

Health Equity Dashboard – Key Performance Metrics Rationale

Contents

Health Equity Dashboard – Key Performance Metrics Rationale	1
PRIORITY AREA: Access to Healthcare & Social Services	4
Increase access to nutritious food in Kentucky	6
PRIORITY AREA: Access to Healthcare & Social Services	5
Increase the Community Health Worker (CHW) workforce in Kentucky.....	5
PRIORITY AREA: Access to Healthcare & Social Services	4
Increase the proportion of people with health insurance in Kentucky	4
PRIORITY AREA: Adverse Childhood Experiences (ACEs).....	7
Decrease the percent of children living in poverty in Kentucky	7
PRIORITY AREA: Adverse Childhood Experiences (ACEs).....	8
Increase HANDS program enrollment among pregnant women in Kentucky	8
PRIORITY AREA: Adverse Childhood Experiences (ACEs).....	9
Decrease the rate of child maltreatment in Kentucky.....	9
PRIORITY AREA: Substance Use Disorders (SUDs)	10
Increase access to recovery housing in Kentucky	10
PRIORITY AREA: Substance Use Disorders (SUDs)	11
Increase the proportion of patients diagnosed with OUD receiving MOUD in Kentucky	11
PRIORITY AREA: Substance Use Disorders (SUDs)	12
Increase the proportion of patients diagnosed with OUD receiving MOUD for at least six months in Kentucky.....	12
PRIORITY AREA: Substance Use Disorders (SUDs)	13
Increase access to providers with the ability to prescribe MOUD in Kentucky	13
PRIORITY AREA: Substance Use Disorders (SUDs)	14
Decrease drug overdose deaths in Kentucky.....	14



Background

Key Performance Metrics (KPMs) for the Kentucky Health Equity Dashboard (“the dashboard”) were developed by convening public health subject matter experts across the Kentucky Department for Public Health (KDPH) to identify specific priorities to advance the Commonwealth’s health equity strategy. Evaluating a wide range of information related to program experience and numerous data sources, the KDPH Office of Health Equity (OHE) worked with these experts to consider existing gaps and opportunity areas and selected three key priority areas:

PRIORITY AREAS		
Access to Health Care and Social Services	Adverse Childhood Experiences	Substance Use Disorders

Access to Health Care & Social Services

Access to healthcare services is an essential factor in the health of individuals and communities. In Kentucky and across the U.S., individuals in certain racial groups and geographic areas have historically had less access to healthcare services, including but not limited to people of color and people living in rural areas. There are many potential factors contributing to reduced access to healthcare, which can vary by race/ethnicity and geography: some people are unable to get health insurance due to financial barriers, may not have a job that provides insurance, and may not qualify for public insurance programs like Medicare and Medicaid. Even with health insurance, some people may not be able to access healthcare services because they cannot afford the cost sharing requirements (e.g., co-pays, deductibles, or coinsurance), live far from providers, or have trouble finding time away from work and other commitments. For example, individuals living in Appalachian Kentucky have more limited access to healthcare compared to individuals in other regions, contributing to lower health status.¹ Some Kentuckians may face similar barriers to accessing other social services, like housing supports or nutrition services, which also impact individuals’ health.²

For the Access to Healthcare & Social Services priority area, three KPMs were selected for inclusion on the dashboard to monitor and measure equitable access to healthcare and social services:

- Increasing access to nutritious foods in Kentucky
- Increasing the Community Health Worker (CHW) workforce in Kentucky³
- Increasing the proportion of people with health insurance in Kentucky

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are potentially traumatic events or environmental factors impacting children under 18.⁴ ACEs include experiencing or witnessing violence or abuse, instability caused by parental separation or incarceration, growing up with someone with a substance use disorder (SUD), and other potentially traumatic experiences. In 2020-2021, an estimated 19.5% of children in Kentucky had experienced two or more ACEs, compared to a national rate of 14% and ranking 46th among all states.⁵ ACEs can have long-term consequences; ACEs may disrupt child development, contribute to high-risk health

¹ Morrone M, Cronin CE, Schuller K, Nicks SE. Access to Health Care in Appalachia: Perception and Reality. *J Appalach Health*. 2021 Oct 25;3(4):123-136. doi: 10.13023/jah.0304.10. PMID: 35769826; PMCID: PMC9183790.

² Centers for Disease Control and Prevention. *NCHHSTP Social Determinants of Health Frequently Asked Questions*. (December 19, 2019). <https://www.cdc.gov/nchhstp/socialdeterminants/faq.html#:~:text=Health%20is%20influenced%20by%20many,medical%20care%20and%20social%20factors>.

³ Please see <https://www.chfs.ky.gov/agencies/dph/dpci/cdpb/Pages/chwp.aspx> to learn more about the community health worker profession in Kentucky.

⁴ Centers for Disease Control and Prevention. (2023, June 29). Fast facts: Preventing adverse childhood experiences | violence prevention | injury Center | CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

⁵ Adverse Childhood Experiences in the United States. https://www.americashealthrankings.org/explore/measures/ACEs_8

behaviors, and limit opportunities even much later in life. Crucially, many ACEs are preventable. Because there are many types of ACEs, there are many types of prevention strategies.

For the ACEs focus area, three KPMs were selected for inclusion on the dashboard to monitor progress toward decreasing exposure to ACEs and on increasing participation in programs that can help prevent ACEs:

- Decreasing the percent of children living in poverty in Kentucky
- Decreasing the rate of child maltreatment in Kentucky
- Increasing HANDS program enrollment among pregnant women in Kentucky

Substance Use Disorders (SUDs)

Substance Use Disorders (SUDs) have been a significant public health threat across Kentucky for years and in particular, the Commonwealth has been hard-hit by the opioid epidemic. According to the Kentucky 2022 Overdose Fatality Report, 2,135 Kentucky residents died from a drug overdose in 2022, the most recent year for which this report is available.⁶ Fentanyl, a synthetic opioid, was identified in 1,548 overdose deaths. Kentucky has employed a robust response to SUDs that includes prevention, harm reduction, and recovery for those impacted.

For the SUD focus area, five KPMs were selected for inclusion on the dashboard to monitor progress towards improving equitable access to recovery resources and reducing overdose deaths:

- Increasing access to recovery housing in Kentucky⁷
- Increasing the proportion of patients diagnosed with opioid related disorders receiving medications for opioid use disorder in Kentucky
- Increasing the proportion of patients diagnosed with opioid related disorders receiving medications for opioid use disorder for at least 6 months in Kentucky
- Increasing access to providers with the ability to prescribe medications for opioid use disorder in Kentucky
- Decreasing drug overdose deaths in Kentucky

⁶ 2022 overdose fatality report - Office of Drug Control Policy. (n.d.). [https://odcp.ky.gov/Reports/2022 Overdose Fatality Report.pdf](https://odcp.ky.gov/Reports/2022%20Overdose%20Fatality%20Report.pdf)

⁷ Find recovery housing now. Find Recovery Housing Now. (n.d.). <https://www.findrecoveryhousingnowky.org/>

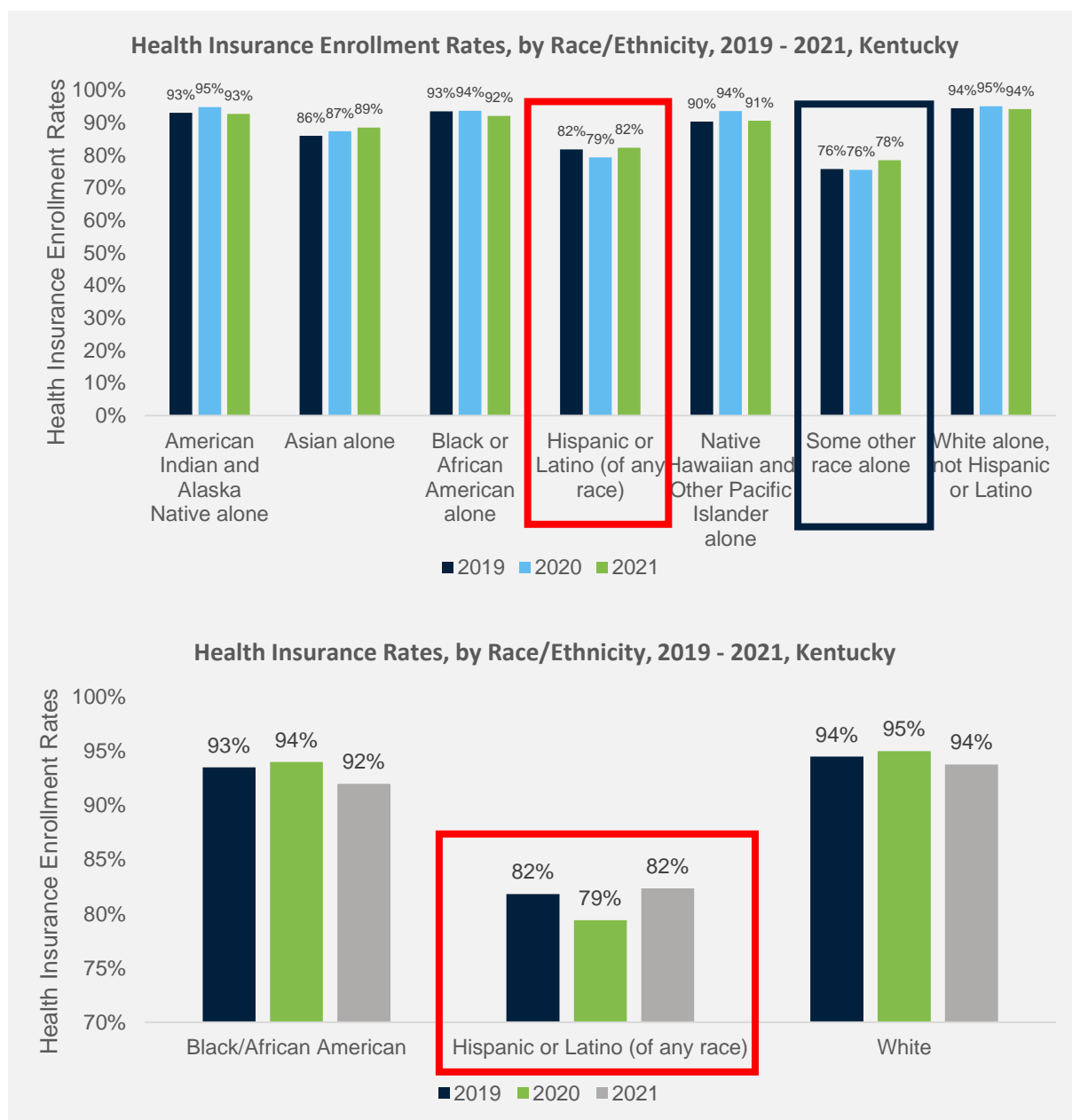


PRIORITY AREA: Access to Healthcare & Social Services

Increase the proportion of people with health insurance in Kentucky

Goal	Rationale for Goal Selections
Increase enrollment in comprehensive health insurance among Hispanic/Latino residents to achieve 90% enrollment by the end of 2028.	<ul style="list-style-type: none"> Health insurance enrollment rates were examined among racial and ethnic groups. Health insurance rates are lowest among Hispanic/Latino residents and respondents selecting "Some Other Race", as shown in Figure 3. The SME group aimed to focus the goal for health insurance uptake addressing this disparity. The SME group determined that an appropriate goal was to bring the Hispanic/Latino insurance rate closer in line with the overall average. Ultimately, 90% was selected as an aggressive yet achievable goal.

FIGURE 1: KENTUCKY HEALTH INSURANCE ENROLLMENT RATES BY RACE/ETHNICITY, 2019-2021

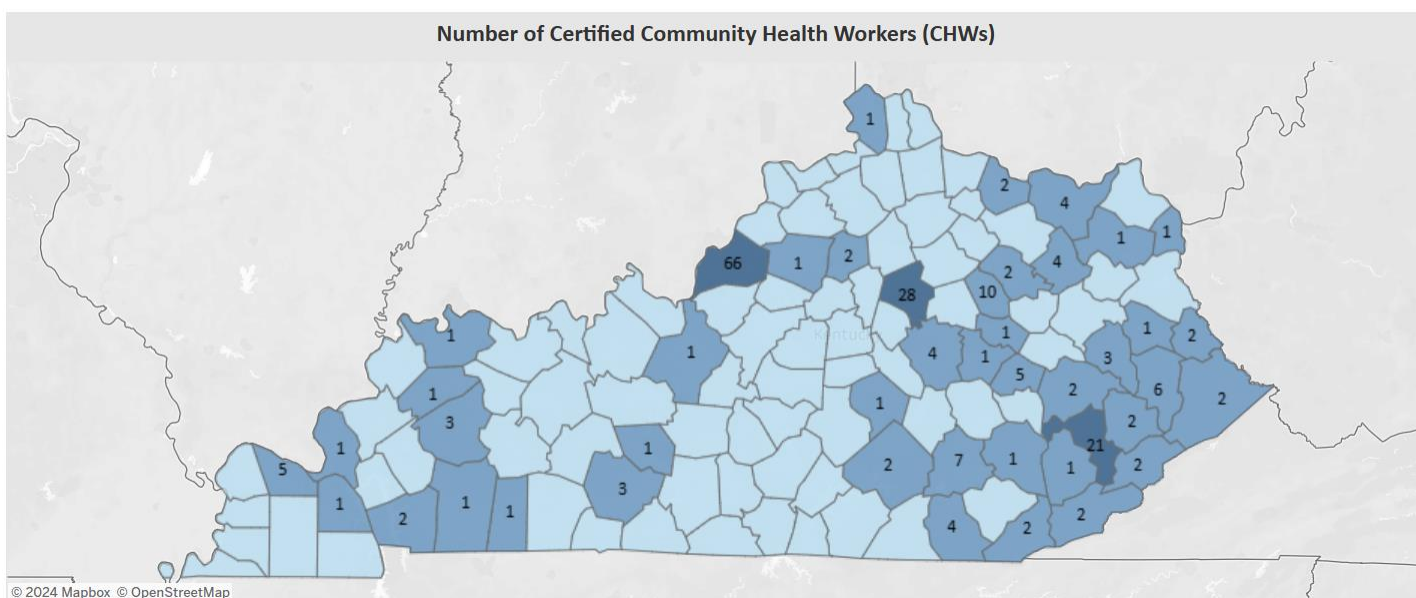


PRIORITY AREA: Access to Healthcare & Social Services

Increase the Community Health Worker (CHW) workforce in Kentucky

Goal	Rationale for Goal Selections
<p>Increase the number of certified CHWs in counties that don't have CHW primary presence (as of October 2023) to at least two certified CHWs by the end of 2028.</p>	<ul style="list-style-type: none"> There were 216 certified community health workers reported statewide as of October 2023. When evaluating the presence of CHWs across the state it was noted that out of 120 counties only 47 counties had one or more CHWs with a primary presence in that county (though CHWs in one county may provide services to neighboring counties), leaving 73 counties that don't have any CHWs primary presence in that county, as shown in Figure 2. While some CHWs have service areas that span beyond their county of primary presence, the SME workgroup determined that increasing the overall number of counties with an in-county CHW would be ideal.

FIGURE 2: KENTUCKY DISTRIBUTION OF CERTIFIED COMMUNITY HEALTH WORKERS MAP

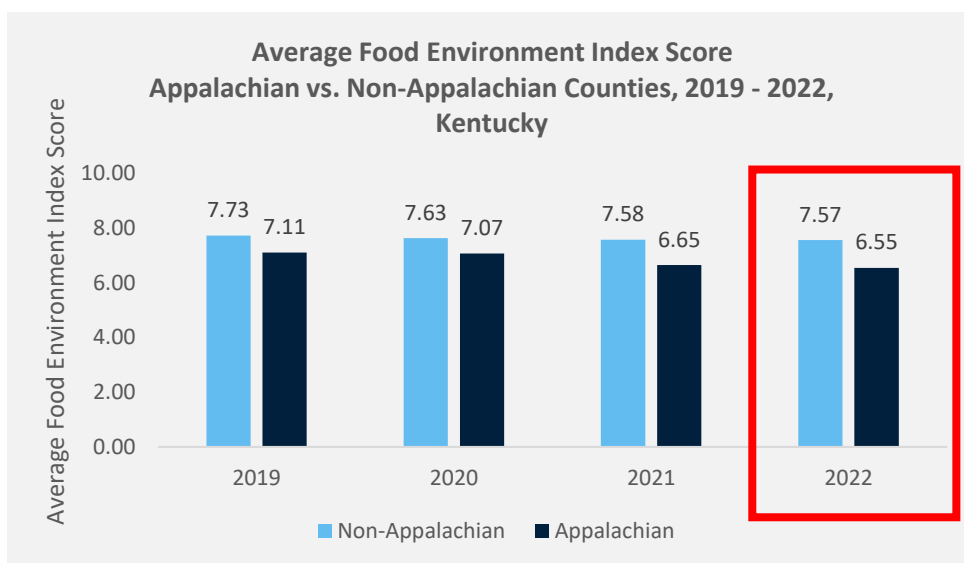


PRIORITY AREA: Access to Health Care & Social Services

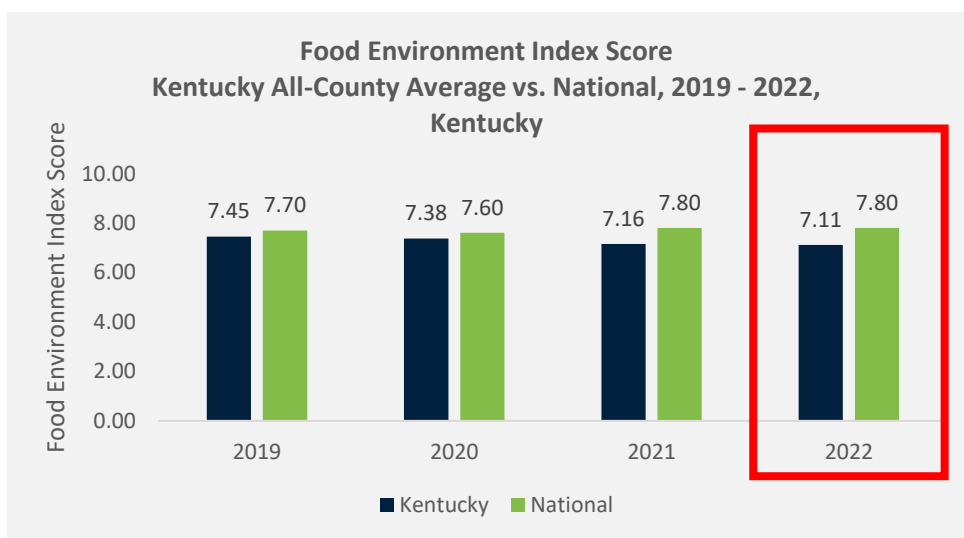
Increase access to nutritious food in Kentucky

Goal	Rationale for Goal Selections
Increase the average Food Environment Index score in the Appalachian counties from 6.55 to 7.11 (the Kentucky average) by the end of 2028.	<ul style="list-style-type: none"> An analysis was done to compare the Food Environment Index Score geographically to determine any difference in scores across different parts of Kentucky. Using a two sample t-test, it was established there was a statistically significant difference between scores in Appalachian and Non-Appalachian counties. (first chart) The SME group felt determined that bringing the score for Appalachian counties to the 2021 state average of 7.11 would be an aggressive and yet attainable target. (second chart)

FIGURE 3: KENTUCKY FOOD ENVIRONMENT INDEX SCORE FOR APPALACHIAN VS. NON-APPALACHIAN COUNTIES, 2019-2022



Differences between Appalachian/non-Appalachian counties are statistically significant.

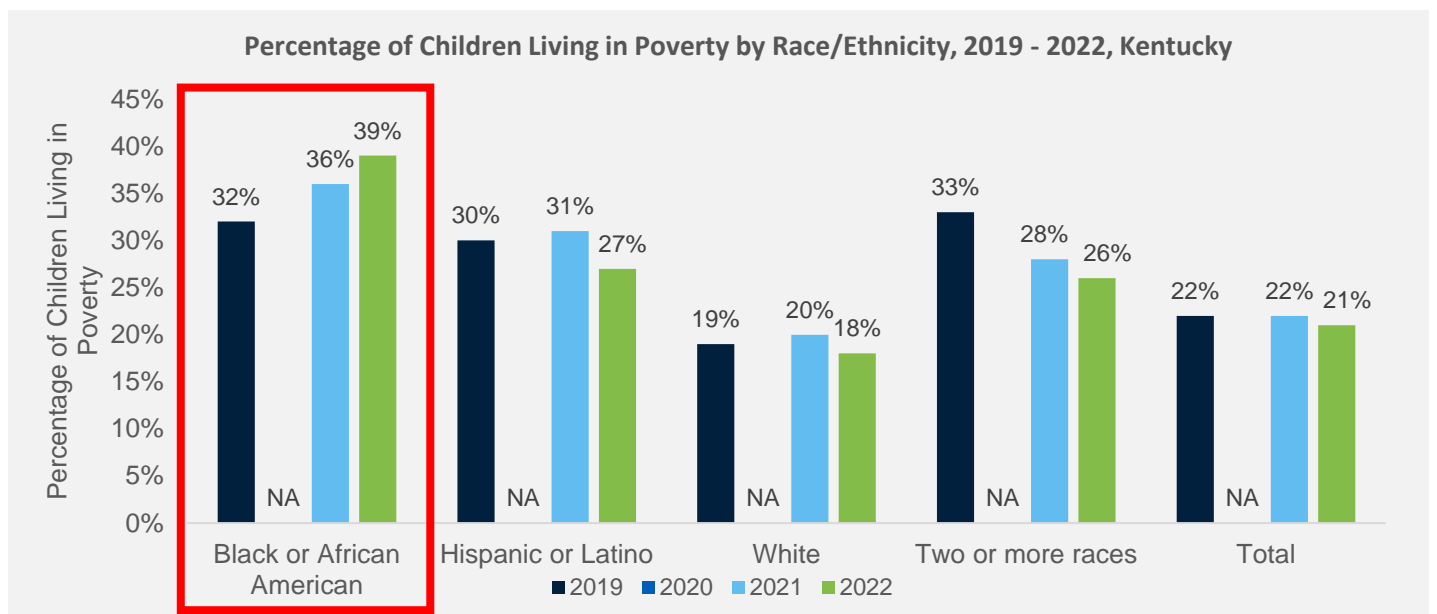


PRIORITY AREA: Adverse Childhood Experiences (ACEs)

Decrease the percent of children living in poverty in Kentucky

Goal	Rationale for Goal Selections
<p>Decrease the percentage of Black children living in poverty by 4% through collaboration and partnership across the state by the end of 2028.</p>	<ul style="list-style-type: none"> ▪ The percentage of children living in poverty was examined among different racial and ethnic groups to determine any differences in the rate of those living in poverty, which is correlated with ACEs and negative outcomes.⁸ ▪ Black children were observed to have the highest levels of childhood poverty and are the only group with an upward trend in childhood poverty. Black, Hispanic/Latino, and Two or More Races groups have higher rates of children living in poverty than the white population and state average. ▪ Originally, a 9% target was proposed, as 9% reflects half of the CY 2022 disparity between the Black population (39%) and the state average (21%) as shown in Figure 4. The SME group determined that this goal might be unrealistic, given the difficulty of reducing poverty through public health levers; therefore 4% was alternatively selected as a more attainable yet impactful goal.

FIGURE 4: KENTUCKY PERCENTAGE OF CHILDREN LIVING IN POVERTY BY RACE/ETHNICITY, 2019-2022



The value for 2020 is NA because the 2020 poverty estimates by race are not credible due to data limitations caused by the COVID-19 pandemic.

Race	Percentage of Children Under Age 18 and Below Poverty Line				
	Black or African American	Hispanic or Latino	Two or more races	White	State Composite
2022	39%	27%	26%	18%	21%
2021	36%	31%	28%	20%	22%
2020	-	-	-	-	-
2019	32%	30%	33%	19%	22%

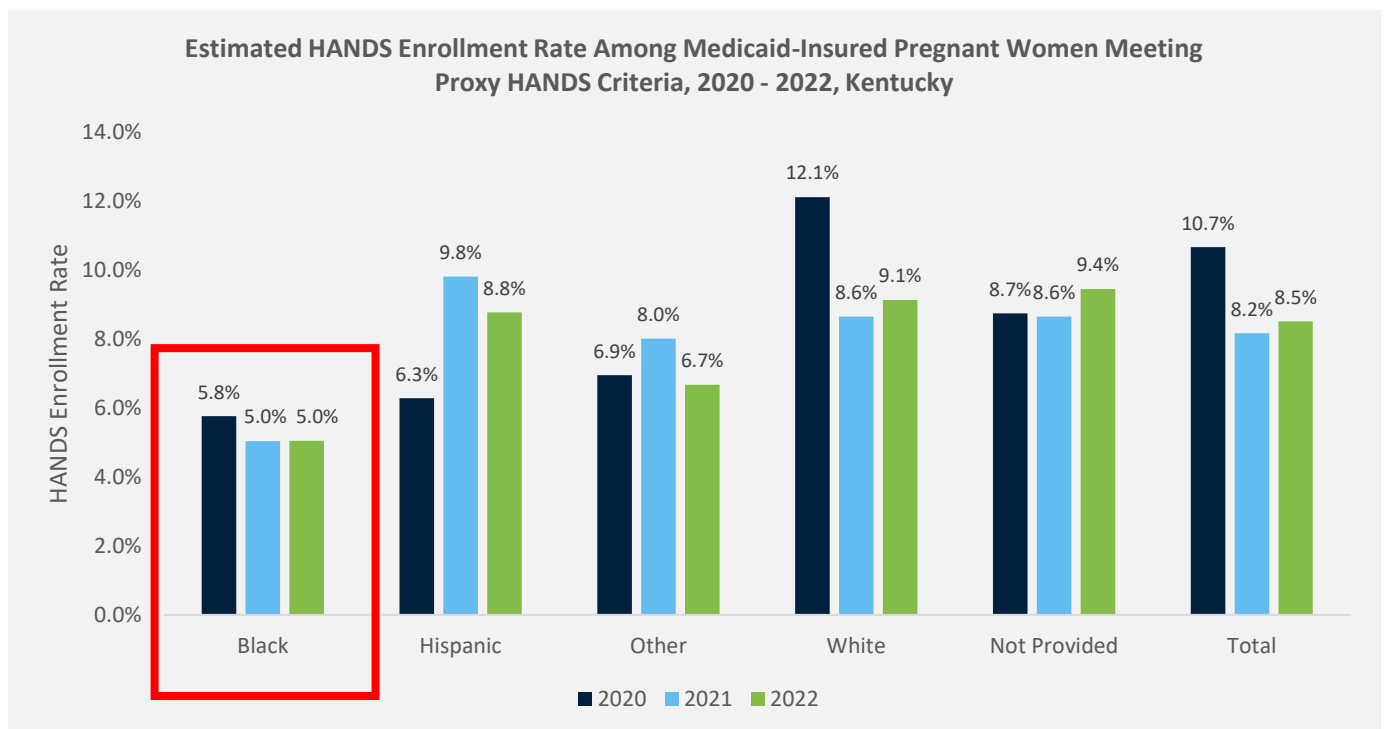
⁸ [Poverty as an Adverse Childhood Experience - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/)

PRIORITY AREA: Adverse Childhood Experiences (ACEs)

Increase HANDS program enrollment among pregnant women in Kentucky

Goal	Rationale for Goal Selections
<p>Increase the percentage of eligible Medicaid-insured Black pregnant women enrolled in the HANDS program from 5.0% to 7.1% and increase the overall percentage of eligible Medicaid-insured pregnant women enrolled from 8.5% to 12.0%.</p>	<ul style="list-style-type: none"> Health Access Nurturing Development Services (HANDS) program is a vital program that supports families as they build healthy, safe environment for optimal growth and development of children and ultimately prevent Adverse Childhood Experiences (ACEs). An analysis was completed using Medicaid claims and encounter data to understand HANDS enrollment among pregnant women in Kentucky. HANDS participation rate was examined to determine any difference in HANDS enrollment among different racial and ethnic groups. Racial disparities were seen among Medicaid pregnant women meeting proxy criteria (please see KPM methodology for further details on proxy criteria). In 2022, the Black Medicaid pregnant women participation rate among members meeting the proxy criteria was only 5.0% relative to the statewide composite of 8.5%. Further detail on participation rates by race and calendar year are provided in Figure 5 below. Based on observed historical disparities, the SME group set a goal to raise Black pregnant women enrollment to 7.1%, reducing the disparity with the white population by 50%, while also increasing the overall enrollment to 12%. Increasing to 12% was agreed upon based on the potential achievability of the goal.

FIGURE 5: KENTUCKY HANDS ENROLLMENT RATE AMONG MEDICAID-INSURED PREGNANT WOMEN MEETING PROXY HANDS CRITERIA, 2020-2022



PRIORITY AREA: Adverse Childhood Experiences (ACEs)

Decrease the rate of child maltreatment in Kentucky

Goal	Rationale for Goal Selections
<p>Decrease the rate of abuse and neglect of children under 1 year of age per 1,000 from 32.5 to 29.2 (10% decrease) through collaboration and partnership across the state by the end of 2028.</p>	<ul style="list-style-type: none"> ▪ Child maltreatment and child fatalities were examined by year, county, race/ethnicity, and age groups. ▪ Among child maltreatment victims, victims under 1 year old comprise the largest share, which is why this age group was selected for the KPM. 14.3% of total child maltreatment victims in 2022 were children under 1, as shown in Figure 6. Children between ages 1 and 2 make up the next highest share with 6.7% of all cases in 2022. ▪ There was general agreement among the SME group that a 10% reduction was an achievable target by the end of 2028.

FIGURE 6: KENTUCKY PERCENTAGE OF TOTAL CHILD MALTREATMENT VICTIMS BY AGE AND YEAR, 2017 – 2022

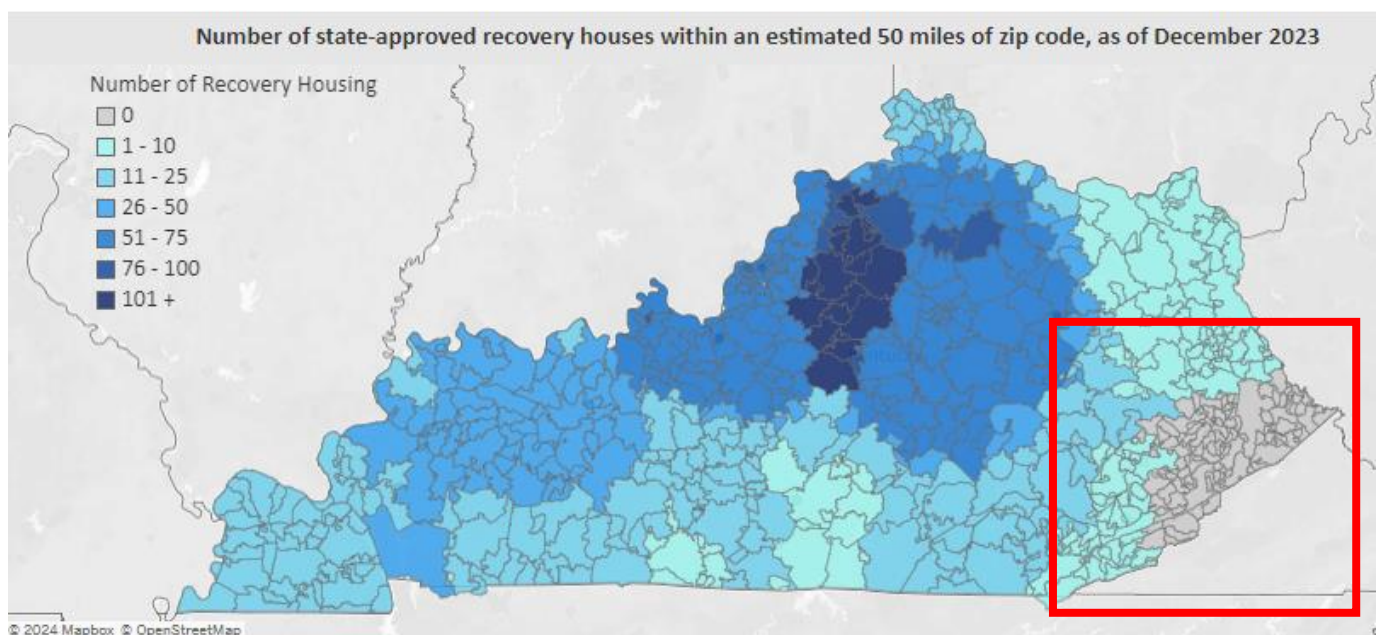
Percentage of Total Child Maltreatment Victims by Age and Year						
Age	2017	2018	2019	2020	2021	2022
Under 1 year	13.8%	14.2%	15.0%	14.9%	15.4%	14.3%
1 year	7.2%	7.2%	6.8%	7.0%	7.1%	6.7%
2 years	7.2%	6.9%	7.0%	6.7%	6.8%	6.5%
3 years	6.5%	6.7%	6.5%	6.1%	6.3%	6.4%
4 years	6.2%	6.3%	6.3%	6.2%	6.0%	5.8%
5 years	6.1%	5.9%	5.8%	5.8%	5.6%	5.5%
6 years	5.8%	5.6%	5.5%	5.7%	5.6%	5.9%
7 years	5.6%	5.3%	5.3%	5.3%	5.2%	5.5%
8 years	5.8%	5.5%	5.1%	4.9%	4.9%	4.8%
9 years	5.4%	5.3%	5.3%	4.7%	4.7%	4.7%
10 years	5.1%	5.2%	4.8%	4.9%	4.4%	4.9%
11 years	4.2%	4.8%	4.7%	4.9%	4.8%	4.3%
12 years	4.3%	4.4%	4.7%	4.8%	4.8%	4.8%
13 years	4.0%	3.9%	4.2%	4.3%	4.3%	4.8%
14 years	3.8%	3.6%	3.6%	4.2%	4.5%	4.6%
15 years	3.5%	3.5%	3.6%	3.8%	3.9%	4.3%
16 years	3.1%	3.0%	3.2%	3.3%	3.3%	3.7%
17 years	2.3%	2.3%	2.3%	2.4%	2.3%	2.4%
18+ years	0.1%	0.0%	0.1%	0.1%	0.0%	0.0%
Missing data	0.3%	0.3%	0.3%	0.2%	0.2%	0.1%
Total*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Maltreatment Victims	22,410	23,752	20,130	16,748	14,963	12,340

PRIORITY AREA: Substance Use Disorders (SUDs)

Increase access to recovery housing in Kentucky

Goal	Rationale for Goal Selections
<p>By the end of 2028, ensure all residents have access to a state-approved recovery house within an estimated 50 miles of their zip code, with a focus to address the 52 Kentucky zip codes in Appalachia that do not meet this standard in 2023.</p>	<ul style="list-style-type: none"> 52 Kentucky Appalachian zip codes have 0 recovery houses within 50 miles. The SME workgroup determined this was a reasonable distance to travel for this level of care. Because rates of opioid use disorder are higher in Appalachian than non-Appalachian counties, the SME group selected these regions as the focal point for this KPM.

FIGURE 7: KENTUCKY NUMBER OF STATE APPROVED RECOVERY HOUSES WITHIN AN ESTIMATED 50 MILES OF ZIP CODE, AS OF DECEMBER 2023 MAP

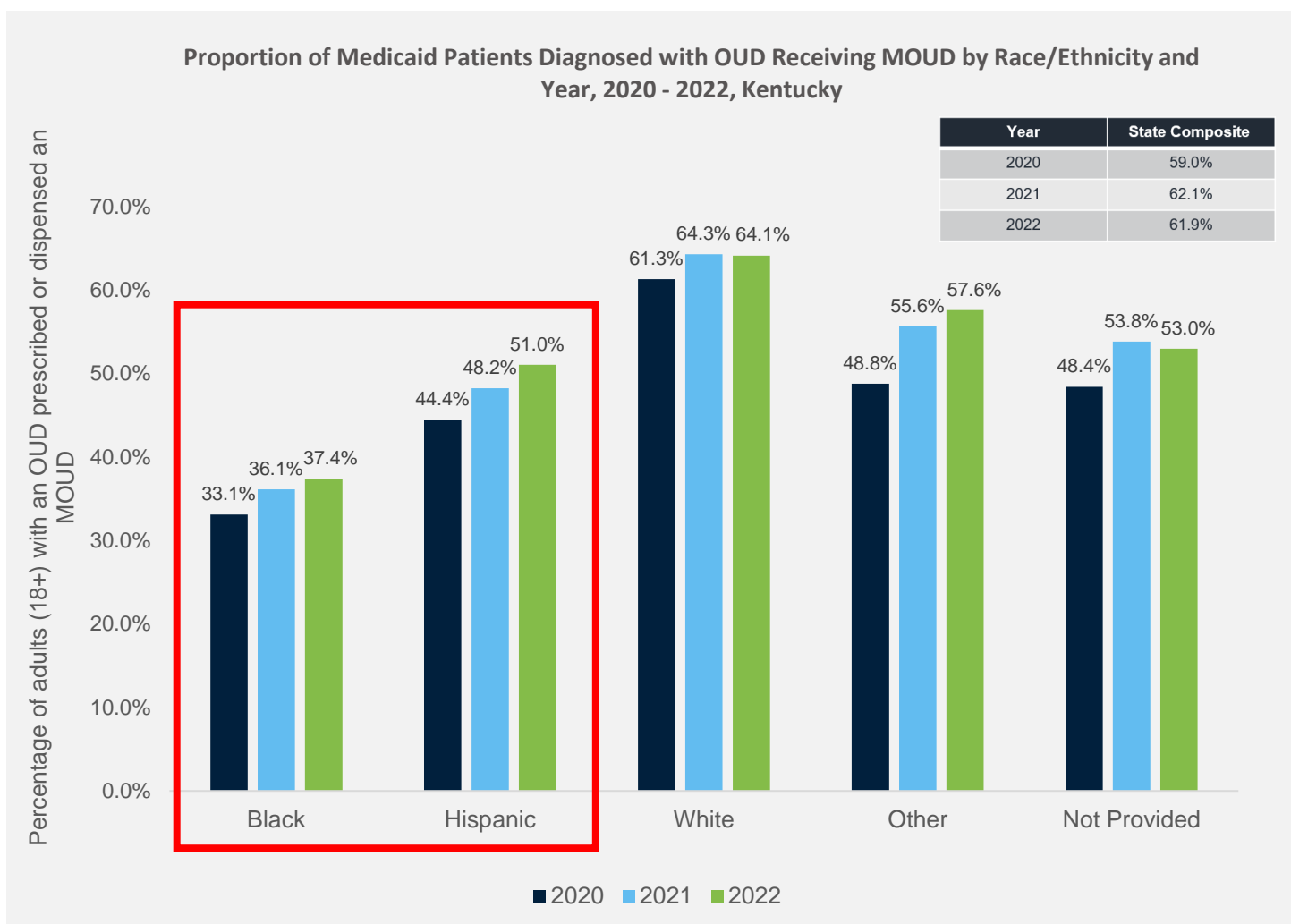


PRIORITY AREA: Substance Use Disorders (SUDs)

Increase the proportion of patients diagnosed with OUD receiving MOUD in Kentucky

Goal	Rationale for Goal Selections
Increase the proportion of Black and Hispanic Medicaid patients with opioid use disorder (OUD) who receive medication for opioid use disorder (MOUD) from 37.4% to 48.3% and from 51.0% to 61.9%, respectively, by the end of 2028.	<ul style="list-style-type: none"> Prevalence of MOUD utilization is consistently lowest among Black (37.4%) and Hispanic (51.0%) populations compared to the statewide composite (61.9%). To achieve parity with the current statewide composite (61.9%), an increase of 10.9% is needed for the Hispanic population. While the ultimate goal would be to achieve the same rate for the Black population, the SME workgroup determined this would be too difficult to achieve during this time period, so a slightly lower goal was set for that group. It was determined that the goal would be to reach the same degree of increase for the Black population (37.4% plus 10.9% equals 48.3%).

FIGURE 8: KENTUCKY PROPORTION OF MEDICAID PATIENTS DIAGNOSED WITH OUD RECEIVING MOUD BY RACE/ETHNICITY, 2020 - 2022

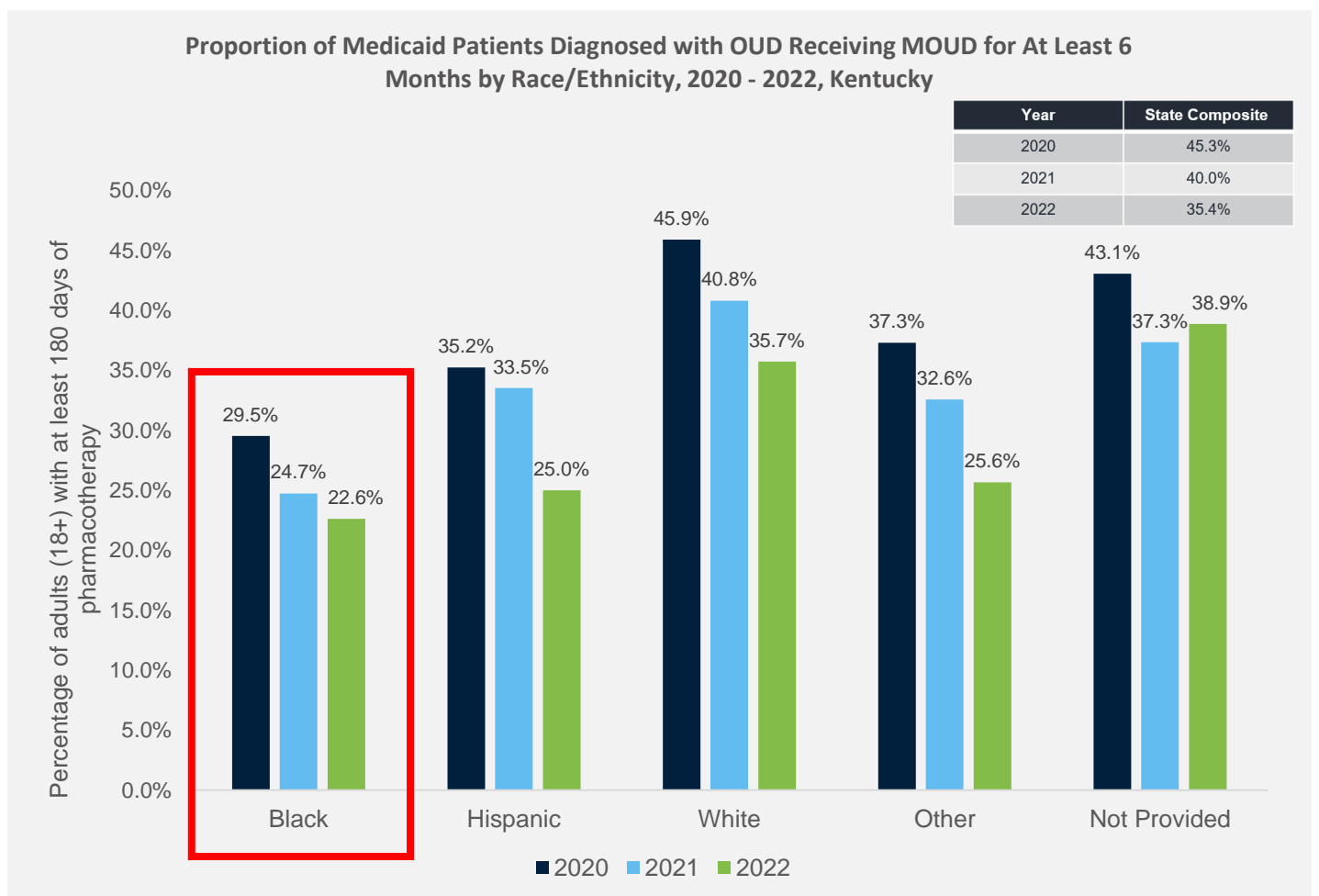


PRIORITY AREA: Substance Use Disorders (SUDs)

Increase the proportion of patients diagnosed with OUD receiving MOUD for at least six months in Kentucky

Goal	Rationale for Goal Selections
Increase the proportion of Black Medicaid patients with an opioid use disorder (OUD) who start medication for opioid use disorder (MOUD) and utilize MOUD continuously for at least 6 months from 22.6% to 30% by the end of 2028.	<ul style="list-style-type: none"> The lowest rates of continuous MOUD utilization are consistently among Black patients. The target of 30% was selected by the SME group as it would close approximately half of the existing disparity between the Black population and the statewide composite as of 2022.

FIGURE 9: KENTUCKY PROPORTION OF MEDICAID PATIENTS DIAGNOSED WITH OUD RECEIVING MOUD FOR AT LEAST 6 MONTHS BY RACE/ETHNICITY, 2020 - 2022



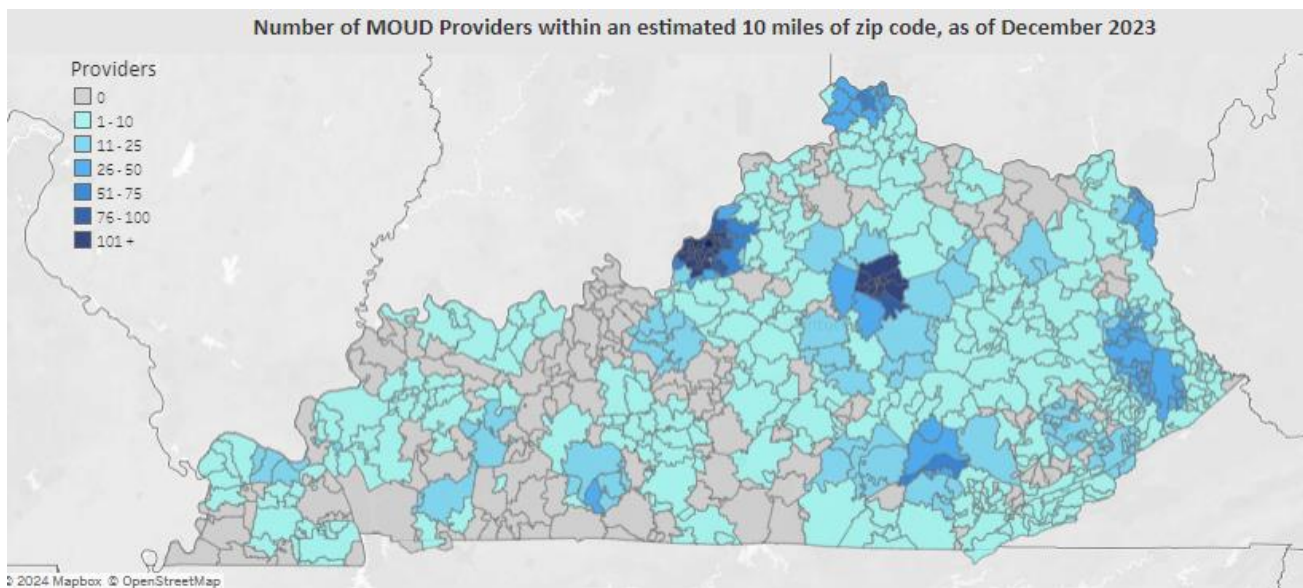
Note: For a person receiving MOUD treatment for multiple years, the person will only be counted in the first year, resulting in lower continuous treatment percentages in the following years.

PRIORITY AREA: Substance Use Disorders (SUDs)

Increase access to providers with the ability to prescribe MOUD in Kentucky

Goal	Rationale for Goal Selections
<p>Ensure all Kentuckians in need of opioid use disorder (OUD) treatment have access to a medication for opioid use disorder (MOUD) provider within an estimated 10 miles of their zip code by the end of 2028, addressing the 171 zip codes that currently have no MOUD provider within 10 miles.</p>	<ul style="list-style-type: none"> Three zip codes have no MOUD providers within 25 miles, and 171 have no MOUD provider within 10 miles. The SME workgroup determined that 10 miles is a more reasonable distance to travel for frequent visits. To more aggressively target this geographic disparity, a 10-mile distance was selected by the SME group to ensure all zip codes have access to MOUD within an estimated 10 miles.

FIGURE 10: NUMBER OF MOUD PROVIDERS WITHIN AN ESTIMATED 10 MILES OF ZIP CODE AS OF DECEMBER 2023 MAP



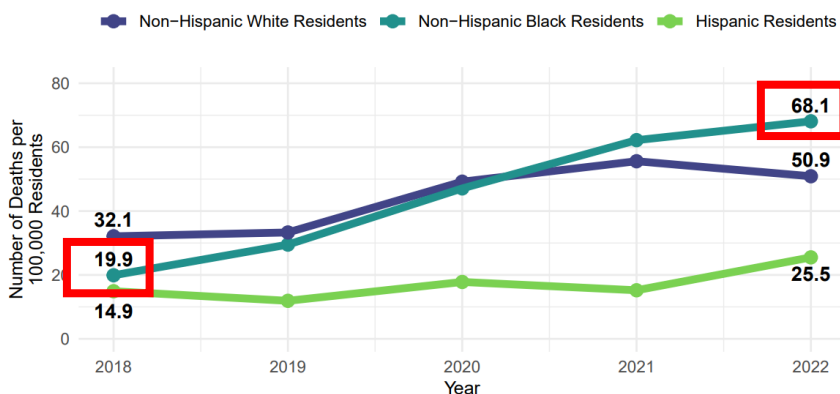
PRIORITY AREA: Substance Use Disorders (SUDs)

Decrease drug overdose deaths in Kentucky

Goal	Rationale for Goal Selections
Reduce the drug overdose mortality rate among non-Hispanic Black residents across Kentucky from 68.1 to 44.2 by the end of 2028.	<ul style="list-style-type: none"> Drug overdose mortality was examined by race/ethnicity, age, year, and county. The drug overdose mortality rate among Non-Hispanic Black residents in Kentucky has increased over three times since 2018. The SME group determined using the national 2021 Black overdose death rate of 44.2 was an attainable goal for the four-year timeframe.⁹

FIGURE 11: KENTUCKY INJURY PREVENTION AND RESEARCH CENTER – KENTUCKY RESIDENT DRUG OVERDOSE DEATHS, 2018-2022¹⁰

Figure 4.1: Age-adjusted rates of drug overdose deaths involving any drug among Kentucky residents by ethnicity and race, 2018–2022



Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services. Data extracted April 2023. Data are provisional and subject to change.

Table 4.1: Numbers and age-adjusted rates of drug overdose deaths among Kentucky residents by ethnicity and race, 2018–2022

Ethnicity/ Race	Year	Any Drug		Any Opioid		Any Stimulant	
		Number	Rate	Number	Rate	Number	Rate
Hispanic	2018	22	14.9	18	12.4	5	*
	2019	19	11.9	13	7.7	7	*
	2020	25	17.8	18	12.2	8	*
	2021	29	15.2	26	13.8	13	7.0
	2022	47	25.5	40	21.6	19	10.4
Non-Hispanic Black	2018	76	19.9	51	13.2	36	9.2
	2019	105	29.5	80	22.2	50	13.9
	2020	172	47.1	141	38.7	90	25.2
	2021	233	62.2	200	53.2	138	36.0
	2022	251	68.1	214	58.5	140	38.0
Non-Hispanic White	2018	1,144	32.1	869	24.6	395	11.4
	2019	1,187	33.3	891	25.3	479	13.7
	2020	1,765	49.2	1,433	40.5	728	20.9
	2021	1,984	55.6	1,563	44.4	997	28.7
	2022	1,820	50.9	1,390	39.3	946	27.0

Numbers greater than zero but less than five and rates based on numbers less than 10 have been suppressed in accordance with state data management policy. Suppressed rates are indicated with an asterisk (*). Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services. Data extracted April 2023. Data are provisional and subject to change.

⁹ Centers for Disease Control and Prevention. (2022, March 1). *Drug overdose mortality by State*. Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

¹⁰ Kentucky resident drug overdose deaths, 2018–2022. (n.d.-b). [https://kiprc.uky.edu/sites/default/files/2023-06/Drug Overdose Deaths Annual Report 2022_final.pdf](https://kiprc.uky.edu/sites/default/files/2023-06/Drug%20Overdose%20Deaths%20Annual%20Report%202022_final.pdf)



Additional details of the KPMs, along with supporting documents can be found within the dashboard. Please use the following citation to reference the dashboard.

Citation (APA):

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