**2021 KENTUCKY**

**MINORITY HEALTH STATUS REPORT**

**INTRODUCTION**

In September of 2008, the Office of Health Equity (OHE) was established by executive order to address health disparities impacting specific populations across the Commonwealth of Kentucky. In 2010, funding from the United States Department of Health and Human Services (DHHS), Office of Minority Health awarded state partnership grants to address health inequities and disparities among racial and ethnic minorities, low-income, and geographically isolated populations in the Commonwealth. OHE was awarded one of these grants to continue evaluating and responding to the needs of these populations in the Commonwealth.

OHE works not only to create equity in health and health care but to educate communities about access to high-quality education, safe and affordable housing, fair economic development, and other social conditions as components of a healthy and productive community. OHE utilizes data to address inequities in communities and to highlight the value of collaborations and partnerships to address health disparities at all levels. OHE strives to understand the relationship between socioeconomic status, environment, access to health services, literacy levels, legislative policies, and their impact on the health outcomes of Kentuckians.

Health equity exists in an environment where everyone can attain their highest level of health through the inclusion of equitable access to opportunities and resources rooted in social determinants of health (SDOH) – the conditions in which people are born, grow, work, live, and age. These conditions are shaped through economic, social, environmental, and political policies and systems.

Achieving health equity will require addressing SDOH through population-based interventions and more targeted methods focusing on the areas with the greatest unmet needs. By advancing the understanding of the root causes of health disparities and their role in perpetuating health inequities at the community level, OHE promotes health equity for all marginalized and vulnerable populations.

The 2021 Minority Health Status Report (MHSR) highlights the disparities affecting Kentuckians and provides recommendations for improving health outcomes throughout the state. The MHSR is produced biennially in odd-numbered years in compliance with the KRS 216.2929(4). The report provides the most current data describing disparities that exist in the Commonwealth through multiple data sources, including the Kentucky Behavioral Risk Factor Survey (KyBRFS), the U.S. Census, the American Community Survey (ACS), and other measures of population health.

The MHSR is a resource that can be used to engage communities and start conversations about SDOH and their relationship to health disparities. This document also provides data that support the focus areas of DPH’s 2021 State Strategic Plan goals of advancing the health and well-being of the citizens of Kentucky.

As the country moves forward in planning for the Centers for Disease Control and Prevention’s Healthy People 2030 initiative, several foundational principles will be used to guide the nation in eliminating health disparities. The health and well-being of populations and communities are essential in a fully functioning and equitable society. Kentucky will model these guidelines in addition to the values of the Kentucky Cabinet for Health and Family Services: equity, health and well-being, structural economic support, resilient individuals and communities, and operational excellence.

In an effort to address health disparities and avoid perpetuating these inequities, the Commonwealth must come together to address the root causes of health disparities and inequities. Unjust circumstances – whether based on race, gender, income, ethnicity, or other social conditions – need to be eliminated. Everyone deserves the best health possible regardless of zip code.

**KEY FINDINGS**

*Demographics*

* 86.7% of Kentucky identified as white.[[1]](#footnote-1) The next largest racial or ethnic group was Black Kentuckians at approximately 8% of the population.
* Most of the Black and Asian populations in Kentucky resided in Jefferson County and Fayette County. The counties with the highest number of Hispanic/Latino persons were Fayette, Boone, Christian, Hardin, Jefferson, Shelby, and Warren.
* Kentucky had a lower average annual household income ($52,295) than the national average in the U.S. ($65,712).

*The COVID-19 Pandemic in Kentucky*

* 1.22 million cases of COVID-19 have been diagnosed as of February 10, 2022.
* 13,263 Kentuckians have died from COVID-19 as of February 10, 2022.

*Social Risk Factors*

* Asian Kentuckians had the largest percentage of persons with a bachelor’s degree or higher among all racial or ethnic groups. Disparities existed among Black, Hispanic, and American Indian populations.
* Asian Kentuckians and white Kentuckians had lower unemployment rates than other racial/ethnic groups. Black Kentuckians and Hispanic Kentuckians had comparable rates at around 6-7%. The American Indian, Native Hawaiian/Pacific Islander, and two or more race populations all had recorded rates of unemployment above 9%.
* In 2018, the prevalence of adults reporting at least one adverse childhood experience was 62.7%. In 2020, this rate was 65%.
* Black, American Indian/Alaska Native, and Hispanic Kentuckians were more likely to be home renters than homeowners.

*Health Risk Factors*

* Among adults, Hispanic Kentuckians and Kentuckians who identified as being of a race categorized as “Other” had the highest percentages of uninsured individuals. Among children, children categorized as “American Indian alone” had the highest percentages of uninsured individuals.
* The majority of Kentuckians did not report receiving a flu vaccination.
* American Indian/Alaska Native Kentuckians had the highest percentage of people self-reporting that their mental health was not good for 14 or more days within the past 30 days in 2019. In 2020, the highest percentages were reported among Hispanic Kentuckians. The lowest percentage of people reporting this metric in both years was among Black Kentuckians.
* According to 2020 data, 45.37% of Black Kentuckians (non-Hispanic) were obese while 24.79% were overweight. These same figures for Hispanic Kentuckians were 47.53% and 36.00%, respectively; for white Kentuckians (non-Hispanic), they were 36.54% and 34.18%, respectively.
* In 2019, 35.1% of adults in Kentucky had any disability (cognitive, mobility, vision, self-care, or independent living disability) compared with 26.7% in United States and its territories.
* The percentage of Black Kentuckians that identified as current smokers was higher than the percentage of white Kentuckians, at 26.9% and 21.3% respectively.

*Health Outcomes*

* A 2021 report of the rankings for life expectancy placed Kentucky at 48th among the 50 states and the District of Columbia, with an overall life expectancy of 75.3 years. These estimations were calculated from 2018 data.
* According to 2020 data, 26.25% of Hispanic Kentuckians, 15.78% of Black Kentuckians, and 12.95% of white Kentuckians had been told by a doctor that they have diabetes.
* The Kentucky Cancer Registry’s data for 2018 indicate that incidence rates for all invasive cancers for white Kentuckians are 489.7 cases per every 100,000 people. The incidence rate for Black Kentuckians is 469 cases per every 100,000 people.
* When adjusted for population white Kentuckians have the highest rate of diagnoses for HIV. The rate of chlamydia and gonorrhea reported among Black Kentuckians exceeds any other racial or ethnic demographic group, though rates are lower in Kentucky compared to the national average.
* Completed suicides saw a significant increase among Black Kentuckians in 2020, rising from 0.96 suicides per every 10,000 in 2019 to 1.16 suicides per every 10,000 in 2020. While this did increase within the demographic, it remained lower than the rate of suicides among white Kentuckians in 2020, at 1.81 suicides per every 10,000.

**HEALTH EQUITY MOVING FORWARD**

This report uses a health equity lens to describe differences in health care access and in health outcomes. Because these differences result in worse quality and quantity of life for members of particular groups, these differences are disparities and are fundamentally unjust.

Before recommendations can be made regarding public health interventions based on this health equity framework, the Commonwealth must first advocate for widespread education and understanding of this framework. Health equity is not preferential treatment, nor is it reverse racism. Health equity is not a plan to target particular groups and move them to the front of the line by cutting in front of others. Rather, the goal of health equity is to ensure that there is no line because everyone deserves the opportunity to be healthy. This core tenet of health equity is not widely understood. Moving forward, this understanding is the foundation that must be built. Only once this foundation has been laid can the potential of the recommendations that follow be realized.

**RECOMMENDATIONS[[2]](#footnote-2)**

Based on the findings outlined in the 2021 Kentucky Minority Health Status Report, the Office of Health Equity within the Kentucky Department for Public Health urges leaders in government, health care, education, and beyond to undertake actions to mitigate negative impacts of social determinants of health. Examples include:

* Making services accessible to people with disabilities, those without consistent transportation, low-income individuals, individuals who work long hours, people whose first language is not English, the elderly, and those worried about perceived discrimination if they were to seek services;
* Amplifying narratives and voices of people of color (especially Black and Indigenous people), disabled people, people of marginalized genders and sexualities, and those who live in poverty;
* Engaging in discussions and outreach with a focus on health equity;
* Expanding the general public’s knowledge of available services, particularly those related to health; and
* Hiring and promoting individuals with diverse lived experiences.
1. Following guidance used by the Associated Press (see https://apnews.com/article/archive-race-and-ethnicity-9105661462), we do not capitalize the word “white” because it is not a cultural identity. In contrast, “Black” is capitalized because it symbolizes the forged cultural identity of the African diaspora who had their national identities forcibly taken from them when brought to America. [↑](#footnote-ref-1)
2. This document was composed as the result of a collaboration between the Department for Public Health, Office of Health Equity and the Office of Health Data and Analytics, Division of Analytics. The Division of Analytics was established under KRS 194A.101, and consistent with its statutory mandate, the Division maintains the practice of endeavoring to provide factual analysis from empirical sources to inform policy and programmatic decisions in Kentucky. In keeping with this mission, the Division of Analytics adheres to a practice of refraining from making official policy recommendations; preferring to defer to those whom Kentucky’s voters and governmental institutions have granted the appropriate authority to make such recommendations on their behalf. Therefore, the reader must understand the policy recommendations included here to be those made by the Department for Public Health, and that the Division of Analytics claims no official involvement in the crafting of policy recommendations made within this report, nor does the Division take any official position on those recommendations. [↑](#footnote-ref-2)