

State Health Improvement Plan (SHIP) Welcome Remarks

Connie White, MD, MS, FACOG

KDPH Deputy Commissioner for Clinical Affairs

9-27-23



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Housekeeping Items

- 🛡️ Sticky Wall
 - Missing partners
 - Public health wins since 2017 SHIP
 - Data source opportunities
- 🛡️ Slido: Web-based app for capturing participants views in real time.
 - Technical assistance available if you raise your hand
- 🛡️ If you need any accommodations that we aren't already aware of, please let us know at the registration table.
- 🛡️ If you are at a table with colleagues, move!

The Purpose of the SHIP

- 🛡️ Improve Health Outcomes
- 🛡️ Set Strategic Priorities
- 🛡️ Develop Strategic Plan
- 🛡️ Maintain PHAB Accreditation
- 🛡️ Roadmap for Accomplishing Goals



Roles of the Organizations Participation in SHIP

- 🛡️ Weigh in on what priorities to focus on in the next 5 years
- 🛡️ Create SMARTIE goals, objectives and activities for priorities
- 🛡️ Attend SHIP meetings in TEAMS



Steps in the SHIP



Thank you!

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State Health Improvement Plan (SHIP) Welcome Remarks

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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.

Prevention

- Diabetes Prevention
- Disease Surveillance
- Environmental Inspections
- HANDS

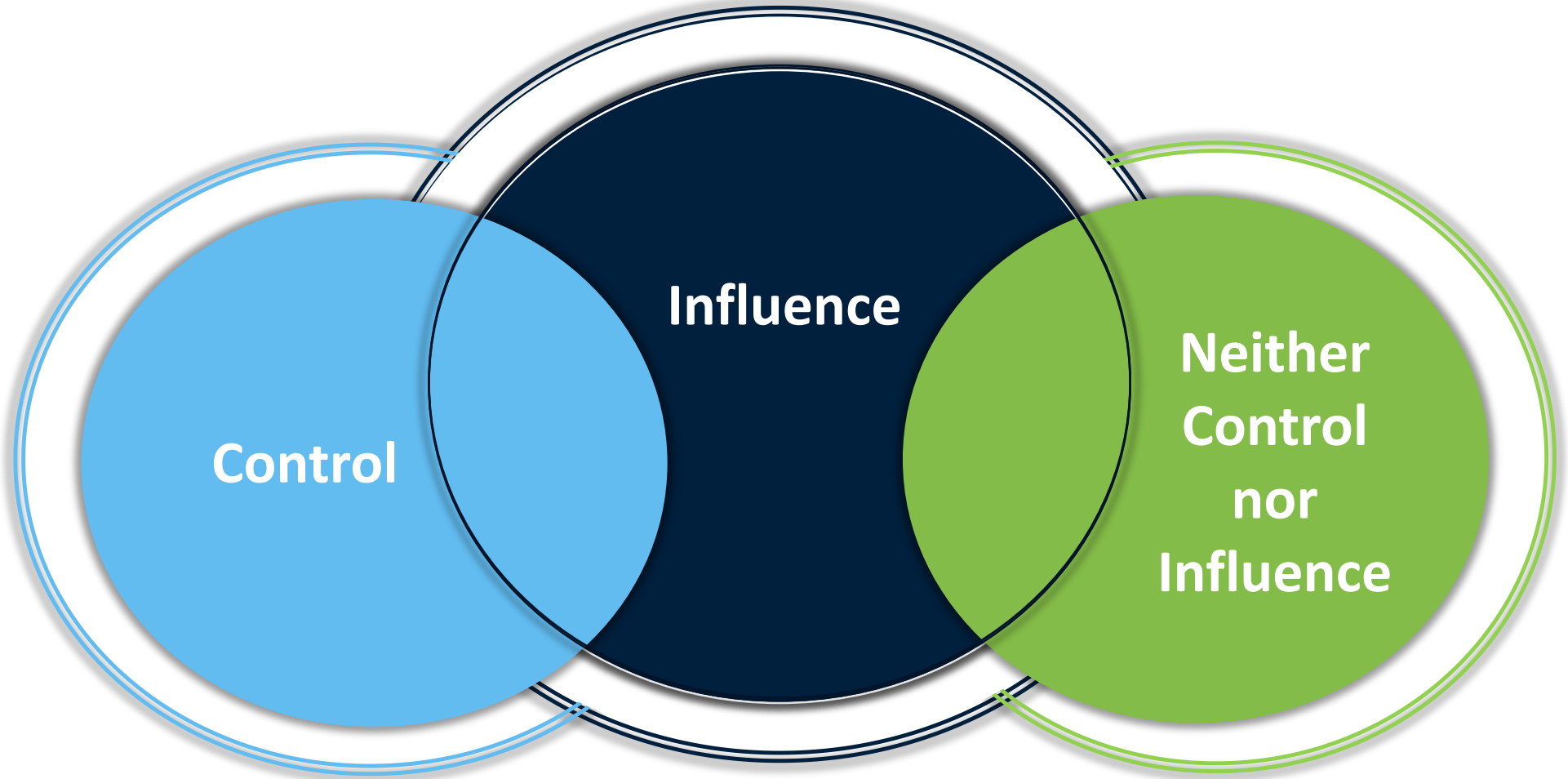
Promotion

- Immunizations
- KEIS
- Mobile Harm Reduction
- Newborn Screening

Protection

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

Span of Control



Thank you!

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Success Stories and Challenges: 2017 SHIP

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Focus Areas of the 2017-2022 SHIP

-  Substance Use Disorder
-  Tobacco
-  Obesity
-  Adverse Childhood Experiences
-  Integration to Health Access

Fabric Issues from the 2017-2022 SHIP

-  Data Collection and Analysis
-  Health in All Policies
-  Economic and Community Engagement/Development
-  Environmental Health
-  Mental Health

SUD Successes in Kentucky

- 🛡️ One of eight states with a decrease in total overdose deaths in 2022
- 🛡️ Created a central naloxone distribution and data collection position
- 🛡️ Medicaid coverage of methadone therapy
- 🛡️ Increase the availability of evidence for SUD
- 🛡️ Increase in number of SSP (Syringe Service Programs)
- 🛡️ Development of initiative to screen and refer patients in birthing hospitals for SUD – Kentucky Perinatal Quality Collaborative (KyPQC)
- 🛡️ More treatment facilities for pregnant and parenting persons







SUD Successes in Kentucky

- 🛡️ Distribution of Opioid Abatement Funds to support local response to opioids in communities
- 🛡️ Expansion of services to inmates and those released from prison/jail
- 🛡️ Development of findrecoveryhousingnowky.org/
- 🛡️ Expansion of school programs to encourage responsible decision making
- 🛡️ Ease of available drug take-back opportunities
- 🛡️ Statute revision of HIV testing in EDs



SUD Challenges in Kentucky

- 🛡️ Cartels' business plans changed from heroin to fentanyl to xylazine
- 🛡️ Increase in overdose deaths among Black Kentuckians
- 🛡️ 3/4 of overdoses were Medicaid clients
- 🛡️ Eliminate barriers to the use of non-opioid therapies for pain management
- 🛡️ Neonatal Abstinence Rate (NAS) rate had a slight increase

Tobacco Successes in Kentucky

-  Reduce youth smoking
-  Reduce adult smoking
-  Reduce exposure to secondhand smoke
-  Reduce lung cancer mortality
-  Decline in pregnant persons in Kentucky that smoke
-  Increase in tobacco free school districts

Tobacco Challenges in Kentucky

-  Tobacco culture
-  Increased 'glamorization' of vaping

Obesity Successes in Kentucky




- 🛡️ Increase access to breastfeeding rates
 - Ever breast feed
 - Breast feeding at six months
- 🛡️ Increase in farmers' markets that accept SNAP/WIC

ACEs Successes in Kentucky

- 🛡️ Development of PaRK (Partnership for a Resilient Kentucky)
 - www.resilient-ky.org/



Integration of Health Access Successes in Kentucky

-  Increase in telehealth services
-  Increase number of agencies that contribute to KHIE (Kentucky Health Information Exchange)
-  Payment for Community Health Workers

Integration of Health Access Challenges in Kentucky

- 🛡️ Change in leadership at the state
- 🛡️ COVID-19
 - And everything that came with it

Substance Abuse	Smoking	Obesity	Adverse Childhood Experiences	Integration to Health Access
Income	Education	Income	Social Support	Transportation
Education	Access to Care	Education	Income	Income
Access to Care	Income	Cultural Factors	Housing	Access to Care
	Race/Ethnicity	Access to Healthy Food	Race/Ethnicity	Education
	Healthy Food	Gender		
	Built Environment	Race/Ethnicity		
		Built Environment		

Figure 4. Social determinants of health as defined in the five focus areas of the SHIP.

¹ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved September 8, 2021, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

² U.S. Department of Health and Human Services. "The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020. Section IV. Advisory Committee findings and recommendations." (2008). https://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf Accessed August 17, 2017.

Call to Action



Community Organizations

- Collaborate with local government to fill gaps in services to the local community
- Provide health promotional information to the members and participate in spreading this information in your community
- Work with local health departments for strategic planning in the community
- Attend public hearings and meetings on health related ordinances and activities



Faith-based Organizations

- Encourage parishioners to be informed and participate in their own health care decisions
- Provide health promotional information to parishioners and offer health promotion screenings
- Offer space, if available, for physical activity programs
- Encourage parishioners to be involved in community events

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Public Health Transformation and the Impact to Public Health Priorities

Jan Chamness, MPH
KDPH Public Health Transformation Director

9-27-23

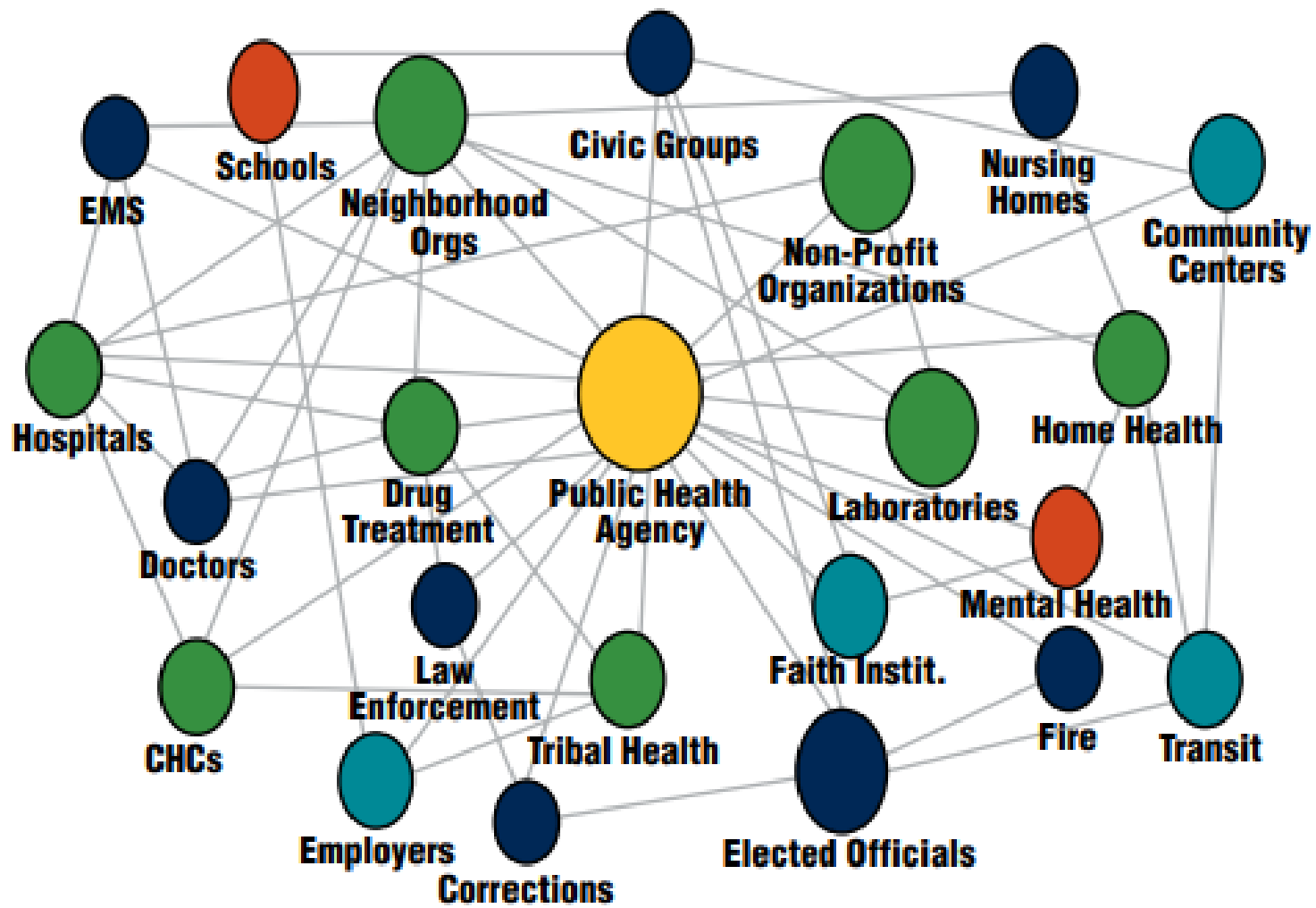


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Where do you fit in the Public Health System?



Transformation

A dramatic change in form or appearance, a marked change, ... one function is converted into another one of similar value;

Overarching Assumptions

- **Transformation** is IRREVERSIBLE;
- **Transformation** is the most dramatic operational change in the way we (Public Health) do business in Kentucky;
- **Transformation** is a strategic initiative which will contribute to quality improvement and performance management;
- **Transforming** is a **statewide** initiative...not just at the local level;
- **Transformation** is not only important but **necessary** to acknowledge social determinants of health and remove barriers toward achieving optimal health.

Kentucky's Health Outcomes



2022 Annual Report
Kentucky Overall: 43rd
Health Behaviors: 46th
Health Outcomes: 45th

Image Source: <https://assets.americashealthrankings.org/app/uploads/allstatesummaries-ahr22.pdf>

Public Health Transformation Across the Nation

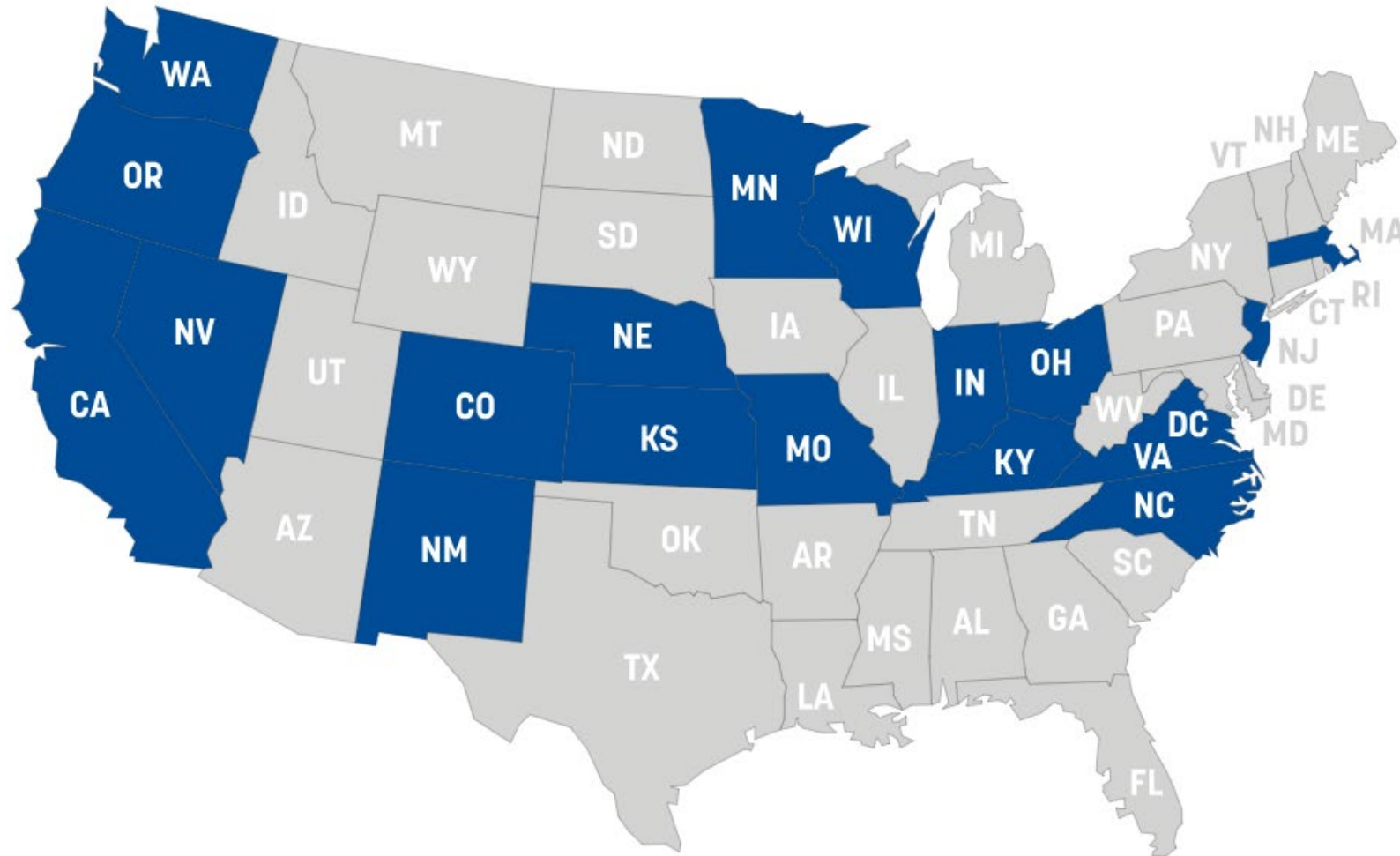
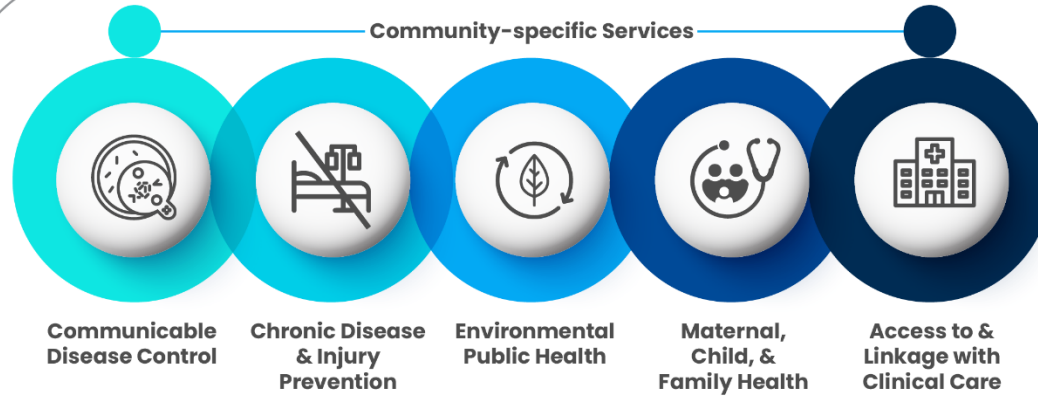


Image Source: <https://phnci.org/transformation/21st-century-learning-community>

Foundational Public Health Services

Foundational Areas



Foundational Capabilities

Assessment & Surveillance	Community Partnership Development	Equity	Organizational Competencies
Policy Development & Support	Accountability & Performance Management	Emergency Preparedness & Response	Communications

E Q U I T Y



Image Source: <https://phnci.org/transformation/21st-century-learning-community>

February 2022

10 Essential Services

3 Core Functions

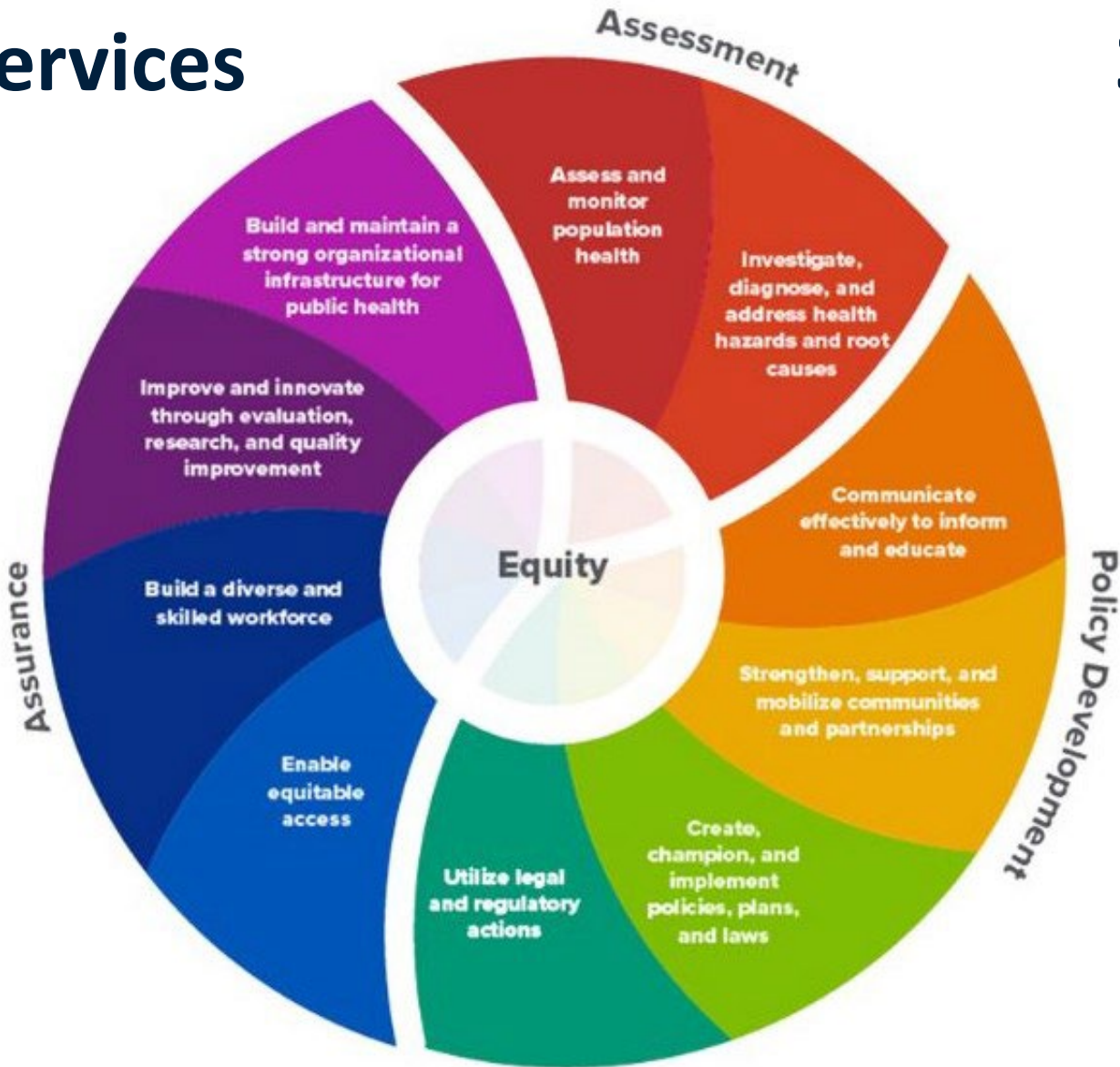


Image Source: <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

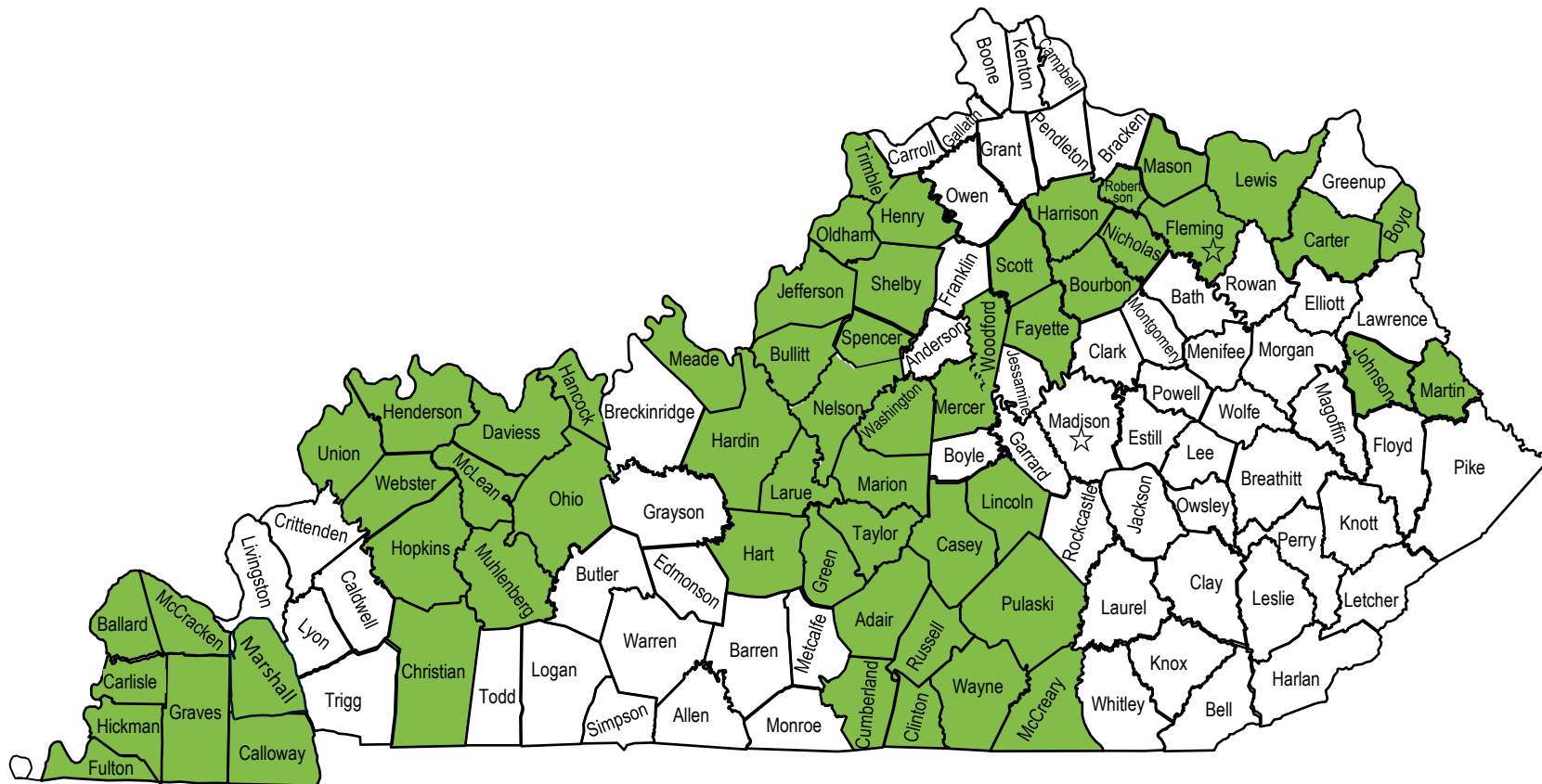


Public Health 3.0



Image Source: <https://redegroupp.co/public-health-30>

Pre-PHT – Outcome of Financial Crisis



Goals for Public Health Transformation

- 🛡️ Restore the **fiscal stability** of the current system;
- 🛡️ Introduce a **modern, simplified and focused** public health model with clearly defined priorities based on nationally recognized models such as Public Health 3.0 principles and PHAB's Foundational Public Health Services;
- 🛡️ Create **accountability** at ALL levels of the system;
- 🛡️ Improve public health **leadership capacity** at all levels;
- 🛡️ **Prevent duplication** of effort, reduce waste and red-tape internally and externally;
- 🛡️ Support and **emphasize data driven decisions** to best promote improved community health outcomes.

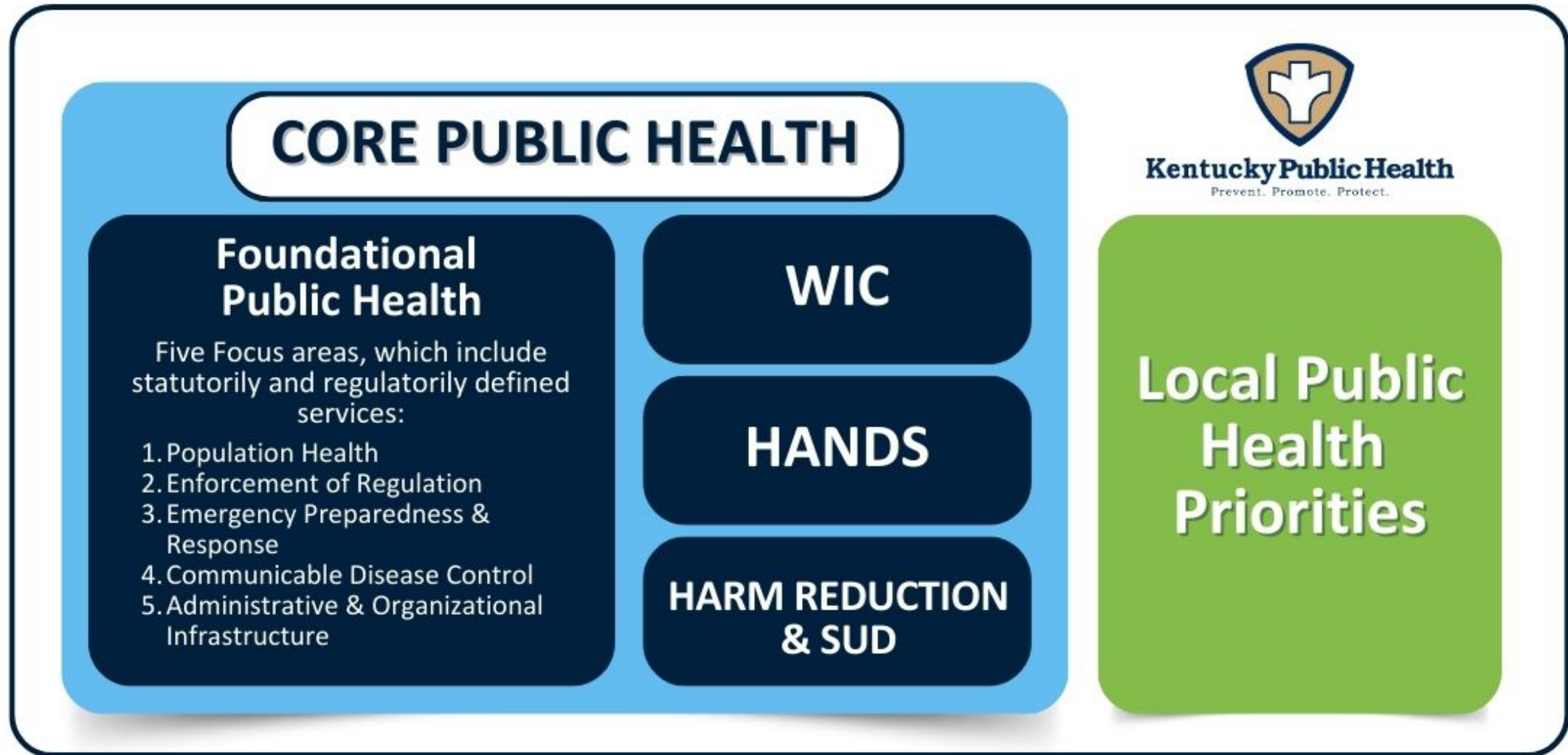
House Bill 129: Public Health Transformation Bill (Passed 2020 Legislative Session)



- 🛡️ KRS 211.185
 - Categorized public health programs into Core, Foundational and Local Public Health Priorities.
- 🛡️ KRS 211.186
 - Emphasized new funding formula for local health departments. (Included in Governor's Biennial Budget FY 2023 – 2024)
- 🛡️ KRS 211.187
 - Established requirement for local health departments to conduct local needs assessments.

Public Health Transformation

Public Health Program Categorization (KRS 211.185)



Public Health Transformation Funding (KRS 211.186)



- Prioritizes Foundational Public Health
- Based on population
- Requires certain number of FTEs dedicated to provide foundational programs/services
- Requires the minimum ad valorem tax rate of \$0.018 per \$100 of assessed property valuation

KRS 211.186 Funding Formula

KRS 211.186 Do or Ensure

KRS 211.187 Local Needs Assessment

FOUNDATIONAL PUBLIC HEALTH SERVICES

CORE PUBLIC HEALTH SERVICES

LOCAL PUBLIC HEALTH PRIORITIES

Mandatory for ALL Kentucky Local Health Departments

Available in ALL Kentucky Counties

Requires Local Needs Assessment

POPULATION HEALTH

Health Equity * Policy * Education * Community Health Assessment * Partnership Development

ENFORCEMENT OF REGULATIONS

Food and Water Safety * Waste Management * Nuisance Investigation

EMERGENCY PREPAREDNESS & RESPONSE

Mitigation of Disease Threat * Mass Vaccination * Disaster Response

COMMUNICABLE DISEASE CONTROL

STD Control * TB Control * Epidemiology * Adult & Child Vaccination * Surveillance

ADMINISTRATIVE & ORGANIZATIONAL MANAGEMENT

Finance * IT * Communications * Human Resources * Performance Management * Quality Improvement

WIC

Supplemental nutrition program for eligible women and children up to age five.

HANDS

Home visitation program to promote safe, healthy children.

HARM REDUCTION






Practices that aim to reduce the risks and harm associated with substance use.

Diabetes* Cancer Screening* Asthma* Family Planning* Maternity* Physical Activity* Nutrition* School Health* Community Health Workers* Pediatric & Adolescent Health* Dental* Teen Pregnancy Prevention* Tobacco/Vaping* Staywell

Local Needs Assessment (LNA)

KRS 211.187

- Data-driven need
- Evidence-based or promising practice intervention
- Adequate funding
- Performance and quality management plans
- Exit strategy

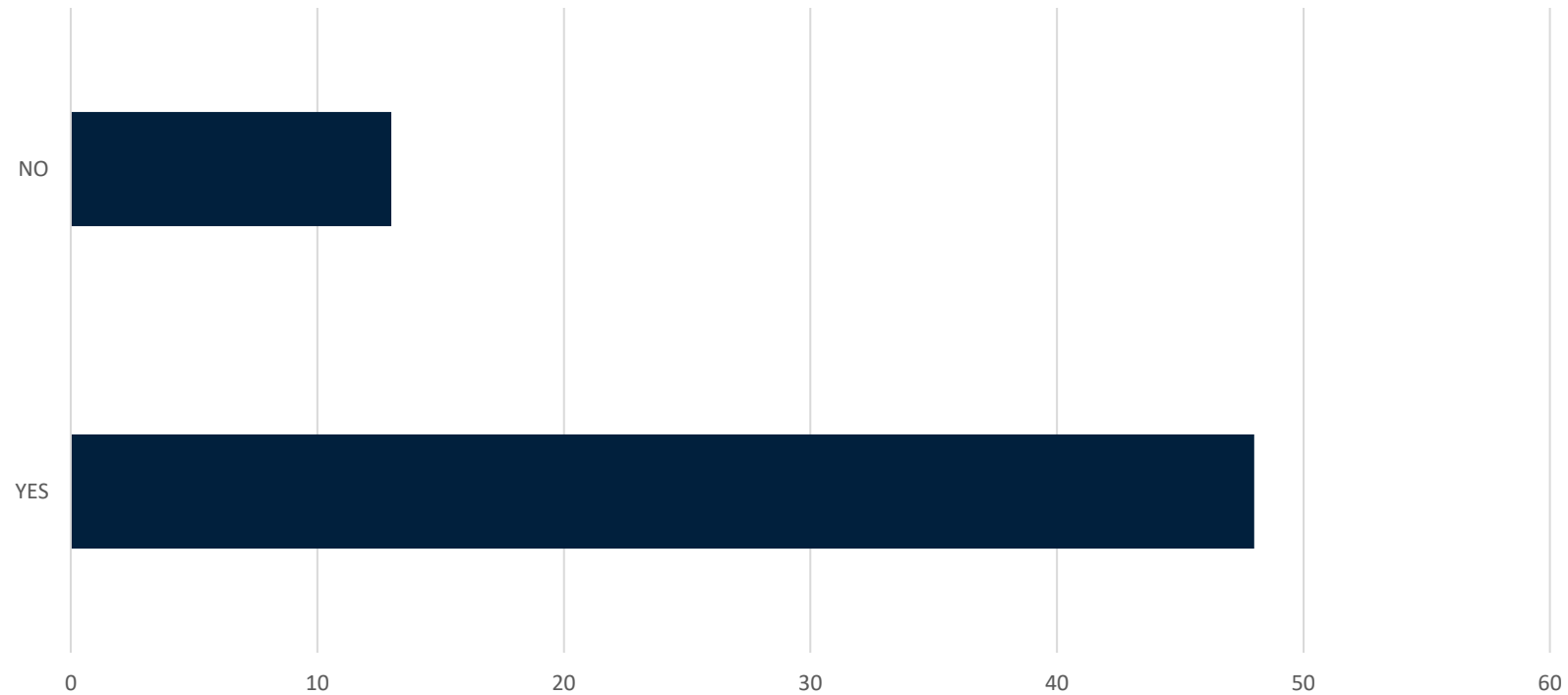
-  Community Health Assessment (CHA)
-  Community Health Improvement Plan (CHIP)
-  Combined CHA/CHIP
-  Community Health Needs Assessment (CHNA) – Hospital-driven
-  Any document which reflects a systematic process to identify local public health needs in the community.

Local Public Health Priorities

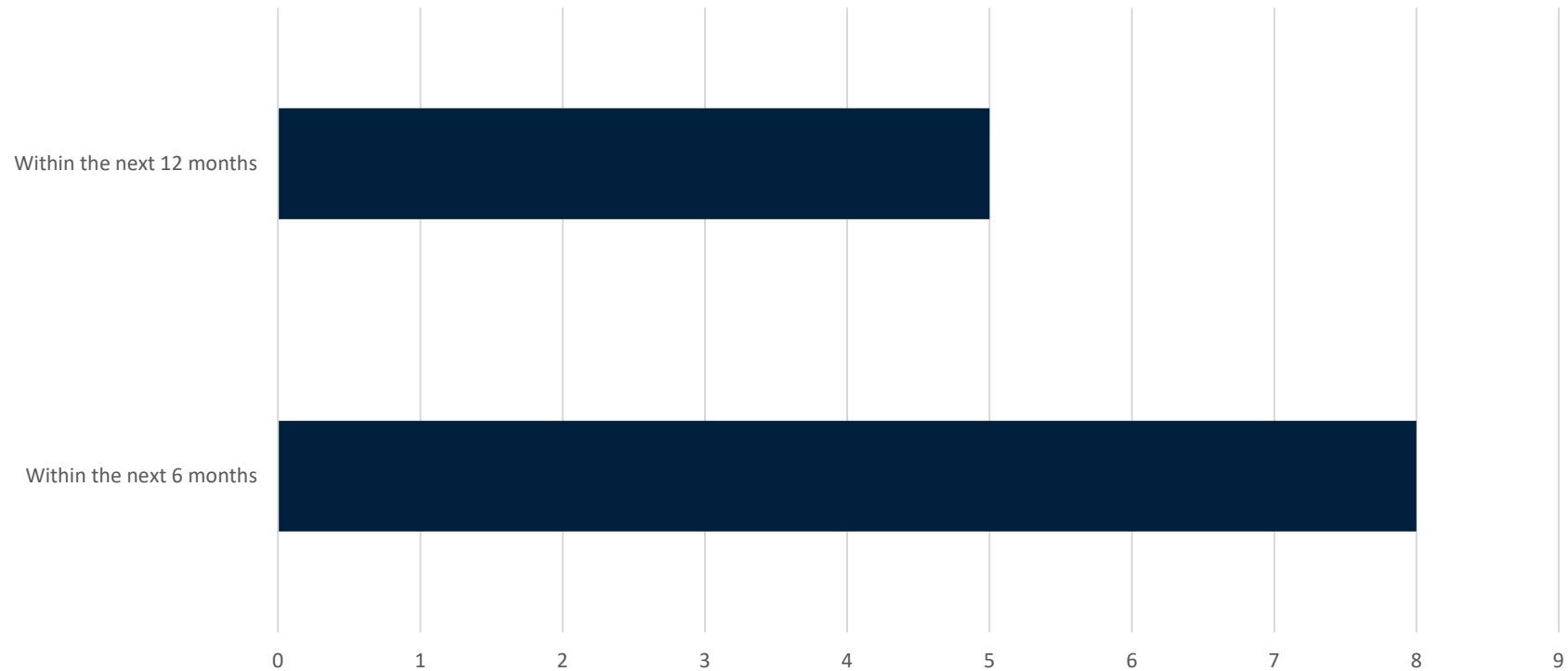
KRS 211.187

- Data-driven need
 - Evidence-based or promising practice intervention
 - Adequate funding
 - Performance and quality management plans
 - Exit strategy
- Diabetes
 - Cancer Screening
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 - Maternity
 - Physical Activity
 - Nutrition
 - School Health
 - Community Health Workers
 - Pediatric & Adolescent Health
 - Dental
 - Teen Pregnancy Prevention
 - Tobacco/Vaping
 - Staywell

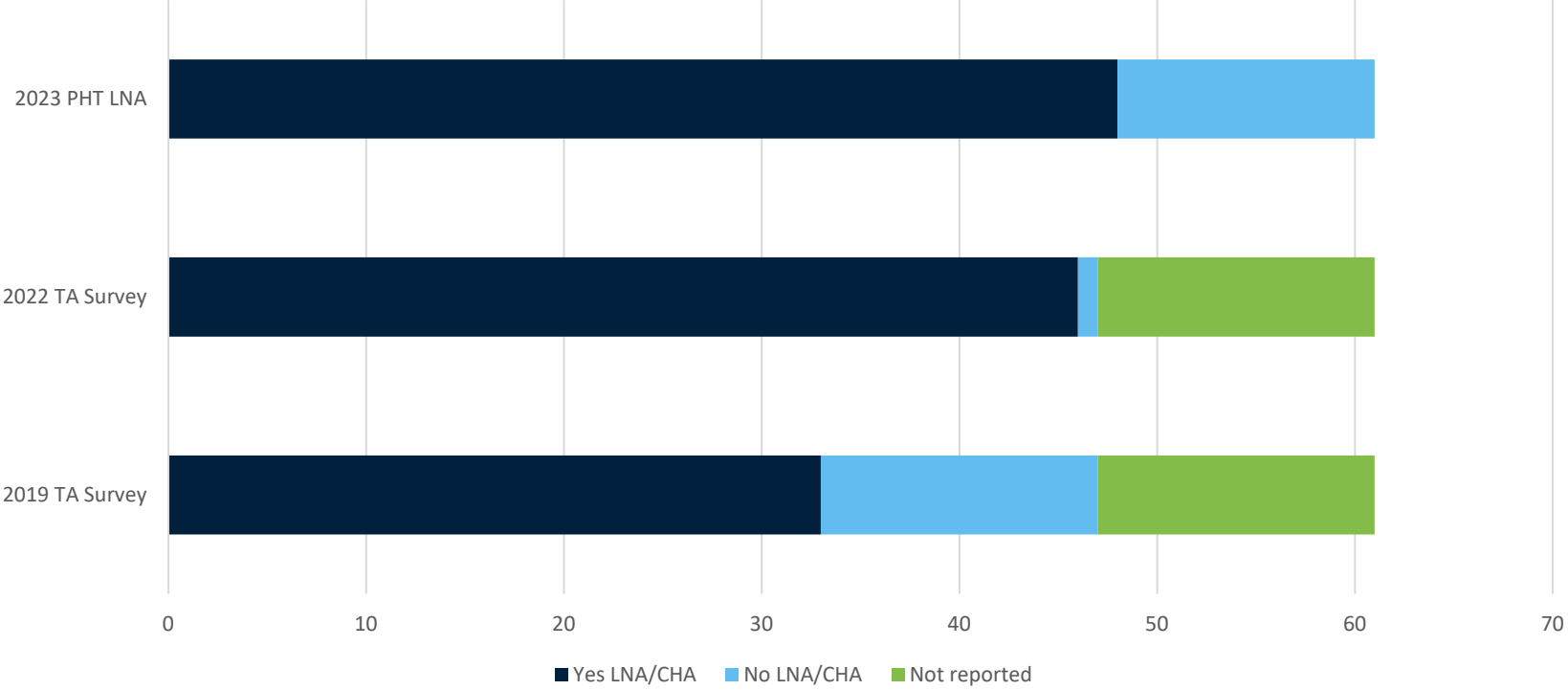
Has your Health Department completed a LNA (CHA, CHA/CHIP, CHNA, or other assessment) for the jurisdiction served?



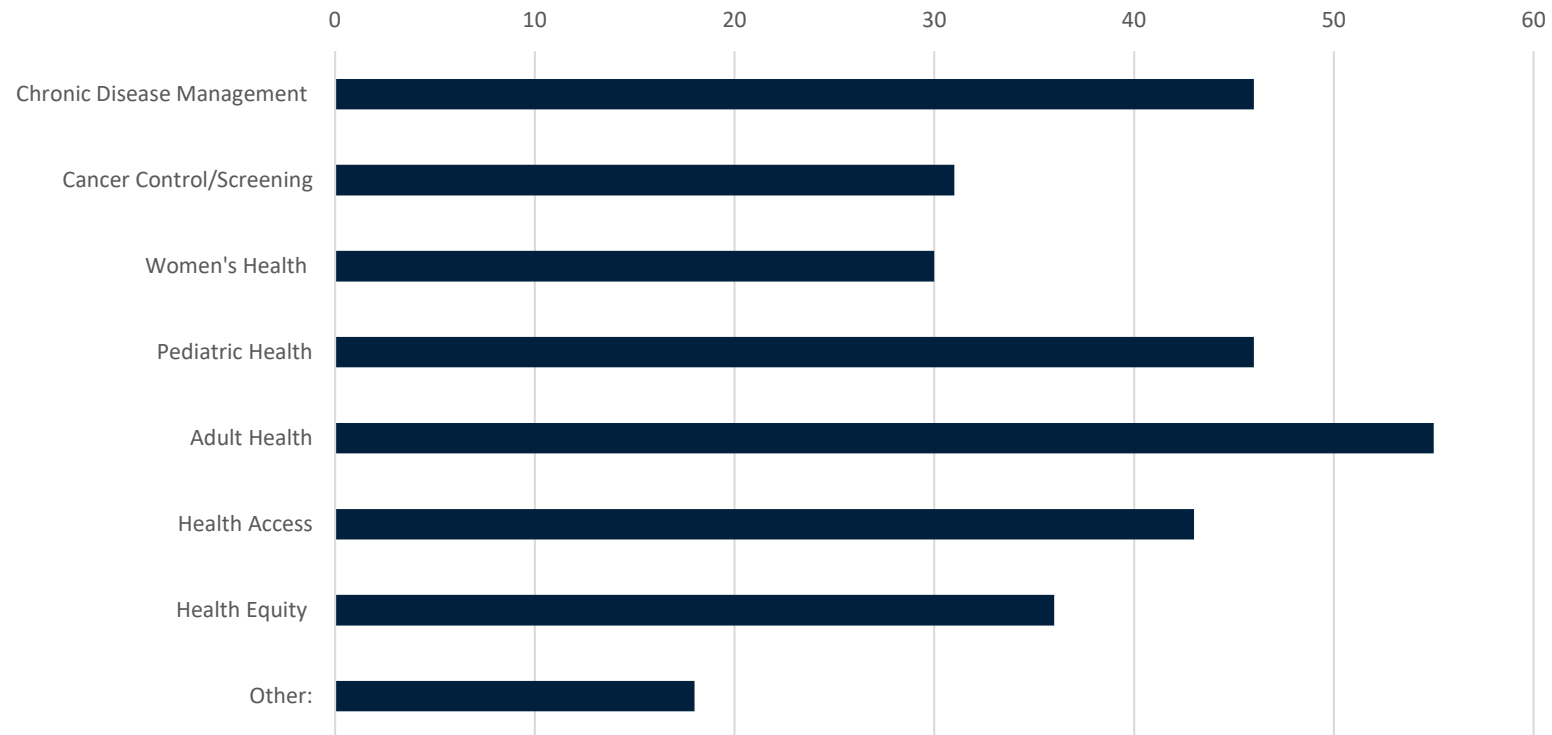
(If No) Please indicate when you intend to complete a LNA:



LNA/CHA Comparison



Please identify the Local Public Health Priorities identified in the LNA (or CHA, CHA/CHIP, CHNA or other document submitted for LNA requirement): (Select all that apply)



Local Public Health Priorities - Other

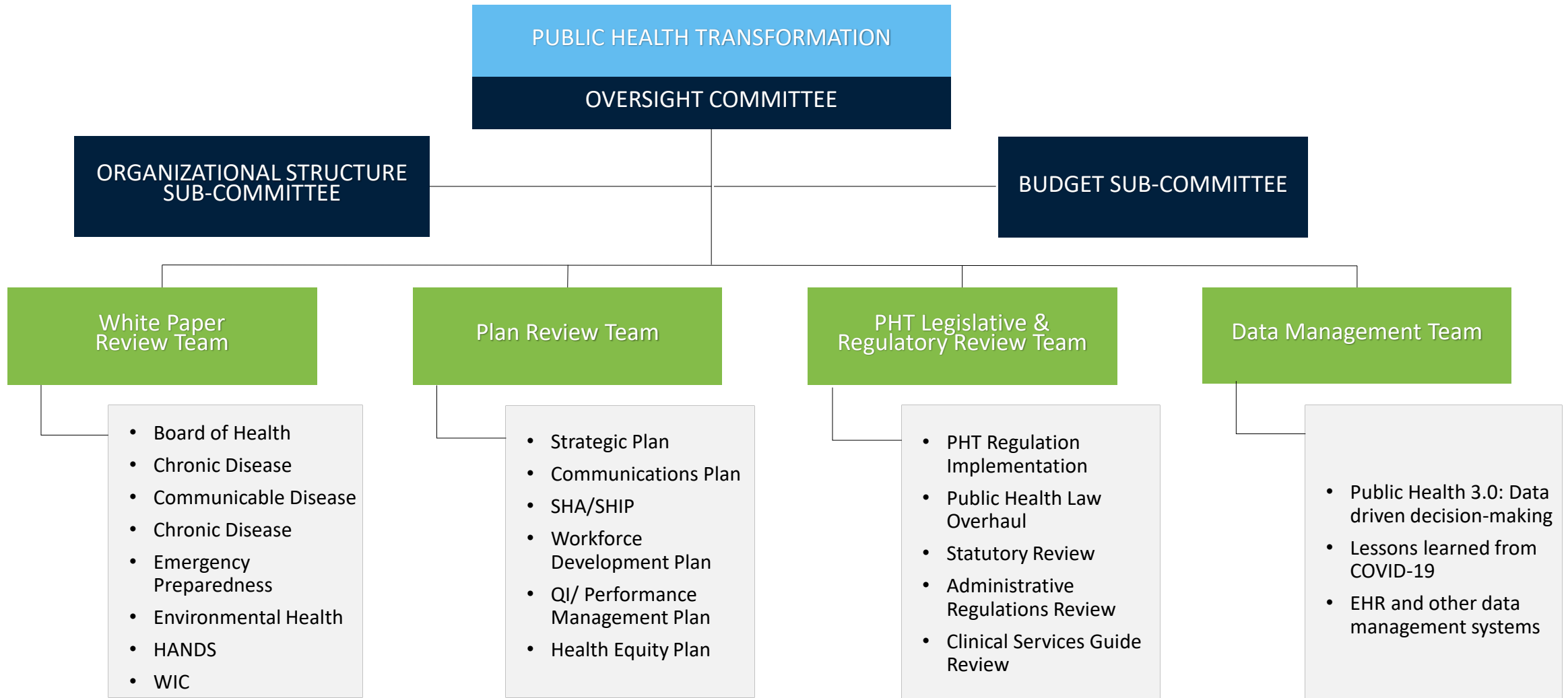
- Mental health - youth and adults
- Substance Use/Abuse
- Tobacco Use - COPD, lung disease
- High Blood Pressure
- Obesity - adults and children
- Diabetes
- Hepatitis
- Kidney Disease
- Child abuse, domestic violence
- Cancer - colon, breast and cervical highest
- Lack of awareness of resources by those who need the resources most
- Food insecurity and lack of healthy, affordable food
- Housing – health, safety, accessibility, affordability
- Poverty
- Physical activity - all ages
- HANDS QA and Training
- Home Health skilled nursing and aide services.
- Adult & Children Immunizations
- Multi-Generational Care: Maternal Child & Elder Care
- Oral Health/Dental Problems (gum disease, tooth decay, tooth loss, etc.)
- Abuse/Neglect
- Preventive Care/Screenings
- Access to care (Medicaid recipients' access to specialty care, mental health and SUD services)

Healthier People, Healthier Communities.
Our mission is to improve the health and safety of people in Kentucky through prevention, promotion and protection.

Public Health Transformation

- 🛡️ Strategic Plan
- 🛡️ State Health Assessment (SHA)
- 🛡️ State Health Improvement Plan (SHIP)
- 🛡️ Communications Plan
- 🛡️ Workforce Development Plan
- 🛡️ Health Equity Plan
- 🛡️ Quality Improvement/Performance Management Plan

PUBLIC HEALTH TRANSFORMATION OPERATIONAL STRUCTURE



PHT Progress

Process to Culture

2019

2020

2021


2022

2023

- PHT introduced to LHDs (PHT Advisory Committee)
 - PHT bill is written, Rep Moser sponsors
 - **KDPH leadership turnover**
- **KDPH leadership turnover**
 - **Covid 19 strikes Kentucky**
 - PHT legislation passes with bipartisan support (no funding)
 - PHT Re-launch, PHT Lead (part-time)
- PHT work groups formed, work plans written
 - Strategic Plan review and revision
 - PHT Director named (full-time)
 - Grants Management Branch in AFM
 - Green Box workgroup
 - OPIA Branch in PQI
- Strategic Plan rollout, performance management process, strategic champions named
 - **PHAB Accreditation**
 - PHT funding legislation passes
 - PHT Steering Committee formed
 - WFD grant support multiple PHT efforts, including AHLs, LNA resources for LHDs
 - LHD & DPH Classification Review, salary adjustments
- Operationalizing PHT continues, including programmatic review
 - Public Health Infrastructure grant supports multiple PHT efforts, including KHDA support to build training, HR, legal, finance resource infrastructure
 - LHD compliance with PHT law re: LNA
 - SHIP review and revision
 - PHT Progress Report

Kentucky Department for Public Health

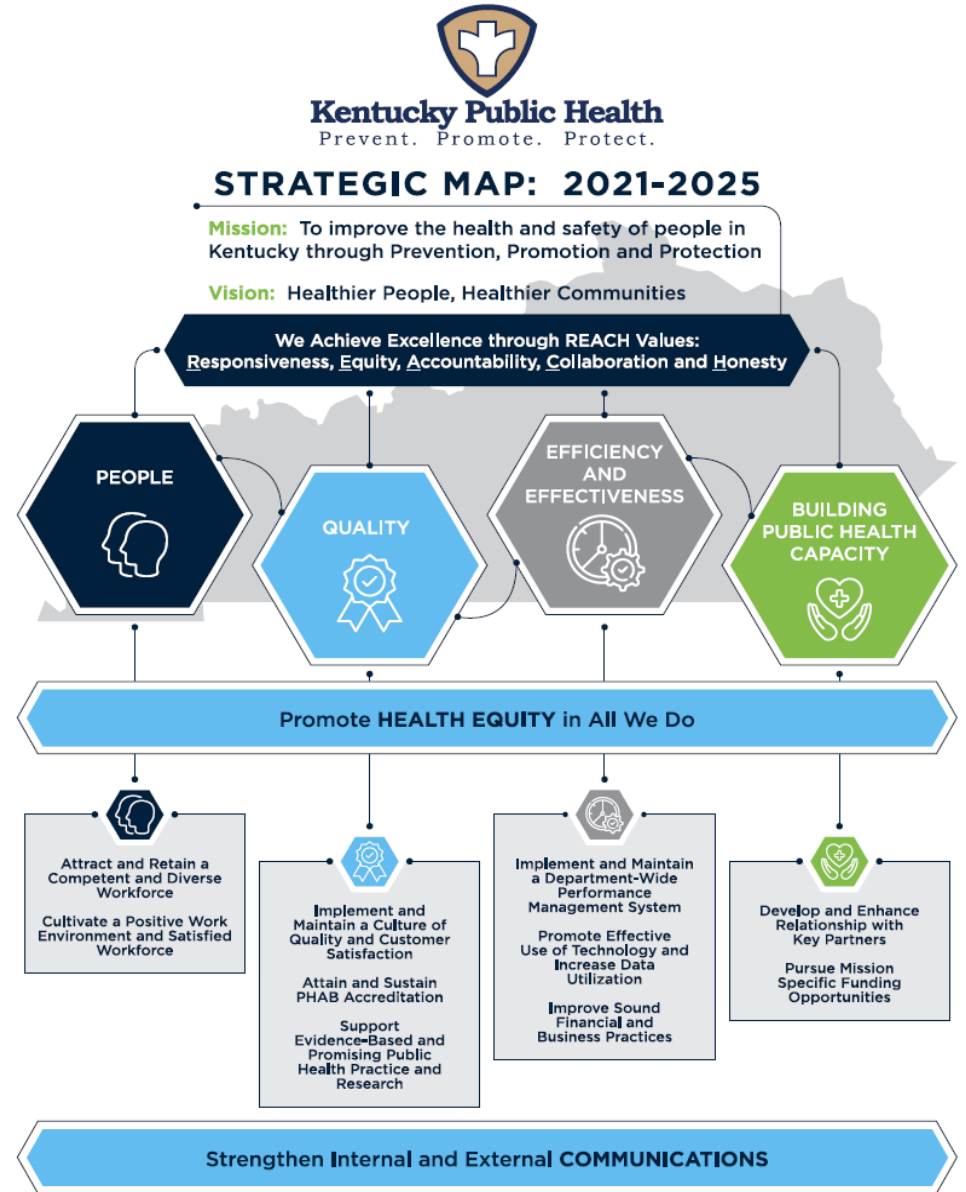
Strategic PLAN 2021



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Revised 9/1/21





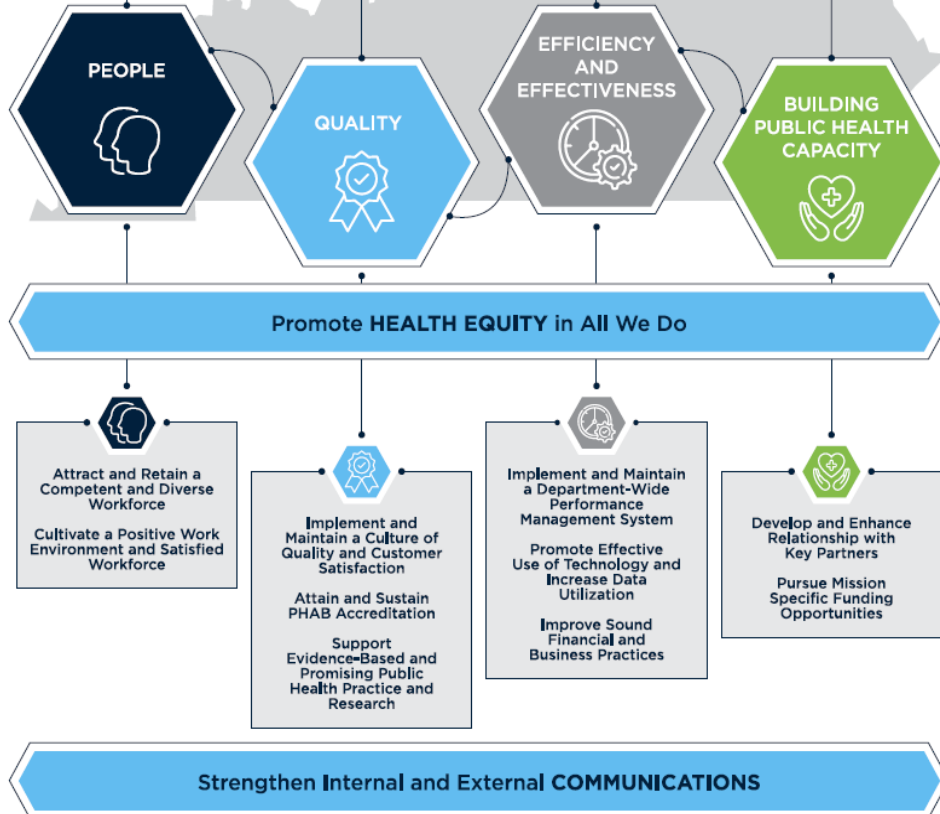
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STRATEGIC MAP: 2021-2025







Mission: To improve the health and safety of people in Kentucky through Prevention, Promotion and Protection

Vision: Healthier People, Healthier Communities

We Achieve Excellence through REACH Values:
Responsiveness, Equity, Accountability, Collaboration and Honesty

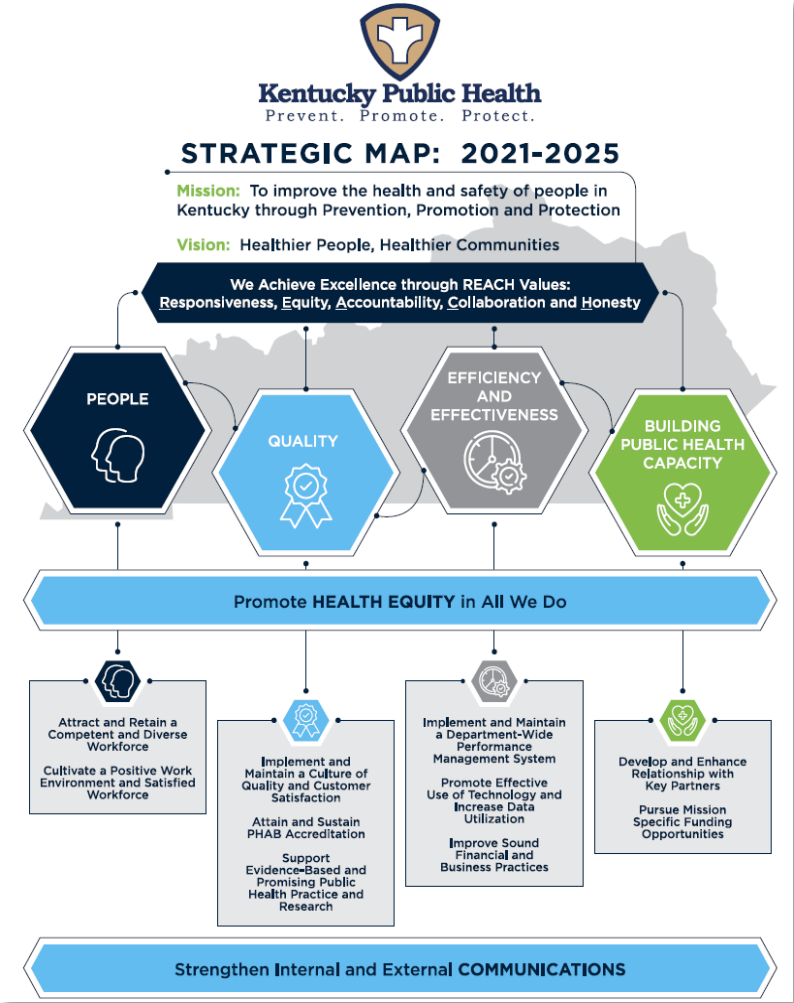


STRATEGIC PRIORITIES

-  People
-  Quality
-  Efficiency and Effectiveness
-  Building Public Health Capacity
-  Health Equity
-  Communications

Strategic Champions and Accountability Partners

Strategic Priority	Strategic Champion	Accountability Partner
Health Equity	Danielle King	Johan Malcolm
People	Becky Gillis	Nate Wilson
Quality	Elizabeth Goode	Curtis Flynn
Efficiency and Effectiveness	Amanda “Mandy” Fannin	David Vick
Building Public Health Capacity	Andrew Yunt	Misty Hayes-Winton
Communications	Kyra Dailey	Taban Herrington



Thank you!

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Break and Beverage Refresh

9-27-23



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2023 State Health Assessment Executive Summary

Connie White, MD, MS, FACOG
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9-27-23



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State Health Assessment



Kentucky Department for Public Health

State Health Assessment

2023

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Our mission is to improve the health and safety of people in Kentucky through prevention, promotion and protection.

Adopted: 08/31/2023



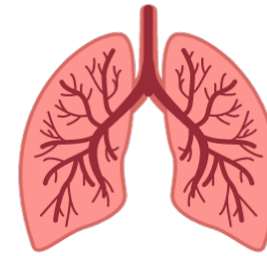
Health Insurance

Cancer Mortality



Alcohol Consumption

High School Graduation



Lung Cancer Screening

Severe Housing Problems



Diabetes

Fair/Poor Health



Poor Mental Health Days

Smoking Rate



Children in Poverty

Neonatal Abstinence Syndrome



Thank you!

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2023 State Health Assessment Data Report Cancer

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Kentucky Cancer Registry

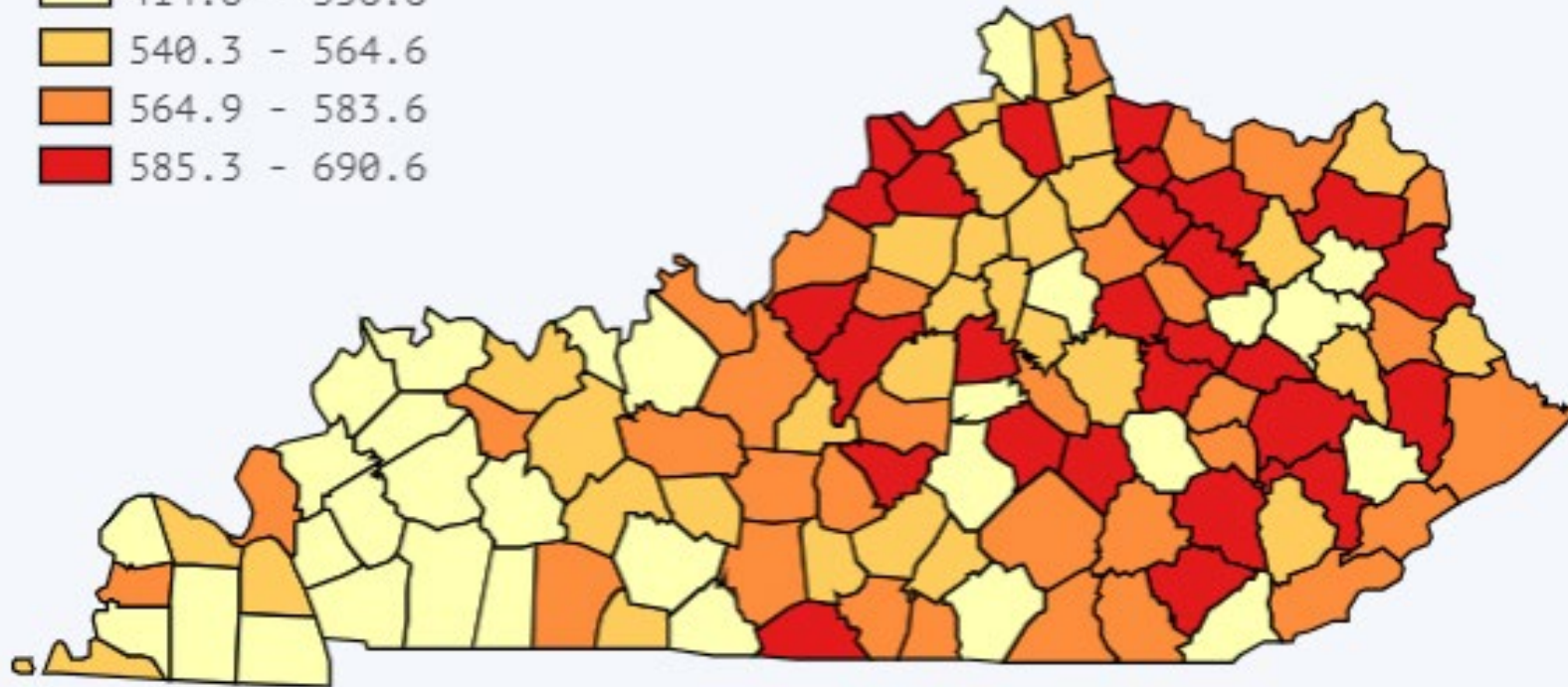
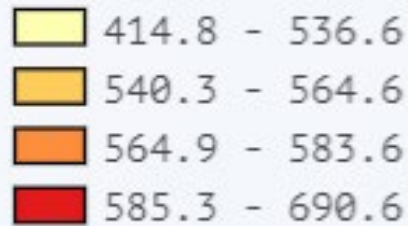
Cancer Incidence Rates in Kentucky

All Sites, 2011 - 2020

By County

Age-Adjusted to the 2000 U.S. Standard Million Population

Kentucky Rate: 559.2 / per 100,000



All rates per 100,000. Based on data released Nov 2022. Retrieved Sep 24, 2023.

Kentucky Cancer Registry

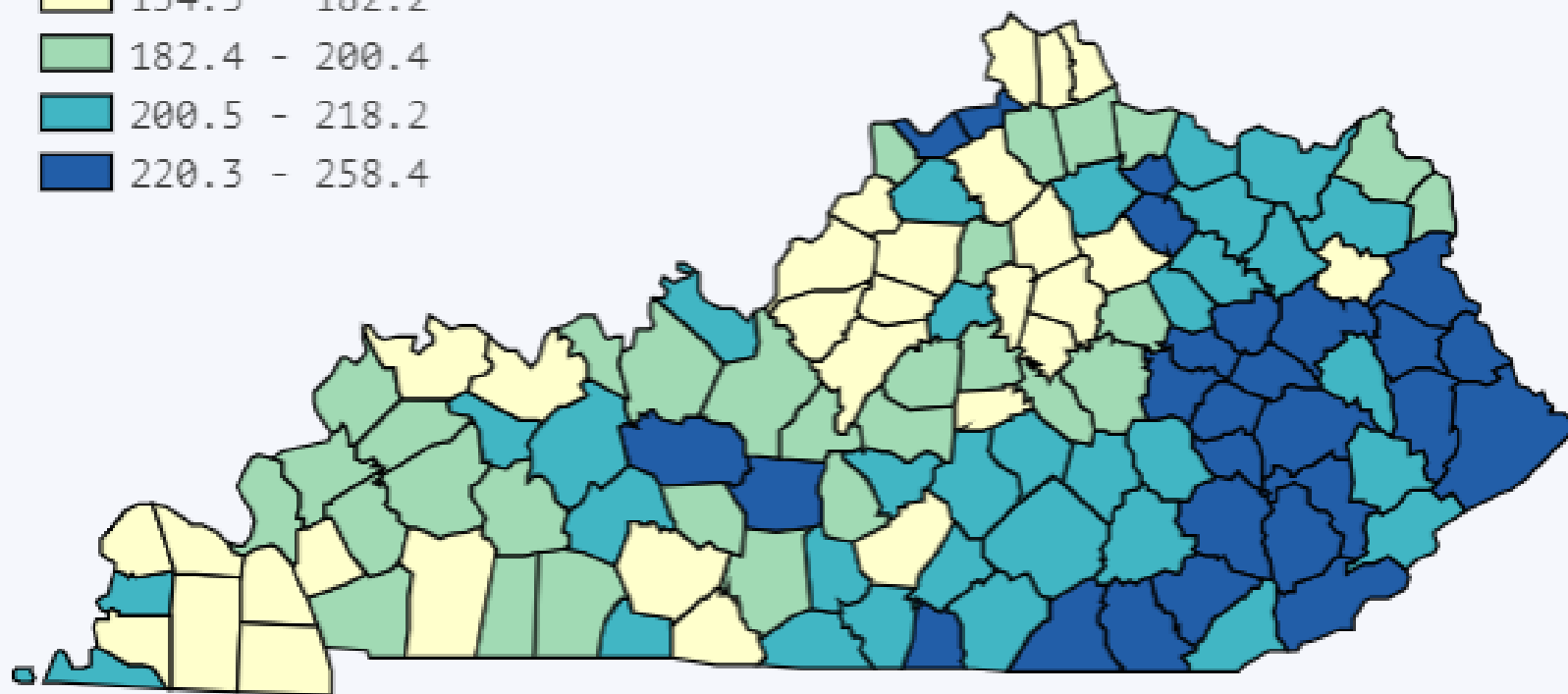
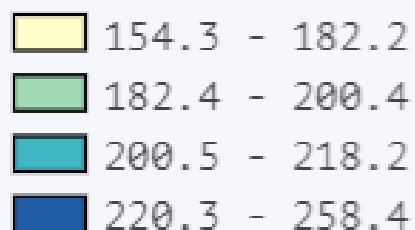
Cancer Mortality Rates in Kentucky

All Sites, 2011 - 2020

By County

Age-Adjusted to the 2000 U.S. Standard Million Population

Kentucky Rate: 188.3 / per 100,000



All rates per 100,000. Based on data released Aug 2023. Data for 2009-2020 is preliminary. Retrieved Sep 24, 2023.

Lung Cancer in Kentucky

Year	Incidence/rate	Deaths/rate
2011	4,760 (95.7)	3,353 (68.4)
2012	4,823 (94.5)	3,453 (68.3)
2013	4,945 (95.5)	3,546 (69.3)
2014	4,989 (93.8)	3,513 (66.8)
2015	4,965 (91.8)	3,443 (64.0)
2016	4,849 (88.5)	3,290 (60.5)
2017	5,036 (88.9)	3,086 (55.5)
2018	4,897 (84.4)	3,056 (53.3)
2019	5,066 (85.7)	3,007 (51.7)
2020	4,585 (76.0)	2,926 (49.0)
TOTAL	53,839 (902)	36,246 (61.4)

[Cancer-rates.com/ky/](https://cancer-rates.com/ky/)

Colorectal Cancer in Kentucky

Year	Incidence/rate	Deaths/rate
2011	1,189 (44.2)	416 (15.2)
2012	1,263 (46.5)	378 (13.3)
2013	1,253 (45.6)	398 (14.2)
2014	1,244 (44.5)	387 (13.5)
2015	1,301 (46.5)	395 (13.6)
2016	1,233 (43.0)	428 (14.6)
2017	1,203 (41.5)	404 (13.4)
2018	1,266 (43.6)	427 (13.9)
2019	1,226 (42.0)	407 (13.0)
2020	1,078 (36.2)	393 (12.4)
TOTAL	12,256 (43.2)	4,033 (13.7)

[Cancer-rates.com/ky/](https://cancer-rates.com/ky/)

Cervical Cancer in Kentucky

Year	Incidence/rate	Deaths/rate
2011	185 (8.1)	88 (3.5)
2012	211 (9.3)	67 (2.5)
2013	179 (7.9)	73 (3.0)
2014	214 (9.3)	57 (2.4)
2015	213 (9.4)	70 (2.8)
2016	232 (10.4)	67 (2.6)
2017	249 (11.0)	65 (2.6)
2018	212 (9.0)	71 (2.7)
2019	211 (9.3)	72 (2.9)
2020	204 (8.7)	67 (2.5)
TOTAL	2,315 (9.2)	760 (2.7)

[Cancer-rates.com/ky/](https://cancer-rates.com/ky/)

Breast Cancer in Kentucky

Year	Incidence/rate	Deaths/rate
2011	3,866 (146.4)	605 (22.2)
2012	4,013 (150.5)	642 (23.1)
2013	4,078 (151.2)	582 (20.9)
2014	4,292 (157.5)	577 (20.7)
2015	4,260 (154.3)	591 (21.0)
2016	4,179 (151.2)	612 (21.3)
2017	4,303 (152.5)	625 (21.1)
2018	4,476 (156.1)	591 (19.8)
2019	4,599 (160.3)	644 (21.7)
2020	4,101 (143.6)	676 (22.4)
TOTAL	45,930 (151.8)	6,729 (21.4)

[Cancer-rates.com/ky/](https://cancer-rates.com/ky/)

Cancer Risk Factors

- Obesity
- Tobacco & alcohol
- Family history
- Environmental exposures
- HPV, HCV

Cancer in Kentucky

- Take-Home Points
 - Kentucky has highest rate in US for all cancers
 - There are preventable /late stage cancers
 - Lung
 - Colorectal
 - Cervical
 - Breast
- Prevention measures:
 - Interventions for lung and CRC are demonstrating improvement
 - Interventions for breast and cervical need more improvement earlier in disease process

Thank you!

Connie White, MD, MS, FACOG, KDPH

Connie.White@ky.gov



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2023 State Health Assessment Data Report Tobacco and State Physical Activity and Nutrition (SPAN) Program

Elizabeth Anderson-Hoagland, MPH
KDPH Health Promotion Section Supervisor

9-27-23



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Chronic Disease Disparities



Socio-
economic
status



Educational
attainment



Minority
populations



Environment

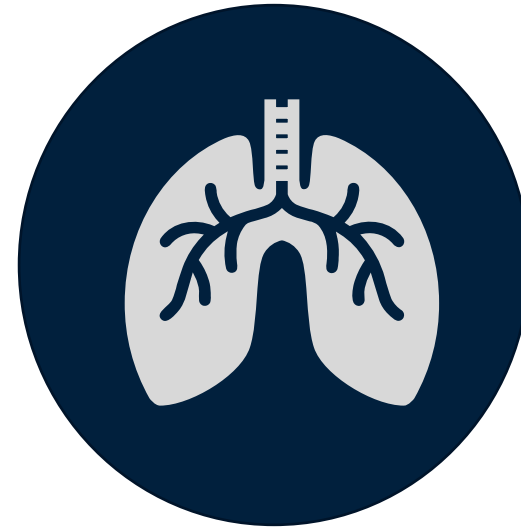
Health Consequences of Tobacco Use



12 types of
cancer



Cardiovascular
disease

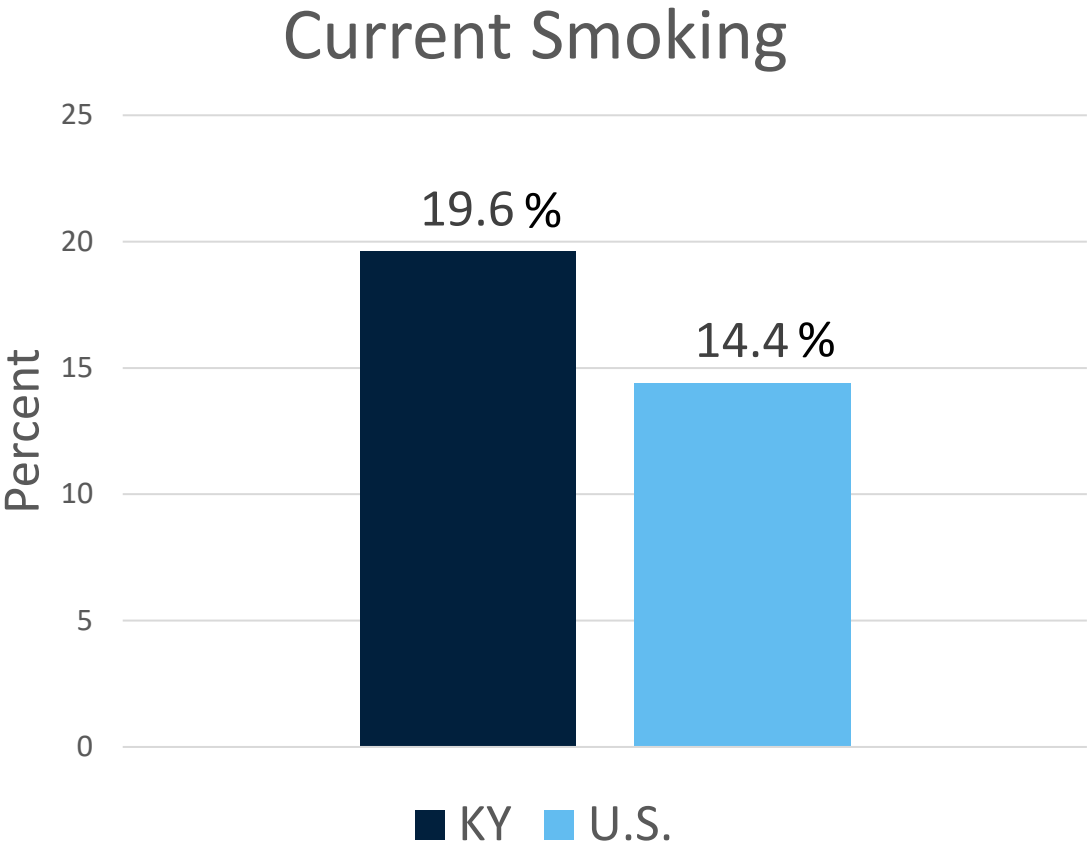


Chronic
obstructive
pulmonary
disease



Adverse
reproductive
health
outcomes

Kentucky fourth in nation for adult smoking



- 40% of cigarettes consumed by someone with a mental and behavioral health condition.
- Use highest among those with less education, lower income.
- E-cigarette/vaping use more common in those under 25.

Health Consequences of Obesity



Increased
risk cancer



Reduced
cardiovascular
health

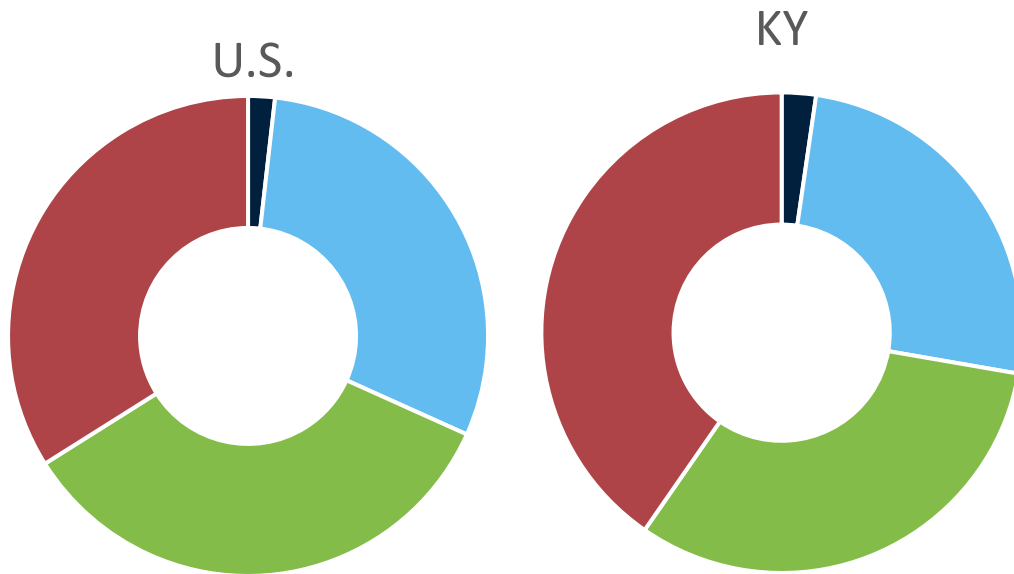


Endocrine
and hormone
dysregulation

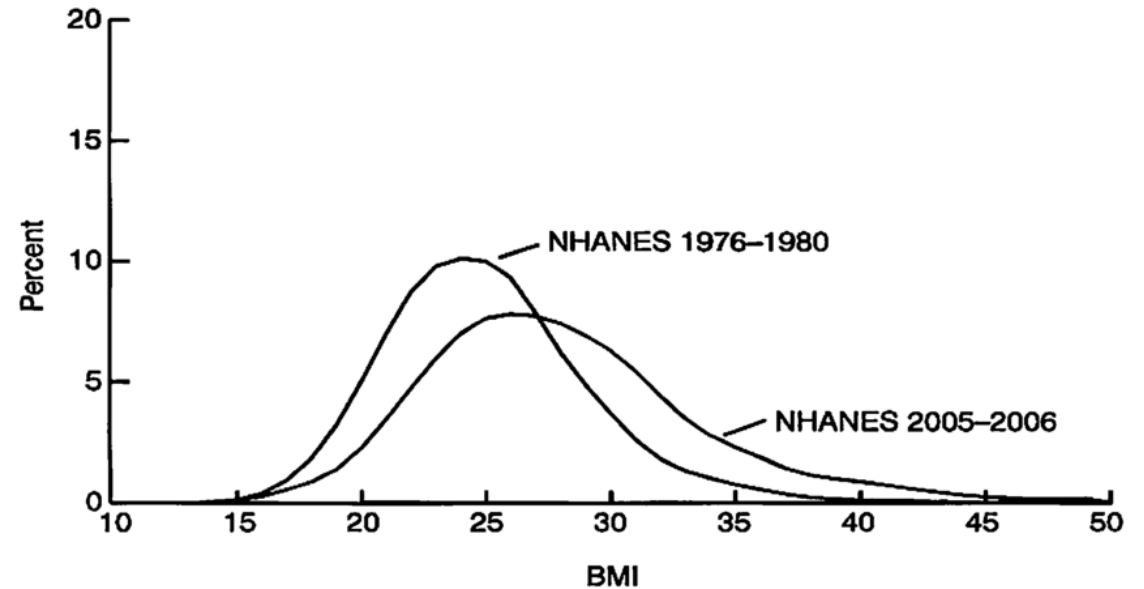


Reduced
quality of life

Kentucky second in nation for obesity



■ Underweight ■ Normal weight
■ Overweight ■ Obese



- Obesity highest among those with low educational attainment and low socioeconomic status.

Benefits of Physical Activity



Reduce risk
of cancer



Improved
cardiovascular
health

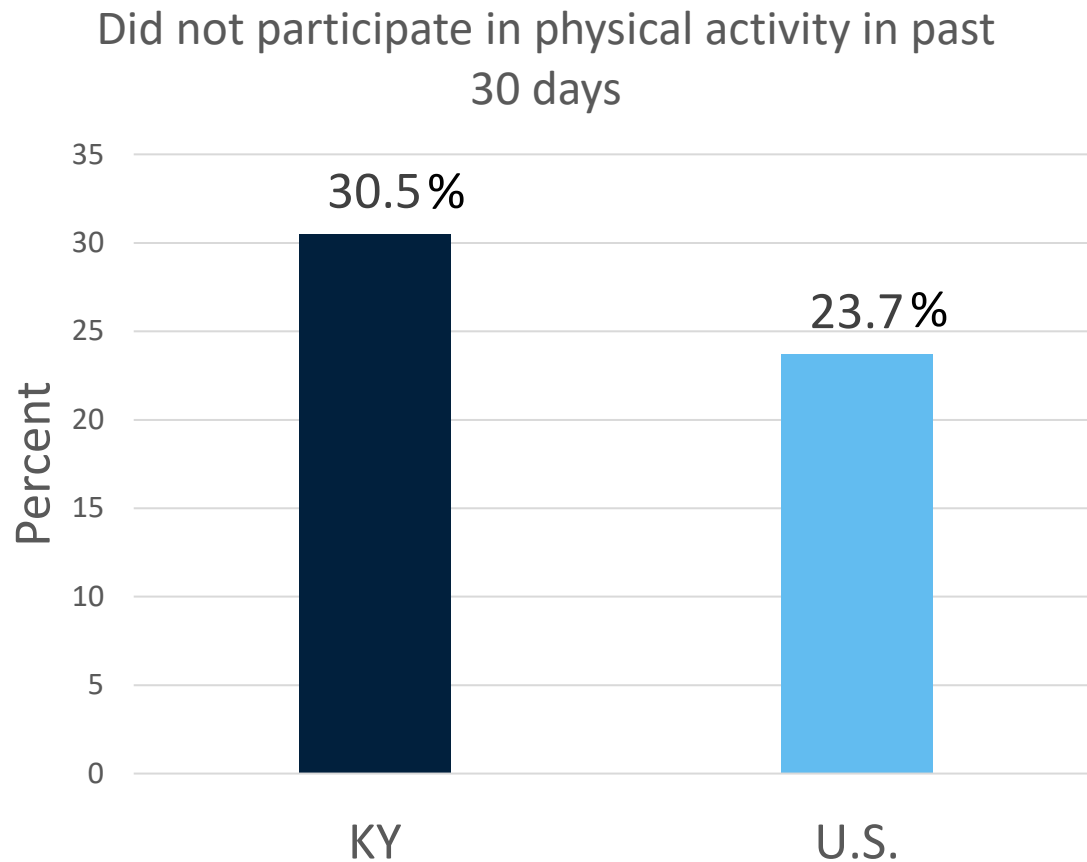


Mental
health and
wellness



Better quality
of life

Prevalence of Physical Activity



- Physical activity lower among low socioeconomic status, low educational attainment.
- Lack of physical infrastructure for leisure time physical activity, especially barriers for those with physical disabilities.

Benefits of Healthful Nutrition



Reduce risk
of cancer



Improved
cardiovascular
health

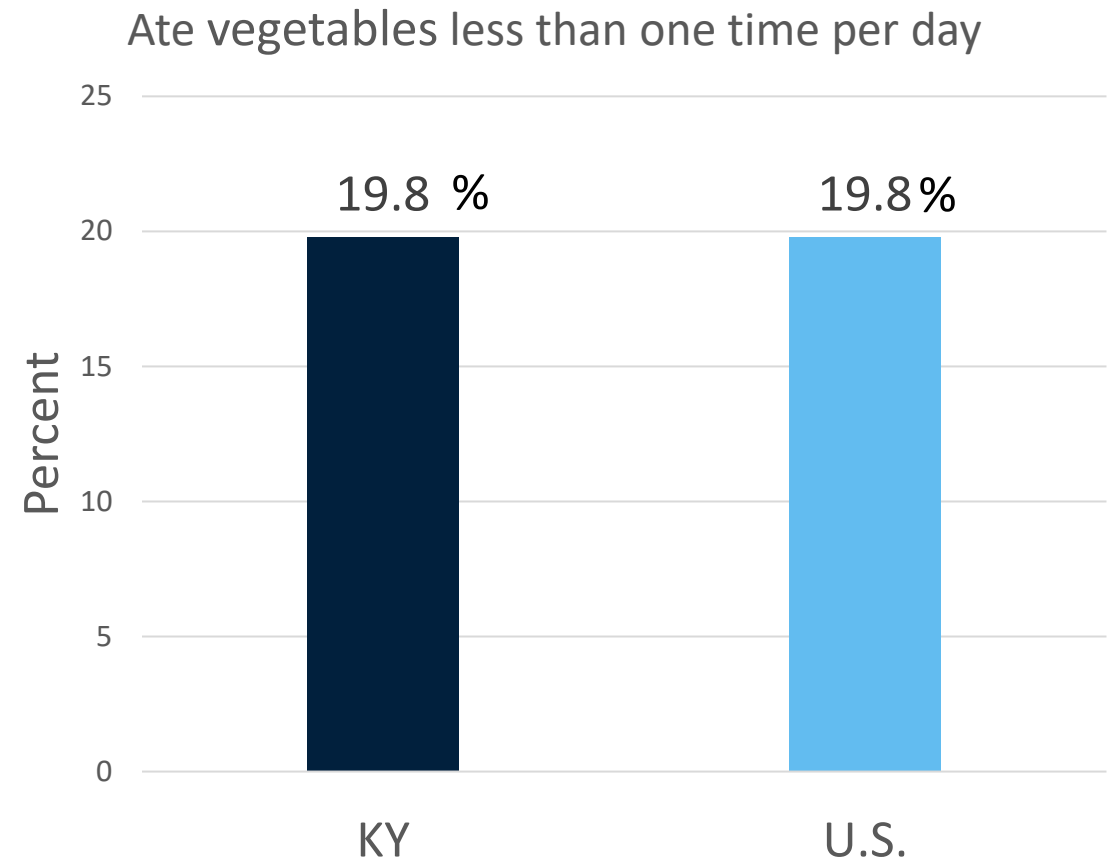
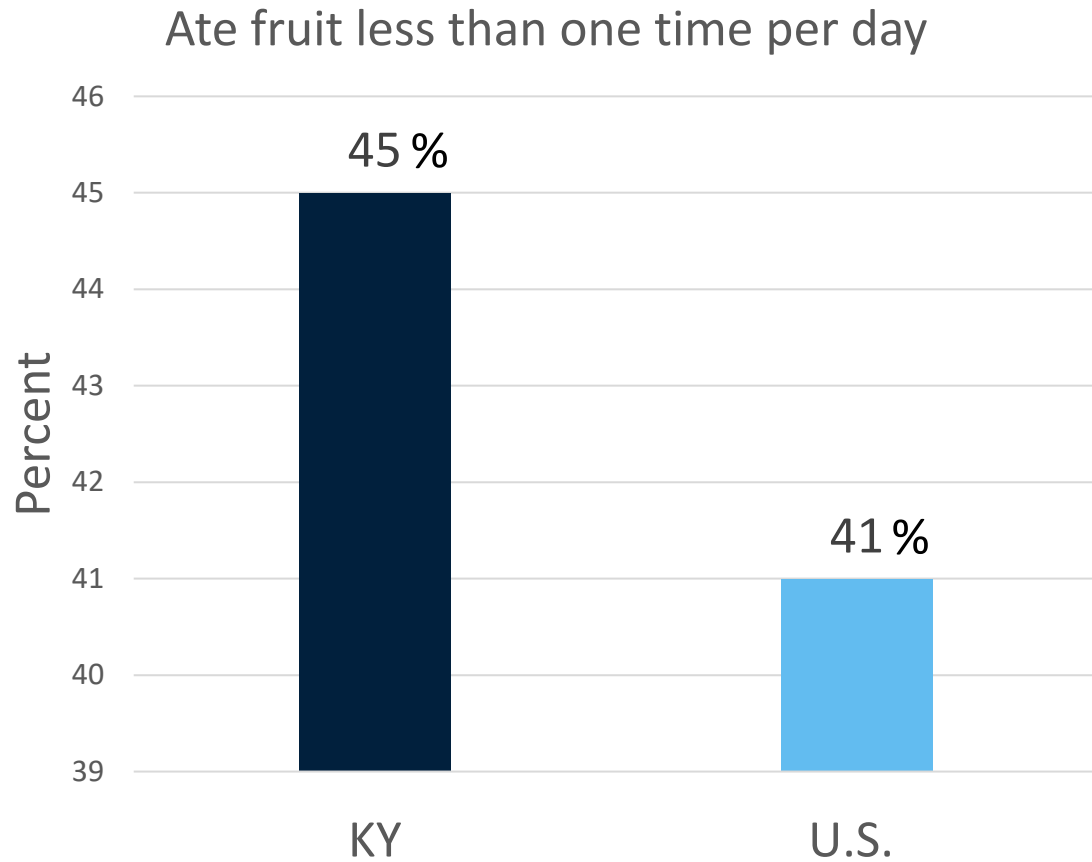


Digestive
health



Eye health

Prevalence of Fruit and Vegetable Consumption



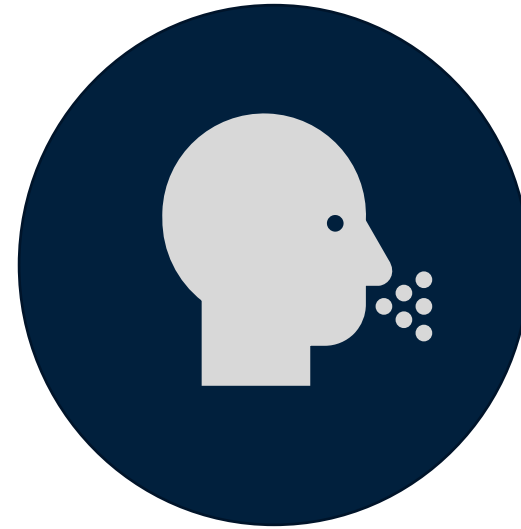
Downstream Health Impacts



13.8% type
2 diabetes



9.1%
cardiovascular
disease



10.9% COPD



22.6% poor or
fair health

Thank you!

Elizabeth Anderson-Hoagland, MPH, KDPH

ElizabethA.Hoagland@ky.gov



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2023 State Health Assessment Data Report Opioids

Chase Barnes, MPH
KDPH Harm Reduction Program Manager

9-27-23



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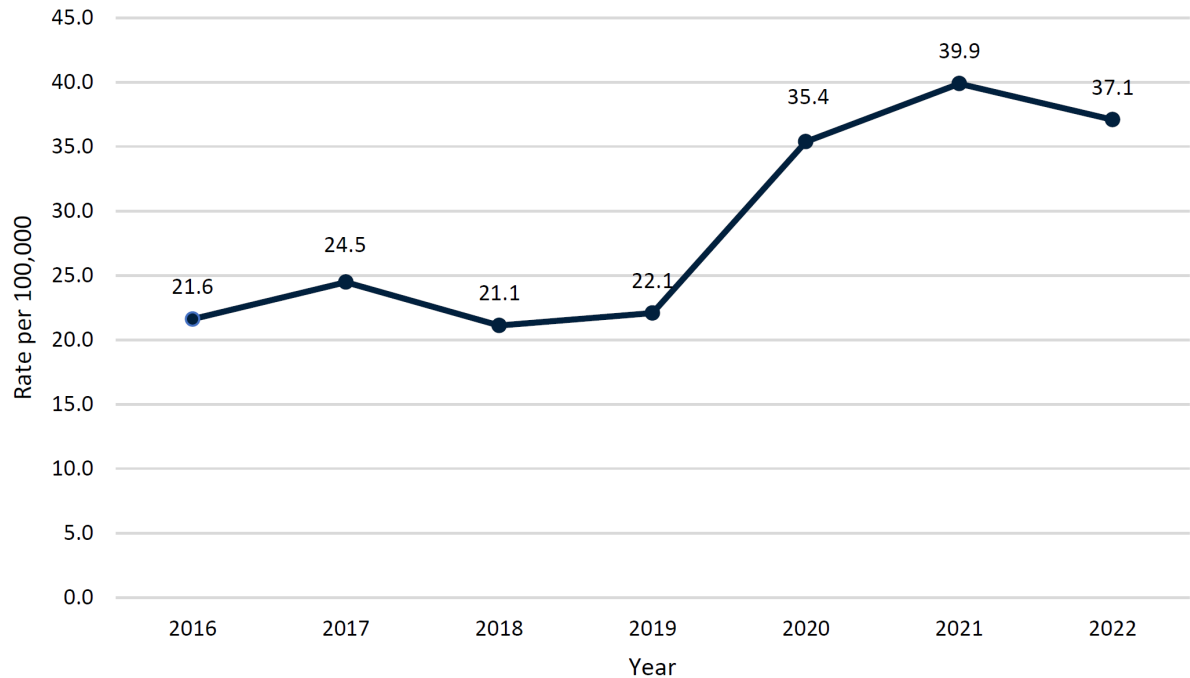


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Opioid Related Deaths Year-Over-Year (YOY)

Opioid-Induced Deaths per Year, 2016 - 2022



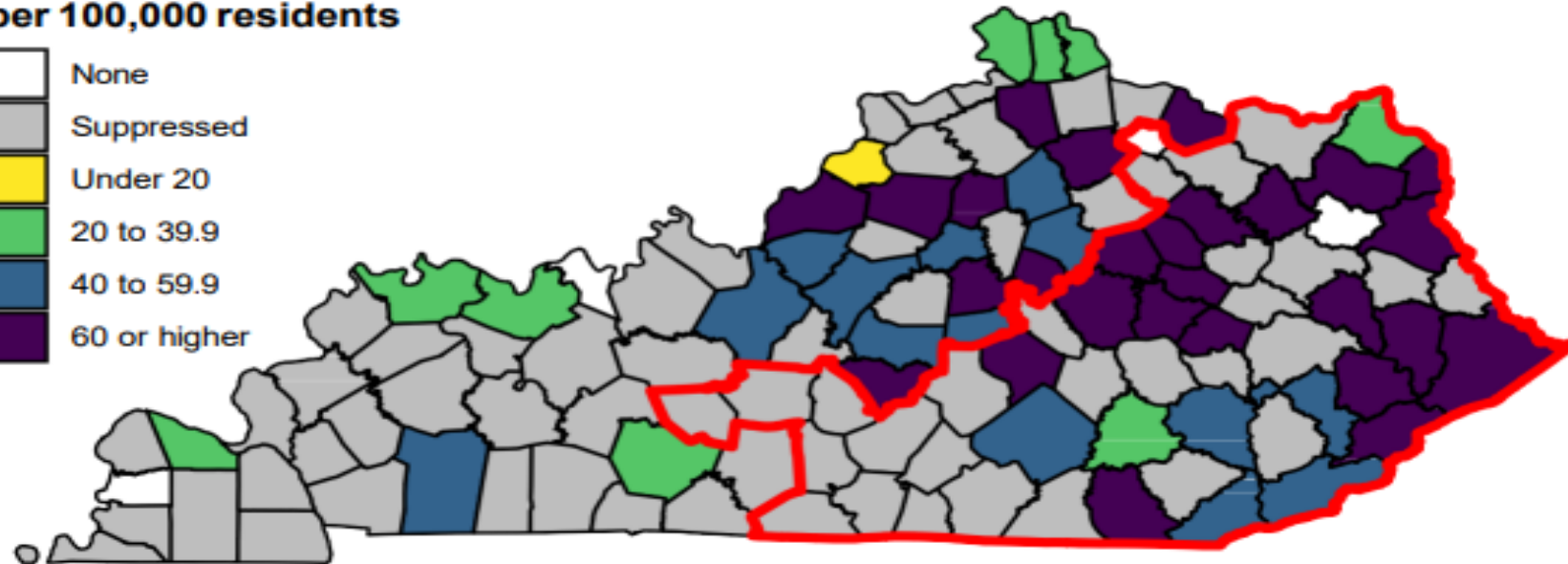
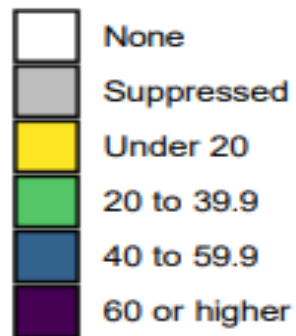
- 🛡️ Increased during the pandemic
- 🛡️ 7.8% decrease in 2022
- 🛡️ Area Development District's with the highest mortality rates include:
 - Northern Kentucky
 - KIPDA
 - FIVCO

Current Overdose Landscape

Figure 1: Age-Adjusted Rates of Drug Overdose Deaths by Kentucky County of Residence, 2022

Red line denotes Appalachian counties

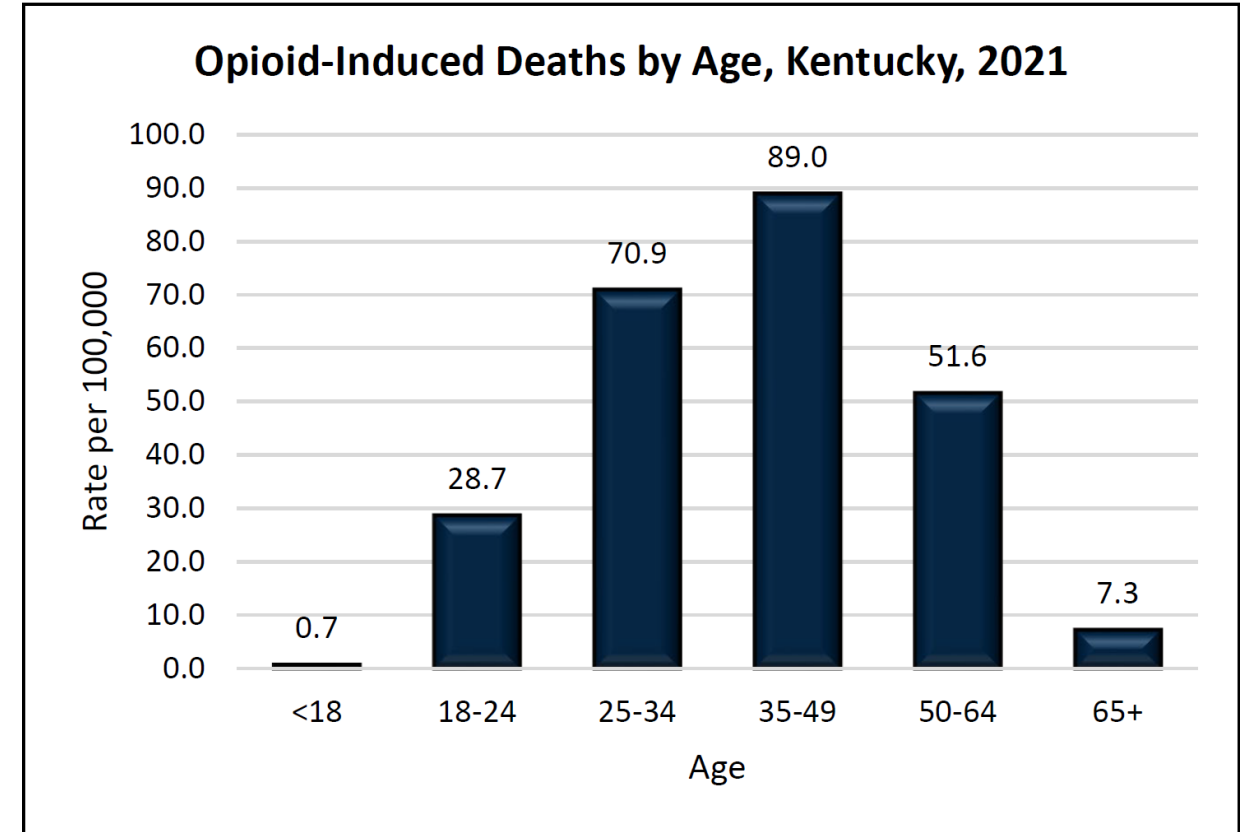
Number of deaths per 100,000 residents



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

Opioid Related Deaths

- Remain at a substantially higher rate
 - Currently 4th in the US
- Account for 77.7% of total drug overdose deaths in 2022
- Highest Risk:
 - Gender: Male
 - Race: Black
 - Age Ranges: 35-49, 25-34, and 50-64



2023 KDPH State Health Assessment

Kentucky Resident Drug Overdose Deaths by Race, 2020–2022

Race	2020	2021	2022	2021-2022 % change	2020-2022 % change
White	1,773	2,005	1,847	-7.88%	+4.17
Black	172	233	252	+8.15	+46.51
Other	20	19	36	+89.47	+80.00

Harm Reduction Overview



Harm reduction focuses on
**reducing negative
consequences** rather than
stopping the behavior entirely.

Harm Reduction in Practice

- 🛡️ Syringe Access
- 🛡️ Overdose Prevention
- 🛡️ Safer Drug Use
- 🛡️ Drug Testing Strips
- 🛡️ Medication for Opioid Use Disorder
- 🛡️ Housing First Models
- 🛡️ Overdose Prevention Sites



Syringe Services Program (SSP) History in Kentucky

-  In 2015, Kentucky Senate Bill 192 granted approval for Local Health Departments (LHD) to operate substance abuse treatment outreach programs which allows participants to exchange hypodermic needles and syringes.
-  Items exchanged at the programs shall not be deemed drug paraphernalia while located at the program.

Syringe Services Programs (SSP) Steps of Approval

Local Board
of Health



City
Officials



County
Officials

Unique LHD Interventions

Lake Cumberland District Health Department

- Telemedicine in an SSP
 - » Offers a safe and convenient option for better health outcomes for some of the most vulnerable Kentuckians
 - » Expands access to screenings such as: Substance Use Disorder (SUD), PrEP education, and prescribing, vaccinations, and family planning.

Estill County Health Department

- Mobile SSP
 - » City of Irvine revoked approval to operate SSP within city limits in Fall 2021
 - » Secured permission outside of city limits with partnering agencies
 - » Secured funding to lease a mobile unit
 - » Operational in April 2023

Introducing



**Located at:
The Lee County Health
Department Annex
45 Center Street
Beattyville, KY
606-216-6483**



- Recovery Coaching
- Offender Corrections Education
- Emergency Food & Clothing
- Transportation
- Help for Family & Friends
- CR, AA, NA, Relapse Prevention
- SMART Recovery
- Parenting Classes
- Overdose Response
- Casey's Law Advocacy
- Substance Use Treatment
- Sober Living/Transitional Housing
- Employment Readiness
- Leave Behind Program
- New Beginnings Program
- Food Commodities (60+)
- Telehealth- physical & behavioral
- Anger Management

One Stop Resource Center for anybody in **Addiction** and **Recovery!**
Come See Us!

Naloxone and Fentanyl Test Strip (FTS) Distribution

- 🛡️ LHDs:
 - Since 1/15/2020: **1,236** Requests
 - » **125,458** 2-dose naloxone kits
- 🛡️ Law Enforcement Agencies:
 - Since 1/7/2020: **362** Requests
 - » **14,113** 2-dose naloxone kits
- 🛡️ First Responders:
 - Since 12/7/2020: **711** Requests
 - » **29,650** 2-dose naloxone kits
- 🛡️ Through HB 353, FTS was officially decriminalized as drug paraphernalia in Kentucky effective **June 29, 2023**
- 🛡️ Local Health Departments:
 - **140** Requests:
 - » **4,131** Boxes (100 strips per box)

Current Infrastructure



Data Collection:

- KDPH REDCap SSP Survey
 - » Clients are assigned a unique client ID #
 - » Required to be completed at each visit



LHD Harm Reduction Needs Assessment:

- Completed in Spring 2022
 - » 89% response rate



Meetings:








- Bi-monthly basis between KDPH and LHD Harm Reduction Staff



Trainings and Resources:

- Annual Harm Reduction Summit
- Bi-monthly training opportunities
- Published printed and digital educational materials
- Published Internal and External Reports

Annual Harm Reduction Program Funding

-  Governor's Office – Naloxone Storage Boxes
 - **\$1,000,000**
-  Kentucky Opioid Response Effort (KORE) Contract for LHD Harm Reduction Expansion Efforts and Distribution of Fentanyl Test Strips (FTS)
 - **\$1,152,000**
-  KDPH Commissioner's Bridge Grant to previous OD2A grant recipients
 - **\$1,105,000**
-  First Responders – Comprehensive Addiction and Recovery Act (FR-CARA) Grant
 - **\$800,000**
-  KY Office of Drug Control Policy (ODCP) Contract for LHD Harm Reduction Expansion Efforts
 - **\$150,000**
-  Office of Health Equity (OHE) funding for LHD Harm Reduction Supplies
 - **\$500,000**
-  Kentucky Injury Prevention and Research Center (KIPRC) Overdose Data to Action (OD2A)
 - **\$150,000**

Thank you!

Chase Barnes, MPH

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502-229-5870

<https://www.chfs.ky.gov/agencies/dph/Pages/harmreduction.aspx>



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CABINET FOR HEALTH
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Highlights from Public Health System Partners

9-27-23



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Highlights from Public Health System Partners Foundation for a Healthy Kentucky (FHK)

Allison Adams, RN, MPA, Chief Operating Officer at FHK

9-27-23



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Highlights from the Foundation for a Healthy Kentucky



Access to Data

Foundation staff continue to lead a workgroup of interested stakeholders to build support for establishing an **All-Payer Claims Database** in Kentucky.

Thanks to on-going discussions with key legislators, experts were invited to provide information on APCDs at two interim committee meetings this summer.

Children's Health

The Foundation is the backbone organization of the **Kentucky Coalition for Healthy Children**.

Coalition recognizes the school setting strongly impacts behavior and plays a critical role in the development and support of children as they grow and learn.

COVID-19 Vaccine Campaigns

Results from our **\$1M campaign to improve vaccine rates** include:

- More than **23,000** people visited our webpage with vaccine information, clicked on the button to find a vaccine location, then visited a location within 14 days.
- Materials were made available in English, Spanish, and Swahili.
- There were **104,235,880** impressions of the campaigns.

Leveraging External \$\$\$

The Foundation is developing a strategy **to leverage our ability to handle reimbursement-based grants**. Our organization will front the funds and provide technical assistance to smaller organizations that don't have the capacity to handle larger grants on their own.

The first program using this method is thanks to grants from the Kentucky Opioid Response Effort and Office of Health Equity.

Thank you!

Allison Adams, RN, MPA

Aadams@healthy-ky.org



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Highlights from Public Health System Partners Kentucky Voices for Health (KVH)

Emily Beauregard, MPH, Executive Director at KVH

9-27-23



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The Power of Storytelling



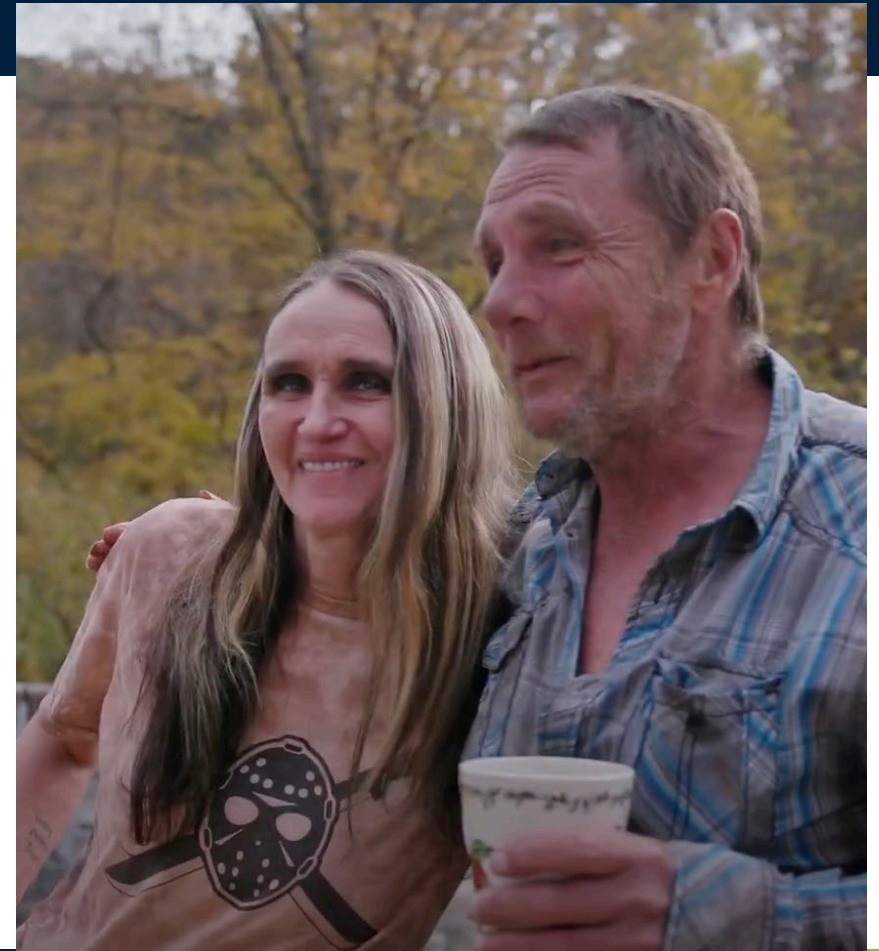
KENTUCKY
VOICES
FOR HEALTH

Emily Beauregard, MPH

Executive Director

Storytelling moves people

- 🛡️ DATA is important, and evidence-based policy requires it. Data has to be humanized for most people to connect with it.
- 🛡️ Storytelling creates the emotional connections that mobilize people.
- 🛡️ It shows the interconnectedness and impact of different issues, which can help build coalitions.
- 🛡️ When people tell their story, they raise their voice on decisions that affect them. They are the experts on their own story.
- 🛡️ Storytelling educates people about the impact of policy or the effect of not having policy, and what's needed to help people.
- 🛡️ It demonstrates accessible information in a way that people can readily understand and internalize.



Finding Storytellers



Finding and connecting with people is something many of us do naturally in our work. Any of those folks can be a lead for a story.

- All storytellers are experts in their story, but some are also experts in a field providing information.
- Listening to, and collecting stories from, storytellers is something that any organization can begin to do.
- Empower, don't exploit, your trusted storytellers, and help lift their voices
- The project aligns with our policy goals and grant deliverables.

How We Do It: The Brass Tacks

Connect with storyteller

- Cultivate a relationship with that person (phone calls, emails, texts)
- Review the policy priorities and deliverables for our grants

Schedule a time and place for interview

- Convenient and comfortable for them
- Quiet, uninterrupted
- Obtain outside authorizations and permissions, if needed

Record interview

- Make sure to get that consent form signed!
- Preview questions
- Get several introductions (beginning, end)
- Have the person spell their name
- Maintain eye contact, as conversational as possible
- We do give our participants a gift card, to acknowledge their time and effort.

Editing

- I start with transcripts, and storyboard from those (again, with an eye toward policy and deliverables for grants)
- Sean fine-tunes from there
- We show drafts to the entire team for feedback

Approvals

- Our ED, Emily Beauregard
- The storyteller themselves

Sharing

- The storyteller is informed about sharing.
- Depends on our needs, but this may include:
 - Sharing on our social media accounts
 - Sharing via blog or op/ed
 - Sharing with legislators through testimony

Storyboard Example

In Kentucky, 189,000 adults suffer from Severe Mental Illness. Of the 4,011 homeless individuals in Kentucky, 1 in 6 suffer from Severe Mental Illness. (NAMI Kentucky State Fact Sheet, 2021).

*Legislation passed in the 2022 General Assembly **directed the Cabinet for Health & Family Services to seek** requested a waiver to provide support for Kentuckians with mental illness. It is important that these individuals are provided with healthcare, supported housing, and supported employment.*

Speaker 1: [\(04:26\)](#)

I'm Christina Libby. I'm the health outreach navigator with the homeless and housing coalition of Kentucky. And I'm also a certified community health worker and a connector. 4:35 (9)

Speaker 1: [\(16:50\)](#)

The homeless and housing coalition of Kentucky is a coalition of statewide partners, um, who come together to try and eliminate the threat of homelessness, um, and also make the promise of affordable housing, a reality for Kentuckians across the state. 17:03 (13)

Speaker 1: [\(17:59\)](#)

I love my job as the health outreach navigator because 18:02

Speaker 1: [\(18:04\)](#)

I do direct service with our clients. I am a connector and a community health worker. I sign people up for Medicaid. I do my best to get them connected, to snap the supplemental nutrition assistance program, 18:14

Speaker 1: [\(18:17\)](#)

I try and get people connected to any direct services that they need to make sure that their basic needs are met. 18:23

I storyboard from the transcript, giving Sean the snips to compile the story.

You can storyboard in ANY WAY that makes sense to you. (I just like words.)

He puts these video clips together with any onscreen text we need to establish context for the person's story.

We shoot for 2:20 or less in a script, because that is what the social media platforms we use limit for a video to auto-share.

We caption videos in English and Spanish, routinely.

Ethical Considerations for Story banking



There are ethical issues to consider throughout the process:

- Is my organization cultivating a relationship with this person?
- Could this reinforce negative stereotypes?
- Are we showing our storyteller at their best?
- Are we fully representing the populations we serve in our work?
 - We track demographics to keep an eye on this because it can be easy to lose track of.

Ethical Considerations for Storybanking

- Are we taking advantage of our storyteller?
 - Example: We don't do interviews in active disaster sites because we have real concerns about taking advantage of storytellers' emotional distress
- Is the storyteller **enthusiastically** on board with sharing the story publicly in all the formats in which you are planning to share?





Thank you

- Holly Hudnall
holly@kyvoicesforhealth.org
- Sean Blevins
sean@kyvoicesforhealth.org
- Kelly Taulbee
kelly@kyvoicesforhealth.org

kyvoicesforhealth.org
kyvoicesforhealth.org/stories/

<https://www.youtube.com/@kentuckyvoicesforhealth6145/videos>



Thank you!

Emily Beauregard, MPH

emily.beauregard@kyvoicesforhealth.org



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Highlights from Public Health System Partners Kentucky Cancer Consortium (KCC)

Elaine C. Russell, MS, RD, LD, Program Director at KCC

9-27-23

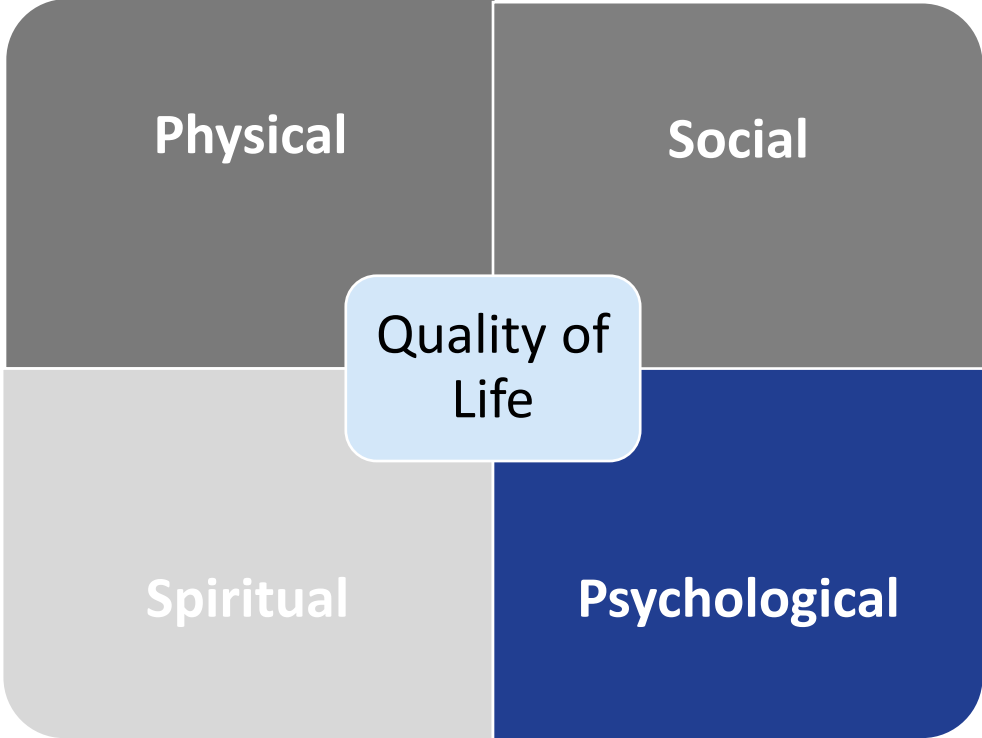
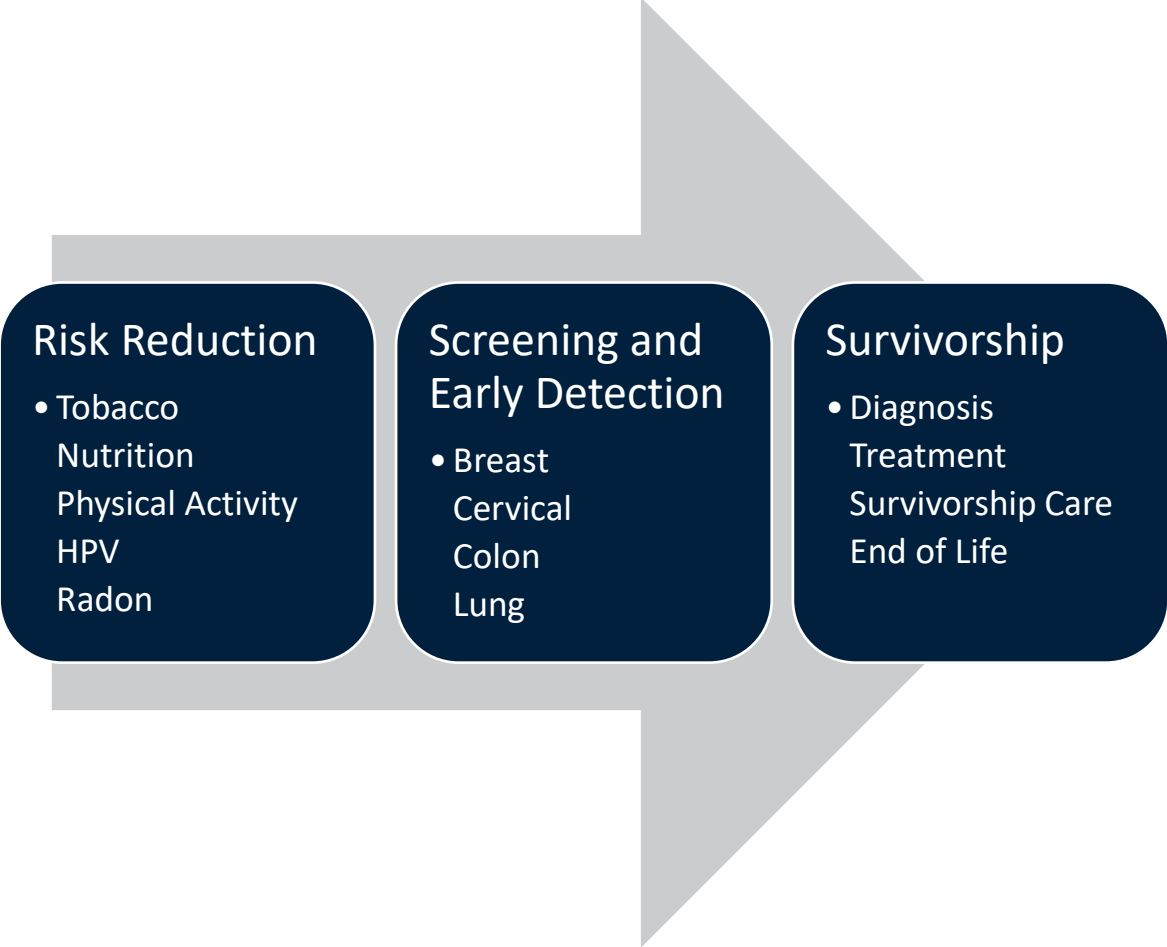


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Cancer Continuum



Quality of Life

2023 Kentucky Legislative Session

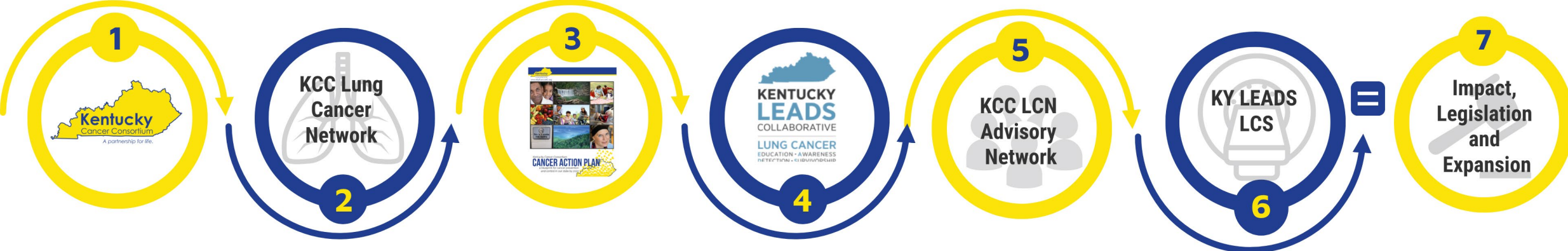
Passed:

- Biomarker Testing [HB180](#)
- Fertility Preservation, [HB170](#)
- Medical Cannabis Program [SB 47](#)
- Addressing the Benefits Cliff for Kentuckians [HJR39](#)
- Study Area Deprivation Scores for Medicaid Reimbursement [SJR54](#)
- Parental Consent and Other Restrictive Parameters to Continuing Youth Surveys (i.e., YRBS, Monitoring the Future) [SB150](#)

Did not pass

- All-Payer Claims Database (APCD), [SB38](#)
- Healthy Farm and Food Innovation Fund and Board [HB384](#)
- Radon Testing and Mitigation Appropriation [HB 306](#)
- Youth Access to Tobacco/Nicotine Products:
 - [HB 310](#) to penalize clerks for underage tobacco/nicotine product sales & [HB 370](#) to penalize youth for purchase, use of possession of tobacco/nicotine products
- Access to Cancer Coverage [HB 495](#)
- Paid Sick Leave [HB 69](#)
- Prior Authorization Waiver [HB134](#)

The Kentucky Cancer Consortium Lung Cancer Network: A Collaboration Success Story



2013	2014	2015	2022
<p>Reviewed data</p> <p>Momentum from colon cancer screening success</p> <p>Approved national guidelines for lung cancer screening</p> <p>Passionate leaders in lung cancer = KCC Lung Cancer Network Launch</p>	<p>Added lung cancer screening (through reduction in late-stage diagnosis) to Kentucky Cancer Action Plan.</p> <p>Bristol Myers Squibb Foundation Awarded the KY LEADS Collaborative - provider education, survivorship, and quality implementation of lung cancer screening.</p>	<p>The KCC Lung Cancer Network designated as the Community Advisory Board for the KY LEADS Collaborative quality implementation of lung cancer screening component.</p>	<p>Kentucky General Assembly passed legislation to establish a lung cancer screening program. Continued and expanded efforts also through:</p> <p>KY Cancer Consortium KY LEADS Collaborative KY Health Collaborative</p>

COMMUNITY PRIORITIZATION OF NEEDS & STRATEGIES

Stakeholder organizations and community members sorted and rated the key CNA findings into six identified themes. Two themes reflected needs. The needs they rated and discussed as most important are listed in blue box.



Top Needs

**Social:
Risk:
Screening:**

Persistent poverty · Racial, Rural and Appalachian disparities
Smoking · Obesity · HPV · Environmental exposures
Lung cancer

Four themes reflected strategies to address the needs. Ordering of strategies follows perceived importance ratings. Items in **BOLD** rated as potentially easy to address.

EQUITABLE ACCESSIBILITY

- 1. Clear communication between healthcare providers and patients**
2. Access to needed doctors and specialists
- 3. Communication across multiple doctors about a patient's care**
4. Insurance coverage of pre-existing conditions
5. Out-of-pocket costs for cancer care
6. Established relationship and trust with a healthcare provider
- 7. Bringing cancer screening to local communities**
8. General trust or confidence in healthcare

OUTREACH, EDUCATION & INTEGRATIVE SUPPORT

1. Financial support for cancer treatment
2. Advocates or navigators to guide patients through cancer treatment
- 3. Information on how to use insurance benefits**
- 4. Information on ways to reduce risks of getting cancer**
5. Mental health, spiritual support, and other assistance programs for cancer patients/caregivers
- 6. Information on who should get cancer screening and when**

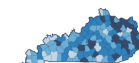
PROACTIVE BEHAVIORS FOR IMPROVED HEALTH

- 1. Smoke-free policies for second-hand smoke exposure**
2. Access to places to be active or exercise (ex. parks, sidewalks, gyms,)
3. Health habits formed as children
4. Building skills for healthy behaviors (ex. physical activity, sleep, healthy eating)

CONCERNS, BELIEFS & STIGMAS

1. Reduce pollution in water, air, or soil that can cause cancer
2. Reduce stigma around mental health
- 3. Include additional priority health issues**
4. Address belief that changing behavior won't make a difference
- 5. Reduce fear or avoiding cancer screenings**
6. Cultural beliefs about seeking healthcare

Further details on the concept mapping process used to develop these themes will be available in a supplementary report.



Thank You!

**Elaine Russell MS, RD, LD
Director
Kentucky Cancer Consortium
Elaine.Russell@uky.edu**



**Sign up for our Wednesday's Word
Newsletter**



Thank you!

Elaine C. Russell, MS, RD, LD

Elaine.Russell@uky.edu



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Highlights from Public Health System Partners Kentucky Department for Public Health (KDHPH) COVID-19

Doug Thoroughman, Ph.D., MS, CAPT, USPHS, CDC Career Epidemiology Field Officer

9-27-23



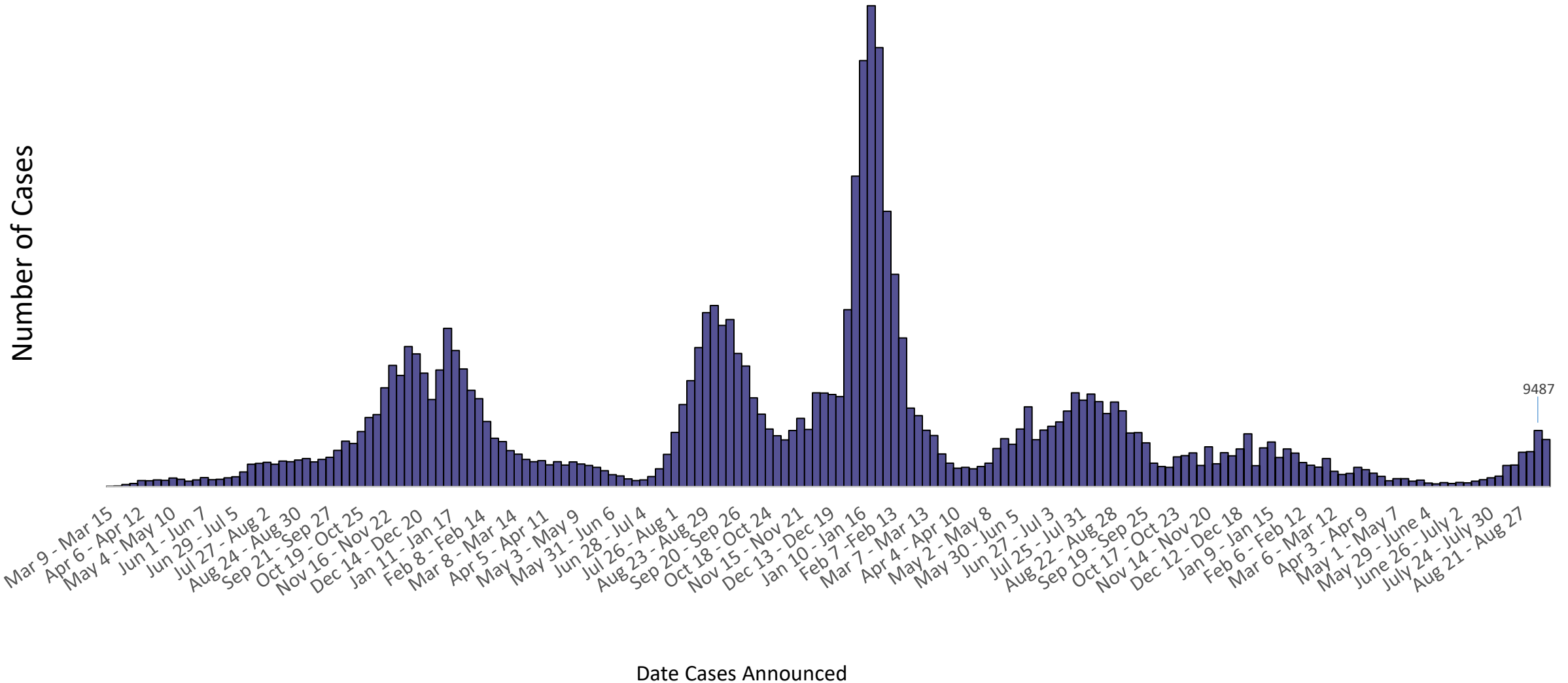
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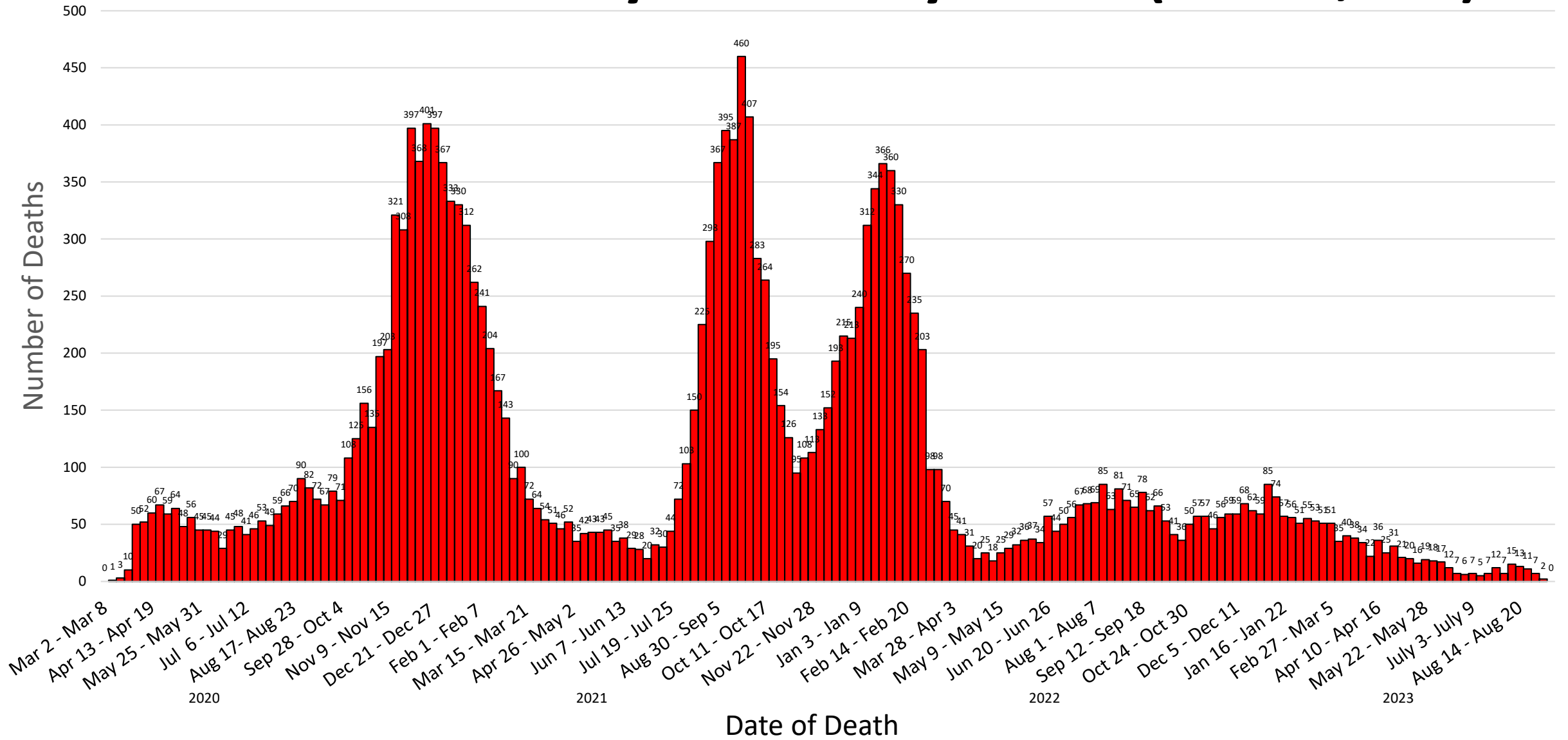
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Kentucky COVID-19 New Cases Reported by Week (n = 1,795,521)



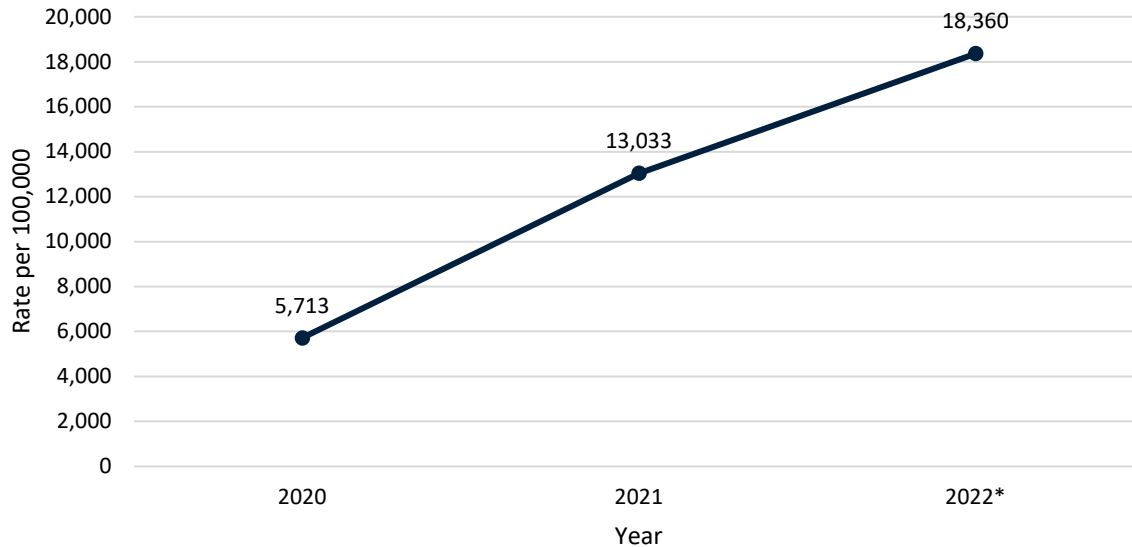
Cases reported more than 30 days after occurrence are included in cumulative totals only.

COVID-19 Kentucky Deaths by Week (n = 19,145)



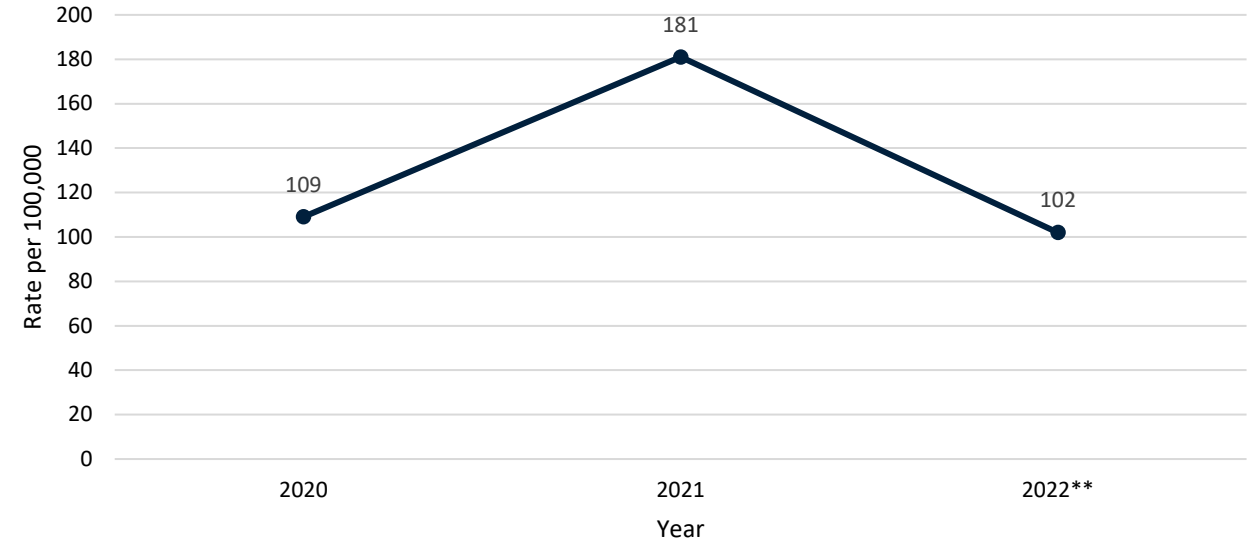
COVID-19 Cases vs. Deaths Year-over-Year

Incidence of COVID Cases per Year, 2020 - 2022*



*2022 Data is preliminary and is subject to change

Incidence of COVID Deaths per Year 2020 - 2022*



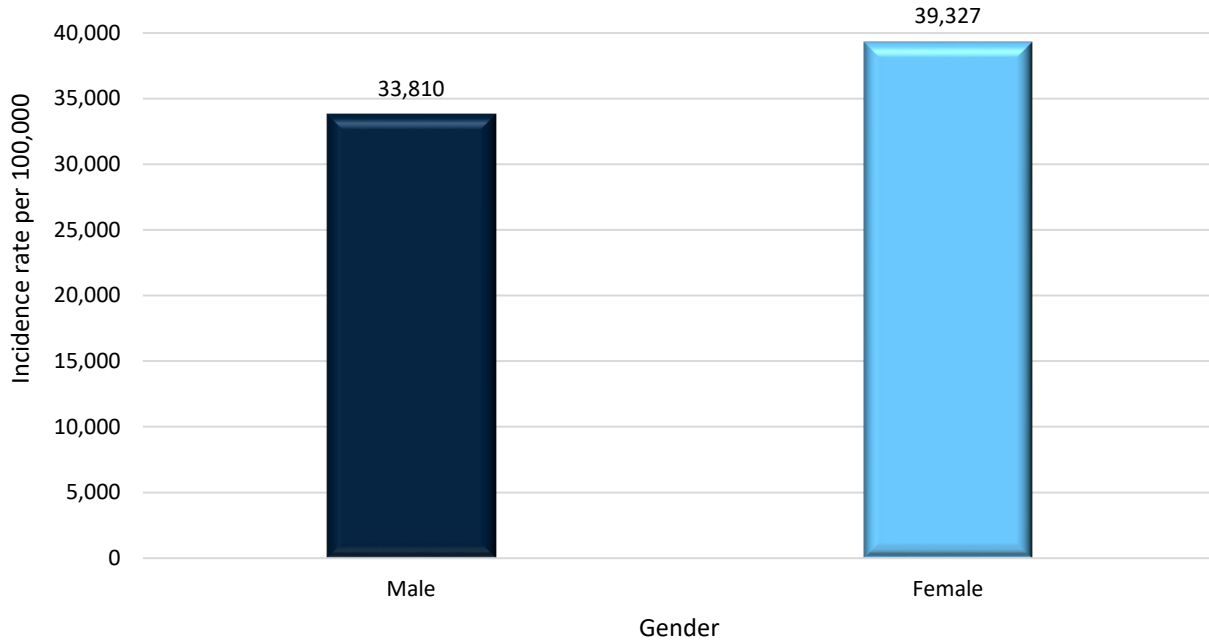
*2022 Data is preliminary and is subject to change

🛡️ COVID-19 counts increased each year

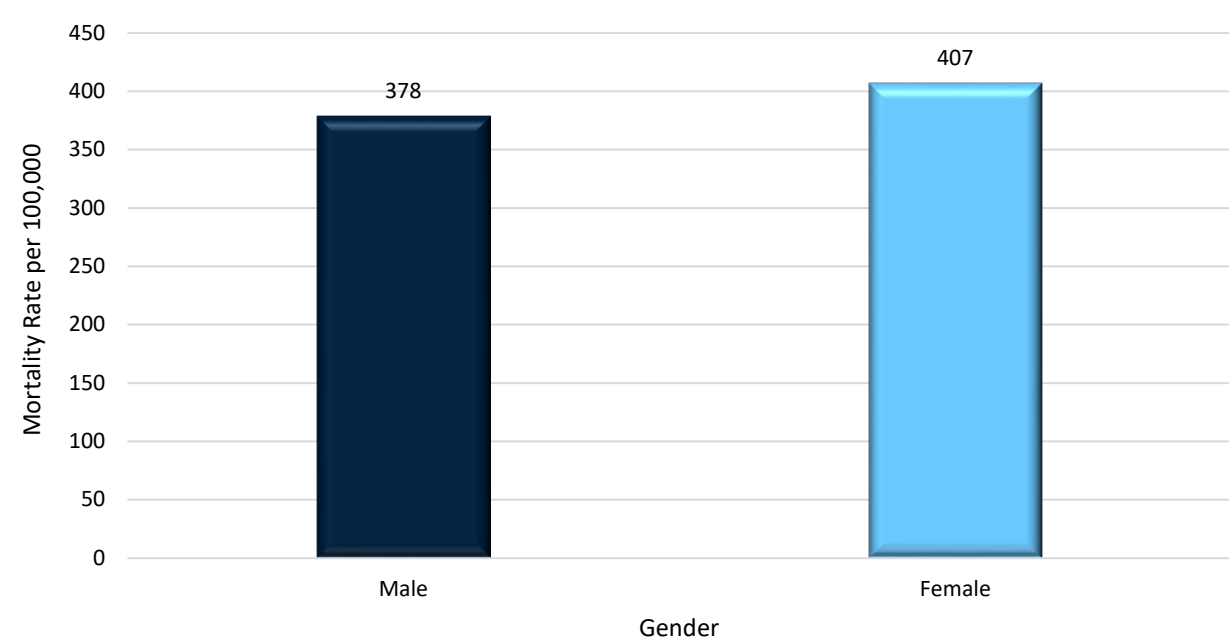
🛡️ Deaths peaked in 2021 – Delta Surge!

COVID Effects by Gender

Incidence of COVID Cases by Gender



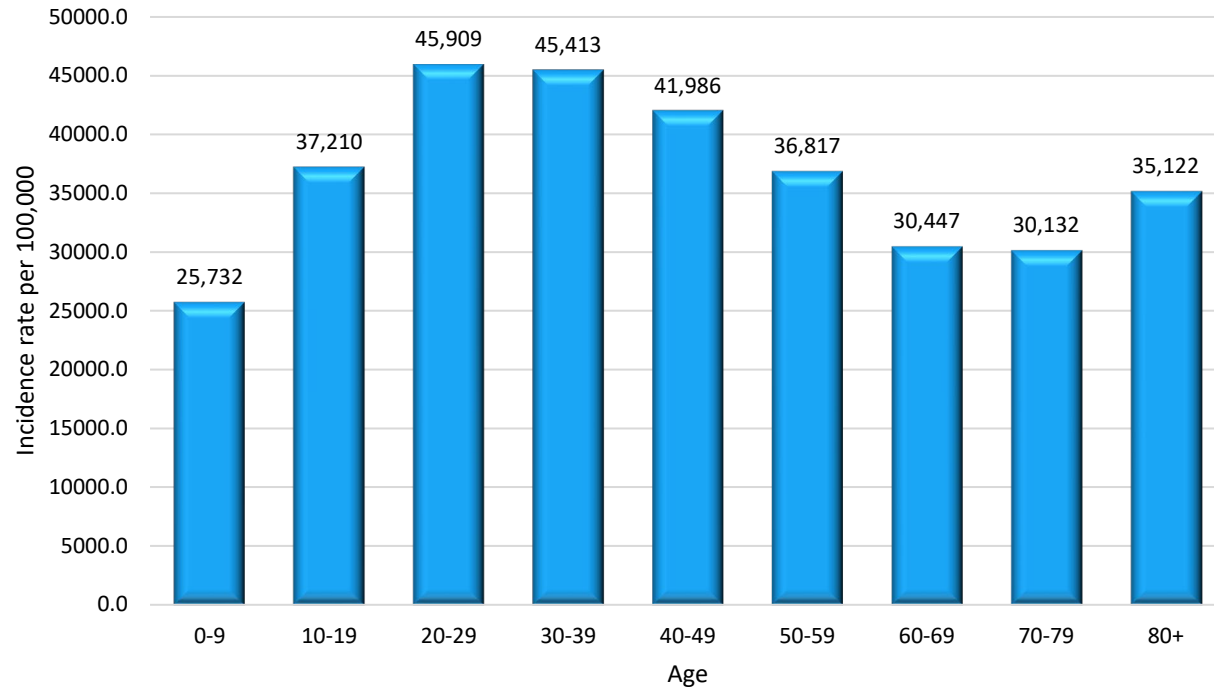
Incidence of COVID Deaths by Gender



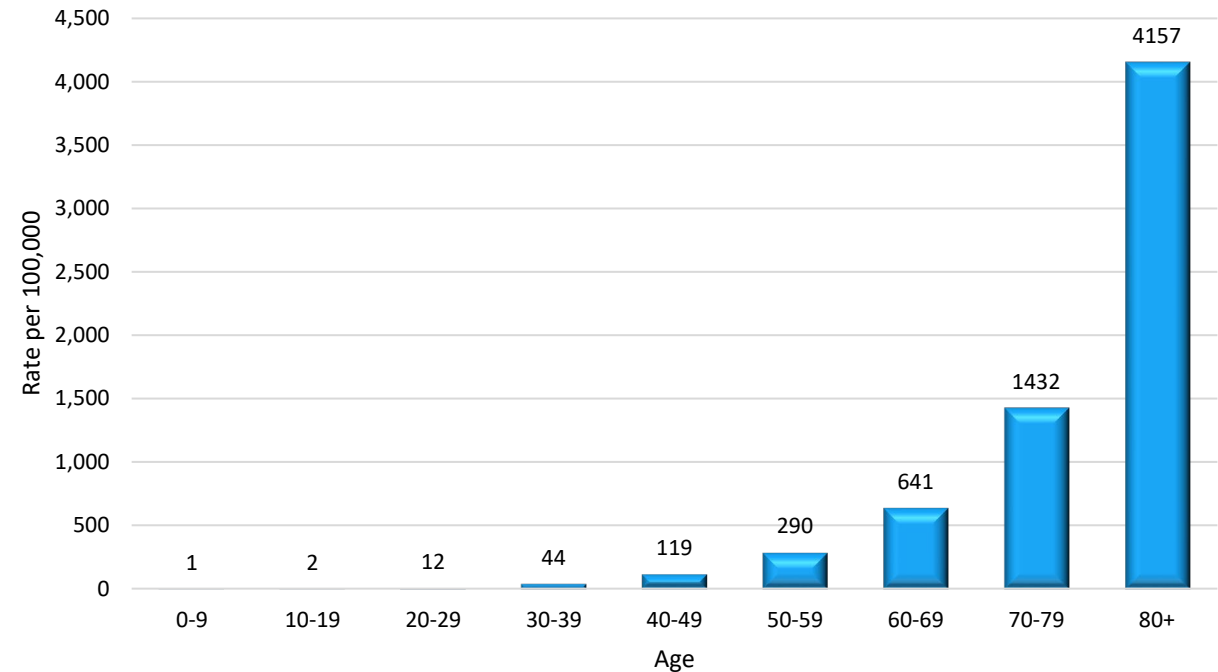
- 🛡️ Females identified as cases more than males
- 🛡️ Mortality close to equal between genders

COVID Effects by Age

Incidence of COVID Cases by Age



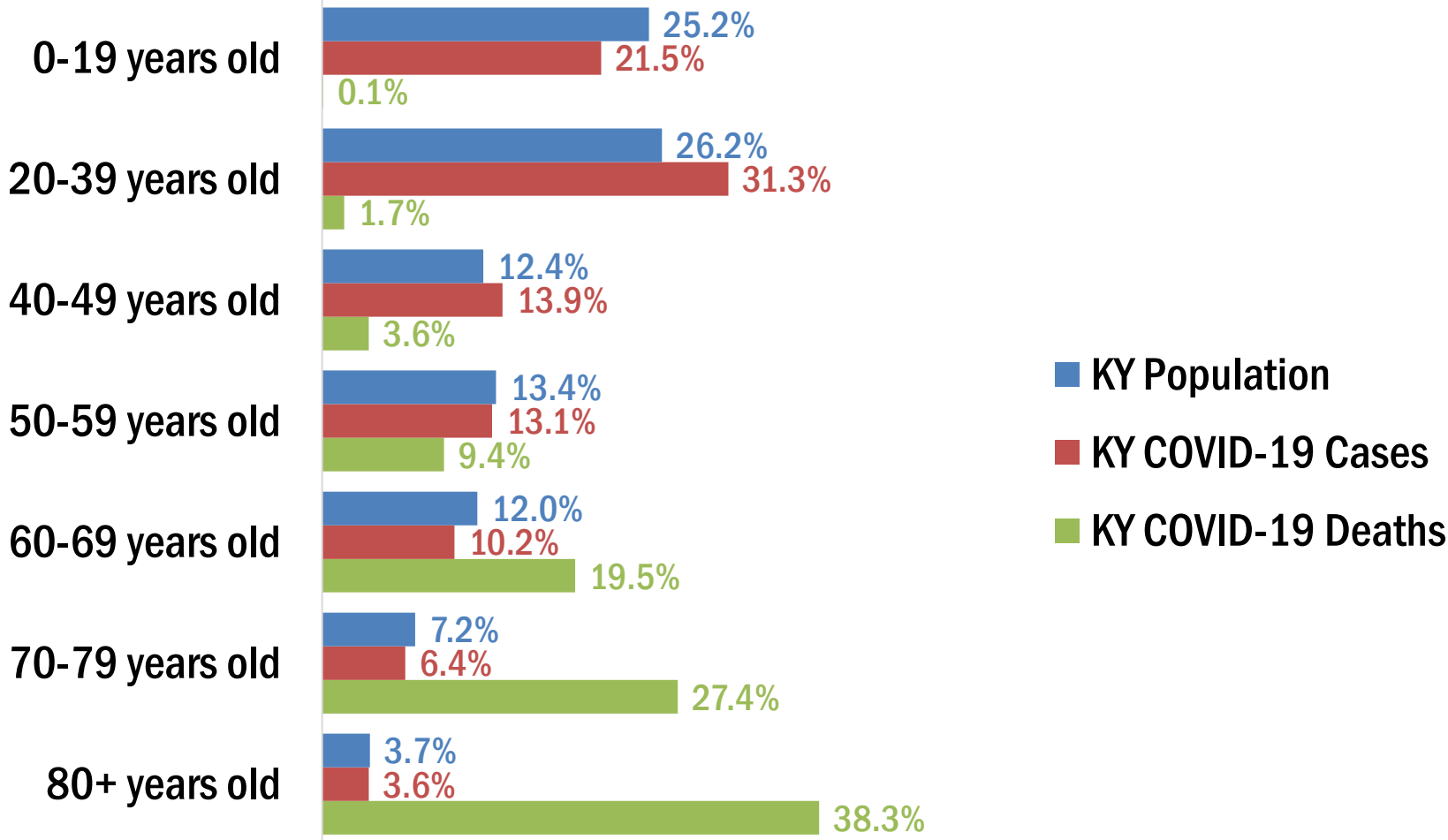
Incidence of COVID Deaths by Age



🛡️ Case incidence highest in middle age

🛡️ Age is the greatest risk factor for COVID-19 mortality

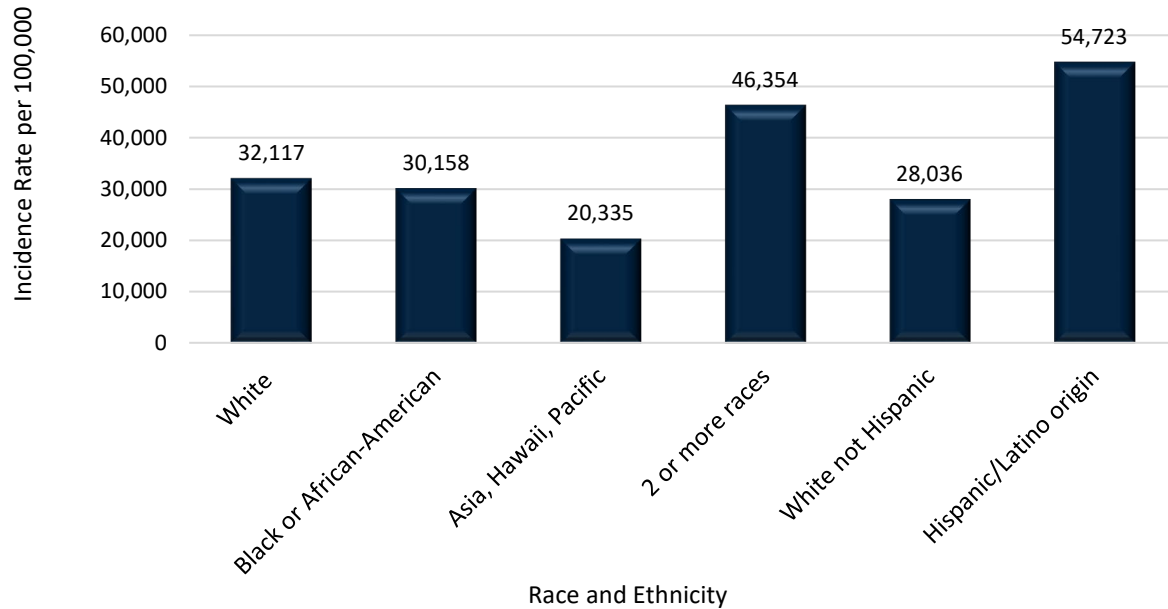
Distribution of Age by KY Population, COVID-19 Cases, and COVID-19 Deaths



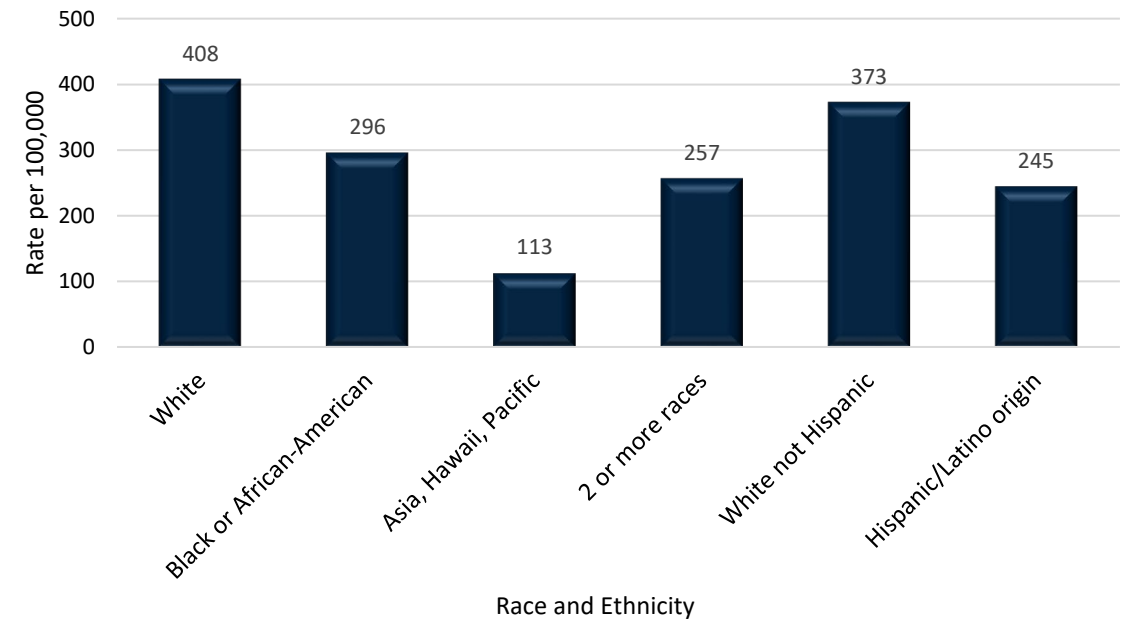
Updated September 20, 2023

Overall COVID-19 Effects by Race/Ethnicity

Incidence of COVID Cases by Race and Ethnicity

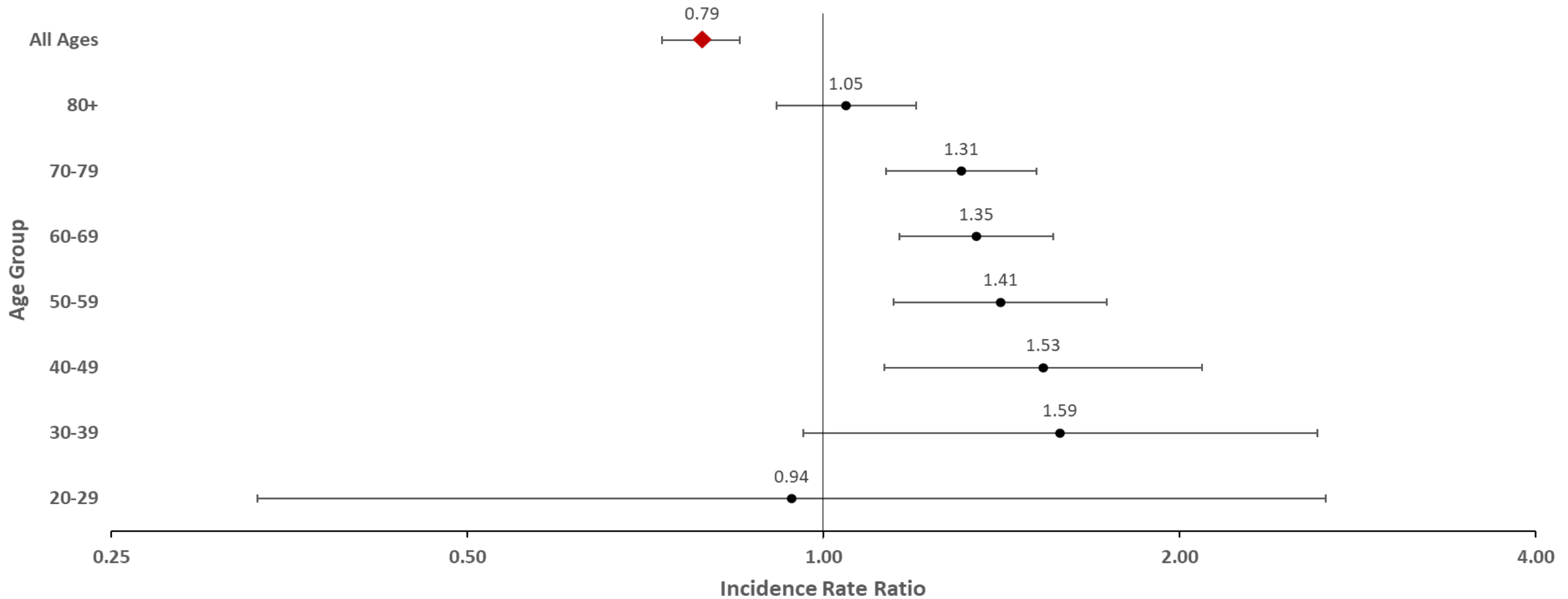


Incidence of COVID Deaths by Race and Ethnicity



- 🛡️ Hispanics had highest case rates followed by people of 2 or more races
- 🛡️ Blacks lower than Whites on both case incidence and mortality
- 🛡️ Mortality highest in Whites and “White not Hispanic” populations

Incidence of COVID-19 Death Among Black Kentuckians Relative to White Kentuckians Mar 01, 2020, to Dec 01, 2021

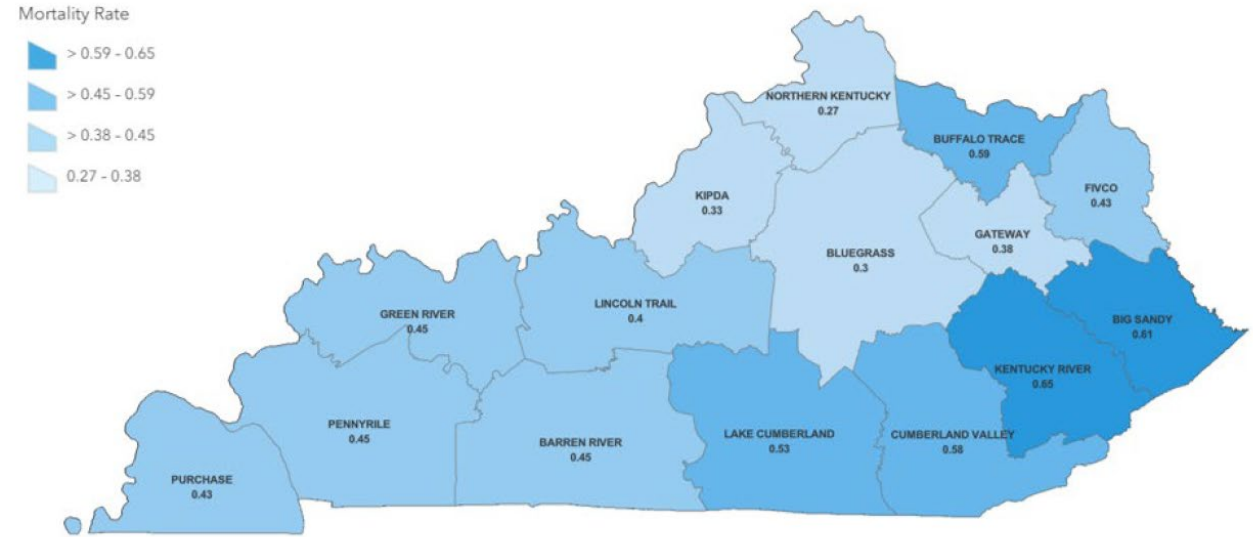
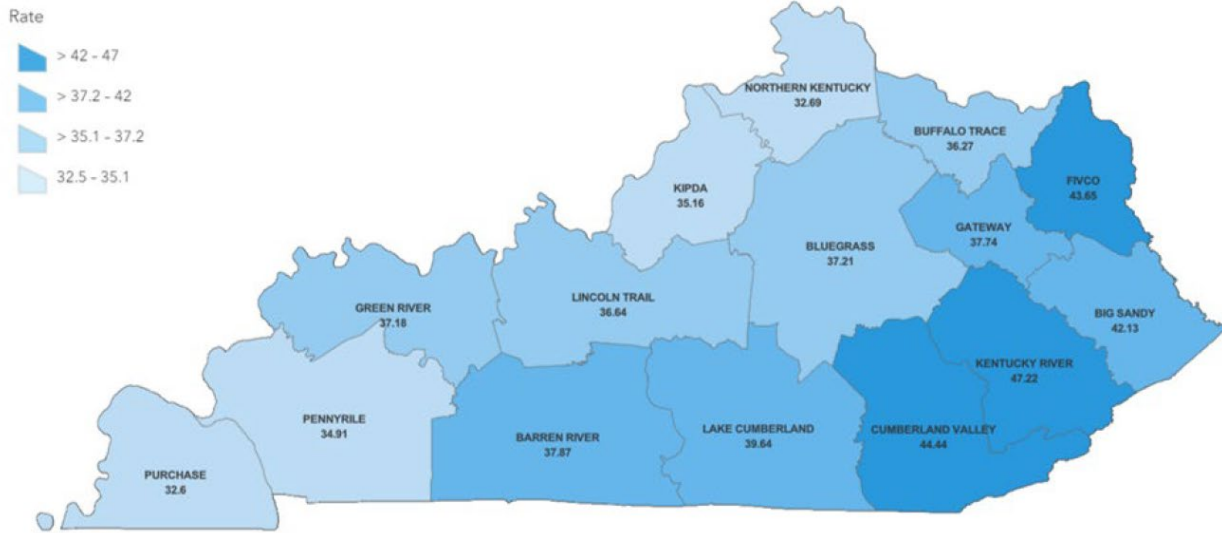


🛡️ However, Black Kentuckians at higher risk by age group

REGIONAL Impacts of COVID-19 in Kentucky

COVID-19 Incidence Rate per 1,000 by Area Development District, 2020 – 2022

COVID-19 Mortality Rate per 1,000 by Area Development District, 2020 - 2022



🛡️ Both case and mortality rates higher in South Eastern and Eastern Kentucky

Vaccine Initiation/Pediatric Deaths for Different Diseases

Pediatric vaccine preventable diseases: Deaths per year in the United States prior to recommended vaccines compared to COVID-19

	Hepatitis A ¹	Meningococcal (ACWY) ²	Varicella ³	Rubella ⁴	Rotavirus ⁵	COVID-19 ⁶
Age	<20 years	11–18 years	5–9 years	All ages	<5 years	6 months–<18 years
Time period	1990–1995	2000–2004	1990–1994	1966–1968	1985–1991	2022
Average deaths per year	3	8	16	17	20	≤1 year: 156 1–4 years: 101 5–19 years: 292

¹Vogt TM , Wise ME, Bell BP, Finelli L. Declining hepatitis A mortality in the United States during the era of hepatitis A vaccination. J Infect Dis 2008; 197:1282–8.

²National Notifiable Diseases Surveillance System with additional serogroup and outcome data from Enhanced Meningococcal Disease Surveillance for 2015-2019.


³Meyer PA, Seward JF, Jumaan AO, Wharton M. Varicella mortality: trends before vaccine licensure in the United States, 1970-1994. J Infect Dis. 2000;182(2):383-390. doi:10.1086/315714

⁴Roush SW , Murphy TV; Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. JAMA 2007; 298:2155–63.

⁵Glass RI, Kilgore PE, Holman RC, et al. The epidemiology of rotavirus diarrhea in the United States: surveillance and estimates of disease burden. J Infect Dis. 1996 Sep;174 Suppl 1:S5-11

⁶<http://wonder.cdc.gov/mcd-icd10-provisional.html> on Aug 1, 2023 . COVID vaccine first introduced in 12-17 years in May 2021; in 5-11 years in November 2021 and in 6 months – 4 years in June 2022

Kentucky COVID-19 Vaccination Summary, 8/14/2023

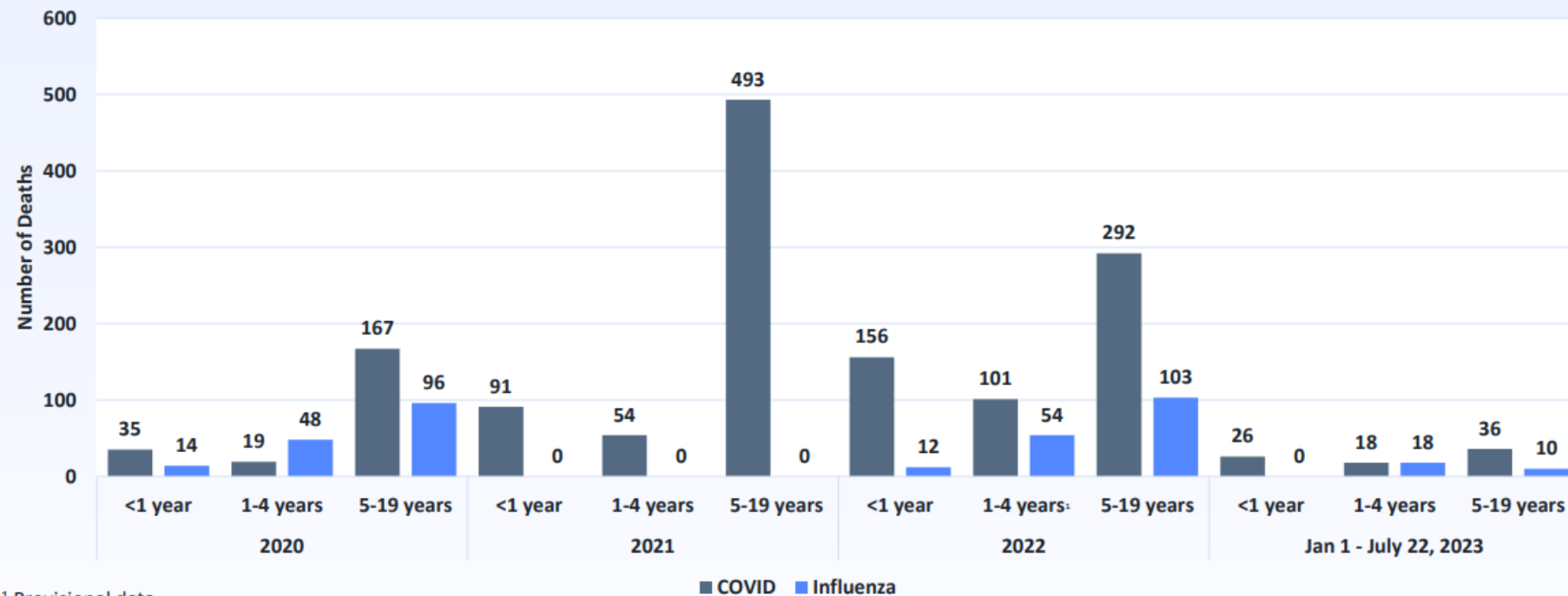
-  Vaccination rates decrease by age group
 - Both for any COVID dose
 - Bivalent vaccination

-  Bivalent vaccination < 45% in highest risk group (those ≥75)

	Unique Kentuckians Vaccinated	Bivalent Vaccinations
Age (years)	Number (Percent of Population)	Number (Percent of Population)
0-4	15,082 (5.5%)	2,848 (0.9%)
5-11	98,852 (25.4%)	8,511 (2.2%)
12-15	114,865 (50.3%)	8,655 (3.8%)
16-17	61,059 (54.1%)	4,334 (3.8%)
18-24	247,962 (59.9%)	15,638 (3.8%)
25-39	572,452 (66.0%)	54,542 (6.3%)
40-49	408,218 (74.1%)	49,516 (9.0%)
50-64	732,390 (83.1%)	142,281 (16.1%)
65-74	441,965 (98.7%)	164,009 (36.6%)
75+	286,010 (94.5%)	123,770 (40.9%)
Unknown	25,290 (n/a)	24,542 (n/a)
Total	3,004,145 (67.2%)	598,282 (13.4%)

Pediatric Deaths COVID vs. Flu, by Year

COVID-19 and Influenza -associated deaths in persons ages ≤19 years (by underlying cause of death), by age group and year – National Vital Statistics System



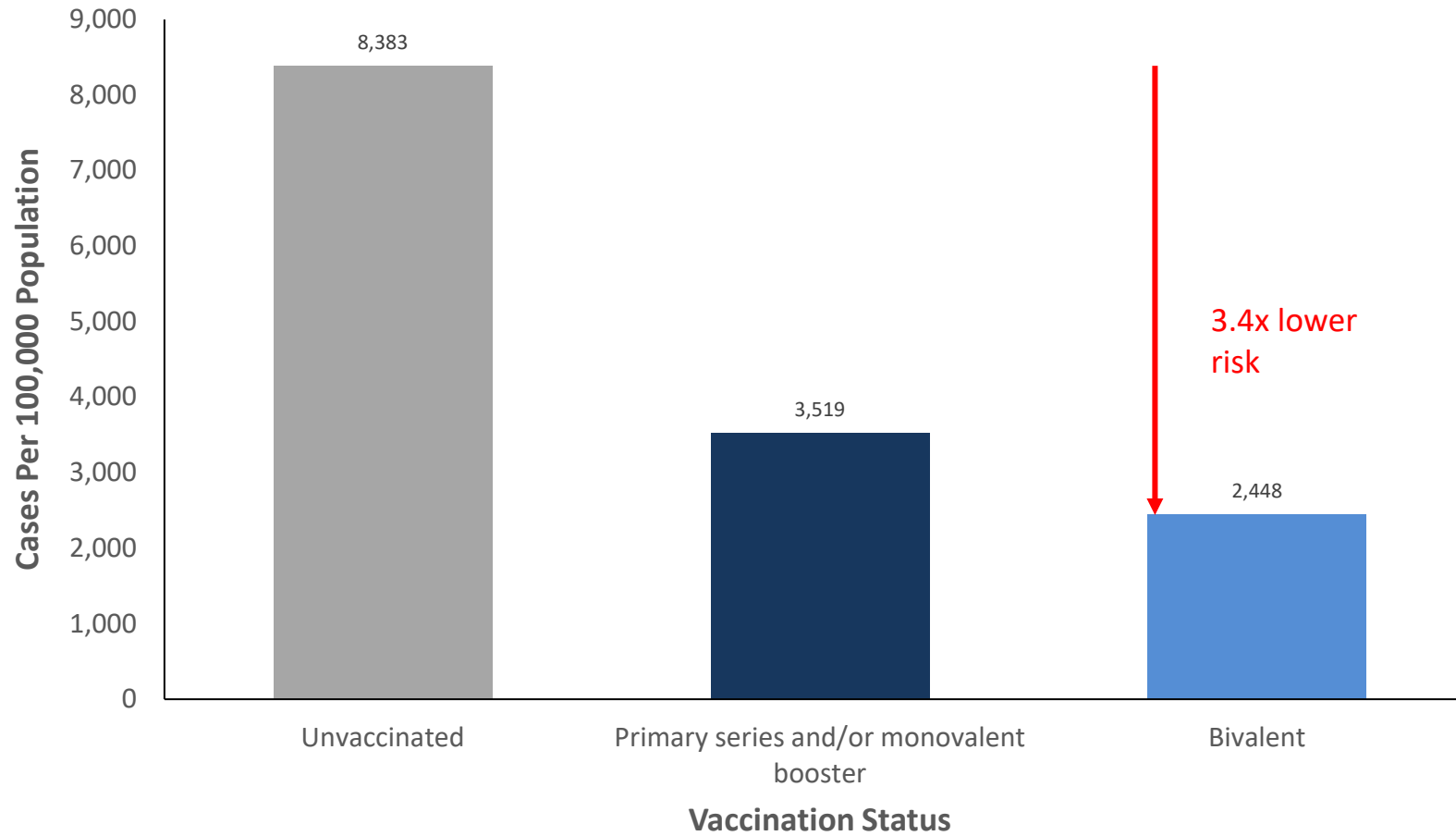
¹ Provisional data

² Partial data

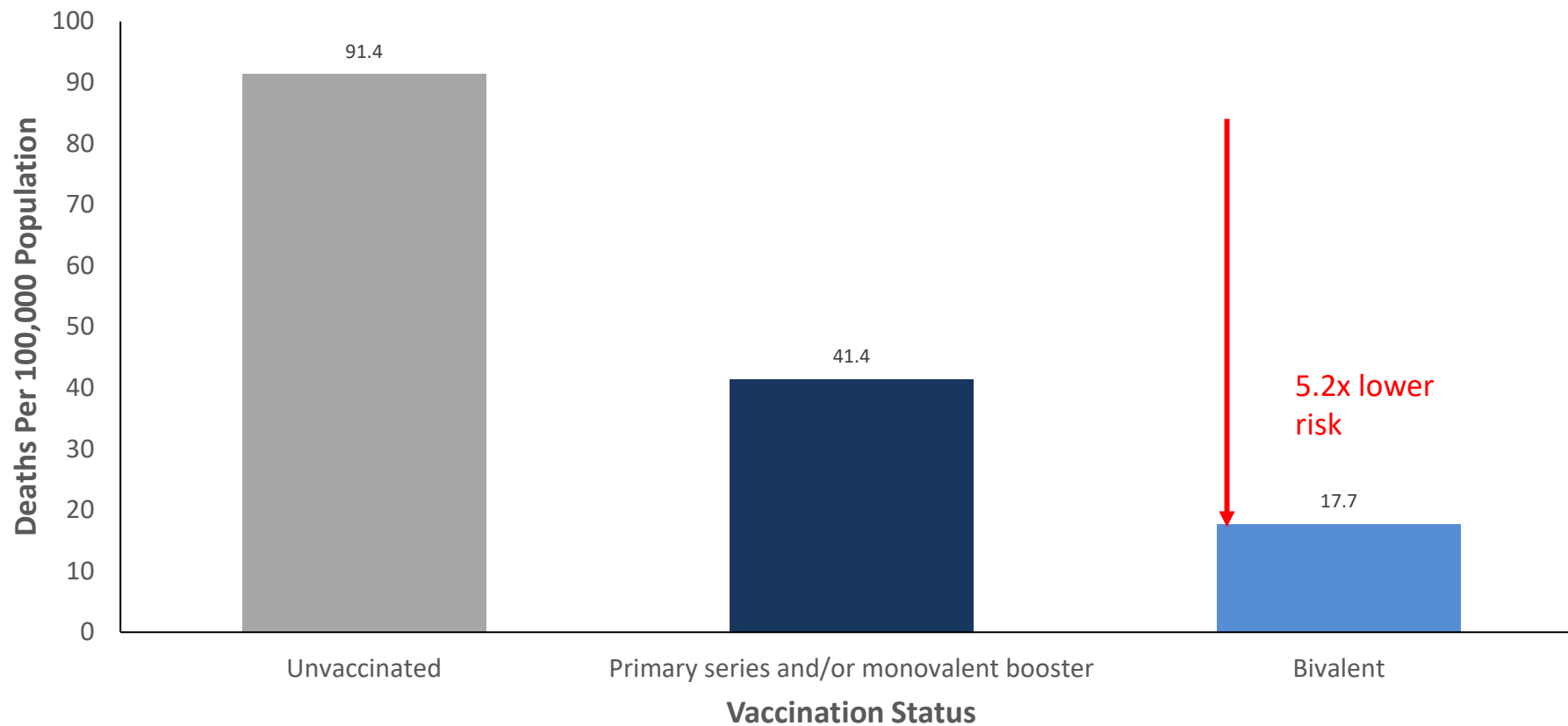
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2021, and from provisional data for years 2022-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Number of deaths includes influenza codes (J09-J11) or COVID-19 code (U07.1) as the underlying cause of death.

Accessed at <http://wonder.cdc.gov/mcd-icd10-provisional.html> on Aug 25, 2023 4:53:59 PM

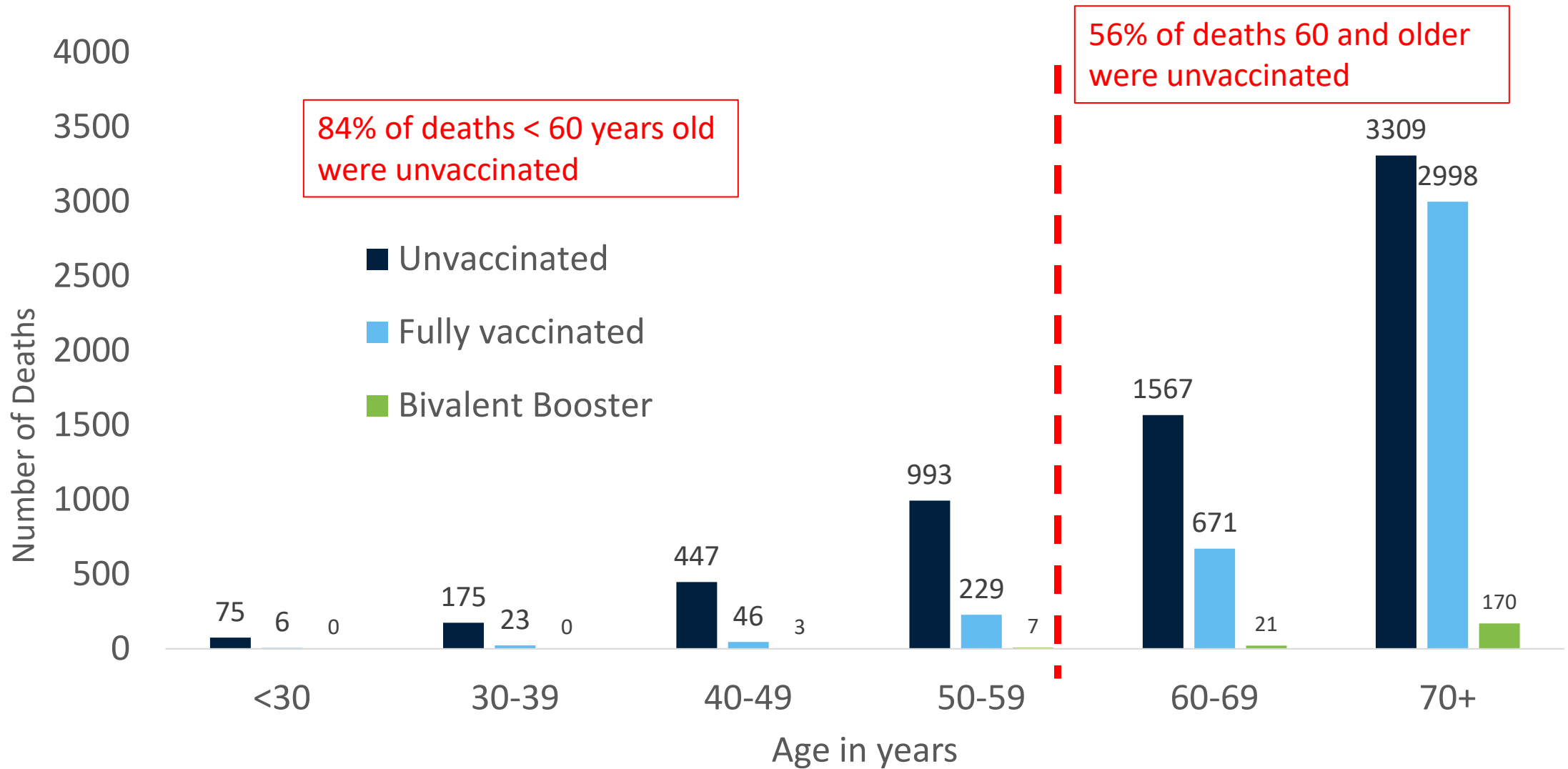
COVID-19 Age-standardized case rates by vaccination status, 10/1/22-08/31/23



COVID-19 Age-standardized mortality rates by vaccination status, 10/1/22-08/31/23



Age and vaccination status of COVID-19 deaths, 07/01/2021 – 08/31/2023



Thank you!

Doug Thoroughman, Ph.D., MS, CAPT, USPHS

douglas.thoroughman@ky.gov



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Networking Lunch

9-27-23



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Reactions to the State Health Assessment Data Report

Small Group Discussion

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Defining Our Public Health Priorities

Elizabeth Goode, MPH

KDPH Director for Division of Prevention and Quality Improvement (PQI)

9-27-23

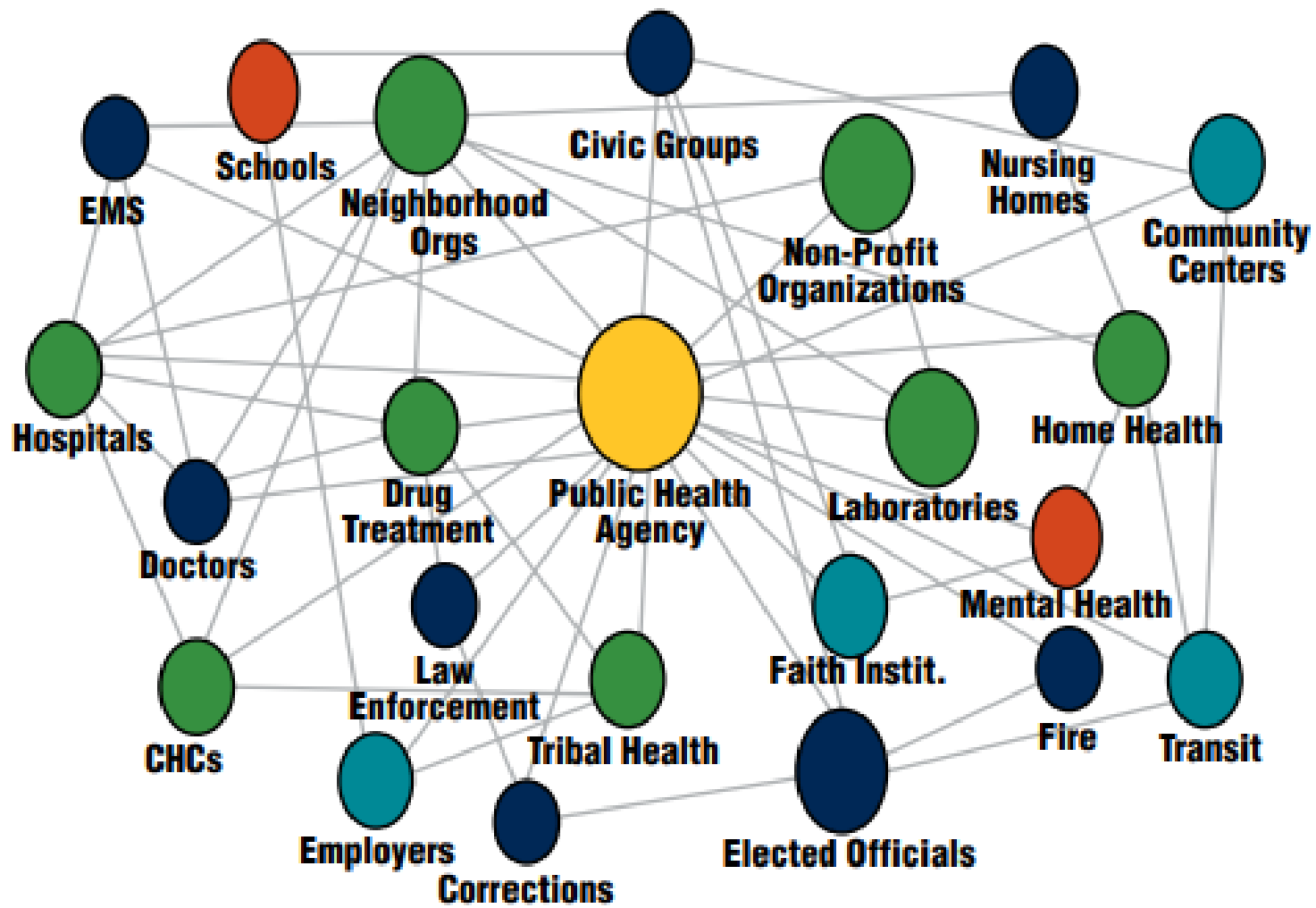


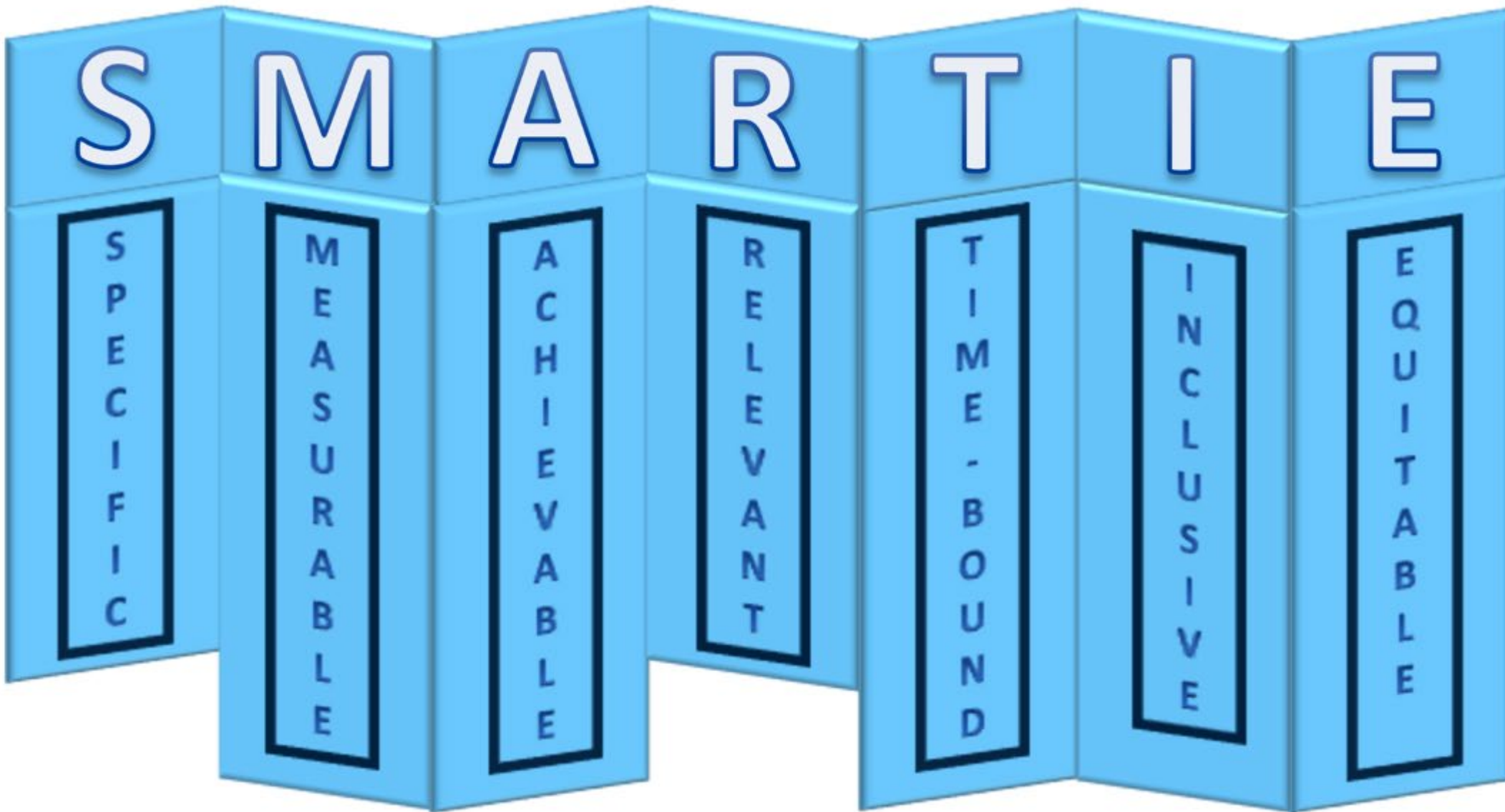
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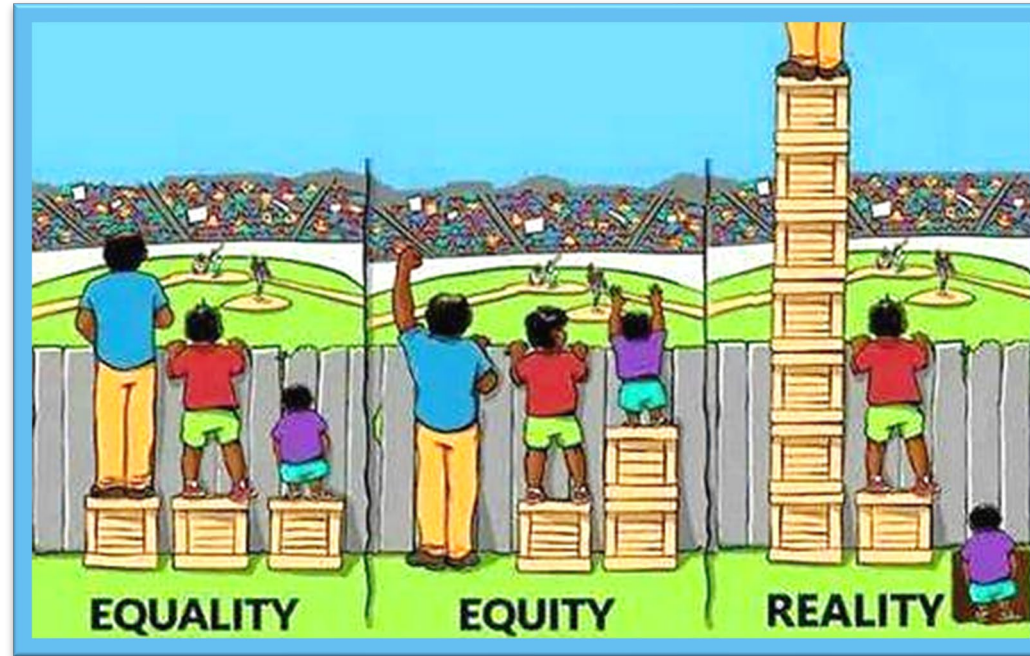
Where do you fit in the Public Health System?





SMARTIE is an acronym that helps define goals for better outcomes to address disparities and support belonging.

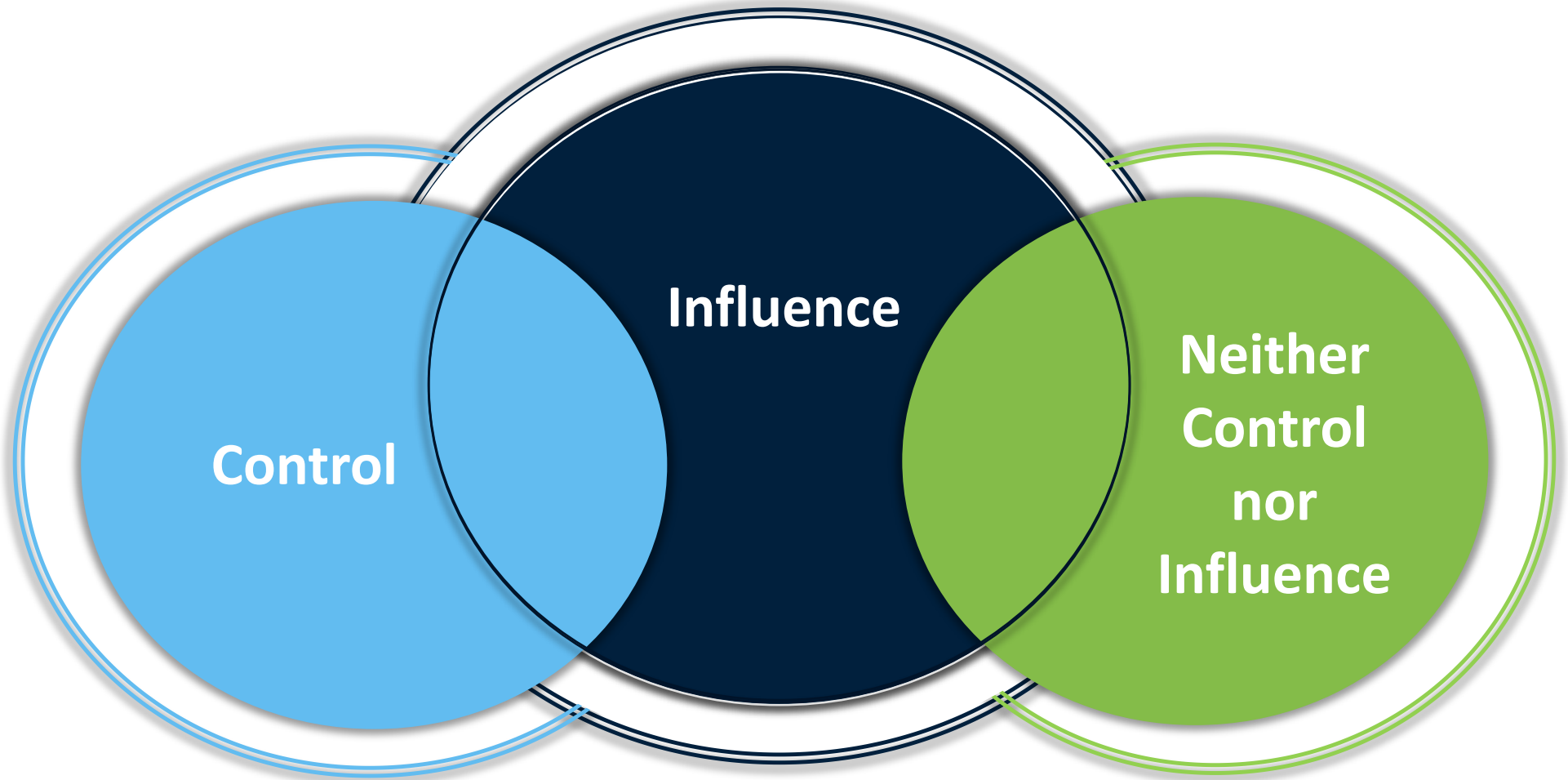
Prioritize Kentucky Health Issues



What would lead to improvement in health conditions for Kentucky?

Will this impact more than one health condition?

Prioritize Guide



Thank you!

Elizabeth Goode, MPH, KDPH

Elizabeth.Goode@ky.gov



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Break

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2023-2028: Priorities and Community Engagement

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

9-27-23



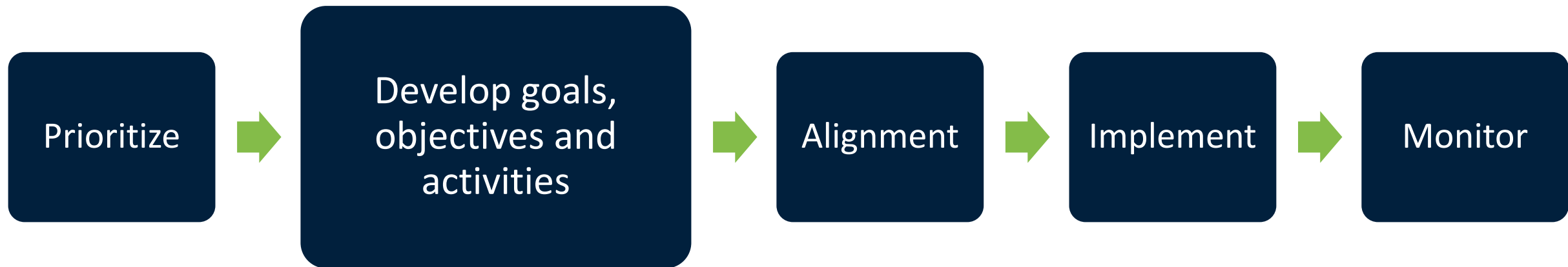
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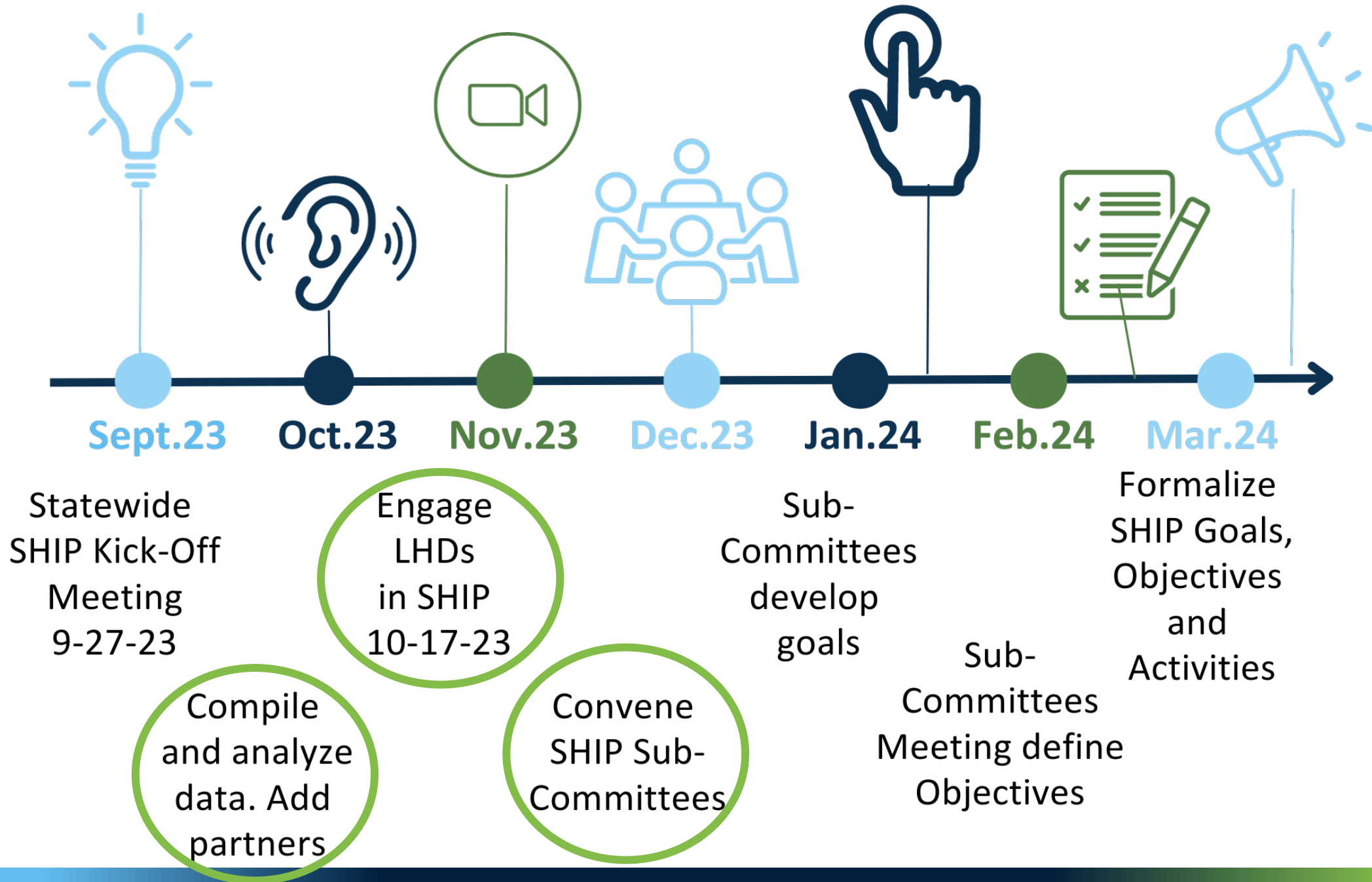


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Steps in the SHIP

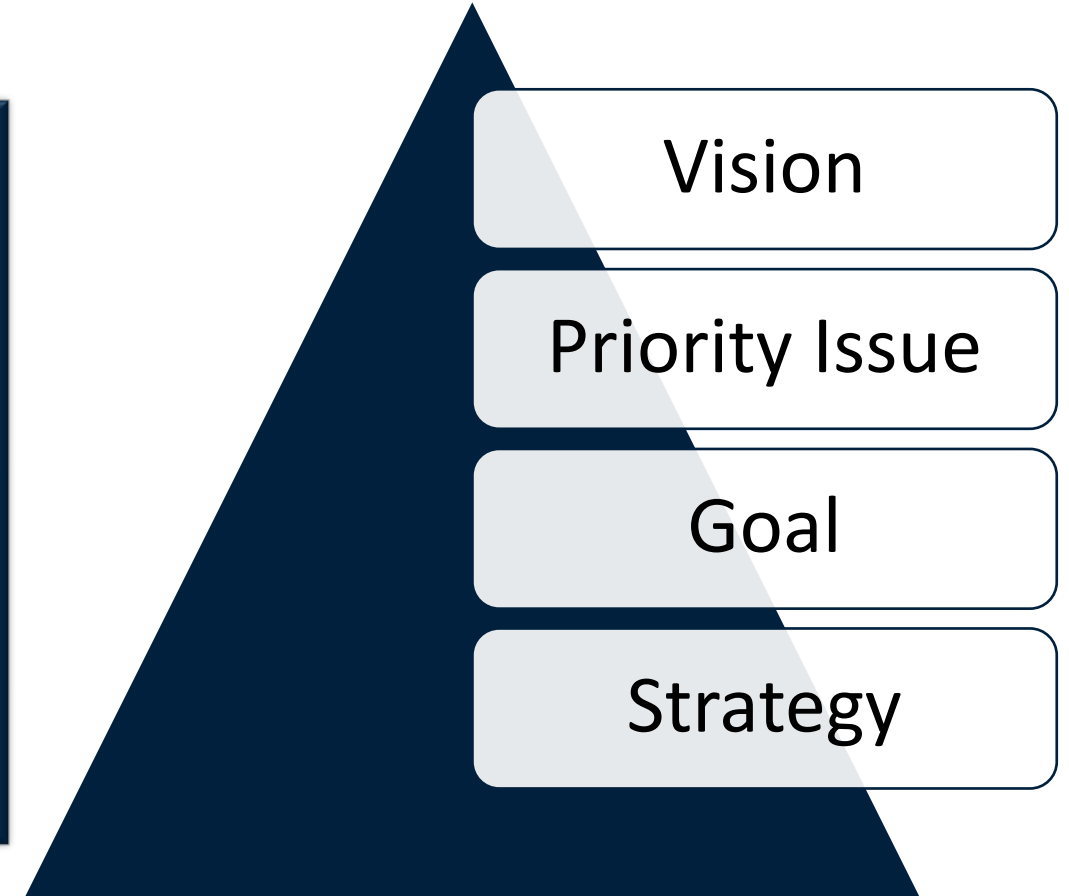




Next Steps for Public Health Partners

- 🛡️ **Join a workgroup** based on broad priorities from today
- 🛡️ **Participate in virtual workgroup meetings** from October – February
 - Refine goal, develop objectives and identify activities
- 🛡️ **Merge workgroup recommendations** into single State Health Improvement Plan
- 🛡️ **Implement** strategies
- 🛡️ **Monitor** progress - Plan, Do, Study, Act!
- 🛡️ **Reconvene** as needed

Develop Goals and Strategies



SURVEY



Sign-up to participate in priority workgroups.
Evaluation of today's meeting coming via email!

Closing Remarks

Steven Stack, MD, MBA
KDPH Commissioner

9-27-23



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Thank you!

Steven Stack, MD, MBA, KDPH

Steven.Stack@ky.gov



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Thank you!

Adjourn



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