



KENTUCKY

“Kentucky has a number of serious health issues to confront....We must start addressing our health issues to help Kentucky move forward.”

– Governor Ernie Fletcher, July 23, 2004

The combined efforts of the state and local health departments and the state’s private practitioners have, and are continuing to produce, positive results in decreasing infant mortality (5.9 in 2001, compared to 7.3 in 1997), increasing child immunization rates, decreasing teenage pregnancy rates (51.4 in 2001, compared to 61.2 in 1996), and increasing first trimester prenatal care utilization (87.0 percent in 2002, compared to 86.6 percent in 1999). Like many Southern states, Kentucky is experiencing a decline in infant mortality rates, but there are other major risk factors contributing to infant deaths that have shown no improvement. The birth rate among unmarried women has been increasing for more than a decade (33.0 in 2002, compared to 28.5 in 1995). More and more infants are born with low birth weight (8.3 in 2001, compared to 7.6 in 1995). Kentucky’s high percentage of low-weight births is frequently the result of maternal smoking, alcohol consumption, and illicit drug use. Kentucky has the second highest smoking rate among pregnant women in the South (24.0 in 2002), next to West Virginia with the highest rate of 26.7.

The Department of Public Health (DPH) is the agency in Kentucky responsible for developing and operating all public health programs for the people of the Commonwealth. Kentucky Revised Statute 194.030 created the DPH to “develop and operate all programs of the cabinet that provide health services and all programs for the prevention, detection, care, and treatment of physical disability, illness, and disease.” Although somewhat successful, there still remains a critically high percentage of infants born with low birth weight and a high rate of smoking among the youth population. In 2000, the General Assembly authorized Governor Paul Patton’s early childhood development initiative, KIDS NOW, and appropriated funds for several population-based initiatives that will improve early childhood development, promote safety in child care settings, promote childhood immunizations, and help reduce incidence of congenital birth defects. During this same year, the first statewide public health effort also was authorized to encourage smoking cessation

State Facts 2001*

Infant Mortality Rate	5.9
Preterm Birth Rate	13.3
Low Birth Weight Infants	8.3
Prenatal Care in First Trimester	86.7
Pregnancy/Maternal Smoking	24.5
Teenage Birth Rate (age 15-19)	51.4
Birth Rate to Unmarried Women (age 15-44)	31.7

*Rates are calculated per 1,000 live births, except for low birth weight, prenatal care, and maternal smoking, which are calculated in percent.

and to reduce exposure to secondhand smoke among different population groups.

There are six divisions of the Department of Public Health: Division of Adult and Child Health; Division of Epidemiology and Health Planning; Division of Laboratory Services; Division of Local Health Department Operations; Division of Public Health Protection and Safety; and Division of Resource Management. The Division of Adult and Child Health (ACH) promotes the health of mothers and children by developing systems of care that provide health and nutrition services to women, infants, and children. Programs and services are provided through ACH’s Maternal and Child Health Branch. The Branch oversees maternity and child health services provided by the local health departments with the goal of reducing maternal and infant mortality and decreasing the need for high-cost neonatal intensive care.

Another major component of the Kentucky public health system is the Cabinet for Health Services (CHS), an agency that administers programs to promote the mental and physical health of Kentuckians. The Cabinet consists of 10 agencies dedicated to achieving the Cabinet’s mission through administering a multitude of programs and services. Available maternal and child health programs and services administered by the DPH and the CHS include:

Kentucky Birth Surveillance Registry (KBSR): began in April of 1996, a state-mandated passive surveillance system designed to provide informa-



tion on incidence, prevalence, trends, and possible causes of stillbirths, birth defects, and disabling conditions. The KBSR collects information on children from birth to age 5. The system relies on existing data, primarily from vital statistics and hospital reporting. The KBSR is administered by the Cabinet for Health Services.

First Steps: an early intervention system serving children from birth to age 3 who have a developmental delay or a particular medical condition that is known to cause a developmental delay. First Steps services are provided statewide and coordinated by the lead agency, the Cabinet for Health Services.

Health Access and Nurturing Developing Services (HANDS) Program: administered by the ACH, Maternal and Child Health Branch, as a voluntary, intensive home visitation program designed to assist parents at critical developmental stages during their child's first two years of life. HANDS targets first-time parents, from the prenatal period to approximately three months after delivery. Its goal is to assist with child development, parenting skills, health services, and other needed resources.

Teen Pregnancy Prevention Initiatives: includes several programs that provide information on abstinence, contraception, family planning, and counseling. These initiatives include Reducing the Risk (RTR), Postponing Sexual Involvement (PSI), Statewide Media Campaign: "Get a Life First, Wait to Have Sex," the Resource Persons' Program, and community work groups and coalitions. Programs are administered by the ACH, Maternal and Child Health Branch.

Healthy Start in Child Care Program: implemented in July 2000, as a KIDS NOW Initiative to provide consultation on health, safety, and nutrition to child care providers. Trained Healthy Start child care consultants from the local health departments participate in joint activities with the resource and referral agencies in their area to ensure collaboration and coordination regarding the quality of child care. This program is administered by the ACH, Maternal and Child Health Branch.

Tobacco Use Prevention & Cessation Program: includes local and statewide initiatives aimed at preventing initiation of smoking in youth and pregnant women and helping those who wish to quit smoking to do so. This program is supported by funding from the Tobacco Master Settlement Agreement and by a grant from the CDC and is administered by the ACH, Chronic Disease Prevention and Control Branch.

Commission for Children with Special Health Care Needs: provides medical treatment to children with physically disabling conditions. Patients receive case management services from registered nurses who work with pediatric specialists to determine a plan of treatment and ensure that every child receives appropriate, state-of-the-art medical care. Care coordinators are committed to providing information and resources to patients and their families.

Any child under the age of 21 who is a resident of Kentucky may be eligible for services. The child must have a condition treated by a Commission clinic program and his or her family must meet financial guidelines based on income and family size. Cost of treatment is determined by a sliding fee scale based on family income, and financial eligibility is based on 200 percent of the federal poverty level. Children who have hemophilia are eligible for services regardless of age. The Commission is administered by the Cabinet for Health Services.

Office of Women's Physical and Mental Health: created in February 1998, the General Assembly passed the Women's Health Bill (HB 864) mandating the creation of an **Office of Women's Health** by the year 2000. Its purpose is to serve as a "repository for data and information affecting women's physical and mental health; analyze and communicate trends in women's health issues and mental health; recommend data elements affecting women's health and mental health that should be collected, analyzed, and reported; and administer a Women's Health Resource Center to focus on targeted preventative and comprehensive health education." The Office was officially opened on October 1, 2000.

Early Childhood Development Task Force: a 20-year plan created in 1999 by Governor Patton to help Kentucky children get the best start in life and reach their full potential. The Task Force proposed a comprehensive early childhood initiative which was approved unanimously by the 2000 General Assembly. The initiative is funded by 25 percent of Kentucky's Phase I Tobacco Settlement dollars. The Healthy Babies Campaign is part of this initiative. The Task Force is overseen by the Governor's Office of Early Childhood Development.

