KENTUCKY DEPARTMENT FOR PUBLIC HEALTH

Minority Health Status Report

The Kentucky Department for Public Health is dedicated to advancing population health strategies that enhance the health and safety of all Kentuckians.

Kentucky Public Health

Prevent. Promote. Protect.

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Executive Summary

In compliance with Kentucky Revised Statutes (KRS) 216.2929, Section 4, the biennial Minority Health Status Report (MHSR) provides an objective and quantifiable summary of health outcomes for minority groups in Kentucky, comparing them to the rest of the state and the nation. Additionally, recommendations are provided to support improved health outcomes among minority populations.

In this report, "minority populations" refers to any group that is smaller in number or has less influence compared to the larger population. These groups are often identified by race or ethnicity, but the term can also include people who face unequal experiences due to factors like age, health status, limited access to health care or geographical locations. Understanding this definition is important because minority populations often face more challenges and worse health outcomes than majority groups. This report will examine the health status of different minority populations across the Commonwealth of Kentucky and how political and non-medical factors play a critical role in health variations.

Highlighted are key differences in health variations across Kentucky, including cancer, Human Immunodeficiency Virus (HIV), Maternal and Child Health (MCH), substance use disorder (SUD) and other health conditions. Minority populations, including those in Appalachian areas, are identified within the focus areas. The report examines potential causes of variations in health outcomes affecting these populations and offers various recommendations. The report concludes by showing how disasters disproportionately affect minority populations and how Kentucky can become a healthier, more equitable community.

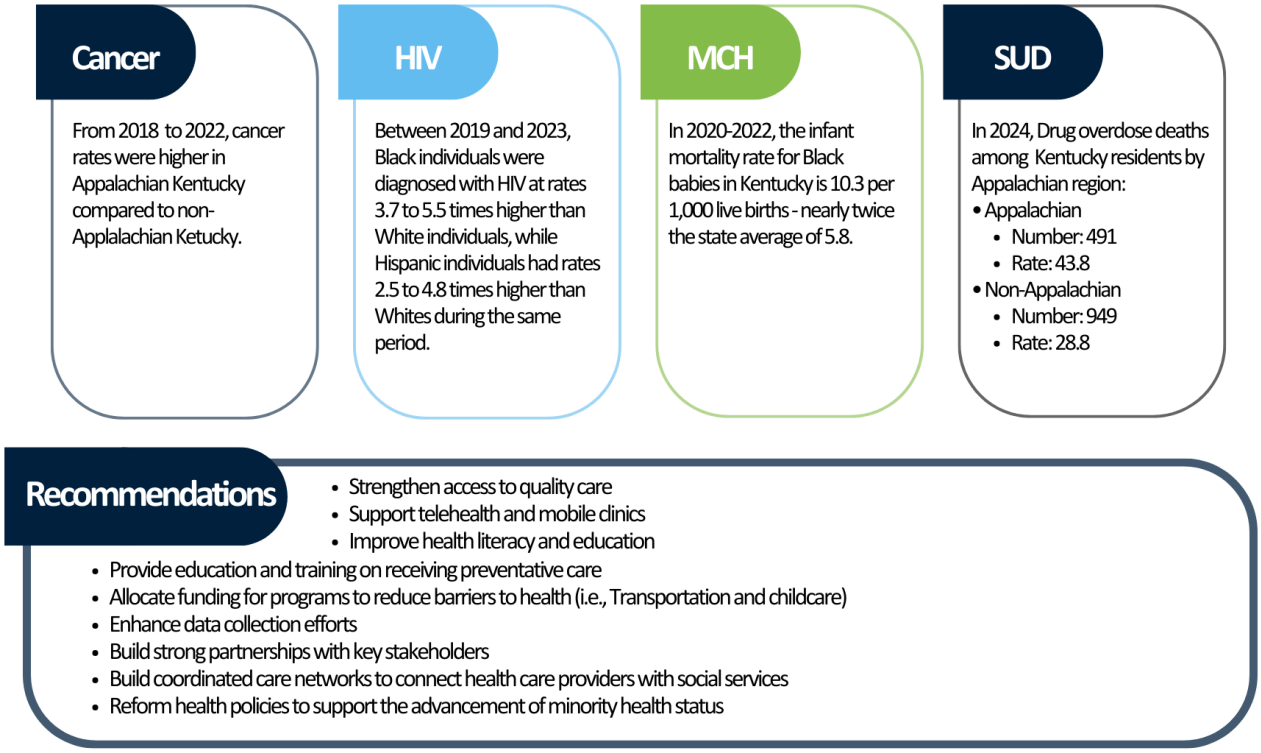


Image source: Kentucky Department for Public Health, 2025

Kentucky Department for Public Health (KDPH) Commitment Statement

The KDPH values everyone equitably, regardless of their circumstances or backgrounds. Guided by the vision of the Cabinet for Health and Family Services, the KDPH prioritizes reducing variations in health outcomes and developing solutions that enable every Kentuckian to reach their full human potential and for all communities to thrive. The KDPH is committed to preventing adverse health outcomes, promoting healthy lifestyles, and protecting Kentuckians from diseases, injury and adverse environmental health impacts. This commitment is demonstrated through the provision of education, resources and support needed to achieve optimal health.

Demographics

Kentucky is home to approximately 4.5 million residents. The state's population is predominantly White (non-Hispanic), comprising 82%, followed by Black residents at 8.4%, Hispanic residents at 5%, Asian residents at 1.8%, with other racial and ethnic groups making up the remainder. The average life expectancy is 73.3 years, which is lower than the national average of 77.1 years.[1]

In 2022, approximately 20% of Kentucky adults reported they consider themselves in fair or poor health, compared to 17% of adults nationwide. Access to adequate locations for physical activity was reported by 70% of Kentuckians, falling short of the national figure of 84%. Additionally, 20% of children in Kentucky lived in poverty, exceeding the national rate of 16%. Income disparities were notable, with higher-income households earning 4.9 times more than those with lower incomes.[2] Kentucky also ranked among the 10 poorest states in the United States. As of late 2024, over 586,000 people in Kentucky relied on the Supplemental Nutrition Assistance Program (SNAP) for food support. The $1.3 billion in benefits distributed last year demonstrates the program's vital role in mitigating food insecurity.[3]

Why does this matter?

Image source: https://ksre.k-state.edu/tuesday/announcement/?id=79943

"Health equity is the best investment we can make for the future." – *Dr. Richard Carmona.*

Minority communities often experience an unequal burden of disease due to health inequities – disparities rooted in unjust systems, policies, and practices that limit access to the resources and opportunities needed to live the healthiest life possible.[4]

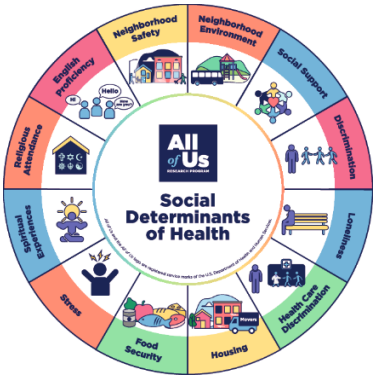


Image source: https://aahd.us/2022/05/all-about-the-social-determinants-of-health/

Improving variations of health outcomes across Kentucky requires a broader understanding of the factors that shape one's health. Individual behaviors play a key role, but they are not the only factor in determining the cause of illness. Political and social determinants of health often influence the root causes of diseases. Political determinants refer to policies, systems and decisions that create or limit access to resources. Social determinants of health (SDOH) refer to the conditions in the environments where people are born, live, learn, work, play, worship,

and age that influence a wide range of health outcomes, functioning, and quality-of-life risks.[5] By addressing these, the path forward leads to healthier, more equitable communities across Kentucky.

Focus Areas

Cancer

Kentucky has one of the highest cancer burdens across all states in the U.S. In the most recent five-year national data (2017-2021), Kentucky is ranked #1 in new invasive cancer cases and second in cancer deaths. Kentucky's incidence rate is 513.7, and mortality rate is 181.1, compared to the U.S. incidence and mortality rates of 466 and 148.4, respectively.

The most recent data from the Kentucky Cancer Registry (KCR), 2018-2022, shows that Whites in Kentucky have significantly higher all cancer incidence compared to Blacks (519.5 vs 498.3) but similar mortality rates (184.0 vs. 182.5).

Notable differences in incidence and mortality between Blacks and Whites include:

- Prostate cancer incidence is significantly higher among Blacks than Whites.
- Lung, ovarian and urinary bladder cancers have lower incidence rates among Blacks.
- Colorectal, female breast and prostate cancers have higher mortality rates among Blacks.
- Lung and ovarian cancers have lower mortality rates among Blacks.

Figure 7. Proportions of Invasive Female Breast Cancer Incidence Trend by Race, 2000-2022

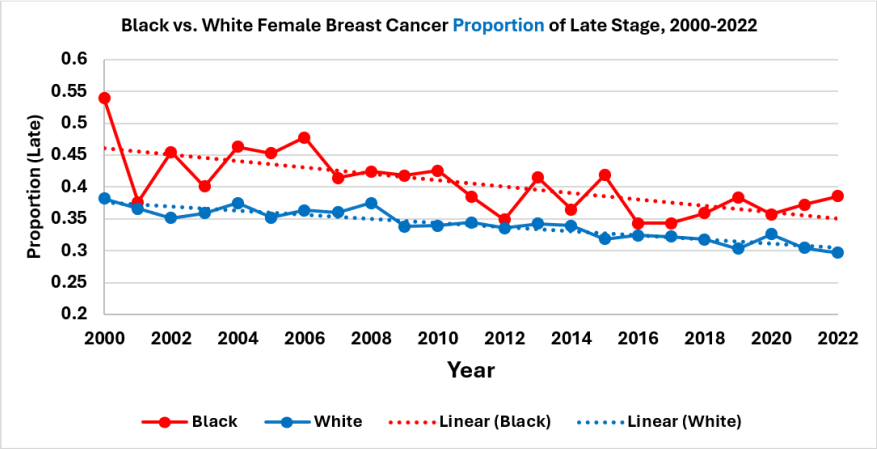


Image source: Kentucky Cancer Registry 2024, Cancer Incidence Submission Data

According to the Appalachian Regional Commission, 54 of the 120 counties in Kentucky are considered Appalachian Kentucky (AP). See Appendix page 16. Compared to Non-Appalachian (NAP) in Kentucky, AP faces more challenges, including lower income, less access to health care and a heavier cancer burden.

From 2018 to 2022, cancer rates were significantly higher in AP than in NAP:

- Cancer incidence rates for all sites: AP 531.9 vs. NAP 514.4
- Cancer mortality rates for all sites: AP 201.8 vs. NAP 169.9

Figure 4. Invasive Lung Cancer Incidence Trend by Appalachian Status, 2000-2022

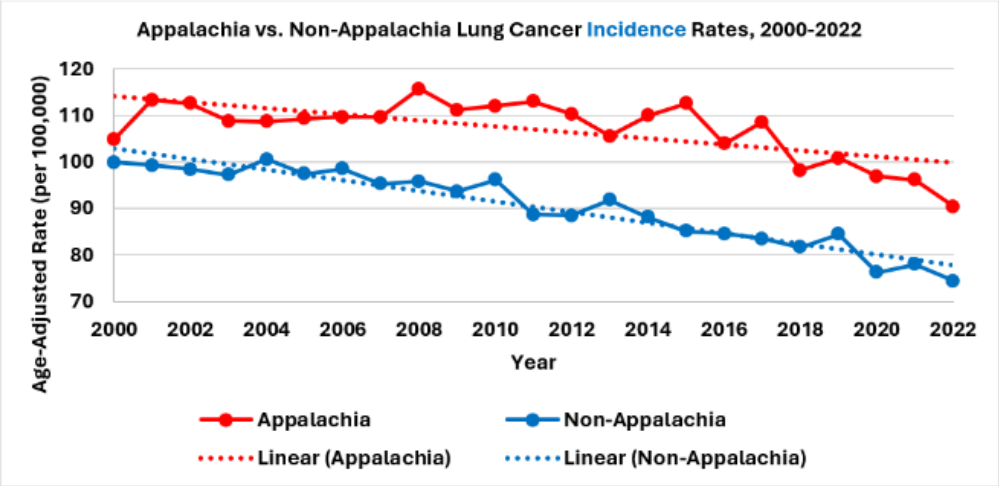


Image source: Kentucky Cancer Registry 2024, Cancer Incidence Submission Data

There are differences in incidence and mortality between AP and NAP in specific cancer types:

- Colorectal and lung cancers have higher incidence and mortality rates in AP.
- Female breast cancer has a lower incidence but higher mortality in AP.
- Prostate cancer has a lower incidence in AP, but no significant difference in mortality.
- No cancer type had significantly lower mortality in AP compared to NAP.

Note: Examining the stage of cancer diagnosis, Black Kentuckians had significantly higher proportions of late-stage diagnosis in lung, female breast and urinary bladder cancers but lower in colorectal; AP had significantly higher late-stage diagnosis in colorectal cancer but lower in prostate.

Recommendations:

- Collect additional data to explain factors associated with significant differences in cancer burden.
- Continue to utilize cancer surveillance data to plan and evaluate evidence-based cancer prevention and control initiatives.
- Improve access to screenings, diagnosis, treatment and follow-up care.
- Increase state and federal funding to support initiatives addressing SDOH that may improve cancer outcomes.
- Educate high-risk communities on risk factors and behaviors associated with cancer.

Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Million Population.

Data Source:
CDC WONDER, United States Cancer Statistics.[6]
Appalachian Regional Commission[7]
Kentucky Cancer Registry Rate Info.[8]

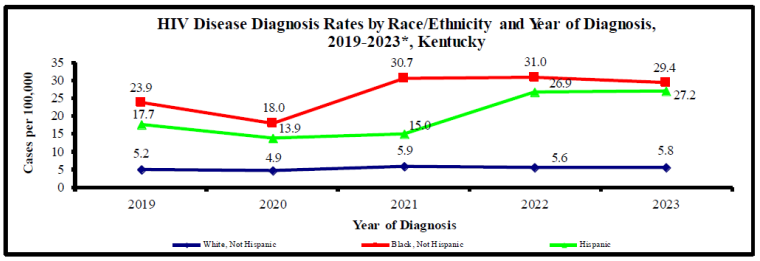
Human Immunodeficiency Virus (HIV)

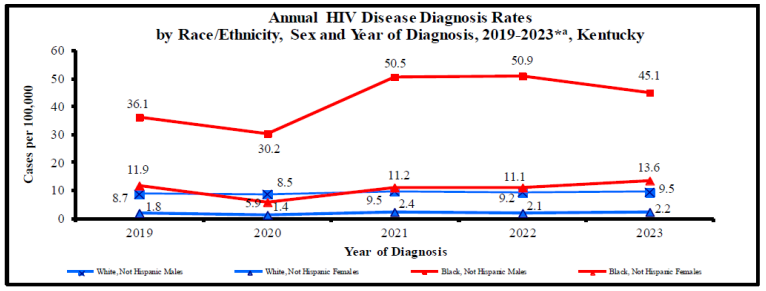
HIV continues to affect communities across the United States, but not all populations experience its impact equally. In 2022, the national HIV diagnosis rate was 11.3 per 100,000 people, while Kentucky ranked 22nd among the 50 states and Washington, D.C., with a rate of 9 per 100,000. Although HIV can affect individuals of any age, race, sex, or sexual orientation, data from Kentucky reveal persistent disparities. Racial and ethnic minorities and persons reporting male-to-male sexual contact[9] experience a greater burden of HIV than others, revealing systemic inequities.

Between 2019 and 2023, HIV diagnosis rates revealed apparent racial and ethnic disparities. Black individuals were diagnosed with HIV at rates 3.7 to 5.5 times higher than White individuals, while Hispanic individuals had rates 2.5 to 4.8 times higher than White individuals during the same period.

White diagnosis rates remained steady over the five-year period. For Blacks, diagnosis rates slightly decreased in 2020, then spiked in 2021, and remained steady through 2023.
Hispanic diagnosis rates also declined slightly in 2020, followed by a slight increase in 2021, and then increased to 26.9 cases per 100,000 in 2022.

From 2019 to 2023, HIV diagnosis rates were consistently higher among Blacks compared to Whites, across both males and females. Black males had rates 3.6 to 5.5 times higher than White males, while Black females had rates 4.2 to 6.6 times higher than White females.
These gaps remained steady over the five-year period, highlighting persistent disparities in HIV diagnoses by race and sex.





*Data for 2024 and 2025 are not included in trend analyses since they are considered provisional due to reporting delays.
[a] Rates for Hispanic cases by sex are not presented due to the small number of cases reported.

Image source: Kentucky HIV/AIDS Surveillance Data

Kentuckians residing in the Southeastern region of the state are often diagnosed with HIV years after initial infection, resulting in poorer health outcomes and increased risk of transmission. This population accounts for a significant share of concurrent infections – cases in which individuals are diagnosed with both HIV and Acquired Immunodeficiency Syndrome (AIDS) within 30 days of their initial diagnosis.
Food insecurity, unemployment, and unstable housing or homelessness can make it difficult for people with HIV to access HIV-related care and maintain viral suppression.[10]

Recommendations:

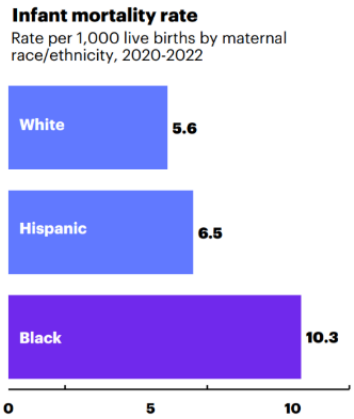
- Adoption of routine HIV screening by all medical providers.
- Increase access to testing sites and treatment for pre-exposure prophylaxis (PrEP).
- Promote training to reduce the stigma associated with HIV.
- Develop and implement culturally relevant intervention programs.
- Educate providers on the SDOH as they relate to minority populations.
- Ensure equitable resource allocation for communities with high burdens.

Maternal and Child Health

"Black women have a 53% increased risk of dying in the hospital during childbirth, no matter their income level, type of insurance or other social determinants of health, suggesting systemic racism seriously impacts maternal health, according to an 11-year analysis of more than 9 million deliveries in U.S. hospitals…"[11]

Access to maternal health care in Kentucky remains a significant challenge, particularly for minority populations. Over half of Kentucky's counties (72 out of 120) lack a practicing OB/GYN, leaving many women without local access to essential reproductive care. For those seeking services, transportation barriers often force long and costly travel, further delaying or preventing care.

This lack of access contributes to troubling disparities in prenatal care. In some regions, only 64% of women receive early prenatal care, and Black mothers are 15.3% less likely than White mothers to receive such care. Early prenatal care is critical for identifying health risks, improving outcomes for both mother and child and connecting families to education, counseling, and support services.[12]



These disparities extend into birth outcomes. The infant mortality rate for Black babies in Kentucky is 10.3 per 1,000 live births - nearly twice the state average of 5.8. Similarly, the preterm birth rate among Black mothers is 1.8 times higher than that of other groups.[13] Addressing these disparities will require coordinated efforts and sustained investment to ensure all families in Kentucky have equitable access to maternal and child healthcare.

Image source: March of Dimes, https://www.marchofdimes.org/peristats/reports/kentucky/report-card

Mental health disparities among children also warrant attention. Between 2019 – 2024, Black students were likely to report concerns related to different treatment due to their race/culture (46%), followed by Asian (42%), and multiracial (29%) students. In contrast, only 5% of White students reported the same. These findings illustrate how systemic inequities and social bias contribute to mental health challenges among racial and culturally diverse youth.

In lieu of the challenges to improve maternal and child health, the Cabinet for Health and Family services is actively working to address maternal mortality disparities and maternal care deserts through several initiatives. One effort is the launch of the Kentucky Perinatal Quality Collaborative (KyPQC) in 2019, which aims to "engage perinatal stakeholders to improve the quality of care and outcomes for all Kentucky mothers."[14] Additionally, KRS 211.122 established the Kentucky Maternal and Infant Health Collaborative to improve prevention and treatment of perinatal mental health disorders, promote evidence based safety practices, identify service gaps, and pursue funding. It also oversees the Kentucky Maternal Psychiatry Access Program – now KyCOMPASS (KY Consultation and Outreach for Maternal Psychiatry and Support Servies), which helps expand access to maternal mental health services.

The 2024 – 2028 State Health Improvement Plan[15] identifies youth mental health as a top priority area. The plan includes targeted activities aimed at improving youth mental health through collaborations with the Kentucky Department of Education, The Department for Behavioral Health, Developmental and Intellectual Disabilities, Kentucky Youth Advocates and other community partners and stakeholders.

Recommendations:

- Raise awareness through community education avenues to normalize and utilize Doula services for extra support to individuals and families during pregnancy, childbirth and the postpartum period.
- Provide quality and equitable prenatal care.
- Address systemic racism and inequality, as well as SDOH (i.e. transportation) regarding medical care appointments.
- Reduce chronic health conditions in birthing mothers.
- Increase the presence of Community Health Workers in all healthcare settings and community organizations supporting MCH.

Substance Use Disorder

Substance use disorders are treatable conditions that influence an individual's control over the use of substances like alcohol, medications or illegal drugs.[16] Kentucky ranks 6th for opioid overdose deaths[17], which is up from the 4th rank, according to the 2023 Minority Health Status Report. Notably, there has been a consistent decline over the past 3 years in drug overdose deaths. In 2024, there were 1,410 overdose deaths. This represents a 30.2% decrease from 2023. Among Black Kentucky residents, 170 died from a drug overdose, which is a decrease from 271 in 2023, noting a 37.3% decrease.

*Rates have been age-adjusted using the US Standard 2000 population and are represented as the number of deaths per 100,000 population.[18]

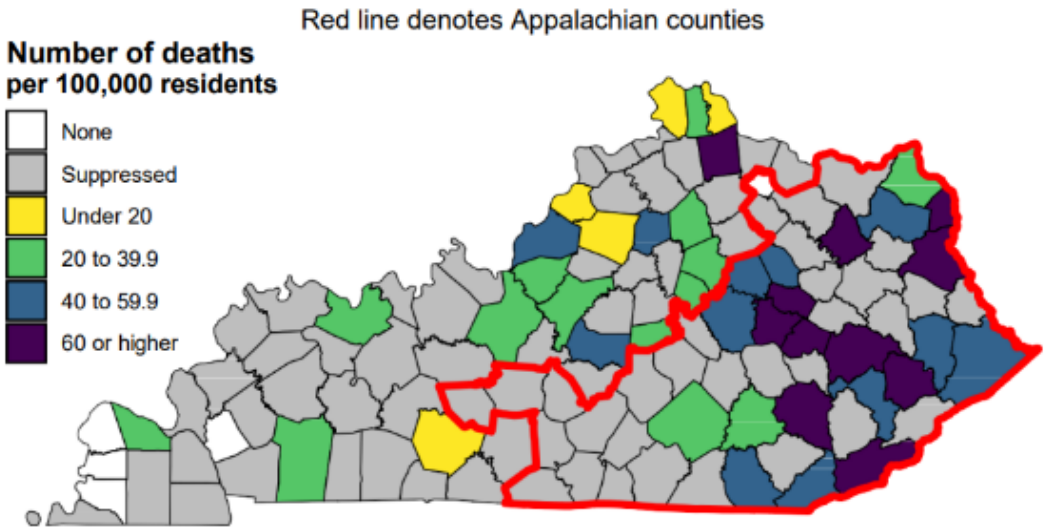
2024 Numbers and age-adjusted rates of drug overdose deaths among Kentucky residents by ethnicity and race:

Hispanic	Non-Hispanic Black	Non-Hispanic White
Number: 18	Number: 171	Number: 1,237
Rate:8.7	Rate: 44.8	Rate: 33.8

2024 Numbers and rates of drug overdose deaths among Kentucky residents by Appalachian region:

Appalachian	Non-Appalachian
Number: 491	Number: 949
Rate: 43.8	Rate: 28.8

Figure 3: Age–Adjusted Rates of Drug Overdose Deaths by Kentucky County of Residenc 2024



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. April 2025.

Image source: Kentucky Injury Prevention and Research Center
Note: Rates are suppressed based on counts of less than 10.

Recommendations:

- Leverage community-based organizations and non-traditional organizations to reach minority communities who are disproportionately at risk of overdose.
- Enhance availability of supportive services to individuals who use drugs, including naloxone distribution, drug checking test strips and referrals to other social and health services.
- Increase access to substance use treatment resources.
- Continue to provide syringe exchange programs.
- Provide funding for recovery services to include addressing SDOH.

Additional Key Health Disparities

In Kentucky, according to data collected from the Kentucky Behavioral Risk Factor Survey (KyBRFS), 13% of respondents who identified as White are experiencing asthma, compared to 11% of those who identified themselves as Black and 18% of those who identify as Hispanic, showing a large discrepancy between these races and ethnicities.

Diabetes: In Kentucky, according to data collected from KyBRFS, 13% of respondents who identified as White reported having diabetes, compared to 19% who identified as Black and 17% who identified as Hispanic.

Hypertension: From the KyBRFS data reported in Kentucky for 2023, roughly 45% of those who identified themselves as White on the KYBRFS survey reported having hypertension compared to 62% of those who identified as Black, showing a significant variation.

High Cholesterol: According to data collected from the KyBRFS, among those who self-identified as White, 48% of respondents reported having high cholesterol, compared to 42% of those who identified as Black.

Smoking: According to data collected from KyBRFS, of those who identified themselves as White, about 19% report being smokers compared to 22% who identified as Black and 35% who identified as Hispanic.

Obesity: From the KyBRFS data reported in Kentucky for 2023, roughly 38% of those who identified themselves as White are overweight, compared to 51% of those who identified themselves as Black and only 13% of those who identified themselves as Hispanic.

Mental Health: According to data collected from KyBRFS related to mental health, when asked if they had a bad mental health day equal to or greater than 14 days of the month, roughly 20% of respondents who identified themselves as White reported yes, compared to 16% of those who identified themselves as Black.

Physical Activity: Among those who identified themselves as White on the KyBRFS survey, approximately 31% of respondents reported no physical activity or exercise in the last 30 days, compared to 40% of respondents who identified as Black.[19]

See Appendix page 14.

Public Health Emergency Impacts

A public health emergency is any event, such as an outbreak, disaster, or chemical/biological threat, that poses a risk to individuals or the health of the community at any given time and any location. Kentucky is a high-risk state for natural disasters due to its geographical location. Thirteen hazards have been identified in Kentucky, including extreme temperatures, tornadoes, and severe winter storms.[20] See Appendix page 19. Kentucky is especially prone to flooding in Appalachian areas due to the thinner soil, which can't absorb the increasing amount of snow and rain falling from climate change-induced storms. This leads bodies of water to overflow, causing a significant impact in areas where communities have pre-existing poverty levels. As a result, insurance levels are low, food insecurity is high, and many homes were likely in poor condition before the floods.[21]

Additionally, public health emergencies can severely disrupt a person's ability to manage their medical needs and access care. Minority populations are often disproportionately impacted, not only due to limited access to quality health care, poverty, and underlying health conditions, but also because of systemic inequities and unfair treatment. These factors contribute to adverse health outcomes, including a higher risk of serious illness or death, depending on the nature of the emergency. According to the U.S. Department of Health and Human Services (HHS), at-risk populations are individuals or groups who may have greater difficulty accessing or receiving medical care before, during, and after an emergency. Those groups may be more vulnerable to health threats due to physical, mental, social, economic, or environmental factors.[22]

During the disaster event on April 2, 2025, nearly half of Kentucky's population experienced direct impacts. Among those affected, 18% were non-institutionalized individuals with disabilities, highlighting the vulnerability of those who rely on community-based support systems. Additionally, 9% had vision and/or hearing impairments, which can significantly hinder access to emergency information services. Approximately 9% of individuals had diabetes, and many faced serious risks because their medication access and storage were threatened. Furthermore, 5% of households lacked access to a vehicle, limiting their ability to evacuate, reach medical care, or obtain essential needs and supplies.

Access and Functional Needs Population Factsheets were created for disaster declarations in 2025 to increase awareness of the population needs that exist in the impacted counties. See Appendix pages 17 and 18.

Recommendations:

- Ensure information sharing opportunities are precise and culturally appropriate.
- Build and strengthen partnerships to prepare for the needs of all communities before the emergency or disaster.
- Educate communities on the importance of preparing before disasters.
- Address social determinants of health, including systemic barriers.
- Ensure all resources required to adequately support impacted communities are distributed equitably.
- Ensure exercise scenarios include considerations for minority populations before, during, and after an incident.

Conclusion

Kentucky faces a critical opportunity to reduce health disparities affecting its minority populations. The data throughout this report reveal consistent and disproportionate health burdens from cancer to substance use disorder. Addressing these inequities will require coordinated efforts, policy reform, funding and a commitment to long-term systemic change.

Addressing the root causes of health disparities must be a priority. Reform of unfair systems that impact poor health outcomes should be reshaped. The following needs should be considered when striving to reduce health disparities:

- Expand access to quality health care where communities can receive preventative care and treatment.
- Provide funding to eliminate barriers to care and enhance data equity.[23]
- Build strong coordinated care networks to connect health care providers with social services.
- Advance efforts to address social determinants of health (i.e. affordable housing, education, safe environments, job opportunities, transportation, food insecurity, etc.).
- Invest in the next generation by educating them on healthy lifestyles, entrepreneurship, workforce development and higher-level education opportunities.
- Incorporate programs that reduce the stigma of certain health issues and socioeconomic statuses.
- Strengthen community partnerships to include nonprofits, private, faith-based groups, tribal organizations, local health departments and state organizations.
- Increase the presence of community health workers who have lived experiences or can relate to the communities they serve.
- Enhance data collection to include data equity; ensuring all communities are effectively and accurately represented.

To improve the lives of all Kentuckians, the Our Healthy Kentucky Home campaign was launched in 2024. This statewide initiative was designed to empower individuals and communities to take meaningful steps toward better health by addressing both medical and non-medical factors that influence a person's health. Through accessible education and practical resources, the campaign encouraged healthier changes, ranging from eating, exercising, and engagement. Through these efforts the entire Commonwealth can become stronger.[24]

The path forward would be most impactful if policymakers, state agencies, healthcare organizations and community leaders work together to implement equitable health policies, invest in underserved areas, and strengthen support systems designed to address the root cause of disparities. By committing to this long-term systemic change, Kentucky can build a healthier future where all communities thrive and are supported to achieve optimal health.

"Of all forms of inequality, injustice in health care is the most shocking and inhumane." - Dr. Martin Luther King Jr.

Appendix

Counties in Appalachia

(54 out of 120 counties): Adair, Bath, Bell, Boyd, Breathitt, Carter, Casey, Clark, Clay, Clinton, Cumberland, Edmonson, Elliott, Estill, Fleming, Floyd, Garrard, Green, Greenup, Harlan, Hart, Jackson, Johnson, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, McCreary, Madison, Magoffin, Martin, Menifee, Metcalfe, Monroe, Montgomery, Morgan, Nicholas, Owsley, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Wayne, Whitley and Wolfe.

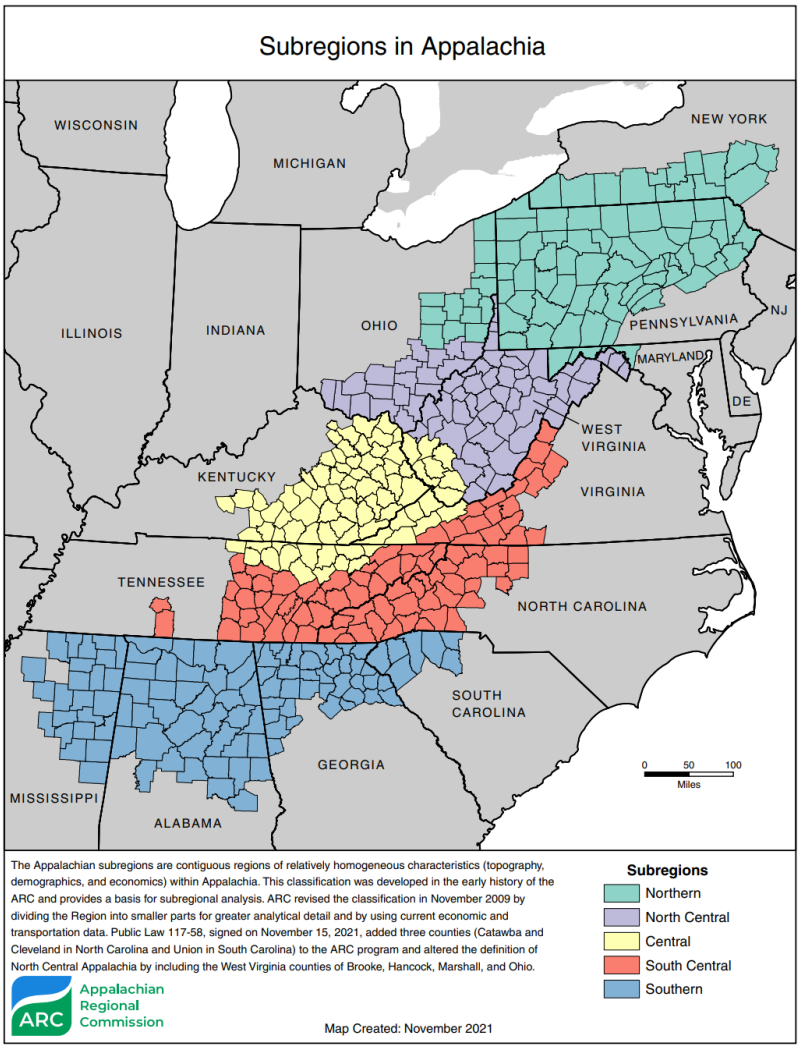


Image source: Appalachian Regional Commission, https://www.arc.gov/map/subregions-in-appalachia/

Key Health Disparities Infographic

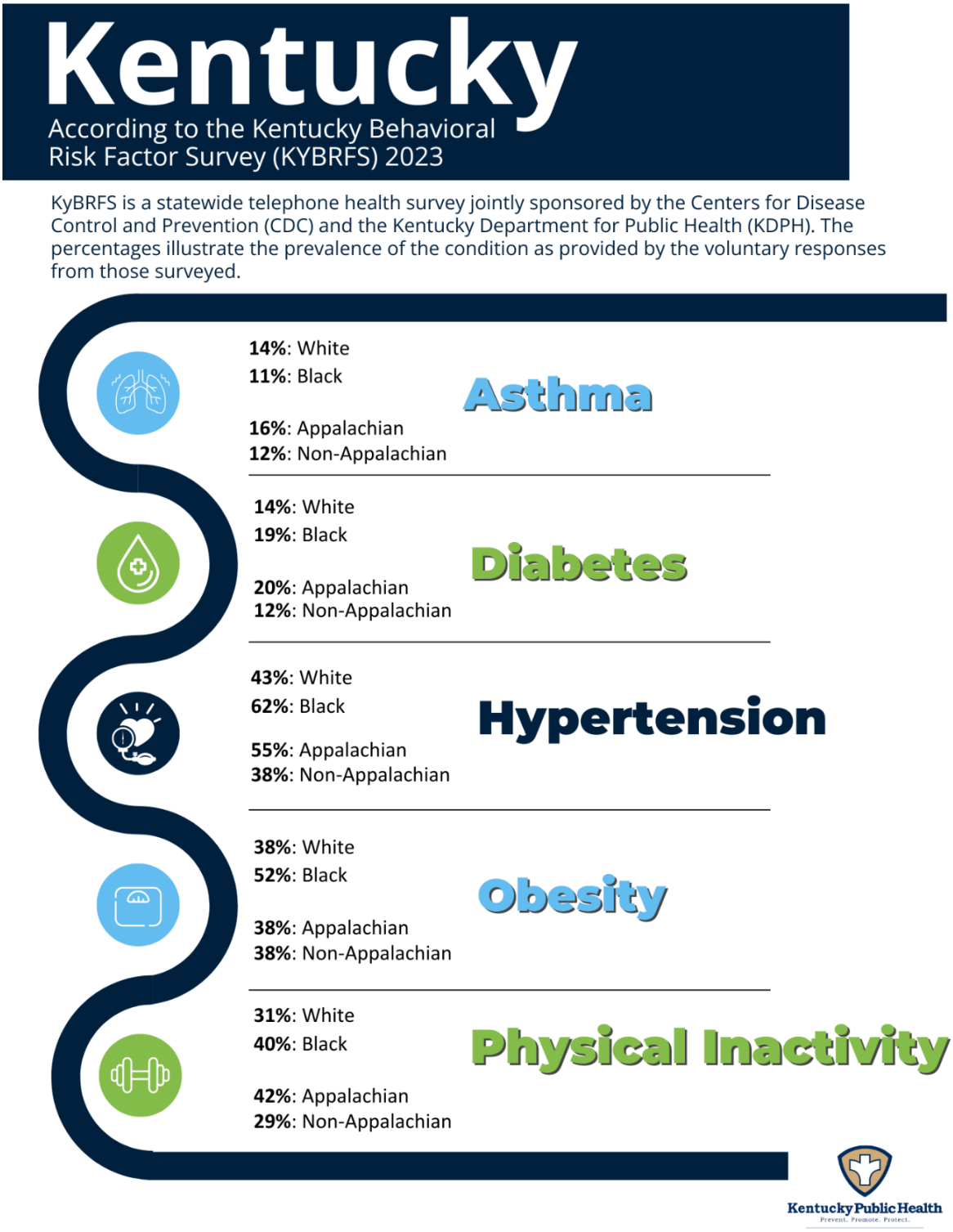


Image source: Kentucky Department for Public Health, 2025

Kentucky Maternal and Child Health Disparities Fact Sheet

Kentucky Maternal and Child Health Disparities Fact Sheet

Division of Maternal and Child Health

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This fact sheet shows disparities in maternal and child health outcomes in Kentucky from 2020-2024, focusing on differences by race, age, and geography. These patterns are observed in prenatal care, preterm birth, infant mortality, and mental health, using multiple data sources listed at the bottom of page 2.

Health Disparities in Prenatal Care, 2020-2023

- In 2020, more than half of Kentucky counties (72 out of 120) have **no OB-GYN providers**, with a rate of 0 per 100,000 female residents.**
- The percent of women receiving early prenatal care in Kentucky ranged from 64.3%-81.5% in 2023, with the lowest in Lincoln Trail and the highest in Fivco ADD (Figure 1).
- Racial disparities in first-trimester prenatal care initiation are observed, with Black mothers **15.3% less likely** to receive early care than White mothers (59.4% and 74.7%, respectively) (Table 1).

Figure 1. Percent of Kentucky Women with Early Prenatal Care by Area Development District (ADD), 2023*

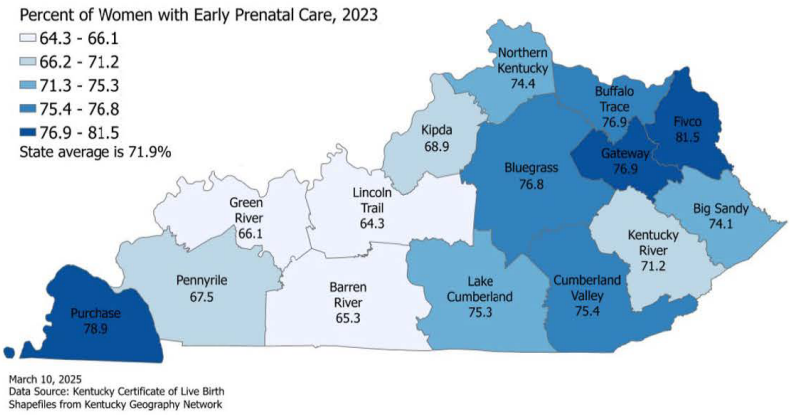
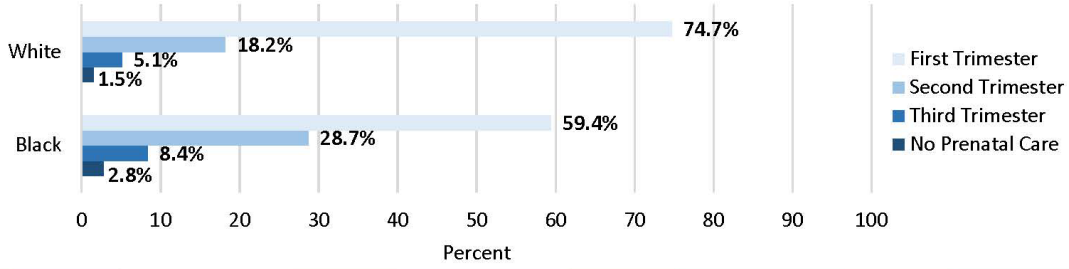
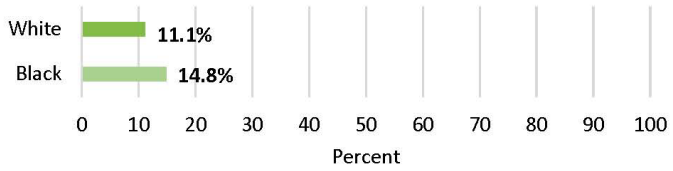


Table 1. Percent Live Births by Prenatal Care Initiation and Race, Kentucky, 2023*



Racial Disparities in Preterm Birth, 2023

Table 2. Percent of Births That Are Preterm by Race, Kentucky, 2023***



- A birth is considered preterm if it occurs prior to **37 weeks gestation**.
- Preterm births show racial disparities, with Black infants born preterm at about **3.7% higher** than White infants (14.8% vs. 11.1%, respectively) (Table 2).

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Kentucky Maternal and Child Health Disparities Fact Sheet

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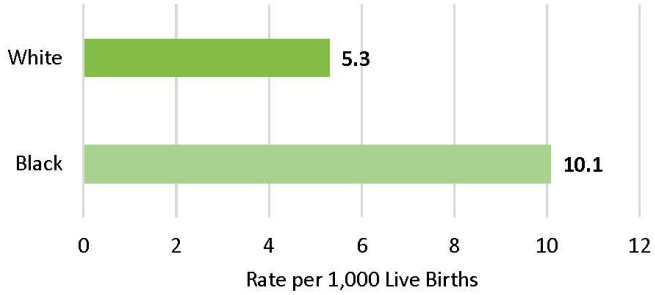
Health Disparities in Infant Mortality, 2024

- In 2024, Sudden Unexpected Infant Death[α] (SUID) was the leading cause of infant mortality (29%), followed by prematurity-related conditions[β] (22%), birth defects (19%), other causes[‡] (17%), and perinatal conditions (13%)[^].
- Racial disparities are observed in infant mortality, with the mortality rate for Black infants **double** that of White infants (10.1 vs 5.3 per 1,000 live births, respectively) (Table 3).

Table 3. Kentucky Infant Mortality Rate by Race, 2024[^]



Mental Health Disparities Among Children, 2019-2024

- Black students were **most likely** to worry they could be treated differently because of their race/culture (46%), followed by Asian (42%) and Multiracial (29%) students. Only 5% of White students reported the same[^^].
- **More than half** of suicide experiences occur among students living in urban areas (61%), compared to those who reside in rural (20%) and semi-rural areas (19%) (Figure 2).
- Table 4 shows age-related disparities in the percent of suicide deaths, with 16-year-olds experiencing the highest percent (23.7%) and 11-year-olds the lowest (2.6%), 2019-2024.

Figure 2. Percent of Suicides to Children Aged 8-17 by City Type, Kentucky, 2019-2024[^^^]

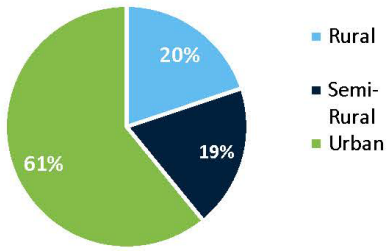
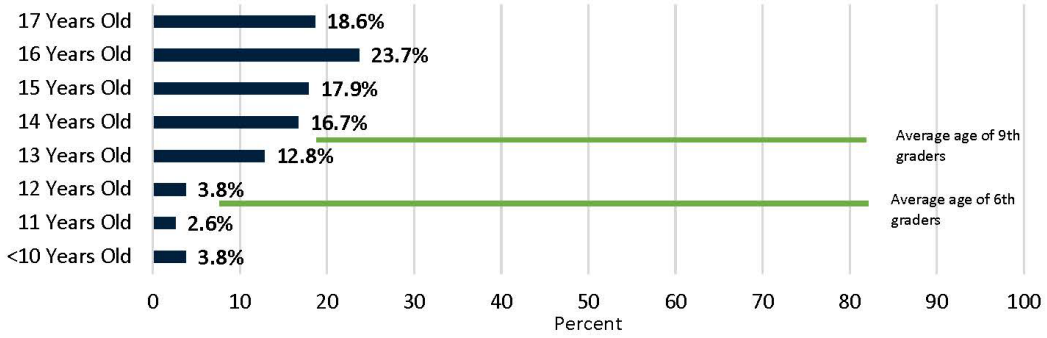


Table 4. Percent Suicide Deaths to Children by Age, Kentucky, 2019-2024[^^^]



Date Updated: June 2025

***Data Source:** KY Office of Vital Statistics, Birth Certificate data, 2018-2023 data is preliminary and subject to change.

****Health Resources & Services Administration (HRSA) Maternal and Infant Health Mapping Tool, 2020.

*****Data Source:** KY Office of Vital Statistics, Death Certificate data, 2023 data is preliminary and subject to change.

α SUID: Includes SIDS (ICD-10 R95), accidental suffocation in bed (CD-10 W75), undetermined causes (ICD-10 R99), other specified threats to breathing (ICD-10 W83), and unspecified threat to breathing (ICD-10 W84).

β Prematurity-Related Conditions: Gestation <37 weeks and ICD-10 codes: P000, P010, P011, P015, P020, P021, P027, P070-73, P102, P220-29, P250-79, P280, P281, P360-369, P520-23, P77, and K550.

‡ Other Causes: Includes other natural and injury deaths as well as unspecified causes and out of state deaths with insufficient data.

^Data Source: KY Office of Vital Statistics, Death Certificate data, Birth Certificate data, 2024 data is preliminary and subject to change.

^^Data sourced from 2021 Kentucky Incentives for Prevention (KIP) Survey. For additional information about the KIP Survey, please visit: www.kipsurvey.com

^^^Data source: KY Office of Vital Statistics, Death certificate data, 2019-2024 data are preliminary and subject to change.

2

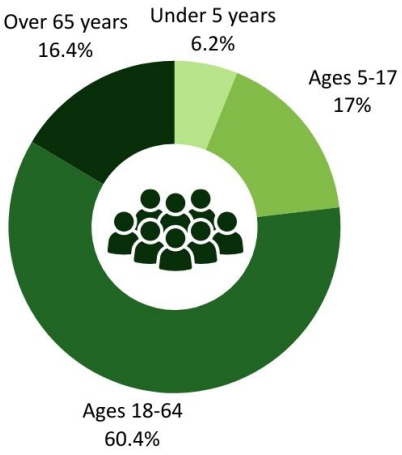
Access and Functional Needs Population Factsheets

DR-4864-KY

Total Population Impacted: 2,093,631

Incident Date: April 2, 2025; Major Declaration Declared: April 24, 2025

POPULATION DEMOGRAPHICS



LANGUAGE BARRIERS

63,891 (1.79%) Speaks English less than very well

65,869 (2.22%) Speaks Spanish at Home

INDIVIDUAL ASSISTANCE DESIGNATED COUNTIES

Anderson | Breckenridge | Bullitt | Butler | Calloway | Carroll| Christian | Clark | Daviess | Franklin|Garrard | Grayson | Hancock | Hart | Hardin | Henderson | Henry | Hopkins | Jefferson | Jessamine | LaRue | Lincoln | McCracken | McLean | Meade | Mercer | Muhlenberg | Nelson| Ohio | Oldham | Owen | Pendleton | Powell | Trimble | Warren | Webster | Woodford

Access and Functional Needs (AFN) Challenges

Communication Barriers – Emergency alerts, evacuation orders, and recovery information are often not accessible to individuals who are deaf or blind. Lack of sign language interpreters, captions, and braille materials can make it difficult to receive critical updates.

Navigational Difficulties – Damaged infrastructure, blocked roads, and disrupted public transportation make it harder for visually impaired individuals to move safely, especially if they rely on tactile or audio cues.

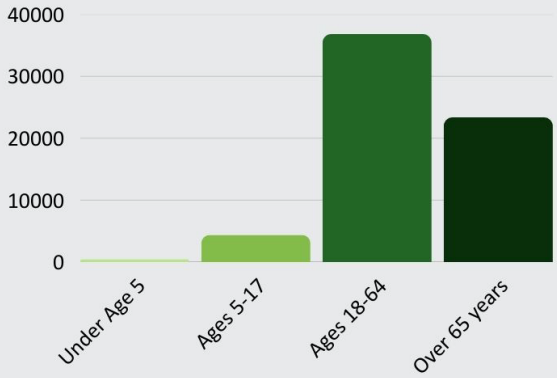
Access to Medical and Assistive Devices – Hearing aids, cochlear implants, glasses, canes, and braille devices may be lost or damaged during disasters, making daily functioning much harder.

Shelter Accessibility – Emergency shelters may lack accommodations like visual alarms, tactile signage, and quiet spaces for those with sensory sensitivities, making it difficult for them to access safe housing.

Dependence on Assistance – Many individuals rely on caregivers or service animals, who may also be affected by the disaster, leaving them without essential support.

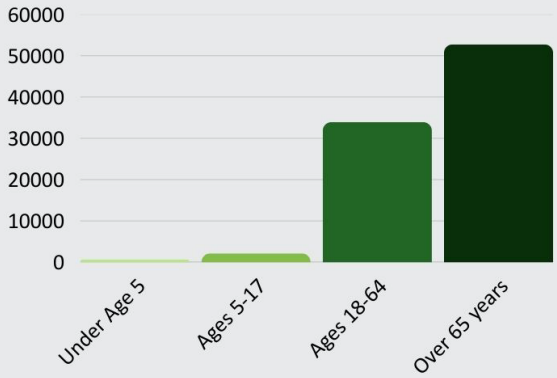
VISION DIFFICULTIES

Total Affected Population: 65,024 (3.8%)



HEARING DIFFICULTIES

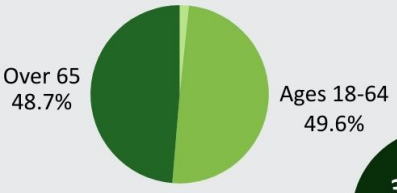
Total Affected Population: 89,449 (5.1%)



DR-4864-KY

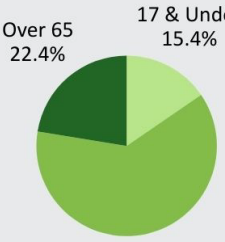
AMBULATORY DISABILITIES

Total Affected Population: 168,477 (9.8%)



COGNITIVE DISABILITIES

Total Affected Population: 135,951 (7.4%)



338,555 (18.27%)

ALL DISABILITY TYPES

Total civilian non-institutionalized population with a disability

Ambulatory Considerations:

- **Increased Risk of Injury -** Debris and mud may pose a high risk of falls and injuries to elderly individuals or those using assistive devices, such as wheelchairs or walkers.
- **Evacuation and Transportation Barriers -** At-risk populations may require assistance with relocation or accessing resources, necessitating coordinated support and accessible transportation.

Cognitive Considerations:

- **Pre-existing Conditions -** Individuals with dementia, Alzheimer's disease, intellectual disabilities, brain injuries, or mental health disorders may struggle with understanding warnings and evacuation orders.
- **Medical Care Disruption -** Changing information and chaotic environments can impede caregiver check-ins and overwhelming survivors, affecting their decision-making abilities.

DIABETES

173,074 (8.9%)

Adults 20+ years of age with Diabetes

Medication Access and Storage:

- Insulin and other medications may be compromised if refrigeration is lost.
- Insulin can be stored up 86°F/30°C for 28 days, but extreme heat can cause it to spoil faster.
- Glucose meters, test strips, and continuous glucose monitors (CGMs) might be damaged by water or humidity.

LACK OF TRANSPORTATION

Health and Medical Considerations:
Impacted survivors may require specific accommodations (e.g., lifts or ramps) to access resources following a significant disruption. The following should be considered:

- Transportation must prioritize individuals with chronic illnesses or those with critical medication needs.
- Some individuals may require oxygen tanks, dialysis, or other forms of medical support during transport.
- Safe, alternate evacuation routes must be mapped ahead of time.
- Rural and low-income areas often have limited access to formal transportation networks.

845,957 Total number of occupied households

5.3% Percentage of households with no vehicles available

DR-4864-KY **Page 2 of 2** **Updated: May 29, 2025**

Image source: Kentucky Department for Public Health, 2025

Disasters in Kentucky Graphic

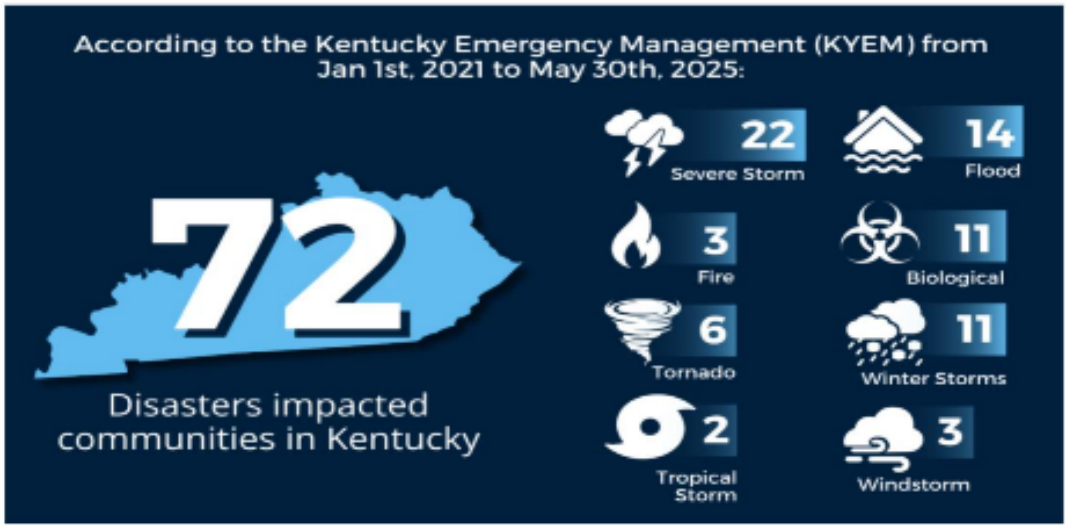


Image source: Kentucky Department for Public Health, https://www.facebook.com/KyPublicHealth/

Notes:

[1] https://www.countyhealthrankings.org/health-data/kentucky?year=2025

[2] https://www.countyhealthrankings.org/health-data/kentucky?year=2025

[3] https://kypolicy.org/tracking-snap-in-kentucky/

[4] https://www.cdc.gov/health-disparities-hiv-std-tb-hepatitis/about/social-determinants-of-health.html

[5] https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health

[6] CDC WONDER, United States Cancer Statistics. https://wonder.cdc.gov/cancer.html

[7] Appalachian Regional Commission. https://www.arc.gov/appalachian-counties-served-by-arc/

[8] Kentucky Cancer Registry Cancer Rate Info. https://www.cancer-rates.com/ky/

[9] https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics

[10] https://www.cdc.gov/hiv/data-research/facts-stats/race-ethnicity.html

[11] American Society of Anesthesiologist - https://www.asahq.org/about-asa/newsroom/news-releases/2022/10/systemic-racism-plays-role-in-much-higher-maternal-mortality-rate-among-black-women

[12] KDPH MCH fact sheet

[13] https://www.marchofdimes.org/peristats/reports/kentucky/report-card

[14] https://kypqc.org/about

[15] https://www.chfs.ky.gov/agencies/dph/Documents/SHIP2024-28.pdf

[16] Kentucky's Health Equity Dashboard

[17] SUDORS Dashboard: Fatal Drug Overdose Data | Overdose Prevention | CDC

[18] Steel, M., Mirzaian, M., Daniels, L. (2025). Kentucky Resident Drug Overdose Deaths, 2020–2024: Annual Report, Updated July 2025. Kentucky Injury Prevention and Research Center

[19] 2023 KyBRFS Data

[20] https://www.kymitigation.org/content.aspx?page_id=22&club_id=839312&module_id=746590

[21] https://disasterphilanthropy.org/disasters/2025-appalachian-floods/#:~:text=Kentucky%20is%20especially%20prone%20to,become%20saturated%20which%20creates%20pooling

[22] Data for 2021 includes figures for the COVID-19 Pandemic response between 2020 and 2023. ** Figures for 2025 were updated on August 5, 2025. Updated data can be found at https://www.fema.gov/disaster/

[23] https://data.org/resources/what-is-data-equity-and-why-does-it-matter/

[24] www.ourhealthykyhome.ky.gov