

# **A campaign for a healthier Kentucky**

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A proposal by the Friedell Committee for Health System Transformation  
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Kentucky is one of the least healthy states, and it suffers greatly for it. What can Kentuckians do to make their state healthier?

One simple answer is that they can change their behaviors that cause bad health: smoking, poor nutrition, lack of physical activity, and so on. But we've been behaving that way for a long time. It's part of our culture, and culture does not change without collective action in communities. This is the start of a plan for such action to make us healthier, wealthier and wiser.

## **The problems**

Among the states, Kentucky ranks first in smoking, cancer deaths and preventable hospitalizations; second in heart disease and poor physical-health days; third in heart attacks and poor mental-health days; and in the top 10 in obesity, diabetes, cholesterol and sedentary lifestyles.

These statistics reflect a horrific array of personal tribulation, loss and grief; a vast waste of public treasure, extracted from taxpayers of a poor state; and an endless list of squandered opportunities to improve our economic condition and public services. Our health problems have contributed to a culture of dependency among some people in depressed areas.

While those problems are typically associated with Eastern Kentucky, other rural areas and some urban neighborhoods have similar issues. In Jefferson County, there is a 13-year difference in life expectancy between some East End neighborhoods, where the average is about 83 years, and most in the heart of Louisville, where it is about 70.

Life expectancy is the broadest, most generally accepted measurement of a population's health. Kentucky's is 73.3 years, one of the lowest in the nation, and nearly three years less than the national average of 76.2. Among our counties, only Oldham, at 77.2, exceeds the national average. The lowest is Perry, at 68.3, and 15 other counties have a life expectancy of less than 70, the prescribed "days of our years" in the 90<sup>th</sup> Psalm.

## **Why should the healthy care?**

Our poor health status costs all of us in higher taxes or constrained public services, including the state's efforts to expand jobs.

One of the fastest growing parts of the state budget is the Medicaid program for the poor and disabled. Under federal health reform, it is being expanded to cover more people, and that will cost the state more money when new federal subsidies begin to decline in 2017. The expansion should improve health by bringing uninsured people into the system and addressing their health problems before they become worse and more expensive, but the degree of that is uncertain, and it is only a partial solution.

In addition to the costs to taxpayers, Kentucky's poor health hinders its ability to recruit and retain employers. Our workforce is one of the least healthy in the nation, and the state has a

disproportionate number of working-age people who are not in the workforce because of health problems.

These “Kentucky Uglies,” as former University of Kentucky President Lee Todd called them, make Kentucky a less attractive place to live and work. Is that the kind of state we want for our children and grandchildren? Is it the kind of state where they will even want to live?

Those questions are especially important in communities that suffer from poverty, lack of good jobs, and health problems. Such communities can easily get down on themselves, feeling they are caught in stagnation or a downward spiral that they are helpless to reverse. Residents of these communities focus on taking care of themselves and their families, but see any collective effort to improve the community’s situation as a huge challenge.

### **What should we do?**

The state has a plan to improve Kentucky’s health, and is reshaping county health departments to implement the plan. Many county and district health directors have taken initiatives of their own. The role of health departments is critical, as is that of the county health boards that oversee them. Under state law, each county board is responsible for the county’s health.

To change behavior and culture, communities must organize to make community health a community issue, which will create social pressure for behavior change. We must stop tolerating ill health.

To help foster such community involvement in all parts of Kentucky, we need a campaign to remind Kentuckians of the connections between health, wealth and education, and to spur them into state and local action. The slogan for this campaign could be “Kentucky: Healthier, Wealthier and Wiser.” The name of the campaign could be Get Well Kentucky, with the Internet name [GetWellKy.org](http://GetWellKy.org).

### **How should we do it?**

Making Kentucky a healthier state will take ownership, leadership, collaboration, and focus across many levels and disciplines. A statewide campaign is needed to set themes and priorities, and encourage cooperation, but efforts to promote good health must take place in the places where people live, learn, work, and play.

A successful campaign must overcome inertia, instill a greater appreciation for the value of education, counterproductive public policy, personal interests, lack of funding, and an increase of libertarian tendencies in our society.

While the Friedell Committee is proposing this campaign, it does not want it to be a Friedell Committee campaign. The campaign must be one of partners from various elements of the commonwealth.

**Education** plays a critical role in improving the health of Kentucky citizens. A well-educated population is not only more knowledgeable about the choices that create good health on both an individual level and a community level, but often has more available options for pursuing healthy lifestyles. Well-educated people are more likely to achieve economic stability. Less educated

people are more likely to live in poverty and have fewer options to deal with health challenges, and may not have the energy, willingness or resources to look beyond basic daily necessities.

Support for efforts to keep improving Kentucky's educational system should be a priority for any organization seeking to improve the health of its citizens. In turn, state and local education leaders should stay focused on the roles that health and nutrition play in education. The Kentucky Education Reform Act recognized that with the Family and Youth Resource Service Centers, and national groups such as the Alliance for a Healthier Generation offer ways to fight child obesity and encourage physical activity.

**Business leaders** have recognized the burden of poor health on the state's economy and their own enterprises. The Kentucky Chamber of Commerce has illustrated that recently, with its endorsement of a statewide ban on smoking in workplaces. The Get Well Kentucky campaign should engage the chamber, other business organizations and individual employers to develop messages that will improve the health of our workforce, and to urge political leaders to make changes in public policy that will help improve overall health.

An important element of this effort is the identification of specific, localized examples that show how poor health can be a drag on the economy, beyond the direct costs of health care and health insurance to employers and other taxpayers. Partly because the state is Balkanized by its 120 counties, Kentuckians place more focus and importance on local information, and their news media focus heavily on local topics.

Business leaders are in positions to provide leadership on state and local health issues, because they have prominence, respect and resources. Many civic-minded business people shy away from potentially influential public involvement because of the increasingly partisan nature of the political system and the risk of public controversy, even in non-political pursuits. It should not be controversial to advocate better health and help the state and local communities agree on ways to accomplish the goal.

**Political leaders** at the state and local levels may be carriers of the campaign message, but they are more likely to be its recipients – for changes in public policy that will promote better health. It will be important to engage political leaders in ways that will encourage them to make their colleagues feel more comfortable about making such changes. **County health boards** have statutory responsibility for the health of their communities, and county and district health departments are becoming more involved in that. The Kentucky Health Departments Association and the state Department of Public Health have been brought into the Friedell Committee's planning process.

**Cooperative Extension Service** agents, particularly those in Family and Consumer Sciences, have been active for several years in efforts to improve individual and community health. We have begun talks with the associate dean at the University of Kentucky who supervises them.

**Economic development officials** can testify to the linkages between community health and the ability to recruit and retain jobs, as reflected in their Work Ready Communities campaign. They are also part of the planning process.

**Other partners** can bring unique resources and capabilities to bear. Part of their function will be to ensure that the campaign is broad, inclusive, diverse and locally rooted. These can include the state Department of Education, local and state foundations, the Kentucky Medical

Association, the Kentucky Hospital Association and the wide range of lobbies on such issues as health reform, smoking, obesity, diabetes, cancer and heart disease. For example, community mental health centers are responsible for the mental health of their communities. Some lobbies, such as Kentucky Youth Advocates, touch on many issues related to health.

**Principles to follow** in the campaign include:

- “Health” must be defined to include all health and well-being: physical, including oral; behavioral; spiritual; community; and environmental.
- All influences on health behavior must be considered, including health literacy, education, prevention, early intervention; on-going coordinated care throughout a lifetime, a supportive community, and public policy.
- The opportunity to be healthier has to be, and appear, available to everyone regardless of income, ethnicity, language, national origin, geographic location or gender.
- Health is a community issue and local partnerships are critical. It doesn’t work for outsiders to come in and try to tell the community what to do.

**Examples of success** will be important to use, to inspire confidence among Kentuckians that efforts in their own communities can make a difference. These could include:

- Successful efforts in Grant County to raise the county’s health ranking, as reported by the recent “Three 60” program on KET.
- Smoking bans passed in dozens of communities in a tobacco state, some of them in towns with a strong tobacco heritage.
- The Clark County dental program that reduced children with cavities to 11 percent of the total, from 50 percent.
- The ongoing PRIDE campaign that has cleaned up the environment in Eastern Kentucky, one of the regions that is most in need of a health campaign.
- The 25-year Prichard Committee campaign to improve student performance; the Friedell Committee in many ways models itself after the Prichard Committee.
- The use of the Friedell Committee’s principles in Floyd, Johnson and Magoffin counties to strengthen the care for diabetes.

**Steps toward action**

- Establish a brand or theme supported by concepts. “Get Well Kentucky” has been suggested, with a motto or slogan of “Healthier, wealthier and wiser.”
- Write and adopt an “elevator speech” that describes the campaign in 20 to 30 seconds. Make sure campaign partners remember and use it.
- Continue to enlist support and participation by partners, and form a steering committee comprising their representatives.
- Convene meetings of the steering committee to develop a specific action plan, criteria for a successful campaign and a Request for Proposals for professional assistance including polling, focus groups, messaging, media (broadcast, social media, other online, print, etc.)

**A specific action plan** could include:

- Printed and online materials with maps, key statistics and graphics showing the relationships between health, the economy and education to reflect the “healthier, wealthier and wiser” motto; stories built around the various sets of data, with quotes from recognizable people
- Broadcast public-service announcements, social media and other online campaigns
- Promotion of the “Health in all policies” concept
- Promotion of the health aspect of Work Ready Communities
- County health departments and boards as conveners and agenda developers for community forums: Each community can have a different lead organization, or more than one, but every community needs a partnership
- Circulation of newspaper, broadcast and other reports on community forums on the campaign website, to share ideas among communities

**The format for community forums** could be:

- Start the conversation. Ask participants their opinions – community situation, ways to improve, etc.
- Talk about the good things (beauties) that are happening, especially in that community.
- Bring up the challenges that remain – data on the Uglies
- Show how poor health affects us – education, jobs, quality of life, and economic security