Agency

Reach:	Statewide
Contact Information:	Christina Marraccini Christina.Marraccini@ky.gov ; tel:502-564-3440 ext. 3693

Asset:	Double Dollars Program (Jamie Fitzwater); Fresh RX program (Sandra Ballew Barnes); Farmers Market Support Program (B. McShane) as well as Regional Local Food Coordinators.
Reach:	Statewide
Contact Information:	Community Farm Alliance; https://cfaky.org/ Exec. Director: Myrisa Christy

Asset:	Federally Qualified Resource Centers (FQHCs): Possible community clinical linkage for produce RX programs.
Reach:	Statewide
Contact Information:	https://www.chfs.ky.gov/agencies/dms/provider/Pages/fqhc.aspx https://data.hrsa.gov/data/reports/datagrid?gridName=FQHCs

Asset:	Food is Health Alliance: Research and pilot programming for Food Is Medicine through UK.
Reach:	Statewide
Contact Information:	https://foodashealthalliance.ca.uky.edu/ Alison Gustafson, PhD, MPH, RDN, Founder and Director Lauren Batey, MS, RDN, Program Coordinator

Asset:	GusNIP funding: The GusNIP Nutrition Incentive Program allows incentives to be earned when a SNAP/NAP participant purchases fruits and vegetables, or a SNAP/NAP eligible food. The GusNIP Nutrition Incentive Program allows the use of incentives for fruits and vegetables, or a SNAP/NAP eligible food.
Reach:	Varies on who receives funding
Contact Information:	Community Farm Alliance, project director: Myrisa Christy Fresh RX for Moms – funding ends 2024 Project “Expanding the Reach and Impact of Kentucky Double Dollars is funded until 2026.

Asset:	Locals Food Hub & Pizza Pub: Food Hub that helps farmers to increase their markets for local food sourcing; works to address food insecurity in underserved populations through fresh food programming.
Reach:	Not statewide but works with farmers in multiple areas in state.
Contact Information:	https://localsfoodhub.com/ Birch Bragg, Operations Manager birch@localsfoodhub.com; tel: (270)349-9392

Asset:	Kentucky Center for Agriculture and Rural Development (KCARD): The KCARD is a non-profit organization established to facilitate agricultural and rural businesses in Kentucky.

Reach:	Statewide
Contact Information:	kcard@kcard.info; tel:859-550-3972 Brent Lackey, Executive Director

Asset:	Kentucky Food Action Network (KFAN): Advocacy group that works to address food insecurity in state. Currently working to get CMS to pay for produce prescriptions, medically tailored meals and similar through establishing 1115 waivers or in lieu of services programs in state.
Reach:	Statewide
Contact Information:	https://www.kyfoodactionnetwork.org/ Robin Kunkel, KFAN Coordinator

Asset:	Kentucky State SNAP Education Program Implementing Agency
Reach:	Statewide
Contact Information:	Kentucky State University Gidgett Taylor Gidgett.Taylor@kysu.edu; tel:502-564-3440 University of Kentucky Nutrition Education Program Laura Weddle Laura.weddle@uky.edu; tel:859-257-2948

Asset:	Managed Care Organizations (MCOs) as potential funder of produce prescription/fruit/vegetable incentives.
Reach:	Varies
Contact Information:	Wellcare: Laura Chowning, Community Relations Regional Coordinator Laura.chowning@wellcare.com; tel: (859)556-5926 Jarrod Roberts, Community Relations Regional Coordinator Jarrod.roberts@wellcare.com; tel:(270)925-7443 United Healthcare: Jacob Archibald, MBA, Health Equity Consultant Jacob.archibald@uhc.com; tel: (502)645-6385

Asset:	Need More Acres Farm: Farm in Allen County that operates as a food hub for Kentucky Farmers and coordinates providing/using local produce for food is medicine programming.
Reach:	Not statewide but works with farms in a large part of Kentucky.
Contact Information (phone number or email):	https://needmoreacres.com/ Nathan and Michelle Howell Michelle.lifeisgood@gmail.com

Asset:	Kentucky Department for Agriculture: Senior Farmers Market Program, Emergency Feeding Assistance Feeding Program (EFAP), Commodity Supplemental Food Program (CSFP), Local Food Purchase Assistance grant

	(LFPA), Resilient Food Systems Infrastructure (RSFI) Program, Kentucky Farmers Market Directory, https://www.kyproud.com/programs/farmers-markets, Kentucky Hunger Initiative, https://www.kyagr.com/hunger/
Reach:	Statewide
Contact Information:	www.kyagr.com Ian Hester, Director, Ian.hester@ky.gov Kevin Peach, kevin.peach@ky.gov Tina Garland, tina.garland@ky.gov

Asset:	Kentucky River Health Consortium was established in December 2017 and is comprised of a variety of agencies from the Kentucky River Area Development District counties (Breathitt, Knott, Letcher, Leslie, Lee, Owsley, Perry and Wolfe). The mission is to use their collective expertise and resources to address the health burdens in their eight-county area, moving the healthcare needle in a more positive direction for Kentucky River counties.
Reach:	Kentucky River Area (eight counties, see above)
Contact Information:	Kentucky River Health Consortium https://medicine.uky.edu/centers/ruralhealth/kentucky-river-health-consortium

Asset:	Local Health Departments: Potential partners in produce voucher incentive work; community clinical linkage.
Reach:	Statewide
Contact Information:	https://www.chfs.ky.gov/agencies/dph/dafm/LHDInfo/AlphaLHDListing.pdf

Asset:	The Food Connection at UK: Organization helps to identify scale-appropriate producers for local food sourcing.
Reach:	Statewide
Contact Information:	https://foodconnection.ca.uky.edu/ Ashton Potter, DrPH, Executive Director ashtonpotterwright@uky.edu (859)218-4987

Asset:	UK Cooperative Extension Office: Resource for nutrition and culinary education and programming.
Reach:	Statewide
Contact Information:	https://extension.ca.uky.edu/ Go to website to connect with local Cooperative Extension Agent and Field Staff.

Drug Use Asset Inventory

Asset:	Alliance for a Healthier Generation works with schools, youth-serving organizations, businesses, communities, and families to promote health equity and support whole child health.
Reach:	Nationwide
Contact Information:	Daniel Hatcher, Senior Director of Strategic Partnerships (daniel.hatcher@healthiergeneration.org)

Asset:	Arthur Street Hotel is a project of CARE, a non-profit that provides free shelter, housing navigation and support services to formerly houseless individuals.
Reach:	Louisville, Kentucky
Contact Information:	1620 Arthur Street Louisville, Kentucky 40208

Asset:	Community Mental Health Centers (CMHCs) are community-based programs offering various comprehensive services to support mental health. These centers provide essential mental healthcare to people who could not access the services any other way.
Reach:	Statewide
Contact Information:	Community Mental Health Centers (CMHCs) and KY Crisis Line Info | KPFC (kypartnership.org)

Asset:	Dream.org is a statewide advocacy group promoting a public health response to substance use.
Reach:	Statewide
Contact Information:	John Bowman john.bowman@dream.org

Asset:	Find Naloxone Now KY is a statewide naloxone access portal and locator map that connects Kentuckians to locations where naloxone is available locally and free of charge. These include Community-Based Organizations, Local Health Departments, Recovery Community Centers, and Regional Prevention Centers. An additional layer allows website users to view the more than 1,000 community pharmacies where naloxone is available for purchase, by using Medicaid benefits or the naloxone insurance co-pay program. The new website also helps connect agencies to grant-funded sources of naloxone.
Reach:	Statewide
Contact Information:	harmreduction@ky.gov

Asset:	Foundation for Healthy Kentucky addresses the unmet health needs of Kentuckians by developing and influencing policy, improving access to care, reducing health risks and disparities, and promoting health equity.
Reach:	Statewide
Contact Information:	info@healthy-ky.org

Asset:	Kentucky Administrative Office of the Courts
Reach:	Behavioral Health Conditional Dismissal Program (SB90)
Contact Information:	Angela Darcy, Pre-Trial Services AngelaDarcy@kycourts.net McKenna Revel, SB90 Program Admin

	mckenna.revel@ky.gov

Asset:	Kentucky Agency for Substance Abuse Policy (ASAP) Board is used in many Kentucky communities as the primary component of comprehensive drug education/prevention, treatment, and law enforcement programs. Within that three-pronged approach, several intervention programs have been proven effective and are available to schools, families, and communities. The Kentucky Agency for Substance Abuse Policy Local Boards determines the needs of their service area. Through a strategic plan and needs assessment, the local boards identify the issues that they need to direct their dollars toward concerning tobacco, alcohol and other drugs related to abuse. There are two types of boards within the structure of KY-ASAP: regional and single-county boards. Seventeen of the 79 local boards are regional boards, with the remainder being single county boards. The regional boards are primarily associated with the high-population areas of the state, except for Fayette County which is a single-county board. In most of the single-county boards, the KY-ASAP funds are their only source to prevent and treat substance abuse.
Reach:	Statewide
Contact Information:	502-564-9564

Asset:	Kentucky Association of Counties (KACo) is dedicated to serving as the unified voice and advocate for county governments in the Commonwealth of Kentucky. Their mission is to provide the resources and support their members need to foster the growth and prosperity of Kentucky's counties. Together, they are focused on making counties stronger for a stronger Kentucky.
Reach:	Statewide
Contact Information:	502-223-7667

Asset:	Kentucky Cancer Program operates through Regional Cancer Control Specialists at 14 regional offices to provide local leadership for cancer prevention and control planning, implementation, and evaluation statewide.
Reach:	Statewide
Contact Information:	mary.schneider@uky.edu

Asset:	Kentucky Center for School Safety works to address a wide range of school safety issues that impact health, including substance use, bullying and mental health
Reach:	Statewide
Contact Information:	Jon Akers, Executive Director (jon.akers@eku.edu)

Asset:	Kentucky Department for Medicaid Services: Kentucky Medicaid supports the expansion of behavioral health services, and the Behavioral Health Policy Team oversees a variety of pilots, grants and demonstrations designed to increase access and quality of care for Kentuckians.

Reach:	Statewide
Contact Information:	Angela Sparrow, DMS Behavioral Health Specialist angela.sparrow@ky.gov Kristin Shroyer, DMS Behavioral Health Specialist kristen.shroyer@ky.gov

Asset:	Kentucky Department for Public Health Harm Reduction Program provides support and technical assistance to all Local Health Department jurisdictions throughout the state, including the 80 operational Syringe Services Programs (SSPs) Sites in 65 counties. The Harm Reduction Program also maintains the department's mobile harm reduction unit and coordinates the distribution of the state's stockpile of naloxone and other harm reduction supplies to local communities utilizing resources from funding sources across state government. The KDPH Harm Reduction Program also oversees established internal and external advisory committees.
Reach:	Statewide
Contact Information:	harmreduction@ky.gov

Asset:	Kentucky Department for Public Health (KDPH) was awarded the First Responders - Comprehensive Addiction and Recovery Act (FR-CARA) Grant by The Substance Abuse and Mental Health Services Administration (SAMHSA). The goal of the FR-CARA Grant in Kentucky is to expand naloxone training and dispensing for first responders throughout rural counties and to increase awareness for ongoing harm reduction activities and personal safety measures for opioid exposures.
Reach:	The designated territory can be found at: KPhA (kphanet.org)KPhA (kphanet.org).
Contact Information:	harmreduction@ky.gov

Asset:	Kentucky Department of Corrections protects the citizens of the Commonwealth, and provides a safe, secure, and humane environment for staff and offenders to carry out the mandates of the legislative and judicial processes. It provides opportunities for offenders to acquire skills that facilitate non-criminal behavior.
Reach:	Statewide
Contact Information:	502-564-6490

Asset:	Kentucky Equal Justice Center
Reach:	Reduce barriers faced by Kentuckians with Opioid Use Disorder in healthcare settings by providing education and advocacy regarding legal rights.
Contact Information:	Ben Carter, ben@kyequaljustice.org Jane Connell Young, jcy@kyequaljustice.org

Asset:	Kentucky Harm Reduction Coalition improves the public health of Kentuckians by reducing overdoses, overdose deaths and the transmission of blood-borne

	diseases such as HIV and HCV. The Kentucky Harm Reduction Coalition does this by increasing access to Syringe Service Program Sites, expanding the distribution of Naloxone, and providing Hep C and HIV testing throughout the community.
Reach:	Statewide
Contact Information:	shreetaw@kyhrc.org

Asset:	Kentucky Harm Reduction Summit allows individuals to learn more about evidence-based best practices regarding harm reduction/disease prevention strategies and broaden the impact of implementing evidence-based best practices in the realm of harm reduction operations throughout Kentucky. The Summit is open to Harm Reduction Care Navigators, intra/inter-state Public Health Professionals, First Responders, Local and State Government Officials, Educators, Community Leaders, Public Health Professionals, and other Harm Reduction professionals. The summit highlights best practices, statutes and policies related to implementing and maintaining harm reduction programs throughout the Commonwealth of Kentucky. The Summit focuses on Harm Reduction, disease prevention including Hepatitis C (HCV), Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS), opioid use disorder (OUD), stimulant use disorder (StUD), substance use disorder (SUD), mental health and other Harm Reduction-related topics.
Reach:	Statewide
Contact Information:	harmreduction@ky.gov

Asset:	Kentucky Health Departments Association
Reach:	The Kentucky Health Departments Association (KHDA) was formed in 1984 through the merger of the Kentucky District Health Departments Association and the Kentucky County Health Departments Association. KHDA is a collaborative effort of local health department leaders to share resources and work together to improve the public health of Kentucky. Using KHDA's vision, local health departments translate ideas into action to ensure the collective well-being of all Kentuckians. The Association was incorporated under Kentucky law in 1987.
Contact Information:	info@khda-ky.org

Asset:	Kentucky Hospital Association is partnering with the Cabinet for Health and Family Services as part of the Kentucky Opioid Response Effort (KORE) to launch the Kentucky Statewide Opioid Stewardship program. This initiative will focus on reducing opioid overprescribing, improving safe opioid use and will provide a mechanism for hospitals to demonstrate their actions and commitments to their patients and communities to combat the state's opioid epidemic. In addition, this project will provide a voluntary certification opportunity for Kentucky hospitals at the appropriate level for their hospital.
Reach:	Statewide

Contact Information:	Emily Henderson ehenderson@kyha.com

Asset:	Kentucky Pharmacists Association is the largest professional organization representing pharmacists in the Commonwealth and has been serving its members since 1879. KPhA is the voice of pharmacists from all practice settings concerning education, policy, legislative and regulatory matters to shape and improve the future of healthcare across Kentucky and the United States. The voices of democracy speak loudly, especially when many voices join together. The Kentucky Pharmacists Association allows its members to band together with like-minded voices to be heard. By uniting members for a single cause, KPhA can benefit pharmacists in all practice settings. They also alert members on rapidly changing healthcare issues via multiple technologies, publications and educational seminars.
Reach:	Statewide
Contact Information:	info@kphanet.org

Asset:	Kentucky Primary Care Association was founded in 1976 as a not-for-profit 501(c)(3) corporation of community health centers, rural health clinics, primary care centers and all other organizations and individuals concerned about access to healthcare services for the state's underserved rural and urban populations. KPCA is charged with promoting the mutual interests of their members, with a mission to promote access to comprehensive, community-oriented primary healthcare services for the underserved.
Reach:	Statewide
Contact Information:	cwoomer@kypca.net

Asset:	Kentucky Recovery Housing Network evaluates and improves the standards and quality measures for all levels of recovery residences.
Reach:	Statewide
Contact Information:	Jonathan Philpot, Jonathan.philpot@ky.gov Dane Preiston, Dane.preiston@ky.gov

Asset:	Kentucky Regional Prevention Centers provide technical assistance and training to community coalitions and other partners to address substance use/misuse and related consequences locally.
Reach:	Statewide
Contact Information:	https://kyprevention.getbynder.com/share/9A4DEB09-8817-46C0-B5EC920B88C7E393/

Asset:	Kentucky Youth Advocates is an independent voice for children working to ensure policymakers create investments and policies that are good for all children.
Reach:	Statewide
Contact Information:	Alicia Whatley, Policy & Advocacy Director, (awhatley@kyyouth.org)

Asset:	Kentucky Income Reinvestment Project (KIRP)/Target4 Project integrates various components, including Ryan White HIV/AIDS Program early intervention, health education, risk reduction and outreach services and with harm reduction initiatives such as syringe services programs. This comprehensive approach also involves targeted outreach efforts spanning across Kentucky.
Reach:	The Target4 Project is divided into 13 regions covering all 120 counties in Kentucky.
Contact Information:	Jana Collins, Project Director janacollins@uky.edu 859-562-2579

Asset:	Kentucky Injury Prevention and Research Center (KIPRC), established in 1994, is a unique partnership between the Kentucky Department for Public Health (KDPH) and the University of Kentucky College of Public Health. KIPRC serves both as an academic injury prevention research center and as the KDPH's designee or "bona fide agent" for statewide injury prevention and control, focusing on injury prevention translation and practice.
Reach:	Statewide
Contact Information:	ukpr@uky.edu

Asset:	Kentucky Office of Drug Control Policy coordinates the response to substance misuse. Their aim is to change how substance misuse is handled in Kentucky, reduce the problem, and make the Commonwealth a model for other states. They have joined prevention/education, treatment, and law enforcement in a united effort to confront this epidemic and have made great strides. As they plan for the future, the success of initiatives depends on the involvement and support of grassroots coalitions, local and state agencies and community and faith-based organizations throughout Kentucky.
Reach:	Statewide
Contact Information:	502-564-9564

Asset:	Kentucky Opioid Abatement Advisory Commission (KYOAAC) was created by the General Assembly's unanimous passage of House Bill 427, which the Attorney General supported alongside other legislators, the Kentucky League of Cities, and the Kentucky Association of Counties. The Commission is comprised of nine voting and two non-voting members. It includes stakeholders from, among others, the prevention and treatment community, law enforcement and victims of the opioid crisis. The Commission's purpose is to distribute the Commonwealth's portion of the over $842 million from settlements the Attorney General reached in 2022 with opioid companies for their role in exacerbating the deadly opioid crisis.
Reach:	Statewide
Contact Information:	kyoaac@ky.gov

Asset:	Kentucky Opioid Response Effort (KORE)
Reach:	Federal grant program implemented through BHDID that supports prevention, treatment, recovery, and harm reduction programming statewide.
Contact Information:	Caitlyn Hood, Project Director caitlyn.hood@ky.gov

Asset:	Operation 2 Save Lives (O2SL) and (Quick Response Team) QRT National are engaged in Pre-Arrest Diversion, Deflection and proactive community engagement work in many states and communities nationwide. The O2SL and QRT National professional's experience in deflection and pre-arrest diversion is from law enforcement, fire/EMS, public health, social work, clinical treatment, peer recovery support and persons with lived experience. The team is continuously educating and learning from the field how better to serve partners, sites, and teams. When team members learn new information, they commit to sharing the information through discussion, training and services described above that will positively impact partner communities.
Reach:	Statewide
Contact Information:	Dan Meloy meloyd@o2sl.com 571-290-6864

Asset:	Oxford House is a network of 2,900+ homes nationwide that provide safe and supportive housing for people in recovery from drugs and alcohol.
Reach:	Nationwide
Contact Information:	Jason Shaw Jason.shaw@ky.gov

Asset:	Parents Against Vaping e-Cigarettes is a national organization addressing the dangers of vaping and other flavored tobacco use.
Reach:	Nationwide
Contact Information:	Elissa Unger, Education and Grant Manager (elissa@parentsagainstvaping.org) Mimi Boublik, Founding Partner (mimi@parentsagainstvaping.org)

Asset:	People Advocating Recovery (PAR) was founded as Kentucky's statewide recovery community organization in 2002, gaining non-profit status in 2006. PAR brings forward an advocacy and public awareness focus. While relatively few new state dollars had been budgeted in the past 20 years, addiction problems were calling attention to the need for more treatment and recovery options. Historically, PAR's legislative advocacy agenda has included increasing funding for indigent treatment, restoration of voting rights to justice-involved persons, seeking increased placement of people in recovery on state policy advisory boards and working for diversion programs. PAR has developed effective partnerships with other advocacy groups, such as Kentuckians for the

	Commonwealth, the Catholic Conference of Bishops, and the League of Women Voters. PAR's partnership with the Restoration of Voting Rights Coalition (ROVRC), housed at Kentuckians for the Commonwealth, has fostered a fruitful collaboration.
Reach:	Statewide
Contact Information:	Tara Hyde Tara@kypar.org

Asset:	Recovery Community Centers (RCCs): Peer-run centers that provide access to recovery support.
Reach:	15 RCCs statewide
Contact Information:	David Brummett, Recovery Implementation Specialist david.brumett@ky.gov

Asset:	University of Kentucky College of Education – iCANendthetrend is a peer model, evidence-informed program to reduce youth nicotine and e-cigarette use.
Reach:	Statewide
Contact Information:	Dr. Melinda Ickes, Program Director (melinda.ickes@uky.edu) Julia Estes, Program Coordinator (jmes225@g.uky.edu) Gabrielle Cochran, Program Coordinator (gabrielle.cochran@uky.edu)

Asset:	Voices of Activists and Community Leaders (VOCAL-KY) is a statewide grassroots membership organization that builds power among low-income people directly impacted by HIV/AIDS, the drug war, mass incarceration and homelessness. This is done through community organizing, leadership development, advocacy, direct services and direct action.
Reach:	Statewide
Contact Information:	shameka@vocal-ky.org

Appendix I: References

[1] *U.S. Census Bureau Quick Facts, Kentucky, United States, Population, Census*. (2020, April 1). U.S. Census Bureau QuickFacts. U.S. Census Bureau QuickFacts: Kentucky; United States 2020.

[2] *U.S. Census Bureau Quick Facts, Kentucky, United States, Population, Census*. (2010, April 1). U.S. Census Bureau QuickFacts. U.S. Census Bureau QuickFacts: Kentucky; United States 2010.

[3] *Kentucky Cities by Population*. (n.d.). Kentucky Cities by Population.

[4] *Kentucky's Metropolitan Planning Organizations*. (2024, March 6). Kentucky Transportation Cabinet; Kentucky Transportation Cabinet. Kentucky's MPOs.

[5] *U.S. Census Bureau Quick Facts, Kentucky, United States, Age and Sex.* (2020, April 1). U.S. Census Bureau QuickFacts. U.S. Census Bureau QuickFacts: Age and Sex.

[6] *U.S. Census Bureau QuickFacts, Kentucky, United States, Race and Hispanic Origin*. (2020, April 1). U.S. Census Bureau QuickFacts. U.S. Census Bureau QuickFacts: Race and Hispanic Origin.

[7] *U.S. Census Bureau QuickFacts, Kentucky, United States, Income & Poverty, Median Household Income (in 2022 Dollars), 2018-2022*. (2022). U.S. Census Bureau QuickFacts. U.S. Census Bureau QuickFacts: Median Household Income.

[8] *U.S. Census Bureau Quick Facts, Kentucky, United States, Income & Poverty, Persons in Poverty, Percent*. (2020, April 1). U.S. Census Bureau QuickFacts. U.S. Census Bureau QuickFacts: Persons in Poverty.

[9] *U.S. Census Bureau QuickFacts, Kentucky, United States, Income & Poverty, Per Capita Income in Past 12 months (in 2022 Dollars), 2018-2022*. (2022). U.S. Census Bureau QuickFacts. U.S. Census Bureau QuickFacts: Per Capita Income.

[10] *Kentucky | County Health Rankings & Roadmaps*. (2024).County Health Rankings & Roadmaps; County Health Rankings & Roadmaps. Kentucky | County Health Rankings & Roadmaps.

[11] *Explore Census Data*. (2022). Data.census.gov; U.S. Census Bureau. Educational Attainment - Census Bureau Tables.

[12] *State Summaries Kentucky | 2023 Annual Report | AHR*. (2023). America's Health Rankings; America's Health Rankings, United Health Foundation. State Summaries Kentucky | 2023 Annual Report | AHR (americashealthrankings.org).

[13] *Kentucky | County Health Rankings & Roadmaps, Data by County*. (2024). County Health Rankings & Roadmaps. Kentucky | County Health Rankings & Roadmaps: Data by County.

[14] *Monthly Medicaid Counts by County - Cabinet for Health and Family Services*. (2024). CHFS Home - Cabinet for Health and Family Services (ky.gov); Cabinet for Health and Family Services, Department for Medicaid Services, Division of Fiscal Management. Monthly Medicaid Counts by County - Cabinet for Health and Family Services (ky.gov).

[15] *Medicare Monthly Enrollment*. (2024, February). Data.CMS.gov; Centers for Medicare & Medicaid Services. Medicare Monthly Enrollment | CMS Data.

[16] *Medicaid in Kentucky*. (2023, June). Kaiser Family Foundation. Medicaid in KY Fact Sheet (kff.org).

[17] *U.S. Census Bureau QuickFacts, Kentucky, United States, Health, With a Disability, Under Age 65 Years, Percent, 2018-2022*. (2022). Census.gov; U.S. Census Bureau. U.S. Census Bureau QuickFacts: Disability.

[18] *State of Homelessness (SOH): State and CoC Dashboards*. (2024). National Alliance to End Homelessness. SOH: State and CoC Dashboards - National Alliance to End Homelessness.

[19] Centers for Disease Control and Prevention. (2023, September 12). *Stats of the states - infant mortality*. Cdc.gov; National Center for Health Statistics. Stats of the States - Infant Mortality (cdc.gov).

[20] CDC. (2024, May 15). *Infant Mortality*. Maternal Infant Health; CDC. Infant Mortality | Maternal Infant Health | CDC.

[21] *2023 March Of Dimes Report Card For Kentucky*. (2023). March of Dimes | PeriStats. 2023 March Of Dimes Report Card For Kentucky | PeriStats | March of Dimes.

[22] *HCUP Fast Stats Data Tools – Healthcare Cost and Utilization Project (HCUP) Fast Stats*. (n.d.). Agency for Healthcare Research and Quality. HCUP Fast Stats Data Tools – Healthcare Cost and Utilization Project (HCUP) Fast Stats (ahrq.gov).

[23] *Births To Mothers Who Smoked During Pregnancy In Kentucky*. (2023, September). KIDS COUNT DATA CENTER; Annie E. Casey Foundation. Births to mothers who smoked during pregnancy, Kentucky | KIDS COUNT Data Center (aecf.org).

[24] *Births To Mothers Who Smoked During Pregnancy In United States*. (2024, April). KIDS COUNT DATA CENTER; Annie E. Casey Foundation. Births to mothers who smoked during pregnancy, U.S. | KIDS COUNT Data Center (aecf.org).

[25] *State Data*. (n.d.). State of Childhood Obesity; The Robert Wood Johnson Foundation. State Data - State of Childhood Obesity.

[26] Rabbitt, M., Hales, L., Burke, M., & Coleman-Jensen, A. (2023, October). *Household food security in the United States in 2022*. Search.nal.usda.gov; Washington, D.C.: Economic Research Service, U.S. Department of Agriculture. Household food security in the United States in 2022 - USDA National Agricultural Library.

[27] *Food Insecurity among the Overall Population in Kentucky*. (2020). Map.feedingamerica.org; Feeding America. Hunger & Poverty in Kentucky | Map the Meal Gap (feedingamerica.org).

[28] *Acronyms & Glossary of Terms, Version 2022*. (2022). Public Health Accreditation Board. Acronyms-and-Glossary-of-Terms.pdf (phaboard.org).

[29] *State Health Improvement Plan (SHIP) Guidance and Resources*. (2011). Association of State and Territorial Health Officials. ASTHOSHIPGuidance.pdf (ky.gov).

[30] *Social Determinants of Health*. (2020). Healthy People 2030; Office of Disease Prevention and Health Promotion. Social Determinants of Health - Healthy People 2030 | health.gov.

[31] CDC. (2024a, May 14). *10 Essential Public Health Services*. Public Health Professionals Gateway. 10 Essential Public Health Services | Public Health Gateway | CDC.

[32] Office of Disease Prevention and Health Promotion. (2020). *Health Equity in Healthy People 2030*. Health.gov; U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Health Equity in Healthy People 2030 - Healthy People 2030 | health.gov.

[33] *Inequity, Equality, Equity, and Justice | Diversity & Inclusion*. (n.d.). Bu.edu. Inequity, Equality, Equity, and Justice | Diversity & Inclusion (bu.edu).

[34] CDC. (2023, April 25). *About mental health*. Centers for Disease Control and Prevention; U.S. Department of Health & Human Services. About Mental Health (cdc.gov).

[35] Bureau, U. C. (2023, June 26). *The South Had Highest Disability Rate Among Regions in 2021*. Census.gov. Disability Rates Higher in Rural Areas Than Urban Areas (census.gov).

[36] CDC. (2020, November 19). *Cigarette Smoking Among Adults with Disabilities | CDC*. Centers for Disease Control and Prevention. Cigarette Smoking Among Adults with Disabilities | CDC.

[37] CDCTobaccoFree. (2022, January 10). *Adults With Disabilities*. Centers for Disease Control and Prevention. People With Disabilities | For Specific Groups | Tips From Former Smokers | CDC.

[38] *Kentucky Minority Health Status Report Cabinet for Health and Family Services*. (2021). 2021 MHSR.

[39] *Tobacco Nation: An Ongoing Crisis*. (n.d.) Truthinitiative.org. Tobacco Nation: A Call to Eliminate Geographic Smoking Disparities in the U.S. (truthinitiative.org).

[40] Kentucky Department of Education (KDE), Kentucky Department for Public Health (KDPH), and Centers for Disease Control and Prevention (CDC). Kentucky Youth Risk Behavior Surveillance System. Frankfort, Kentucky: Cabinet for Health and Family Services, Kentucky Department of Education. [2017, 2019, and 2021].

[41] Kentucky Department for Public Health (KDPH) and Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Frankfort, Kentucky: Cabinet for Health and Family Services, Kentucky Department for Public Health, [2016-2021].

[42] CDC. (2024b, May). *African American Communities Experience a Health Burden From Commercial Tobacco*. Tobacco - Health Equity; CDC. African American Communities Experience a Health Burden From Commercial Tobacco | Tobacco - Health Equity | CDC.

[43] Schiller, E. Y., Goyal, A., & Mechanic, O. J. (2021, July 21). *Opioid Overdose*. PubMed; StatPearls Publishing. Opioid Overdose - PubMed (nih.gov).

[44] *2022 Combined Annual Report*. (2022). Justice and Public Safety Cabinet, Kentucky Office of Drug Control Policy. 2022 Combined Annual Report (ky.gov).

[45] Steel, M., Mirzaian, M., & Daniels, L. (2023). *Kentucky Resident Emergency Department Visits for Nonfatal Drug Overdoses, 2018-2022: Annual Report* Kentucky Injury Prevention and Research Center. 2023_OD2A_DrugOverdoseEDVisitsAnnualReport.pdf (uky.edu).

[46] *2022 Overdose Fatality Report*. (2022). Justice and Public Safety Cabinet, Office of Drug Control Policy. 2022 Overdose Fatality Report (ky.gov).

[47] CDC. (2022, July 18). *Overdose death rates increased significantly for Black, American Indian/Alaska Native people in 2020*. CDC Newsroom; Centers for Disease Control and Prevention. Overdose death rates increased significantly for Black, American Indian/Alaska Native people in 2020 | CDC Online Newsroom | CDC.

[48] Substance Abuse and Mental Health Services Administration: The Opioid Crisis and the Black/African American Population: An Urgent Issue. Publication No. PEP20-05-02-001. Office of Behavioral Health Equity. Substance Abuse and Mental Health Services Administration, 2020. The Opioid Crisis and the Black/African American Population: An Urgent Issue (samhsa.gov).

[49] World Health Organization. (2023, March 7). *Disability*. Who.int. Disability (who.int).

[50] Clemente, K. A. P., Silva, S. V. da, Vieira, G. I., Bortoli, M. C. de, Toma, T. S., Ramos, V. D., & Brito, C. M. M. de. (2022). Barriers to the Access of People with Disabilities to Health services: a Scoping Review. *Revista de Saúde Pública*, *56*(56), 64. Barriers to access health services for persons with disabilities: a scoping review | Journal of Public Health (usp.br).

[51] Hamilton, N., Olumolade, O., Aittama, M., Samoray, O., Khan, M., Wasserman, J. A., Weber, K., & Ragina, N. (2020). Access barriers to healthcare for people living with disabilities. *Journal of Public Health*, *30*(5). Access barriers to healthcare for people living with disabilities | Journal of Public Health (springer.com).

[52] Iezzoni, L. I., Rao, S. R., Ressalam, J., Bolcic-Jankovic, D., Agaronnik, N. D., Donelan, K., Lagu, T., & Campbell, E. G. (2021). Physicians' Perceptions Of People With Disability And Their Health Care. *Health Affairs*, *40*(2), 297–306. Physicians' Perceptions Of People With Disability And Their Health Care | Health Affairs.

[53] *Fruit & vegetable incentive programs | County Health Rankings & Roadmaps*. (2020, December 4). County Health Rankings & Roadmaps. Fruit & vegetable incentive programs | County Health Rankings & Roadmaps.