



Promoting Responsive Health Policy

Addressing the Unmet Health Needs in Kentucky
Through Community Action



The Foundation for a Healthy Kentucky is a nonpartisan organization with a mission to address the unmet health needs of Kentuckians by developing and influencing policy, improving access to care, reducing health risks and disparities, and promoting health equity.

This report was prepared by Senior Program Officer Amalia Mendoza A. for the Foundation Board of Directors. October 2019.

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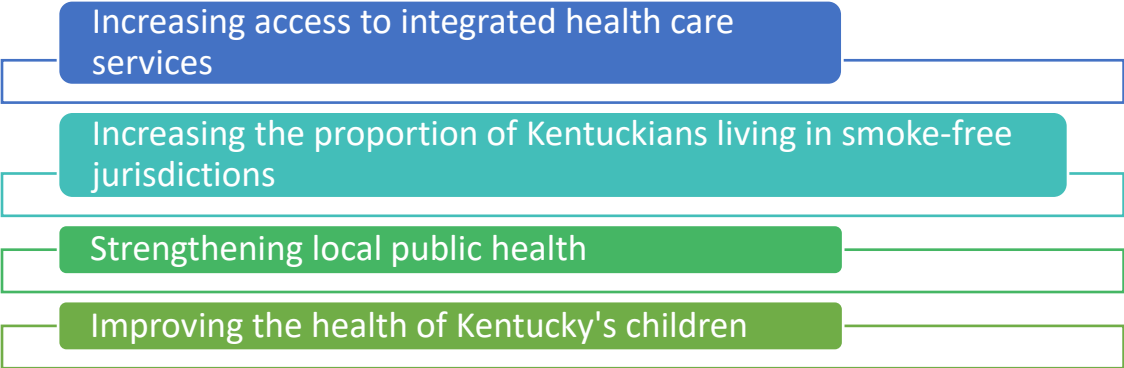
Introduction

Health policy has been part of the Foundation for a Healthy Kentucky’s mission since its origins but was made a cornerstone enterprise through the **Promoting Responsive Health Policy (PRHP)** initiative. During the PRHP initiative, the Foundation increased its impact by using its position as a convener of experts to provide guidance on policies, and as a grantmaker to support advocacy organizations to advance policies and to generate data and research for policymakers in order to test the effectiveness of innovative policies and approaches.ⁱ

Learning from its previous work and following best practices in philanthropy, the Foundation decided to deepen its policy work and enhance its support to community capacity building, while further embedding the values of equity, diversity and inclusion in its work. In its first operational year, the Policy Committee of the Foundation’s Board of Directors adopted two focus areas which would guide its future work:

- Health education and prevention programs focused on children and families with special emphasis on nutrition and fitness, and on youth smoking and substance abuse prevention.
- Initiatives to enhance access to health services and care for all ages, with emphasis on low-income, uninsured and rural populations and with special focus on access to integrated mental health services.ⁱⁱ

In September 2012, the Foundation Board of Directors launched the six-year Promoting Responsive Health Policy initiative as part of the Foundation’s 2012-2017 Strategic Plan, which also included the *Investing in Kentucky’s Future* initiative.ⁱⁱⁱ The goal of the PRHP initiative was to **make public policy more responsive to the health and healthcare needs of Kentuckians**. The Board also defined four policy priorities for the PRHP initiative in the understanding that a focus on key health issues would improve impact during the years of the initiative^{iv}:



Under these priority areas, the Board in 2012 also identified some of the strategies that would be of interest to improve health in the Commonwealth:^v

In the area of **access to integrated health care services**, and because the PRHP design occurred before Kentucky implemented the Medicaid expansion under the Affordable Care Act, the strategies and policies favored included:

- Increasing primary care access points (including oral and behavioral health) and reducing wait times from contact to visit
- Licensing changes
- Scope of practice changes
- Incentives for work in underserved areas
- Increasing provider slots

These are topics which continue to be relevant today for access to health care.

To **Increase the Proportion of Kentuckians Living in Smoke-Free Jurisdictions**, the Board sought to support policies, research and technical assistance to move forward comprehensive smoke-free policies.

Strengthening local public health would be developed by promoting policies and practices that strengthen local Boards of Health by increasing:

- Frequency of planning based on local identified needs
- Accreditation of district/local health departments
- Adherence to national performance standards
- Presence and activity of healthy community coalitions

And in the area of **Improving Children's Health**, the Board determined to promote policies to improve the health of Kentucky children, in particular:

- Nutrition and physical activity
- 24/7 tobacco-free school campuses
- Reducing safety risks – drug-related and due to unsafe environments
- Promoting robust school program review for Practical Living skills; strong health plans; active, effective Wellness Councils

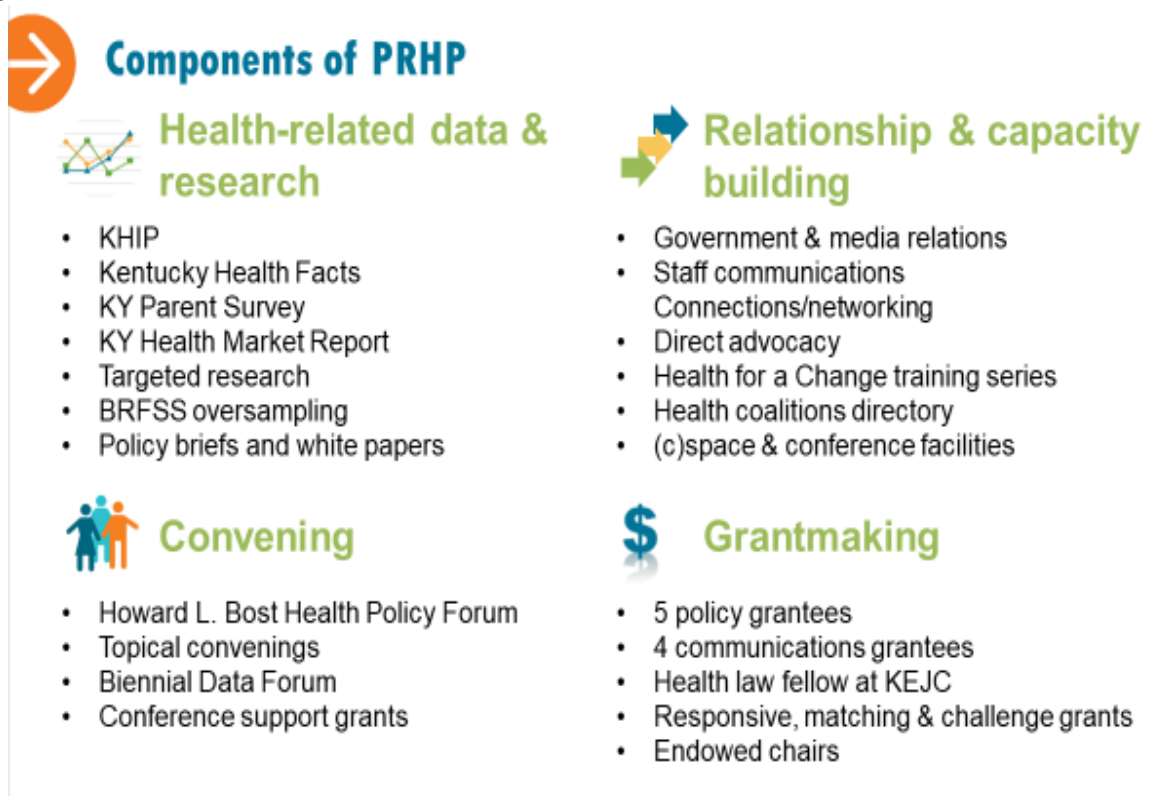
Within this framework, the PRHP components were determined. These included: grantmaking, health-related data and research, convening, and relationship and capacity building. The PRHP initiative was broad and all encompassing, as can be appreciated in Figure 1.

Through the PRHP initiative, the Foundation began more intensive work to advance policy by:

- Supporting research and analysis;
- Supporting evaluation and analysis of administrative and regulatory proposals;

- Identifying solutions, issue framing and messaging.

Figure 1



Center for Community Health and Evaluation (CCHE)

Through the tools of grantmaking, convenings, data and research, educational materials for and consultation with opinion leaders and policymakers, public education and information campaigns and media advocacy, the Foundation was able to achieve its goals of:

- Increasing stakeholder engagement, building the advocacy capacity of diverse stakeholders;
- Building coalition capacity; and
- Supporting efforts to organize community deliberation and action ^{vi}

This report has been prepared for the Foundation Board of Directors to provide a review of the Foundation’s grantmaking work, and the components, investments, and the outcomes achieved through the Promoting Responsive Health Policy initiative.

The PRHP initiative was extended for a little over a year into early 2019 as the new strategic plan was developed around the Foundation’s restructuring of its governance and role.

As one of Kentucky’s few and most important grantmakers in health, the Foundation’s support to policy advocacy during the PRHP initiative played a critical role in the priority areas selected

by the Board for the initiative, as can be seen in this report by the various, impressive outcomes achieved by the policy grantees in this period.

Kentucky has been and is among the least healthy states in the nation because it has yet to firmly address some pressing socioeconomic issues, such as adverse community environments, insufficient income, irregular employment and poor working conditions; inadequate housing; lack of public transportation; insufficient access to healthy, nutritious food and safe places for physical activity; and access to quality, integrated healthcare. These types of social determinants of health are a challenge for any organization working to improve health in Kentucky.

The work of the PRHP policy grantees and the other components of this initiative, however, have helped Kentuckians take action to improve their health despite these challenges. The Foundation's work in community capacity building through support of collaborative, cross sectoral approaches to address social determinants of health has also had a positive impact for health in Kentucky.

Overall, the PRHP initiative became a successful way of addressing the unmet health needs of Kentucky through community action.

Grantmaking

Given that health policy advocacy was a central objective of the PRHP initiative and grantmaking was an important part of the strategies applied, the Foundation's support to advocacy organizations working on policy was particularly robust. This part of the report will pay special attention to these policy grantees, although the Foundation also provided several other grants. As an important grantmaker in Kentucky, during this strategic plan, the Foundation also invested in communication grants, as well as smaller scale community grants, matching grants, conference support grants and challenge grants.

The Policy Grantees

The Foundation was one of a growing number of philanthropic organizations nationally to decide to fund advocacy organizations with the purpose of influencing opinions and actions on matters of public policy.

The decision to fund advocacy resulted from an understanding that the chosen PRHP grantees had expertise and knowledge of the substantive issues, the public policy process, and means of influencing public decisions, in this case specifically related to the four prioritized areas. The organizations chosen had the staff dedicated to mobilizing community efforts and building community capacity for policy change, the dedication of time and the strength to take a public role on the issue areas. It was also understood that by funding the advocacy organization, the grantee was willing and able to accept the publicity and maybe the controversy that results from a publicly visible role.

The five PRHP policy grantees selected were:

- **The Kentucky Center for Smoke Free Policy (KCSP):** to advance policies and provide technical assistance to increase the number Kentuckians living in jurisdictions that were smoke free.
- **The Kentucky Equal Justice Center (KEJC):** to provide outreach, litigation, policy development and analysis, community education and support to underserved populations, with a primary focus on increasing access to health care and protecting those covered.^{vii}
- **The Kentucky Population Health Institute (KPHI):** to provide technical assistance and support to local health departments in order to strengthen local public health.
- **Kentucky Voices for Health (KVH):** for policy development and analysis, base mobilization and issue campaigning, education of consumers, government and public officials, community education and grassroots organizing around access to health care and children's health.

- **Kentucky Youth Advocates (KYA):** to advance policies in the area of children’s health.

Some of these organizations, specifically KCSP, KEJC and KVH, had worked with the Foundation prior to the 2012-2017 strategic plan and were chosen because of their proven track record of being effective advocacy organizations for health. Because of their expertise and efficacy, the Foundation offered general support funding for them to carry out their work. The Foundation, in this regard, joined several innovative grantmakers that agreed that providing general operational support to organizations with expertise in the priority areas was an effective course of action. As the CEO of one such foundation stated regarding funding general support for policy advocacy:

“My strong belief is that the grantees are the experts. Once you find grantees with the capacity, they will make better judgements than you will about how the money should be spent. They know much better than I what needs to be done at any given moment. The best way to support that work is to give them unrestricted money to spend on the things you agree on generally- however they see fit. And every effective grantee told us, without exception, that the best money you could give us is general support.”^{viii}

For the PRHP policy grantees, flexibility with their funding was critical to their ability to be responsive in the changing political climate, as more than one organization expressed to the Foundation. Foundation funding for the policy advocacy grantees over the six years is presented in Table 1.

Table 1: PRHP – Policy Advocacy Grantee Funding

Grantee	2013	2014	2015	2016	2017	2018	Total
KCSP	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$300,000
KEJC	\$32,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$282,000
KEJC- HLF	\$45,000	\$45,000	\$45,000	\$45,000	\$45,000	\$45,000	\$270,000
KPHI	-	\$50,000	\$50,000	\$50,000	-	-	\$150,000
KVH	\$125,000	\$125,000	\$115,000	\$100,000	\$100,000	\$100,000	\$665,000
KYA	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$300,000
Total	\$302,000	\$370,000	\$360,000	\$345,000	\$295,000	\$295,000	\$1,967,000

For an average of \$325,000 per year, the Foundation empowered five expert organizations to be a strong vehicle for the Foundation mission of influencing health policy by strengthening the capacity and coordination of the advocacy community working on health issues. These grantees were able to provide the strategies, ideas, and methods used by advocates to advance health policy. These included policy development and analysis, polling and public opinion research, community education, grassroots organizing and base mobilization, leadership development, issue and media campaigns, and some lobbying and litigation.

The following summarizes some of their major accomplishments during the PHRP initiative.^{ix}

Kentucky Center for Smoke Free Policy (KCSP)

“The Kentucky Center for Smoke-free Policy works to provide rural and urban communities across Kentucky with science-based strategies for advancing smoke-free policies on the local level and educating citizens and policymakers about the importance of smoke-free environments.”

A singular characteristic of the Kentucky Center for Smoke Free Policy (KCSP) is that it provides the Commonwealth with **Kentucky-based** research and policy analysis around tobacco use for policymakers and other advocacy organizations to use. This has allowed KCSP to tailor interventions to Kentucky communities and advance evidence-based technical assistance and policy advocacy strategies.

KCSP has worked with regional liaisons and stakeholders to increase the number of resolutions, petitions, media advocacy, and public events supporting smoke-free policies. The technical assistance has been accompanied by updated county-level data, online smoke-free readiness assessments, a print media database, evidence-based fact sheets and guidance, partner e-newsletters, guides, templates, and information on legal/regulatory issues related to smoke-free policy.

The KCSP team has carried out this work engaging stakeholders in consultation via site visits, conference calls, convenings and regional site visits. Additionally, KCSP has hosted a statewide Annual Spring Conference for more than a decade, featuring national and local tobacco control experts and awards for local advocacy.



KCSP Director Dr. Ellen Hahn (front left) with tobacco youth advocates.

KCSP Project Outcomes

- Nearly half (49%) of the existing local smoke-free laws in Kentucky have been enacted during the PRHP grant period (2012-2019).
- 51 communities have enacted and implemented smoke-free ordinances. 34 of the smoke-free ordinances are comprehensive, covering 35.5% of Kentucky’s population. There are 3 laws covering public places (not all workplaces) and 14 with significant exemptions. 28 of the 51 ordinances now cover e-cigarettes.

- KCSP has been a consistent voice for evidence-based policy change during this time. The KCSP team has published 50 policy or policy-relevant peer-reviewed publications over this time period to inform their community outreach and policy development in Kentucky as well as nationally and internationally. (List of publications can be found in the final KCSP report to the Foundation^x).
- KCSP has not only published their scientific work to inform policy change, but they have also translated and disseminated others' science on tobacco products and policy change during the dramatic rise in use of electronic cigarettes and other devices during this time period.
- The KCSP team has also provided countless hours of expert consultation with campuses in Kentucky and nationally as they have adopted and implemented tobacco-free campus policies. 73 tobacco-free and 8 smoke-free college or university campus policies have been adopted in Kentucky in this period.
- Indoor air quality data collection in more than 70 Kentucky communities.

Kentucky Equal Justice Center (KEJC)

"The mission of Kentucky Equal Justice Center is to promote equal justice for all residents of the Commonwealth by serving as an advocate for low income and other vulnerable members of society."

With its unique network of legal aid centers around the Commonwealth, its boots on the ground approach, and strong legal practice, the Kentucky Equal Justice Center strives to increase access to health coverage and ensure consumer-friendly enrollment systems. Health coverage that offers real access to affordable, high quality care. The center supports informed and empowered consumers who value health coverage and take advantage of preventive care.

KEJC developed areas of intervention and strategies to achieve these goals, which include outreach and education, consumer assistance for enrollment and health prevention (Health Advocacy Teams-HATs), and access to healthcare, health and health insurance literacy, legal aid work, policy advocacy, including the Foundation supported Health Law Fellow, and communication and messaging.

The KEJC Project Outcomes

- Over the past six years, through more than 1,350 events, KEJC and the four legal aid programs have directly connected in person with more than 55,806 low-income and otherwise vulnerable Kentucky residents and their service providers.

- KEJC enrolled over 470 consumers and their families in newly available health coverage through Kentucky’s comprehensive *kynect* marketplace—and later through the federal *HealthCare.gov* marketplace and Kentucky’s Medicaid enrollment system, *benefind*. KEJC has helped consumers understand and use their new health coverage. In 2013, 25% of Kentucky adults under age 65 were uninsured. The last six years of outreach and enrollment have brought that rate to 6%.^{xi}

- For each stage of the Affordable Care Act (ACA) implementation and administrative changes in Kentucky, the KEJC team provided informed analysis of the real impact on consumers. KEJC helped shaped the then state-run health insurance exchange *kynect* and protect Kentucky’s health gains. KEJC dedicated staff to help people enroll and provided a feedback loop to the state to improve *kynect*.



KEJC Director Rich Seckel (left) with legal clinic staff.

As a result of the ACA and Medicaid expansion, almost 600,000 Kentuckians gained health coverage.

Coverage led to Kentuckians also utilizing preventive care, including cancer screenings and smoking cessation services. According to the Commonwealth Institute of Kentucky, new coverage under Medicaid drove a 111% increase in cholesterol screening, 116% increase in preventive dental care, a 43% increase in flu vaccinations, and a 69% increase in enrollment in smoking cessation programs among members. Medical coverage means providers get paid and money flows through Kentucky’s economy.^{xii}

- KEJC was instrumental in making sure that health insurers in the state would be subject to new rules under the ACA that require 80 cents of every premium dollar to be spent on care instead of covering administrative costs. When the state proposed a temporary change to 65 cents, the group opposed the move and helped win a compromise of 75 cents for one year, and then 80 cents. The change helped save an estimated \$1.3 million for Kentuckians in 2013.
- Along with Kentucky Voices for Health and the Kentucky Center for Economic Policy, KEJC launched the *Keep Kentucky Covered* campaign with the goal of keeping the Medicaid expansion and *kynect*, with the theme of “access without barriers.” This group has since become *Insure Kentucky*, now led by Kentucky Voices for Health.

- Representing sixteen Kentuckians enrolled in Medicaid, the Kentucky Equal Justice Center, along with the National Health Law Program and the Southern Poverty Law Center, filed a class action lawsuit, *Stewart v. Azar* (Civil Action No.18-152), in the U.S. District Court for the District of Columbia. The lawsuit challenged the Secretary of Health and Human Services' (HHS) authority in the approval of Kentucky's 1115 Medicaid demonstration waiver, Kentucky HEALTH, arguing that it is not an experimental project consistent with the objectives of the Medicaid Act. The suite argued that demonstration waivers are supposed to make access to health care easier and the Kentucky waiver proposal, approved by the Centers for Medicare and Medicaid Services (CMS) in January 2018, would mean that around 95,000 Kentuckians would lose Medicaid coverage, in the state's own estimate.

Two court decisions, in June 2018 and March 2019, ruled that the Kentucky HEALTH did not serve the essential mission of Medicaid to provide medical assistance to low income people. This has put a halt to the implementation of a waiver that would impact not only the nearly 500,000 Kentuckians in the Medicaid expansion population, but traditional Medicaid recipients as well. An appeal has been filed by HHS and a decision is pending at the time of this report. ^{xiii}

- The KEJC team has been active in communication and messaging around health coverage and access to care, using tools such as a radio program (in two languages), a videographer to gather stories on new access to care—from farmers, veterans, homeless individuals and more; and a Health Communications Coordinator to share those stories.

KEJC's Facebook likes increased from 210 in 2013 to 1,825 in March 2019, an increase of 869%. KEJC Twitter followers increased from 100 in 2013 to 2,220 in March 2019, an increase of 2,220%.

Kentucky Population Health Institute (KPHI)

"Bridging partnerships for improved health and quality of life (connectivity, collaboration, commitment, facilitating, engaging)."

The Kentucky Population Health Institute (KPHI) was selected as a PRHP grantee in the second year of the PRHP initiative and built its capacity by becoming a 501(c)(3). Its contract ended with the Foundation two years before the other PRHP grantees.

During the time of the grant with the Foundation, KPHI:

- Built key partnerships to develop their work. For example, KPHI created a workgroup to bring together the accreditation coordinators from local health departments to share lessons learned and best practices.
- Provided technical assistance, peer consultation and a tool kit for local health districts to become accredited.
- Leveraged local health director connections and engaged local elected officials and stakeholders in conversations around policies related to public health.

Kentucky Voices for Health (KVH)

“As a nonprofit and nonpartisan coalition, we bring together individuals, advocates, community organizations, state agencies, and policymakers to address the underlying causes of poor health by connecting Kentuckians with opportunities to make change through policy advocacy.”

Kentucky Voices for Health (KVH) has built a coalition of more than 200 members from across the Commonwealth, representing concerned individuals, advocacy organizations, providers, health systems, public health, insurers, researchers, faith leaders, and policymakers.

KVH’s policy advocacy work focuses on promoting policies in three areas:

- Policies that increase access to safe and effective integrated health care services (including primary care, behavioral health, and oral health) and that reduce wait times for needed care;
- Policies to increase the proportion of Kentuckians living in smoke-free jurisdictions; and
- Policies to improve the health of Kentucky children.

KVH accomplishes these goals through mobilizing individuals, families and communities to improve the health of all Kentuckians; coalition building; convening stakeholders and facilitating collaborative partnerships; advocacy; and informing and educating coalition members, policymakers, providers, and the general public about local, state, and federal decisions that impact the health of Kentuckians. KVH also conducts analysis, making health policy meaningful for Kentuckians by analysis translating the impact of laws and regulations into plain language.

KVH hosts an annual meeting which brings in experts in health and healthcare from around the nation, and has organized trainings, community forums, stakeholder meetings, press conferences, and focus groups around their prioritized issues.

KVH Project Outcomes

- In 2012, KVH successfully mobilized more than 50 advocacy organizations and provider groups to call on then Governor Steve Beshear to fully expand Medicaid and create a state-based marketplace. Coalition members and leadership worked closely with the administration to develop, implement, and improve these new policies.

- Through the *Get Covered Kentucky Campaign*, KVH led coordinated outreach and enrollment efforts to give Kentuckians access to covered healthcare. Within one year, more than 400,000 Kentuckians were newly enrolled in coverage, leading the nation with the largest drop in the rate of uninsured. During this time, KVH captured 44 coverage stories on video.



KVH Director Emily Beauregard (right).

- In 2016, KVH launched the *InsureKY* campaign in partnership with KEJC and other coalition partners to advocate for more affordable coverage, better care, and stronger consumer protections for all Kentuckians. This campaign has protected Medicaid coverage and benefits for more than 1.2 million Kentuckians.

The *InsureKY* Campaign has contributed to a strong administrative record through the public comment periods that has supported waiver litigation. In total, more than 11,500 comments (more than 9,000 unduplicated comments in all) were submitted to the Centers for Medicaid and Medicare Services (CMS) during the Kentucky HEALTH federal comment period. An analysis of these comments found people opposed the waiver by a ratio of 20-1.

InsureKY partners continuously monitor Medicaid, marketplace, and SNAP programs and work with state administrators to identify and improve system issues, such as the *benefind* roll-out in 2016 that led to thousands losing coverage temporarily; the transition from *kynect* to the federal marketplace for 2017 coverage; the elimination of dental, vision, and transportation benefits in 2018; the impact of SNAP work requirements and other eligibility restrictions; and the implementation of Medicaid mandatory copays and a new premium-assistance program in 2019.

InsureKY partners have developed a new Kentucky Medicaid Tracker website to serve as a public dashboard; commissioned a Medicaid expansion baseline report; and continued to collect stories from Medicaid stakeholders.

- In 2018 and 2019, KVH worked with partners to create and launch the Kentucky Health Insurance Literacy (K-HILT) training and the Advocacy for Community Impact (ACI) training aimed at increasing the knowledge and skills of application assisters, community health workers (CHWs), social workers, consumer advocates, and other front-line workers. K-HILT training has been provided to more than 100 CHWs and is now being launched as free online modules. Advocacy trainings were provided in 9 counties around the Commonwealth with more than 300 individuals attending.
- KVH staff are regularly invited to speak at state and national conferences, to graduate classes, and to community groups around Kentucky. KVH has also held a number of community forums related to the ACA and Medicaid expansion. Altogether, KVH has presented at more than 300 meetings and events as a PRHP grantee, reaching thousands of Kentuckians.
- KVH co-chairs the *Kentucky HEALTH Task Force* in partnership with the Kentucky Center for Economic Policy, keeping more than 60 key state and national partners informed through weekly emails and monthly calls. Staff regularly provide technical assistance to policymakers interested in protecting ACA gains. They also provided waiver briefings, technical assistance, and talking points to coalition members, community groups, Medicaid providers, county judge executives, and state legislators.
- KVH participates actively in fellow coalitions and serves on a number of committees, including the Consumer Rights & Client Needs Technical Advisory Committee (Chair), Kentucky HEALTH Task Force (Co-chair), Health Literacy Kentucky Steering Committee (Co-chair), Kentucky Interagency Council on Homelessness to identify intersections of health and housing instability (Co-chair), Healthy Re-entry Coalition (Co-chair), Kentuckiana Health Collaborative Executive Committee (Member), Louisville Board of Health Outreach & Enrollment Committee (Member), Kentucky Association of Community Health Workers (Member), Kentucky Together Coalition (Member), Kentucky Health Benefit Exchange Outreach Committee (Member), Smoke Free Tomorrow Coalition Steering Committee (Member).
- For the fourth year in a row, KVH has continued to expand their social media presence and deepen engagement with a total of 6,061 current followers. Impressions on Facebook, Twitter, and Instagram channels totaled 473,000 for the current grant period.

Kentucky Youth Advocates (KYA)

“Kentucky’s Independent Voice for Kids.”

Kentucky Youth Advocates (KYA) is a nonprofit organization dedicated to advocating for children through mobilizing advocates on behalf of children and families, acting as lobbyists for children and presenting the “state of kids” information – *Kentucky Kids Count*.

KYA also leads the Blueprint for Kentucky’s Children, a coalition of non-profit, public, and private organizations that evaluates policies to benefit children in the areas of child welfare, juvenile justice and children’s health, the latter being the focus for the PRHP grant with the Foundation.

KYA Project Outcomes:

- Developed internal capacity and strategy to identify, engage, and activate youth in tobacco-free policy advocacy. KYA staff identified and included a statewide, comprehensive tobacco-free schools policy within the 2019 Blueprint for Kentucky’s Children legislative policy agenda. Along with steering committee members of the Coalition for a Smoke-Free Tomorrow, KYA advocated for House Bill 11 (tobacco-free campus policy), which was passed.
- KYA has been a regular presence at monthly Kentucky HEALTH stakeholder convenings, and meetings of the Health and Welfare Committees of the legislature, and the Medicaid Oversight Committee, to collect new information and ask clarifying questions.
- KYA, in its role as chair of the Children’s Health Technical Advisory Committee to Medicaid, made a recommendation to ensure that foster youth aging out of the system be automatically enrolled in Medicaid.
- In collaboration with partners in the Children’s Health Task Force, including Kentucky Voices for Health and the School Nurse Coalition, KYA researched the potential of the reversal of the Medicaid Free Care Policy for supporting school-based health. This led to the development of a Medicaid state plan amendment which, at the time of this report, had not yet been approved by the Centers for Medicare and Medicaid Services (CMS).



KYA Director Dr. Terry Brooks

- KYA is a lead organization in the Kentucky Oral Health Coalition (KOHC) and advocates for access to oral health care.^{xiv}

The Communication Grants

The PRHP initiative also included communication grants to media organization. The purpose of these grants was to **increase the quantity and quality of health coverage in the Commonwealth.**

Communications grantees included public radio, public television, and news services. The principal communication grantees during the PRHP initiative were **Kentucky Educational Television (KET), The Institute for Rural Journalism (IRJ), Louisville Public Media (LPM), and Kentucky News Connection (Public News Service).**^{xv} Foundation funding for the communication grantees over the six years is presented in Table 2.

At the beginning of the PRHP initiative, the Foundation’s communication objectives included:

- Clearly articulating the Foundation mission and objectives.
- Devising local opportunities to promote Foundation programs and projects in local communities.
- Providing Foundation representatives with tools to communicate the Foundation’s message to outside groups.
- Providing information to various groups touched by the Foundation, including grantees and community partner groups (PRHP grantees).
- Engaging communities in health issues discussion.
- Engaging policy makers by increasing the Foundation’s presence in Frankfort and in the policy arena.
- Engaging opinion leaders, and professional and business groups.
- Influencing media coverage through a strategy of editorial board/news manager/reporter meetings and with consistent press releases and contact with media representatives.^{xvi}

The Berkeley Media Studies Group, as part of the evaluation efforts of the Foundation, issued a report related to news coverage of the Foundation’s PRHP initiative. The report’s findings indicated that the news related to the PRHP initiative emphasized its work on improving children’s health and broadening health care access, reaching major news media.

The report’s main recommendation was “broadening the range of grantee voices, increasing discussion of health disparities and using opinion pieces to create broader and deeper stories about health in Kentucky.”^{xvii}

Table 2. PRHP- Communication Grantee Funding

Grantee	2013	2014	2015	2016	2017	2018	Total
KET	\$100,000	\$100,000	\$100,000	\$100,000	\$50,000	\$50,000	\$500,000
IRJ	\$20,000	\$45,000	\$35,000	\$35,000	\$35,000	\$35,000	\$205,000
LPM	-	25,000	-	\$25,000	\$12,500	\$12,500	\$75,000
Total	\$120,000	\$170,000	\$135,000	\$160,000	\$97,500	\$97,500	\$780,000

Health Related Data and Research

Increasing the availability of information and data to inform health policy was one of the outcomes for the PRHP initiative. Some of the Foundation's programs to accomplish this outcome preceded the PRHP initiative and were continued as part of the policy initiative. For example:

- **The Kentucky Health Issues Poll (KHIP):** an annual telephone opinion poll of a random sample of about 1,600 adults throughout Kentucky, which began in fall of 2008. KHIP is funded jointly by the Foundation and Interact for Health, a Cincinnati-based foundation, and conducted by the Institute for Policy Research at the University of Cincinnati.
- **Kentucky Health Facts:** a data website which began as part of the Foundation's *Local Data for Local Action* initiative from the previous strategic plan, with the purpose of providing basic, county-level health data for Kentucky communities.
- **The Kentucky Health Market Report:** a report financed every three years (the last in 2014), which focused on the health care economy of the state, analyzing data on health insurance and benefits, the Medicaid and Medicare programs, and service resources-providers and provider organizations.

Additionally, at the beginning of the PRHP grant period, the Foundation funded a one-time **Kentucky Parent Survey** to gather data for its other major initiative in this period, the *Investing in Kentucky's Future* Initiative. During the summer of 2012, the Center for Survey Research at the University of Virginia developed and applied a telephone survey to more than 1,000 parents and guardians of children under 18 to assess the views of parents, step parents, grandparents, foster parents and other legal guardians about health issues that impact children in Kentucky. The original plan was to repeat the survey later in the PRHP initiative, but that did not occur.

In coordination with the Cabinet for Health and Family Services, Kentucky Department of Public Health and University of Kentucky (UK Research Foundation), another data source supported by the Foundation as part of the PRHP initiative was the **oversampling and additional analysis of the Behavioral Risk Factor Surveillance Survey (BRFSS)**. The oversampling, part of the Foundation's commitment to health equity and the reduction of health disparities, sought to ensure data was captured for certain at-risk or underserved populations to permit evaluation at the state level of the extent of health disparities. The populations included (but were not limited to) people identified as African American, Hispanic/Latino, or Appalachian.

Along with all this data and information to inform health policy, the Foundation also conducted targeted research during the PRHP initiative. The most prominent research studies financed were related to the Foundation's priority area of Access to Health Care and followed the most important changes that took place in Kentucky around this issue: Medicaid managed care and implementation of the Affordable Care Act.

Study of Statewide Medicaid Managed Care Implementation in Kentucky

The report comprised a three-year evaluation of the statewide implementation of risk-based managed care in seven of Kentucky's eight Medicaid regions. The evaluation was designed to assess the short-term effects of risk-based managed care implementation on the major partners (beneficiaries, providers, plans, and the state) and gain an understanding of the basic effects on the provision of care.^{xviii}

The team for the study was selected based on a competitive process and drew researchers from the Urban Institute, the University of Kentucky, and Georgia State University.^{xix} An advisory group was set up to provide input and guidance on the study direction. The advisory group met semiannually and included representatives from the Cabinet for Health and Family Services (which additionally provided Kentucky Medicaid enrollment and claims data to be assessed in the study), state legislators and other state officials and from key provider and advocacy groups.

The study included ten focus groups which were conducted in three regions (Lexington, Hazard, and Madisonville) in July of 2013. The beneficiary groups represented included parents of non-disable children, parents of children with special health care needs, adults with disabilities and adults utilizing behavioral health services. A Presentation on the report to the House and Senate Committees on Health and Welfare was made in early 2012.

The final report was published in February 2016.

Study of the Impact of the Affordable Care Act (ACA) Implementation in Kentucky

Once again as a result of a competitive process, the State Health Access Data Assistance Center (SHADAC) was selected by the Foundation to conduct a multi-year study on the implementation of the Affordable Care Act in Kentucky. This study has been used broadly and has been highlighted as one of the Foundation's key contributions to informing health policy.

As the SHADAC report states:

"The main purpose of this report is to provide an overview of study findings through: 1) updates on our analysis of key study indicators in Kentucky, 2) a new analysis of trends in Medicaid enrollment and services in Kentucky from 2014-2016, 3) additional findings from our 2016 survey, with a trend comparison of pre-ACA estimates from the Kentucky Health Issues Poll versus post-ACA estimates from the K-HRS, and 4) a conclusion section that discusses overall findings on the impact of implementation of the ACA in Kentucky from this and other reports."^{xx}

The SHADAC study found that Kentucky was a national leader in reducing the rate of uninsured through its effective state benefit exchange, *kynect*, and that, in early 2016, uninsurance rates

were about the same for all Kentucky adults, regardless of income. SHADAC produced quarterly dashboards throughout the year to provide real-time data throughout the study.

The final phase of the study was discontinued by a Board decision as the Foundation began to change direction with respect to its governance and the approach to its work.

Evaluation

Evaluating the impact of the Foundation's investments as well as the Foundation's work has been an important part of the health-related research and data component of the PRHP initiative. The Foundation, since 2007, had chosen to use external evaluators to oversee the evaluation of the Foundation's work and impact. For its 2012-2017 strategic plan, the Foundation therefore decided to continue a relationship it had previously established with the Center for Community Health and Evaluation (CCHE). This Seattle-based organization, originally part of Group Health Cooperative, later acquired by Kaiser Permanente, participated in the evaluation design for the PRHP initiative. CCHE helped develop the PRHP logic model and evaluation plan, worked with each of the PRHP policy grantees to develop their evaluation plans and logic models, and followed the initiatives, providing technical assistance on evaluation to Foundation grantees and conducting evaluation on the Foundation itself until March of 2017.

CCHE and the Foundation convened a PRHP Evaluation Advisory Committee to consult on the appropriateness of the PRHP indicators and follow the development of the evaluation of the PRHP initiative. The Advisory Committee members included:

- Maddy Frey, Evaluation manager for the Healthcare Georgia Foundation
- Anne Gienapp, Director of Anne Gienapp Consulting LLC, a Seattle-based business consultant
- James Holsinger, Associate Dean for Academic Affairs; Professor of Health Services Management & Preventive Medicine, College of Public Health; University of Kentucky
- Chris Kabel, Senior Program Officer, The Kresge Foundation
- Debra Miller, Director of Health Policy, The Council of State Governments

In the 2016 evaluation report produced by these evaluation consultants^{xxi}, CCHE offered a set of recommendations for consideration by the Board when addressing health policy:

- **“Utilize the Foundation’s mission and goals as guardrails for decisions about how to navigate the political environment and adjust strategies.** The evaluation results suggest that all decisions about response should be guided by the Foundation’s mission and goals: Given the Foundation’s mission, what are the core messages that it wants to convey? How is that reflected through the Foundation’s strategies?
- **Determine how to best support the grantees and broader advocacy community in effectively advancing health policy in the current political environment.** Advocates

have recognized that they need to explore new strategies and approaches to be effective at advancing health policy. The Foundation can help to support the advocates by offering training, technical assistance, and connections to state and national resources.

- Clarify the Board’s understanding and support of the Foundation’s advocacy efforts and the respective roles of the Board and Community Advisory Committee.** Individuals on the Foundation’s Board and Community Advisory Committee (CAC) have always been divided as to what the Foundation’s role in advocacy and direct policy work should be. This year [Year 3 of the PRHP initiative], staff and grantees noted that the increased level of involvement of the Foundation’s Board and CAC in operations, combined with the lack of consensus on what the Foundation’s role should be, can sometimes play out in seemingly contradictory guidance. Clarity in the overall role of the Foundation in direct policy work, as well as the roles of the staff, Board, and CAC would help to ensure that the Foundation could effectively and efficiently respond to emerging health policy issues.
- Reflect on learnings from PRHP that could inform the Foundation’s strategic planning efforts in 2017.** As PRHP has evolved there are learnings to be gained, such as the growing understanding that any one of the four priorities could be its own initiative, and the focus on all four risks diluting the impact that the Foundation can have by spreading resources too thin. The strategic planning process should ensure adequate time to reflect and capture this and other learnings from current investments.”

Foundation funding for the health-related data, research and evaluation component of PRHP is presented in Table 3.

Table 3. PRHP Data, Research, Evaluation Funding

Grantee	2013	2014	2015	2016	2017	2018	Total
KHIP	\$48,750	\$48,750	\$49,000	\$51,500	\$47,000	\$47,000	\$292,000
BRFSS	\$60,000	\$60,000	\$60,000	\$60,000	\$54,000	\$54,000	\$348,000
Medicaid Managed Care	\$200,150	\$221,000	\$179,079				\$600,229
ACA in Kentucky			\$281,746	\$314,824			\$596,570
Kentucky Parent Survey		\$123,993					\$123,993
Kentucky Health Market Report		\$180,000					\$180,000
CCHE	\$112,498	\$188,554	\$189,600	\$162,170			\$652,822
Total	\$421,398	\$822,297	\$759,425	\$588,494	\$101,000	\$101,000	\$2,793,614

Relationship and Capacity Building

The PRHP initiative included committing internal resources to engage in relationship and capacity building to inform health policy. Besides the work of the PRHP grantees related to the focus areas, the Foundation continued to support efforts for health system transformation, integrated care, and exploring new models of care delivery. To do so, relationship and capacity building was constant in coordination with PRHP grantees, through Foundation staff and leadership. Convenings around smoke-free policies, the Medicaid 1115 demonstration waiver, and health journalism were combined with convenings to support capacity around topics that continue to bear fruits today:

Community Health Workers (CHWs): The Foundation remains committed to helping the state leverage the opportunities presented by provisions in the ACA to enhance and sustain the role of CHWs. In 2014, the Foundation and KVH participated in a committee convened by the Kentucky Department of Public Health to explore ways to advance the role of CHWs in the state. In August 2014, the Foundation convened a group of stakeholders to advance this work. From this initial convening and others that followed, the Kentucky Association of Community Health Workers (KYACHW) was established in 2016. The KYACHW now has a Community Health Workers Certification, and growing membership, and has developed guidelines, trainings, evaluation and an annual conference. It is working on Medicaid reimbursement for this important health workforce in Kentucky. The Foundation continues to participate on the KYACHW Advisory Board.

Sustaining Health Policy Gains: The Foundation's work to convene the *Sustaining Health Policy Gains* group brought a new type of convening into the Foundation's repertoire and was identified as one of the most significant contributions the Foundation made to informing health policy. While most convenings are single events, the Foundation catalyzed and maintained a series of meetings on this topic that involved a broad range of stakeholders. In addition to its role as convener, the Foundation helped to facilitate the internal and external resources needed to support the work. The group met between April 2015 and December 2016 and, led by PRHP grantees, has continued to develop as the *Keep Kentucky Covered* and, more recently, *Insure Kentucky* advocacy groups.

Children's Health in Schools: In coordination with its PRHP grantees, Kentucky Voices for Health and Kentucky Youth Advocates, the Children's Health Task Force was established in 2015. Two of the five priorities for KVH's Children's Health Task Force were focused on school-based health: (1) integrated care in schools; (2) get reimbursable staff in schools (mid-level providers, nurses, social workers, behavioral health specialists). The Task Force partnered with the school nursing coalition to identify solutions for how to integrate nursing services in schools and a legislative work group was formed. This has been the basis for the Foundation's new School Health Coalition and the coordination through the *Healthy Children Promising Futures Learning Collaborative* to expand Medicaid funding for school-based health services.

Health Care Price Transparency: Based on interest from the Foundation’s Board on health care price transparency, the Foundation brought together a working group to plan a convening of key stakeholders. In October 2014, the Foundation convened more than 50 people from across the state to discuss the issue of price transparency. Participants discussed the barriers and potential solutions, examined price transparency in other states and discussed potential roles of various sectors in a Kentucky effort. As a result of the convening, the Foundation released a white paper calling for the Commonwealth to develop and establish an All Payer Claims Database. During the PRHP initiative period, the Foundation held a follow up convening in October 2015, to learn about Kentucky’s efforts and plans for an All Payer Claims Database.^{xxii}

Health for a Change

The development of an army of advocates has been an important priority for the Foundation since its inception. The Foundation wanted to support the efforts of community members interested in improving the health of their communities. One way it chose to support these efforts was by establishing a training series free of charge, which it called *Health for a Change*. The series, which blended in-person workshops with webinars on a variety of topics, began in 2011 and expanded during the PRHP initiative, as part of the relationship and capacity building component.

Health for a Change was open to emerging or established community health coalitions, advocacy organizations, businesses, and individuals seeking to improve their skills, foster community participation and create local health change. As was outlined in a *Health Affairs* blog on *Health for a Change* trainings:

“As part of its mission, the foundation provides funding and technical assistance to community groups that are working to improve the health of Kentuckians. Through these efforts, an army of advocates is emerging, helping to give voice to populations and communities not often heard in the policy debate. To support this work, the foundation has developed a series of webinars and in-person workshops. The series, titled *Health for a Change*, is free and open to the public. The target audience is staffers of organizations that seek to be effective health policy advocates. (...) This is the second year the Foundation has offered the Health for a Change series. It will continue in 2013, under the Foundation’s Promoting Responsive Health Policy Initiative, as one means to continue to level the policy playing field and bring under-represented voices into crucial health policy conversations.”^{xxiii}

For the years 2012-2018, this series reached 2,731 unique participants from across all of Kentucky’s 120 counties. The 48 webinars and 22 in-person workshops covered topics such as grant writing, coalition building, issue framing, advocacy and lobbying, Adverse Childhood Experiences, and health and policy data.^{xxiv}

Convening

Developing policy requires the capacity to convene a broad range of stakeholders, to be considered an organization that has earned a position as a trusted source of evidence-based information and data, and to be an innovator with the capability of bringing about positive change.

Over the years, the Foundation earned this position in Kentucky and has been a successful convener to pursue its mission of meeting the unmet health needs of Kentuckians by developing and influencing policy, improving access to care, reducing health risks and disparities, and promoting health equity.

In the previous section on relationship and capacity building, the report has highlighted topical convenings that led to expanded opportunities and initiatives. The

Foundation, through conference support grants, also provided the Commonwealth with a series of health-related convenings that brought expertise and innovative information to Kentucky.



Besides these many convenings during the PRHP initiative, two other larger forms of convenings stood out:

- The Annual Howard L. Bost Health Policy Forum
- The Biennial Data Forum

Dr. Howard L. Bost was a member of the Board of Directors of the Foundation for a Healthy Kentucky who dedicated a lifetime to policy-level work to improve the health of Kentuckians and all Americans. The Foundation named its annual health policy forum in his memory.

The Bost chart at the end of this section contains the topics covered by the Bost Policy Forum during the PRHP years, their location and the number of people in attendance.

Sponsored every two years by Interact for Health and the Foundation for a Healthy Kentucky, the Data! Forum showcases novel and effective uses of health data in the Kentucky-Ohio region and highlights national and regional innovation and open data efforts.

Both these larger convenings are now being continued in the 2019-2020 strategic plan.

The PRHP Legacy

The Foundation's new 2019-2020 strategic plan^{xxv} builds upon many of the components of the Promoting Responsive Health Policy initiative. To begin with, three of the four focus areas of the new strategic plan are closely related to the priority areas of the PRHP initiative: 1) Access to Health Care, 2) Tobacco Use and 3) Child Health (with a focus on Adverse Childhood Experiences.)^{xxvi}

However, the Foundation restructured its governance, reconstituted its 31-member Community Advisory Committee into a much larger Community Advisory Council, and set a new direction for the Foundation, which is a move into direct policy advocacy work and away from its previous primary role as a grantmaker and funder of research. The Foundation therefore discontinued funding for research on the impact of the Affordable Care Act in Kentucky, the Kentucky Parent Survey, and community, challenge, matching, rapid response and conference support grants. With the end of the six-year strategic plan, it also finalized its other large, community-based, coalition-driven initiative, *Investing in Kentucky's Future*. And because it has chosen to directly lead statewide policy efforts in the Commonwealth, it has chosen a two-year strategic planning period, instead of the longer six-year plans that were considered a best practice in philanthropy in order to test innovative projects and strategies and have the minimum time to evaluate their impact.

The Foundation has engaged three of the five policy grantees of the PRHP initiative-Kentucky Equal Justice Center, Kentucky Voices for Health and Kentucky Youth Advocates- but this time through directed funding to support the Foundation's policy work. It also continues to fund three communication grantees: Kentucky Educational Television (KET), Louisville Public Media (LPM) and the Institute for Rural Journalism.

In terms of the other components of PRHP, the health-related data, research, capacity building and convenings, the new strategic plan continues to provide the Commonwealth with information through the Kentucky Health Issues Poll and *Kentucky Health Facts*; supports capacity building through the *Health for a Change* Series, the Bost and Data Forums, but has discontinued funding for major research and external evaluation. It is also supporting statewide coalitions working on tobacco use reduction and children's health in the school setting.

The success of the PRHP initiative can be appreciated in the outcomes presented in this report and in the ever expanding army of advocates and communities actively engaged in working with the Foundation to meet its vision of a Kentucky where every individual and community reach their highest levels of health.

Howard L. Bost Memorial Policy Forum The PRHP Years

2012 **No Wrong Door: Integrating Care for Better Health.** The importance of integrating mental health and physical health; health homes; patient-centered care. (Lexington. 261 registrants).

2013 **Connecting Communities for Healthier Kids.** Providing services where children live, learn and play. Creating healthy communities through local policies. Engaging youth. Promoting Health in all Policies. (Erlanger. 372 registrants).

2014 **Doing Care Differently: Journey to a Healthier Kentucky.** Changing health workforce. Measuring Quality. Changing payment – service delivery. IT implications. (Louisville. 285 registrants).

2015 **Building Healthy Places.** Addressing Social Determinants of Health: Transportation/Housing, Food Systems and Policy, Education, Employer/Workplace. (Bowling Green. 293 registrants).

2016 **Health as an Economic Driver.** Health care systems costs. Health and the economy. Healthcare as employer. (Lexington. 312 registrants).

2017 **Kentucky's Substance Use Crisis: Solutions and Strategies.** (Lexington. 405 registrants).

2018 **Kentucky's Substance Use Epidemic: A Solutions Update.** (Lexington. 390 registrants).



End Notes

ⁱ As stated in the Foundation’s policy prioritization report: “Our approach centers on developing and influencing health policy to promote lasting change in the systems by which health care is provided and good health sustained, to:

- Improve access to care
- Reduce health risks and disparities
- Promote health equity”

Foundation for a Healthy Kentucky. Protocol: Decision-Making for Public Policy Support. 2014.

<https://www.healthy-ky.org/res/images/resources/Policy-Prioritization-Framework-2014.pdf>

ⁱⁱ Board of Directors Minutes 09-10-2002. <https://www.healthy-ky.org/res/images/resources/Minutes-BD-9-18-12.pdf> . And: On Policy Change: Engaging Kentuckians in Effective Policy Work. 2014. <https://www.healthy-ky.org/res/images/resources/Working-on-Policy-Change.pdf>

ⁱⁱⁱ The full report on the Investing in Kentucky’s Future and accompanying videos can be found here: Investing in Kentucky’s Future: Community Driven Strategies for Obesity Prevention and Building Resilience in Children. 2019: <https://www.healthy-ky.org/res/images/resources/Investing-in-Kentucky-s-Future-Report.pdf>.

^{iv} Additionally, in early 2012, the Foundation hired a Health Policy Officer, who later went on to become the Vice President for Programs and Policy for the Foundation.

^v Foundation for a Healthy Kentucky. Board of Directors September 18, 2012 meeting minutes. Op cit.

^{vi} *Foundation for a Healthy Kentucky: Protocol: Decision-Making for Public Policy Support.* 2014. Op. cit.

^{vii} The Foundation has funded the Kentucky Equal Justice Health Law Fellow position specifically dedicated to advance health policy within KEJC.

^{viii} Foundation Center. Advocacy Funding: The Philanthropy of Changing Minds. 2018.

https://grantcraft.org/wp-content/uploads/sites/2/2018/12/advocacy_funding.pdf).

^{ix} The information provided for each of the PRHP grantees summarizes the Final Reports sent to the Foundation by these grantees. The full reports are available to Board and Council members. The following are links to the reports: Kentucky Center for Smoke Free Policy Final Report: <https://www.healthy-ky.org/res/images/resources/PRHP-Final-Report-KCSP-2019.pdf> KCSP Research: <https://www.healthy-ky.org/res/images/resources/KCSP-Research.pdf> Kentucky Equal Justice Center Final Report: <https://www.healthy-ky.org/res/images/resources/KEJC-PRHP-Final-Narrative-Report-4-30-19.pdf>

Kentucky Voices for Health Report: <https://www.healthy-ky.org/res/images/resources/FHKY-KVH-Final-Grant-Report-Submitted-5.10.19.pdf>

Kentucky Youth Advocates Final Report: https://www.healthy-ky.org/res/images/resources/KYA_PRHP-Final-Report-2019.pdf

^x Kentucky Center for Smoke Free Policy. Promoting Responsive Health Policy Final Report. 2019. Op. Cit.

^{xi} Cited in the KEJC Final report: American Community Survey figures show an even lower rate: 6 percent on the current Kaiser Foundation State Health Facts page comparing states.

^{xii} Kentucky Equal Justice Center report, 2019. Op. Cit.

^{xiii} Governor Beshear, Kentucky’s governor elect, announced in November 2019 that he would end the Kentucky HEALTH program.

^{xiv} KYA voiced concern regarding the shift in Medicaid Expansion individuals and parents earning preventive and routine dental services through Kentucky HEALTH’s My Rewards program rather than the inclusion within the standard benefits package. KYA met with Cabinet for Health and Family Services Staff to discuss a solution to allow eligible Medicaid Expansion recipients to receive emergency dental treatment. Per KYA recommendations, CHFS has agreed to utilize the medical codes for dental related issues for the Medicaid Expansion population if Kentucky HEALTH is re-approved by CMS. KYA Final Report. 2019. Op. Cit.

^{xv} Additionally, prior to the launch of PRHP, in early 2012, the Foundation hired a Communications Director. The position was later changed to Vice President for External Affairs for the Foundation.

^{xvi} Summary from the Foundation for a Healthy Kentucky’s 2012 Communication Plan <https://www.healthy-ky.org/res/images/resources/2012-Communications-Plan.pdf>

^{xvii} News coverage of The Foundation for a Healthy Kentucky’s Promoting Responsive Health Policy Initiative in 2013. Berkeley Media Studies Group. 2013. https://www.healthy-ky.org/res/images/resources/BMSG_Year-1-Report_Updated.pdf

^{xviii} Medicaid Managed Care in Kentucky: Final Report. Urban Institute. 2016. https://www.healthy-ky.org/res/images/resources/Medicaid-Managed-Care-Report-FINAL_1.pdf

^{xix} The team was comprised of Dr. Genevieve M. Kenney (Principal Investigator), Dr. Embry Howell, and Ashley Palmer from the Urban Institute; Drs. Jeffrey Talbert, Julia Costich, and Research Assistant James Lutz, from the University of Kentucky; Dr. James Marton from Georgia State University (formerly at Univ. of Kentucky). Drs. Talbert, Marton, Kenney, and Costich had collaborated on a number of projects on Kentucky’s Medicaid program and so the team had expertise in both Medicaid and managed care, deep knowledge of Kentucky’s Medicaid program, and vast experience with Kentucky-specific data.

^{xx} Study of the Impact of the ACA Implementation in Kentucky: Final Report. State Health Access Data Assistance Center (SHADAC). 2017. https://www.healthy-ky.org/res/images/resources/Impact-of-the-ACA-in-KY_FINAL-Report_1.pdf.

^{xxi} Toward a Healthier Kentucky: Using Research and Relationships to Promote Responsive Health Policy. Center for Community Health and Evaluation (CCHE). 2016. https://www.healthy-ky.org/res/images/resources/CCHE-PRHP-lessons-learned-report_final-4-6-17.pdf

^{xxixxxii} From CCHE: Toward a Healthier Kentucky. Op. cit.

^{xxiii} Training for an Army of Advocates. Foundation for a Healthy Kentucky. Health Affairs Blog by Susan Zepeda. 2012. <https://www.healthaffairs.org/do/10.1377/hblog20120816.022203/full/>

^{xxiv} Health for a Change feedback:

Nov. 2017 workshop participant, *Building Effective Coalitions* “To me the most valuable part of this workshop was seeing people there at the workshop actually networking, talking through problems, and being with people who, even though they might have had trouble with their own coalition, are passionate about making it better or fixing the problems.”

Dec. 2017 webinar participant, *Finding and Understanding Health Data on Kentucky’s Youth* “Where the speakers walked through how to access and use the data, dashboards etc. and asking questions. I also think it was very well pitched to encourage people who are not data experts to have a go-it was made relevant to real world issues.”

^{xxv} Foundation for a Healthy Kentucky, 2019-2020 Strategic Plan. 2019. <https://www.healthy-ky.org/res/images/resources/Strategic-Plan-2019-2020-FINAL-12-3-18.pdf>

^{xxvi} Foundation for a Healthy Kentucky Board Minutes, March 27, 2017. <https://www.healthy-ky.org/res/images/resources/Minutes-BD-Mtg-3-27-17.pdf>