State Health Improvement Plan (SHIP)
Welcome Remarks

Connie White, MD, MS, FACOG
KDPH Deputy Commissioner for Clinical Affairs

9-27-23
Housekeeping Items

❖ Sticky Wall
  • Missing partners
  • Public health wins since 2017 SHIP
  • Data source opportunities

❖ Slido: Web-based app for capturing participants views in real time.
  • Technical assistance available if you raise your hand

❖ If you need any accommodations that we aren’t already aware of, please let us know at the registration table.

❖ If you are at a table with colleagues, move!
The Purpose of the SHIP

- Improve Health Outcomes
- Set Strategic Priorities
- Develop Strategic Plan
- Maintain PHAB Accreditation
- Roadmap for Accomplishing Goals
Roles of the Organizations Participation in SHIP

- Weigh in on what priorities to focus on in the next 5 years
- Create SMARTIE goals, objectives and activities for priorities
- Attend SHIP meetings in TEAMS
Steps in the SHIP

Prioritize → Develop → Alignment → Implement → Monitor
Thank you!

Connie White, MD, MS, FACOG, KDPH

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Kentucky Department for Public Health
Mission and Vision in Action

Healthier People, Healthier Communities.

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

**Prevention**
- Diabetes Prevention
- Disease Surveillance
- Environmental Inspections
- HANDS

**Promotion**
- Immunizations
- KEIS
- Mobile Harm Reduction
- Newborn Screening

**Protection**
- Prescription Assistance
- Public Health and Disaster Preparedness
- Smoking Cessation
- WIC
Span of Control

- Control
- Influence
- Neither Control nor Influence
Thank you!
Steven Stack, MD, MBA, KDPH
Steven.Stack@ky.gov
Success Stories and Challenges: 2017 SHIP

Connie White, MD, MS, FACOG
KDPH Deputy Commissioner for Clinical Affairs

9-27-23
Focus Areas of the 2017-2022 SHIP

- Substance Use Disorder
- Tobacco
- Obesity
- Adverse Childhood Experiences
- Integration to Health Access
Fabric Issues from the 2017-2022 SHIP

- Data Collection and Analysis
- Health in All Policies
- Economic and Community Engagement/Development
- Environmental Health
- Mental Health
SUD Successes in Kentucky

- 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
- Increase the availability of evidence for SUD
- Increase in number of SSP (Syringe Service Programs)
- Development of initiative to screen and refer patients in birthing hospitals for SUD – Kentucky Perinatal Quality Collaborative (KyPQC)
- More treatment facilities for pregnant and parenting persons
SUD Successes in Kentucky

- 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 [findrecoveryhousingnowky.org/](http://findrecoveryhousingnowky.org/)
- Expansion of school programs to encourage responsible decision making
- Ease of available drug take-back opportunities
- Statute revision of HIV testing in EDs
SUD Challenges in Kentucky

- Cartels’ business plans changed from heroin to fentanyl to xylazine
- Increase in overdose deaths among Black Kentuckians
- 3/4 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 Successes in Kentucky

- Reduce youth smoking
- Reduce adult smoking
- Reduce exposure to secondhand smoke
- Reduce lung cancer mortality
- Decline in pregnant persons in Kentucky that smoke
- Increase in tobacco free school districts
Tobacco Challenges in Kentucky

- Tobacco culture
- Increased ‘glamorization’ of vaping
Obesity Successes in Kentucky

- Increase access to breastfeeding rates
  - Ever breast feed
  - Breast feeding at six months
- Increase in farmers’ markets that accept SNAP/WIC
ACEs Successes in Kentucky

🎉 Development of PaRK (Partnership for a Resilient Kentucky)
Integration of Health Access Successes in Kentucky

- Increase in telehealth services
- Increase number of agencies that contribute to KHIE (Kentucky Health Information Exchange)
- Payment for Community Health Workers
Integration of Health Access Challenges in Kentucky

- Change in leadership at the state
- COVID-19
  - And everything that came with it
<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Smoking</th>
<th>Obesity</th>
<th>Adverse Childhood Experiences</th>
<th>Integration to Health Access</th>
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<tr>
<td>Built Environment</td>
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<td>Built Environment</td>
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</tbody>
</table>

*Figure 4. Social determinants of health as defined in the five focus areas of the SHIP.*

Call to Action

**Community Organizations**
- Collaborate with local government to fill gaps in services to the local community
- Provide health promotional information to the members and participate in spreading this information in your community
- Work with local health departments for strategic planning in the community
- Attend public hearings and meetings on health-related ordinances and activities

**Faith-based Organizations**
- Encourage parishioners to be informed and participate in their own health care decisions
- Provide health promotional information to parishioners and offer health promotion screenings
- Offer space, if available, for physical activity programs
- Encourage parishioners to be involved in community events
Thank you!

Connie White, MD, MS, FACOG, KDPH

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Public Health Transformation and the Impact to Public Health Priorities

Jan Chamness, MPH
KDPH Public Health Transformation Director

9-27-23
Where do you fit in the Public Health System?
Transformation
A dramatic change in form or appearance, a marked change, ... one function is converted into another one of similar value;

Overarching Assumptions

• Transformation is IRREVERSIBLE;
• Transformation is the most dramatic operational change in the way we (Public Health) do business in Kentucky;
• Transformation is a strategic initiative which will contribute to quality improvement and performance management;
• Transforming is a statewide initiative...not just at the local level;
• Transformation is not only important but necessary to acknowledge social determinants of health and remove barriers toward achieving optimal health.
Kentucky’s Health Outcomes

2022 Annual Report

Kentucky Overall: 43rd
Health Behaviors: 46th
Health Outcomes: 45th

Public Health Transformation Across the Nation

Image Source: https://phnci.org/transformation/21st-century-learning-community
Foundational Public Health Services

Image Source: https://phnci.org/transformation/21st-century-learning-community
10 Essential Services

- Build and maintain a strong organizational infrastructure for public health
- Improve and innovate through evaluation, research, and quality improvement
- Build a diverse and skilled workforce
- Enable equitable access
- Utilize legal and regulatory actions
- Create, champion, and implement policies, plans, and laws
- Investigate, diagnose, and address health hazards and root causes
- Communicate effectively to inform and educate
- Strengthen, support, and mobilize communities and partnerships
- Assess and monitor population health

3 Core Functions

- Assessment
- Assurance
- Policy Development

Image Source: https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html
Image Source: https://redegroupl.co/public-health-30
Goals for Public Health Transformation

- Restore the **fiscal stability** of the current system;
- Introduce a **modern, simplified and focused** public health model with clearly defined priorities based on nationally recognized models such as Public Health 3.0 principles and PHAB’s Foundational Public Health Services;
- Create **accountability** at ALL levels of the system;
- Improve public health **leadership capacity** at all levels;
- **Prevent duplication** of effort, reduce waste and red-tape internally and externally;
- Support and **emphasize data driven decisions** to best promote improved community health outcomes.
House Bill 129: Public Health Transformation Bill  
(Passed 2020 Legislative Session)

- **KRS 211.185**
  - Categorized public health programs into Core, Foundational and Local Public Health Priorities.

- **KRS 211.186**
  - Emphasized new funding formula for local health departments. (Included in Governor’s Biennial Budget FY 2023 – 2024)

- **KRS 211.187**
  - Established requirement for local health departments to conduct local needs assessments.
Public Health Transformation
Public Health Program Categorization (KRS 211.185)

CORE PUBLIC HEALTH

Foundational Public Health
Five Focus areas, which include statutorily and regulatorily defined services:
1. Population Health
2. Enforcement of Regulation
3. Emergency Preparedness & Response
4. Communicable Disease Control
5. Administrative & Organizational Infrastructure

WIC

HANDS

HARM REDUCTION & SUD

Local Public Health Priorities
Public Health Transformation Funding (KRS 211.186)

- Prioritizes Foundational Public Health
- Based on population
- Requires certain number of FTEs dedicated to provide foundational programs/services
- Requires the minimum ad valorem tax rate of $0.018 per $100 of assessed property valuation
POPULATION HEALTH
Health Equity * Policy * Education * Community Health Assessment * Partnership Development

ENFORCEMENT OF REGULATIONS
Food and Water Safety * Waste Management * Nuisance Investigation

EMERGENCY PREPAREDNESS & RESPONSE
Mitigation of Disease Threat * Mass Vaccination * Disaster Response

COMMUNICABLE DISEASE CONTROL
STD Control * TB Control * Epidemiology * Adult & Child Vaccination * Surveillance

ADMINISTRATIVE & ORGANIZATIONAL MANAGEMENT
Finance * IT * Communications * Human Resources * Performance Management * Quality Improvement

KRS 211.185 Categorization & Prioritization of Public Health Programs and Services

KRS 211.186 Funding Formula

KRS 211.186 Do or Ensure

KRS 211.187 Local Needs Assessment

FOUNDATIONAL PUBLIC HEALTH SERVICES
Mandatory for ALL Kentucky Local Health Departments

CORE PUBLIC HEALTH SERVICES
Available in ALL Kentucky Counties

WIC
Supplemental nutrition program for eligible women and children up to age five.

HANDS
Home visitation program to promote safe, healthy children.

HARM REDUCTION
Practices that aim to reduce the risks and harm associated with substance use.

LOCAL PUBLIC HEALTH PRIORITIES
Requires Local Needs Assessment

Diabetes*Cancer Screening* Asthma* Family Planning* Maternity*Physical Activity*Nutrition*School Health*Community Health Workers*Pediatric & Adolescent Health*Dental*Teen Pregnancy Prevention*Tobacco/Vaping*Staywell
Local Needs Assessment (LNA)

KRS 211.187
- Data-driven need
- Evidence-based or promising practice intervention
- Adequate funding
- Performance and quality management plans
- Exit strategy

- Community Health Assessment (CHA)
- Community Health Improvement Plan (CHIP)
- Combined CHA/CHIP
- Community Health Needs Assessment (CHNA) – Hospital-driven
- Any document which reflects a systematic process to identify local public health needs in the community.
Local Public Health Priorities

**KRS 211.187**

- Data-driven need
- Evidence-based or promising practice intervention
- Adequate funding
- Performance and quality management plans
- Exit strategy

- Diabetes
- Cancer Screening
- Asthma
- Family Planning
- Maternity
- Physical Activity
- Nutrition
- School Health
- Community Health Workers
- Pediatric & Adolescent Health
- Dental
- Teen Pregnancy Prevention
- Tobacco/Vaping
- Staywell
Has your Health Department completed a LNA (CHA, CHA/CHIP, CHNA, or other assessment) for the jurisdiction served?
(If No) Please indicate when you intend to complete a LNA:

- Within the next 12 months

- Within the next 6 months
Please identify the Local Public Health Priorities identified in the LNA (or CHA, CHA/CHIP, CHNA or other document submitted for LNA requirement): (Select all that apply)
Local Public Health Priorities - Other

- Mental health - youth and adults
- Substance Use/Abuse
- Tobacco Use - COPD, lung disease
- High Blood Pressure
- Obesity - adults and children
- Diabetes
- Hepatitis
- Kidney Disease
- Child abuse, domestic violence
- Cancer - colon, breast and cervical highest
- Lack of awareness of resources by those who need the resources most
- Food insecurity and lack of healthy, affordable food

- Housing – health, safety, accessibility, affordability
- Poverty
- Physical activity - all ages
- HANDS QA and Training
- Home Health skilled nursing and aide services.
- Adult & Children Immunizations
- Multi-Generational Care: Maternal Child & Elder Care
- Oral Health/Dental Problems (gum disease, tooth decay, tooth loss, etc.)
- Abuse/Neglect
- Preventive Care/Screenings
- Access to care (Medicaid recipients' access to specialty care, mental health and SUD services)
Healthier People, Healthier Communities. 
Our mission is to improve the health and safety of people in Kentucky through prevention, promotion and protection.

Public Health Transformation

- Strategic Plan
- State Health Assessment (SHA)
- State Health Improvement Plan (SHIP)
- Communications Plan
- Workforce Development Plan
- Health Equity Plan
- Quality Improvement/Performance Management Plan
PUBLIC HEALTH TRANSFORMATION
OPERATIONAL STRUCTURE

ORGANIZATIONAL STRUCTURE
SUB-COMMITTEE

• Board of Health
• Chronic Disease
• Communicable Disease
• Chronic Disease
• Emergency Preparedness
• Environmental Health
• HANDS
• WIC

PLAN REVIEW TEAM

• Strategic Plan
• Communications Plan
• SHA/SHIP
• Workforce Development Plan
• QI/ Performance Management Plan
• Health Equity Plan

PHT LEGISLATIVE &
REGULATORY REVIEW TEAM

• PHT Regulation Implementation
• Public Health Law Overhaul
• Statutory Review
• Administrative Regulations Review
• Clinical Services Guide Review

DATA MANAGEMENT TEAM

• Public Health 3.0: Data driven decision-making
• Lessons learned from COVID-19
• EHR and other data management systems

BUDGET SUB-COMMITTEE
PHT Progress

**Process to Culture**

**2019**
- PHT introduced to LHDs (PHT Advisory Committee)
- PHT bill is written, Rep Moser sponsors
- KDPH leadership turnover

**2020**
- KDPH leadership turnover
- Covid 19 strikes Kentucky
- PHT legislation passes with bipartisan support (no funding)
- PHT Re-launch, PHT Lead (part-time)

**2021**
- PHT work groups formed, work plans written
- Strategic Plan review and revision
- PHT Director named (full-time)
- Grants Management Branch in AFM
- Green Box workgroup
- OPIA Branch in PQI

**2022**
- Strategic Plan rollout, performance management process, strategic champions named
- PHAB Accreditation
- PHT funding legislation passes
- PHT Steering Committee formed
- WFD grant support multiple PHT efforts, including AHLs, LNA resources for LHDs
- LHD & DPH Classification Review, salary adjustments

**2023**
- Operationalizing PHT continues, including programmatic review
- Public Health Infrastructure grant supports multiple PHT efforts, including KHDA support to build training, HR, legal, finance resource infrastructure
- LHD compliance with PHT law re: LNA
- SHIP review and revision
- PHT Progress Report
STRATEGIC PRIORITIES

- People
- Quality
- Efficiency and Effectiveness
- Building Public Health Capacity
- Health Equity
- Communications
# Strategic Champions and Accountability Partners

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<thead>
<tr>
<th>Strategic Priority</th>
<th>Strategic Champion</th>
<th>Accountability Partner</th>
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<tr>
<td>Health Equity</td>
<td>Danielle King</td>
<td>Johan Malcolm</td>
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<tr>
<td>People</td>
<td>Becky Gillis</td>
<td>Nate Wilson</td>
</tr>
<tr>
<td>Quality</td>
<td>Elizabeth Goode</td>
<td>Curtis Flynn</td>
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<tr>
<td>Efficiency and Effectiveness</td>
<td>Amanda “Mandy” Fannin</td>
<td>David Vick</td>
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<tr>
<td>Building Public Health Capacity</td>
<td>Andrew Yunt</td>
<td>Misty Hayes-Winton</td>
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<tr>
<td>Communications</td>
<td>Kyra Dailey</td>
<td>Taban Herrington</td>
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</table>
Thank you!

Jan Chamness, MPH
Public Health Transformation Director
Jan.Chamness@ky.gov
Break and Beverage Refresh
State Health Assessment

Social Determinants of Health

- Education Access and Quality
- Health Care Access and Quality
- Economic Stability
- Neighborhood and Built Environment
- Social and Community Context

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

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Kentucky Department for Public Health

- Health Insurance
- Cancer Mortality
- Alcohol Consumption
- High School Graduation
- Lung Cancer Screening
- Severe Housing Problems

- Diabetes
- Fair/Poor Health
- Poor Mental Health Days
- Smoking Rate
- Neonatal Abstinence Syndrome
- Children in Poverty
Thank you!
Connie White, MD, MS, FACOG, KDPH
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2023 State Health Assessment Data Report
Cancer

Connie White, MD, MS, FACOG
KDPH Deputy Commissioner for Clinical Affairs

9-27-23
Kentucky Cancer Registry

Cancer Incidence Rates in Kentucky
All Sites, 2011 - 2020
By County
Age-Adjusted to the 2000 U.S. Standard Million Population

Kentucky Rate: 559.2 / per 100,000

- 414.8 - 536.6
- 540.3 - 564.6
- 564.9 - 583.6
- 585.3 - 690.6

Kentucky Cancer Registry

Cancer Mortality Rates in Kentucky
All Sites, 2011 - 2020
By County
Age-Adjusted to the 2000 U.S. Standard Million Population

Kentucky Rate: 188.3 / per 100,000

- 154.3 - 182.2
- 182.4 - 200.4
- 200.5 - 218.2
- 220.3 - 258.4

## Lung Cancer in Kentucky

<table>
<thead>
<tr>
<th>Year</th>
<th>Incidence/rate</th>
<th>Deaths/rate</th>
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<tbody>
<tr>
<td>2011</td>
<td>4,760 (95.7)</td>
<td>3,353 (68.4)</td>
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<td>2012</td>
<td>4,823 (94.5)</td>
<td>3,453 (68.3)</td>
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<td>2013</td>
<td>4,945 (95.5)</td>
<td>3,546 (69.3)</td>
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<tr>
<td>2014</td>
<td>4,989 (93.8)</td>
<td>3,513 (66.8)</td>
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<tr>
<td>2015</td>
<td>4,965 (91.8)</td>
<td>3,443 (64.0)</td>
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<tr>
<td>2016</td>
<td>4,849 (88.5)</td>
<td>3,290 (60.5)</td>
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<td>2017</td>
<td>5,036 (88.9)</td>
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<td>2018</td>
<td>4,897 (84.4)</td>
<td>3,056 (53.3)</td>
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<tr>
<td>2019</td>
<td>5,066 (85.7)</td>
<td>3,007 (51.7)</td>
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<tr>
<td>2020</td>
<td>4,585 (76.0)</td>
<td>2,926 (49.0)</td>
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<td>53,839 (902)</td>
<td>36,246 (61.4)</td>
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# Colorectal Cancer in Kentucky

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<td>1,189 (44.2)</td>
<td>416 (15.2)</td>
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<td>2012</td>
<td>1,263 (46.5)</td>
<td>378 (13.3)</td>
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<tr>
<td>2013</td>
<td>1,253 (45.6)</td>
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<td>2014</td>
<td>1,244 (44.5)</td>
<td>387 (13.5)</td>
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<tr>
<td>2015</td>
<td>1,301 (46.5)</td>
<td>395 (13.6)</td>
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<tr>
<td>2016</td>
<td>1,233 (43.0)</td>
<td>428 (14.6)</td>
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<td>2017</td>
<td>1,203 (41.5)</td>
<td>404 (13.4)</td>
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<td>2018</td>
<td>1,266 (43.6)</td>
<td>427 (13.9)</td>
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<td>2019</td>
<td>1,226 (42.0)</td>
<td>407 (13.0)</td>
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<td>2020</td>
<td>1,078 (36.2)</td>
<td>393 (12.4)</td>
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<td><strong>12,256 (43.2)</strong></td>
<td><strong>4,033 (13.7)</strong></td>
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## Cervical Cancer in Kentucky

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<tr>
<td>2011</td>
<td>185 (8.1)</td>
<td>88 (3.5)</td>
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<td>2012</td>
<td>211 (9.3)</td>
<td>67 (2.5)</td>
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<tr>
<td>2013</td>
<td>179 (7.9)</td>
<td>73 (3.0)</td>
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<td>2014</td>
<td>214 (9.3)</td>
<td>57 (2.4)</td>
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<td>2015</td>
<td>213 (9.4)</td>
<td>70 (2.8)</td>
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<tr>
<td>2016</td>
<td>232 (10.4)</td>
<td>67 (2.6)</td>
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<td>2017</td>
<td>249 (11.0)</td>
<td>65 (2.6)</td>
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<tr>
<td>2018</td>
<td>212 (9.0)</td>
<td>71 (2.7)</td>
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<tr>
<td>2019</td>
<td>211 (9.3)</td>
<td>72 (2.9)</td>
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<tr>
<td>2020</td>
<td>204 (8.7)</td>
<td>67 (2.5)</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,315 (9.2)</strong></td>
<td><strong>760 (2.7)</strong></td>
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[Cancer-rates.com/ky/](https://www.cancer-rates.com/ky/)
## Breast Cancer in Kentucky

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<tr>
<td>2011</td>
<td>3,866 (146.4)</td>
<td>605 (22.2)</td>
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<td>2012</td>
<td>4,013 (150.5)</td>
<td>642 (23.1)</td>
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<td>2013</td>
<td>4,078 (151.2)</td>
<td>582 (20.9)</td>
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<td>2014</td>
<td>4,292 (157.5)</td>
<td>577 (20.7)</td>
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<td>4,260 (154.3)</td>
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<td>2016</td>
<td>4,179 (151.2)</td>
<td>612 (21.3)</td>
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<td>2017</td>
<td>4,303 (152.5)</td>
<td>625 (21.1)</td>
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<td>2018</td>
<td>4,476 (156.1)</td>
<td>591 (19.8)</td>
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<td>2019</td>
<td>4,599 (160.3)</td>
<td>644 (21.7)</td>
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<tr>
<td>2020</td>
<td>4,101 (143.6)</td>
<td>676 (22.4)</td>
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<td><strong>TOTAL</strong></td>
<td><strong>45,930 (151.8)</strong></td>
<td><strong>6,729 (21.4)</strong></td>
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</table>
Cancer Risk Factors

• Obesity
• Tobacco & alcohol
• Family history
• Environmental exposures
• HPV, HCV
Cancer in Kentucky

- Take-Home Points
  - Kentucky has highest rate in US for all cancers
  - There are preventable /late stage cancers
    - Lung
    - Colorectal
    - Cervical
    - Breast

- Prevention measures:
  - Interventions for lung and CRC are demonstrating improvement
  - Interventions for breast and cervical need more improvement earlier in disease process
Thank you!
Connie White, MD, MS, FACOG, KDPH

Connie.White@ky.gov
2023 State Health Assessment Data Report
Tobacco and State Physical Activity and Nutrition (SPAN) Program

Elizabeth Anderson-Hoagland, MPH
KDPH Health Promotion Section Supervisor

9-27-23
Chronic Disease Disparities

- Socio-economic status
- Educational attainment
- Minority populations
- Environment
Health Consequences of Tobacco Use

- 12 types of cancer
- Cardiovascular disease
- Chronic obstructive pulmonary disease
- Adverse reproductive health outcomes
Kentucky fourth in nation for adult smoking

- 40% of cigarettes consumed by someone with a mental and behavioral health condition.
- Use highest among those with less education, lower income.
- E-cigarette/vaping use more common in those under 25.
Health Consequences of Obesity

- Increased risk of cancer
- Reduced cardiovascular health
- Endocrine and hormone dysregulation
- Reduced quality of life
Kentucky second in nation for obesity

- Obesity highest among those with low educational attainment and low socioeconomic status.
Benefits of Physical Activity

- Reduce risk of cancer
- Improved cardiovascular health
- Mental health and wellness
- Better quality of life
Prevalence of Physical Activity

- Physical activity lower among low socioeconomic status, low educational attainment.
- Lack of physical infrastructure for leisure time physical activity, especially barriers for those with physical disabilities.
Benefits of Healthful Nutrition

- Reduce risk of cancer
- Improved cardiovascular health
- Digestive health
- Eye health
Prevalence of Fruit and Vegetable Consumption

- Ate fruit less than one time per day:
  - KY: 45%
  - U.S.: 41%

- Ate vegetables less than one time per day:
  - KY: 19.8%
  - U.S.: 19.8%
Downstream Health Impacts

- 13.8% type 2 diabetes
- 9.1% cardiovascular disease
- 10.9% COPD
- 22.6% poor or fair health
Thank you!

Elizabeth Anderson-Hoagland, MPH, KDPH

ElizabethA.Hoagland@ky.gov
Opioid Related Deaths Year-Over-Year (YOY)

- Increased during the pandemic
- 7.8% decrease in 2022
- Area Development District’s with the highest mortality rates include:
  - Northern Kentucky
  - KIPDA
  - FIVCO

2023 KDPH State Health Assessment
Current Overdose Landscape

Figure 1: Age-Adjusted Rates of Drug Overdose Deaths by Kentucky County of Residence, 2022

Red line denotes Appalachian counties

Number of deaths per 100,000 residents
- None
- Suppressed
- Under 20
- 20 to 39.9
- 40 to 59.9
- 60 or higher

Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. May 2023.
Opioid Related Deaths

remain at a substantially higher rate
• Currently 4th in the US

account for 77.7% of total drug overdose deaths in 2022

highest risk:
• Gender: Male
• Race: Black
• Age Ranges: 35-49, 25-34, and 50-64

[Bar chart showing opioid-induced deaths by age in Kentucky, 2021]

2023 KDPH State Health Assessment
Kentucky Resident Drug Overdose Deaths by Race, 2020–2022

<table>
<thead>
<tr>
<th>Race</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2021-2022 % change</th>
<th>2020-2022 % change</th>
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<tr>
<td>White</td>
<td>1,773</td>
<td>2,005</td>
<td>1,847</td>
<td>-7.88%</td>
<td>+4.17</td>
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<tr>
<td>Black</td>
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<td>233</td>
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<td>19</td>
<td>36</td>
<td>+89.47</td>
<td>+80.00</td>
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</table>
Harm reduction focuses on reducing negative consequences rather than stopping the behavior entirely.
Harm Reduction in Practice

- Syringe Access
- Overdose Prevention
- Safer Drug Use
- Drug Testing Strips
- Medication for Opioid Use Disorder
- Housing First Models
- Overdose Prevention Sites
Syringe Services Program (SSP) History in Kentucky

In 2015, Kentucky Senate Bill 192 granted approval for Local Health Departments (LHD) to operate substance abuse treatment outreach programs which allows participants to exchange hypodermic needles and syringes.

Items exchanged at the programs shall not be deemed drug paraphernalia while located at the program.
Syringe Services Programs (SSP) Steps of Approval

1. Local Board of Health
2. City Officials
3. County Officials
SSPs in Kentucky
Unique LHD Interventions

Lake Cumberland District Health Department

• Telemedicine in an SSP
  » Offers a safe and convenient option for better health outcomes for some of the most vulnerable Kentuckians
  » Expands access to screenings such as: Substance Use Disorder (SUD), PrEP education, and prescribing, vaccinations, and family planning.

Estill County Health Department

• Mobile SSP
  » City of Irvine revoked approval to operate SSP within city limits in Fall 2021
  » Secured permission outside of city limits with partnering agencies
  » Secured funding to lease a mobile unit
  » Operational in April 2023
Introducing ......

Located at:
The Lee County Health Department Annex
45 Center Street
Beattyville, KY
606-216-6483

- Recovery Coaching
- Offender Corrections Education
- Emergency Food & Clothing
- Transportation
- Help for Family & Friends
- CR, AA, NA, Relapse Prevention
- SMART Recovery
- Parenting Classes
- Overdose Response

- Casey's Law Advocacy
- Substance Use Treatment
- Sober Living/Transitional Housing
- Employment Readiness
- Leave Behind Program
- New Beginnings Program
- Food Commodities (60+)
- Telehealth- physical & behavioral
- Anger Management

One Stop Resource Center for anybody in Addiction and Recovery!
Come See Us!
Naloxone and Fentanyl Test Strip (FTS) Distribution

LHDs:
• Since 1/15/2020: 1,236 Requests
  » 125,458 2-dose naloxone kits

Law Enforcement Agencies:
• Since 1/7/2020: 362 Requests
  » 14,113 2-dose naloxone kits

First Responders:
• Since 12/7/2020: 711 Requests
  » 29,650 2-dose naloxone kits

Through HB 353, FTS was officially decriminalized as drug paraphernalia in Kentucky effective June 29, 2023

Local Health Departments:
• 140 Requests:
  » 4,131 Boxes (100 strips per box)
Current Infrastructure

Data Collection:
- KDPH REDCap SSP Survey
  » Clients are assigned a unique client ID #
  » Required to be completed at each visit

LHD Harm Reduction Needs Assessment:
- Completed in Spring 2022
  » 89% response rate

Meetings:
- Bi-monthly basis between KDPH and LHD Harm Reduction Staff

Trainings and Resources:
- Annual Harm Reduction Summit
- Bi-monthly training opportunities
- Published printed and digital educational materials
- Published Internal and External Reports
Annual Harm Reduction Program Funding

- **Governor’s Office – Naloxone Storage Boxes**
  - $1,000,000

- **Kentucky Opioid Response Effort (KORE) Contract for LHD Harm Reduction Expansion Efforts and Distribution of Fentanyl Test Strips (FTS)**
  - $1,152,000

- **KDPH Commissioner’s Bridge Grant to previous OD2A grant recipients**
  - $1,105,000

- **First Responders – Comprehensive Addiction and Recovery Act (FR-CARA) Grant**
  - $800,000

- **KY Office of Drug Control Policy (ODCP) Contract for LHD Harm Reduction Expansion Efforts**
  - $150,000

- **Office of Health Equity (OHE) funding for LHD Harm Reduction Supplies**
  - $500,000

- **Kentucky Injury Prevention and Research Center (KIPRC) Overdose Data to Action (OD2A)**
  - $150,000
Thank you!

Chase Barnes, MPH
Chase.Barnes@ky.gov
502-229-5870

https://www.chfs.ky.gov/agencies/dph/Pages/harmreduction.aspx
Highlights from Public Health System Partners

9-27-23
Highlights from Public Health System Partners Foundation for a Healthy Kentucky (FHK)

Allison Adams, RN, MPA, Chief Operating Officer at FHK

9-27-23
# Highlights from the Foundation for a Healthy Kentucky

## Access to Data

Foundation staff continue to lead a workgroup of interested stakeholders to build support for establishing an All-Payer Claims Database in Kentucky.

Thanks to on-going discussions with key legislators, experts were invited to provide information on APCDs at two interim committee meetings this summer.

## COVID-19 Vaccine Campaigns

Results from our **$1M campaign to improve vaccine rates** include:

- More than **23,000** people visited our webpage with vaccine information, clicked on the button to find a vaccine location, then visited a location within 14 days.
- Materials were made available in English, Spanish, and Swahili.
- There were **104,235,880** impressions of the campaigns.

## Children’s Health

The Foundation is the backbone organization of the Kentucky Coalition for Healthy Children.

Coalition recognizes the school setting strongly impacts behavior and plays a critical role in the development and support of children as they grow and learn.

## Leveraging External $$$

The Foundation is developing a strategy to **leverage our ability to handle reimbursement-based grants**. Our organization will front the funds and provide technical assistance to smaller organizations that don’t have the capacity to handle larger grants on their own.

The first program using this method is thanks to grants from the Kentucky Opioid Response Effort and Office of Health Equity.
Thank you!
Allison Adams, RN, MPA
Aadams@healthy-ky.org
Highlights from Public Health System Partners
Kentucky Voices for Health (KVH)

Emily Beauregard, MPH, Executive Director at KVH

9-27-23
DATA is important, and evidence-based policy requires it. Data has to be humanized for most people to connect with it.

Storytelling creates the emotional connections that mobilize people.

It shows the interconnectedness and impact of different issues, which can help build coalitions.

When people tell their story, they raise their voice on decisions that affect them. They are the experts on their own story.

Storytelling educates people about the impact of policy or the effect of not having policy, and what’s needed to help people.

It demonstrates accessible information in a way that people can readily understand and internalize.
Finding Storytellers

Finding and connecting with people is something many of us do naturally in our work. Any of those folks can be a lead for a story.

- All storytellers are experts in their story, but some are also experts in a field providing information.
- Listening to, and collecting stories from, storytellers is something that any organization can begin to do.
- Empower, don’t exploit, your trusted storytellers, and help lift their voices
- The project aligns with our policy goals and grant deliverables.
How We Do It: The Brass Tacks

Connect with storyteller
• Cultivate a relationship with that person (phone calls, emails, texts)
• Review the policy priorities and deliverables for our grants

Schedule a time and place for interview
• Convenient and comfortable for them
• Quiet, uninterrupted
• Obtain outside authorizations and permissions, if needed

Record interview
• Make sure to get that consent form signed!
• Preview questions
• Get several introductions (beginning, end)
• Have the person spell their name
• Maintain eye contact, as conversational as possible
• We do give our participants a gift card, to acknowledge their time and effort.

Editing
• I start with transcripts, and storyboard from those (again, with an eye toward policy and deliverables for grants)
• Sean fine-tunes from there
• We show drafts to the entire team for feedback

Approvals
• Our ED, Emily Beauregard
• The storyteller themselves

Sharing
• The storyteller is informed about sharing.
• Depends on our needs, but this may include:
  o Sharing on our social media accounts
  o Sharing via blog or op/ed
  o Sharing with legislators through testimony
I storyboard from the transcript, giving Sean the snips to compile the story.

You can storyboard in ANY WAY that makes sense to you. (I just like words.)

He puts these video clips together with any onscreen text we need to establish context for the person’s story.

We shoot for 2:20 or less in a script, because that is what the social media platforms we use limit for a video to auto-share.

We caption videos in English and Spanish, routinely.

---

In Kentucky, 189,000 adults suffer from Severe Mental Illness. Of the 4,011 homeless individuals in Kentucky, 1 in 6 suffer from Severe Mental Illness. (NAMI Kentucky State Fact Sheet, 2021).

Legislation passed in the 2022 General Assembly directed the Cabinet for Health & Family Services to seek requested a waiver to provide support for Kentuckians with mental illness. It is important that these individuals are provided with healthcare, supported housing, and supported employment.

Speaker 1: (04:26)
I’m Christina Libby, I’m the health outreach navigator with the homeless and housing coalition of Kentucky. And I’m also a certified community health worker and a connector. 4:35 (9)

Speaker 1: (16:50)
The homeless and housing coalition of Kentucky is a coalition of statewide partners, um, who come together to try and eliminate the threat of homelessness, um, and also make the promise of affordable housing, a reality for Kentuckians across the state. 17:03 (13)

Speaker 1: (17:59)
I love my job as the health outreach navigator because 18:02

Speaker 1: (18:04)
I do direct service with our clients. I am a connector and a community health worker. I sign people up for Medicaid. I do my best to get them connected, to snap the supplemental nutrition assistance program. 18:14

Speaker 1: (18:17)
I try and get people connected to any direct services that they need to make sure that their basic needs are met. 18:23
Ethical Considerations for Story banking

There are ethical issues to consider throughout the process:

- Is my organization cultivating a relationship with this person?
- Could this reinforce negative stereotypes?
- Are we showing our storyteller at their best?
- Are we fully representing the populations we serve in our work?
  - We track demographics to keep an eye on this because it can be easy to lose track of.
Ethical Considerations for Storybanking

- Are we taking advantage of our storyteller?
  - Example: We don’t do interviews in active disaster sites because we have real concerns about taking advantage of storytellers’ emotional distress
- Is the storyteller **enthusiastically** on board with sharing the story publicly in all the formats in which you are planning to share?
Thank you
Thank you!

Emily Beauregard, MPH

emily.beauregard@kyvoicesforhealth.org
Highlights from Public Health System Partners
Kentucky Cancer Consortium (KCC)

Elaine C. Russell, MS, RD, LD, Program Director at KCC

9-27-23
Cancer Continuum

Risk Reduction
• Tobacco
• Nutrition
• Physical Activity
• HPV
• Radon

Screening and Early Detection
• Breast
• Cervical
• Colon
• Lung

Survivorship
• Diagnosis
• Treatment
• Survivorship Care
• End of Life

Quality of Life

Physical

Social

Spiritual

Psychological

Quality of Life
## 2023 Kentucky Legislative Session

<table>
<thead>
<tr>
<th>Passed:</th>
<th>Did not pass:</th>
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<tr>
<td>• Biomarker Testing</td>
<td>• All-Payer Claims Database (APCD), SB38</td>
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<tr>
<td><strong>HB180</strong></td>
<td>• Healthy Farm and Food Innovation Fund and Board HB384</td>
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<td>• Fertility Preservation</td>
<td>• Radon Testing and Mitigation Appropriation HB 306</td>
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<td><strong>HB170</strong></td>
<td>• Youth Access to Tobacco/Nicotine Products:</td>
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<td>• Medical Cannabis Program</td>
<td>• <strong>HB 310</strong> to penalize clerks for underage tobacco/nicotine product sales &amp; <strong>HB 370</strong> to penalize youth for purchase, use of possession of tobacco/nicotine products</td>
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<td><strong>SB 47</strong></td>
<td>• Access to Cancer Coverage <strong>HB 495</strong></td>
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<td>• Addressing the Benefits Cliff for Kentuckians</td>
<td>• Paid Sick Leave <strong>HB 69</strong></td>
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<td><strong>HJR39</strong></td>
<td>• Prior Authorization Waiver <strong>HB134</strong></td>
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<td>• Study Area Deprivation Scores for Medicaid</td>
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<td>Reimbursement <strong>SJR54</strong></td>
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<td>• Parental Consent and Other Restrictive</td>
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<tr>
<td>Parameters to Continuing Youth Surveys (i.e.,</td>
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<tr>
<td>YRBS, Monitoring the Future) <strong>SB150</strong></td>
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The Kentucky Cancer Consortium Lung Cancer Network: A Collaboration Success Story

**2013**
- Reviewed data
- Momentum from colon cancer screening success
- Approved national guidelines for lung cancer screening
- Passionate leaders in lung cancer = KCC Lung Cancer Network Launch

**2014**
- Added lung cancer screening (through reduction in late-stage diagnosis) to Kentucky Cancer Action Plan.
- Bristol Myers Squibb Foundation Awarded the KY LEADS Collaborative - provider education, survivorship, and quality implementation of lung cancer screening.

**2015**
- The KCC Lung Cancer Network designated as the Community Advisory Board for the KY LEADS Collaborative quality implementation of lung cancer screening component.

**2022**
- Kentucky General Assembly passed legislation to establish a lung cancer screening program. Continued and expanded efforts also through:
  - KY Cancer Consortium
  - KY LEADS Collaborative
  - KY Health Collaborative

**Impact, Legislation and Expansion**
COMMUNITY PRIORITIZATION OF NEEDS & STRATEGIES

Stakeholder organizations and community members sorted and rated the key CNA findings into six identified themes. Two themes reflected needs. The needs they rated and discussed as most important are listed in blue box.

Top Needs

Social:
Risk:
Screening:
Persistent poverty • Racial, Rural and Appalachian disparities
Smoking • Obesity • HPV • Environmental exposures
Lung cancer

Four themes reflected strategies to address the needs. Ordering of strategies follows perceived importance ratings. Items in BOLD rated as potentially easy to address.

EQUITABLE ACCESSIBILITY

1. Clear communication between healthcare providers and patients
2. Access to needed doctors and specialists
3. Communication across multiple doctors about a patient’s care
4. Insurance coverage of pre-existing conditions
5. Out-of-pocket costs for cancer care
6. Established relationship and trust with a healthcare provider
7. Bringing cancer screening to local communities
8. General trust or confidence in healthcare

OUTREACH, EDUCATION & INTEGRATIVE SUPPORT

1. Financial support for cancer treatment
2. Advocates or navigators to guide patients through cancer treatment
3. Information on how to use insurance benefits
4. Information on ways to reduce risks of getting cancer
5. Mental health, spiritual support, and other assistance programs for cancer patients/caregivers
6. Information on who should get cancer screening and when

PROACTIVE BEHAVIORS FOR IMPROVED HEALTH

1. Smoke-free policies for second-hand smoke exposure
2. Access to places to be active or exercise (ex. parks, sidewalks, gyms)
3. Health habits formed as children
4. Building skills for healthy behaviors (ex. physical activity, sleep, healthy eating)

CONCERNS, BELIEFS & STIGMAS

1. Reduce pollution in water, air, or soil that can cause cancer
2. Reduce stigma around mental health
3. Include additional priority health issues
4. Address belief that changing behavior won’t make a difference
5. Reduce fear or avoiding cancer screenings
6. Cultural beliefs about seeking healthcare

Further details on the concept mapping process used to develop these themes will be available in a supplementary report.
Thank You!

Elaine Russell MS, RD, LD
Director
Kentucky Cancer Consortium
Elaine.Russell@uky.edu

Sign up for our Wednesday’s Word Newsletter
Thank you!

Elaine C. Russell, MS, RD, LD

Elaine.Russell@uky.edu
Highlights from Public Health System Partners
Kentucky Department for Public Health (KDPH)
COVID-19

Doug Thoroughman, Ph.D., MS, CAPT, USPHS, CDC Career Epidemiology Field Officer

9-27-23
Kentucky COVID-19 New Cases Reported by Week (n = 1,795,521)

Cases reported more than 30 days after occurrence are included in cumulative totals only.
# COVID-19 Kentucky Deaths by Week (n = 19,145)

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<th>Date of Death</th>
<th>Number of Deaths</th>
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*Last Updated September 17, 2023*
COVID-19 Cases vs. Deaths Year-over-Year

COVID-19 counts increased each year
Deaths peaked in 2021 – Delta Surge!

*2022 Data is preliminary and is subject to change

Kentucky Department for Public Health
COVID Effects by Gender

Females identified as cases more than males
Mortality close to equal between genders
COVID Effects by Age

Case incidence highest in middle age

Age is the greatest risk factor for COVID-19 mortality
Distribution of Age by KY Population, COVID-19 Cases, and COVID-19 Deaths

- **0-19 years old**
  - KY Population: 0.1%
  - KY COVID-19 Cases: 25.2%
  - KY COVID-19 Deaths: 21.5%

- **20-39 years old**
  - KY Population: 1.7%
  - KY COVID-19 Cases: 12.4%
  - KY COVID-19 Deaths: 31.3%

- **40-49 years old**
  - KY Population: 3.6%
  - KY COVID-19 Cases: 13.4%
  - KY COVID-19 Deaths: 13.9%

- **50-59 years old**
  - KY Population: 9.4%
  - KY COVID-19 Cases: 13.4%
  - KY COVID-19 Deaths: 13.1%

- **60-69 years old**
  - KY Population: 10.2%
  - KY COVID-19 Cases: 12.0%
  - KY COVID-19 Deaths: 19.5%

- **70-79 years old**
  - KY Population: 7.2%
  - KY COVID-19 Cases: 6.4%
  - KY COVID-19 Deaths: 27.4%

- **80+ years old**
  - KY Population: 3.7%
  - KY COVID-19 Cases: 3.6%
  - KY COVID-19 Deaths: 38.3%

Updated September 20, 2023
Overall COVID-19 Effects by Race/Ethnicity

- Hispanics had highest case rates followed by people of 2 or more races
- Blacks lower than Whites on both case incidence and mortality
- Mortality highest in Whites and “White not Hispanic” populations
However, Black Kentuckians at higher risk by age group
Both case and mortality rates higher in South Eastern and Eastern Kentucky
Vaccine Initiation/Pediatric Deaths for Different Diseases

<table>
<thead>
<tr>
<th>Vaccine preventable diseases: <strong>Deaths</strong> per year in the United States prior to recommended vaccines compared to COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis A</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Average deaths per year</td>
</tr>
</tbody>
</table>

<sup>6</sup>http://wonder.cdc.gov/mcd-lcd10-provisional.html on Aug 1, 2023: COVID vaccine first introduced in 12-17 years in May 2021; in 5-11 years in November 2021 and in 6 months – 4
### Kentucky COVID-19 Vaccination Summary, 8/14/2023

**Vaccination rates decrease by age group**
- Both for any COVID dose
- Bivalent vaccination

**Bivalent vaccination < 45% in highest risk group (those ≥75)**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Unique Kentuckians Vaccinated</th>
<th>Bivalent Vaccinations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number (Percent of Population)</td>
<td>Number (Percent of Population)</td>
</tr>
<tr>
<td>0-4</td>
<td>15,082 (5.5%)</td>
<td>2,848 (0.9%)</td>
</tr>
<tr>
<td>5-11</td>
<td>98,852 (25.4%)</td>
<td>8,511 (2.2%)</td>
</tr>
<tr>
<td>12-15</td>
<td>114,865 (50.3%)</td>
<td>8,655 (3.8%)</td>
</tr>
<tr>
<td>16-17</td>
<td>61,059 (54.1%)</td>
<td>4,334 (3.8%)</td>
</tr>
<tr>
<td>18-24</td>
<td>247,962 (59.9%)</td>
<td>15,638 (3.8%)</td>
</tr>
<tr>
<td>25-39</td>
<td>572,452 (66.0%)</td>
<td>54,542 (6.3%)</td>
</tr>
<tr>
<td>40-49</td>
<td>408,218 (74.1%)</td>
<td>49,516 (9.0%)</td>
</tr>
<tr>
<td>50-64</td>
<td>732,390 (83.1%)</td>
<td>142,281 (16.1%)</td>
</tr>
<tr>
<td>65-74</td>
<td>441,965 (98.7%)</td>
<td>164,009 (36.6%)</td>
</tr>
<tr>
<td>75+</td>
<td>286,010 (94.5%)</td>
<td>123,770 (40.9%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>25,290 (n/a)</td>
<td>24,542 (n/a)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,004,145 (67.2%)</strong></td>
<td><strong>598,282 (13.4%)</strong></td>
</tr>
</tbody>
</table>
Pediatric Deaths COVID vs. Flu, by Year

COVID-19 and Influenza-associated deaths in persons ages ≤19 years (by underlying cause of death), by age group and year – National Vital Statistics System

Data from: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2021, and from provisional data for years 2022-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Number of deaths includes influenza codes (J09-J11) or COVID-19 code (U07.1) as the underlying cause of death. Accessed at [http://wonder.cdc.gov/mcd-icd10-provisional.html](http://wonder.cdc.gov/mcd-icd10-provisional.html) on Aug 25, 2023 4:53:59 PM
COVID-19 Age-standardized case rates by vaccination status, 10/1/22-08/31/23

- Unvaccinated: 8,383 cases per 100,000 population
- Primary series and/or monovalent booster: 3,519 cases per 100,000 population
- Bivalent: 2,448 cases per 100,000 population

3.4x lower risk
COVID-19 Age-standardized mortality rates by vaccination status, 10/1/22-08/31/23

- Unvaccinated: 91.4
- Primary series and/or monovalent booster: 41.4
- Bivalent: 17.7

5.2x lower risk
Age and vaccination status of COVID-19 deaths, 07/01/2021 – 08/31/2023

84% of deaths < 60 years old were unvaccinated

56% of deaths 60 and older were unvaccinated
Thank you!

Doug Thoroughman, Ph.D., MS, CAPT, USPHS

douglas.thoroughman@ky.gov
Networking Lunch
Reactions to the State Health Assessment Data Report

Small Group Discussion

9-27-23
Defining Our Public Health Priorities

Elizabeth Goode, MPH
KDPH Director for Division of Prevention and Quality Improvement (PQI)

9-27-23
Where do you fit in the Public Health System?
SMARTIE is an acronym that helps define goals for better outcomes to address disparities and support belonging.
Prioritize Kentucky Health Issues

What would lead to improvement in health conditions for Kentucky?

Will this impact more than one health condition?
Prioritize Guide

- Control
- Influence
- Neither Control nor Influence
Thank you!
Elizabeth Goode, MPH, KDPH
Elizabeth.Goode@ky.gov
Break

9-27-23
2023-2028: Priorities and Community Engagement

Connie White, MD, MS, FACOG, KDPH Deputy Commissioner for Clinical Affairs

9-27-23
Steps in the SHIP

Prioritize

Develop goals, objectives and activities

Alignment

Implement

Monitor
Sept.23: Statewide SHIP Kick-Off Meeting 9-27-23
Oct.23: Engage LHDs in SHIP 10-17-23
Nov.23: Compile and analyze data. Add partners
Dec.23: Convene SHIP Sub-Committees
Jan.24: Sub-Committees develop goals
Feb.24: Sub-Committees Meeting define Objectives
Mar.24: Formalize SHIP Goals, Objectives and Activities
Next Steps for Public Health Partners

❖ **Join a workgroup** based on broad priorities from today

❖ **Participate in virtual workgroup meetings** from October – February
  • Refine goal, develop objectives and identify activities

❖ **Merge workgroup recommendations** into single State Health Improvement Plan

❖ **Implement** strategies

❖ **Monitor** progress - Plan, Do, Study, Act!

❖ Reconvene as needed
Develop Goals and Strategies
Sign-up to participate in priority workgroups. Evaluation of today’s meeting coming via email!
Closing Remarks

Steven Stack, MD, MBA
KDPH Commissioner

9-27-23
Thank you!

Steven Stack, MD, MBA, KDPH

Steven.Stack@ky.gov
Thank you!

Adjourn