Kentucky State Plan For Addressing Asthma 2016-2018

A Strategic Plan for Improving Asthma Diagnosis, Treatment and Self-Management Through System Level Interventions
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The burden of asthma is significant in Kentucky and manifests itself in the form of poor health outcomes and high costs related to uncontrolled and poorly managed disease. The 2016 Kentucky State Plan for Addressing Asthma was created to address this disease burden and lay the foundation for significant and measurable differences in the lives of Kentuckians who suffer from asthma.

Asthma is a disease that affects the lungs and causes wheezing, coughing and shortness of breath due to airflow obstruction. There is no cure for asthma however the symptoms can be controlled with appropriate medical care and proper patient self-management. If not managed properly, asthma can have a dramatic effect on quality of life and daily functioning, including the ability to work or attend school. Missed work days and missed school days caused by asthma also represent a significant financial burden for the state.

To address the burden of asthma in Kentucky, the Kentucky Department for Public Health (KDPH) developed a public-private partnership called the Kentucky Asthma Partnership (KAP). The KAP has been meeting continuously since 2006 with the goal of being the collaborative driving force behind the reduction of mortality and morbidity of asthma in Kentucky. KAP partners work to accomplish these goals by:

- Increasing public awareness of asthma and related issues
- Identifying and eliminating disparities that affect the health outcomes of people with asthma
- Providing education about asthma and asthma management
- Serving as a link between the community, asthma care and other supportive resources
- Increasing school/community management of asthma
- Utilizing asthma data to prioritize goals and activities
- Building a strong, diverse partnership
- Serving as a catalyst for activities of other organizations that are promoting the health and well-being of all Kentuckians with asthma.

This three year plan is built on the effort and accomplishments of the 2009 Kentucky State Plan for Addressing Asthma and is the result of strategic planning by many key stakeholders including medical providers, public health leaders and other community partners. This plan is designed to maximize the resources of the Kentucky Asthma Partnership member organizations and individuals who provide asthma care. The plan’s objectives and strategies are directed to the people who suffer from asthma, their family members, caregivers, employers, health care providers and to the general population.
Using the 2016 Kentucky State Plan for Addressing Asthma, the Kentucky Asthma Partnership and the Kentucky Asthma Management Program and its partners will continue working toward success in reducing the disease burden related to asthma.

The goals and objectives contained in this plan were developed through a rigorous strategic planning process and are aligned with CDC national standards and Healthy People 2020 Objectives.

**Healthy People 2020**
Healthy People 2020 includes four overarching goals and eight asthma-related objectives that serve as a framework for each state to use in planning public health programming.

### Healthy People 2020 Asthma Goals
- Attain high quality, longer lives free of preventable disease, disability, injury and premature death
- Achieve health equity, eliminate disparities and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development and healthy behaviors across all life stages

### Healthy People 2020 Asthma Objectives
- Reduce asthma deaths
- Reduce hospitalizations for asthma
- Reduce emergency department visits for asthma
- Reduce activity limitations among persons with current asthma
- Reduce the proportion of persons with asthma who miss school or work days
- Increase the proportion of persons with current asthma who receive formal patient education
- Increase the proportion of persons with current asthma who receive asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines
The Burden of Asthma in Kentucky

Asthma Prevalence and Mortality
In Kentucky in 2014, 11.9 percent of adults have asthma compared to 8.9 percent in the United States. Asthma is also one of the most common chronic diseases among children, and in Kentucky 10.6 percent of children under age 18 have asthma. Over 10 million U.S. children under 18 years of age have been diagnosed with asthma in their lifetime. In Kentucky in 2014, there were twice as many deaths of females from asthma as males. During 2014, there were no deaths from asthma for children under the age of 18, but approximately half of the deaths for asthma were for persons between the ages of 25-64.

Economic Burden
Asthma contributes to substantial economic burden in Kentucky each year. The U.S. Centers for Disease Control estimates that in 2014 asthma cost Kentucky $399 million in direct medical costs and $46 million in indirect costs associated with missed school days, missed work days and early death. In 2014, there were 19,678 emergency department visits with a primary diagnosis of asthma amounting to total billed charges of over $42 million. Also in 2014, there were 5,111 hospitalizations with a primary diagnosis of asthma with total billed charges of over $150 million. The average length of an asthma hospital stay was 4.5 days with an average charge of $29,446. About 23 percent of these charges were billed to Medicaid and 28.5 percent of the patients were covered by Medicaid.

Risk Factors

**Tobacco Use and Secondhand Smoke**
Smoking and exposure to secondhand smoke is a risk factor for the development of asthma. In 2014, 26.1 percent of Kentucky adults were current smokers. Among Kentucky adults who are current smokers, 31 percent also have asthma.

**Low Educational Attainment**
Kentucky adults with less than a high school education report more than twice the rate of current asthma (19 percent), compared to adults with a college degree (7.4 percent). Lower levels of education may contribute to a lack of understanding about asthma including risk factors and treatment.

**Obesity**
Emerging evidence shows that obese and overweight individuals, especially females, have a higher prevalence of asthma. In Kentucky in 2014, the asthma rate among obese adults was 15 percent, while the rate among normal weight adults was 10 percent.

Disparities

**Children, Women, African-Americans**
While asthma occurs in all demographic sectors in Kentucky, the disease disproportionately affects children, women (14.7 percent as opposed to 9.0 percent of men in 2014) and African-Americans (13.2 percent as opposed to 11.8 percent of Caucasians in 2014).

**Poverty**
Asthma prevalence in Kentucky is 1.5 times higher among those with lower levels of income (16.2 percent in 2014) compared to those with the highest income (10 percent in 2014). Poverty may cause increased exposure to asthma triggers due to substandard housing and may keep individuals from being able to mitigate these triggers.

Source: KyBRFS
KENTUCKY HAS ONE OVERARCHING GOAL:
Reduce the burden of asthma in Kentucky

Objectives:

- Enhance infrastructure to maximize the reach, impact, efficiency and sustainability of comprehensive asthma control services in Kentucky
- Assure the availability of and access to National Heart, Lung and Blood Institute (NHLBI) Expert Panel Report 3 (EPR-3) guidelines-based medical management and pharmacotherapy for people with asthma
- Increase access to self-management education and environmental trigger identification and reduction

The Next Three Years

In planning for the future of asthma control in the state, the Kentucky Asthma Partnership and its members adopted a CDC framework that includes four domains implemented in other chronic disease programming. Strategies to meet the state’s asthma goal and objectives will be framed within these four domains:

- **Epidemiology and Surveillance**
  Gather, analyze and disseminate data and information and conduct evaluation to inform, prioritize, deliver and monitor programs and population health

- **Environmental and Policy Approaches**
  Promote health and support and reinforce healthful behaviors statewide — in homes, schools, worksites and communities

- **Health Systems Interventions**
  Improve the effective delivery and use of clinical and other preventive services Including reducing or eliminating risk factors and reducing acute episodes, hospital admissions and emergency department use

- **Community/Clinical Linkages**
  Engage public and private partnerships that will ensure access to evidence-based comprehensive asthma management and access to quality community resources
Outcomes

Adherence to treatment plan including medications
Reduced exposure to environmental triggers
Decreased emergency department visits
Decreased hospitalizations
Decreased mortality from asthma
Increased quality of life for people with asthma and their caregivers
Reduce asthma disparities across the state

Overall Outcome

Reduced asthma related morbidity and mortality in Kentucky
The Kentucky Asthma Partnership and Kentucky Asthma Management Program in the Department for Public Health promote asthma awareness in Kentucky throughout the year. In 2014, KAP members David Mannino, MD, Chair of the Preventive Medicine and Environmental Health Division at the University of Kentucky, Beth VanCleave, a Registered Nurse and Asthma Educator-Certified at Kosair Children’s Hospital, and Connie White, MD, Senior Deputy Commissioner at the Kentucky Department for Public Health, served as panelists for a program on asthma produced by Kentucky Educational Television. James Sublett, MD, co-founder of Family Allergy and Asthma and then president of the American College of Allergy, Asthma and Immunology also participated via remote feed from Louisville. Also pictured is Health Three60 host Renee Shaw, left. (Photographs courtesy of Kentucky Educational Television)

The Kentucky Asthma Management Program collaborates with the Asthma Educator Association, the American Lung Association of Kentucky, Norton Healthcare and Kosair Children’s Hospital as well as other partners to provide asthma educator training each year. This course prepares nurses, respiratory therapists and others to sit for the National Asthma Educator Certification Exam which will increase access to quality asthma education in the state.

KDPH is a National Center for Healthy Housing (NCHH) Training Center partner and supports this effort through a collaborative relationship with Montgomery County Health Department and the NCHH. Healthy Homes Specialists are trained to conduct home assessments and provide education on trigger reduction. The Kentucky Healthy Homes Training Center provides three Healthy Homes courses including the Essentials of Healthy Homes, Healthy Homes for Community Health Workers (CHW) and the Healthy Homes Rating System course. Over 100 Healthy Homes Specialists have been credentialed and over 120 CHWs have received training. (Photograph courtesy of Kentucky Educational Television.)

Watch KET's Easing the Burden of Asthma
http://video.ket.org/video/2365375743/
### Objective No. 1:
Enhance infrastructure to maximize the reach, impact, efficiency and sustainability of comprehensive asthma control services in Kentucky

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<td><strong>Epidemiology and Surveillance</strong></td>
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<td>Maintain and enhance existing statewide asthma surveillance system</td>
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<td>Increase visibility and access to data among partners to support state,</td>
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<td>regional and local asthma initiatives</td>
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<td>Collaborate with the KDPH Environmental Public Health Tracking Network</td>
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<td>(EPHTN) to provide environmental data related to asthma</td>
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<td>Support targeted dissemination of surveillance findings to key stakeholders, physicians, patients and the general public</td>
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<td>Identify disparate populations and develop topical fact sheets to increase awareness of these disparities and to drive program planning to eliminate the disparities</td>
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<td>Use surveillance information to inform decision making and to guide program planning and health communication and asthma awareness activities</td>
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<td>Evaluate asthma interventions and activities in Kentucky for effectiveness and efficiency</td>
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<td><strong>Environmental and Policy Approaches</strong></td>
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<td>Maintain a Healthy Homes Training Center and provide training to increase the number of credentialed Healthy Homes Specialists in Kentucky and to educate Community Health Workers (CHWs) and others</td>
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<td>Collect information from agencies and organizations and develop a database of resources to assist with remediation of environmental hazards related to asthma</td>
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<td>Collaborate with public health and other partners to establish public health grants to create asthma-friendly schools, child care centers, communities and home environments</td>
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<td>Promote the NHLBI Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities</td>
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<td>Support a survey of managed care organizations and other insurers in the state to determine their current practice of payment for asthma management</td>
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<td>Develop an annual Governor’s proclamation to increase awareness of asthma activities in the state</td>
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<td>Develop asthma media toolkits for local and state partners</td>
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<td><strong>Health System Interventions</strong></td>
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<td>Support the development of public health and health care linkages in order to provide comprehensive asthma control services</td>
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<td>Promote adherence to NHLBI EPR-3 evidence-based guidelines for those providing asthma care</td>
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<td>Collaborate with the Kentucky Primary Care Association and Kentucky Hospital Association to encourage Federally Qualified Health Centers (FQHCs), rural health clinics and hospitals to participate in asthma quality improvement projects</td>
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<td>Promote reimbursement for comprehensive asthma control services including self-management education, care coordination and Healthy Homes assessments</td>
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<td>Collaborate with the Kentucky Department of Education, FQHCs, child care organizations, local health departments and other partners to assure a competent asthma education workforce by providing training for certified asthma educators and CHWs</td>
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<td>Provide training to staff in health systems on topics of cultural competency, health literacy, health equity and social determinants of health</td>
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<td><strong>Community/Clinical Linkages</strong></td>
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<td>Maintain the Kentucky Asthma Partnership and continue to recruit strategic partners to promote statewide planning and coordination of asthma activities, websites, social media and resources</td>
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<td>Develop and implement a marketing campaign for the Kentucky Asthma Partnership that includes branding of the organization and promotion of services provided</td>
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<td>Seek 501(c)3 non-profit status for the Kentucky Asthma Partnership</td>
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<td>Increase the visibility and outreach of the Kentucky Asthma Management Program as a resource and provider of technical assistance</td>
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<td>Develop and implement a pilot project Kentucky-Asthma Integrated Resources (K-AIR) with Managed Care Organizations, local health departments, providers and community resources using care coordination, home assessments and trigger reduction, Community Health Workers (CHWs), certified asthma educators and public health staff</td>
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Kentucky Asthma Partnership (KAP) members promote the use of the National Heart, Lung and Blood Institute (NHLBI) Expert Panel Report-3 (EPR-3) Guidelines for the Diagnosis and Management of asthma through awareness activities, training and academic detailing. These guidelines provide clinicians with a definition and pathophysiology of asthma as well as implications for long-term management of asthma, managing exacerbations and trigger reduction in the home.

KAP partners support programs that educate asthma patients about the importance of finding a provider who adheres to these NHLBI EPR-3 Guidelines. The partnership supports provider education through an annual asthma symposium as well as meetings and educational webinars throughout the year. KAP members also participate in a wide variety of activities designed to promote asthma self-management education, flu shots for asthma patients, trigger reduction, appropriate use of the emergency department and other components of asthma management as defined by the NHLBI guidelines.
Objective No. 2:
Assure the availability of and access to NHLBI EPR-3 guidelines based medical management and pharmacotherapy for people with asthma

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<th>Health System Interventions</th>
<th>Community/Clinical Linkages</th>
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<tr>
<td>Utilize KyBRFS Asthma Call Back survey for self-reported data to determine quality of life issues and self-management needs in the state</td>
<td>Support quality improvement activities at the provider level including Patient Centered Medical Home certification</td>
<td>Support opportunities to educate providers on NHLBI EPR-3 guidelines and the most recent updates in treatment options by holding an annual asthma symposium and periodic educational meetings and webinars</td>
<td>Develop an education/marketing toolkit to guide state and local partners in providing asthma education and/or promotion of asthma awareness in their communities</td>
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<td>Utilize existing HEDIS data from managed care organizations to determine a baseline</td>
<td>Support reimbursement from payers for comprehensive asthma management including testing, medications, and self-management education</td>
<td>Enhance quality improvement processes by promoting the use of decision-support tools, the use of EHRs for care coordination and mechanisms for reporting quality process and outcome measures</td>
<td>Develop a database of asthma resources in the state and place links on the KAMP and KAP websites</td>
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<td>Utilize Uniform Data Set (UDS) data from HRSA website</td>
<td>Utilize existing clinical experts in the state for training and educational opportunities on at least a quarterly basis in collaboration with the KAP</td>
<td>Promote the use of team-based care in medical homes to improve coordination and cultural competence of asthma care</td>
<td>Coordinate with providers and the Kentucky Immunization Program to promote flu and pneumonia vaccination awareness and activities</td>
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<td>Develop and implement a survey of usage and barriers to usage in collaboration with partners in KAP. Work with the Kentucky Primary Care Association (KyPCA) to administer the survey to FQHCs</td>
<td>Increase access to certified asthma educators in Kentucky by continuing to offer a review course at least once a year</td>
<td>Develop learning and action network for hospitals similar to other quality improvement disease projects in the state by working with the Kentucky Hospital Association</td>
<td>Coordinate with Kentucky Pharmacy Association and local pharmacists to develop a plan for asthma education and medication therapy management for asthma</td>
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<td>Review existing Managed Care Organization (MCO) plans for comprehensive asthma care coverage</td>
<td>Develop fact sheets based on the data and adherence to guidelines</td>
<td>Support training on basic coding and billing for asthma visits in order to standardize the process</td>
<td>Implement a model of comprehensive asthma care service provision (K-AIR) that provides a linkage to guidelines-based clinical care, asthma education and care coordination using Community Health Workers</td>
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<td>Review and analyze billing through Medicaid for asthma education</td>
<td>Support Return on Investment studies and disseminate these reports</td>
<td>Review usefulness of the Kentucky Health Information Exchange as a means to share information more consistently</td>
<td>Promote the Kentucky Quit-Line to assist adults with smoking cessation and assist them with linking to local classes and medication</td>
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<td>Review hospitalization and emergency department data from the Office of Health Policy</td>
<td>Support adoption of standardized data collection at schools through Infinite Campus</td>
<td>Increase providers and health systems knowledge of home environmental triggers and how they can assist people with asthma to make basic modifications</td>
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A key component in providing EPR-3 guidelines-based asthma care is patient self-management education including the control of environmental factors that may affect asthma. The Kentucky Department for Public Health and KAP partners have been instrumental in providing safer, more asthma-friendly school environments for Kentucky children.

KAP partners were instrumental in the publication of “Creating Asthma Friendly Schools in Kentucky,” a resource booklet to guide school administrators, staff and other personnel in integrating asthma-friendly policies and procedures into the school environment.

Working with partners such as the American Lung Association of the Midland States, the Kentucky Asthma Management Program makes Asthma 1-2-3 facilitator training available to local public health department, school and child care staff.

KAP partners promote 100% Tobacco Free Schools policies and are active in advocating for a statewide smoke-free law for public facilities. Over 50 percent of the school districts in Kentucky have a 100% Tobacco Free Schools policy in place.

Several projects in Kentucky have focused on creating linkages between asthma patients and guidelines-based care including asthma self-management education and identification and reduction of asthma triggers. Some of these programs use Community Health Workers (CHWs) to provide care coordination that includes facilitation of health care access and community resources that can reduce barriers to care related to the social determinants of health. KAP members were instrumental in having asthma self-management education payment included in the Medicaid Preventive Fee Schedule.
### Objective No. 3:
Increase access to self-management education and environmental trigger identification and reduction

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<td>Utilize KyBRFS Asthma Call Back data for baseline to determine needs in the state</td>
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<td>Administer and analyze annual survey of school nurses in collaboration with the Kentucky School Nurse Association to determine barriers to good self-management education and environmental trigger identification and reduction</td>
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<td>Review the annual Asthma and Allergy Foundation School Honor Roll for the state to determine what policies Kentucky does not have in place</td>
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<td>Work with Medicaid and MCOs to inform health care providers about asthma education coding and billing on the Medicaid Preventive Fee Schedule</td>
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<td>Collaborate with the Kentucky Health Information exchange to explore what information related to asthma self-management is available</td>
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<td>Explore use of EPHTN data and website to correlate strategic data and messaging</td>
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<td>Work with the Kentucky Energy and Environment Cabinet to determine how many homes in the state are using wood stoves or other methods of heating that may trigger asthma exacerbations</td>
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Conclusion

This strategic plan builds on extensive asthma initiatives already in place in state and local health departments, provider offices, hospitals, universities, managed care organizations and schools across Kentucky. This plan is designed to enhance these initiatives and to create change at the systems level designed to lead to improved asthma outcomes in the Commonwealth.

To reduce the burden of asthma in Kentucky, we must continue to develop infrastructure at both the state and local levels to enhance the capacity to implement the innovative strategies contained in this state plan.

Through continued partnership development we will create mechanisms to disseminate the plan throughout the state, provide a forum for communication and networking between partners to enhance idea sharing and to foster a culture of collaboration that will allow us to accomplish this work.

Evaluation and sustainability efforts will be integral components of this asthma strategic plan and will drive the initiatives outlined in the work plan.

Through the successful completion of these strategic objectives, the Kentucky Asthma Partnership will be well positioned to dramatically reduce the burden of asthma in Kentucky and enhance the quality of life for both the people living with asthma and for those who care for them.
Acknowledgments

We gratefully acknowledge the contributions of the members of the Kentucky Asthma Partnership who provided guidance, data, technical assistance and critical review for the 2016 Kentucky State Plan for Addressing Asthma.

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Howard Shaps, MD  WellCare Health Plan
Heather Wehrheim  American Lung Association of Kentucky

Stakeholders and Organizations Providing Subject Matter Expertise and Indirect Support

American Lung Association of Kentucky
Ashfield Healthcare
Ashland/Boyd County Health Department
Barren River District Health Department
Buffalo Trace District Health Department
Bullitt County Health Department
Centers for Disease Control and Prevention
Coventry Cares of Kentucky
Cumberland Valley District Health Department
Doctors & Lawyers for Kids
Family Allergy and Asthma
Family Health Centers
Genentech USA
Glaxo Smith Klein
Graves Gilbert Clinic
Humana
Kentucky Chapter American Academy of Pediatrics
Kentucky Association of School Administrators
Kentucky Association for Environmental Education
Kentucky Children’s Hospital, UK
KY Commission for Children With Special Health Care Needs
Kentucky Department of Education
Kentucky Department of Medicaid Services
Kentucky Department for Public Health
Kentucky Division of Air Quality
Kentucky Health Center Network
Kentucky Office of Health Policy
Kentucky School Nurses Association
Kosair Children’s Hospital
Lake Cumberland District Health Department
Lexington/Fayette County Health Department
Lincoln Trail District Health Department
Louisville Air Pollution Control
Louisville Metro Public Health and Wellness
Meda Pharmaceuticals
Merck & Co.
Montgomery County Health Department
Pari Respiratory Equipment, Inc.
Passport Health Plan
Pike County Health Department
Purchase District Health Department
Smoke-Free Kentucky
Southcentral KY Community and Technical College
University of Kentucky College of Nursing
University of Kentucky College of Public Health
University of Louisville Department of Pediatrics
University of Louisville School of Public Health
Walgreens
WellCare Health Plans, Inc.
Western Kentucky University