

State Health Improvement Plan (SHIP) Welcome Remarks

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

August 21, 2024



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Agenda

Time	Agenda Items	Presenter
10 min	Introductions	Connie White, MD, Kentucky Department for Public Health (KDPH) Deputy Commissioner for Clinical Affairs
80 min	Review workplans <ul style="list-style-type: none"> • Access to Care • Mental Health • Smoking/Vaping/Tobacco • Nutrition BREAK <ul style="list-style-type: none"> • Drug Use 	SHIP co-chairs: <ul style="list-style-type: none"> • Emily Beauregard, Kentucky Voices for Health (KVH) & Shellie Wingate, KDPH • Russell Williams, Department of Corrections & Jennifer Toribio Naas, KDPH • Sean Regnier, University of Kentucky & Ellen Cartmell, KDPH • Kate Overberg-Wagoner, Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) & Lisa Arvin, KDPH • Brittney Allen, DBHDID & Chase Barnes, KDPH
10 min	Alignment and Implementation	Office of Performance Improvement and Accreditation (OPIA): <ul style="list-style-type: none"> • Carissa Adams, KDPH • Carrie Conia, KDPH • Heather Stone, KDPH
10 min	Q&A	Open floor
10 min	Closing remarks and review of action items	Steven Stack, MD, KDPH Commissioner

SHIP 2024-2028



Cabinet for Health and Family Services (CHFS)

Mission, Vision and Values

MISSION to be a diverse and inclusive organization providing programs, services and supports that protect and promote the health and well-being of all Kentuckians and their communities.

VISION a commonwealth where every Kentuckian reaches their full human potential and all communities thrive.

CHFS Values: The Pillars of What We Do

Health and
well-being

Operational
excellence

Structural
economic
support

Resilient
individuals and
communities

Equity

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.



- Diabetes Prevention
- Disease Surveillance
- Environmental Inspections
- HANDS

- Immunizations
- KEIS
- Mobile Harm Reduction
- Newborn Screening

- Prescription Assistance
- Public Health Disaster Preparedness
- Smoking Cessation
- WIC

Overall Ranks and Kentucky Priority Area Ranks

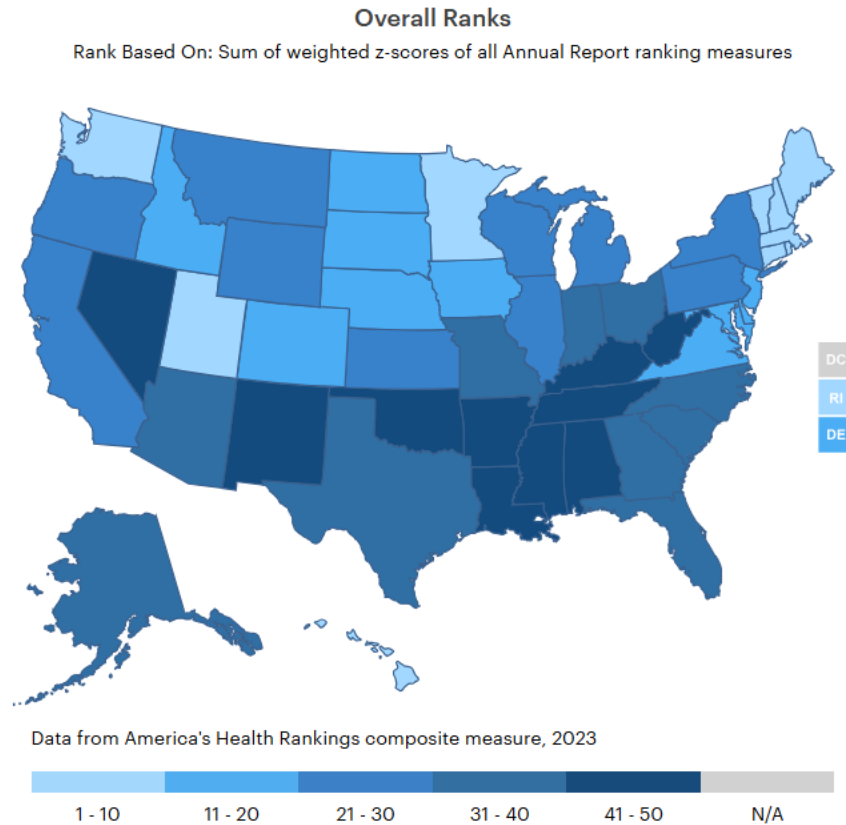





Image source: <https://www.americashealthrankings.org/explore/measures/Overall/KY>


41st 
Kentucky's 2023 rank by
America's Health Rankings


 **22%** 
Increase from 2016 to
2021 who reported their
mental health was not
good in the last 30 days,
KyBRFS

45% 
Kentuckians
reporting they
consume fruits
less
than 1 time per day

 **24%** 
Decrease in the rate of
smokers from 2016 to
2021, KyBRFS

\$53.6M
short in tobacco and
smoking prevention
cessation
recommended
annually by the CDC

 **13.6%**
Kentuckians with disabilities
could not afford to see a
doctor in the last year due to
cost, compared to 5.6% of
Kentucky adults overall,
KyBRFS 2021

 **5.5%**
Decrease in opioid deaths
from 2021 to 2022. While
the rate of deaths in
Black people increased
by 8.7%

Steps in the SHIP



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

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

Kentucky Health Equity Framework

Understand health inequities and disparities found among different population groups in Kentucky.

Race/Ethnicity
Gender
Sexual Orientation
Age

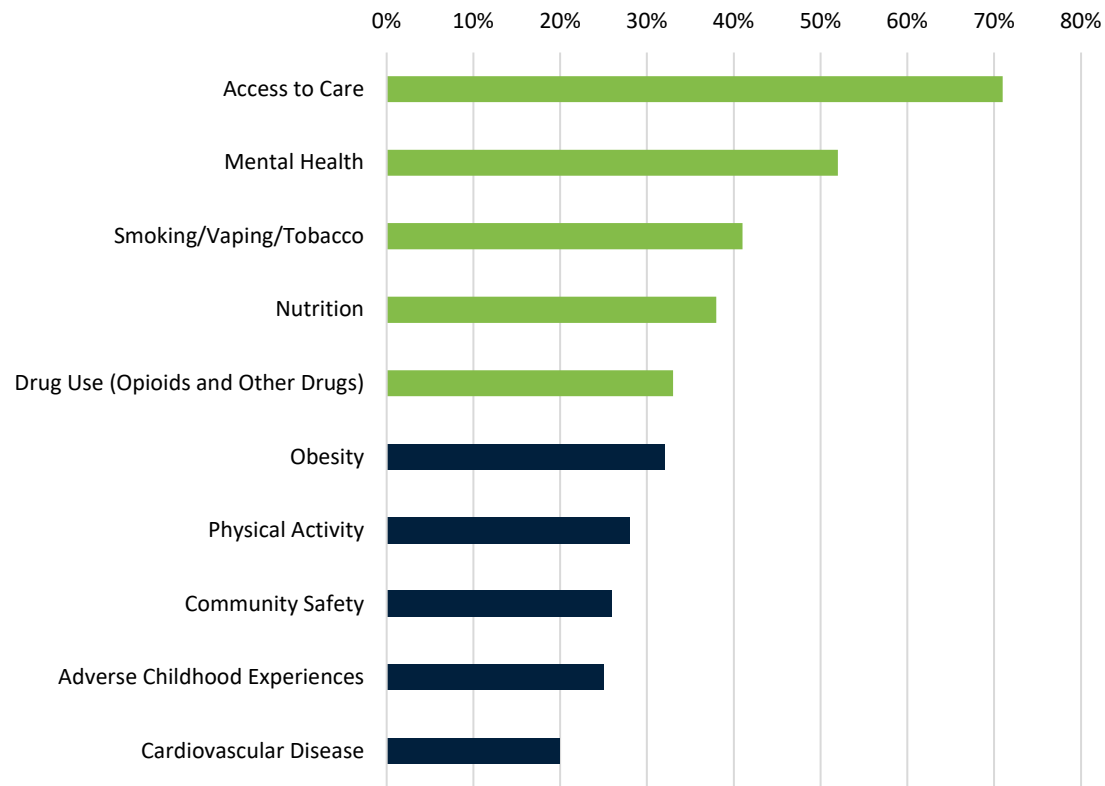


SHIP Priority Areas and Underlying SDOH

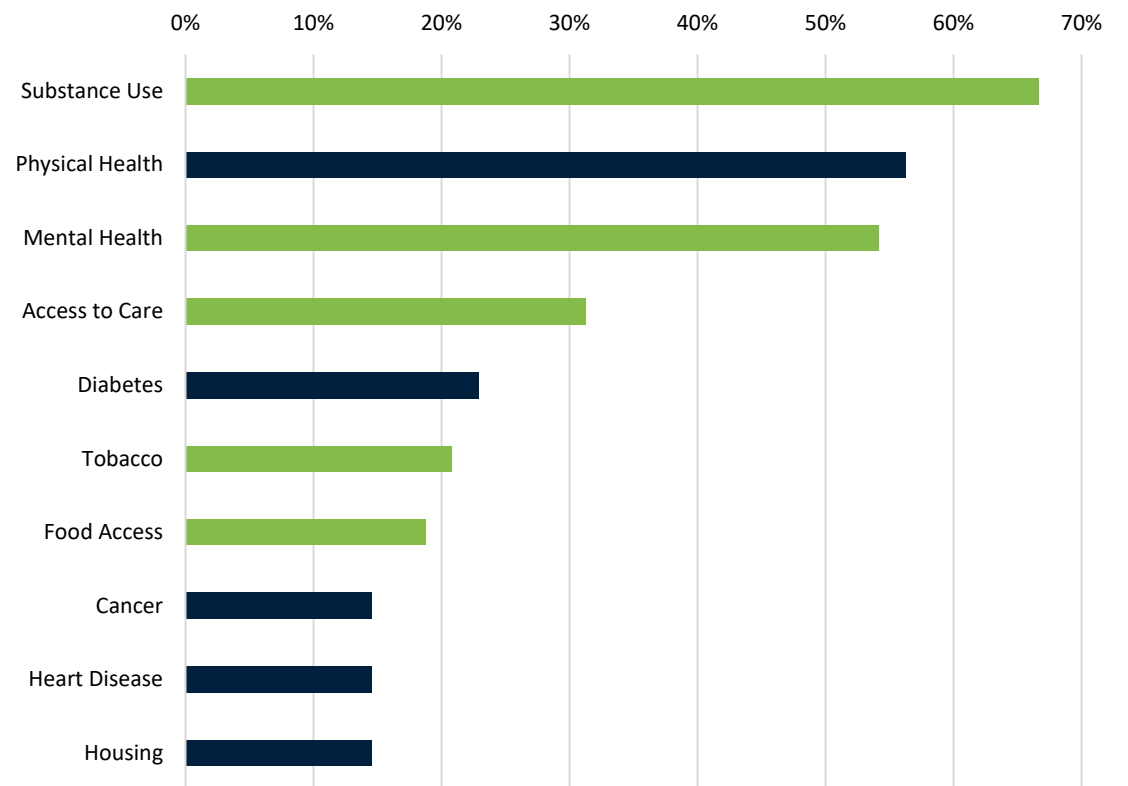
Access to Care	Mental Health	Smoking/ Vaping/ Tobacco	Nutrition	Drug Use
Transportation	Access to Care	Education	Hunger	Income
Employment/ Income	Drug/Alcohol Use	Zip Code/ Geography	Employment/ Income	Community Engagement
Education	Social Support	Access to Care	Education	Education
Provider Availability	Stigma	Built Environment	Cultural Factors	Zip Code/ Geography
Quality of Care	Transportation	Income	Healthy Food	Stigma
Provider Linguistic and Cultural Competency	Housing	Stress	Zip Code/ Geography	Support Systems
Health Insurance Coverage	Education		Built Environment	Unemployment
Health Outcomes				

Local to State Comparison of Health Improvement Plan Priorities

SHIP Top 10 Priority Areas



LHD CHIP Top 10 Priority Areas



Thank you.

Connie Gayle White, MD, MS, FACOG, KDPH

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State Health Improvement Plan (SHIP) Access to Care

Emily Beauregard, MPH, and Shellie Wingate

Executive Director at Kentucky Voices for Health (KVH) and Manager of Health Care Access Branch (HCAB), Division of Prevention and Quality Improvement (DPQI), KDPH

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Access to Care Process

- 🛡️ Chairs: Emily Beauregard and Shellie Wingate
- 🛡️ Makeup of group: Medicaid, BHDID, Public Health Workforce Development members, Universities, Providers, Advocates, Commission on Deaf and Hard of Hearing, PCA, Rural Health Association, Center of Excellence of Rural Health, KHA, Hospitals, FRYSCs, CHFS, and LHDs
- 🛡️ Process: Data presentation, Brainstorming, Survey, Group input provided
- 🛡️ Reaching Consensus: Survey, results discussed, top two selected

Access to Care Goal 1

Goal	Objectives	Activities	Who is responsible for accomplishing activity?
<p>1: Improve Workforce Development and network adequacy by December 2028.</p>	<p>1.1: Increase healthcare provider participation in loan repayment programs.</p> <p>1.2: Collect more comprehensive and uniform data from healthcare licensure boards to create an accurate baseline to measure workforce capacity and network adequacy.</p> <p>1.3: Examine the current payment and delivery system and identify opportunities for improving access and efficiency.</p>	<p>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.</p> <p>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.</p> <p>1.3.1: By 2028, improve access to qualified health care practitioners of all types in underserved sites and settings.</p>	<p>1.1.1: KDPH/PCO, Kentucky Office of Rural Health and other stakeholders to promote to their specific audiences.</p> <p>1.2.1: Cabinet for Health and Family Services (CHFS), Department of Insurance (DOI), licensure boards.</p> <p>1.3.1: CHFS, Department of Medicaid Services (DMS), licensure/certification boards.</p>

Access to Care, Goal 1 continued

🛡️ 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.

Access to Care Goal 2

Goal	Objectives	Activities	Who is responsible for accomplishing activity?
<p>2. Improve standardization of health Professional data collection, reporting and transparency.</p>	<p>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).</p> <p>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.</p>	<p>2.1.1 a: By 2026, a Health Data Trust (HDT) Governance Board will be created and functioning with broad and inclusive stakeholder representation.</p> <p>2.1.1 b: By 2027, the Governance Board will design a HDT ready to implement pending legislation and funding.</p> <p>2.2.1: By 2028, develop a data guide to support health professionals across settings to collect uniform, consistent health data on diverse demographics.</p>	<p>2.1.1 a & b: CHFS, DOI, government-purchased/administered plans.</p> <p>2.2.1: CHFS, partner organizations.</p>

Access to Care, Goal 2 continued

- 🛡️ 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, number, date of issuance and 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, specialty and setting
 - Employment status

The standard [data elements to collect](#) listed above are the combined data elements from HB766 introduced in the 2024 Kentucky General Assembly, [orig_bill.pdf \(ky.gov\)](#).

Thank you.

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State Health Improvement Plan (SHIP) Mental Health

Russell Williams, Psy.D. and Jennifer Toribio Naas, MSW, CSW

Licensed Psychologist Program Administrator, Health Services Division, Department of Corrections (DOC),
Justice and Public Safety Cabinet and Health Program Administrator, Kentucky Prescription
Assistance Program (KPAP), DPQI, KDPH

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Mental Health Process

- 🛡️ Chairs: Dr. Russell Williams and Jennifer Toribio Naas
- 🛡️ Makeup of group: CHFS, Schools, BHDID, DMCH, LHD, DOC, DEHP, OATS DSS, Council on Postsecondary Education (CPE), DAIL, Foundation for a Healthy Kentucky, OCSHCN, UK, Kentucky Dept. of Education, Kentucky Hospital Association
- 🛡️ Process: Data presentations, Breakout Groups, All voices contributed, Survey
- 🛡️ Reaching Consensus: All workgroup members voted in the survey and that is what was selected-capped at 3 objectives per goal. Workgroup members got to choose which goal they wanted to be involved with. Google Doc shared with the group for their input and edits incorporated.

Mental Health Goal 1, Objective 1

Goal	Objectives	Activities	Who is responsible for accomplishing activity?
<p>1. Improve mental health of Kentucky children.</p>	<p>1.1: Increase awareness of and access to telehealth mental health services.</p>	<p>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.</p>	<p>1.1.1: Division of Family Resource and Youth Services Centers (FRYSCs); KDPH; LHD; Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID); Area Health Liaisons (AHLs).</p>

Mental Health Goal 1, Objective 2

Goal	Objectives	Activities	Who is responsible for accomplishing activity?
<p>1. Improve mental health of Kentucky children.</p>	<p>1.2: Increase awareness of and access to resources on mental health.</p>	<p>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.</p> <p>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.</p>	<p>1.2.1: 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).</p> <p>1.2.2: KDPH, BHDID, Kentucky Department of Education, FRYSCs.</p>

Mental Health Goal 1, Objective 3

Goal	Objectives	Activities	Who is responsible for accomplishing activity?
<p>1. Improve mental health of Kentucky children.</p>	<p>1.3: Improve mental health for persons with disabilities (intellectual, physical or other).</p>	<p>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.</p>	<p>1.3.1: FRYSCs, Kentucky Department of Education, KDPH, LHD, BHDID, Area Health Liaisons, Office for Children with Special Health Care Needs (OCSHCN).</p>

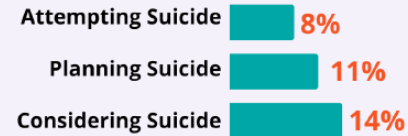
Youth Mental Health Overview, Goal 1 continued

OVERVIEW OF YOUTH MENTAL HEALTH

22%
of participating students in grades 6, 8, 10, and 12 reported **serious psychological distress** in the past 30 days



Percentage of participating students who reported...



Compared to their peers ...

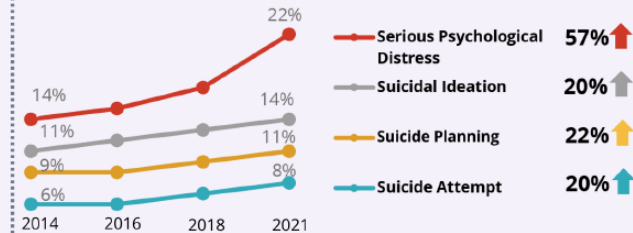
Gay, lesbian, and questioning students were...
4.6 X more likely to report experiencing suicidal thoughts
3.8 X more likely to report attempting suicide

Students identifying outside of the gender binary were...
6.5 X more likely to report experiencing suicidal thoughts
4.1 X more likely to report attempting suicide

Non-Hispanic Multiracial students were the most likely to report **serious psychological distress** and **suicidal ideation**

MENTAL HEALTH TRENDS 2014-2021

Since 2014, among all participating students **rates have increased** for reported...



6th graders, in comparison to other grades, experienced the largest increase in serious psychological distress, suicidal ideation, suicide planning, and suicide attempts between 2014 and 2021. Rates of **suicidal ideation** and **suicide planning** **more than doubled** among 6th graders during this time period.

Source: [KIP Infographic-Youth Mental Health \(8.5 x 27 in\) \(squarespace.com\)](https://www.squarespace.com)

Mental Health Goal 2, Objectives 1 & 2

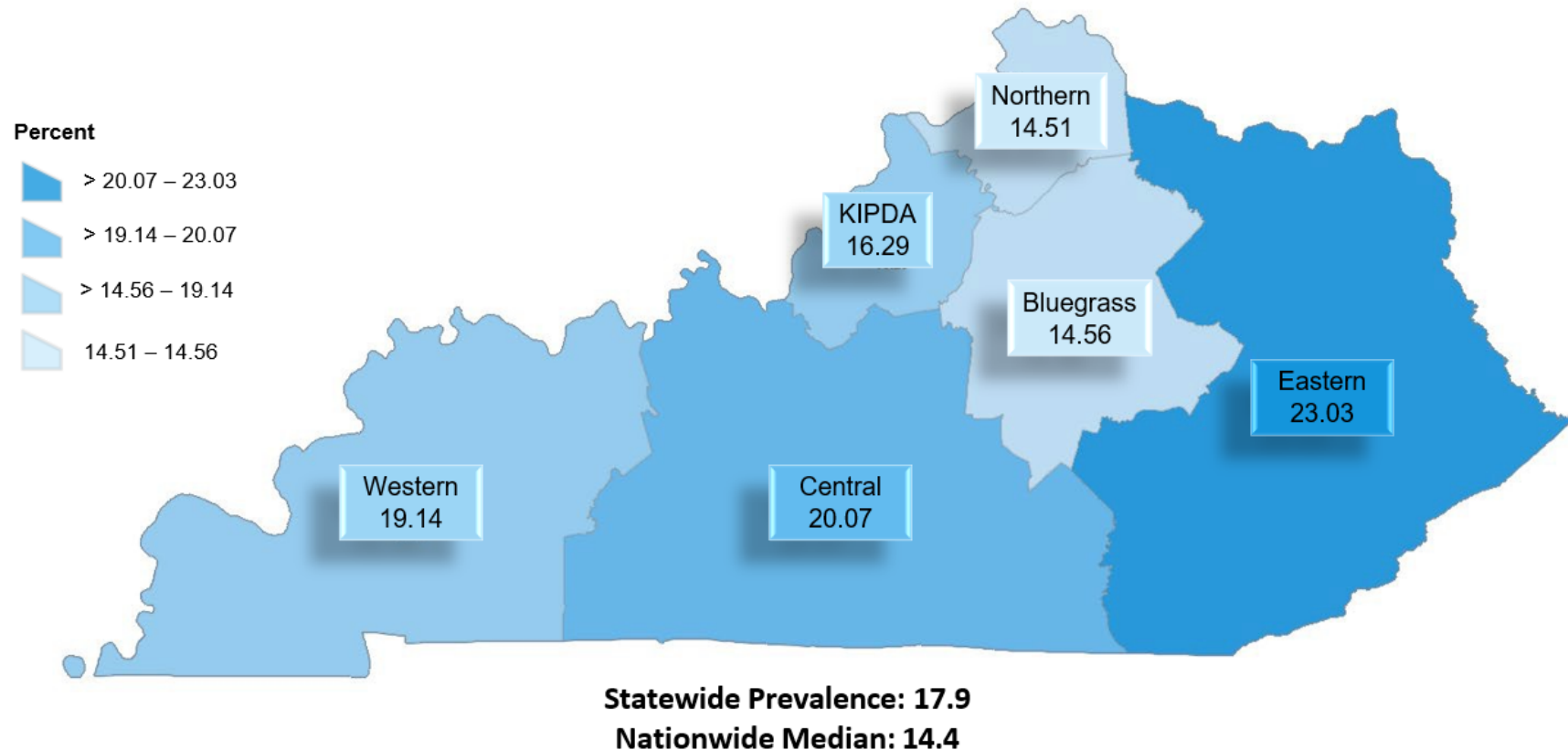
Goal	Objectives	Activities	Who is responsible for accomplishing activity?
<p>2. Improve mental health of Kentucky adults.</p>	<p>2.1: Improve mental health access to care to existing programs for persons with disabilities (intellectual, physical, developmental and other).</p> <p>2.2: Improve mental health access to care to existing programs for justice involved adults leaving Kentucky jails and prisons.</p>	<p>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.</p> <p>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.</p>	<p>2.1.1: KDPH, BHDID, National Alliance on Mental Illness (NAMI) KY, Community Mental Health Centers (CMHC), Kentucky Behavioral Health Planning and Advisory Council, Mental Health America of Kentucky.</p> <p>2.2.1: 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.</p>

Mental Health Goal 2, Objective 3

Goal	Objectives	Activities	Who is responsible for accomplishing activity?
<p>2. Improve mental health of Kentucky adults.</p>	<p>2.3: Improve telehealth access and awareness for mental health services.</p>	<p>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.</p> <p>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.</p>	<p>2.3.1: KDPH, BHDID, NAMI, American Psychological Association (APA), World Health Organization (WHO), Area Health Liaisons.</p> <p>2.3.2: CMHC, KDPH, LHD, Universities, BHDID, Area Health Liaisons, NAMI KY.</p>

Mental Health Data by Region, Goal 2 continued

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



Thank you.

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State Health Improvement Plan (SHIP) Smoking/Vaping/Tobacco

Sean Regnier, PhD., BCBA and Ellen Cartmell, MPA

Department of Behavioral Science, University of Kentucky, College of Medicine and Manager of the
Kentucky Tobacco Prevention & Cessation Program, DPQI, KDPH

August 21, 2024



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Smoking/Vaping/Tobacco Chairs and Group

- 🛡️ Chairs: Sean Regnier and Ellen Cartmell
- 🛡️ Makeup of group: Local health departments, advocacy groups, Department for Medicaid Services representatives, healthcare administrators, academic organizations

Smoking/Vaping/Tobacco Process



Process: Established four sub-committees based on Kentucky's Comprehensive Plan for Tobacco Control:

- **Healthcare Engagement**, led by Leitha Harris of the Department for Medicaid Services
- **Partnerships**, led by Nicole Key of the DPH Tobacco Prevention & Cessation Program
- **Policy Change**, led by Ellen Schroeder of the American Cancer Society
- **Translate Evidence into Practice**, led by Sean Regnier of the University of Kentucky

Smoking/Vaping/Tobacco Reaching Consensus

Reaching Consensus:

1. Goals from Comprehensive Plan became SMARTIE goals
2. Ranked & prioritized the comprehensive plan sub-goals
3. Highest ranked for each was the SMARTIE objective for that goal
4. Sub-committees met between whole group meetings to develop strategies
5. Presented to whole workgroup monthly

Healthcare Engagement	Engage and educate healthcare organizations on evidence-based policies to create supportive environments for tobacco treatment to improve patient/client outcomes. Four strategies:
S1	Provide education targeting different types of staff within healthcare organizations regarding tobacco-free policies.
S2	Promote consistent universal screening for tobacco use as a prerequisite for intervening with patients or clients who use tobacco.
S3	Increase provider, insurer, and partner knowledge to include tobacco treatment as a practice and system priority.
S4	Establish protocols to identify and connect patients to evidence-based referral resources.

Smoking/Vaping/Tobacco Goal 1

Goal	Objectives	Activities	Who is responsible for accomplishing the activity?
<p>1. Healthcare Engagement: Engage and educate healthcare organizations on evidence-based policies to create supportive environments for tobacco treatment to improve patient/client outcomes.</p>	<p>1.1: Promote consistent universal screening for tobacco use as a prerequisite for intervening with patients or clients who use tobacco.</p> <p>1.2: Increase provider, insurer and partner knowledge to include tobacco treatment as a practice and system priority.</p>	<p>1.1.1: 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.</p> <p>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.</p>	<p>1.1.1: KY Tobacco Prevention and Control Program (KTPC), the Department for Medicaid Services.</p> <p>1.2.1 KTPC (quitline), Department for Medicaid Services, health plans.</p>

Smoking/Vaping/Tobacco Goal 2

Goal	Objectives	Activities	Who is responsible for accomplishing the activity?
<p>2. Partnerships: Engage, advance, and diversify multi-sectored partnerships to increase equity and achieve wider influence for greater impact.</p>	<p>2.1: Invest resources in amplifying voices, skills and needs of underrepresented communities.</p> <p>2.2: Tailor messages to be culturally relevant and accessible to populations experiencing tobacco-related disparities.</p>	<p>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.</p> <p>2.2.1: Increase the use of Quit Now Kentucky by people facing health inequities by 20% by 2028.</p>	<p>2.1.1: KTPC.</p> <p>2.2.1: KTPC, National Jewish Health.</p>

Smoking/Vaping/Tobacco Goal 3

Goal	Objectives	Activities	Who is responsible for accomplishing the activity?
<p>3. Policy Change: Facilitate evidence-based tobacco control policies that advance a healthier Kentucky.</p>	<p>3.1: Enact comprehensive smoke-free laws to decrease exposure to secondhand smoke in workplaces and public places.</p> <p>3.2: Increase state funding for tobacco control based on CDC recommendations to reduce tobacco-related disease.</p>	<p>3.1.1: 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.</p> <p>3.2.1: Increase state funding for tobacco control based on CDC recommendations to reduce tobacco-related disease.</p> <p>3.2.2: Secure all JUUL settlement funding available for allocation by the Kentucky General Assembly for evidence-informed tobacco control.</p>	<p>3.1.1: 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.</p> <p>3.2.1: 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.</p> <p>3.2.2: 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.</p>

Smoking/Vaping/Tobacco Goal 4

Goal	Objectives	Activities	Who is responsible for accomplishing the activity?
<p>4. Translate Evidence into Practice: Translate evidence-based initiatives into practice to maximize resources and impact.</p>	<p>4.1: Adapt evidence-based interventions to ensure they meet the needs of Kentucky populations and settings.</p>	<p>4.1.1: Increase the number of Kentucky professionals trained to facilitate evidence-informed prevention programs (e.g., <u>CATCH My Breath</u>) by 10% by 2028.</p> <p>4.1.2: Increase the number of certified facilitators of evidence-informed cessation programs (e.g., <u>Freedom from Smoking</u>) in Kentucky by 10% by 2028.</p>	<p>4.1.1: KDPH, Kentucky Department of Education.</p> <p>4.1.2: KDPH, American Lung Association.</p>

Thank you.

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State Health Improvement Plan (SHIP) Nutrition

Kate Overberg-Wagoner, LCSW, LCADC and Lisa Arvin, RDN, LD

Program Administrator, Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) and Nutrition Program Coordinator of the State Physical Activity and Nutrition (SPAN) Program, DPQI, KDPH

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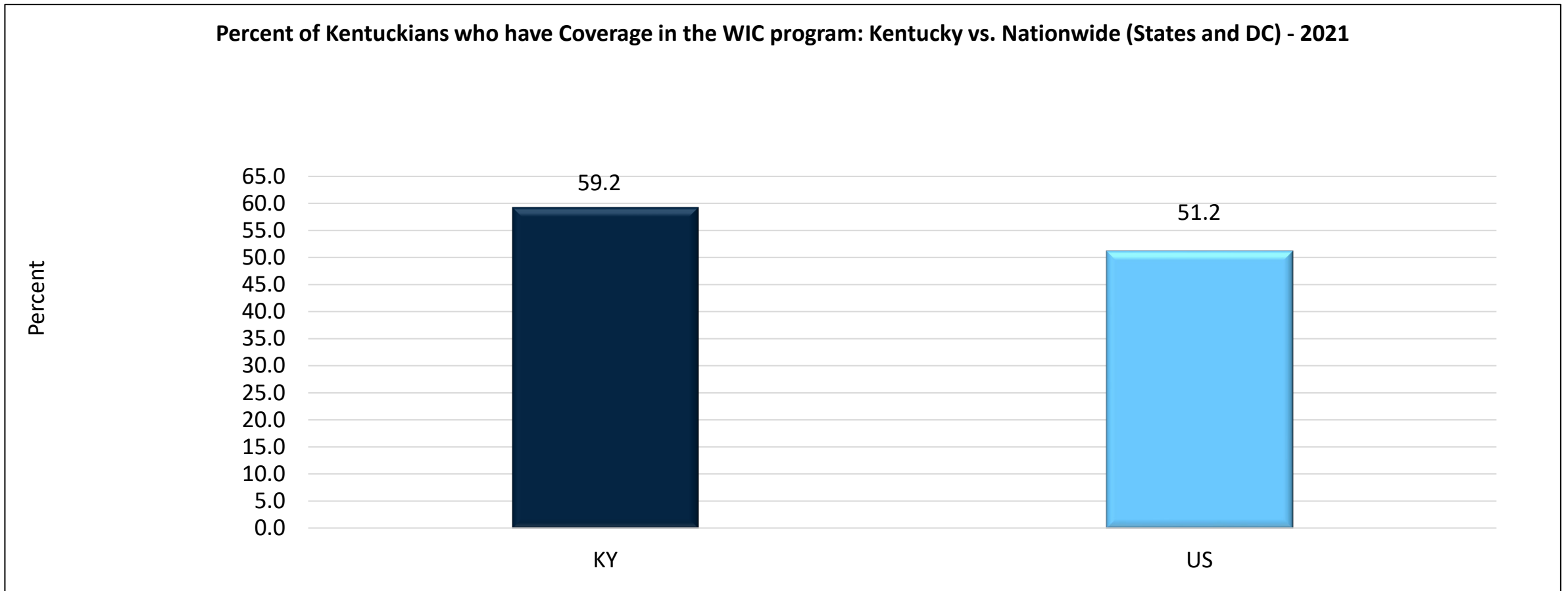
Nutrition Process

- 🛡️ Chairs: Kate Overberg-Wagoner and Lisa Arvin
- 🛡️ Makeup of group: Community members, Schools, LHD, Cabinet for Health and Family Services (CHFS) involvement (including local FRYSC), Department of Agriculture, Advocacy organizations and Academic organizations
- 🛡️ Process: Surveys, workgroup members participation ideas, sub-groups
- 🛡️ Reaching Consensus: sub-groups and entire group provided if they agreed or disagreed

Nutrition, Goal 1

Goal	Objectives	Activities	Who is responsible for accomplishing the activity?
<p>1. Expand fruit and vegetable produce prescription and voucher programs.</p>	<p>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.</p> <p>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.</p>	<p>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.</p> <p>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%.</p>	<p>1.1.1: 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.</p> <p>1.2.1: SHIP members and community stakeholders.</p>

WIC program, Nutrition, Goal 1 continued



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

Nutrition Goal 2

Goal	Objectives	Activities	Who is responsible for accomplishing the activity?
<p>2. Maintain or increase the number of eligible Kentuckians enrolled and using food assistance programs (e.g., SNAP, WIC, Senior Farmer's Market Programs).</p>	<p>2.1: Understand, identify and address barriers to SNAP participation.</p> <p>2.2: Increase redemption rates for the WIC Farmer's Market Nutrition Program.</p> <p>2.3: Support WIC's promotion of new food packages to eligible families.</p>	<p>2.1.1: 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.</p> <p>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.</p> <p>2.3.1: 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.</p>	<p>2.1.1: Kentucky Food assistance programs, Nutrition SHIP Access, community stakeholders and Local Health Departments.</p> <p>2.2.1: KDA, Nutrition SHIP, SPAN and WIC Program.</p> <p>2.3.1: State WIC Program and Nutrition SHIP Workgroup.</p>

SNAP in Kentucky, Nutrition, Goal 2 continued

Month	Household Participating	Persons Participating
February 2024	275,991	592,290

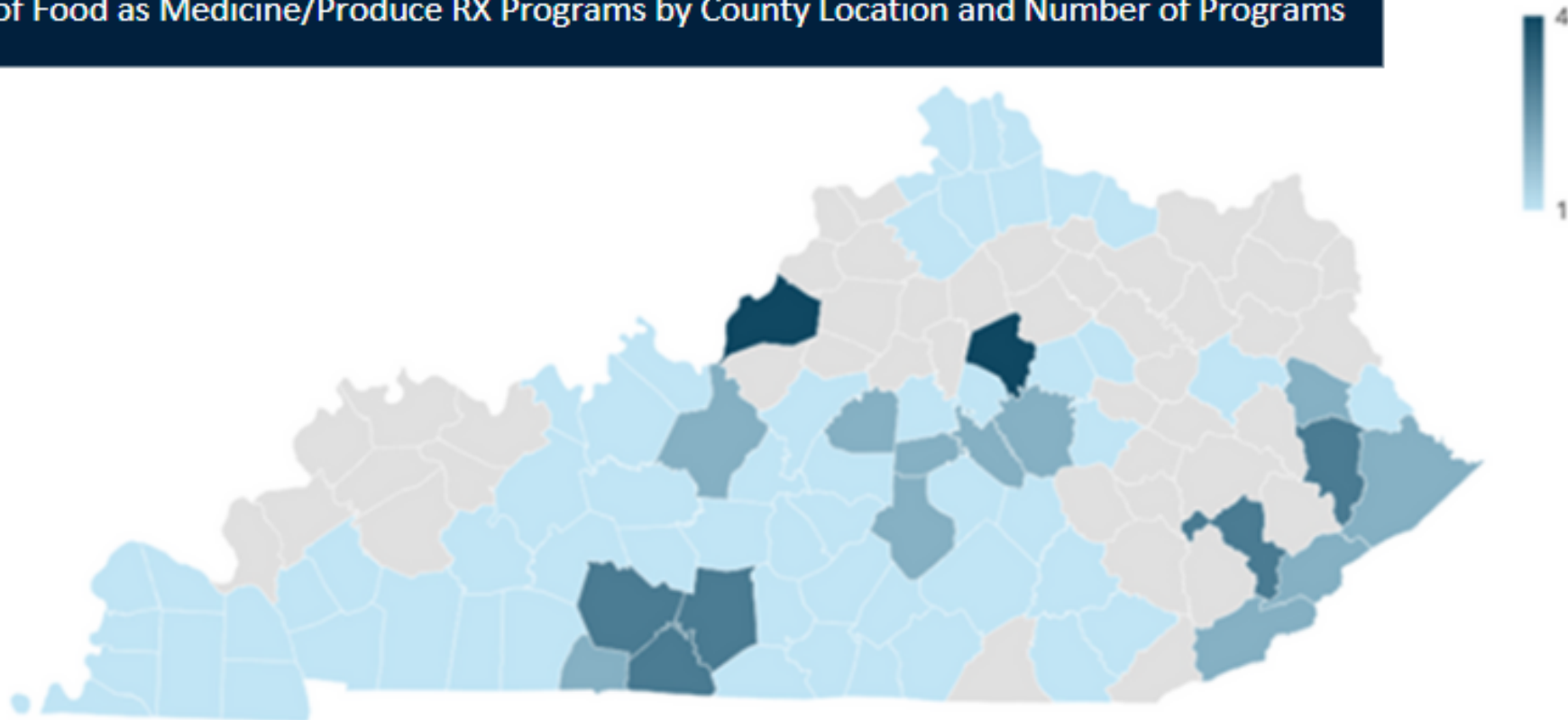
Data source: <https://www.fns.usda.gov/data-research/data-visualization/program-participation>

Nutrition, Goal 3

Goal	Objectives	Activities	Who is responsible for accomplishing the activity?
<p>3. Increase healthy food access through programming in communities.</p>	<p>3.1: Identify, support, advocate and collaborate with institutions and communities to adopt programs increasing healthy food access.</p>	<p>3.1.1: 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.</p> <p>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.</p> <p>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.</p>	<p>3.1.1: Kentucky Food assistance programs, Nutrition SHIP Access, community stakeholders, Local Health Departments.</p>

Food as Medicine, Nutrition, Goal 3 continued

Map of Food as Medicine/Produce RX Programs by County Location and Number of Programs



Data Source: Kentucky Food Action Network (KFAN) 2024 Food is Medicine Landscape Analysis
• According to the KFAN report, 63% of KY counties have 1 or more Food as Medicine/RX Programs

Nutrition, Goal 4

Goal	Objectives	Activities	Who is responsible for accomplishing the activity?
<p>4. Increase knowledge of fruit and vegetable voucher programs.</p>	<p>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.</p>	<p>4.1.1: 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.</p> <p>A resource directory will be created with access to available materials to promote programs in 2027.</p>	<p>4.1.1: Nutrition SHIP Workgroup, KY Department of Agriculture, community organizations, stakeholders and local health departments.</p>

Kentucky Double Dollars Program, Nutrition, Goal 4 continued



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/>

Thank you.

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Break

5 minutes

Return at 3:15pm EST



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State Health Improvement Plan (SHIP) Drug Use

Brittney Allen, PhD and Chase Barnes, MPH

Director of Division of Substance Use Disorder, DBHDID and Manager of the Harm Reduction Program, Division of Public Health Protection & Safety, DPH

August 21, 2024



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Drug Use Workgroup Process



Co-Chairs:

- External:
 - » Dr. Brittney Allen, DBHDID
- Internal:
 - » Chase Barnes, DPH



Makeup of Group:

- 55 Members

Organization	Number Participated
CHFS, KDPH	20
Local Health Department	7
Academia CHFS, BHDID	6
CHFS, BHDID	5
CHFS, OCSHCN	4
Healthcare System	4
CHFS, DMS	1
Advocacy	1
Federal Government	1
Healthcare Advocacy	1
Justice Cabinet	1
Non-Profit Organization	1
CHFS, DFRCVS	1
Faith-Based Organization	1
CHFS, OIG	1

Drug Use Workgroup Process Continued

Process:

- Established 4 Focus Areas and Leads:
 - » Prevention: Paula Brown, DBHDID
 - » Harm Reduction: Chris Smith, DPH
 - » Treatment: Sean Regnier, UK
 - » Recovery: Maggie Schroeder, DBHDID

Drug Use, Goal 1

Goal	Objectives	Activities	Who is responsible for accomplishing activity?
<p>1: Reduce and prevent substance use by supporting and expanding the provision of evidence-based prevention programs, policies and practices (EBPPPs).</p>	<p>1.1: Increase utilization of evidence-based primary prevention policies, programs and practices.</p> <p>1.2: Increase public awareness of substance use, including intentional and unintentional polysubstance use and related consequences, including overdose mortality and morbidity.</p>	<p>1.1.1: Increase by 200 the number of schools implementing evidence-based prevention curriculums by 2028.</p> <p>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.</p> <p>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.</p> <p>1.2.2: Provide a minimum of 14 educational opportunities per year that include information on intentional and unintentional polysubstance use.</p>	<p>1.1.1: CHFS, Community-Based Organizations (CBOs), Primary and Secondary Schools.</p> <p>1.1.2: CHFS, CBOs.</p> <p>1.2.1: CHFS, Kentucky Injury Prevention and Research Center (KIPRC), LHD, CMHCs, Community Coalitions.</p> <p>1.2.2: CHFS, RPCs, Community Coalitions, ASAP Boards.</p>

Drug Use, Goal 1 Continued



Image source: [A Guide to SAMHSA's Strategic Prevention Framework](#)



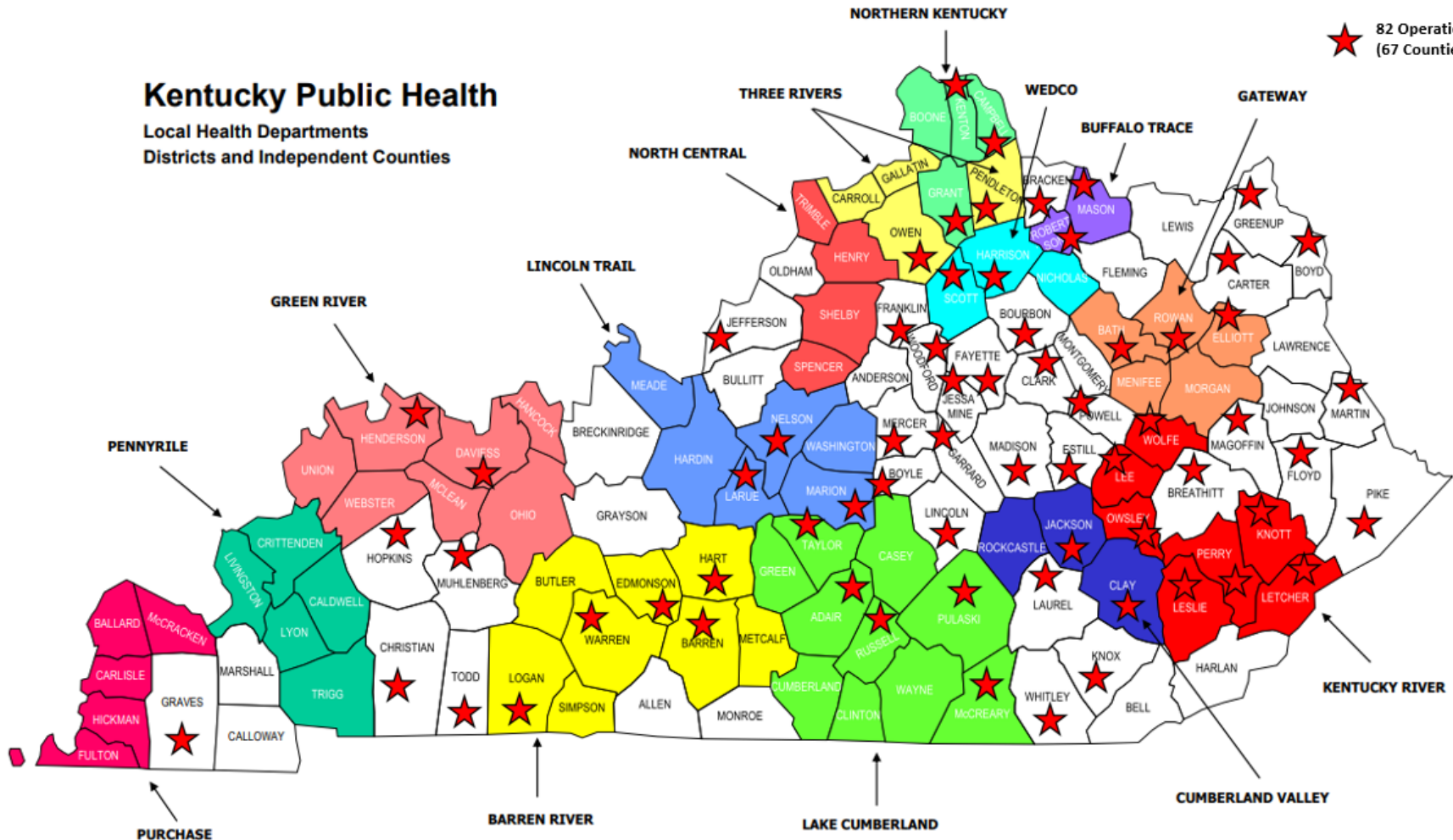
The Strategic Prevention Framework includes these five steps:

- **Assessment:** Identify local prevention needs based on data (e.g., What is the problem?)
- **Capacity:** Build local resources and readiness to address prevention needs (e.g., What do you have to work with?)
- **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?)
- **Implementation:** Deliver evidence-based programs and practices as intended (e.g., How can you put your plan into action?)
- **Evaluation:** Examine the process and outcomes of programs and practices (e.g., Is your plan succeeding?)

Drug Use, Goal 2

Goal	Objectives	Activities	Who is responsible for accomplishing activity?
<p>2. Expand the availability and awareness of harm reduction services across the Commonwealth.</p>	<p>2.1: Expand harm reduction service availability in Kentucky’s Local Health Departments (LHDs) and Community-Based Organizations (CBOs).</p> <p>2.2: Promote and invest in including people with lived experience in Harm Reduction education in academic, public health and Healthcare Organizations (HCOs).</p> <p>2.3: Expand the availability of Overdose Education and Naloxone Distribution (OEND) across the commonwealth using the Find Naloxone Now KY platform.</p>	<p>2.1.1: Support LHDs to open 10 new Harm Reduction Program sites by the end of 2027.</p> <p>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.</p> <p>2.3.1: All LHDs in Kentucky will provide Overdose Education and Naloxone Distribution (OEND) by the end of 2027.</p> <p>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.</p>	<p>2.1.1: CHFS, LHD, City Councils, County Fiscal Courts, CBOs.</p> <p>2.2.1: CHFS, LHD, CBOs, academic research institutions.</p> <p>2.3.1: CHFS, LHD.</p> <p>2.3.2: CHFS, CMHCs, Hospital Emergency Departments, Healthcare Organizations (HCOs) and judicial/carceral settings.</p>

Drug Use, Goal 2 Continued

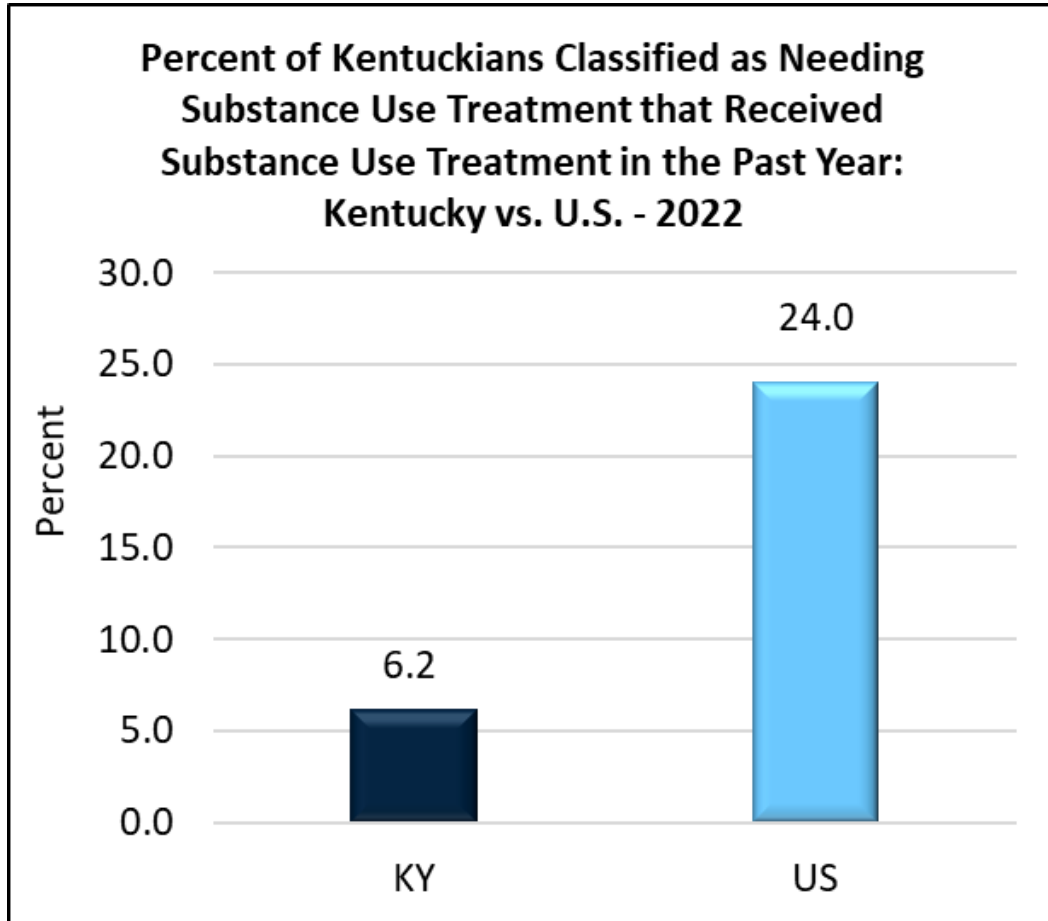


Data source: [Syringe Services Programs - Cabinet for Health and Family Services \(ky.gov\)](#)

Drug Use, Goal 3

Goal	Objectives	Activities	Who is responsible for accomplishing activity?
<p>3. Increase availability of and access to evidence-based and promising treatment services that support all Kentuckians in achieving recovery.</p>	<p>3.1: Expand utilization of evidence-based treatment services, including medications for opioid use disorder.</p> <p>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.</p>	<p>3.1.1: Increase Medications for Opioid Use Disorder (MOUD) uptake and retention by 25% across substance use treatment settings by 2028.</p> <p>3.1.2: Expand the number of Certified Community Behavioral Health Clinics (CCBHCs) in Kentucky to eight by 2028.</p> <p>3.1.3: Increase the utilization of FindHelpNowKY.org by 20% by the end of 2027.</p> <p>3.2.1: Increase the number of statewide trainings on evidence-based practices to five annually by the end of 2027.</p>	<p>3.1.1: CHFS, DOC, CBOs and Treatment Providers.</p> <p>3.1.2: CHFS, CBOs.</p> <p>3.1.3: CHFS, PAR (People Advocating for Recovery), ODCP (Office on Drug Control Policy) and Kentucky Injury Prevention and Research Center (KIPRC).</p> <p>3.2.1: CHFS, CBOs.</p>

Drug Use, Goal 3 Continued



* 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>

Drug Use, Goal 4

Goal	Objectives	Activities	Who is responsible for accomplishing activity?
<p>4. Expand access and availability of community-based recovery support services statewide.</p>	<p>4.1: Increase the availability of safe and affordable housing for individuals in recovery.</p> <p>4.2: Expand linkage and engagement in recovery-friendly education and employment resources.</p> <p>4.3: Create Recovery Ready Communities through increased awareness and education that decreases stigma and promotes utilization of recovery supports.</p>	<p>4.1.1: Increase by 250 the number of homes meeting the National Alliance for Recovery Residencies (NARR) standards by 2028.</p> <p>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.</p> <p>4.3.1: Increase the number of certified Recovery Ready Communities by eight per year through the end of 2027.</p> <p>4.3.2: Establish six additional Recovery Community Centers (RCCs) by 2028.</p>	<p>4.1.1: CHFS, Recovery Housing Providers, CBOs.</p> <p>4.2.1: CHFS, ODCCP, CBOs, KY Chamber of Commerce.</p> <p>4.3.1: CHFS, ODCCP, VOA, Multi-Disciplinary Advisory Committee.</p> <p>4.3.2: CHFS, CBOs.</p>

Drug Use, Goal 4 Continued

🛡️ 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.

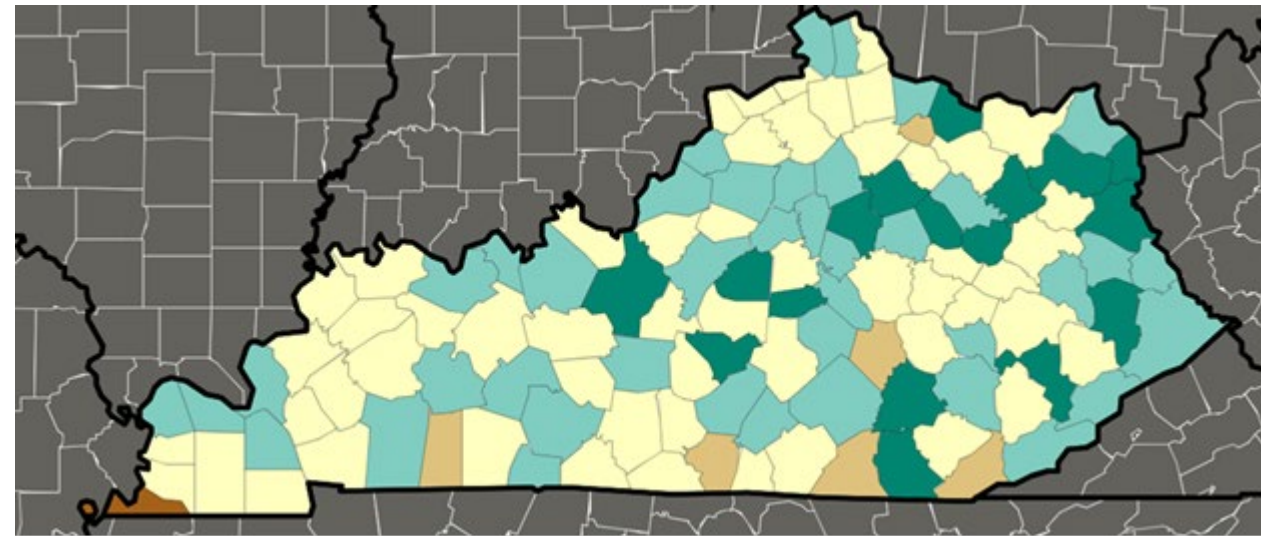
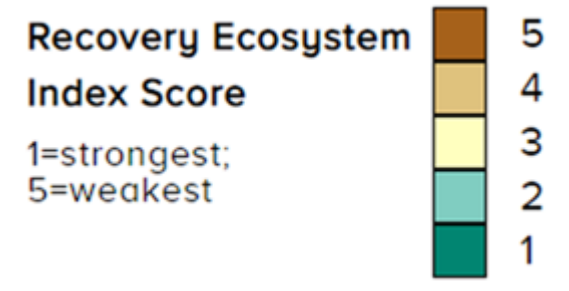


Image source: rei.norc.org

Thank you.

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State Health Improvement Plan (SHIP) Alignment and Implementation

Carissa Adams, MPH; Carrie Conia, MBA; and Heather Stone, BS

Accreditation Coordinator; KDPH/LHD Technical Assistant Coordinator; Quality Improvement Coordinator
Office of Performance Improvement and Accreditation (OPIA), DPQI, DPH

August 21, 2024

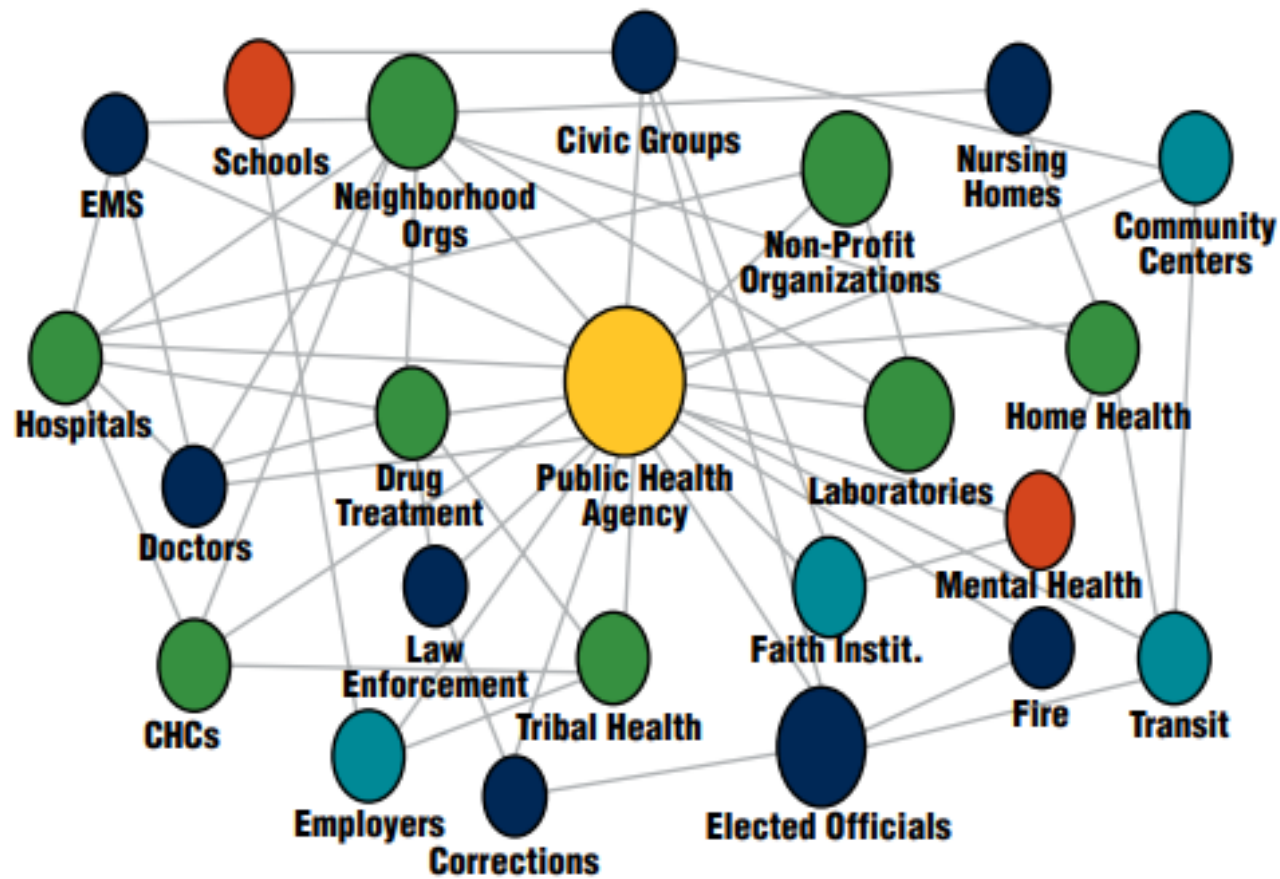


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Alignment- Public Health System



Implementation Example

TASK	ASSIGNED TO	PROGRESS	START	END
Goal 1 (Activity 1.1.1) and Goal 2 (Activity 2.3.2) Creating a Fact Sheet				
Set up Canva fact sheet link for all to access and edit	Jennifer Toribio Naas	0%	9/1/24	9/30/24
Brainstorm resources to include	Jennifer Toribio Naas, Russell Williams	0%	10/1/24	12/31/24
Place content/resources in Canva		0%	1/1/25	3/31/25
Graphic Design of Canva Layout with accessibility		0%	4/1/25	6/30/25
Complete Draft		0%	7/1/25	9/30/25
Review Fact Sheet for edits		0%	10/1/25	12/31/25
Final Fact Sheet complete		0%	1/1/26	1/31/26
Distribute Fact Sheet		0%	2/1/26	12/31/28

Implementing the SHIP



REDCap QR code to get involved with implementing the State Health Improvement Plan (SHIP).

1) Please select which priority area(s) you would like to get involved with: <i>* must provide value</i>	<input type="checkbox"/> Access to Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Smoking/Vaping/Tobacco <input type="checkbox"/> Nutrition <input type="checkbox"/> Drug Use
2) Provide your first and last name here: <i>* must provide value</i>	<input type="text"/>
3) Provide your organization here: <i>* must provide value</i>	<input type="text"/>
4) Provide your email address here: <i>* must provide value</i>	<input type="text"/>
5) Is there any additional information you would like to provide?	<input type="text"/>

Next Steps



Expectation:

- Individuals, organizations or groups responsible for an activity will work collaboratively to implement the activity.
- OPIA can provide implementation support.
 - » Host a meeting
 - » Communications
 - » Disseminate information
 - » Help identify funding opportunities
- Workgroups meet twice a year to review workplans and update progress of goals, objectives and activities.



Monitoring and Reporting:

- Monday.com, a web-based project management tool.
- OPIA will facilitate the update of the SHIP and monitor progress.

Thank you.

Carissa Adams, Carrie Conia and Heather Stone

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Question and Answer



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State Health Improvement Plan (SHIP) Closing Remarks

Steven Stack, MD, MBA

Kentucky Department for Public Health (KDPH) Commissioner

August 21, 2024

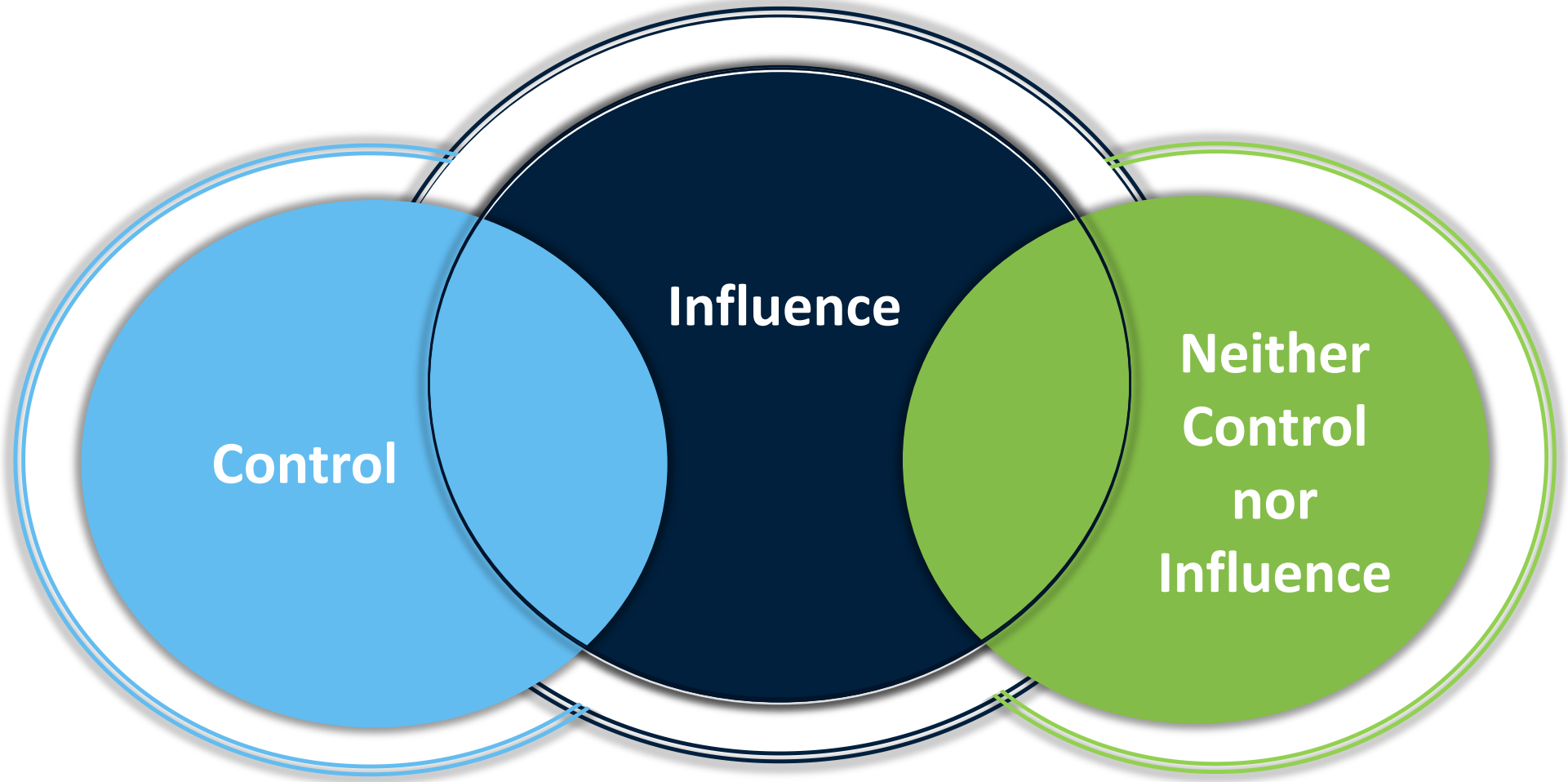


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Span of Control



Thank you.

Steven Stack, MD, MBA, KDPH

Steven.Stack@ky.gov



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Thank you.

Adjourn



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