

**Kentucky FY 2019
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2019

Submitted by: Kentucky

DUNS: 927049767

Printed: 7/30/2019 6:33 PM

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CDC Work Plan ID: KY 2019 V0 R2

Created on: 7/23/2019

Submitted on:

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Executive Summary

This document represents the work plan for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2019. It is submitted by the Kentucky Department for Public Health (KDPH) as the designated state agency for the allocation and administration of PHHSBG funds. All programs are related to Healthy People 2020 objectives as required by the CDC. The advisory meetings for this grant year were held on October 30, 2018, February 13, 2019, and June 13, 2019. The public hearing was held on June 13, 2019 and was posted on the KDPH website prior to the advisory meeting.

Funding Assumptions: The total award for the FY 2019 Preventive Health and Health Services Block Grant is \$2,091,008 including the mandatory sex offense set aside of \$97,025. This amount is based on the allocation table updated by CDC on March 1, 2019.

The PHHSBG application is based upon health needs that are underfunded and/or unfunded, with the foundation application being the State Health Improvement Plan (SHIP), created in 2017. A large stakeholders group was assembled in March 2017 to develop the SHIP. These key stakeholders identified the following focus areas over the next five years. The work groups for each focus area continue to meet to refine the SHIP, monitor progress toward outcomes in the objectives. The Kentucky SHIP is considered a living document in response to the ever-changing health landscape:

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

Also, of primary concern, were the "fabric issues," which are deeply woven into all five of the following focus areas:

- Data Collection and Analysis
- Health in All Policies
- Economic and Community Issues
- Environmental Health
- Mental Health

As will be noted throughout this application, poverty and lack of education are key factors in health outcomes in Kentucky. High rates of tobacco use and lack of smoke free laws in communities have a common effect on our high rates of cancer and Chronic Obstructive Pulmonary Disease (COPD) as well as the impact on those with asthma, especially children who are most vulnerable. Lack of access to health care and transportation issues are key factors in communities throughout Kentucky. Further, as cancer is a heavy burden across the state, funding will support a policy analyst to provide technical assistance to partners, and act as a liaison to cancer prevention coalitions and boards. Many of these issues can best be addressed at the community level with support, training and technical assistance from key public health programs. The commitment to provide funding for the key programs below will help to address the key focus areas and fabric issues as defined in the SHIP.

The Public Health Transformation initiative is an effort to move from program-oriented services at the local health departments to more collaborative work with partners within the state and communities. The focus of this initiative is on strengthening existing partnerships and identifying and supporting nontraditional and traditional partnerships within the community for the achievement of the shared goals of creating and sustaining healthy communities. The transformation will create an emergent system that modernizes, simplifies, and prioritizes Kentucky's public health system using Public Health 3.0 principles. This involves simplifying Core Public Health as Foundational Public Health plus critical programs (WIC, HANDS, and Harm Reduction/Substance Use Disorder), and providing technical assistance and support to Local Health Departments (LHDs) in order to determine local public health priorities. These priorities

are developed through local community health assessments, which then guides the community health improvement planning process, and from there, allows for the focus and differentiation of LHD service and funding options that accommodate those priorities. The predominant drivers of this community-oriented focus will be the Community Health Action Teams (CHAT), the local health coalition members who are the “boots on the ground.” Funding will allow for technical assistance and support to CHAT projects and initiatives in the development and realization of strategies to address local public health issues.

Community Health Workers (CHW) are instrumental in addressing health care access issues, transportation, self-management and screening, and connection with community clinical linkages. KDPH leads a large workgroup developing the role and certification of CHWs in the state. This places KDPH in the vanguard of states who are supporting the work of CHWs to address health literacy, social determinants of health and health equity.

The Asthma and COPD programs work with partnerships and advisory groups to strategically address these complex diseases, in schools and workplaces, through prevention and access to care and medications. Respiratory issues in Kentucky are a leading cause of admissions and readmissions to hospitals as well as emergency department visits. Kentucky rates as the second highest state for burden of asthma and COPD and is the highest burden state for lung cancer. The programs supported within this application do not duplicate other sources of funding for tobacco control and prevention from CDC or state tobacco settlement funds available to public health programs in Kentucky. The program support within this application allows KDPH to develop strong community-clinical linkages, partnerships and increased use of evidence-based guideline care for those who have these diseases and thereby improve self-management and reduce poor health outcomes.

It cannot be over emphasized that a competent public health workforce is necessary to help community partners identify and address social determinants of health and adverse childhood experiences. Key support for the Office of Health Equity, Public Health Accreditation/Quality Improvement and KY-TRAIN are essential to providing this technical assistance and maintaining the infrastructure for this current public health workforce and public-private partnerships.

This application builds upon the strategies within the SHIP and supports the programs which have no funding or limited funding to address these areas, which are essential to addressing health outcomes in Kentucky.

Proposed Allocation and Funding Priorities for FY 2019:

1. Accreditation, Performance Management and Quality Improvement (PHI-17): Increase the proportion of Tribal, State and local public health agencies that are accredited. \$310,000 will be used to support staff working on public health accreditation activities at the state and local level. An Accreditation Coordinator and a Quality Improvement Coordinator will lead efforts to become PHAB accredited. KDPH plans to become accredited in 2019 and continues to refine our strategic process and quality improvement efforts.

2. Public Health Transformation – Local Public Health Priorities (ECBP-10): Increase the number of community-based organizations including local health departments, Tribal health services, nongovernmental organizations, and State agencies providing population-based primary prevention services that decrease chronic disease. \$952,983 will be utilized to support the infrastructure of the Community Health Action Teams in Kentucky and program staff to provide technical assistance in development of public-private partnerships through local, district and regional coalitions. Key objectives will be to utilize policy, environmental and systems change strategies, and evidence-based preventive services that will impact population health, including chronic disease. Local health departments will determine their priorities and strategies through community health assessments, strategic planning and community health improvement planning which will focus, simplify, and prioritize local health initiatives. Funding will allow for support of this transformation statewide. The Community Health Worker Program and Cancer Program Policy Analyst will also be supported within this health

objective. The large advisory CHW state workgroup is facilitated by KDPH. This workgroup is finalizing the CHW certification process for Kentucky, which will be maintained by KDPH, in order to ensure competency and validation of their skills and impact, as well as evaluate the outcomes of CHW impact in organizations across the state. The Cancer Program Policy Analyst will provide technical assistance to partners and serve as the liaison to the Kentucky Cancer Consortium and Lung Cancer sub-committee, the Pediatric Cancer Research Trust Fund Board, and the Kentucky Colon Cancer Screening Program. This includes development of the pediatric cancer annual report and cancer public awareness activities.

3. Health Care Access (AHS-6): Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. \$50,000 will be utilized by the Healthcare Access Branch of KDPH in coordination with partners. These funds will help support and maintain the Kentucky Prescription Assistance Program which assists in the provision of free or discounted medical care and prescription medication assistance for the uninsured and underinsured.

4. Kentucky Asthma Management Program (RD-3) Reduce emergency visits for asthma. \$175,000 will be used to continue the Kentucky Asthma Management Program including shared staff for program management and epidemiology support to address the burden of asthma through health systems improvement and education of health care personnel, environmental and policy changes, school health and child care personnel training and resources, the Kentucky Asthma Partnership (KAP) and the Kentucky Asthma Community Team project (K-ACT). Public awareness activities, implementation and evaluation of the state strategic plan, and fact sheet development will be continued.

5. COPD Program (RD-11): Reduce hospitalizations from chronic obstructive pulmonary disease. \$80,000 will be used to build capacity for addressing COPD in Kentucky. Funding for this program will include positions shared with the Asthma Program for staff support for program management and epidemiology and work with a state level advisory committee, development of fact sheets, completion of a burden document, and development and implementation of the state strategic plan that will include collaborative prevention strategies as well as health systems interventions. The state strategic plan will utilize the National COPD Action Plan as a foundation and will build upon activities and interventions already in progress with the Kentucky Hospital Association, Kentucky Primary Care Association and other partners on our COPD Advisory group.

6. Education and Workforce Development (PHI-2): Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies of Public Health Professionals. \$35,000 will be used to pay the annual license fee for Public Health Foundation TRAIN. This online system allows state, local and district health department employees, school nurses and unlicensed personnel, university and primary care partners, school employees and providers access to online training at no cost. KDPH has just upgraded to TRAIN 3.0 and this funding supports the annual license and development of modules. The Education and Workforce Development Branch will maintain and develop modules, programming, and videos to address public health workforce needs.

7. Office of Health Equity ECBP-10 Community-Based Primary Prevention Services and PHI-1 Continuing Education of Public Health Personnel. \$206,000 will be used to fund positions that will support the Office of Health Equity (OHE) including a full-time epidemiologist/program coordinator and a full-time health policy specialist. OHE provides training on health literacy and cultural competency, develops the Kentucky Minority Health Status Report and provides technical assistance to programs, health systems and organizations throughout the state to improve their policies and practices to address health disparities and health equity.

8. Sexual Assault-Rape Crisis (IVP-40): Reduce Sexual Violence. \$97,025 is the mandatory allocation to the Kentucky Department for Community Based Services (DCBS), which provides this funding to the 13 Kentucky Rape Crisis Centers and their statewide coalition, Kentucky Association of Sexual Assault Programs (KASAP), for the provision of primary prevention programming in the middle and high school settings to reduce sexual violence.

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9. Administrative Costs associated with the Preventive Health Block Grant total \$185,000 which is less than 10% of the grant. These costs include funding the required coordinator for the preparation, monitoring, reporting, evaluation, and program staff meetings, as well as communication with and holding required block grant meetings of the State Preventive Health Advisory Committee and public hearings. There is a program shared Administrative Specialist who will provide support for coordination of meetings, reports, training and technical assistance.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020.

Funding Priority: Under or Unfunded, State Plan (2018), Data Trend

Statutory Information

Advisory Committee Member Representation:

Advocacy group, College and/or university, Community-based organization, Community health center, Community resident, County and/or local health department, Faith-based organization, Foundation, Medical society or organization, Minority-related organization, Schools of public-health, Senior/adult serving organization, State health department, State or local government

Dates:

Public Hearing Date(s):

6/13/2019

Advisory Committee Date(s):

10/30/2018

2/13/2019

6/13/2019

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for KY 2019 V0 R2	
Total Award (1+6)	\$2,091,008
A. Current Year Annual Basic	
1. Annual Basic Amount	\$1,993,983
2. Annual Basic Admin Cost	(\$185,000)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$1,808,983
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$97,025
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$97,025
(9.) Total Current Year Available Amount (5+8)	\$1,906,008
C. Prior Year Dollars	
10. Annual Basic	\$435,790
11. Sex Offense Set Aside (HO 15-35)	\$12,500
(12.) Total Prior Year	\$448,290
13. Total Available for Allocation (5+8+12)	\$2,354,298

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$1,808,983
Sex Offense Set Aside	\$97,025
Available Current Year PHHSBG Dollars	\$1,906,008
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$435,790
Sex Offense Set Aside	\$12,500
Available Prior Year PHHSBG Dollars	\$448,290
C. Total Funds Available for Allocation	\$2,354,298

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Accreditation, Performance Management, and Quality Improvement	PHI-17 Accredited Public Health Agencies	\$310,000	\$60,000	\$370,000
Sub-Total		\$310,000	\$60,000	\$370,000
Education and Workforce Development	PHI-2 Continuing Education of Public Health Personnel	\$35,000	\$0	\$35,000
Sub-Total		\$35,000	\$0	\$35,000
Health Care Access	AHS-6 Inability to Obtain or Delay in Obtaining Necessary Medical Care, Dental Care or Prescription Medicines	\$50,000	\$12,500	\$62,500
Sub-Total		\$50,000	\$12,500	\$62,500
Kentucky Asthma Management Program and COPD Program	RD-3 Emergency Department Visits for Asthma	\$175,000	\$62,500	\$237,500
	RD-11 Hospitalizations for Chronic Obstructive Pulmonary Disease	\$80,000	\$27,050	\$107,050
Sub-Total		\$255,000	\$89,550	\$344,550
Office of Health Equity	PHI-2 Continuing Education of Public Health Personnel	\$103,000	\$24,350	\$127,350
	PHI-15 Health Improvement Plans	\$103,000	\$24,350	\$127,350
Sub-Total		\$206,000	\$48,700	\$254,700
Public Health Transformation – Local Public Health Priorities	ECBP-10 Community-Based Primary Prevention Services	\$952,983	\$224,680	\$1,177,663
Sub-Total		\$952,983	\$224,680	\$1,177,663
Rape Crisis Centers-Sexual Assault and Domestic Violence Program	IVP-40 Sexual Violence (Rape Prevention)	\$97,025	\$12,860	\$109,885
Sub-Total		\$97,025	\$12,860	\$109,885
Grand Total		\$1,906,008	\$448,290	\$2,354,298

State Program Title: Accreditation, Performance Management, and Quality Improvement

State Program Strategy:

Goal: The Kentucky Department for Public Health is seeking national accreditation status through the Public Health Accreditation Board.

Priorities: Accreditation through the Public Health Accreditation Board (PHAB) provides a means for a health department to identify performance improvement opportunities, improve management, develop leadership, and improve relationships with the community. The process is one that will challenge the health department to think about what business it does and how it does that business. It will encourage and stimulate quality and performance improvement within the health department. It will also stimulate greater accountability and transparency.

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of tribal, state, local and territorial public health departments. There are three key tenets:

- The measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards.
- The issuance of recognition of achievement of accreditation within a specified timeframe by a nationally recognized entity.
- The continual development, revision, and distribution of public health standards.

The Kentucky Department for Public Health will continue to support this process through an organizational culture of performance management, quality improvement, and accreditation readiness. The PHHSBG supports two positions within KDPH: an Accreditation Coordinator to lead accreditation efforts, and a Quality Improvement Coordinator to lead performance management and quality improvement efforts. In addition, KDPH has also utilized PHHSBG funds to provide mini grants to local health departments to assist with accreditation readiness activities, including the development of strategic plans, community health assessments, and community health improvement plans. These mini grants, administered through an RFA process, utilize an external facilitator from the University of Kentucky to provide focus groups among local health department coordinators and directors in order to evaluate barriers and successes and to provide facilitation for community assessment activities as needed. For the past several years, over \$250,000 annually has supported local health department accreditation efforts. Currently, Kentucky is behind only Wisconsin, California, and Ohio regarding the number of accredited local health departments, with Ohio having mandated PHAB accreditation by 2020. Support for these efforts will continue via Community Health Action Teams and the Kentucky Public Health Transformation Plan (PHT). The PHT seeks to simplify, focus, and prioritize efforts within our public health system using Public Health 3.0 principles and differentiation of services and funding options that accommodate local health priorities.

KDPH also plans and/or provides training opportunities, for instance the Association of State and Territorial Health Officers' (ASTHO) Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP training, provided in four geographic locations across Kentucky for over 200 state and local public health program staff, has helped to equip staff in the utilization of the MAPP methodology in the development of quality community health assessments and community health improvement plans.

Further, Kentucky maintains a statewide accreditation workgroup composed of state and local accreditation coordinators. The workgroup's vision is "National Public Health Accreditation for Kentucky State & Local Health Departments" and the mission is to "Build capacity, knowledge, skills and abilities among Kentucky accreditation coordinators to successfully guide state and local health departments through the process of obtaining and/or maintaining national public health accreditation."

Primary Strategic Partners:

Internal Partners: KDPH's Commissioner's Office, Accreditation Leadership Team, Quality Improvement Leadership Team, Office of Health Equity, and program leads and staff

External Partners: Kentucky Public Health Association (KPHA), Public Health Accreditation Board (PHAB), National Association of County and City Health Officials (NACCHO), Association of State and Territorial Health Officials (ASTHO), Kentucky Health Department Association (KHDA), Kentucky Colleges/Schools of Public Health, State Health Improvement Plan stakeholders, Foundation for a Healthy Kentucky and the Friedell Committee for Health System Transformation, Kentucky Population Health Institute (KPOP), and County Level Coalitions

Evaluation Methodology: Evaluation will be focused on both process measurement and outcomes measurement. Achievable milestones and activities including meeting minutes, public service announcements, forums, training provided, group efforts and interventions, success stories and progress toward goals will be documented. Accreditation of additional local health departments and the Kentucky Department for Public Health will demonstrate effectiveness through strategic planning, state health assessment and state health improvement plan and an overall culture of quality.

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Local health department, Medical or clinical site, Schools or school district, State health department, University or college, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Lindsey Robertson

Position Title: Accreditation Coordinator

State-Level: 85% Local: 10% Other: 5% Total: 100%

Position Name: Janie Cambron, MPH

Position Title: Quality Improvement Coordinator

State-Level: 85% Local: 10% Other: 5% Total: 100%

Position Name: TBD

Position Title: TBD

State-Level: 35% Local: 10% Other: 5% Total: 50%

Total Number of Positions Funded: 3

Total FTEs Funded: 2.50

National Health Objective: HO PHI-17 Accredited Public Health Agencies**State Health Objective(s):**

Between 10/2019 and 09/2020, continue to develop and institutionalize a culture of continuous quality improvement in the Kentucky Department for Public Health and support accreditation, performance management, and quality improvement activities for local health departments in order to improve the health of Kentuckians. The overarching goal for KDPH is achievement of accreditation by September 30, 2020.

Baseline:

In 2013, Kentucky saw three local health departments accredited by PHAB. By 2019, that number rose to

15 accredited local health departments. KDPH's application to PHAB was accepted, and on May 16, 2019 KDPH submitted documentation to e-PHAB for accreditation consideration.

Data Source:

Public Health Accreditation Board reporting

State Health Problem:

Health Burden:

When comparing Kentucky to the national rates of health risk factors including, avoidable hospitalizations, smoking, poor nutrition, lack of physical activity and chronic disease prevalence and mortality, dental disease, and poor mental health days, it is apparent that we are a state in need of change. In 2018, Kentucky was ranked 45th among the states by America's Health Rankings, which is an improvement from 47th in 2014. However, since the beginning of those rankings in 1990, where Kentucky started out as 47th, the state has ranked in the bottom 10 annually, apart from 2008's rank of 39th. Strengths in Kentucky include an increasing high school graduation rate and low rates of violent crime; however, due to the current opioid crisis, Kentucky has recently been heavily impacted by a high rate of deaths. According to the National Institute on Drug Abuse, Kentucky ranks eighth in opioid related deaths. In 2017 there were 1,160 reported opioid-involved deaths in Kentucky—a rate of 27.9 deaths per 100,000 persons, compared to the average national rate of 14.6 deaths per 100,000 persons. County Health Rankings and Roadmaps provides strategic data and county comparison data that helps to focus on geographical disparities, and further analysis also defines certain populations such as African Americans with poorer health outcomes in Kentucky. High rates of poverty, low attainment of college education, high incidence of prescription drug abuse and deaths from drug overdose, low birth-weight babies, high cancer death rates, and many other factors have long limited many Kentuckians from reaching their full potential. Health is determined by a multitude of factors that interact over time, and while no one single factor is responsible for Kentucky's health status, each of these factors must be considered in the context of social determinants of health and examined through a health equity lens. Further, data on adverse childhood experiences (ACEs) illustrates the health and social consequences for families and communities, and the need for prevention and intervention with regards to drug use, incarceration, violence in the home, and the impact on mental health issues in children. The Kentucky Department for Public Health leads efforts to improve the health of Kentuckians and serves in various leadership roles in statewide coalitions, stakeholders groups, and the like in order to collaboratively address these health factors.

As previously stated, the accreditation process is one that will challenge the health department to think about what business it does and how it does that business, with the ultimate goal of accreditation being to improve and protect the health of the public by advancing the quality and performance of health departments nationwide. The benefits of accreditation include strengthening delivery of public health services and programs, improving public health department and public health infrastructure, and increasing accountability and credibility. Over the last six years, KDPH has worked toward the goal of national accreditation by formalizing and institutionalizing a culture of performance management and quality improvement. A key strategy has been open communication among, and provision of training and activities to staff, to encourage buy-in from all organizational levels.

The Institute of Medicine report, "The Future of the Public's Health," noted four important factors from the ecological model of health: there are multiple determinants of health, linkages and relationships among these determinants should be considered, population health and the environment should be considered, and multiple strategies by multiple sectors are needed to achieve desired outcomes. Public health accreditation creates a synergy within the public health infrastructure that helps to address these four important factors.

Target Population:

Number: 4,468,402

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community

Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations, Other

Disparate Population:

Number: 828,819

Infrastructure Groups: State and Local Health Departments, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Model Practices Database (National Association of County and City Health Officials)

National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Promising Practices Network (RAND Corporation)

Other: National Public Health Performance Strategies

Public Health Accreditation Board

The Association of State and Territorial Health Officials

Robert Wood Johnson Foundation

American Public Health Association

National Prevention Strategy

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$310,000

Total Prior Year Funds Allocated to Health Objective: \$60,000

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$310,000

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Accreditation Teams and Document Submission

Between 10/2019 and 09/2020, the KDPH Accreditation Coordinator will maintain **twelve** Domain Teams, 1 Accreditation Leadership Team, 1 State Health Improvement Plan Workgroup, 1 State Health Assessment Workgroup, and will assist with the Performance Management/Quality Improvement Committee. All documentation was submitted to the Public Health Accreditation Board via ePHAB on May 16, 2019, but the teams will continue to review and replace documents as new and more up-to-date evidence becomes available or is requested.

Annual Activities:

1. Meetings and Documentation

Between 10/2019 and 09/2020, the Accreditation Domain Teams will continue to meet regularly in preparation for submission of additional documentation as needed/requested by PHAB.

2. Define Data Gaps

Between 10/2019 and 09/2020, the Accreditation Leadership Team will review data documents available to KDPH in order to define existing data gaps and identify methods to obtain needed data, in preparation

of updating the three required plans for public health accreditation and ensuring appropriate documentation for submission to PHAB.

3. Site Visit Preparation and Communication

Between 10/2019 and 09/2020, the Accreditation Leadership and Domain Teams will prepare for a site visit from PHAB by reviewing all submitted documentation to ensure all members are familiar with those documents, and to continue to identify any gaps or weak documentation. The Accreditation Coordinator will prepare each team to answer questions related to their domain and will communicate all necessary information to the teams regarding next steps.

Objective 2:

Performance Management and Quality Improvement

Between 10/2019 and 09/2020, KDPH will continue to will develop a culture of performance management and quality improvement (PM/QI). These efforts are coordinated by the Quality Improvement Coordinator with assistance from the Accreditation Coordinator.

Annual Activities:

1. Performance Management System/VMSG

Between 10/2019 and 09/2020, the QI Coordinator will further develop the web-based Performance Management System, VMSG, in order to track the individual goals of each division within the department, as well as the agency's strategic planning goals and objectives. Representatives from each division have access to VMSG and the ability to track progress.

2. Quality Improvement Storyboards

Between 10/2019 and 09/2020, KDPH will continue to finalize storyboards, based on each division's quality improvement projects, and record progress in VMSG.

3. PM/QI Committee Meetings

Between 10/2019 and 09/2020, the PM/QI Committee will meet monthly to ensure that KDPH is maintaining PM/QI goals and continues to promote a culture of PM/QI.

4. Quality Improvement Plan

Between 10/2019 and 09/2020, KDPH will review, revise, and further implement the QI plan based on recommendations from the PM/QI Committee.

Objective 3:

Update Required Assessments and Plans

Between 10/2019 and 09/2020, the KDPH Accreditation Leadership Team will update three required plans for public health accreditation: the Strategic Plan, the State Health Assessment, and the State Health Improvement Plan.

Annual Activities:

1. Strategic Plan

Between 10/2019 and 09/2020, KDPH will continue to monitor and update its current Strategic Plan to represent goals and priorities of each division within the department. This effort is coordinated by the Performance Management/Quality Improvement Committee.

2. State Health Assessment

Between 10/2019 and 09/2020, the State Health Assessment will be renewed through a process of analyzing and reviewing community health assessments from local health departments in conjunction with the ongoing Kentucky Public Health Transformation Plan.

3. State Health Improvement Plan

Between 10/2019 and 09/2020, the State Health Improvement Plan will be reviewed and revised as necessary based on the renewed State Health Assessment in conjunction with the ongoing Kentucky Public Health Transformation Plan.

State Program Title: Education and Workforce Development

State Program Strategy:

Goal: To increase access to training for public health professionals by strengthening the infrastructure of KY-TRAIN distance learning management system through module, video and programmatic developments that increase workforce capacity.

Priorities: The KDPH Education and Workforce Development Branch (EWD) creates and delivers distance learning programs to the public health community through the Public Health Foundation's Training Finder Real-time Affiliate Integrated Network (TRAIN). The TRAIN Learning Network is a trusted leader in providing training and other learning opportunities to public health, health care, behavioral health, preparedness, and other health professionals, with a reach of more than 1.9 million. As a state affiliate member of the network, the EWD Branch offers a variety of distance learning services, including webinar, webcast, video production, online course modules, and continuing education approval, in order to increase accessibility to quality educational content that is congruent with the eight domains of core competencies for public health professionals. This distance learning management system serves to build infrastructure and workforce capacity throughout Kentucky, and since its inception in 2003, KY-TRAIN has observed steady growth in active learners.

Partnerships:

Internal Partners: Cabinet for Health and Family Services, Department for Public Health and Local Health Departments.

External Partners: Public Health Foundation, the Council on Linkages, CDC, HRSA, State Universities and the TRAIN Learning Network.

Evaluation Methodology: The EWD Branch collects a variety of data for evaluation purposes, including the number of calls received requesting technical assistance, the number of new courses added to KY-TRAIN, and the number of courses offering approved continuing education units. The effectiveness of the distance learning modalities is also assessed by post-test evaluation results and participant course evaluation results, which are made available to the course developer/provider and are reviewed periodically by the EWD TRAIN Coordinator.

State Program Setting:

Community based organization, Community health center, Local health department, Medical or clinical site, Schools or school district, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO PHI-2 Continuing Education of Public Health Personnel

State Health Objective(s):

Between 08/2018 and 09/2020, increase the number of active learners registered on KY-TRAIN by 5% annually. In 2018 there were 188,346 registered learners on KY-TRAIN.

Baseline:

For evaluation purposes, the 111,231 active learners registered on KY-TRAIN in 2012 will serve as baseline data, with the intent to increase the number of registered learners by 5% annually.

In 2015 there were 132,916 learners registered on KY-TRAIN.

In 2016 there were 150,957 learners registered on KY-TRAIN.

In 2017 there were 167,465 learners registered on KY-TRAIN.

In 2018 there were 188,346 learners registered on KY-TRAIN.

During calendar year 2014 KY-TRAIN made 1,708 courses available with 33,447 registrants

During calendar year 2015 KY-TRAIN made 1,702 courses available with 26,744 registrants

During calendar year 2016 KY-TRAIN made 1,115 courses available nationally with 96,097 registrants.

During calendar year 2017 KY-TRAIN made 1,902 courses available nationally with 27,596 registrants.

During calendar year 2018 KY-TRAIN made 2,087 courses available nationally with 28,575 registrants.

During calendar year 2013 KY-TRAIN added 251 continuing education courses to TRAIN.

During calendar year 2014 KY-TRAIN added 303 continuing education courses to TRAIN.

During calendar year 2015 KY-TRAIN added 196 continuing education courses to TRAIN (decrease due to the loss of the CE administrator and courses could not be reviewed and approved for 6 weeks).

During calendar year 2016 KY-TRAIN added 310 continuing education courses to TRAIN.

During calendar year 2017 KY-TRAIN added 219 continuing education courses to TRAIN.

During calendar year 2018 KY-TRAIN added 227 continuing education courses to TRAIN.

Data Source:

Kentucky TrainingFinder Real-time Affiliate Integrated Network (KY-TRAIN)

State Health Problem:

Health Burden:

A highly skilled and competent public health workforce is essential to the provision of quality public health services. However, concerns raised in the National Center for Health Workforce Analysis report regarding the number of workers in the health workforce as well as their skill and competency level highlight the importance of ongoing, easily accessible training. Training in core public health competencies was subsequently identified as the greatest unmet need.

In 2012, KDPH, in collaboration with partners statewide, conducted a public health workforce needs assessment survey. This survey included all eight of the competency domains used nationally to assess the public health workforce. The Kentucky and Appalachia Public Health Training Center (KAPHTC) tested the survey, launched it on KY-TRAIN, and analyzed the self-assessments provided by almost 2,100 public health employees across the state. Consistently, respondents reported high levels of competence in the areas of communication and cultural competency. However, respondents reported low levels of competence in the areas of public health science, analysis and assessment, and financial planning and management.

Opportunities for growth and increased competence in each of the eight domains reinforces the need for ongoing training. However, training comes at a great cost, not only financially, but also in terms of time and travel for trainers and trainees. Distance learning methods, through utilization of KY-TRAIN, provides a cost-effective solution. Fittingly, a 2008 return on investment (ROI) study conducted by KDPH, identified an estimated annual savings of \$6.8 million. This was an average monthly cost savings of \$568,908 for the state and local health departments utilizing this distance learning management system.

Target Population:

Number: 5,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems

Disparate Population:

Number: 5,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Model Practices Database (National Association of County and City Health Officials)

Other: Public Health Workforce Study (Bureau of Health Professions Health Resources and Services Administration)

National Prevention Strategy (National Prevention Council, U.S. Department of Health and Human Services, Office of the Surgeon General)

Core Competencies for Public Health Professionals (Public Health Foundation)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$35,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

Less than 10% - Minimal source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:**Increase Access to Core Competency Based Education**

Between 10/2019 and 09/2020, Education and Workforce Development (EWD) staff will maintain **four** methods (webinar, webcast, video and online course modules) for providing distance learning services via the KY-TRAIN distance learning management system. The online system is available statewide and is utilized by LHDs and many others in order to increase access to various trainings and learning modalities.

Annual Activities:**1. KY-TRAIN Distance Learning Management System**

Between 10/2019 and 09/2020, EWD staff will increase access to competency-based public health training via new learner registrations in KY-TRAIN. Online learning modalities will be made available to public health staff across the state, as well as other participants, through the state affiliation agreement. An annual fee, supported by PHHSBG funds, is assessed annually by the Public Health Foundation (PHF) in conjunction with this agreement.

2. Technical Assistance and Support

Between 10/2019 and 09/2020, EWD staff will provide technical assistance and support to KY-TRAIN learners and course providers. Staff will also participate in on-going trainings, as provided by PHF, to stay up to date on changes to the distance learning management system.

3. Online Learning Modalities

Between 10/2019 and 09/2020, EWD staff will support competency-based online learning modalities via course module development and video production services.

4. Continuing Education Units

Between 10/2019 and 09/2020, EWD staff will support workforce development through the provision of continuing education units for professionals, including nurses, physicians, certified health education specialists, dieticians, and others as requested. Staff will work collaboratively with the Kentucky Board of Nursing and other partners to administer this process.

State Program Title: Health Care Access**State Program Strategy:**

Goal: To increase the ability of Kentuckians who are uninsured or underinsured to receive needed medical care, dental care, and prescription medications.

Priorities: In 2009, the Kentucky Legislature passed legislation establishing the Kentucky Prescription Assistance Program (KPAP). The Health Care Access Branch within the Kentucky Department for Public Health facilitates this program via the statewide Health Care Access Line (1-800-633-8100). In partnership with HEART USA, a 501(c)3 non-profit organization based in Paducah, Kentucky, professional staff are available to answer calls, provide referrals for medical and dental care services, as well as aid in obtaining needed prescription medications. Additionally, as of May 2018, there are 241 volunteer KPAP advocacy satellite sites throughout Kentucky where clients may receive free or reduced health care, dental care, and assistance in receiving medications through pharmaceutical companies. These trained staff and volunteers navigate clients throughout the sometimes cumbersome process, including referral to social service agencies, referral to health insurance assistance programs, as well as aiding in completion of prescription assistance program forms.

The burden of unemployment and slow economic growth continues to affect the 7.5% of Kentuckians who have no health insurance (lower than the US average of 10.5%) (2017 BRFSS). The introduction of KPAP has presented an avenue for many Kentuckians to access needed medical and dental care services and prescriptions medications. The PHHSBG funding allows for the continuation of this program through the contractual partnership with HEART USA, which coordinates the KPAP program statewide. Additionally, KDPH invests over \$500,000 in state general funds annually for the operation of the hotline, three Community Organizers who recruit and train the advocacy satellite sites, and indirect costs such as office space and supplies.

Partnerships:

Internal: Department for Community Based Services, Department for Medicaid Services, Local Health Departments

External: HEART USA, Kentucky Dental Association, Kentucky Medical Association, Kentucky Pharmacists Association, Kentucky Primary Care Association, Kentucky Cancer Link, Hospitals, FQHCs, Foundation for a Healthy Kentucky, KPAP volunteer satellite sites

Evaluation Methodology: The effectiveness of the program will continue to be evaluated through the number of phone calls received, number of clients served, number of advocacy satellite sites, and the reach and value of the prescription assistance. The KyBRFS questions on health care access, such as lack of health care coverage, usual source of care and care delays, will be evaluated for baseline data and monitoring of access issues.

State Program Setting:

Community based organization, Community health center, Faith based organization, Local health department, Medical or clinical site, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO AHS-6 Inability to Obtain or Delay in Obtaining Necessary Medical Care, Dental Care or Prescription Medicines

State Health Objective(s):

Between 10/2000 and 12/2020, reduce to no more than 10 percent, the proportion of individuals/families who report that they did not obtain all of the health care that they needed.

Baseline:

According to KyBRFS data from 2000, 13.8% of adults reported there was a time in the past 12 months when they needed to see a doctor but could not because of cost. In 2011, due to a change in BRFSS methodology, this data showed an increase to 19.4%. The 2011 data will be the new baseline for evaluation purposes, with regard to the objective dates of 10/2000 to 12/2020. The following reflects the change in percentage each year, with the ultimate goal of no more than 10% by 12/2020.

In 2013, this number was 18.7%.

In 2014, this number was 15.9%.

In 2015, this number was 12.3%.

In 2016, this number was 12.2%.

In 2017, this number was 12.3%.

Data Source:

Kentucky Behavior Risk Factor Surveillance Survey completed annually

State Health Problem:

Health Burden:

Many low-income Kentucky adults have no access to basic primary health care, and many cannot afford to purchase their prescription drugs. The effect of untreated chronic diseases such as diabetes, asthma, COPD, heart disease and high blood pressure, which have a higher prevalence in Kentucky, creates both an economic and health burden on the individual, family and community. According to KyBRFS data for 2017, approximately 7.5% of adults reported having no source of health care coverage. These numbers varied by race, 6.5% Caucasians reported having no health care coverage compared to 11.6% of African American adults. The data also varied in terms of age, education attainment, and income. Young adults aged 18-34 significantly reported higher prevalence of having no health care coverage than adults aged 65 years or older (10.9% vs 1.5%). Adults with less than high school education reported a significantly higher prevalence of no healthcare coverage than those with a college degree (9.9% vs 3.7%). The prevalence of having no healthcare coverage was significantly higher among adults with an annual household income of less than \$25,000 than among those with household income of \$50,000 or more (10.0% vs 5.2%). Further, 25.4% of respondents reported their health as fair or poor in Kentucky, with the US reporting 17.6%.

According to the U.S Census Bureau's 2017 American Community Survey, approximately 18.3% of the Commonwealth's residents live below the poverty level. Educational attainment has been historically low in Kentucky with half of Kentucky's counties classified as "Low Education Counties." Data from the 2017 American Community Survey by the U.S. Census Bureau reveals that only 23.2% of Kentucky adults attain a Bachelor's Degree or higher.

When these health problems are coupled with episodic care and no insurance or inability to obtain medications to help control their chronic disease, the person may seek non-urgent care in a hospital emergency room. Inappropriate emergency room visits and late stage disease interventions are a burden to the individual, to communities, and to the Commonwealth as a whole. There is also the burden of cost to the individual in reduction of necessities of living such as food, utilities and shelter when deciding whether to seek simple medical care.

There have been many improvements in health care coverage in Kentucky and the Cabinet for Health and Family Services and partners across the state continue to work collaboratively to assist people who are unable to meet all their care needs find resources. Benefind which is an online system allows Kentucky's families to access public assistance benefits and information 24/7 through an online application and account.

All individuals who call the Health Care Access Line are screened with assessment questions to identify their eligibility for health insurance assistance programs and are referred to social service agencies for follow-up assistance if appropriate.

Target Population:

Number: 1,246,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 568,514

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: US Census Bureau and KyBRFS

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Model Practices Database (National Association of County and City Health Officials)

National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: Care Without Coverage (Institute of Medicine)

National Prevention Strategy

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$50,000

Total Prior Year Funds Allocated to Health Objective: \$12,500

Funds Allocated to Disparate Populations: \$50,000

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

Less than 10% - Minimal source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Linking the Uninsured and Underinsured with Access to Health Care

Between 10/2019 and 09/2020, the Health Care Access Branch will maintain **three** reports on methods of linking the uninsured and underinsured with medical care, dental care, and prescription assistance.

Annual Activities:**1. Health Care Access Line**

Between 10/2019 and 09/2020, the Health Care Access Branch will monitor and report the number of calls received, clients served, and referrals provided via the hotline.

2. Expand the Kentucky Prescription Assistance Program Network

Between 10/2019 and 09/2020, the Health Care Access Branch will continue to strengthen and expand the Kentucky Prescription Assistance Program by enrolling at least 10 additional advocacy satellite sites. The advocacy satellite sites are voluntary, so participation waxes and wanes over time. The HCAB recently cleaned up the satellite site database, and works to continuously grow the number of voluntary sites, with a goal of adding at least 10 additional sites each grant period in order to maintain a minimum of 225 satellite sites statewide.

3. Reach and Value of KPAP

Between 10/2019 and 09/2020, the Health Care Access Branch will maintain a database and report the number of persons assisted through the KPAP, the total number of prescriptions provided, and the approximate value of the prescription assistance.

State Program Title: Kentucky Asthma Management Program and COPD Program

State Program Strategy:

Goal - Asthma: Improve the diagnosis and management of asthma in order to decrease the burden of asthma including hospitalizations and emergency department (ED) visits.

Goal - Chronic Obstructive Pulmonary Disease (COPD): Primary prevention, early recognition and treatment.

Priorities:

- Increasing public awareness of Asthma and COPD
- Identifying and eliminating disparities that affect the health outcomes of people with Asthma and COPD
- Increasing access to Asthma and COPD self-management education
- Use of CDC EXHALE Technical Package for asthma management
- Serving as a link between the community, clinicians, and supportive resources
- Increasing school/community management of Asthma
- Analyze existing Asthma and COPD data to prioritize goals and activities
- Building strong, diverse internal and external partnerships

The Kentucky Asthma Management Program (KAMP) was developed in 2006 through a strategic collaboration with the American Lung Association of the Midland States, internal and external partners and funding of the PHHSBG. This funding enabled KDPH to provide staff, program planning and surveillance of asthma. Kentucky has one of the highest rates of asthma in the U.S. for both children and adults. As the data from schools and hospitals were analyzed it was necessary to bring together a large collaborative partnership in order to address these issues.

The Kentucky Asthma Partnership (KAP), a statewide network of over 200 individuals and organizations dedicated to reducing the burden of asthma in Kentucky, was formed in 2007. The KAP is supported through staff and planning efforts of the KAMP and funded through the PHHSBG. Working collaboratively the KAP and KAMP provide an annual Asthma symposium, public awareness activities, development and implementation of the Kentucky Asthma Strategic Plan, projects with schools to improve asthma management and reduce absences, training for healthy homes for Community Health Workers, educational tools including Asthma protocols for schools, Asthma Educators competency training, Children's Environmental Health Summit in partnership with the Kentucky Environmental Tracking Network and access to data which will inform decision makers. Additionally in the past year, working with the Kentuckiana Health Collaborative, Medicaid and other partners, Kentucky will begin tracking one quality medication management measure for asthma for covered lives under Medicaid ages 5-64.

The Kentucky COPD Program began three years ago in a strategic effort to reduce the huge burden of COPD in the state. This effort can only be accomplished with strong partners in the Kentucky Tobacco Prevention and Cessation Program, universities, hospitals, and health care providers and advocates. The primary focus of the COPD Program is to utilize a strong advisory workgroup to develop a state strategic plan built upon the foundation of the National COPD plan and which will link to the State Health Improvement Plan. Members of the advisory committee include the Kentucky Hospital Association, American Lung Association, COPD Foundation, public health programs and the Kentucky Primary Care Association. The committee is chaired by Dr. David Mannino, a nationally recognized academic and clinical expert. The advisory committee meets quarterly. The COPD program also provides support for public awareness activities annually using the National Heart Lung and Blood Institute Breathe Better materials, partnership with the Kentucky Environmental Public Health Tracking Network, support for the annual Lung Force symposium with the American Lung Association, and partnerships with the Kentucky Immunization Program to increase immunizations and with the Tobacco Prevention Program to improve use of the QuitLine and other resources.

Research indicates that early diagnosis with spirometry and lung function testing and or genetic testing for Alpha-1 antitrypsin deficiency and interventions for COPD including smoking cessation, appropriate medications to reduce an exacerbation, prevention of infection, and self-management education will improve quality of life, reduce early disability and reduce hospitalizations. Kentucky has one of the highest rates of COPD nationally and in the world.

Primary Strategic Partners:

Internal Partners: Tobacco Prevention and Cessation Program, Healthcare Access Branch, Department for Medicaid Services, Environmental Public Health Tracking Network, Office of Health Policy, Health Access Nurturing Development Services (HANDS) program, Coordinated School Health Program, Office of Health Equity, Kentucky Department of Education.

External Partners: Kentucky Asthma Partnership, American Lung Association, local and district health departments, University of Kentucky, University of Louisville, Kentuckiana Health Collaborative, Kentucky Primary Care Association, Southern Area Health Education Center, COPD Foundation, Kentucky COPD Advisory Committee, Kentucky Hospital Association, National Heart Lung and Blood Institute, Medicaid Managed Care Organizations, Centers for Disease Control and Prevention, pharmaceutical companies and durable medical equipment companies.

Evaluation Methodology:

Evaluation will be focused on process measurement including feedback from the Kentucky Asthma Partnership and engagement strategies including the adoption of strategic objectives for the state. Surveys and key informant interviews are utilized. Outcome measurement will be evaluated through completion and distribution of the burden document, fact sheets and strategic plan, as well as through hospitalization and emergency room visit trend data over time. The Kentucky COPD Advisory Committee is developing measures to evaluate outcomes along with the state strategic plan based on the National COPD Action Plan. Data on quality measures such as HEDIS and UDS will be reviewed collaboratively with partners within the Kentucky Asthma Partnership (KAP) and programs such as Kentucky Asthma Community Teams (K-ACT).

State Program Setting:

Business, corporation or industry, Child care center, Community based organization, Community health center, Home, Local health department, Medical or clinical site, Schools or school district, State health department, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Maggie Miller

Position Title: Health Program Administrator

State-Level: 90% Local: 0% Other: 10% Total: 100%

Position Name: TBD

Position Title: Epidemiologist

State-Level: 90% Local: 0% Other: 10% Total: 100%

Position Name: Melissa Bondurant

Position Title: Community Coordinator

State-Level: 40% Local: 0% Other: 10% Total: 50%

Position Name: Tracey Sparks

Position Title: Administrative Specialist

State-Level: 10% Local: 0% Other: 5% Total: 15%

Total Number of Positions Funded: 4

Total FTEs Funded: 2.65

National Health Objective: HO RD-3 Emergency Department Visits for Asthma

State Health Objective(s):

Between 10/2016 and 09/2020, decrease emergency department visits for a primary diagnosis of asthma by 5 percent.

Baseline:

19,768 emergency department visits with a primary diagnosis of asthma in Kentucky in 2014.
17,692 emergency department visits with a primary diagnosis of asthma in Kentucky in 2016, updated from the Kentucky Environmental Public Health Tracking Network.
15,987 emergency department visits with a primary diagnosis of asthma in Kentucky in 2017

Data Source:

Kentucky Office of Data and Analytics, 2017 Hospital Discharge Data posted on the Environmental Public Health Tracking Network site

State Health Problem:

Health Burden:

Kentucky asthma data continues to inform the KAMP and partners in developing priority interventions and projects. Current asthma prevalence analyzed through the Kentucky Behavioral Risk Factor Surveillance (KyBRFS) Program shows 11% of adults and 9% of children experience asthma. The prevalence of asthma in Kentuckians has not changed significantly over recent years and is slightly above the national average. Adult asthma prevalence in eastern Kentucky Area Development Districts is much higher and ranges from 12% to 17%. Kentucky's asthma prevalence is significantly higher for African Americans at 16%, consistent with U.S. data. Asthma disproportionately affects African American children in Kentucky as well, with an 18% asthma rate compared to 7% for white children. These higher prevalence rates indicate an additional burden for these individuals and households.

Kentucky's current population is approximately 4.4 million with 42% living in rural areas. More than two-thirds of counties in Kentucky's Appalachian region are identified as distressed by the Appalachian Regional Commission (ARC). When reviewing all health outcomes, there are significant disparities experienced in Appalachia. Health disparities in all geographic locations, including large urban centers of the state, are documented for those with a lower level of income and education attainment. Louisville, Kentucky's largest metropolitan area, is identified as one of the cities most burdened by asthma.

Kentucky has a higher than average poverty rate of 18%, with an estimated low-income population of 44%. Poverty contributes to poor health outcomes due to lack of access to providers or medications, asthma self-management classes, and adequate housing, as well as greater exposure to environmental issues. A review of KyBRFS and Kentucky Asthma Call-Back data shows the impact that asthma has on these households. For those Kentuckians with incomes less than \$25,000, the current adult asthma prevalence is 18% versus a rate of 6% for households above \$50,000. For those with less than a high school education, the prevalence of reported asthma is 20% compared to 10% for those who graduated high school.

Almost one in five adults with current asthma report smoking every day and one in four of those with asthma were former smokers. In Kentucky, the rate of chronic obstructive pulmonary disease (COPD) of 12.2% is almost twice the national average, and 45% of persons with asthma report also having COPD. Adults in Kentucky who have asthma report a higher prevalence of obesity (BMI > 30) at 43% compared to 33% in those with no reported asthma.

Kentucky residents experience some of the highest hospitalization rates and mortality rates for COPD in

the US. COPD hospitalization rates are 35.5 per 10,000 in Kentucky and in Appalachia they are 53.8. There are almost 20,000 hospitalizations for COPD as a primary diagnosis each year, many of these covered by Kentucky Medicaid.

Adults in Kentucky with asthma report depression at twice the rate of those with no asthma and adults with asthma have higher rates of coronary artery disease, diabetes, and arthritis. The KAMP has analyzed data collected through the Adult and Child Asthma Call Back Survey (ACBS) in 2013 and 2014 and will use the data for 2017 and 2018 analysis. These data indicate that both children and adults with asthma limit their physical activity. People with asthma in Kentucky may not have the opportunity to complete asthma self-management education (AS-ME) which could help them learn how to successfully control their asthma and participate in physical activities.

Kentucky ACBS data analyzed from 2013 and 2014 indicates that 14% of children and 16% of adults with asthma report having an emergency visit in the past 12 months. Only one in ten children and adults reported taking an AS-ME course, an evidence-based intervention for asthma control. Almost one-half of adults with asthma reported an exacerbation within the past 3 months. For children, the exacerbation rate was over 30%. An asthma exacerbation is an emergency, and disruptive to school and work. Kentucky children with asthma missed an average of 5 days of school and some children with asthma missed twice as many days. Kentucky Department of Education data through the school data system, Infinite Campus, demonstrates that asthma is the most reported health issue for Kentucky children. Despite the severity of asthma in Kentucky, there is a documented reduction of both emergency room visits and hospitalizations through long-term interventions coordinated with schools, providers, clinics, hospitals and community partners. For persons with asthma as a primary diagnosis, the overall hospitalization rate for 2017 is 40.4 per 100,000, and the emergency room visit rate is 383.5 per 100,000. KAMP is able to analyze the data by age group, race, sex, insurer, Area Development District, and county level. There are almost 16,000 hospitalizations for asthma each year in Kentucky. Children have significantly higher rates of both asthma-related hospitalizations and emergency room visits. The KDPH Environmental Public Health Tracking Network (EPHTN) now makes most of these data available on the Kentucky EnviroHealthLink website.

Cost Burden: In 2016, according to the Kentucky Office of Health Policy, there were nearly 2,000 hospitalizations with a primary diagnosis of asthma. There were also almost 18,000 emergency department visits with a primary diagnosis of asthma. While this is still high, it has been declining and this decline could be due to the increased coverage of the Medicaid expansion, change in ICD 9 to ICD 10 codes, as well as the interventions from the Kentucky Asthma Management Program. According to the Office of Vital Statistics, there have been 211 asthma-related deaths between 2013 and 2018. The CDC Chronic Disease Cost Calculator estimates that asthma cost Kentucky an average of \$399 million in direct medical costs and nearly \$46 million in indirect costs which includes missed work and missed school days annually.

While the Kentucky Asthma Management Program (KAMP) and its partners including the Kentucky Asthma Partnership (KAP), have made progress in building capacity for improved asthma outcomes, the state still has substantial unmet need. Many people with asthma do not have access to culturally-appropriate asthma self-management education due to the fact that this is not a service reimbursable by Medicaid or most other payers in Kentucky. More Kentuckians with asthma have acquired insurance or Medicaid but many times do not know how to use it or still find themselves underinsured due to high deductibles they cannot afford.

Target Population:

Number: 821,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 152,229

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: KyBRFS and ACBS, Hospital Discharge Data, YRBS Data, US Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: National Heart Lung and Blood Institute National Asthma Education and Prevention Expert Panel Report EPR-3 Guidelines

Asthma Educators Handbook

National Prevention Strategy

America Breathing Easier (CDC)

EXHALE Technical Package (CDC)

National Asthma Public Policy Agenda (ALA)

Asthma Self-Management Education and Environmental Management, Approaches to Enhancing Reimbursement (CDC)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$175,000

Total Prior Year Funds Allocated to Health Objective: \$62,500

Funds Allocated to Disparate Populations: \$57,000

Funds to Local Entities: \$65,000

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Asthma Guidance Document for Childcare Providers in Kentucky

Between 10/2019 and 09/2020, the Kentucky Asthma Management Program (KAMP) staff will establish **one** subcommittee within the Kentucky Asthma Partnership (KAP) to create a Kentucky Childcare Guidance Document for Addressing Asthma based on existing documents provided by CDC. This work is ongoing and evidence based guidelines and CDC technical assistance documents and other states guidance has been reviewed by the program and will be shared with the subcommittee when writing the document. Time and printing costs will be under Year 2 of FY18.

Annual Activities:

1. Asthma Guidance Document Development

Between 10/2019 and 06/2020, KAMP staff along with the KAP subcommittee will develop an Asthma Guidance Document for Childcare Providers in Kentucky and receive final approval for publication.

2. Asthma Guidance Document Dissemination

Between 06/2020 and 09/2020, KAMP staff will develop a plan to disseminate the Kentucky Childcare Asthma Guidance document to childcare providers, advocates, health educators, school staff, day care staff and decision makers.

3. Asthma Guidance Document Training and Use

Between 05/2020 and 09/2020, KAMP staff will complete approval process for asthma specialty trainer for the Kentucky Early Care and Education trainers credential and identify childcare providers to receive training. Staff will solicit feedback from the childcare providers and other recipients of the document and training related to how they are using the information to improve asthma care and management in Kentucky day care centers and preschool centers.

Objective 2:

Asthma Surveillance

Between 10/2019 and 09/2020, Kentucky Asthma Management Program (KAMP) staff will develop **two** asthma data sheets to inform strategic partners and decision makers.

Annual Activities:

1. Fact Sheets

Between 10/2019 and 09/2020, KAMP staff will revise a one-page summary asthma fact sheet for Kentucky with current data.

2. Priority Population Fact Sheets

Between 10/2019 and 09/2020, KAMP staff will develop two topical fact sheets to increase awareness of populations disproportionately affected by asthma in Kentucky including African Americans and people living in the Appalachian region of the state.

3. Communication and Dissemination Plan

Between 10/2019 and 09/2020, KAMP staff will continue to incorporate the plan to disseminate data and information through various means including e-mail updates, newsletters, media, website and social media.

Objective 3:

Education and Workforce Development

Between 10/2019 and 09/2020, Kentucky Asthma Management Program (KAMP) staff, in collaboration with partners, will conduct **three** asthma training opportunities during the project period.

Annual Activities:

1. Asthma Educator Review Course

Between 10/2019 and 09/2020, in collaboration with partners, will provide at least one asthma educator training to prepare participants to sit for the National Asthma Educator Certification Exam for a wide audience including school nurses, clinical staff at hospitals, FQHCs, private provider offices, managed care organization asthma case managers and local health department nurses.

2. Children's Environmental Health Summit

Between 10/2019 and 09/2020, in collaboration with the Kentucky Department for Public Health Environmental Public Health Tracking Network, provide educational information to participants of the Children's Environmental Health Summit.

3. Healthy Homes Training

Between 10/2019 and 09/2020, provide an annual training on Healthy Homes for Community Health Workers using the National Center for Healthy Homes training curriculum for 60 participants.

Objective 4:

Kentucky Asthma Community Team (K-ACT) Project

Between 10/2019 and 09/2020, Kentucky Asthma Management Program in collaboration with partners will establish **three** strategies to implement the K-ACT project in two sites for children with uncontrolled asthma which provides a Healthy Homes Assessment, asthma self-management education, care coordination and connecting families with community resources.

Annual Activities:

1. Provider Training

Between 10/2019 and 09/2020, KAMP staff will work with two community sites and organizations to complete training for staff on protocols and documentation.

2. Outreach to Schools and Providers

Between 10/2019 and 09/2020, the K-ACT sites will outreach to providers and schools on the benefits of the program.

3. Collect Data and Evaluate

Between 10/2019 and 09/2020, KAMP staff will collaborate with the K-ACT sites for data collection and evaluation and calculate return on investment.

Objective 5:

Kentucky Asthma Partnership and Public Awareness

Between 10/2019 and 09/2020, the Kentucky Asthma Management Program (KAMP) staff will maintain **two** methods of increasing public awareness of asthma.

Annual Activities:

1. Kentucky Asthma Partnership Annual Summit

Between 10/2019 and 09/2020, KAMP staff, in collaboration with the Kentucky Asthma Partnership (KAP), will provide a one day educational event designed for healthcare professionals, community health educators and advocates. The annual symposium features clinical and policy experts who cover asthma management and control including clinical care, environment and policy issues, data and surveillance, and health systems/quality improvement. The KAP Annual Summit will be held May 2020, exact date to be determined.

2. Social and Electronic Media

Between 10/2019 and 09/2020, KAMP staff will continue to maintain the KAP Facebook page and Twitter feed. Staff will also continue to publish monthly e-mail updates for all KAP members.

Objective 6:

School Asthma Management Improvement

Between 10/2019 and 09/2020, Kentucky Asthma Management Program (KAMP) staff will maintain **three** activities designed to improve the care and management of children with asthma.

Annual Activities:

1. Kentucky Association of School Nurses (KASN) Annual Meeting

Between 10/2019 and 09/2020, KAMP staff will provide to the Kentucky Association of School Nurses resources, posters and brochures and provide technical assistance. The annual meeting is held in July each year.

2. School Health Project

Between 10/2019 and 09/2020, KAMP staff will collaborate with Jefferson County Public Schools to develop stock albuterol and nebulizer intervention to reduce absenteeism from asthma exacerbations. Block grant funds are used to provide nebulizers (54) for the schools engaged in this

project. The schools purchase albuterol, tubing, and masks.

3. Coordinated School Health

Between 10/2019 and 09/2020, KAMP staff will participate in monthly conference calls with Coordinated School Health, Kentucky Department of Education and Maternal Child Health School Nurse Consultant to reduce duplication and ensure coordination of activities.

National Health Objective: HO RD-11 Hospitalizations for Chronic Obstructive Pulmonary Disease

State Health Objective(s):

Between 10/2008 and 12/2020, reduce the hospitalization rate for COPD to no more than 65 per 10,000 population.

Developing infrastructure and creating data summaries is ongoing for the COPD Program and will remain the same from year to year as the advisory committee is supported, new data is analyzed, and activities are continued.

Baseline:

94.7 per 10,000 adults over the age of 45 in 2013

35.5 per 10,000 adults over the age of 45 in 2017

Data Source:

Kentucky Hospital Discharge Report data from the Office of Health Data and Analytics published on the Kentucky Environmental Health Tracking Network.

State Health Problem:

Health Burden:

Chronic obstructive pulmonary disease (COPD) is a serious health problem for many people in Kentucky. It is the third leading cause of death in Kentuckians ages 55-64. Kentucky's rate of COPD is 12.2 percent according to Kentucky 2017 Behavioral Risk Factor Surveillance System (BRFSS) data. The Kentucky rate is almost twice the US rate. The prevalence of COPD in Kentucky is higher among women (13.2 percent) than men (9.4 percent). COPD is often underdiagnosed and undertreated according to the COPD Foundation and CDC.

In Kentucky, the COPD prevalence varies among income and education levels. According to KyBRFS, the prevalence among those with an income less than \$25,000 annually is 22 percent compared to 4.6 percent among those with an income above \$50,000 annually. The COPD prevalence among those individuals with less than a high school degree is 26 percent compared to 3.6 percent among college graduates.

Almost 80 percent of people with COPD are current or former smokers. However, there are other risk factors including genetic factors, certain occupational hazards including gases and dust, bacterial or viral infections, and poorly controlled asthma progressing to COPD. COPD is characterized by the presence of airflow obstruction. In the Burden of Obstructive Lung Disease (BOLD) study researchers found that people with COPD were more likely to have diabetes, heart disease and hypertension. Although there is not a cure for COPD, early diagnosis and intervention including smoking cessation as well as appropriate medications can reduce the significant issue of exacerbations and hospitalizations.

Kentucky has made some progress in reducing smoking rates and has also made progress in reducing hospitalizations for COPD over the past 5 years. However, in 2017 there were still 19,512 inpatient

hospitalizations and 56,172 Emergency Department visits with COPD as a primary diagnosis according to the Kentucky Environmental Public Health Tracking Network hospital discharge data. COPD continues to be one of the leading causes of hospitalization in Kentucky. According to the COPD Foundation, almost 50% of patients admitted with COPD must be re-hospitalized within the following year. Almost every county in Kentucky is above the national average for avoidable hospitalizations related to COPD. The COPD-related deaths have increased over the last 10 years and in 2016 alone there were 3,381 deaths (Office of Vital Statistics).

Average charge for a COPD hospitalization in 2017 in Kentucky was \$35,935 with an average length of stay of about 5 days. Charges for inpatient hospitalization for a primary diagnosis of COPD in Kentucky hospitals in 2017 was over \$604 million. Additional costs to the patient, insurers, Medicaid or Medicare include ongoing medications, breathing treatments, home health and lost wages due to early disability. Medicare is the primary payer for about 48 percent of hospitalizations, and Kentucky Medicaid funding covers about 24.8 percent of the patients.

Target Population:

Number: 840,600

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 252,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: KyBRFS, Kentucky Hospital Discharge Data, CDC MMWR

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: COPD National Strategic Plan

Best Practice in COPD: HEDIS and Beyond (AHRQ)

Global Initiative for Chronic Obstructive Lung Disease (GOLD)

American College of Physicians Clinical Recommendations for COPD

Learn More Breathe Better: National Heart Lung and Blood Institute

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$80,000

Total Prior Year Funds Allocated to Health Objective: \$27,050

Funds Allocated to Disparate Populations: \$12,000

Funds to Local Entities: \$35,000

Role of Block Grant Dollars: Start-up

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Collaborative Messaging

Between 10/2019 and 09/2020, Chronic Obstructive Pulmonary Disease (COPD) Program staff will maintain **four** key partner relationships to develop and disseminate collaborative messages to prevent and control COPD exacerbations.

Annual Activities:

1. Quit Now Kentucky

Between 10/2019 and 09/2020, COPD staff will collaborate with the Kentucky Tobacco Prevention and Cessation Program to increase awareness of Quit Now Kentucky, Kentucky's tobacco quitline.

2. American Lung Association (ALA)

Between 10/2019 and 09/2020, COPD staff will participate in planning and promotion of ALA's Lung Force Expo held during COPD Awareness Month, and meet quarterly with ALA to coordinate strategic directions.

3. Learn More Breathe Better

Between 10/2019 and 09/2020, COPD staff will collaborate with the National COPD Foundation to promote the Learn More Breathe Better program designed to help people with COPD better manage their disease and reduce emergency department visits and hospitalizations.

4. Environmental Public Health Tracking Network

Between 10/2019 and 09/2020, COPD staff will collaborate with the Kentucky Environmental Public Health Tracking Network to promote public awareness and use of COPD data to educate policy makers.

Objective 2:

COPD Data Summaries

Between 10/2019 and 09/2020, Chronic Obstructive Pulmonary Disease (COPD) Program staff, with support from Chronic Disease Prevention Branch Epidemiology staff, will develop **one** data summary report on COPD which will serve to inform and educate policymakers, partners, and the public. This is an ongoing effort for the state.

Annual Activities:

1. COPD Fact Sheet

Between 10/2019 and 09/2020, COPD staff will collaborate with epidemiology staff from the Chronic Disease Prevention Branch to publish a one-page COPD fact sheet that includes a summary of prevalence, hospitalization and mortality data along with relevant talking points.

2. COPD Communication and Dissemination Plan

Between 10/2019 and 09/2020, COPD staff will develop a plan to disseminate data and information through various means including e-mail updates, newsletters, media, website and social media.

Objective 3:

Develop COPD Infrastructure in Kentucky

Between 10/2019 and 09/2020, Chronic Obstructive Pulmonary Disease (COPD) Program staff will maintain **two** state level COPD collaborative efforts with key partners in the state in order to further develop COPD infrastructure. This is an ongoing effort for the state.

Annual Activities:

1. COPD Advisory Group

Between 10/2019 and 09/2020, COPD staff will attend and assist with the quarterly COPD Advisory Group meetings and engage state level experts who can direct activities and policy to reduce the COPD burden in the state.

2. COPD Strategic Plan

Between 10/2019 and 09/2020, COPD staff, in partnership with the COPD Advisory Group, will create a framework for a strategic plan which can be presented to a larger stakeholders group.

State Program Title: Office of Health Equity**State Program Strategy:**

Goal: The primary function of the Office of Health Equity (OHE) is to promote the understanding of the root causes of health disparities and promote health equity among racial, ethnic, rural and low-income populations in Kentucky.

Priorities: The primary objectives of OHE are aligned with the Health and Human Services Office of Minority Health National Plan for Action to Reduce Racial and Ethnic Health Disparities. These objectives are: to increase awareness of health disparities; strengthen leadership at all levels for addressing health disparities; enhance patient-provider communication; improve cultural and linguistic competency in delivering health services; and improve the use of data and evaluation for health disparities. These objectives will be accomplished through the following activities:

- Coordinate with one of the colleges/schools of public health to improve education in cultural competency/cultural diversity and sensitivity
- Provide leadership for the development of the Minority Health Status Report
- Develop and implement one educational webinar on Health Equity and Policy
- Strengthening Health Equity Leadership (SHELT)
- Health Equity Review of Legislation and Programs
- Provide technical assistance to one state public health agency accreditation process
- Provide 19 opportunities for health equity technical assistance, leadership, presentations, and trainings to internal and external partners and stakeholders

One of the most valuable documents produced by the Office of Health Equity is the development and distribution of the Minority Health Status Report for the Commonwealth. The Cabinet for Health and Family Services is required by KRS 216.2929 Section 4 to publish a report by October 1 of each odd numbered year on minority health under the following direction: "the report shall contain an overview of the health status of minority Kentuckians, shall identify the diseases and conditions experienced at disproportionate mortality and morbidity rates within the minority population, and shall make recommendations to meet the identified health needs of the minority populations". OHE develops this report working collaboratively with partners. The report is utilized to prioritize goals and objectives throughout each biennium by multiple partners.

Primary Strategic Partners:

Internal Partners: Tobacco Prevention and Cessation Program, Division of Maternal and Child Health, Division of Epidemiology and Health Planning, Division of Women's Health, Kentucky Diabetes Prevention and Control Program, Kentucky Heart Disease and Stroke Program, Community Health Worker Program, Kentucky Asthma Program, Environmental Public Health Tracking Network, Department for Medicaid Services, Department for Community Based Services, Cabinet of Justice and Public Safety, Department for Behavioral Health, Developmental and Intellectual Disabilities

External Partners: Kentucky Medicare Quality Improvement Organization- QSource, University of Kentucky and University of Louisville Colleges/Schools of Public Health, local, independent and district health departments, Lexington Housing Authority, Fayette County Public Schools, Health Equity Network, Susan G. Komen – Colors of Promise, University of Kentucky - Kentucky Cancer Program East, Louisville Center for Health Equity, Kentucky Cancer Consortium

Evaluation Methodology: Each objective will be evaluated utilizing appropriate solicitation of feedback, surveys, focus groups, key informant interviews, numbers and reach of training and presentations, progress on Minority Health Status report, and trending KyBRFS data for preventive screenings for disparate populations. Both process and outcome measures will be utilized.

State Program Setting:

Community based organization, Community health center, Faith based organization, Local health department, Schools or school district, State health department, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Vivian Lasley-Bibbs

Position Title: Epidemiologist

State-Level: 75% Local: 5% Other: 20% Total: 100%

Position Name: TBD

Position Title: Health Policy Specialist

State-Level: 90% Local: 0% Other: 10% Total: 100%

Total Number of Positions Funded: 2

Total FTEs Funded: 2.00

National Health Objective: HO PHI-2 Continuing Education of Public Health Personnel**State Health Objective(s):**

Between 09/2016 and 12/2020, increase the proportion of state and local public health personnel and students in colleges/schools of public health who receive education consistent with the Communication, Cultural Competency, and Community Dimension of Practice domains of the Core Competencies for Public Health Professionals

Baseline:

Baseline established in 2008 indicates 64% of local health departments surveyed across 8 CLAS standard domains demonstrated moderate compliance for plans and policies and minimum/moderate compliance for a culturally inclusive healthcare environment.

Data Source:

Survey completed by the Office of Health Equity

State Health Problem:**Health Burden:**

The elimination of health disparities is one of the goals of Healthy Kentuckians 2020. The 2010 Census results were released the end of March 2011 and they indicate Kentucky is becoming more diverse as a state. By 2020, minorities are estimated to constitute 50% of school-aged children in the United States (Vaughn, 2009). Kentucky is well on its way to reaching that number since it recorded a 152% increase in the number of immigrant children in the Commonwealth of Kentucky between the years 1990 and 2006 (Kaiser Family State Health Facts of 2010). In 2010 the U.S. Census Bureau reported 5% of the people in Kentucky speak a language other than English at home. Language barriers lead to access to care issues, and errors in diagnosis which can result in detrimental health effects (Anderson, Scrimshaw, Fullilove, Fielding, & Normand, 2003).

The anticipated demographic changes in Kentucky in the coming years, highlights the importance of achieving cultural and linguistic competency as one strategy to eliminate racial and ethnic disparities, improve access and quality of care and achieve health equity. In 2010, Kentucky's population totaled 4,339,367. In 2018, the population was 4,472,265, a growth of 132,898 or 3.1%. Those changes are also occurring in African American and Latino populations within the state. Between the 2000 and 2010

Census when broken down by race and Hispanic origin, Kentucky's African American population grew by 41,526 or 14.0%; and our "official" Hispanic population grew by 72,897 or 121.6%. Kentucky's Non-Hispanic White population declined from 89.3% to 87.8%. Kentucky, although still a majority Non-Hispanic White population, is becoming more diverse. Kentucky's African American population is 354,134 or 8.0% of the total and the Hispanic population is 149,006 or 3.4% of the total.

Many studies have shown that homeowners generally achieve better physical and mental health outcomes than renters. Homeowners living in higher-quality housing also have more freedom to adapt their surroundings to their needs, which may reduce stress and lead to greater level of satisfaction. Racial and ethnic minorities are less likely to own their own homes in Kentucky. Additionally, 2017 data indicates that 18.4% of all Kentuckians live below the poverty level. Lower income is also a risk factor for poor health, fewer preventive screenings, higher rates of smoking, inadequate housing and less likely to attend any college, which sets up the poverty cycle for the next generation.

Hispanics have the highest rate of teen pregnancy, and African Americans in Kentucky have the highest obesity rates, breast cancer mortality, and prevalence of diabetes in Kentucky.

According to the 2003 Kentucky State Assessment of Adult Literacy, which is the latest data available, the average literacy level for Whites in Kentucky is significantly lower than for Whites in the nation. Similarly there is a significant difference between the literacy rate for African American and White residents in Kentucky.

Target Population:

Number: 789,764

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Research and Educational Institutions

Disparate Population:

Number: 374,076

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Research and Educational Institutions, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Model Practices Database (National Association of County and City Health Officials)

Other: National Partnership for Action to End Health Disparities Toolkit for Community Action
Office of Minority Health, HHS: Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Disparities

HHS Action Plan to Reduce Racial and Ethnic Health Disparities

ASTHO Health Equity Program

DHPE Directors of Health Promotion and Education

National Association of Chronic Disease Directors Health Equity Network

NACCHO Public Health Infrastructure and Systems

PHF Public Health Foundation

PHAB Public Health Accreditation Board

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$103,000

Total Prior Year Funds Allocated to Health Objective: \$24,350

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Health Professional Programs Training

Between 10/2019 and 09/2020, Office of Health Equity (OHE) staff will identify one academic institution to work collaboratively on integrating cultural competency/cultural diversity and sensitivity training into their curriculum.

Annual Activities:

1. Coordinate Lecture Presentation

Between 10/2019 and 02/2020, OHE staff will meet with University of Louisville Health Sciences Center Office of Diversity and Inclusion to update, as needed, course content and presentation format, and to determine audience and date for the health equity, cultural competency, and social determinants of health lecture.

2. Provide Lecture Presentation

Between 01/2020 and 09/2020, OHE staff will provide a lecture presentation to fulfill course requirements for one public health course at the University of Louisville School of Public Health and Information Sciences.

Objective 2:

Technical Assistance and Training

Between 10/2019 and 09/2020, Office of Health Equity (OHE) staff will provide opportunities for health equity technical assistance, leadership, presentations, and training to eight internal and external partners and stakeholders.

Annual Activities:

1. Kentucky Cancer Program

Between 10/2019 and 09/2020, OHE staff will co-host a cultural competency training in spring of 2020.

2. Kentucky Diabetes Prevention and Control Program (KDPCP)

Between 10/2019 and 09/2020, OHE staff will assist KDPCP staff with health equity input and guidance in the development of the annual Kentucky Diabetes Report, and the Diabetes Self-Management Education and Training (DSMET) curriculum, training, communication, and outreach activities.

3. Bridges Out of Poverty Training

Between 10/2019 and 09/2020, OHE staff will collaborate with internal KDPH partners to provide one Bridges Out of Poverty workshop to public health, healthcare, and service providers.

4. Environmental Public Health Tracking Network (EPHTN) Advisory Committee

Between 10/2019 and 09/2020, OHE staff will participate in the EPHTN Advisory Committee to provide health equity technical assistance and participate in health equity related projects of the EPHTN.

5. Health Equity Policy Training

Between 10/2019 and 09/2020, OHE staff will collaborate with the National Association of Chronic Disease Directors (NACDD) to host a training with key KDPH staff regarding existing health equity policies and best practices in development and implementation of health equity policies.

6. CHEER Grant

Between 10/2019 and 09/2020, OHE staff will serve as the KDPH Liaison for the Project Community Health Education and Exercise Resources (CHEER), which is developing a comprehensive health and

wellness curriculum for mentally and intellectually disabled persons across the Commonwealth. No PHHSBG funds are utilized for mini-grants, this activity is funded by a different CDC grant within KDPH. OHE staff simply serve as liaison and technical assistance for health equity purposes.

7. Kentucky Commission on Services and Support for Individuals with Intellectual Disabilities

Between 10/2019 and 09/2020, the OHE Director provides health equity expertise to the Commission, which serves in an advisory capacity to the Governor and the General Assembly concerning the needs of persons with an intellectual disability and other developmental disabilities.

8. Community Health Worker Advisory Workgroup

Between 10/2019 and 09/2020, OHE staff will participate in the Curriculum and Evaluation Sub-Committees of the Community Health Worker Advisory Workgroup and provide input on and content for the cultural competency and health equity components of the CHW curriculum, give updates on OHE and partner activities involving CHWs, and attend the Kentucky Association of Community Health Workers (KYACHW) meetings.

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2019 and 09/2020, increase the proportion of local health departments with a Community Health Assessment and a Community Health Improvement Plan, and increase the proportion of CHA/CHIPs linked to the State Health Assessment and State Health Improvement Plan (SHA/SHIP), per Kentucky's Public Health Transformation Plan.

Baseline:

As of July 2019 there are 15 local health departments in Kentucky that have completed a CHA/CHIP and have been accredited by PHAB. No current CHA/CHIP plans are linked to the SHA/SHIP. The SHA/SHIP have been completed, but will be updated and developed from the local perspective.

Data Source:

Public Health Accreditation Board
Kentucky Department for Public Health Accreditation Leadership Team

State Health Problem:

Health Burden:

The elimination of health disparities is one of the goals of Healthy Kentuckians 2020. The 2010 Census results were released the end of March 2011 and they indicate Kentucky is becoming more diverse as a state. By 2020, minorities are estimated to constitute 50% of school-aged children in the United States (Vaughn, 2009). Kentucky is well on its way to reaching that number since it recorded a 152% increase in the number of immigrant children in the Commonwealth of Kentucky between the years 1990 and 2006 (Kaiser Family State Health Facts of 2010). In 2010 the U.S. Census Bureau reported 5% of the people in Kentucky speak a language other than English at home. Language barriers lead to access to care issues, and errors in diagnosis which can result in detrimental health effects (Anderson, Scrimshaw, Fullilove, Fielding, & Normand, 2003).

The anticipated demographic changes in Kentucky in the coming years, highlights the importance of achieving cultural and linguistic competency as one strategy to eliminate racial and ethnic disparities, improve access and quality of care and achieve health equity. In 2010, Kentucky's population totaled 4,339,367. In 2018, the population was 4,472,265, a growth of 132,898 or 3.1%. Those changes are also occurring in African American and Latino populations within the state. Between the 2000 and 2010 Census when broken down by race and Hispanic origin, Kentucky's African American population grew by 41,526 or 14.0%; and our "official" Hispanic population grew by 72,897 or 121.6%. Kentucky's Non-Hispanic White population declined from 89.3% to 87.8%. Kentucky, although still a majority Non-

Hispanic White population, is becoming more diverse. Kentucky's African American population is 354,134 or 8.0% of the total and the Hispanic population is 149,006 or 3.4% of the total.

Many studies have shown that homeowners generally achieve better physical and mental health outcomes than renters. Homeowners living in higher-quality housing also have more freedom to adapt their surroundings to their needs, which may reduce stress and lead to greater level of satisfaction. Racial and ethnic minorities are less likely to own their own homes in Kentucky. Additionally, 2017 data indicates that 18.4% of all Kentuckians live below the poverty level. Lower income is also a risk factor for poor health, fewer preventive screenings, higher rates of smoking, inadequate housing and less likely to attend any college, which sets up the poverty cycle for the next generation.

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Target Population:

Number: 789,764

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Research and Educational Institutions

Disparate Population:

Number: 374,076

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Research and Educational Institutions

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Model Practices Database (National Association of County and City Health Officials)

Other: National Partnership for Action to End Health Disparities Toolkit for Community Action
Office of Minority Health, HHS: Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Disparities
HHS Action Plan to Reduce Racial and Ethnic Health Disparities
ASTHO Health Equity Program
DHPE Directors of Health Promotion and Education
National Association of Chronic Disease Directors Health Equity Network
NACCHO Public Health Infrastructure and Systems
PHF Public Health Foundation
PHAB Public Health Accreditation Board

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$103,000

Total Prior Year Funds Allocated to Health Objective: \$24,350

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Accreditation Technical Assistance

Between 10/2019 and 09/2020, Office of Health Equity (OHE) staff will provide technical assistance to **one** state public health agency accreditation process.

Annual Activities:

1. State Health Assessment

Between 10/2019 and 09/2020, in accordance with the Kentucky Public Health Transformation Plan, OHE staff will participate in the process of analyzing and reviewing community health assessments from local health departments in order to update the State Health Assessment.

2. State Health Improvement Plan

Between 10/2019 and 09/2020, in accordance with the Kentucky Public Health Transformation Plan, OHE staff will participate in the process of analyzing and reviewing community health improvement plans from local health departments in order to update the State Health Improvement Plan.

Objective 2:

Minority Health Status Report

Between 10/2019 and 09/2020, Office of Health Equity (OHE) staff will develop **one** Minority Health Status Report (MHSR) for the state, in compliance with KRS 216.2929 Section 6, which states the MHSR shall be completed at least biennially in October of odd-numbered years.

Annual Activities:

1. Identify Team and Data Sources

Between 10/2019 and 09/2020, OHE staff will identify and engage internal and external partners to help identify new data sources and to provide data and information for the Minority Health Status Report.

2. Communication Plan

Between 10/2019 and 09/2020, OHE staff will develop a communication plan to include, upon internal approval, providing copies of the MHSR to the Legislative Research Commission, key internal and external stakeholders, and placing the report on the KDPH OHE webpage.

State Program Title: Public Health Transformation – Local Public Health Priorities

State Program Strategy:

Goal: Create and sustain infrastructure for strong community partnerships with an emphasis on environment, systems and policy change, developing and strengthening community-clinical linkages, use of data to prioritize actions, and public health and health systems transformation. The overall achievement of healthy and safe communities across Kentucky is the long-term goal.

Priorities: The Kentucky Department for Public Health in cooperation with multiple internal and external partners will:

1. Provide a broad-based opportunity for building community coalitions working on community health priorities;
2. Disseminate and provide training on evidence-based prevention programs;
3. Provide an annual stakeholders meeting to disseminate, discuss and prioritize actions and activities;
4. Improve the use of data to prioritize strategies at the community level;
5. Develop sustainability and infrastructure for the Kentucky Association of Community Health Workers and Community Health Worker programs across the state;
6. Develop and maintain a CHW certification program, curriculum review guidelines, and professional development opportunities.
7. Provide technical assistance and support to cancer partners and advisory committees, serve as liaison to cancer coalitions and boards, participate in public cancer awareness activities, and develop the pediatric cancer annual report.

Primary Strategic Partners:

Internal partners: The programs for KyBRFS, Tobacco Prevention and Cessation Program, Obesity Prevention Program, Office of Health Equity, Diabetes Prevention and Control, Oral Health, Heart Disease and Stroke, Kentucky Asthma Program, Coordinated School Health, Office of Health Policy, the Department of Aging and Independent Living, Kentucky Prescription Assistance Program, Kentucky Women's Cancer Screening Program, Kentucky Division of Developmental and Intellectual Disabilities, Kentucky Department for Medicaid Services, Kentucky Department of Community Based Services, and Kentucky Colon Cancer Screening Program

External partners: Appalachian Kentucky Health Care Access Network, Home of the Innocents, Foundation for a Healthy Kentucky, Kentucky Department of Transportation, Partnership for a Fit Kentucky, University of Kentucky, University of Louisville, Kentuckiana Health Collaborative, Kentucky Voices for Health, Kentucky Board of Nursing, Kentucky Department of Education, Kentucky Injury Prevention Research Center, Kentucky Health Departments Association, Kentucky Public Health Association, Kentucky Cancer Consortium and community-based hospitals and clinics, Aetna Better Health of Kentucky, Anthem Blue Cross Blue Shield, Humana CareSource, Passport Health Plan, WellCare of Kentucky, Montgomery County Health Department, Barren River District Health Department, Louisville Metro Department of Public Health and Wellness, Purchase District Health Department, Floyd County Health Department, Northern Kentucky Independent District Health Department, Hopkins County Health Department, Pike County Health Department, Lexington-Fayette County Health Department, Lake Cumberland District Health Department, Family Health Centers, Shawnee Christian Healthcare, Mountain Comprehensive FQHC, Big Sandy FQHC, Sterling Healthcare FQHC, Whitehouse Clinic, Norton Healthcare Prevention and Wellness, Our Lady of Bellafonte, Mercy Health Care, Kentucky Hospital Association, Saint Elizabeth Hospital, TriHealth, University of Louisville Hospital, Louisville Urban League, Kentucky Homeplace, Kentucky Primary Care Association, Kentucky Association of Community Health Workers, North Central Area Health Education Center, North East AHEC, Patient Centered Education and Research Institute, Catholic Charities, Western Kentucky Community and Technical College, Ohio Community Health Workers Association, Indiana Community Health Workers Association, Kentucky Pediatric Cancer Research Trust Fund Board, Kentucky Colon Cancer Screening Advisory Committee,

Kentucky Cancer Registry, Kentucky Cancer Consortium, Kentucky Cancer Foundation, American Cancer Society, Kentucky Cancer Program, and Kentucky Primary Care Association

The role of the PHHSBG in this program is to support strong community coalitions which will improve community clinical linkages, educate for environment and policy change, develop improved public health and health care systems within the community, utilize data and evaluation through community health assessments and utilize community health improvement plans to work on priority strategies. Fifty percent of this funding will go to local communities through local health departments to develop strong community coalitions and to implement strategies for priority health issues in their community for which there is little or no source of funding. This aligns with the Kentucky Public Health Transformation initiative, which seeks to modernize our current public health system and focus, simplify, and prioritize service and funding options based on local public health priorities. Support and technical assistance will be provided to local health department coalitions via webinars, conducting a learning collaborative statewide called ShareFest with a focus on improving community engagement, writing objectives and goals, developing meaningful evaluation plans, and defining community-clinical linkages. The CHAT program also focuses on opportunities for developing competency in public health staff including replication of the Washington University PRC Evidence-Based Public Health Course annually in partnership with select faculty from our colleges/schools of public health, providing MAPP training, supporting stakeholders meetings for the State Health Improvement Plan, and other strategies to ensure the strength of public health in Kentucky.

The Kentucky Community Health Worker (CHW) Program provides leadership for development and implementation of a statewide advisory workgroup, review of curriculum and training for CHWs, and development of certification standards and certification process for CHWs. The CHW Program also provides technical assistance to existing and new CHW programs across the state. The CHW Advisory Workgroup is a collaborative group which established eight core competencies for Kentucky Community Health Workers, developed the Kentucky CHW Certification manual and is creating a process and matrix for review and approval of CHW training curriculums used in the state. In addition, the advisory workgroup has utilized the Community Health Worker Core Consensus Project: Building National Consensus on CHW Core Roles, Skills and Qualities (C3) and the Institute of Medicine Triple Aim to develop a draft of four common indicators for evaluation of Kentucky CHW Programs.

The Department for Public Health leverages key partnerships across the state. Through funding managed by KDPH, Kentucky Homeplace's CHW program was established at the University of Kentucky Center for Excellence in Rural Health and addresses health care issues of the uninsured, those lacking health care access and self-management skills in Appalachia. The Kentucky Department for Public Health also leverages a partnership with the Montgomery County Health Department who has obtained a network training grant for CHWs through the Health Resource Services Administration (HRSA).

Additionally, in 2015, Montgomery County Health Department launched the Appalachian Health Care Access Network (AHCKAN), which focuses on Community Health Worker training and development. Staff from the Kentucky Department for Public Health sit on the executive committee, which provides additional support for technical assistance and incentives for 4-5 CHW programs in Kentucky. KDPH also provides support for the Kentucky Association of Community Health Workers (KYACHW), which is a broad network of CHWs and support organizations within Kentucky. For the past two years, KYACHW has provided an annual conference for CHWs to network and receive training. The KYACHW meets quarterly and provides opportunities for continuing education, as well as maintains a website for resources and activities.

The block grant funds will support a part-time Cancer Program Policy Analyst who will provide technical assistance and support to cancer partners and advisory committees, serve as liaison to cancer coalitions and boards, participate in public cancer awareness activities, and develop the pediatric cancer annual report.

Evaluation Methodology: Evaluation methods will include assessment of community coalitions through site-based visits, receipt and review of reports, reach and engagement of local partners, and implementation of the workplan strategies as well as fiscal reporting. Each coalition will submit an annual

success story. Each funded coalition will be expected to attend training webinars and the annual stakeholders meeting.

The CHW program will be evaluated on the development and implementation of the CHW certification process, development of necessary regulations, and will utilize process and outcome measures to determine the effectiveness of the advisory committee, outreach to CHWs, access to training, and management of the advisory committee. Utilizing the CHW Advisory Workgroup evaluation subcommittee, KDPH will implement outcomes evaluations measures based on the Institute of Medicine Triple Aim and the Community Health Worker Core Consensus Project: Building National Consensus on CHW Core Roles, Skills, and Qualities (C3).

Staffing the required Pediatric Cancer Research Trust Fund board and Kentucky Colon Cancer Advisory board and providing reports, maintenance of budgets and expenditures for contracts will be tracked and reporting provided quarterly at meetings. The staff support will summarize and analyze these data from various sources. The annual reports that are required will demonstrate the outcomes both qualitative and quantitative.

State Program Setting:

Business, corporation or industry, Child care center, Community based organization, Community health center, Faith based organization, Home, Local health department, Medical or clinical site, Parks or playgrounds, Schools or school district, Senior residence or center, State health department, University or college, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: TBD

Position Title: Health Program Administrator

State-Level: 90% Local: 0% Other: 10% Total: 100%

Position Name: Laura Eirich

Position Title: Health Program Administrator

State-Level: 90% Local: 0% Other: 10% Total: 100%

Position Name: TBD

Position Title: Epidemiologist

State-Level: 50% Local: 0% Other: 0% Total: 50%

Position Name: Tracey Sparks

Position Title: Administrative Specialist

State-Level: 25% Local: 0% Other: 10% Total: 35%

Position Name: Janet Luttrell

Position Title: Cancer Program Policy Analyst

State-Level: 35% Local: 5% Other: 10% Total: 50%

Position Name: Melissa Bondurant

Position Title: Community Coordinator

State-Level: 40% Local: 0% Other: 10% Total: 50%

Total Number of Positions Funded: 6

Total FTEs Funded: 3.85

National Health Objective: HO ECBP-10 Community-Based Primary Prevention Services

State Health Objective(s):

Between 04/2008 and 09/2020, support systems in community-based primary prevention for local health priorities, via Community Health Action Teams and Community Health Workers, and cancer support.

Baseline:

In 2013, there were 15 comprehensive community coalitions reported in the Foundation for a Healthy Kentucky coalition guide (voluntary listings). In 2017 the data showed a 306.6% increase as 61 community coalitions are now listed.

In 2017, there were 14 organizations employing Community Health Workers covering 36 counties. Target by 2022, at least 30 organizations will cover 60 counties in Kentucky to provide CHWs (State Health Improvement Plan).

Data Source:

Coalitions: Foundation for a Healthy Kentucky

Accredited health departments: Public Health Accreditation Board (PHAB)

CHWs: State Health Improvement Plan/Kentucky Community Health Worker Advisory Group

State Health Problem:**Health Burden:**

The prevalence of many chronic conditions is higher in Kentucky than the national average. This is both a health and economic burden to Kentucky. Although there have been some improvements in certain conditions and risk factors over the past few years, the burden of diabetes, heart disease, COPD, cancer, poor oral health and arthritis remains high. Much of this burden can be attributed to the same risk factors including lack of physical activity, exposure to tobacco, poor nutrition, and limited use of preventive screenings and disease management. According to the United States Census Bureau, the total population of Kentucky is [4,468,402](#) and an estimated [13%](#) of the population under the age of 65 has a disability. In recent years drug abuse and overdose has gradually taken a place requiring priority interventions in communities.

Cancer is a large burden to the state. According to the Kentucky Cancer Registry, the Kentucky age-adjusted childhood cancer incidence rates for 2007 through 2016 was 188.8 per 1,000,000. When looking at regions in Kentucky during this time-period the Appalachian Region incidence rate was higher at 204.3 compared to the rest of the state at 183.2 per 1,000,000. The Kentucky age-adjusted colon and rectum cancer incidence rate for 2012 through 2016 was 52.6 per 100,000. When looking at regions in Kentucky, the Appalachian Regional incidence rate was higher at 57.8 compared to the rest of the state at 50.7 per 100,000. The age adjusted lung and bronchus cancer incidence rate for 2012-2016 was 92.4 per 100,000. The Appalachian Regional incidence rate was higher at 107.4 compared to the rest of the state at 86.5 per 100,000.

The primary social determinants of health inequity in Kentucky include high rates of poverty, low levels of educational attainment, and somewhat limited access to health care services in rural areas of the state. The Bureau of Economic Analysis ranks Kentucky as [28th](#) in the nation when it comes to personal income. The Economic Research Service of the USDA classifies approximately [50](#) of Kentucky's 120 counties as being persistent poverty counties. Poverty risks cross all age groups in Kentucky, with children being the most vulnerable. According to the U.S. Census Bureau Fact Finder data site, approximately [17%](#) of the state's residents live below the poverty level. This poverty rate increases to [22%](#) for families with children under the age of eighteen. Educational attainment has been historically low in Kentucky, and according to the U.S. Census Bureau, only [23%](#) of the population has earned a Bachelor's Degree or higher.

Although many more Kentuckians now have insurance or Medicaid, the places where people live, work and play will need strong population health interventions and strong collaborative coalitions to reduce smoking, support substance use prevention, reduce risky behaviors, enhance physical activity opportunities, improve access to healthy foods and reduce obesity, and improve access to high

functioning health systems for use in preventive screening and disease management.

Kentucky's chronic disease burden consistently points to four identifiable priority populations requiring consideration in the development, marketing and implementation of strategies to address chronic disease and risk factors among Kentucky citizens. Those priority populations are Appalachian residents, youth, urban African Americans and low income/low education groups. Data, prioritization and appropriate evidence-based interventions delivered through the use of Community Health Workers will focus on these priority groups and enable the healthy choice to be the easy choice.

Target Population:

Number: 4,468,402

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 828,819

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: US Census Bureau, KyBRFS Program, Office of Health Data and Analytics, USDA Economic Research, and Kentucky Cancer Registry

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Model Practices Database (National Association of County and City Health Officials)

National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Promising Practices Network (RAND Corporation)

Other: National Prevention Strategy

The Future of the Public's Health

National Association of County and City Health Officials

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$952,983

Total Prior Year Funds Allocated to Health Objective: \$224,680

Funds Allocated to Disparate Populations: \$600,000

Funds to Local Entities: \$600,000

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Cancer Annual Reports

Between 10/2019 and 09/2020, the Cancer Program Policy Analyst in cooperation with the Pediatric Cancer Research Trust Fund Board and the Kentucky Colon Cancer Screening Advisory Committee will publish **two** cancer annual reports - 1. pediatric cancer annual report as described by KRS 211.597; 2. colon cancer annual report as described by KRS 214.544.

Annual Activities:

1. Annual Report Development and Distribution

Between 10/2019 and 09/2020, in collaboration with the advisory groups, a pediatric cancer annual report and a colon cancer annual report will be developed by state staff and board members and made available on the appropriate webpage.

Objective 2:

Cancer Program Staff Support

Between 10/2019 and 09/2020, the Cancer Program Policy Analyst will maintain **four** methods of staff support for the Comprehensive Cancer Program.

Annual Activities:

1. Board Meetings

Between 10/2019 and 09/2020, the Cancer Program Policy Analyst will provide staff support for the quarterly meetings of the Pediatric Cancer Research Trust Fund Board and the Kentucky Colon Cancer Advisory Committee including development of agendas and maintenance of minutes.

2. Cancer Program Webpages

Between 10/2019 and 09/2020, the Cancer Program Policy Analyst will maintain a Pediatric Cancer webpage and a Colon Cancer webpage to include appropriate public awareness messages, provider resources and toolkits, and additional links and updates.

3. Application Process

Between 10/2019 and 09/2020, the Cancer Program Policy Analyst in cooperation with the Pediatric Cancer Research Trust Fund Board and the Kentucky Colon Cancer Screening Advisory Committee, will coordinate each application process and award funding for approved programs. Kentucky's PHHSBG funds support a part-time person to carryout program coordination and support of these committees.

4. Grant Monitoring

Between 10/2019 and 09/2020, the Cancer Program Policy Analyst will monitor the implementation of the state funded programs awarded during each application process.

Objective 3:

CHAT Local Public Health Funding

Between 10/2019 and 09/2020, the CHAT Program Manager, in coordination with the Public Health Transformation Plan, will provide a coordinated approach for funding local health priorities for up to **61** local health departments annually. This project is ongoing, and is especially pertinent due to the requirements set forth for Kentucky's Public Health Transformation Plan - development of quality CHA/CHIP.

Annual Activities:

1. Create Infrastructure

Between 10/2019 and 09/2020, provide funding to specific local health departments (2-3) through plan and budget and/or Request for Application (RFA) process in conjunction with the Public Health Transformation Plan, in order to develop a Technical Support Taskforce of "boots on the ground." The

specified LHDs will be accredited or working toward accreditation, and will provide technical assistance to the other LHDs from a local perspective. Community Health Action Teams/Healthy Communities Coalitions identify local health needs and priorities, and Kentucky's Public Health Transformation Plan now requires all 61 LHDs to complete a quality Community Health Assessment and Improvement Plan that will be reviewed by an independent workgroup. This activity is ongoing, as many LHDs have not completed a CHA/CHIP due to staffing/time/funds, and further development (or creation) of the local public health infrastructure and coalition building is now mandatory based on the transformation plan.

2. Integration with KDPH Programs

Between 10/2019 and 09/2020, internal KDPH programs will work together to create opportunities for shared strategies at both the state and local level. Specifically, internal KDPH programs will provide technical assistance to local coalitions in regards to specific subject matter relating to coalition needs/interests - diabetes, physical activity/nutrition, heart disease and stroke, women's health, etc.

3. Community Videos

Between 10/2019 and 09/2020, in collaboration with the funded local health departments and their coalitions, solicit and make available, at least two community success story videos (e.g. Facebook Live, YouTube). KDPH will encourage local coalitions to utilize local resources and social media to create these videos, rather than provide a professional video.

4. Local Public Health Funding

Between 10/2019 and 09/2020, the PHHSBG Coordinator and CHAT Program Administrator, will provide funding and technical assistance based on local public health priorities to Kentucky's local health departments through plan and budget and/or Request for Application (RFA) process in conjunction with the Public Health Transformation Plan. Community Health Action Teams/Healthy Communities Coalitions identify local health needs and priorities, and Kentucky's Public Health Transformation Plan now requires all 61 LHDs to complete a quality Community Health Assessment and Improvement Plan that will be reviewed by an independent workgroup. This activity is ongoing, as many LHDs have not completed a CHA/CHIP due to staffing/time/funds, and further development (or creation) of the local public health infrastructure and coalition building is now mandatory based on the transformation plan.

5. Reporting and Success Stories

Between 10/2019 and 09/2020, local health departments, via Community Health Action Teams/Health Communities Coalitions, will provide a semi-annual report, annual report, and a success story.

Objective 4:

CHAT Technical Assistance and Training

Between 10/2019 and 09/2020, the PHHSBG Coordinator, the CHAT Program Administrator, and selected collaborative partners will implement **four** technical assistance and training strategies to develop Community Health Action Teams and the public health workforce.

Annual Activities:

1. Evidence-Based Public Health Course Replication

Between 10/2019 and 09/2020, in partnership with selected faculty, an internal workgroup will plan and implement the fourth annual replication of the four-day Washington University Evidence-Based Public Health course.

2. Community Health Worker Infrastructure

Between 10/2019 and 09/2020, the CHAT Program Administrator will provide support for the design and implementation of Community Health Worker training, certification and credentialing process.

3. Training and Support Webinars

Between 10/2019 and 09/2020, the CHAT Program Administrator will provide training webinars for CHAT coordinators on development of plans and budgets, reporting, other funding opportunities, success

stories, and sharing best practices.

4. Annual CHAT Stakeholders Meeting

Between 10/2019 and 09/2020, provide one annual meeting of stakeholders which will support training of CHAT coordinators, as well as provide a forum for coalition members, advocates and partners. This will allow greater networking and information dissemination in regards to Public Health Transformation activities.

Objective 5:

Community Health Worker Advisory Workgroup

Between 10/2019 and 09/2020, the Community Health Worker (CHW) Program Administrator will maintain **one** statewide advisory workgroup to connect CHW programs across the state. The CHW Advisory Workgroup is working to promote the CHW profession statewide, as they are a critical link between the communities they serve and the local health care system.

Annual Activities:

1. CHW Advisory Workgroup

Between 10/2019 and 09/2020, the CHW Program Administrator will convene bi-monthly meetings of the CHW Advisory Workgroup.

2. Sub-Committee Meetings

Between 10/2019 and 09/2020, the CHW Program Administrator will hold sub-committee meetings as needed to work on curriculum, certification, and evaluation.

3. Information Sharing and Networking

Between 10/2019 and 09/2020, the CHW Program Administrator will promote information sharing and networking among programs and partners.

Objective 6:

Community Health Worker Certification Process

Between 10/2019 and 09/2020, the Community Health Worker (CHW) Program Administrator will implement **one** voluntary certification program for Community Health Workers across the state of Kentucky. No CHWs are employed by KDPH, but the certification program will reside within KDPH.

Annual Activities:

1. Internal Process Development

Between 10/2019 and 09/2020, the CHW Program Administrator will develop internal processes for CHW Certification, such as application tracking, reference checking, and training verification

2. Certification Manual Publication

Between 10/2019 and 12/2019, the approved manual will be published and located on the KDPH CHW webpage.

Objective 7:

Community Health Worker Curriculum Review

Between 10/2019 and 09/2020, the Community Health Worker (CHW) Program Administrator, in partnership with the Curriculum Sub-Committee, will develop **one** process to review and approve Community Health Worker training curricula. No specific training curricula is required; the group will review and approve submitted curricula based on the developed curricula rubric.

Annual Activities:

1. Sub-Committee Meetings

Between 10/2019 and 09/2020, the Curriculum Sub-Committee will meet on a monthly basis to create CHW training curricula review materials and forms.

2. Information Sharing

Between 10/2019 and 09/2020, the CHW Program Administrator will share progress with the Community Health Worker Advisory Workgroup and the organizations which apply to become approved trainers.

Objective 8:

Community Health Worker Regulation

Between 10/2019 and 09/2020, the Community Health Worker (CHW) Program Administrator will develop **one** potential draft regulation regarding CHW certification.

Annual Activities:

1. CHW Regulation Review

Between 10/2019 and 09/2020, the CHW Program Administrator will review successful regulations from other states and offer recommendation to the KDPH Regulation Coordinator.

2. Develop CHW Regulation

Between 10/2019 and 09/2020, the CHW Program Administrator will work with the KDPH Regulation Coordinator to finalize a draft regulation.

Objective 9:

Kentucky Association of Community Health Workers (KYACHW) Support

Between 10/2019 and 09/2020, the Community Health Worker (CHW) Program Administrator will maintain **four** areas of assistance to KYACHW in order to advance the CHW profession. KDPH provides assistance to the professional organization and maintains an organizational membership.

Annual Activities:

1. Financial Assistance

Between 10/2019 and 09/2020, provide funding for annual KYACHW conference. Funding will support scholarships for those who need financial assistance in order to attend this conference, pay for venue, or presenters/trainers to further CHW education.

2. Conference Planning

Between 10/2019 and 09/2020, assist in planning for the annual KYACHW conference.

3. Training Needs

Between 10/2019 and 09/2020, solicit feedback from KYACHW members regarding training needs and requests.

4. Training Coordination

Between 10/2019 and 09/2020, assist with coordination of quarterly training.

Objective 10:

Technical Assistance Project with ASTHO

Between 10/2019 and 09/2020, the Community Health Worker (CHW) Program Administrator will develop **one** technical assistance project with ASTHO to help formalize the CHW program in Kentucky.

Annual Activities:

1. Technical Assistance and Learning Community Conference Calls

Between 10/2019 and 09/2020, participate in learning community via the bi-monthly conference calls with ASTHO and receive feedback from subject matter experts and network with other participants.

State Program Title: Rape Crisis Centers-Sexual Assault and Domestic Violence Program

State Program Strategy:

Goal: The overall mission of the Rape Crisis Centers (RCCs) in Kentucky is to reduce the negative and often life altering effects sexual violence and assault have on its victims. These centers are statutorily mandated to provide, at a minimum, crisis telephone lines, crisis intervention and counseling, advocacy services, counseling/mental health services, education/consultation services, professional training and volunteer services. The 13 regional RCCs in Kentucky do provide these necessary intervention services to victim/survivors of sexual assault and their families and friends because the need continues to exist. The RCCs are funded through a combination of federal and state funding. In past years, PHHSBG funds have been utilized to support medical and legal services for persons who have been victims of sexual assault and their families and close friends. However, prevention of sexual violence requires a multi-level approach with the goal of changing the social and value constructs that support violence acceptance. In order to move the needle on those constructs, Kentucky will continue to move forward with a primary prevention program for younger age groups.

Prevention takes three forms: primary, secondary and tertiary. Primary prevention involves activities that aim to stop the sexual violence from happening before it ever occurs. Secondary prevention looks to reduce the impact of the violence that has already occurred. Tertiary prevention involves efforts to eliminate or delay the complications or disability that may result from the violence experienced.

For more than a decade, the RCCs have implemented primary prevention activities through a research-based strategy called Green Dot. Green Dot is a bystander intervention strategy that was evaluated, with support of the CDC and the University of Kentucky, using a randomized control trial (RCT) study for effectiveness in the high school population in Kentucky. The results of the study show that when implemented with fidelity, the Green Dot for High School program reduces sexual violence, as well as bullying, dating violence, and sexual harassment. The single day curriculum aims to decrease rape myth acceptance and dating violence acceptance, as well as promote non-violent bystander intervention. All students receive a short overview speech about the Green Dot program. Popular opinion leaders amongst the student population are then identified and invited to participate in the interactive daylong curriculum.

Building on the success of the Green Dot initiative and recognizing the need to intervene earlier in the lifespan to prevent sexual violence, Kentucky's RCCs have begun piloting a primary prevention program in the middle school population using the Shifting Boundaries curriculum as modified for rural populations.

Shifting Boundaries is a middle school-level intervention aimed at reducing dating violence and sexual harassment among middle school students through both classroom curricula and school-wide intervention. This program focuses on increasing knowledge and awareness of sexual abuse and harassment, promoting prosocial attitudes, and encouraging nonviolent bystander intervention by teaching students to identify boundary violations and how and when to act. Along with the classroom-based modules, the program encourages positive changes to the school environment by introducing the Respecting Boundaries Agreement, developing an anonymous reporting mechanism for boundary violations, and school hotspot mapping, which is conducted during the final session for each grade level. Hot-spot mapping identifies areas of the school in which students do not feel safe. These maps are analyzed and presented to school officials by prevention educators who can assist with identifying ways to improve students' feelings of safety in their school environment.

Priorities: To pilot and evaluate primary prevention programming in the middle school population with the goal of reducing sexual violence at minimal cost to the schools. To expand the implementation of primary prevention programming in the high school population with the goal of reducing sexual violence at minimal cost to the schools.

Funding from the PHHSBG is allocated to all 13 regional RCCs by the Cabinet for Health and Family Services, the Department for Public Health, the Department for Community Based Services, and the Clinical Services Branch through a contract with the state sexual assault coalition, Kentucky Association of Sexual Assault Programs (KASAP). The PHHSBG funding is used to continue piloting and evaluating the chosen middle school curriculum, Shifting Boundaries, and to continue implementation and evaluation of the high school curriculum, Green Dot for High School.

Partnerships:

Internal Partners: Cabinet for Health and Family Services, Department for Public Health, Division of Women's Health, Division of Maternal and Child Health, Division of Prevention and Quality Improvement, Chronic Disease Prevention Branch, and the Department for Community Based Services.

External Partners: Individual Boards of Education and individual middle and high schools selected for intervention, Kentucky Association of Sexual Assault Programs, the 13 regional Rape Crisis Centers

Evaluation Methodology: Shifting Boundaries evaluation consists of three parts: (1) pre-survey tracking of individual knowledge related to personal boundaries and violence prevention (compared across years); (2) assessment of changes in protective school environments using curriculum-based heat maps; and (3) process evaluation including internal fidelity measures. Evaluation of Green Dot programming is ongoing and includes established measures per the RCT as well as new questions on school climate with the goal of measuring individual bystander behavior change, changes in social norms and community level change in the school environment and fidelity to the curriculum.

State Program Setting:

Rape crisis center, Schools or school district

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 10/2000 and 12/2020, reduce the rate of forced sexual intercourse or attempted forced sexual intercourse of persons aged eighteen years and older to less than 9.4 per 10,000 persons.

Kentucky leverages PHHSBG funds specifically for prevention activities, while state general funds and the RPE CDC grant funds are utilized for provision of services to victims of sex offenses. Those services include, but are not limited to, legal advocacy, medical advocacy, therapeutic services for victims and their families, as well as the maintenance of the statewide crisis hotline. Provision of services statistics, though collected and analyzed, are not currently listed as an objective with activities, but will be in the future (per federal legislation), and reported accordingly.

Baseline:

9.4 per 10,000 persons when this objective was created in 1998.

Data Source:

National Crime Victimization Survey (NCVS)

State Health Problem:**Health Burden:**

Sexual violence is one of the most devastating social problems of our time. Its impact is profound because of the sheer frequency of occurrence, and because of the trauma inflicted on victims of these crimes. In the 2015 National Intimate Partner and Sexual Violence Survey (NISVS), 1 in 5 (21.3%) women and 1 in 14 men (7.1%) reported experiencing rape at some time in their lives. When mining this data for specific rates by age, 81.3% of female rape victims were first raped before age 18. Even more horrifying than these rates are data received from the 2017 High School Youth Risk Behavior Survey (YRBS, Center for Disease Control & Prevention) report that 11.3% of girls and 3.5% of boys surveyed from grades 9-12 were forced to have sexual intercourse at some time their lives. This compares to 2013 YRBS data reports of 11.9% of girls in Kentucky compared to 10.5% in the U.S. The perpetrators of these crimes, according to the 2010-2012 NISVS, are overwhelmingly known to the victims. The data show that 47.1% of female victims report that their current or former intimate partner was the perpetrator, 44.9% were acquaintances, 12.6% were family members, and 12.8% were strangers. Among male rape victims, perpetrators were reported to be acquaintances 47% of the time and 19.9% were strangers. Researchers and clinicians agree that the effects of rape and sexual abuse are physically and psychologically traumatic for victims, and that specialized services should be made available to meet the needs of these clients. According to the US Department of Justice in 1996, only 31% of rapes and sexual assaults were reported to law enforcement officials. In the 2003 study titled "Rape in Kentucky: A Report to the Commonwealth," Dean G. Kilpatrick, Ph.D. and Kenneth J. Ruggiero, Ph.D. found that 175,000 women (1 in 9) over the age of eighteen have been the victim of forcible rape sometime in their life.

Additionally, the Adverse Childhood Experiences study revealed that experiencing sexual violence as a child is correlated with a variety of negative health consequences later in life, including depression, chronic disease, tobacco use, substance abuse, and risk for suicide. Based on national emergency department data obtained from the CDC National Center for Injury Prevention and Control, sexual assaults represented 10% of all assault-related injury visits to the emergency department by females in 2006.

Survivors of sexual violence experience a range of trauma. According to the 2003 article "Mental Health Needs of Crime Victims: Epidemiology and Outcomes" by Kilpatrick, Dean and Aciemo, victims of rape are more likely to develop alcohol related problems and drug abuse related problems. Additionally, 30% contemplated suicide after the incident, 31% sought psychotherapy, 22% took self-defense classes, and 82% said the experience had permanently changed them.

The National Victim Center reported in 1992 that based on the US Census estimates of the number of adult women in the United States, approximately 1.3 million women currently have rape related post-traumatic stress disorder (RR-PTSD) and over 200,000 women will develop RR-PTSD each year. Women and girls have been chosen as the disparate population for Kentucky.

Target Population:

Number: 352,948

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 176,474

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: 12 - 19 years
Gender: Female
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: National Intimate Violence Survey (NISVS), High School Youth Risk Behavior Survey, Adverse Childhood Experiences Study

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: "Nine Principles of Effective Prevention Programs": American Psychologist, 2003
"An Evidence Based Review of Sexual Assault Preventive Intervention Programs" Department of Justice, 2004
STOP SV: A Technical Package to Prevent Sexual Violence
Substance Abuse and Mental Health Services Administration (SAMHSA)
Strategies for the Treatment and Prevention of Sexual Assault (AMA)
Sexual Assault Nurse Examiner (SANE) Programs: Improving the Community

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$97,025
Total Prior Year Funds Allocated to Health Objective: \$12,860
Funds Allocated to Disparate Populations: \$97,025
Funds to Local Entities: \$97,025
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
Less than 10% - Minimal source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Primary Prevention - High School

Between 10/2019 and 09/2020, KASAP and Regional Crisis Centers (RCCs) will implement one primary prevention strategy targeting the high school population using the evidence-informed curricula "Green Dot for High School."

Annual Activities:

1. Implementation of Green Dot Program

Between 10/2019 and 09/2020, RCCs will implement the Green Dot for High School curricula in a high school by maintaining at least one staff trained on the use of the adapted curricula, introduce the curricula evidenced by the negotiation of an MOU, provision of overview speeches and bystander trainings to high school students.

2. Evaluation of Green Dot Program

Between 10/2019 and 09/2020, participate in the approved evaluation protocol and report.

Objective 2:

Primary Prevention - Middle School

Between 10/2019 and 09/2020, KASAP and Rape Crisis Centers (RCCs) will develop **one** primary prevention program for regional implementation, targeting the middle school population using the science-based curricula "Shifting Boundaries."

Annual Activities:

1. Piloting Shifting Boundaries Program

Between 10/2019 and 09/2020, RCCs will pilot the Shifting Boundaries curricula in middle schools by maintaining at least one staff trained on the use of the adapted curricula and introduce the curricula in at least one middle school as evidenced by the negotiation of an MOU and provision of the four classroom modules.

2. Evaluation of Shifting Boundaries Program

Between 10/2019 and 09/2020, facilitate the school heat mapping activity, report mapping results to the school, and participate in the evaluation of the effectiveness of the curricula using a tool developed by KASAP.