

kyhealthnow

advancing our state of wellness

2015 Annual Report

March 30, 2015



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Governor Beshear has made improving the health and wellness of Kentucky's children, families and workforce one of his highest priorities. In February 2014, he announced the initiative [kyhealthnow](#) to significantly advance the wellbeing of Kentucky's citizens. This initiative outlined seven key health goals for the Commonwealth to work toward achieving over the next five years, along with strategies to support the attainment of those goals.

Created by Executive Order 2014-114, an Oversight Team was established to monitor and provide oversight of the administration's efforts to meet the kyhealthnow goals and carry out the strategies needed to achieve these goals. The Team is attached to the Cabinet for Health and Family Services for administrative purposes and is supported by staff from the Cabinet and the Office of the Governor.

As required by EO 2014-114, this document presents a detailed annual report regarding the progress of the kyhealthnow initiative. Throughout this narrative and corresponding appendices, an update will be provided for each kyhealthnow goal and strategy. As expected, Kentucky still has work to do in order to improve the health of the Commonwealth; however, it is evident that gains have been made in many areas to date. Highlights include:

- Significant progress to *reduce Kentucky's rate of uninsured individuals to less than 5%*. A Gallup Poll released in February 2015 cited a 10.6 percentage point drop in Kentucky's uninsured rate from 20.4 percent in 2013 to 9.8 percent in 2014. Kentucky, along with Arkansas, was noted as one of the two states that saw the sharpest reductions in their uninsured rates among adult residents since the Affordable Care Act's requirement to have insurance took effect at the beginning of 2014. During this year, in which Kentucky launched its own health benefit exchange and expanded Medicaid under the Affordable Care Act, Kentucky went from 39th nationally in rates of uninsured to 11th (Gallup Poll, Uninsured Rates by State; February 2015).
- Governor Beshear's executive order to expand the prohibition of all tobacco products and e-cigarettes in executive branch buildings shows historical progress being made toward our efforts to *reduce Kentucky's smoking rate by 10%*. Executive Order 2014-747 went into effect on November 20, 2014 and Kentucky was the fifth state to institute such a policy. This tobacco-free rule has impacted 33,000 state workers, as well as hundreds of thousands of visitors. A total of 2,888 state-owned buildings and more than 26.4 million square feet of property have been impacted by this progressive policy change.

- Positive steps are being taken to create an environment that will support attainment of the goal to *reduce the rate of obesity among Kentuckians by 10%*. For example, through the Kentucky Office of Adventure Tourism, two additional “Trail Towns” have been certified in Morehead and Olive Hill. In addition, at least eight other certifications are anticipated to be completed by the end of 2015 (KY Office of Adventure Tourism; February 2015).
- Strides are being made in efforts to *reduce deaths from drug overdose by 25%* through multiple initiatives. The Substance Abuse Treatment Advisory Council has approved the use of pharmaceutical settlement funds to purchase naloxone rescue kits, which will be distributed to the University of Louisville Hospital, the University of Kentucky Hospital in Lexington, and the St. Elizabeth Hospital system in Northern Kentucky. The kits will be provided free of charge to every treated and discharged overdose victim. The availability of these kits is expected to save the lives of at least 200 Kentuckians (KY Department for Behavioral Health, Developmental and Intellectual Disabilities; 2015). In addition, the Kentucky General Assembly passed comprehensive anti-heroin legislation (SB 192) during the 2015 Regular Session, and the bill offers multiple tactics to help combat Kentucky’s heroin epidemic. Traffickers will face stiffer penalties, particularly if heroin is transported across state lines, and more money is allocated for addiction treatment. A ‘Good Samaritan’ provision confers protection against prosecution when individuals seek help for those who overdose; the bill will facilitate increased access by first responders and others to naloxone; and health departments may establish needle exchange programs if local jurisdictions approve. Finally, the state is continuing to increase access to behavioral health and substance abuse treatment: based on analysis of provider enrollment and claims data, more than 300 new behavioral health providers have enrolled in Kentucky Medicaid and at least 13,000 Medicaid members with a substance use disorder have received related treatment services since January 2014 (Deloitte Medicaid Expansion Report, February 2015 and Department of Medicaid Services claims data).

Goal: Reduce Kentucky's rate of uninsured individuals to less than 5%.

Target	Baseline	2015	Data Source	Status
< 5%	20.4% (2013)	9.8% (2014)	Gallup Poll	↓

- Enroll at least 350,000 individuals in Medicaid and/or Health Benefit Exchange plans by the end of 2015. These individuals include previously uninsured individuals, as well as previously insured individuals who are now eligible for Medicaid or who chose to purchase plans through kynect.

Status: Completed.

Description: In the first open enrollment period, which began on October 1, 2013 and ended on April 15, 2014, 413,410 Kentuckians enrolled in new health coverage through kynect, including: 330,615 individuals who qualified for Medicaid coverage and 82,795 individuals who purchased private insurance.

In the second open enrollment period, which began on Nov. 15, 2014 and closed on Feb. 15, 2015, 158,685 individuals enrolled in healthcare coverage through kynect, including: 55,855 individuals who enrolled in Medicaid coverage, 75,760 individuals who renewed their enrollment in a qualified health plan, 27,070 individuals who newly enrolled in a qualified health plan (KHBE; February 2015).

Currently a special enrollment period is occurring for kynect, which will allow individuals additional time to enroll in healthcare coverage and avoid paying a full-year's tax penalty for 2015. The special enrollment period began on March 2 and will close on April 30. The enrollment total for 2015 will increase as a result of this additional opportunity.

- Increase the number of kynectors and insurance agents participating in kynect by 10% by the end of 2015.

Status: Completed.

Description: As of February 2015, kynect had increased to a total of 2,324 kynect registered agents and 1,330 kynectors, including in-person assisters and certified application counselors (KHBE; February 2015).

- Continue to develop and execute kynect advertising and marketing campaigns, including continued collaboration with stakeholders to reach and enroll the uninsured.

Status: Ongoing.

Description: In open enrollment 2015, kynect’s marketing campaign focused on targeted groups, including individuals between 18 – 35 years (young invincibles); individuals who “early renewed” health plans in 2014; and individuals residing in a 22-county area with uninsured rates between 11 and 17 percent. The campaign included both outreach and education relating to the benefits of the plans and the availability of premium subsidies for qualified health plan enrollments. To reach this population, the KHBE developed a media campaign, launched a kynect mobile application, and opened a kynect store at Fayette Mall in Lexington, KY. KHBE staff also worked with kynectors and agents during numerous outreach and enrollment events through the kynect mobile tour (KHBE; February 2015).

- Allow for rate quotes and a browse feature for health insurance plans offered through kynect for small employers and agents without creating an account or filing an application.

Status: Completed.

Description: The rate quoting tool for small employers was implemented in November 2014 (KHBE; November 2014).

- Increase collaboration between state agencies to identify uninsured individuals who may be enrolled in other state programs.

Status: Ongoing.

Description: Various programs within the Department for Public Health are working to transition patients to Medicaid that would have been previously served via other programs. For example, approximately 90% of women who would have traditionally qualified for services via the Kentucky Women’s Cancer Screening Program are now being enrolled in insurance via kynect. This aids them in better linkage to a medical home and additional services that otherwise may have not been provided (KY Department for Public Health Division of Women’s Health; 2015). In addition, kynect is working with other Cabinets and/or departments in state government who engage with small business to enroll their employees in coverage.

- Increase access to kynect for individuals who speak languages other than English and Spanish.

Status: Ongoing.

Description: The user (consumer) portal, which includes the kynect application and documents, is available in English and Spanish. In addition, the KHBE continues its efforts to expand the number of languages in which kynect materials are available, including the “how to kynect” health literacy brochure. Among those languages being expanded are Burmese, Chin, French, Karen, Karenni, Kinyarwanda, Kirundi, Nepali, Somali, Swahili, and Tigrinya (KHBE; February 2015).

- Increase application web functionality for employers and insurance agents.

Status: Ongoing.

Description: The KHBE is in the process of re-engineering the Small Business Health Options Program (SHOP). The new web-based functionality will be available to small group employers and agents by May 2015 (KHBE; February 2015).

- Increase outreach efforts to small employers by working with business associations.

Status: Ongoing.

Description: In early 2015, the KHBE will be working with small businesses and the Kentucky Chamber of Commerce to educate and promote the SHOP changes, which the KHBE anticipates will increase enrollments in SHOP (KHBE; February 2015).

Goal: Reduce Kentucky’s smoking rate by 10%.				
Target	Baseline	2015	Data Source	Status
↓ 10%	26.5% adults (2013) 17.9% youth (2013)	26.1% adults (Prelim 2014) <i>Next updated Spring 2015.</i>	BRFSS YRBSS	↓

** Preliminary Kentucky BRFSS data for 2014; waiting for release of final version from CDC.*

- Continue to support comprehensive statewide smoke-free legislation.

Status: Ongoing.

Description: Smoke-free legislation in Kentucky was first introduced via HB 193 in 2011. During the 2015 session, the Kentucky House of Representatives recently passed this legislation for the first time in its history (Legislative Research Commission; 2015).

- Encourage Kentucky's cities and counties to continue to implement smoke-free policies.

Status: Ongoing.

Description: There are a total of 24 comprehensive smoke-free ordinances that now cover a total of 32.5% of Kentucky's population. This is a slight decrease in the original baseline number noted due to the Kentucky Supreme Court ruling related to the Bullitt County Board of Health in July 2014, which rendered three existing local board of health smoke-free ordinances unenforceable (UK Center for Smoke-free Policy; January 2015).

- Expand tobacco-free policies to more executive branch property.

Status: Completed.

Description: Governor Beshear signed [Executive Order 2014-747](#) on September 4, 2014, which expanded the prohibition of all tobacco products and e-cigarettes to all executive branch buildings and on executive branch property. The order became effective on November 20, 2014, making Kentucky only the fifth state to institute such a policy at that time. This tobacco-free rule has impacted 33,000 state workers, as well as hundreds of thousands of visitors. A total of 2,888 state-owned buildings and more than 26.4 million square feet of property have been impacted by this progressive policy change (Executive Order 2014-747; September 2014).

- Support increases in taxes on cigarettes and other tobacco products, and tax e-cigarettes commensurate with other tobacco products.

Status: Ongoing.

- Partner with school districts and universities to implement tobacco free campuses.

Status: Ongoing.

Description: Thirty-seven school districts, 21% of districts in Kentucky, 447 individual schools, and 36% of students are covered by tobacco free campus policies. Eleven school districts currently cover e-cigarettes. Fifty-one individual college and university campus sites have smoke-free/tobacco-free policies. Thirty-nine of those include e-cigarettes (American's for Non-smokers Rights; January 2015).

- Increase use of smoking cessation therapy by 50%.

Status: Ongoing.

Description: According to preliminary 2014 Kentucky BRFSS data, a slight increase was shown in the use of smoking cessation programs. Among smokers who attempted to quit smoking or quit smoking in the past 12 months, 10.8% used a smoking cessation program. Among smokers who attempted to quit smoking or quit smoking in the past 12 months, 34.3% used some form of nicotine replacement therapy (BRFSS; Preliminary 2014). Due to the expansion of Medicaid and coverage of smoking cessation services via health plans due to the Affordable Care Act, additional increases are anticipated in the future.

- Support legislation to ban the sales of e-cigarettes to minors.

Status: Completed.

Description: Legislation was adopted during the 2014 Regular Session that banned the sale of all types of e-cigarettes to minors. [SB 109](#) prohibits the sales of all types of e-cigarettes to minors, regardless of whether the devices use nicotine. Food and Drug Administration testing has found that a number of e-cigarettes sold as “nicotine-free” actually contained the drug, and the largely unregulated nature of e-cigarette products at present creates enforcement issues around youth access for state agencies, retailers, school districts and parents. With passage of this law, Kentucky became one of 40 other states that prohibit the sale of e-cigarettes to minors (CDC, State Laws Prohibiting Sales to Minors and Indoor Use of ENDS; November 2014).

Goal: Reduce the obesity rate among Kentuckians by 10%.					
Target	Baseline		2015	Data Source	Status
↓ 10%	33.2% adult (2013)	31.4% adults (Prelim 2014)		BRFSS	↓
	18.0% youth (2013)	Next updated Spring 2015.		YRBSS	

** Preliminary Kentucky BRFSS data for 2014; waiting for release of final version from CDC.*

- Double the number of enrollees in the Diabetes Prevention Program through those enrolling through kynect.

Status: Ongoing.

Description: As of January 2015, a total of 23 CDC Recognized Diabetes Prevention Program (DPP) Organizations and 815 eligible participants were reported for Kentucky. This is an increase of 14 total organizations and 548 participants compared to the original baseline information. These numbers place Kentucky 10th in the nation for the greatest number of eligible enrollees and 4th in the nation for the greatest number of recognized organizations (CDC DPRP Report; January 2015).

Participants may pay for this program out-of-pocket, receive services free via a grant, or through an insurance provider such as the Kentucky Employees Health Plan (KEHP). As noted in this strategy, the intent is to expand these efforts to additional insurance payers. Among others, the recent State Innovation Model Initiative (SIM) Award received by Kentucky to design health care payment and service delivery models has potential to impact this area.

- Ensure access for all state employees to the Diabetes Prevention Program as part of the Humana Vitality program.

Status: Ongoing.

Description: DPP remains a covered benefit for all enrolled via the KEHP if program criteria are met. These services were previously provided by Humana but have been transitioned to Anthem (Personnel Cabinet; 2015).

- Direct executive branch facilities to implement federal guidelines requiring posting of nutritional information for vending and concessions in state buildings.

Status: Ongoing.

Description: Three state cafeterias (Cabinet for Health & Family Services, Capitol Annex, and the Transportation Cabinet) now post nutrition information when offering Better Bites options one day each week. Better Bites is a nutrition labeling program that makes healthy options more accessible to the public. Each item has been certified to meet nutrition standards based on the Dietary Guidelines for Americans and HHS/GSA Health and Sustainable Food Guidelines (KY Department for Public Health Obesity Program; 2014).

- Work with public and private workplaces to adopt healthy concessions and vending policies reflecting federal guidelines.

Status: Ongoing.

Description: The Department for Public Health has adopted a healthy meeting policy and encouraged adoption by other agencies across state government. In addition, there are plans to expand healthy concession options via the Better Bites program to the vending facilities located in state buildings, which are operated by the Kentucky Office of the Blind (KY Department for Public Health Obesity Program; 2014).

- Provide ready access to executive branch employees to stairwells at work.

Status: Ongoing.

Description: The Finance and Administration Cabinet completed an assessment of stairwell access at state facilities in 2014. Discussion is ongoing about possible ways to increase the accessibility and use of stairwells going forward (KY Finance Cabinet; 2014).

- Certify 10 new “Trail Towns” through the Kentucky Office of Adventure Tourism by the end of 2015.

Status: Ongoing.

Description: Two additional “Trail Towns” have been certified in 2014, in Morehead and Olive Hill. This makes a total of four certified towns and the KY Office of Adventure Tourism anticipates at least eight additional certifications are anticipated in 2015, which will surpass the goal of 10 (KY Office of Adventure Tourism; 2015).

- Complete the Dawkins Rail Line Trail by the end of 2015, adding 36 miles of trail to Kentucky’s statewide trail network.

Status: Ongoing.

Description: As of June 2013, a total of 18 miles was completed of the Dawkins Rail Line Trail. An additional nine miles are scheduled to be completed by summer of 2015 (KY Office of Adventure Tourism; 2015).

- Invest more than \$30 million in federal funds by the end of 2015 to support many community-driven initiatives for pedestrian and bicycle paths.

Status: Ongoing.

Description: A total of 224 bicycle and pedestrian projects have been awarded between the years of 2007 and 2015. In addition, 21 different city, county or regional areas have a bicycle and pedestrian master plan on file (KY Office of Adventure Tourism; 2015).

The Department for Public Health has been working with the Transportation Cabinet to offer training and incentives to communities for pedestrian planning. These community-driven initiatives are the first step to designing shovel-ready projects to make pedestrian improvements, such as sidewalks, cross walks, ADA retrofitting, and other accommodations (KY Department for Public Health Obesity Program; 2015).

- Challenge school districts to increase physical activity opportunities for children through implementing comprehensive school physical activity programs.

Status: Ongoing.

Description: Data collected from the Kentucky Department of Education (KDE) 2013-2014 Practical Living/Career Studies Program Review showed an increase in Comprehensive School Physical Activity Program (CSPAP) implementation at proficient or distinguished levels at all grade levels (515 of 746 Elementary, 186 of 329 Middle, and 109 of 228 High School). The CSPAP is a multi-component approach by which school districts and schools use all opportunities for students to be physically active, meet the nationally recommended 60 minutes of physical activity each day, and develop the knowledge, skills, and confidence to be physically active for a lifetime (KDE, Practical Living/Career Studies Program Review; 2015).

- Double the number of schools rating proficient or higher for coordinated school health committees by the end of 2015.

Status: Ongoing.

Description: Data collected from the KDE 2013-2014 Practical Living/Career Studies Program Review showed an increase in CSPAP implementation at proficient or distinguished levels at all grade levels (586 of 746 Elementary, 214 of 329 Middle, and 137 of 228 High School). The CSPAP is a multi-component approach by which school districts and schools use all opportunities for students to be physically active, meet the nationally recommended 60 minutes of physical activity each day, and develop the knowledge, skills, and confidence to be physically active for a lifetime (KDE, Practical Living/Career Studies Program Review; 2015).

- Partner with school districts to increase the number of school districts collecting and reporting body mass index (BMI) data within the Kentucky Student Information System.

Status: Ongoing.

Description: Data collected from the KDE 2013-2014 Practical Living/Career Studies Program Review showed an increase in elementary and high schools utilizing BMI data to inform local school wellness policy (76 of 746 Elementary, 23 of 329 Middle, and 13 of 228 High School) (KDE, Practical Living/Career Studies Program Review; 2015).

- Work with early child care providers to increase opportunities to prevent obesity among our youngest children.

Status: Ongoing.

Description: A total of 65 early care environments participate in the Early Care and Education Learning Collaboratives (ECELC) Project in Jefferson County, Fayette County, and Northern Kentucky. This is an increase of 38 centers since March 2014. This program consists of intensive training and technical assistance regarding the rationale supporting best practices in nutrition, physical activity, screen time, breastfeeding and family engagement. More sites are scheduled to be added in 2015. The Healthy Communities program has worked with an additional 30 ECE centers in 2014 to provide similar extensive training and technical assistance (KY Department for Public Health Obesity Program; February 2015).

- Develop initiatives to honor and recognize businesses and schools that provide greater opportunities for physical activity.

Status: Ongoing.

Description: As of December 31, 2014, there were 557 schools signed up to be a part of the Let's Move Active Schools (KDE and Let's Move Active Schools Database; December 2014).

Results of the "Kentucky Worksite Assessment: Utilization of the CDC's Health Scorecard" were presented in April 2014. The assessment was conducted to identify the number of comprehensive worksite health promotion programs in Kentucky and to determine the health needs of worksites in Kentucky. This CDC Worksite report will be useful going forward to help encourage programs to recognize initiatives to honor businesses that provide greater opportunities for physical activity in the future (Results of the KY Worksite Assessment: Utilization of the CDC's Health Scorecard; April 2014).

Goal: Reduce Kentucky cancer deaths by 10%.

Target	Baseline	2015	Data Source	Status
↓ 10%	207.4 per 100,000 (2010)	200.9 per 100,000 (2011)	National Cancer Institute	↓

- Increase screening rates for colon, lung and breast cancer by 25% in accordance with evidence-based guidelines.

Status: Ongoing.

Description: According to preliminary 2014 Kentucky BRFSS data, a slight increase was shown in colon and breast cancer screening rates. A total of 68.7% adults aged 50+ reported they have had a sigmoidoscopy or colonoscopy and 74.2% of women aged 40+ reported having had a mammogram in the past two years (BRFSS; Preliminary 2014). In addition, 20,664 Medicaid members received colon cancer screenings in 2014.

- Provide a \$1 million match to the Kentucky Colon Cancer Screening Program in the 2014-2016 executive budget to provide \$2 million for screenings for uninsured and underinsured Kentuckians.

Status: Ongoing.

Description: Completed for FY 2015. Since the start of the program in February 2013, KY Colon Cancer Screening Program has provided Fecal Immunochemical Testing (FIT) to 750 low-income individuals, and 679 Colonoscopies to uninsured Kentucky residents. Ten people have been diagnosed with colon cancer, and two people have been diagnosed with rectal cancer. Twenty-six percent of the people who received colonoscopies had polyps removed, thus reducing the likelihood of cancer (KY Colon Cancer Screening Program, Brief Program Services Report, February 2013 to January 2015).

- Provide \$1 million to expand screenings through the Kentucky Cancer Program in the 2014-2016 executive budget to increase breast and cervical cancer screening among Kentucky women. The funding also helps women navigate the health care system.

Status: Complete.

Description: Funding was contained in the Governor's proposed budget (2014-2016 Executive Budget).

- Increase rates of HPV vaccination by 25% in order to reduce incidence of cervical, oral, and related cancers among men and women, through the support for legislation requiring HPV vaccination among boys and girls as a condition of school attendance, along with partnering with stakeholders to implement a comprehensive educational campaign regarding safety, effectiveness and importance of the HPV vaccination for both girls and boys.

Status: Ongoing.

Description: The percentage of females aged 13 through 17 who received three or more doses of the HPV vaccine were similar in 2013 compared to the 2011 baseline, when comparing 95% confidence intervals. The data for males is limited since collection of the data has only recently begun (National Immunization Survey).

The KY HPV task force is continuing to meet and implement the HPV strategic plan, which includes increasing the HPV immunization rate and increasing the knowledge of the public and providers about the disease. In addition, various trainings will be held in 2015 by the KY Department for Public Health Immunization Program along with a statewide Immunization Conference. Immunization Field Staff will provide HPV educational materials to Vaccine For Children (VFC) providers during annual site visits throughout the year (KY Department for Public Health Immunization Program; 2015).

- Support legislation banning tanning bed use by children under 18 to reduce the incidence of skin cancer.

Status: Ongoing.

Description: Supported attempts to pass [HB 310](#) in 2014 Regular Session, which was passed by the House Health & Welfare Committee, but not by the Senate Health and Welfare Committee. Legislation was again introduced via HB 252 in the 2015 Regular Session (Legislative Research Commission).

Goal: Reduce cardiovascular deaths by 10%.

Target	Baseline	2015	Data Source	Status
↓ 10%	271.7 per 100,000 (2011)	260.3 per 100,000 (2013)	CDC Wonder	↓

- Increase by 25% the proportion of adults receiving aspirin therapy in accordance with evidence-based guidelines.

Status: Ongoing.

Description: The Cabinet for Health & Family Services continues to work with internal and external stakeholders, including through development of an all-payer claims database and increased utilization of the Kentucky Health Information Exchange, to develop a reliable statewide tracking and monitoring capacity for this and other metrics.

- Reduce the proportion of adults with uncontrolled hypertension by 10%.

Status: Ongoing.

Description: Compared to the baseline, a slight increase was seen in the percentage of adults who have been told they have high blood pressure, 39.1% (BRFSS; 2013).

- Reduce the proportion of adults with hypertension who are current smokers by 10%.

Status: Ongoing.

Description: The Cabinet for Health & Family Services continues to work with internal and external stakeholders, including through development of an all-payer claims database and increased utilization of the Kentucky Health Information Exchange, to develop a reliable statewide tracking and monitoring capacity for this and other metrics.

- Increase by 10% the proportion of adults who have had their blood cholesterol checked within the preceding five years.

Status: Ongoing.

Description: Compared to the baseline measurement in 2011 of 75.7%, an increase of almost 2% was seen in 2013 among adults who have had their cholesterol checked in the past five years (BRFSS).

- Increase the percentage of individuals receiving evidence-based smoking cessation treatment by 50%.

Status: Ongoing.

Description: According to preliminary 2014 Kentucky BRFSS data, a slight increase was shown in the use of smoking cessation. A total of 10.8 % of respondents reported using a cessation program and, out of those, 34.3% used some form of nicotine replacement therapy (BRFSS; Preliminary 2014). Due to the expansion of Medicaid and coverage of smoking cessation services via health plans due to the Affordable Care Act, additional increases are anticipated in the future.

- Decrease the percentage of Kentuckians with diabetes whose most recent hemoglobin A1C level was greater than 9% during the preceding year, recognizing the link between diabetes and heart disease.

Status: Ongoing.

Description: 2013 HEDIS data shows an overall decrease in those with HbA1c Poor Control (>9%) since the original baseline. While this data only represents a subset of the population of Kentucky (Medicaid members), through increased insurance coverage and efforts to focus on primary prevention, there is an expectation of an improvement in overall diabetes rates over time (HEDIS PM; 2013).

- Support the ongoing efforts of the Kentucky CARE Collaborative, a statewide effort designed to provide blood pressure awareness education within communities.

Status: Ongoing.

Description: The 2014 Annual count shows that there were 20,253 educational encounters, 2,445 blood pressures improved to healthy zone and 46 participating partner sites. Each one of these numbers is a significant increase from the 2012 annual count (St. Elizabeth Healthcare NKY CARE Data Collection Tool; 2014).

- Continue efforts to lower sodium intake in government-regulated facilities, given the link between sodium intake and cardiovascular disease.

Status: Ongoing.

Description: Three state cafeterias (Cabinet for Health and Family Services, Capitol Annex, and the Transportation Cabinet) offer Better Bites options, which require each entrée to have less than 500 mg of sodium (KY Department for Public Health Obesity Program; 2014).

- Continue support for efforts of the Stroke Encounter Quality Improvement Project, a statewide voluntary initiative among hospitals to implement evidence-based integrated cardiovascular health systems in Kentucky.

Status: Ongoing.

Description: The 2014 Annual count shows that there were 22 participating hospitals and 88.8% eligible patients received dysphagia screening. This is only a slight increase in the total number of participating sites compared to 2013 (SEQIP Stroke Registry Data Summary; 2014).

Goal: Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.				
Target	Baseline	2015	Data Source	Status
↓ 25%	34.6% 3rd graders w/ untreated decay (2001)	No data update available.	State Oral Health Survey	-
↑ 10%	60.3% adults visited a dentist within past yr. (2013)	60.7% adults visited a dentist within past yr. (Prelim 2014)	BRFSS	↑

* Preliminary Kentucky BRFSS data for 2014; waiting for release of final version from CDC.

- Increase pediatric dental visits by 25% by the end of 2015.

Status: Ongoing.

Description: An increase from 58.85% in 2013 to 62.5% in 2014 was seen among pediatric dental visits among Medicaid members (HEDIS PM).^{*} Medicaid claims data show an increase from 255,831 children receiving dental visits in 2013 to 265,232 in 2014. In addition approximately \$160,000 has been awarded to each of five local health departments (serving Jessamine, Lawrence & Pike counties, and Lincoln Trail and Purchase Districts) to fund implementation of the public health dental hygiene program. This initiative should help to increase proper preventive dental screenings and referrals as deemed necessary (KY Department for Public Health Oral Health Program; 2014).

^{*} For this and other oral health strategies, Medicaid claims data was the primary source of measurement. The Cabinet for Health & Family Services continues to partner with internal and external stakeholders, including through development of an all-payer claims database and increased use of the Kentucky Health Information Exchange, to develop a reliable statewide metric to measure oral health service utilization.

- Partner with Managed Care Organizations to encourage increased utilization of dental services.

Status: Ongoing.

Description: Over 800,000 total claims were submitted to Medicaid for dental services in 2014. (Medicaid Claims Data). In addition, a total of \$18,075,000 was paid in revenue from Medicaid expansion to dental providers, and over 115,000 preventive dental services were provided to over 80,000 Medicaid expansion members in 2014 (Deloitte Medicaid Expansion Report, February 2015).

- Create public-private partnerships to increase to 75% the proportion of students in grades 1-5 receiving twice yearly dental fluoride varnish application.

Status: Ongoing.

Description: Data shows a slight increase in the number of children ages 6-12 years old with more than two dental fluoride varnishes during the year (Medicaid Claims Data; 2014). Anticipated growth is expected in this area due to the new Public Health Dental Hygienists program via local health departments. School-based strategies to increase utilization of this vital preventive service are also underway in collaboration with key partners.

- Increase by 25% the proportion of adults receiving fluoride varnish during an annual dental visit.

Status: Ongoing.

Description: Active discussions are ongoing regarding this strategy with the Kentucky Dental Association including possible reevaluation to reflect emerging practices regarding adult preventive oral health strategies.

- Increase by 25% the percentage of adults receiving medically indicated dental preventive and restorative services, including fillings and root canals, in accordance with evidence-based practices.

Status: Ongoing.

Description: Data shows a total of 154,631 adults in the Medicaid program received preventive dental services in 2014. This is more than double the 72,709 served in 2013, and shows a growing awareness of the importance of dental services for adults (Medicaid Claims Data).

- Partner with stakeholders to increase the number of dental practitioners in Kentucky by 25%.

Status: Ongoing.

Description: In May 2014 Kentucky was chosen as one of only seven states to participate in the National Governor Association's Health Workforce Policy Academy. This academy is designed to help states develop and implement statewide plans for their health care workforce with the goal of improving the quality of health care

and controlling its cost. Specific assessments related to this strategy will be included in discussions with key partners throughout this process (Office of Health Policy).

There is also potential to expand the new Public Health Dental Hygienists program via local health departments, which may help address oral health access issues in Kentucky. Along with this effort, an innovative public/private partnership between Community Dental of Kentucky – a nonprofit and the University of Louisville Pediatrics to provide a multi-disciplinary health care home for Kentucky children enrolled in the Medicaid program is an emerging model of integrated care that is showing promise.

Goal: Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.					
Target	Baseline		2015	Data Source	Status
↓ 25% Drug overdose deaths	23.6 per 100,000 (2010)	23.7 per 100,000 (2013)		NCHS	↑
↓ 25% Poor mental health days	4.5 days (2013)	4.5 (Prelim 2014)		BRFSS	-

** Preliminary Kentucky BRFSS data for 2014; waiting for release of final version from CDC.*

- Double the number of individuals receiving substance abuse treatment by the end of 2015.

Status: Ongoing.

Description: In 2014, more than 13,000 individuals in the Medicaid program received substance abuse treatment services, which is a newly covered essential health benefit pursuant to the Affordable Care Act as of January 1, 2014. (KY Department for Medicaid claims data; 2015).*

Data from Community Mental Health Centers, who serve both uninsured and Medicaid-eligible individuals, indicates that for the first half of FY2015 (July – December, 2014) there were 2,847 individuals who received substance abuse services, which was a 39% increase from the same period in the prior year. (KY Department for Behavioral Health, Developmental and Intellectual Disabilities, 2015)

The Cabinet for Health & Family Services continues to partner with internal and external stakeholders, including through development of an all-payer claims

* For purposes of this report, substance use disorder treatment in the Medicaid program is defined using the same methodology as that utilized in the Deloitte Medicaid Expansion Report (February 2015).

database and increased use of the Kentucky Health Information Exchange, to develop a reliable statewide metric to measure substance abuse treatment utilization.

- Support legislation creating a “Good Samaritan Rule” for individuals seeking overdose treatment or assistance for others.

Status: Completed.

Description: The Kentucky General Assembly passed comprehensive anti-heroin legislation (Senate Bill 192) during the 2015 Regular Session, which contains a “Good Samaritan” provision conferring protection from prosecution for possession of a controlled substance or the possession of drug paraphernalia for those who seek medical assistance for an individual experiencing a drug overdose. (Legislative Research Commission).

- Expand access to naloxone by 100% among first responders and medical professionals to enable rapid administration of this life-saving treatment.

Status: Ongoing.

Description: The Substance Abuse Treatment Advisory Council has approved the use of pharmaceutical settlement funds to purchase naloxone rescue kits, which will be distributed to the University of Louisville Hospital, the University of Kentucky Hospital in Lexington, and the St. Elizabeth Hospital system in Northern Kentucky. The kits will be provided free of charge to every treated and discharged overdose victim. The availability of these kits is expected to save the lives of at least 200 Kentuckians. In addition, the Kentucky General Assembly passed comprehensive anti-heroin legislation (Senate Bill 192) during the 2015 Regular Session, which contains provisions allowing increased access by first responders to naloxone and authorizing pharmacists to prescribe naloxone under certain circumstances.

- Increase by 50% the availability of substance use treatment for adolescents.

Status: Ongoing.

Description: The Department for Behavioral Health, Intellectual and Developmental Disabilities (DBHDID) provided evidence-based adolescent treatment training in each CMHC and three private agencies. An online learning collaborative for treatment providers who serve adolescents is under development to support training and technical assistance. KY Kids Recovery Adolescent Substance Use Treatment grants allocated \$18.1 million in seed money to 19 agencies for adolescent substance use treatment programming across the state. UK’s Adolescent Health and Recovery Treatment and Training (AHARTT) initiative, funded with pharmaceutical settlement dollars, is training providers across the state in two evidence-based treatment approaches and has opened a clinic at UK

to serve adolescents (KY Department for Behavioral Health, Developmental and Intellectual Disabilities; February 2015).

- Increase substance use disorder residential and intensive outpatient treatment capacity by 50%.

Status: Ongoing.

Description: Since the baseline report, there has been a 40% increase in the number of providers offering residential substance use treatment going from 43 to 60 in 2014. (OIG Directory for AODE/BHSO; February 2015). CMHC 2015 contracts required each of the 14 CMHC regions to offer intensive outpatient services by 2015. In addition, KY Kids Recovery Adolescent Substance Use Treatment Grants included new residential and intensive outpatient programs for adolescents.

- Partner with stakeholders to increase the number of credentialed substance use treatment professionals by 25%.

Status: Ongoing.

Description: DBHDID partnered with the Board of Certification of Alcohol and Drug Counselors to successfully advocate for legislative passage of the Licensed Clinical Alcohol and Drug Counselor (LCADC) credential in the 2015 General Assembly Regular Session. (HB 92, Legislative Research Commission). The bill creates a licensure category for those alcohol and drug counselors with Master's Degrees who meet the requirements for national testing, specific education in addiction counseling, and three years of supervised experience in addiction treatment.

There were 729 substance use treatment professionals as of March 2014 and 876 as of February 2015 (CADC Board Database). In addition, there was an expansion in the number of substance use treatment professionals trained at the Kentucky School for Alcohol and Other Drug Studies. More than 300 new behavioral health providers have enrolled in the Medicaid program since January 2014. (Deloitte Medicaid Expansion Report, February 2015). In addition, more than 670 Medicaid providers rendered substance use treatment services for Medicaid members in 2014 (Medicaid Claims Data).

- Create a more comprehensive and open access behavioral health network and increase by 25% the number of behavioral health providers eligible to seek reimbursement from Medicaid by the end of 2015.

Status: Ongoing.

Description: Significant progress has been made on this strategy as more than 300 new behavioral health providers have been added to the Medicaid network. (Deloitte Medicaid Expansion Report, February 2015).

- Increase by 25% the percentage of adults and children receiving medically indicated behavioral health services by the end of 2015.

Status: Ongoing.

Description: In 2013, 87,451 children and 72,539 adults in the Medicaid program received a behavioral health service (e.g., outpatient psychotherapy, outpatient behavioral health service delivered by a physician, behavioral health residential services and had a primary diagnosis of a behavioral health disorder. Those with a primary diagnosis of substance use were excluded. In 2014, 91,572 children and 116,282 adults in the Medicaid program received a behavioral health service (e.g., outpatient psychotherapy, outpatient behavioral health service delivered by a physician, behavioral health residential services and had a primary diagnosis of a behavioral health disorder. Those with a primary diagnosis of substance use were excluded. This represents a 5% increase for children and 60% for adults.

- Increase the proportion of adults and adolescents who are screened for depression during primary care office visits by 10%.

Status: Ongoing.

Description: Medicaid MCO contract language requires that PCPs have screening and evaluation procedures for the detection and treatment of, or referral for, any known or suspected behavioral health problems and disorders (KY Department for Behavioral Health, Developmental and Intellectual Disabilities, 2015).

In 2013, there were 419 children and 1,679 adults in the Medicaid program for whom the claim indicated that screening for depression occurred during an office visit. In 2014, there were 1109 children and 5593 adults for whom the claim indicated that screening for depression occurred during an office visit. This represents a 165% for children and 233% for adults. (KY Department for Behavioral Health, Developmental and Intellectual Disabilities; 2015).

- Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders by 10%.

Status: Ongoing.

Description: Data from Community Mental Health Centers, who serve both uninsured and Medicaid-eligible recipients, indicates that for the first half of FY2015 (July to December 2014) there were 1,666 individuals with co-occurring substance use and mental health disorders who received services, resulting in a 86% increase from the same period in the prior year. (KY Department for Behavioral Health, Developmental and Intellectual Disabilities, 2015).

- Partner with stakeholders to increase the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to 25% of medical providers (primary care, prenatal care providers, and emergency departments).

Status: Ongoing.

Description: SBIRT was successfully added to the Medicaid state plan in 2014. Education of providers in the implementation of SBIRT is ongoing. Efforts to increase utilization of SBIRT include the SMVF Behavioral Health Initiative in collaboration with the KY National Guard, with the goal of increasing the use of SBIRT within the military population. In addition, the KIDS NOW Plus program provides ongoing training in the use of SBIRT to primary care and prenatal care providers. Substance Use Treatment and Recovery Branch staff have collaborated with Public Health staff to support SBIRT planning for improved access and expansion across the state (KY Department for Behavioral Health, Developmental and Intellectual Disabilities; 2015).

Appendix: 2015 kyhealthnow Scorecard

 2015 kyhealthnow Scorecard		US Benchmark	KY Baseline	KY Current Year	Source	Trend
Goals						
Reduce Kentucky's rate of uninsured individuals to less than 5%.	13.8% (2014)	20.4% (2013)	9.8% (2014)	Gallup Poll		→
Reduce Kentucky's smoking rate by 10%.	19.0% adults (2013) 15.7% youth (2013)	26.5% adults (2013) 17.9% youth (2013)	26.1% adults (Prelim 2014) <i>Next updated Spring 2015.</i>	BRFSS [†] YRBSS [‡]		→
Reduce the rate of obesity among Kentuckians by 10%.	29.4% adults (2013) 13.7% youth (2013)	33.2% adults (2013) 18.0% youth (2013)	31.4% adults (Prelim 2014) <i>Next updated Spring 2015.</i>	BRFSS [†] YRBSS [‡]		→
Reduce Kentucky cancer deaths by 10%.	168.7 per 100,000 (2011)	207.4 per 100,000 (2010)	200.9 per 100,000 (2011)	National Cancer Institute		→
Reduce cardiovascular deaths by 10%.	221.6 per 100,000 (2013)	271.7 per 100,000 (2011)	260.3 per 100,000 (2013)	CDC Wonder		→
Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.	<i>No comparable benchmark.</i>	34.6% 3rd graders w/ untreated decay (2001)	<i>Data update unavailable.</i>	State Oral Health Survey		←
Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.	13.8 per 100,000 (2013)	23.6 per 100,000 (2010)	23.7 per 100,000 (2013)	National Center for Health Statistics		←
	3.7 days (2013)	4.5 days (2013)	4.5 (Prelim 2014)	BRFSS [†]		←

NOTES: Data released March 12, 2015.
[†] Behavioral Risk Factor Surveillance System (BRFSS); [‡] Youth Risk Behavior Surveillance System (YRBSS)
 2014 Preliminary KY BRFSS data was used in the table above; waiting for release of final version from CDC. Where available, 2013 KY BRFSS & YRBSS rates were used for the KY baseline.