

# Welcome!

## November 6, 2025

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Heart Disease & Stroke Prevention

**TASK FORCE**

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K E N T U C K Y



Heart Disease & Stroke Prevention  
**TASK FORCE**  
KENTUCKY



# New Member Orientation

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Please join us for New Member Orientation from 9:00 – 9:30 a.m.

# Welcome!

## November 6, 2025

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Heart Disease & Stroke Prevention

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# Housekeeping Items

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A few housekeeping items to note:

- Restrooms
- Emergency Exits
- Coffee & water
- Meeting Evaluation Survey – At the end of the day



# Agenda

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- 10:00 Welcome
- 10:15 Kentucky Board of EMS Updates
- 10:30 American Heart Association Advocacy Report
- 10:45 Emergency Preparedness in Kentucky
- 11:00 Speed Session of Topics
- 12:30 Lunch
- 1:30 Committee Breakout Sessions
- 2:30 Committee Reports
- 2:45 Wrap Up/Announcements – Prize Drawing
- 3:00 Adjourn



# Welcome by KHDSP Task Force Co-Chairs

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Dr. Larry Goldstein

Dr. Nathan Kusterer



# Recognition of:

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- New Members
- Task Force Steering Committee



# KHDSP Task Force Steering Committee

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Lonna Boisseau

- KHDSP

Gina Brien

- DPH – Division of Women's Health

Greg Brislin

- UofL Health Jewish Hospital

Jon Dye

- American Heart Association

Chris Lokits/ John Holder

- Kentucky Board of EMS

Abigail Loechler

- American Heart Association

Brent McKune

- UpTech It

Kari Moore

- Regional Brain Institute

Jennie Morehead

- KHDSP

Clara Robertson

- Baptist Health Hardin

Jane Van Tatenhove

- Joint Commission

Breanna Walker

- KHDSP





# Kentucky Board of EMS – Fall Updates

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**Keith Smith, BS, EMT, CADS,  
CAFO**

**Vice Board Chair**

**Kentucky Board of EMS**



# *KBEMS Update 11/6/2025*

*Keith Smith, Vice Board Chair*



# Workforce Development

- Much like every other healthcare discipline, EMS is struggling while recruiting people into our line of work. In 2024, KBEMS formed a Workforce Development Sub-Committee who is doing great things!
  - Created a new form of virtual Paramedic education. CAAHEP monitoring program for possible expansion across the Country. The first class is maintaining 90% pass rate! This is remarkable for Paramedic classes and started with over 100 students statewide.
  - Created new marketing video promoting EMS - <https://vimeo.com/1123701785/4c8855634c>
  - Please Visit; [www.EMSKY.org](http://www.EMSKY.org) for more information on classes and EMS services near you.



# Workforce Development

- Created new marketing video promoting EMS - <https://vimeo.com/1123701785/4c8855634c>



# Regulation Updates

- 202 KAR 7:501 – Ambulance Agency Licensure
- 202 KAR 7:545 – License Classifications\*
  - Will require Nationwide background checks every two years
  - Incorporates changes required by HB777 passing several years ago
  - Hospital transports will not be considered 9-1-1 scene responses
- 202 KAR 7:565 – Clinical Pilot Programs
- 202 KAR 7:801 – Medical Directors



# We Need your Help!

- The continued growth of health systems, especially Free-Standing Emergency Departments and Urgent Care Centers are driving the need for more ambulance transportation.
  - One system I'm familiar with averages 6-10 transport requests per day from just one of the FSED's. People are waiting until they are very sick before being seen.
- If your healthcare entity is considering establishing FSED's, PLEASE coordinate WELL in advance with your local EMS agency to ensure they can support your transport needs!



# Working Together

Novel approach for supporting hospitals/FSED's:

- Consider developing a Joint Venture between the hospital and EMS service
  - Create a Board specifically for the JV project
  - Using funds from the hospital and EMS service, purchase an ambulance and hire staff specifically to support the hospital/FSED transfers
  - All revenue from the work of this transport truck gets re-invested back into the joint venture to pay for the service
  - This process enables rural EMS providers to leave an ambulance in the community for emergency responses and allows the hospitals and FSED's to continue treating/transferring patients that must go to a higher level of care.



# Partnerships

- We are working with Mr. Scott Helle and the Center for Rural Health on an application and in support for Kentucky to receive funding from the Federal Rural Health Transformation Program.
  - Hoping to expand Telehealth/Mobile Integrated Healthcare (Community Paramedicine)
  - Workforce Development
  - Innovative Care
  - Technology Innovation
- Overall, innovative healthcare for rural Kentucky!





# Questions?



# Advocacy Report – Policy Update

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Jon Dye

State Government Relations Director

American Heart Association

[Jon.dye@heart.org](mailto:Jon.dye@heart.org)



# Advocacy



***Jon Dye***

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***State Director of Government Relations -  
Kentucky***

[Jon.Dye@heart.org](mailto:Jon.Dye@heart.org)

8599402024



American  
Heart  
Association.



**Nearly 150 American Heart Association *Heart Powered™* advocates from 47 states converged on Capital Hill this week**

asking elected representatives to fund the bipartisan HEARTS Act to ensure America's schools are equipped to respond to a cardiac emergency.



An estimated **23,000 children under age 18** experience cardiac arrest outside of a hospital annually, and approximately **40%** of those incidents occur during sports play. In schools with AEDs, the cardiac arrest survival rate is nearly **70%**.







### Protect Kids and Reduce Tobacco-Caused Disease

#### **Fund Kentucky's tobacco prevention and cessation program at a minimum of \$4 million annually.**

This investment is vital for essential programs like the state Quitline and nicotine replacement medications to support those who want to quit smoking, local youth prevention, education and engagement, and campaigns promoting services. Allocating \$4 million per year from Tobacco Master Settlement Agreement (MSA) Funds and/or General Funds is a relatively modest increase of only \$2 million over the current level derived solely from MSA funds.

#### **Kentucky Loses \$1.6 Million in Federal Funding for Tobacco Control**

After the CDC's Office on Smoking and Health was eliminated in April 2025, Kentucky lost \$1.6 million in critical federal funding used to prevent youth tobacco use and support adults who want to quit using tobacco.<sup>1</sup> Without this federal funding, trainings for youth and teachers about e-cigarette use will be cut, and local health department funding will substantially decrease, reducing local capacity to address tobacco for youth and adults who want to quit. Quit Now Kentucky, the state's tobacco quitline, will drop from five coaching calls to one, from eight weeks of free nicotine replacement therapy (NRT) medications to only two weeks of NRT, no opportunity for healthcare provider education, and the specialty protocols for people with mental health and substance use disorders will no longer be offered. Estimates show for every \$1 invested in Kentucky's quitline, more than \$4 are returned. Furthermore, for every \$1 spent on comprehensive tobacco control programs, states can get up to a \$55 return on investment.<sup>2</sup>

#### **A \$4 million budget investment for Kentucky's tobacco program gives our workforce and our youth a fighting chance.**

The chronic disease and death caused by tobacco use continue to plague our workforce and our commonwealth. Kentucky spends \$2.23 billion, including \$634 million in Medicaid costs, on health care costs caused by smoking every year, and residents pay \$1,343 per household in annual state and federal taxes to cover smoking-caused government expenditures.<sup>3</sup> Tobacco prevention and cessation initiatives reduce the financial burden of tobacco for our state and keep youth from becoming addicted to these harmful products.

1. U.S. Centers for Disease Control and Prevention. National Tobacco Control Program Funding. 2024 November.

<https://www.cdc.gov/tobacco/php/tobacco-control-programs/program-funding.html>

2. U.S. Centers for Disease Control and Prevention. OSH Partners With States. 2024 November.

<https://www.cdc.gov/tobacco/programs/osh-partners-with-states.html>

3. Campaign for Tobacco Free Kids. Toll of Tobacco in Kentucky. 2024 December.

<https://www.tobaccofreekids.org/problem/toll-us/kentucky>

## Juul Settlement - 26 RS BR 241

- Establishes a (new) Vaping Settlement Trust Fund in the State Treasury.
- The fund will be managed by the Office of the Attorney General.
- All proceeds from settlements, judgments, or bankruptcy proceedings involving Juul Labs, Inc. (after August 1, 2026, excluding legal costs) will go into the fund.
- Funds will be dedicated solely to the Tobacco Prevention and Cessation Program under the Department for Public Health. Specifically, to support youth prevention and cessation efforts.
- Funds must be distributed at least annually.
- Creates a No lapse rule: Unspent funds at the end of a fiscal year will carry forward to the next year, instead of reverting to the General Fund



# Kentucky State Priorities 2025





# CARES Registry – \$25,000 Per Year

- The Cardiac Arrest Registry to Enhance Survival (CARES) is a vital tool for tracking cardiac arrests and improving emergency response and outcomes.
- Kentucky had participated in CARES for over a decade, but lost funding in 2024, halting its use.
- The Kentucky Board of EMS oversees this program and needs state support to restore and maintain it.
- CARES ensures that rural and urban communities alike receive the same quality of cardiac emergency care.

# CPR in Schools – \$250,000 Per Year

- Out-of-hospital cardiac arrest has a fatality rate near 90%, but CPR can double or triple survival rates.
- In 2016, Kentucky passed SB33, requiring all high school students to receive Hands-Only CPR training before graduation.
- However, no funding was allocated to help schools implement this life-saving requirement.
- With EMS response times increasing due to staffing shortages, trained students and bystanders are more important than ever.
- A modest investment would ensure schools can comply with the law and help save lives across the Commonwealth.

# Kentucky Heart Disease and Stroke Prevention Program – \$1.725 Million Per Year

- The KHDSP Program improves diagnosis of hypertension and stroke treatment through public health partnerships and clinical innovations.
- The program promotes blood pressure reporting, self-monitoring, team-based care, and quality improvement efforts across Kentucky health systems.
- KHDSP is currently 100% funded by a federal CDC grant, which is expected to expire in the coming years.
- Without sustainable state funding, this proven and impactful prevention program will end—despite heart disease and stroke remaining among Kentucky’s top killers.
- Investing now will help reduce long-term costs and support healthier communities statewide.



# Become an Advocate Today

Text *KY* to 46839



# Hospital Preparedness in Kentucky

Russell Rains, CHFS KDPH PHPS EPRB:  
Planning Program Coordinator, COOP Planner,  
ESF #8 Planning Section Chief

November 6, 2025



# Kentucky Department for Public Health

## About Us



**Kentucky Public Health**

Prevent. Promote. Protect.



The Kentucky Department for Public Health (KDPH) is dedicated to improving the health and safety of Kentuckians through *prevention, promotion, and protection*.

As a major part of the Cabinet for Health and Family Services, KDPH provides guidance and support for health departments in all 120 counties.

Serving as Kentucky's dedicated public health resource, KDPH is responsible for identifying and allocating resources to communities and public health institutions to prevent and protect against diseases, outbreaks, and hazards statewide.

# Kentucky Department for Public Health

## Organizational Chart



# About Me

## Work Experience

- Springdale, AR
  - Level II Emergency Department EMT and RN
  - NW Health System Emergency Manager (4 facilities)
- Lexington, KY
  - Chemical Stockpile Emergency Preparedness Program Exercise Coordinator
  - Division of Emergency Management Planner
  - Emergency Operations Center Manager
- Kentucky Department for Public Health (KDPH)
  - Continuity of Operations Program Planner
  - Planning Program Coordinator
  - Emergency Support Function #8 – Planning Section Chief

## Education

- E.M.T. Basic
- Associates Degree – Registered Nursing
- Bachelors Degree – Psychology
- Masters Degree – Emergency Management
- Masters Degree – Public Administration (May 2026)
- FEMA National Disaster Emergency Management University – Planners Practitioner Program
- Business Continuity Practitioner Level 2

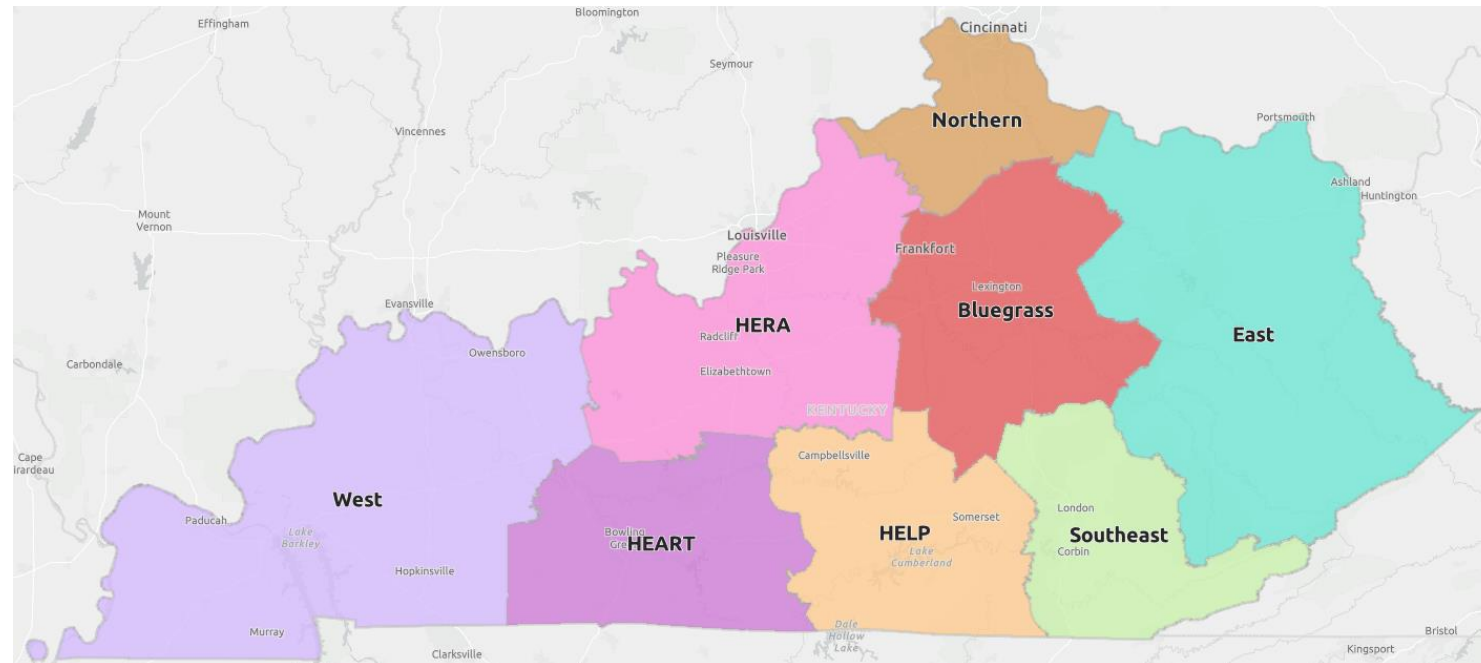


# Kentucky Heart Disease and Stroke Prevention Task Force

- 🛡️ Dedicated to improve cerebrovascular and cardiovascular health in KY
  - Disasters create surges in patients with chronic conditions including heart disease and stroke
  - Hospitals, clinics and healthcare providers must prepare, not just for trauma surges, but for continuity of stroke and cardiac care
  - Infrastructure damage, staffing, patient surges, crisis standards of care, equipment/medication shortage, shelter-in-place/evacuations – are all examples that affect patient care.
- 🛡️ How can we prepare?

# Connect with Healthcare Coalitions

- 🛡️ Kentucky has eight regional Healthcare Coalitions (HCCs)
- 🛡️ Provide mutual aid, supplies, and coordination with KDPH and KY Emergency Management (KYEM)
- 🛡️ Offer exercises and training:
  - surge scenarios
  - alternate care sites
  - loss of infrastructure
  - cybersecurity attacks
  - continuity of operations



# Strengthen Hospital Emergency Management (EM) Integration

- 🛡️ Emergency management must be professionalized, not a side duty.
  - Full time employees dedicated to EM
  - Starting to see EMs in the hospital C-Suite's and key leadership positions
- 🛡️ Protect continuity of emergency departments, cath labs and stroke care pathways
- 🛡️ Ensure alternate staffing plans and supply chain redundancy for critical equipment and medications

# Physician Engagement and Readiness

- 🛡️ Physicians identify patient safety risks EM staff may miss
- 🛡️ Build disaster response into stroke/MI/STEMI protocols
- 🛡️ Train all staff in incident management & plain language codes/alerts
- 🛡️ Include physicians in tabletop exercises and drills
- 🛡️ Expand telemedicine for stroke and cardiac care in rural areas
- 🛡️ Ensure continuity of care for chronic disease patients

# Leadership Buy-In

- 🛡️ Framing EM as protecting revenue, reputation and patient safety helps leadership see its strategic value
- 🛡️ Planning shouldn't occur in a silo, utilize finance, supply chain, IT, and clinical leaders in EM planning to ensure alignment and resourcing
- 🛡️ Preparedness supports CMS, Joint Commission, and liability requirements
- 🛡️ Building resiliency through generator testing, redundant imaging, secure communications, and supply caches require leadership support
- 🛡️ Leadership endorsement signals to staff that preparedness is not optional, it's part of clinical excellence

# Hospital Examples

Published on August 29, 2021

## Twin Lakes moves over 20 patients to Owensboro after power outage

*Transfer ensures patients are comfortable, receive optimal care while repairs occur*

### Disaster Strikes

The unimaginable happened on a Sunday afternoon May 22, 2011, when an EF-5 tornado struck Mercy Hospital Joplin (known then as St. John's Regional Medical Center). The hospital sustained extensive damage and was evacuated. Patients were triaged and transported to hospitals across the region including Mercy hospitals in Springfield and Northwest Arkansas.

## Morning Headlines: Akron City Hospital Diverts Trauma Patients, NWS Warns of Flooding in NE Ohio

Ideastream Public Media | By Amanda Rabinowitz  
Published February 1, 2019 at 8:01 AM EST



Multiple KY hospitals loss of water 2022 Floods



Jackson Purchase 2021 Tornado mass casualty



CHI London 2025 Tornado, mass casualty



ARH Tug Valley 2025 Floods, unplanned evacuation

<https://www.ideastream.org/news/community/2019-02-01/morning-headlines-akron-city-hospital-diverts-trauma-patients-nws-warns-of-flooding-in-ne-ohio>







<https://www.owensborohealth.org/news-events/news-media/2021/power-and-internet-outages>

<https://www.mercy.net/about/history/joplin/joplin-tornado/>

# Considerations

- 🛡️ Blackhawk helicopter weight vs MedEvac
- 🛡️ Ambulance Strike Teams and field support
- 🛡️ Redundant Communications / Relationships (Winter Storm 2025 unplanned evacuation attempt)
- 🛡️ Surge protocols / credentialing
- 🛡️ Patient Tracking and ReadyOp

# Closing

-  It isn't 'IF' it is 'WHEN'
-  Preparedness is about relationships and systems
-  Link hospitals with coalitions and embed EM at leadership level
-  Engage physicians and nurse leaders in planning for stroke and cardiac care
-  Exercise and test your systems, people, and processes
-  Building resilience saves lives in disasters



# Thank you.

Russell Rains

Kentucky Department for Public Health

[russell.rains@ky.gov](mailto:russell.rains@ky.gov)





Heart Disease & Stroke Prevention

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# Speed Sessions - Instructions

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- The Speed Sessions Speaker List: list of all topics, speakers, and a page for note taking.
- Speed Sessions “ticket”: fill this out with your name. Tickets will be collected at the end of the sessions.
- Contact information for all speakers will be included in the slides. All slides will be posted on the Task Force webpage following the meeting.





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Dr Connie White  
KY Dept for Public Health

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**Connie Gayle White MD, MS FACOG**  
**Deputy Commissioner for Clinical Affairs**  
**Kentucky Department for Public Health**

**November 6, 2025**





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K E N T U C K Y

OMC  
Brian Boisseau

2



OFFICE OF  
MEDICAL CANNABIS

# Kentucky Heart Disease and Stroke Prevention Task Force – Speed Session

November 6, 2025

# Contact Information

Brian Boisseau, Branch Manager  
Licensure and Access Branch  
Office of Medical Cannabis

Email: [Brian.Boisseau@ky.gov](mailto:Brian.Boisseau@ky.gov)

Website: <http://kymedcan.ky.gov>







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K E N T U C K Y

Megan Housley  
UK REC

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# **UK HealthCare Kentucky Regional Extension Center Overview**

# Our Mission

The Kentucky Regional Extension Center (Kentucky REC) was established in 2010 as part of a nationwide initiative to assist healthcare providers in adopting electronic health records (EHRs).

Part of the outreach mission of UK HealthCare, Kentucky REC is a trusted advisor to healthcare organizations, clinicians, and leaders, helping them to manage the complex and changing world of healthcare.

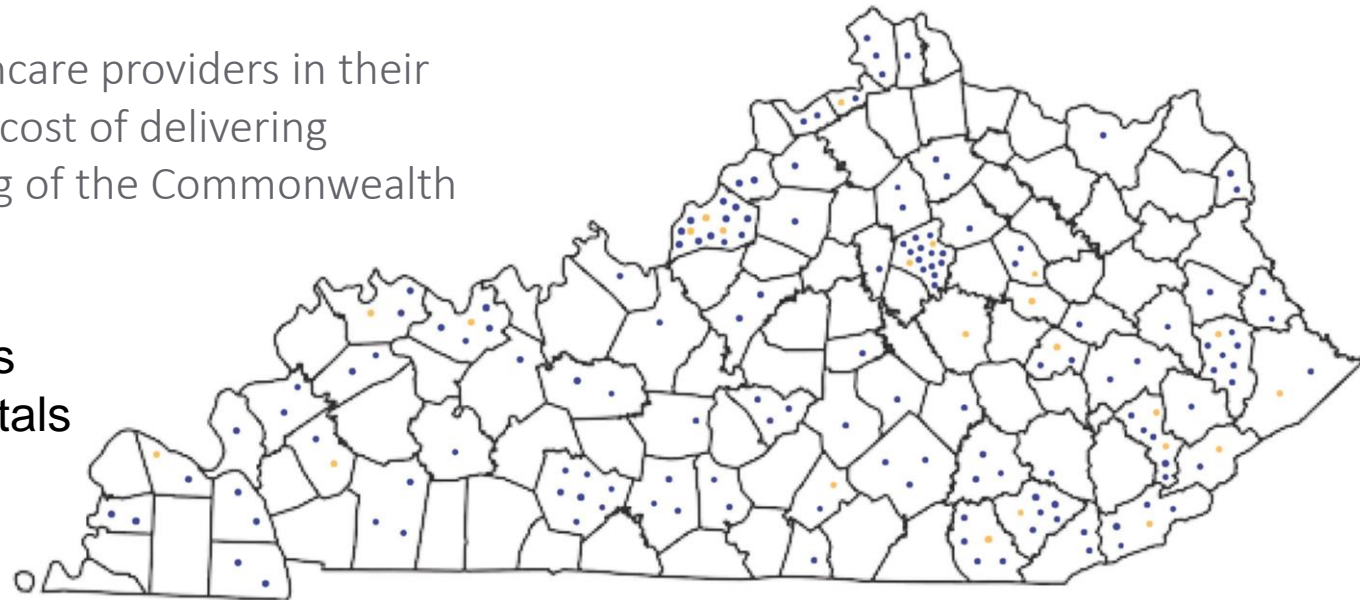
## MISSION

To provide a comprehensive set of transformation services focusing on the specific needs of healthcare providers.

## VISION

To be THE trusted advisor and strategic partner for healthcare providers in their efforts to improve the quality of patient care, reduce the cost of delivering healthcare, and improve the overall health and well-being of the Commonwealth and beyond.

- Clinics
- Hospitals



# Services Overview

- Fee-For-Service Lines
- Grants
- UK HealthCare Dyad & Quality Support
  - Administered over \$40 Million in Grant Funding
    - Support a third of all KY Hospitals
    - Support 95% of all FQHCs and RHCs in KY
  - Have supported over 3,500 providers in 600 provider locations
  - Currently work with over 200 organizations with more than 120 funded projects



# **Fee-For-Service**

# Fee-For-Service Offerings

- Quality & Value
- HIPAA Security & Compliance
- Promoting Interoperability in Hospitals & Clinics
- Data Validation
- Patient-Centered Medical Home



# Example FFS Projects

- Kentucky Health Center Network (KHCHN)
  - Provide HIPAA Security Risk Analyses and Vulnerability Scans to all Federally Qualified Health Centers under the KHCHN
- Kentucky Association of Health Plans (KAHP)
  - Support Managed Care Organizations to improve quality of care for their Members while meeting quality thresholds set forth by Kentucky Medicaid. Work with 8 provider organizations identified by KAHP with quality improvement, data validation, measure-specific education, and data tracking



# Grants



# Active Grants

- CDC Innovative Cardiovascular Health Program Grant (Heart Strong)
- KDPH Chronic Disease QI Grants
  - Heart Disease and Stroke Prevention (HDSP)
  - Breast and Cervical Cancer Screening (BCC)
  - Kentucky Asthma 0016
  - Colorectal Cancer Prevention Project (CRC)
  - Quit NOW Kentucky
- UK College of Public Health Grants
  - NIH Study: DSMES Up For It Learning Collaborative
  - CDC BAA: Community-Clinical Linkages Grant
- Kentucky Office of Rural Health Quality Improvement Grants
  - SDoH QI Initiative and Collaborative Learning Network
  - MBQIP Practice Transformation





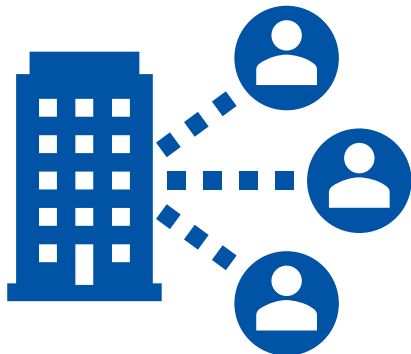




# **UKHC Dyad and QI Support**

# UK HealthCare Ambulatory Dyad Project

- **What are Dyads/Triads?**
  - Productive pairs of physician and administrative and/or nursing champions for ambulatory clinics
  - Designed to engage and empower frontline teams in identifying & solving quality issues at the point of care
- **The Role of Quality Dyad/Triad Leaders:**
  - Provide visible and consistent leadership for improving the quality, safety, efficiency and experience of care in your designated clinic or area.
- **Expected Outcome:**
  - Dyad/Triad leaders are asked to focus on improving performance in their designated clinic or area to align with strategic initiatives and to improve patient outcomes.

# UK HealthCare Ambulatory Dyad Project

## Resource Infrastructure for Quality Improvement

				
<p><b>Dyad Collaboratives:</b> Regular meetings to support collaboration, performance improvement, tests of change, evidence-based practice and standard work.</p>	<p><b>Training:</b> Institute for Healthcare Improvement Open School Online Courses  Ambulatory Quality Team Measure Training</p>	<p><b>Dyad Support:</b> Quality Coaches work with Dyads/Triads <b>annually</b> to set goals and <b>monthly</b> to review performance data and plan for PDSA sprints</p>	<p><b>Tools &amp; Data:</b> Access to tools and data to help identify root causes, select evidence-based interventions, plan and conduct tests of change and assess whether changes resulted in improvement.</p>	<p><b>Improvement Support:</b></p> <ul style="list-style-type: none"><li>- Ambulatory Quality Leadership</li><li>- QI Coaches</li><li>- Amb. Operations</li><li>- Subject Matter Experts (patient experience, clinic efficiency, etc.)</li></ul>

# Customer Base

- All healthcare providers
- All healthcare provider organizations:
  - Private owned practices (small to large)
  - Federally Qualified Health Centers
  - Rural Hospitals and Rural Health Clinics
  - Hospitals and Hospital-based Clinics
- Partner Organizations

# Example Partners



# Current Outreach Strategies

- Email blast list, newsletters and email blasts
- Zoom webinars
- Booth and Speaking at Conferences
- Small social media presence (Facebook, LinkedIn, X)
- Website
- Phone Calls and Emails
- Annual Conference



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K E N T U C K Y

Margaret McGlandry

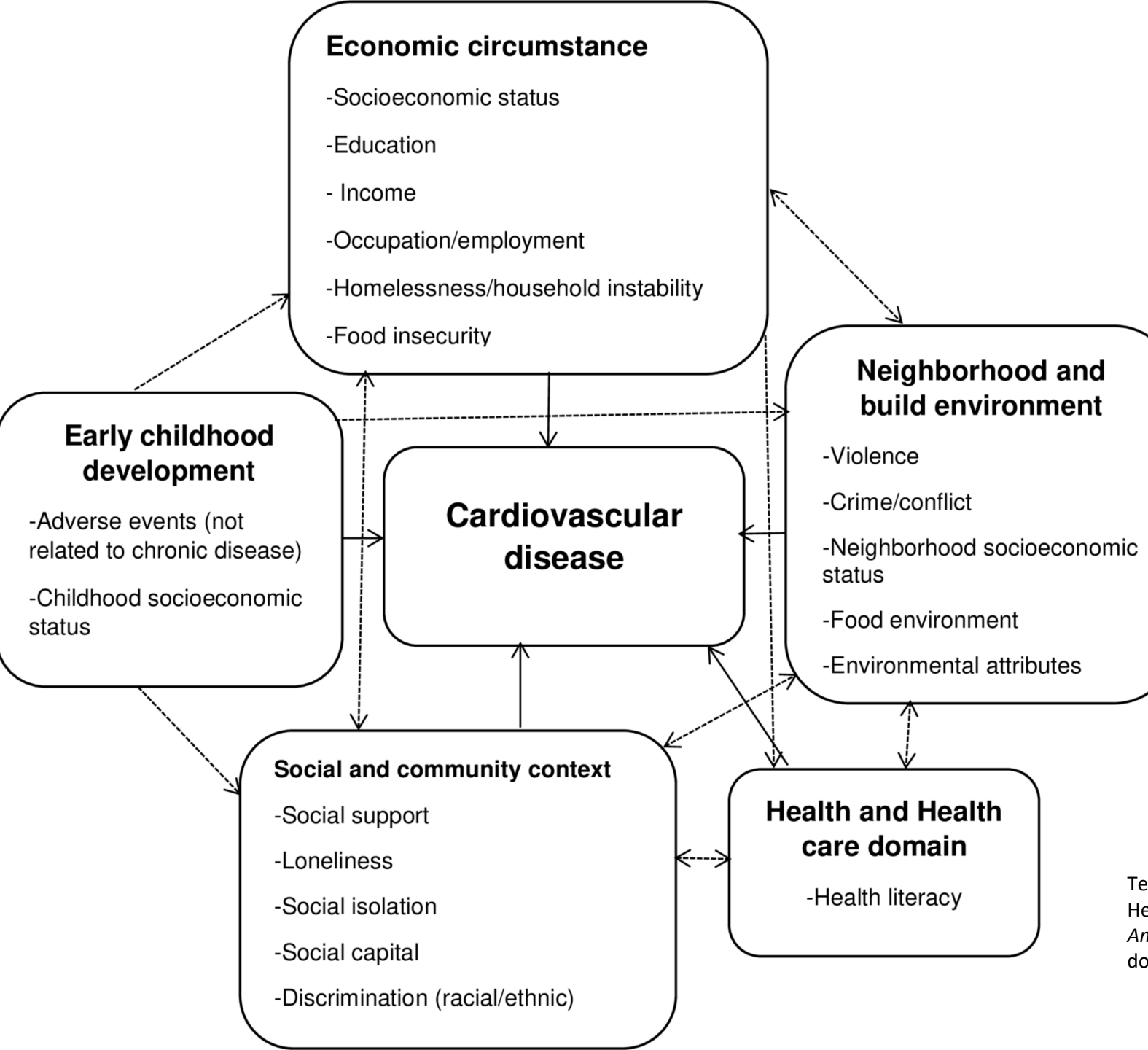
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# **Navigating Community Resource Guides and Platforms**

Margaret McGladrey, PhD  
Assistant Professor, Health Management and Policy  
HeartStrong Evaluation Team

# SDoH Domains and Association with Cardiovascular Disease

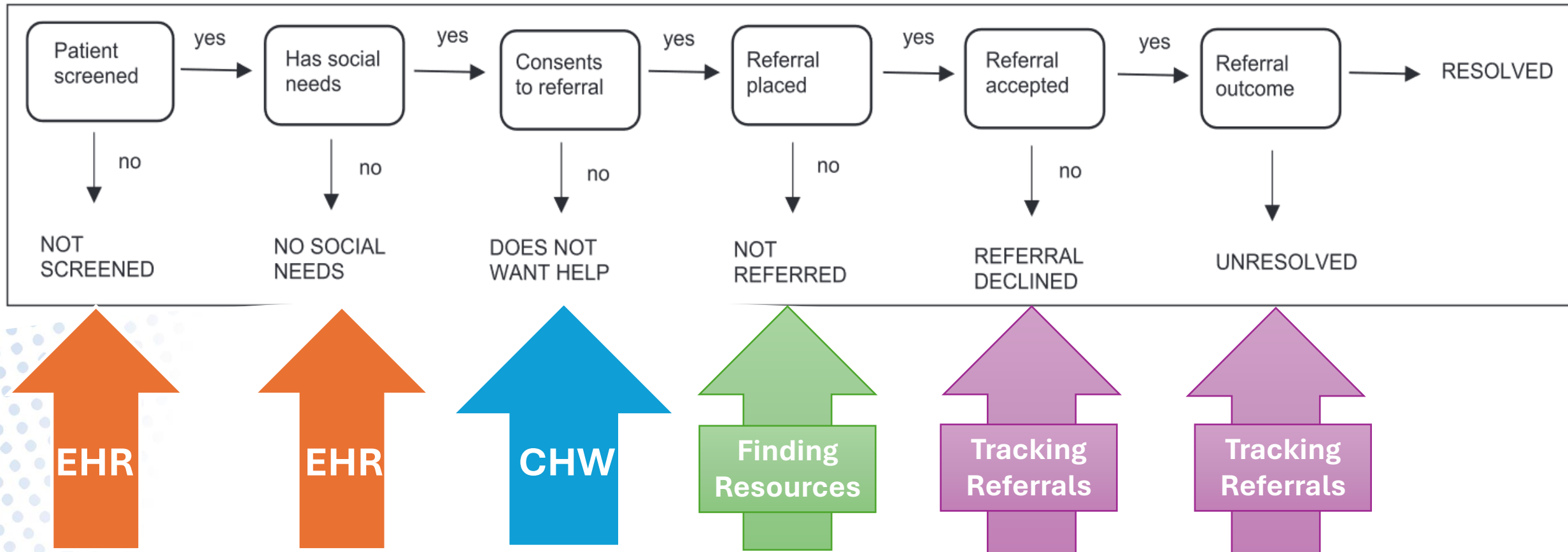


Teshale AB, Htun HL, Owen A, et al. The Role of Social Determinants of Health in Cardiovascular Diseases: An Umbrella Review. *Journal of the American Heart Association*. 2023;12(13):e029765. doi:10.1161/JAHA.123.029765

# Sequential steps in the SDoH screening and referral process

2

*Journal of Primary Care & Community Health*



# Screening Pro Tips



Vet resources before sharing



Make warm handoffs, not cold lists



Suggest, don't prescribe or judge



Partner with consent and respect choice



Don't penalize if resources aren't used

# Resource Guide Use Cases

What do you use when?

## GOALS

### Finding resources for help-seekers

- Identify the right resources at the right place at the right time for an individual patient accounting for available services
- Need for individual tailoring because social needs intersect and are of different priority levels for each person

### Tracking resource referrals for helping organizations

- Integrate SDoH management into your care management program
- Leverage a comprehensive platform to address and track SDoH needs and outcomes for members

## EXAMPLES

- kynect resources
- UniteUs (211)
- FindHelp (public-facing)
- MyKY.info
- FindHelpNow (Cabinet and UK)
- Kentucky Youth Advocates SEEK Screener for Wellchild Visits
- Kentucky Administrative Office of the Courts Court-designated Workers

- kynect resources
- UniteUs\*
- FindHelp/LightBeam Health Solutions\*
- Phreesia\*
- Qure4u\*
- Healow\*
- Azara\*
- I2i\*

*\*Subscription/payment required*

# Finding Resources: Features and Benefits

## MyKY.info (Family Scholar House)

- Includes services that are free, compiled and vetted by Nicole Thompson at Family Scholar House
- "For You" dial on app interface allows users to filter results by gender/age, family status and other special demographics, not only zip code

## United Way 211

- Includes services that are open and operating
- Most of the listed services are free, but some may have an associated cost
- Includes:
  - Service category
  - Service organization
  - Service name
  - Service description
- Community Resource Specialists respond to requests and make referrals
- Free self-entry into directory by service organizations based on United Way inclusion criteria and review

## FindHelpNow (Cabinet and UK)

- Includes services that are facilities or providers who are actively taking new clients
- Web-based user interface
- No exclusion criteria, must offer treatment for mental health or substance use or support for recovery housing
- Also includes naloxone, basic needs, assisted living resources
- Free self-entry by service organizations into database maintained by UK College of Public Health
- Provides updated data on whether specific treatment types are accepting or not accepting new patients

## kynect resources

- Data (contact information, location details, resources offered, etc.) about more than 20,000 resources from 211 data
- Linked to Medicaid and Medicare Integrated Eligibility and Enrollment System data and the Kentucky Health Information Exchange ePartnerViewer
- Referral Support Specialists respond to requests and make referrals
- Can be used for assessment by state agencies, kynectors, providers, DCBS, etc.

# Case Scenario

- Young couple with 6-month-old baby
- Mom returned to use of alcohol and opioids after 18 months in recovery
- Mental health (postpartum depression, psychosis) and physical health (prediabetes) concerns
- CPS involved due to past abuse/neglect concerns
- Family struggling with money, housing, food, and bills
- Mom feels overwhelmed, alone, and has suicidal ideations
- Dad works long hours, not home much
- Both parents slipping in recovery and support



**Based on your answer to the last question, use kynect resources to find the top three supports in your county to which you would refer the family.**

- [https://kynect.ky.gov/resources/s/?language=en\\_US](https://kynect.ky.gov/resources/s/?language=en_US)

REPORT OUT  
ON TOP RESOURCES FOR  
YOUR AREA





# BUILD YOUR NETWORK & JOIN KENTUCKY'S HELPING PROFESSIONALS



- Are you a Community Health Worker, Peer Support Specialist, Survivor Advocate or similar helping professional?
- Do you want to enhance your professional network and grow in your role?
- Would you benefit from accessing local resources and learning best practices from peers in a supportive, collaborative environment?
- Are you interested in strengthening connections with other helping professionals across Kentucky?

Join our virtual learning session on the last Wednesday of the month from 11-12 EST.

Sign up by scanning the QR code here  
or visiting [bit.ly/NOCZoom](https://bit.ly/NOCZoom)



For questions, email [margaret.mcgladrey@uky.edu](mailto:margaret.mcgladrey@uky.edu)

# JOIN US!



Navigators of the Commonwealth  
Your Compass for Resources



Heart Disease & Stroke Prevention  
**TASK FORCE**

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K E N T U C K Y

Dr. Avinash Tope  
KSU mobile unit

# Minimizing Outcomes and Bluegrass Inequities through Lifestyle Education and Screening

**MOBILE-KSU**



**KENTUCKY STATE  
UNIVERSITY**

# Project Overview

- 
- MOBILE-KSU stands for 'Minimizing Outcomes and Bluegrass Inequities through Lifestyle Education and Screening with Kentucky State University.'
- 
- IMPROVING METABOLIC AND CARDIOVASCULAR DISEASES OUTCOMES IN LOW-INCOME POPULATIONS IN KENTUCKY: A CLINICAL AND NUTRITION EDUCATION APPROACH: MOBILE-KSU  
(Funded through a USDA Evans Allen Grant)
- 
- Designed to address chronic disease disparities across Kentucky, focusing on heart disease, diabetes, and metabolic syndrome.
- 
- Emphasizes early detection, management, nutrition education with Food is Medicine approach, and lifestyle modification.



**KENTUCKY STATE**  
**UNIVERSITY**

# Statistics At a Glance

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The current life expectancy at birth for Kentucky residents ranges from approximately 74.6 to 76.3 years, with females generally outliving males at age 65 (Arias et al., 2024).

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Kentucky ranks as the fifth lowest state in life expectancy, primarily driven by factors such as food security, income, and homelessness (Arias et al., 2024).

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In Louisville, approximately 13.8% of adults are diagnosed with diabetes, translating to around 486,200 individuals across Kentucky (CDC, 2020).



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# Target Communities



- West Louisville and Hazard are key areas of focus.
- Populations that experience higher rates of obesity, diabetes, and hypertension than the state average.
- Many residents face barriers such as limited healthcare access, food insecurity, and transportation challenges.



# Mobile Health Unit Purpose

- Provide mobile access to health screenings, nutrition education, and referrals.
- Bring services directly to rural and underserved communities.
- Serve as a platform for health promotion, education, and community engagement.



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# Services Provided



- Screenings: Blood pressure, blood glucose, BMI, cholesterol, and other metabolic indicators.
- Education: Nutrition and cooking demonstrations, healthy lifestyle workshops, and MyPlate awareness.
- Referrals: Connection to local clinics, dietitians, and support programs.
- Follow-up: Pre- and post-surveys to measure impact on knowledge and behavior.



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# Community Impact

- Improve early detection of chronic diseases.
- Increase awareness of nutrition and healthy lifestyle choices.
- Empower participants to manage their own health with Food is Medicine approach.
- Enhance access to health and nutrition education in regions with limited healthcare infrastructure.



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# Partnerships and Collaboration



- Family Health Center of Louisville
- Park DuValle Community Health Center
- Hazard Community and Technical College
- Collaboration with community leaders, extension agents, and local organizations.



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# Research and Evaluation



- Data collection through pre- and post-program surveys.
- Measure changes in participants' knowledge, health behaviors, and screening results.
- Inform future extension programming and public health interventions.



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# Long-Term Goals



- Reduce the prevalence of metabolic syndrome, diabetes, and cardiovascular disease in Kentucky.
- Strengthen community trust in university-led health initiatives.
- Create a sustainable model for mobile health education and outreach.



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# Thank You!



- For more information, contact:
- Avinash Tope, PhD
- Kentucky State University  
Cooperative Extension  
Program
- Email: [Avinash.tope@kysu.edu](mailto:Avinash.tope@kysu.edu)
- Phone: 502-597-6012



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Heart Disease & Stroke Prevention  
**TASK FORCE**

---

K E N T U C K Y

UK Coop Ext  
Heather Norman Burgdolf

6

**Martin-Gatton College of Agriculture, Food and Environment**

# **Partnering for Prevention: UK Cooperative Extension's Role in Cardiovascular Health**

**Dr. Heather Norman-Burgdolf  
Associate Extension Professor  
Department of Dietetics and Human Nutrition**

**What if your patients had free and affordable  
health education resources in the  
communities where they live?**



# Cooperative Extension Service



Smith-Lever Act of 1914

Research Translation

“To bring the University to the people”

50 States, 5 Territories, Over 3000 Counties

"To aid in diffusing among the people of the United States useful and practical information on subjects relating to agriculture and home economics, and to encourage the application of same."

# Presence of Cooperative Extension Nationwide



United States  
Department of  
Agriculture

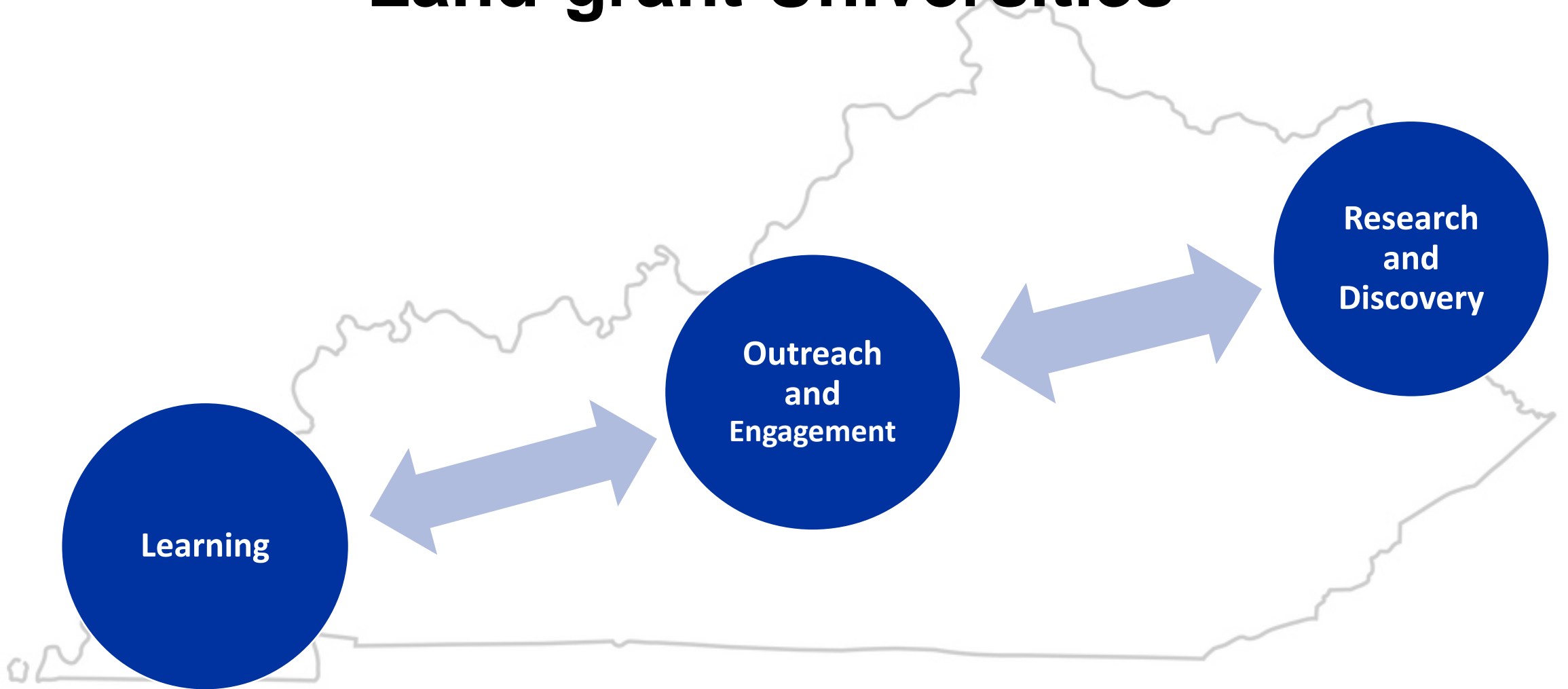
National Institute  
of Food  
and Agriculture

[www.nifa.usda.gov](http://www.nifa.usda.gov)  
@USDA\_NIFA

## NIFA LAND-GRANT COLLEGES AND UNIVERSITIES



# Land-grant Universities







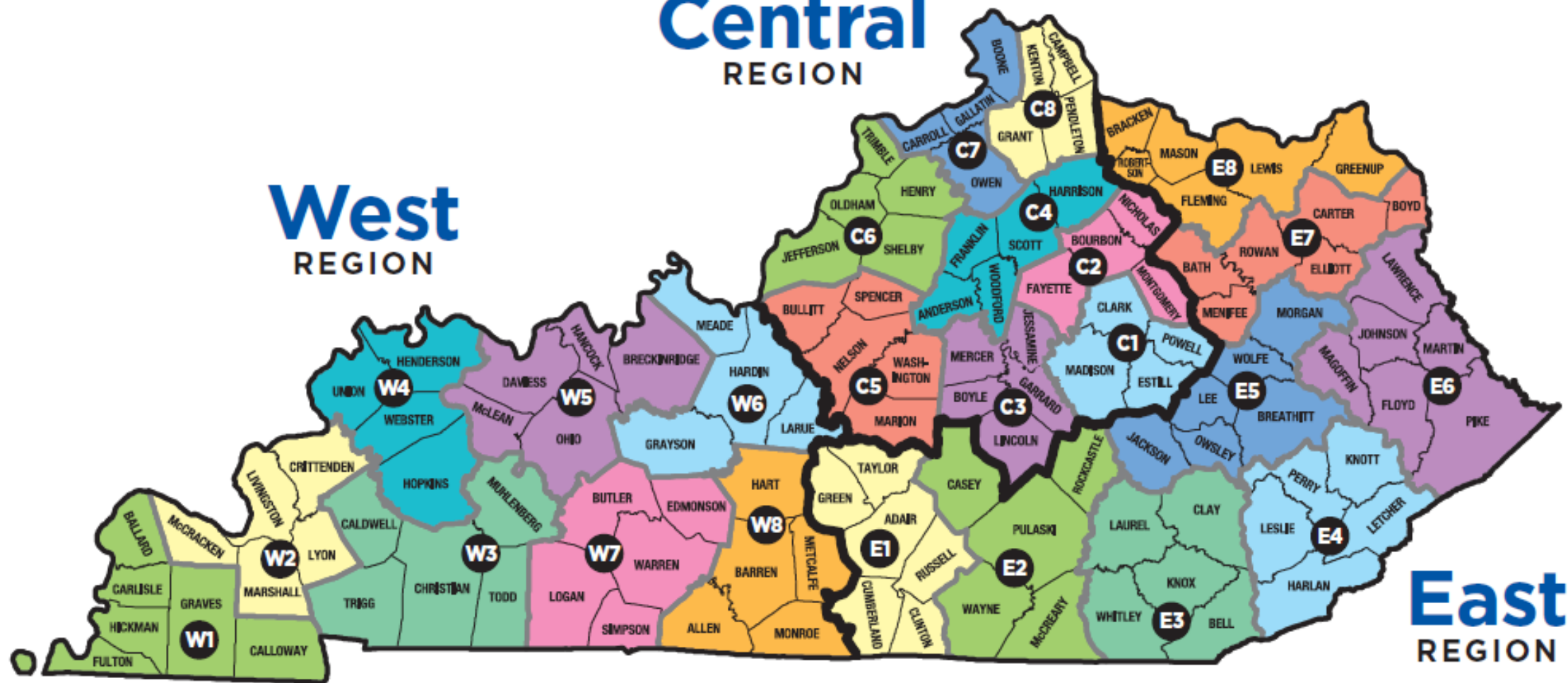
## UK Extension's mission aligns with healthy lifestyles & disease prevention.

---

Kentucky Cooperative Extension serves as a link between the counties of the Commonwealth and the state's land grant universities **to help people improve their lives through an educational process focusing on their issues and needs.**

# Central REGION

# West REGION







# Expanding Role in Health Programs

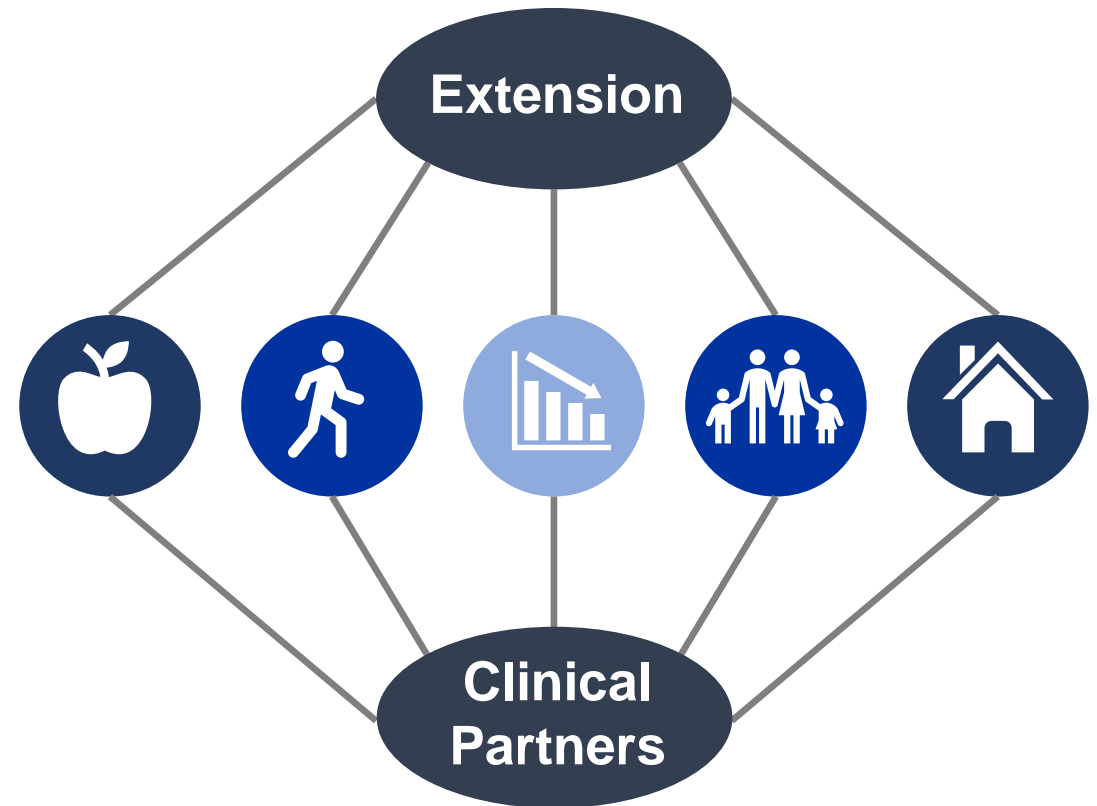
*“Extension can do for the nation’s health what it did for American agriculture.”*

## Cooperative Extension National Framework for Health Equity and Wellbeing, 2021

- Aligns partners with Extension priorities and outcomes within socio-ecological model
- Healthy & Safe Choices
- Healthy & Safe Environments

## Public Health and Clinical Partnerships

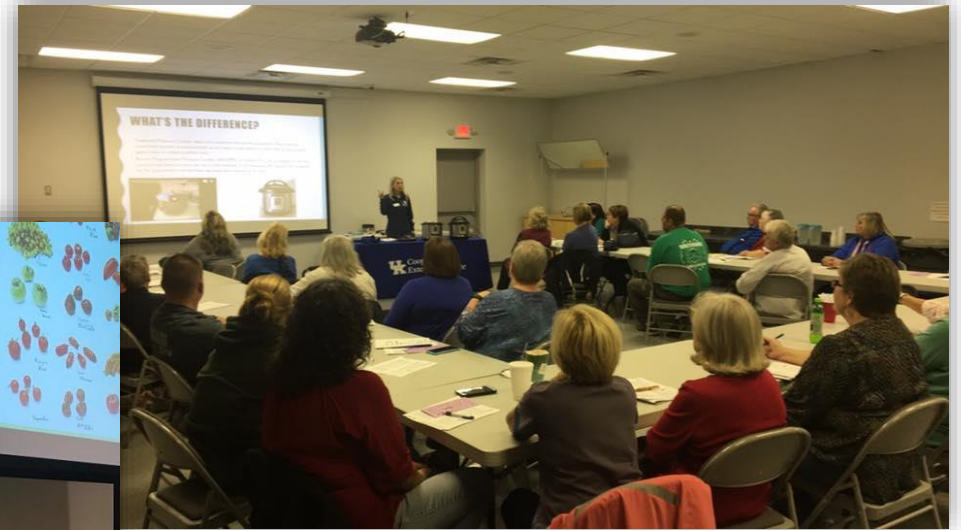
- Increased recognition of Extension as vital partner by healthcare professionals
- Increase integration of programming with healthcare on relevant, overlapping areas of interest





# Extension Programs that Support Heart Health

- Nutrition education
- Cooking and food safety
- Physical activity
- Mindfulness
- Sleep
- Mental health/wellbeing
- Substance use prevention
- Stress management
- Health literacy





# What does Extension Health Education look like?

## In-Depth Educational Programs

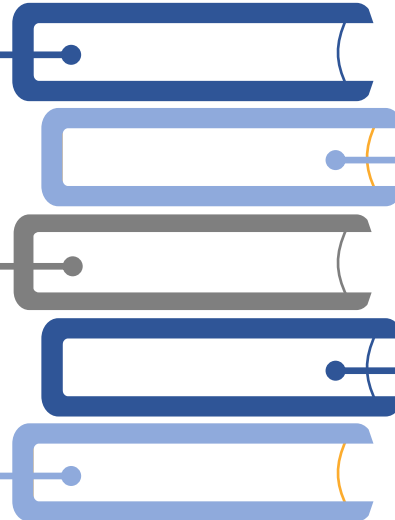
Programs addressing community needs are delivered in a public setting and open to everyone.

## One-time Events

Extension staff routinely host workshops, demonstrations, and participate in field days.

## One-on-one Interactions

Individuals may consult with Extension staff at the office, at home, or on their farms.

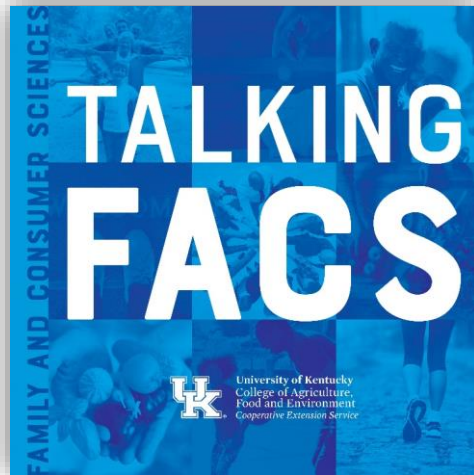


## Written Extension Materials

Subject matter experts develop written materials for distribution at the county level.

## Technology

Strategies to reach people where they are include media, websites, and social media.



# Example Food and Nutrition Workshops

- One-time lessons
- Activities
- Handouts



# Multi-session Programs

- Multiple lessons
- 4-12 weeks
- Behavior change focus



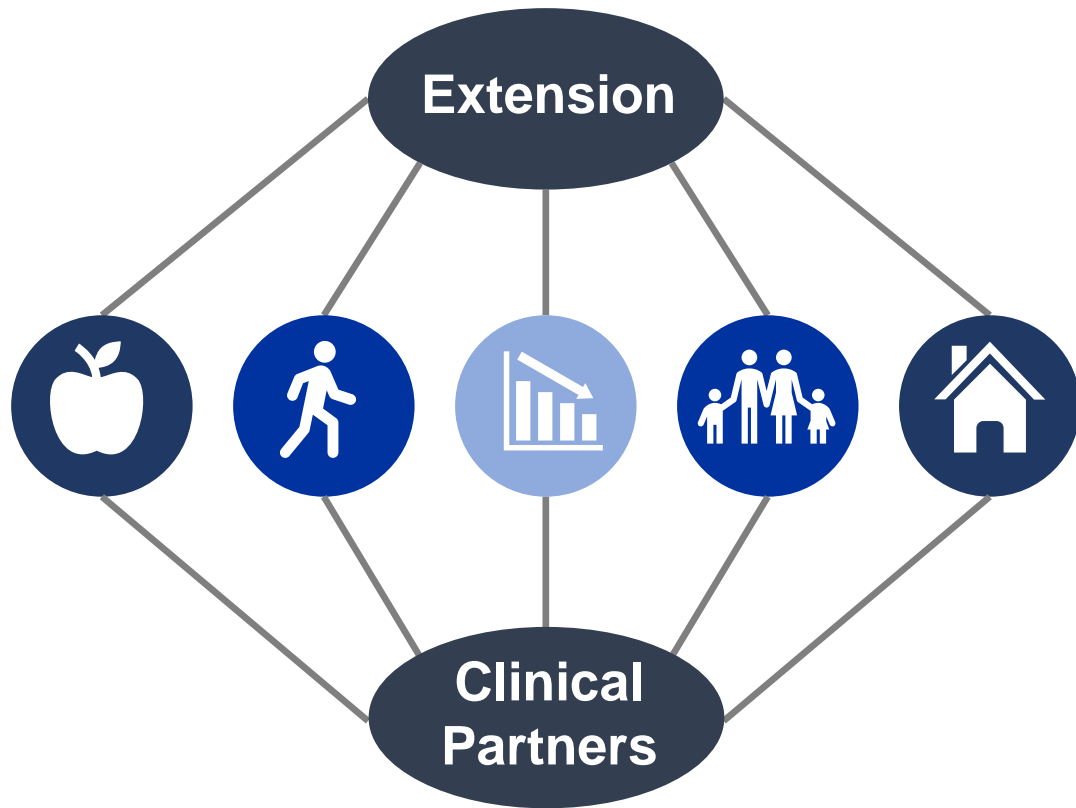




- Developed in collaboration with the UK Food as Health Alliance
- Build on principles of *Food is Medicine*
- Repository of resources, materials, and lessons that address food insecurity, CVD, HBP, and diabetes
  - Booths/demonstrations
  - Events
  - Lessons/series
- Trained Extension agents received these materials in February 2025



**Could Extension be a new partner or resource  
for health promotion and heart disease  
prevention in your clinical setting?**





# Connecting with Extension

- Scan the QR code to find your local county Extension office.
- Reach out to your county Family & Consumer Science Extension Agent.
- Questions? Email me.

[heather.norman@uky.edu](mailto:heather.norman@uky.edu)




United States Department of Agriculture



AND  
JUSTICE  
FOR ALL

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To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

**fax:**  
(833) 256-1665 or (202) 690-7442.

**email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov).

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La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> en cualquier oficina del USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

**correo postal:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; o

**fax:**  
(833) 256-1665 o (202) 690-7442;

**correo electrónico:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución ofrece igualdad de oportunidades.

Form AD-3027-A—Assisted Format Revised September 2021

Ayuda complementaria al Formulario AD-3027-A (Revisado Septiembre 2021)

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the UK Office of Equal Opportunity, 13 Main Building, University of Kentucky, Lexington, KY 40506-0032 or

US Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410.





Questions  
for our  
speakers?



# Lunch – Let's Eat!

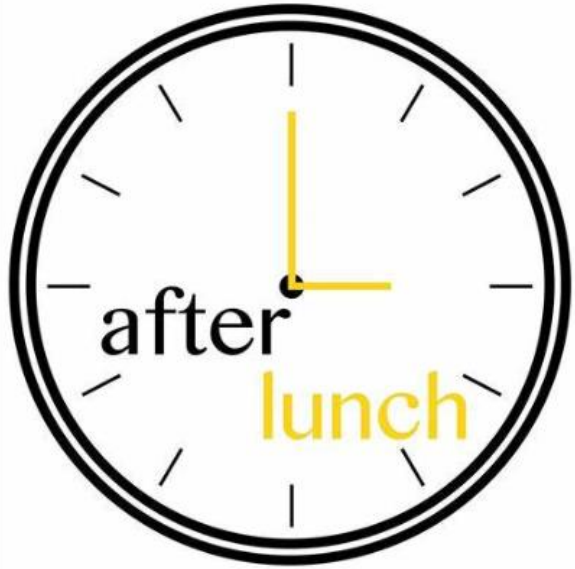
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Lunch has been provided by the Kentucky Heart Disease and Stroke Prevention Program.

Please gather your lunch from the tables in the hallway and enjoy!

- If you noted a dietary accommodation on your registration, please see Jennie Morehead or Breanna Walker at the end of the tables.





# Committee Breakout Sessions

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Heart Systems of Care  
(HSOC)

Stroke Encounter Quality  
Improvement Project  
(SEQIP)

# Committee Report: Heart Systems of Care

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Co-Chairs:

Greg Brislin

- UofL Health Jewish Hospital

Clara Robertson

- Baptist Health Hardin



# Committee Report: SEQIP

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Co-Chairs:

Kari Moore

- Regional Brain Institute

Jane Van Tatenhove

- Joint Commission



# KHDSP Task Force FaceBook Page

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<https://www.facebook.com/KYHDSP>



## **Kentucky Heart Disease and Stroke Prevention Task Force**

351 likes • 457 followers



# Spring Task Force Meeting – Save the Date!

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**May 7, 2026**

Location -TBD





# Thank you!

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**Heart Disease** & Stroke Prevention

**TASK FORCE**

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K E N T U C K Y