



Kentucky Injury Prevention and Research Center

**Annual Report
2024**



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GREETINGS FROM THE DIRECTOR



Welcome to the Kentucky Injury Prevention and Research Center's (KIPRC's) 2024 Annual Report on research projects and public health initiatives, with documented activities and impact in research, policies, and practice:

Research

In the area of violence and injury prevention research, KIPRC was awarded 16 grants and contracts for 2024 that totaled almost \$10 million. Research produced in 2024-2025 by KIPRC faculty and staff included 24 peer-reviewed and 25 non-peer reviewed publications. In the training of future injury prevention faculty and researchers, 15 injury-related master's in public health capstones and doctoral dissertations were mentored by KIPRC faculty and staff.

Policy

KIPRC informed injury prevention-related legislative bills, including the following two examples:

- The Trauma Data Bank provided information for the sponsors of SB57, an act relating to funding health care services, including the state trauma system, from increased penalties for speeding violations.

- The Kentucky Occupational Safety and Health Surveillance program provided data on fatal and nonfatal occupational heat-related injuries to the Kentucky Legislative Research Commission in relation to Senate Bill 49, an act relating to heat-related injury prevention.

Practice

KIPRC program activities resulted in 18 media releases in 2024-2025 related to workplace safety, mental health and substance use disorder resources, public health initiatives, community safety, research, and education initiatives, among others. Forty violence and injury prevention presentations were delivered to community, state, and national agencies and organizations.

Community practice activities with local and state partners included the addition of more than 2,400 community-based social service resources to Find-MentalHealthNowKY.org, the investigation of 11 worker fatalities, the placement of teen driver safety signs at high schools in four counties as part of the evidence-based Checkpoints™ program, and the distribution of over 3,200 smoke alarms and 4,000 medication lock boxes, among other efforts.

Partners

KIPRC would like to thank the agencies and organizations that care deeply about injury prevention and partner with KIPRC on implementation and evaluation of their interventions and policies to reduce the burden of unintentional and intentional injuries in the Commonwealth. We would especially like to thank the Kentucky Department for Public Health for entrusting KIPRC with bona fide agent status to serve the residents of the Commonwealth of Kentucky.

The Kentucky Injury Prevention and Research Center is honored to serve the residents of the Commonwealth of Kentucky.

Keep safe and healthy,

Terry Bunn, Director



KENTUCKY VIOLENCE AND INJURY PREVENTION PROGRAM

The Kentucky Violence and Injury Prevention Program (KVIPP) supports the implementation and evaluation of injury prevention programs focusing on adverse childhood experiences (ACEs), traumatic brain injury, older adult falls, transportation safety, and military-connected youth.

These focus areas are addressed through robust data surveillance, informed strategic collaborations and partnerships, and assessment and evaluation. Under KVIPP, the Kentucky Safety and Prevention Alignment Network (KSPAN)—Kentucky’s statewide injury and violence prevention network—identifies, supports, and evaluates program and policy interventions within priority focus areas and collaborates with partners to inform policies and practices.

Accomplishments and service

KVIPP continues to support evidence-based teen driver safety with the Checkpoints™ program. Through KSPAN,

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Funding

Centers for Disease Control and Prevention (CDC)
Kentucky Department for Public Health, Chronic Disease Branch
Kentucky Office of Highway Safety
Kentucky Agency for Substance Abuse Policy

KVIPP promotes Checkpoints and helps stakeholders to access injury data to assist them in assessing the teen driver injury burden for their county. KVIPP provided technical assistance with implementing the Checkpoints program to the Jessamine County and Kentucky River District health departments and produced teen driver safety signs for placement at high schools in four counties. KVIPP held Checkpoints training classes for educators in 10 counties, and program staff are working with Bourbon County to implement Checkpoints after 2025.

At the 2024 Kids Are Worth It® Conference, KVIPP supported a workshop on pediatric abusive head trauma by Melissa Currie, MD, FAAP, Kosair for Kids Professor and Endowed Chair for Pediatric Forensic Medicine with the University of Louisville School of Medicine. The workshop discussed the problem of pediatric abusive head trauma from a medical perspective—the scope of the problem, common clinical presentations, and preventative strategies to address abusive head trauma in children.

Keeping Infants Safe—an educational curriculum developed by the Pediatric Abusive Head Trauma Advisory Board, which includes KVIPP and KSPAN partners—was revised and launched statewide. Keeping Infants Safe supports KRS 158.303 and is housed on the Prevent Child Abuse Kentucky (PCAK) [website](#). For the Keeping Infants Safe curriculum, KVIPP provided magnets, business cards, and brain molds to the State Child Fatality Review and Injury Prevention Program to be shared with the 23 health departments participating in the Maternal Child Health Package.

In 2024, the Kentucky Justice and Public Safety Cabinet's Child Fatality and Near Fatality Review Panel, KSPAN Child Home Safety Committee, PCAK, and KVIPP secured \$50,000 to purchase 4,155 medication lockboxes to disseminate through the Kentucky Division of Family Resource and Youth Services Centers, Regional Prevention Centers, and the Purple Star Program for military-connected families.

KVIPP staff serve on the advisory board of the Purple Star Program. By the Spring of 2025, 140 Kentucky schools had implemented the Purple Star Program. A train-the-trainer session on “Supporting military-connected children in early care and education environments” was held for child care providers at the Child Care Health Consultation program; the training is now

Presentations

Guthier S, Bush A. Overview of Keeping Infants Safe Curriculum – Preventing Abusive Head Trauma and Promoting Safe Sleep Environments. Victory Over Violence 2024 Conference, July 11, 2024.

Guthier S, Bush A. Kentucky is Keeping Infants Safe Through Partnerships: Preventing Abusive Head Trauma and Promoting Safe Sleep Environments. Nineteenth International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Sept. 16, 2024.

Guthier S, Bush A. Maternal Child Health–Pediatric Abusive Head Trauma Packet: Overview of Use of Materials for Pediatric Abusive Head Trauma High School Curriculum. Maternal Child Health Pediatric Abusive Head Trauma Package Meeting, Dec. 10, 2024.

Reports and Publications

Bunn TL, Seals J, Quesinberry D. et al. (2025). [Nonfatal injury emergency department visits and inpatient hospitalizations among persons under age 65 with an intellectual and developmental disability or deaf or hard of hearing disability](#). Injury Epidemiology. 12:27.

Kentucky Violence and Injury Prevention Program. (2025). [Special Emphasis Report: Traumatic Brain Injury, 2023, Kentucky](#). Kentucky Injury Prevention and Research Center.

Kentucky Violence and Injury Prevention Program (2024). [Injury Prevention: Unintentional firearm injury-related emergency department visits among Kentucky youth aged 10 and under](#). Kentucky Injury Prevention and Research Center.

Kentucky Violence and Injury Prevention Program. (2024). [Injury Prevention: Playground Fall-Related Injuries](#). Kentucky Injury Prevention and Research Center.

Kentucky Violence and Injury Prevention Program. (2024). [Injury Prevention: Fire and Burns](#). Kentucky Injury Prevention and Research Center.

approved on the Early Care and Education Training Records Information System, a database created to store and maintain individual training records for Early Care and Education professionals in Kentucky, as an independent study.

KVIPP supported the Governor's Challenge to Prevent Suicide among Service Members and Their Families' four regional summits through evaluation and data analysis. KVIPP attended monthly Governors Challenge meetings and worked on the Let's Ask Campaign process for the faith-based community.

KVIPP supported the virtual 2024 Fall and Osteoporosis Prevention Summit, held August 14, 2024, in collaboration with the Kentucky Safe Aging Coalition, Kentucky Department for Public Health, Kentucky Department for Aging and Independent Living, KSPAN, and the Kentucky Injury Prevention and Research Center (KIPRC). The summit was attended by 61 individuals from Kentucky, Connecticut, Illinois, Oregon, and Virginia. Presentation recordings can be found on the KSPAN website and [KSPAN YouTube page](#).

KVIPP program staff helped organize the annual High School Green Dot Training Institute held June 10-13, 2025. Educators from the 13 Kentucky Rape Crisis Centers provided training to high school teachers and staff on how to facilitate the Green Dot curriculum, which focuses on preventing sexual violence, intimate partner violence, child abuse, elder abuse, bullying, and stalking in schools.

Kentucky Violence and Injury Prevention Program. (2024). [Injury Prevention: Adolescents and ATVs](#). Kentucky Injury Prevention and Research Center.

Kentucky Violence and Injury Prevention Program. (2024). [Injury Prevention: Intentional Injury-Related Emergency Department Visits among Kentuckians Aged 10-24](#). Kentucky Injury Prevention and Research Center.

Kentucky Violence and Injury Prevention Program. (2024). [Injury Prevention: Unintentional Falls among Older Adults](#). Kentucky Injury Prevention and Research Center.

Kentucky Violence and Injury Prevention Program. (2024). [Injury Prevention: Unintentional Drowning](#). Kentucky Injury Prevention and Research Center.

Murphy A, Bush A. (2024). [Kentucky Intentional Firearm Injury-Related Deaths, 2016-2023](#). Kentucky Injury Prevention and Research Center.

Murphy A, Bush A. (2025). [Kentucky Injury Indicators, 2023](#). Kentucky Violence and Injury Prevention Program.

Murphy A, Day R, Daniels L. (2024). [Kentucky Resident Behavioral Health Indicators Report, 2019-2023](#). Kentucky Injury Prevention and Research Center.

Additional injury reports and injury prevention briefs are available on the KSPAN website, www.safekentucky.org.

ADOLESCENT SCHOOL HEALTH

KIPRC collaborates with partners to implement state school-based surveillance via the CDC's Improving Adolescent Health and Well-Being Through School-Based Surveillance and What Works in Schools.

The CDC school-based surveillance involves two surveys: Youth Risk Behavior Survey (YRBS) and School Health Profiles. Methods established by the CDC are followed to allow for state-to-state and national comparisons. Both surveys are important tools to help monitor school-aged youths' experiences, behaviors, and the school policies and practices that shape student well-being and safety across the Commonwealth.

The data from the surveys can indicate the need for funding, programming prevention and intervention, emerging trends, and professional development training and can be used to improve awareness on health issues of concern among youth. The education and public health sectors can use the data to provide evidence-based insights to inform decision-making, design programs, support health-related legislation, and obtain resources to better support youth student health and academic performance.

Youth Risk Behavior Survey

The Youth Risk Behavior Survey is part of the national Youth Risk Behavior Surveillance System. The YRBS is administered to students in grades 9 through 12 of randomly selected schools every two years. Some of the questions in the survey can be tailored to fit state needs and ask a variety of questions on behaviors that

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Funding

CDC

contribute to leading causes of death and disability, such as unintentional injuries and violence; tobacco, alcohol, and drug use; unintended pregnancy and sexually transmitted infections; screen time and after-school activities; and eating habits and physical activity. For the first time, the YRBS is now available electronically for participating schools. Data from individual students and schools are kept confidential and anonymous.

School Health Profiles

The CDC School Health Profiles assess school health policies and practices in states, urban school districts, territories, and tribal governments. Secondary school principals and lead health education teachers complete a self-administered questionnaire at each sampled school every two years. Profiles provide data on health education and services, safe and supportive school environments, school nutrition environments, physical activity programs, family engagement and community involvement, etc. Data from individual schools are kept confidential and anonymous.

KENTUCKY EMERGENCY RESPONSE FOR SUICIDE PREVENTION: FINDMENTALHEALTHNOWKY.ORG

The aim of this project is to create a near-real-time mental health treatment locator website that includes three core components: a dynamic near-real-time locator with mental health treatment options and availability, a robust directory of social service provider organizations and agencies across the Commonwealth, and a repository for informational documents and educational tools related to mental health topics.

The [FindMentalHealthNowKY.org](https://findmentalhealthnowky.org) (FMHNKY) website, which was integrated into [FindHelpNowKY.org](https://findhelpnowky.org) (FHNKY), was developed in collaboration with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) and APAX Software.

Specific aims are to:

- develop the FMHNKY website,
- conduct usability testing of FMHNKY,
- integrate FMHNKY with FHNKY,
- recruit mental health treatment facilities to FMHNKY,
- maintain participation of mental health treatment facilities in FMHNKY,
- develop and update a community resources tab within FMHNKY, and
- evaluate FMHNKY using website user statistics and facility statistics.

Accomplishments and service

During the reporting period, project team members:

- created seven educational one-pagers on topics related to mental health;
- vetted more than 2,446 community-based social service resources, which are now searchable on the website;
- made 10 requested updates to the FindMentalHealthNowKY.org website from our partners at DBHDID (including items such as expanding disability filters and adding an inpatient hospitalization filter and priority veteran population to community resources);
- onboarded 216 mental health treatment facilities;
- developed “how-to” videos for both front- and

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DBHDID

Presentations

Bunn T, Hines C. FindMentalHealthNowKY.org: Timely Linkage to Mental Health Treatment and Resources. Safe States Alliance Conference, Aug. 22, 2024.
Calhoun P. FindHelpNow’s Newest Sibling: FindMentalHealthNowKY.org. UK Public Health Showcase, April 21, 2025.
Hines C. FindMentalHealthNowKY.org: Timely Linkage to Mental Health Treatment and Resources. Mental Health America, Sept. 18, 2024.
Hines C. FindMentalHealthNowKY.org: Timely Linkage to Mental Health Treatment and Resources. St. Joseph Healthcare, Dec. 7, 2024.

back-end website users;

- developed a user survey to share after all website presentations and demos;
- conducted 17 website demonstration presentations to more than 100 community partners.

From the launch of FindMentalHealthNowKY.org on March 14, 2024, through May 31, 2025, more than 3,400 searches for mental health treatment and over 1,100 searches for community resources were performed. Approximately 30% of all FindHelpNow.org visitors are searching for mental health treatment or topics.

PEDIATRIC AND ADOLESCENT INJURY PREVENTION PROGRAM

The Pediatric and Adolescent Injury Prevention Program (PAIPP) has two main goals: (1) prevent injury and injury-related death to Kentucky children by improving the safety of the environments in which they live, play, learn, and travel and (2) improve the quality of data on Kentucky children's deaths and injuries through support for the child death review process at the local county level. PAIPP accomplishes the former by using epidemiological data to develop education, conduct public outreach, and support strategies for state and local agencies, health professionals, and other related professionals that address the prevention of childhood injuries at different ages and development stages. PAIPP's technical assistance and services cover the entire spectrum of pediatric intentional and unintentional injuries from birth to 18 years of age, addressing topics such as safe sleep, suicide, child maltreatment, fire, hyperthermia, and firearm death or injury.

PAIPP collaborates with Kentucky Department for Public Health Maternal and Child Health and Child Fatality Review (CFR) coordinators to participate in child fatality review efforts of coroners, local teams, and pediatricians. Fatality review teams have been established in more than 100 Kentucky counties. Through CFR outcomes, in partnership with the Department for Public Health, PAIPP also participates in the national Child Safety Learning Collaborative (CSLC), which aims to reduce injury and violence-related fatalities. PAIPP has two focus areas this year in the CSLC: suicide and self-harm injury prevention through implementation of Zero Suicide, a framework for preventing suicide in health care systems, and bullying prevention.

Additionally, PAIPP provides educational opportunities on pediatric abusive head trauma, physical abuse, safe firearm storage, and pediatric ingestions.

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Kentucky Department for Public Health Division
of Maternal and Child Health
University of Kentucky (UK) Department of Pediatrics
Kosair for Kids
CDC

Accomplishments and service

With KSPAN, PAIPP developed the CONNECT resource guide to help primary care providers discuss safety concerns in the home and lack of resources (food, transportation, medical care, childcare support) with patients. These safety concerns and lack of resources create barriers to a family's success; if addressed early through regular screenings with primary care providers, referrals can be made to support a family's safety and ability to thrive. PAIPP and KSPAN created a comprehensive resource directory to help providers make appropriate referrals to services to address safety concerns and social determinants of health. This [resource directory](#) is now live and available for providers and other community members to utilize.

During the reporting period, PAIPP participated in multiple community events to distribute educational materials at community health fairs, provide bike helmets and car seats to participants, and offer car seat checks by a certified child passenger safety technician.

KENTUCKY INJURY-FREE ACADEMY

KIPRC, in partnership with the Kentucky Department for Public Health and the University of Kentucky, launched the Kentucky Injury-Free Academy (KIFA) to pilot the implementation of the Injury-Free North Carolina Academy on Shared Risk and Protective Factors (SRPF) approach to violence prevention. KIFA brings together multidisciplinary teams from across Kentucky—including public health, education, law enforcement, and social services—to address violence through upstream, population-level interventions.

The goals of KIFA are to:

- implement the University of North Carolina Injury Prevention and Research Center's evidence-based SRPF curriculum, adapted to Kentucky's needs;
- facilitate collaboration among 5-8 local and regional teams to develop actionable violence-prevention projects;
- strengthen cross-sector partnerships and inform long-term violence prevention strategies; and
- improve population health in communities that are disproportionately impacted by violence.

KIFA includes three training sessions held over a 12-month period, allowing teams to apply learned strategies and assess short-term outcomes.

Accomplishments and service

During the reporting period, the KIFA team:

- engaged with more than 700 organizations through KSPAN to recruit teams;
- initiated partnerships with the UK Center for Innovation and Population Health and ONE Lexington to support training and outreach;

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Safe States Alliance and University of North Carolina Injury Prevention Research Center

Presentations

Hines C. Kentucky Injury-Free Academy. Kentucky Safety Prevention and Alignment Network, June 4, 2025.

- developed a regional engagement strategy to reach rural and underserved communities;
- leveraged existing injury and violence data systems to support program evaluation and needs assessments;
- coordinated planning for three statewide training sessions, including speaker recruitment and curriculum adaptation;
- conducted the first two-day session in Frankfort, with seven teams in attendance. Each team had a coach, and eight subject matter experts presented on a variety of topics related to primary prevention of violence and shared risk and protective factors.
- began development of short-term outcome and follow-up evaluation tools to assess program impact.

RESIDENTIAL FIRE INJURY PREVENTION

The Residential Fire Injury Prevention program, through Federal Emergency Management Agency funding, supplies smoke alarms, educational materials, training, and technical assistance to local partner organizations. Local partners identify low-income and at-risk households that lack working smoke alarms, then install smoke alarms in those homes and provide fire safety education to the resident(s). A home safety check focusing on fire safety, fall prevention, emergency preparedness, and general safety is completed at the time the alarms are installed. The results of the check are provided to the residents to make them aware of any safety hazards that were identified in their home. These services are provided at no cost to the residents.

Accomplishments and service

The current project supported the acquisition of 4,800 lithium battery-powered, long-life smoke alarms and related materials. As of May 31, 2025, a total of 3,230 alarms have been provided to 12 local partner organizations in nine Kentucky counties, with installation expected to be completed by the end of the 2025 calendar year. Additional partners are currently completing the application process.

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Funding

Federal Emergency Management Agency, U.S.
Department of Homeland Security



KENTUCKY FATALITY ASSESSMENT AND CONTROL EVALUATION

The Kentucky Fatality Assessment and Control Evaluation (FACE) program conducts multi-source surveillance of occupational fatalities in Kentucky and studies worker fatalities to make recommendations to prevent similar incidents, particularly those involving the truck transportation and construction industries. Detailed reports, hazard alerts, and other prevention materials are produced and disseminated. FACE does not seek to determine fault or place blame on companies or individual workers.

Accomplishments and services

In the past year, 11 occupational fatality investigation reports were developed and disseminated to the FACE mailing list and Kentucky Occupational Safety and Health Surveillance social media accounts (Twitter, Facebook, and Instagram):

- 24KY022: Manufacturing Laborer Falls from Elevated Pallet, Succumbs to Injuries;
- 24KY037: Truck Driver Killed After Semi-Trailer Wheel and Tire Cross Median, Strike Windshield;
- 24KY020: Machine Operator Pulled into Machine, Succumbs to Injuries (also available in Spanish);

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Funding

Competitive funding received from the National Institute for Occupational Safety and Health (NIOSH)

Reports and publications

Kentucky Fatality Assessment and Control Evaluation. (2024). [Occupational Fatalities in Kentucky Annual Report, 2023](#). Kentucky Injury Prevention and Research Center.

- 23KY063: General Laborer Killed on Kentucky Interstate in Multi-Vehicle Collision;
- 23KY115: Hotel Employee Drowns in Swimming Pool;
- 24KY001: Employee Dies by Suicide (also available in Spanish);
- 24KY058: Farm Laborer Struck by Backing Truck, Succumbs to Injuries (also available in Spanish);
- 23KY003: Press Operator Killed by Ejected Fragment;
- 24KY072: Wash Bay Attendant Engulfed by Fire Dies from Injuries;
- 24KY070: Tow Truck Operator Killed by Passing Semi-Truck on Shoulder; and
- 25KY001: Truck Driver Dies after Truck Overturns.

(All FACE case reports can be found on the [FACE website](#).)

In the past year, three hazard alerts were developed and disseminated:

- Hazard Alert: Worker Safety During Flooding and Cleanup (also available in Spanish);
- Hazard Alert: Working in Extreme Heat and Humidity (also available in Spanish); and
- Hazard Alert: Workers Killed in Confined Spaces.

FACE received feedback for the report, 24KY022: Manufacturing Laborer Falls from Elevated Pallet, Succumbs to Injuries. Mike Fitzgerald of Riggs Machine & Fabricating commented, “I like that you include methods to reduce injuries (rather than just describe the accident). The use of the barrel unit, ladder, and wearing of the hard hat when at heights were all good suggestions. (I will suggest the use of hard hats at heights during maintenance work). Not a suggestion for change, just a note of how useful the report was.”

The FACE report, 24KY022, Manufacturing Laborer Falls from Elevated Pallet, Succumbs to Injuries, was featured in Safety+Health, published by the National Safety Council.

NIOSH eNews featured the following reports and publications:

- 24KY022: Manufacturing Laborer Falls from Elevated Pallet, Succumbs to Injuries (September 2024);
- 24KY037: Truck Driver Killed After Semi-Trailer Wheel and Tire Cross Median, Strike Windshield (September 2024);
- Hazard Alert: Workers Killed in Confined Spaces (October and November 2024);
- 23KY115: Hotel Employee Drowns in Swimming Pool (November 2024); and
- 2023 Annual Report: Occupational Fatalities in Kentucky (December 2024).

The FACE team worked with the employer and family members of a tow truck driver who was struck by a semi-truck to develop a video of the FACE case to develop a safety video that will be released in June 2025.

The National Floor Safety Institute shared FACE report 24KY022, Manufacturing Laborer Falls from Elevated Platform, Succumbs to Injuries, on its LinkedIn page.

Safety+Health magazine/website featured Hazard Alert: Workers Killed in Confined Spaces (November 2024) and published two additional articles on its website featuring the alert:

- Confined Spaces: New Hazard Alert from Kentucky (September 6, 2024) and
- Safety in Confined Spaces (October 22, 2024).

Blue Diamond Industries, a manufacturer of high-density polyethylene conduit for fiber optic, data, and power cables, distributed the English and Spanish versions of the KOSHS Hazard Alert Working in Extreme Heat and Humidity to approximately 280 of its safety specialists at four plants.

KENTUCKY OCCUPATIONAL SAFETY AND HEALTH SURVEILLANCE

The Kentucky Occupational Safety and Health Surveillance (KOSHS) program partners with agencies and organizations to identify safety and health concerns of Kentucky workers and to develop, implement, and evaluate targeted interventions. The KOSHS program conducts comprehensive multi-source population-based surveillance of occupational injuries and illnesses that have occurred in Kentucky, using 30 occupational health indicators (OHIs).

Accomplishments and service

Three new Kentucky-specific OHIs based on the weight class of vehicles involved in crashes were finalized for inclusion in the 2024 Kentucky Occupational Health Indicators Report. To create the OHIs based on weight class of the vehicle involved in the crash, vehicle weight class was identified using the vehicle identification number (VIN). A VIN is a vehicle-specific 17-character code that indicates the vehicle's features, specifications, and manufacturer. Using the National Highway Traffic Safety Administration VIN Decoder Tool, KOSHS created an SQL tool to decode weight classes of large batches of vehicles involved in crashes. The Federal Highway Administration Gross Vehicle Weight Rating (GVWR) classifies vehicles in eight recognized weight classes: Classes 1 and 2 represent light vehicles with a GVWR of less than 10,000 lbs., classes 3 through 6 are identified as medium with GVWRs ranging from 10,001 to 26,000 lbs., and heavy vehicles are classes 7 and 8 with GVWRs of more than 26,000 lbs. The weight class of the crash is assigned by the GVWR of the largest vehicle in the crash.

The three new Kentucky-specific OHIs are:

- OHI #35: A count of occupational crashes where both vehicles in the crash have a GVWR of 10,000 lbs. or less;
- OHI #36: A count of occupational crashes where the largest vehicle in the crash has a GVWR between 10,001 and 26,000 lbs.; and
- OHI #37: A count of occupational crashes where the largest vehicle in the crash has a GVWR over 26,001 lbs.

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Funding

NIOSH

Presentations

- Honaker R, Maloney P, Fields M, Bunn T, Northcutt C. Understanding workplace deaths by suicide in Kentucky from 2005–2022. UK Public Health Showcase 2025, April 21, 2025.
- Honaker R, Maloney P, Fields M, Bunn T, Northcutt C. Understanding workplace deaths by suicide in Kentucky from 2005–2022. Council for State and Territorial Epidemiologists, June 8, 2025.
- Maloney P, Honaker R, Northcutt C. Occupational epidemiology: Kentucky Occupational Safety & Health Surveillance (KOSHS). UK Public Health Showcase 2025, April 21, 2025.
- Northcutt C, Fields M. Using multisource data linkage to identify work-related injuries and fatalities from light and medium vehicle crashes. Occupational Health Surveillance Methods Meeting, Feb. 26, 2025.

Publications and reports

- Bunn T L, Northcutt CA, Honaker R, & Maloney P. (2025). [Quantitative and narrative analysis of dump truck-related injuries and fatalities in the United States](#). Safety, 11(1), 17.

The [Worker Injury County Profiles](#) on the KIPRC website were updated with 2023 data.

The internal weekly syndromic workplace injury dashboard (developed in 2024) was updated to display injury type by age. As the data revealed that workers aged 15–24 are at heightened risk for work-related injuries, the KOSHS team joined a multi-state effort utilizing syndromic surveillance to examine teen worker injuries. The Occupational Health Surveillance Methods Subcommittee co-chair reached out to KOSHS after reading a Council of State and Territorial Epidemiologists (CSTE) success story on this work to request a presentation at a meeting scheduled for July 2025.

As a member of the CSTE Occupational Health Indicators Workgroup Leadership, KOSHS worked with Wisconsin, Oregon, Washington, and Texas to update the low-back pain OHI. As part of the responsibilities of this volunteer role, KOSHS participated in a pilot study that tested the need for surgical identifiers in the occupational low back pain indicator. Findings, along with recommendations to amend the current low-back pain indicator, were presented at the December 2024 CSTE meeting in Cincinnati, Ohio. The amendment recommendations were agreed upon by a vote.

From July 1, 2024, through April 30, 2025, KOSHS staff mailed 444 notification letters, surveys, and educational materials to adults with elevated blood lead levels; 105 cases were referred to the Kentucky Occupational Safety and Health Administration for follow-up due to blood lead levels greater than or equal to 20 µg/dL.

The KOSHS team held an in-person meeting with NIOSH and Kentucky Department for Public Health staff to discuss the current process and systems involved with collecting data on adult blood lead levels and conducting outreach to individuals with elevated levels. The group also discussed current issues and barriers. From this meeting it was discovered that not all possible Logical Observation Identifiers Names and Codes (LOINC) for adult blood lead tests were being utilized to extract data. All of the codes have since been identified. A process was also initiated to allow Kentucky Department for Public Health staff to pro-

vide case management forms to KOSHS for elevated child blood lead levels where a potential occupational exposure was indicated.

The KIPRC data report Kentucky Fatalities, Inpatient Hospitalizations, Outpatient Hospital Visits, and Worker's Compensation First Reports of Injury Involving an Occupational Heat-Related Injury, 2019–2024 was requested by Mary Stephens from the Kentucky Legislative Research Commission in relation to Senate Bill 49, an act relating to heat injury prevention. The requested data were used to assist the commission in analyzing the impact the bill could potentially have on local government employers, if passed. The following feedback on the report was received: “The information you provided was critical to me performing my statutory responsibility to review proposed legislation for its fiscal impact on local governments, including as employers.”

The Total Worker Health in Action September 2024 newsletter featured two resources developed by the KOSHS team:

- Shift Work, Sleep, and Mental Health and
- Kentucky Small Business Toolkit for Hiring Employees in Recovery.

KOSHS-produced videos on semi-trailer safety continue to be featured by the Vertical Alliance Group and hosted on the KIPRC YouTube channel. The videos have been viewed more than 260,000 times. The four videos focus on injury prevention while 1) cranking trailer landing gear, 2) entering and exiting the trailer, 3) getting into and out of a truck cab, and 4) opening and closing swing-type trailer doors.

The KOSHS team collaborated with MPH student Amara Danturthi on her capstone project to analyze occupational hearing loss in Kentucky Worker's Compensation (WC) first reports of injury (FROI). The KOSHS team provided guidance regarding WC FROI data from 2005–2019 for analysis and troubleshooting and guidance on both the Kentucky FROI data and the NIOSH Industry and Occupation Computerized Coding System. Ms. Danturthi was awarded the first place Master's student award for her poster presentation on the project at the University of Kentucky Public Health Showcase in May 2025.

OCCUPATIONAL MOTOR VEHICLE INJURY SURVEILLANCE

The Occupational Motor Vehicle Injury Surveillance (OMVIS) program received a competitive award from the CDC to develop a surveillance system to:

- identify, collect, and describe current and potential comprehensive multisource surveillance data on all occupational motor vehicle injury crashes (fatal and nonfatal) in Kentucky;
- perform quality control of OMVIS surveillance data through a system quality assessment of timeliness, accuracy, completeness, uniformity, integration potential, and accessibility following the National Highway Traffic Safety Administration approach;
- conduct epidemiological analysis of OMVIS data to address occupational motor vehicle crashes and identify specific industry populations at risk;
- inform intervention, prevention, and surveillance improvement activities;
- stimulate future research; and
- prepare and disseminate OMV injury research findings using NIOSH publications and communications, peer-reviewed publications, and presentations to trade associations.

Accomplishments and service

During FY 2024, OMVIS accomplished the following goals:

- developed a process for linking health-related databases to be used to identify additional OMV crashes to supplement the crash database;
- finalized the development of the approach for identifying occupational motor vehicle crashes involving light and medium vehicles utilizing a vehicle identification number decoder (see Kentucky Occupational Safety and Health Surveillance, above, for additional information);
- generated initial occupational health indicators for small and medium vehicles in Kentucky;
- developed the OMVIS database for the 2019 to 2023 period utilizing crash narrative text mining and linkage of crash with health-related databases; and
- developed preliminary data presentations of the crash locations throughout the state using GIS tools.

Key personnel

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Funding

NIOSH

Presentations

Northcutt C, Fields MA, Souleyrette RR, Stamatiadis N. Using data integration and machine learning methods to identify occupational motor vehicle crashes in Kentucky. Association of Transportation Safety Information Professionals Traffic Records Forum, Aug. 11-14, 2024.

Northcutt C, Fields MA, Honaker RG, Souleyrette RR, Stamatiadis N. Using multisource data linkage to identify work-related injuries and fatalities from light and medium vehicle crashes in Kentucky. Council of State and Territorial Epidemiologists Occupational Safety Surveillance Methods Workgroup Monthly Meeting.

Publications and reports

Northcutt CA, Stamatiadis N, Fields MA, Souleyrette R. (2024). [Estimating occupation-related crashes in light and medium-size vehicles in Kentucky: A text mining and data linkage approach](#). Accident Analysis and Prevention. 207:107749.



KENTUCKY TRAUMA DATA BANK

The Kentucky Trauma Registry was established by state law (Kentucky Revised Statute [KRS] 211.490 et seq.; 902 Kentucky Administrative Regulation 28:040) to be the statewide repository for trauma data. Now referred to as the Kentucky Trauma Data Bank, it is housed administratively in the Kentucky Department for Public Health and managed by KIPRC.

Trauma system leadership is provided by the state Trauma Advisory Committee, the membership of which is set out in the governing statute. All trauma centers designated by the Commissioner of Public Health in the Kentucky Trauma Care System maintain trauma registries that are compatible with National Trauma Data Bank standards established in the National Trauma Data Standard Data Dictionary.

The trauma centers upload trauma data electronically every quarter to the Kentucky Trauma Data Bank. With support from the National Highway Traffic Safety Administration through the Kentucky Transportation Cabinet, KIPRC analyzes the statewide trauma registry data and provides a detailed profile of the traumatic injuries treated in the state's trauma facilities.

Key personnel

Julia F. Costich, PhD, JD
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Funding

National Highway Traffic Safety Administration through Kentucky Transportation Cabinet

Presentations

Costich JF. Kentucky Trauma Registry Update. Kentucky Trauma Symposium, Oct. 2024.

Publication and reports

Costich JF, Murphy A. (2024). [Kentucky Trauma Registry Report 2023](#). Kentucky Injury Prevention and Research Center.

Accomplishments and service

Kentucky trauma systems are classified according to the level of care they are equipped to provide, using standards established by the American College of Surgeons Committee on Trauma (ACS COT). As ACS COT does not have guidelines suitable for smaller rural facilities, those standards are set out in state law. Because participation in Kentucky's trauma system is voluntary, the number of hospitals reporting to the

trauma registry varies from year to year. There were 27 actively reporting facilities in 2024, and the total number of cases reported for that year exceeded 15,000. In addition to preparing and disseminating annual trauma data analyses, trauma registry staff participate in quality improvement initiatives addressing data integrity and timeliness as part of the National Highway Traffic Safety Administration's (NHTSA) five-year assessment of Kentucky-based NHTSA-funded projects.

CENTRAL NERVOUS SYSTEM INJURY SURVEILLANCE

The Central Nervous System Injury Surveillance project tracks cases of traumatic brain injury, spinal cord injury, nontraumatic brain injury, and stroke as defined by the Centers for Disease Control and Prevention and KRS 211.470. Cases are selected from the Kentucky Hospital Discharge Database and include emergency department visits as well as inpatient admissions. An annual report is generated using these data, with 2010 being the first year that included emergency department cases.

Key personnel

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Funding

Traumatic Brain Injury Trust Fund Board, Kentucky Department of Aging and Independent Living

Publications and reports

Beaven S. (2024). [Central nervous system injury in Kentucky: Emergency department visits and hospitalizations, 2023](#). Kentucky Injury Prevention and Research Center.

DRUG OVERDOSE PREVENTION



RURAL CENTER OF EXCELLENCE ON RECOVERY HOUSING

The Rural Center of Excellence on Recovery Housing (RCOE-RH) focuses on increasing the quality and availability of and access to recovery housing in rural areas across more than 100 counties in Georgia, Idaho, Kentucky, Mississippi, Montana, Ohio, Oregon, Tennessee, Washington, and West Virginia.

The goals of the RCOE-RH are to:

- develop a toolkit for employers and providers to increase access to training and employment for individuals in recovery in rural communities,
- engage employers to review and evaluate materials and resources supporting recovery-ready workplaces, and
- expand the peer recovery workforce in rural communities through research and development of toolkits and training materials.

Accomplishments and service

During the reporting period, the RCOE-RH

- conducted interviews of 20 small business employers and 20 employees in recovery currently employed in small businesses in order to inform and develop

Key personnel

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Funding

Health Resource and Services Administration, Rural Communities Opioid Response Program, awarded to The Fletcher Group, Inc., through which KIPRC has received a sub-award

Other organizations or institutions represented

The Fletcher Group, Inc.

a small business toolkit on retaining employees in recovery;

- designed and implemented the Twin County, Virginia, Recovery Court Fitness Program Evaluation;
- contributed to the 2025 Recovery Ecosystem Report for Western North Carolina, providing data visualizations to illustrate recovery support service needs and gaps across the region; and
- maintained a learning management system where the RCOE develops, stores, and delivers a consistently increasing number of training and educational content.

Presentations

Ellis J. Staying power: A scoping review on retention in recovery housing. UK Public Health Showcase, April 21, 2025.

Reports and publications

Ellis J, Clancy GL, Kizewski A, et al. (2024).

[Justifying the need for a recovery-related surveillance system: Exploratory focused interviews.](#) Health Science Reports, 7:e2038.

Ellis J, Mirzaian M, Sudduth E, Ashworth M, Thompson R, Johnson D, Robinson L, Bunn T. (2025). [Identification of retention in Oxford Houses and other types of recovery housing: A scoping review.](#) Substance Use & Misuse, 60(6), 798–810.

KENTUCKY ACCESS TO RECOVERY EVALUATION

Access to Recovery (ATR) is a linkage strategy supported by the U.S. Substance Abuse and Mental Health Services Administration that was implemented by Kentucky in 2019 to link vulnerable populations in 25 counties with opioid and/or stimulant substance use disorders (SUDs) to evidence-based recovery support services (RSSs) such as recovery housing, transportation, and employment and other community services using a voucher system. If requested, clients are relinked to RSSs following resumption of substance use. Kentucky Access to Recovery (KATR) priority clients who receive RSSs are those recently released from incarceration, veterans, and those who are pregnant/postpartum or parenting children under the age of 18.

Fahe, a 501(c)3 nonprofit that networks with more than 50 diverse community-based nonprofits serving the Appalachian states of Kentucky, Tennessee, Virginia, West Virginia, Maryland, and Alabama, administers the KATR Program in partnership with the Kentucky Opioid Response Effort.

The KATR Evaluation project is a rigorous process and outcome evaluation of KATR that works to accomplish the following aims:

- conduct a process evaluation of the KATR linkage strategy to determine whether the KATR strategy is acceptable and accessible to vulnerable populations with SUD who are linked to RSSs; identify barriers and facilitators to KATR implementation; and assess the extent to which the KATR strategy was implemented as designed;
- conduct an outcome and impact evaluation of the KATR linkage strategy; and
- evaluate the long-term effectiveness of implementing vouchers as a linkage strategy in a population requiring RSSs when no other funding sources are available. A within-subjects study design will be used to test the effectiveness of the KATR last resort voucher linkage approach to reduce the risk of nonfatal and fatal overdoses by
 - increasing an individual's recovery capital;

Key personnel

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Funding

Competitive R01 funding from the National Center for Injury Prevention and Control, CDC

- reducing resumption of illicit substance use; and
- promoting relinking to RSSs if illicit substance use is resumed.

Accomplishments and service

Recruitment of KATR clients began in July 2023 and was completed for the quantitative portion of the KATR project in February 2025; 458 total KATR clients were recruited from three service areas. Clients were studied longitudinally and asked to complete surveys at intake, 6 months, 9 months, and 12 months, approximately. At the conclusion of data collection, 171 (37%) clients were deemed eligible for final analysis. This included 141 clients who completed all four surveys, 4 clients who completed intake, 9-month and 12-month surveys, and 26 clients who completed intake, 6-month, and 12-month surveys.

Quantitative survey questions were asked about recovery capital, substance use history, recovery support and history, overdose history, medications/treatment prescribed for substance use, correctional history, health history, life domain assessment, mental health history, and sexual health history. Upon completion of data collection, data refinement and cleaning proce-

dures began with KATR coordinators. Data cleaning has been completed.

In addition to the quantitative aims of the study, semi-structured qualitative interviews were completed with four distinct groups to assess the process evaluation. Qualitative interviews with the four observed groups have been completed and coded to identify themes present. This includes KATR clients (n=22),

KATR coordinators (n=9) and leadership (n=3), KATR referral agencies (n=11), and KATR vendors (n=10).

Two student researchers completed human subject protection training and received UK IRB approval. These students assisted with qualitative interviews and coding.

STIMuLINK

STIMuLINK is identifying risk/protective factors for stimulant-involved deaths that are actionable, for the development or adaptation of current prevention and intervention efforts, by linking records from fatal stimulant-involved overdoses found in Kentucky's drug overdose fatality surveillance system to electronic medical records (EMR) from the state's largest primary and safety net health care system, UK HealthCare, for the period 2017–2024. This innovative data linkage reduces the surveillance bias associated with medical information obtained only from coroner reports, makes EMR “gold standard” medical information available for research, improves data completeness needed for risk/protective factor ascertainment using the concept of “computable phenotypes,” and enables a comparative cohort of patients found in the EMR (i.e., those with evidence of harmful stimulant use).

Using traditional and novel statistical approaches to analyze these cohorts, STIMuLINK examined risk/protective factors predictive of fatal stimulant overdose using the social ecological model as the principal framework.

In parallel with these aims, STIMuLINK tests the use of existing biomedical natural language processing (NLP) tools to extract additional factors from the “literal text” notes found in the Drug Overdose Fatality Surveillance System and compares findings from notes written by coroners to those written by medical examiners in neighboring states. The guidance and open-source software developed from this aim will advance the science of NLP for automating the workflow for injury surveillance.

STIMuLINK's multidisciplinary team includes epidemiologists, computer scientists, lawyers, statisticians, and behavioral scientists with experience working directly with communities affected by the current polydrug overdose epidemic. The project specifically includes ongoing communication points with vulnerable communities and clinical populations to increase the translational impact of the research.

Key personnel

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Funding

Competitive R01 funding from the CDC

Presentations

Baker M, Flora A, Lawson K, et al., Delcher C. Examining the common comorbidities in pregnant women with opioid use disorder/stimulant use disorder presenting to the University of Kentucky Health System. 2025 UK Center for Clinical and Translational Science Spring Conference, April 1, 2025.

Publications and reports

Harris DR, Quesinberry D, Anthony N, Bae J, Smith AL, Delcher C. (2024). [Housing instability increases for stimulant-involved overdose deaths after linking surveillance data to electronic health records in Kentucky](#). Drug and Alcohol Dependence, 264:112455. doi: 10.1016/j.drugalcdep.2024.112455. Epub 2024 Oct 4. PMID: 39383556.

Klein L, Delcher C, Smith N, Adams J, Bobashev G. (submitted). Rising prevalence of stimulant misuse among female adolescents and young adults: Evidence from a national survey. JAMA Network Open.

Nahian MSA, Delcher C, Harris D, Akpunonu P, Kavuluru R. (2025). [Large language models for drug overdose prediction from longitudinal medical records](#). arXiv:2504.11792.

OVERDOSE DATA TO ACTION

Overdose Data to Action 2.0 (OD2A) continues drug overdose surveillance and prevention efforts through harm reduction; training of clinicians, EMS workers, and law enforcement personnel on opioid use and stimulant use disorder; and linkage to care.

The surveillance arm of OD2A focuses on

- conducting ongoing statewide surveillance of fatal and nonfatal drug overdoses using multiple administrative and rapid surveillance data sources;
- monitoring and reporting on drug overdose anomalies through the Kentucky Drug Overdose Alert System;
- conducting limited biosurveillance of drugs involved in nonfatal drug overdoses;
- linking multiple data sources with each other and with criminal justice data and social determinants of health data; and
- disseminating surveillance findings to state and local stakeholders through presentations, reports, data briefs, and ad hoc data requests.

The prevention arm of OD2A focuses on

- increasing clinician/health system engagement through trainings on pain management and screening, diagnosis, and linkage to care and retention in care for opioid use disorder;
- soliciting/onboarding electronic health record providers and pharmacy management and other system vendors to expand integration with Kentucky All Schedule Prescription Electronic Reporting (KASPER) and providing proactive alerts to integrated KASPER prescribers to inform clinical decision-making;
- increasing and expanding public safety partnerships and interventions through development and implementation of trainings and dissemination of alerts through Kentucky Substance Use Research and Enforcement (K-SURE) briefs;
- improving harm reduction access for people who use drugs through collaborating with community organizations and agencies, training care navigators, and disseminating risk reduction resources; and
- increasing community-based linkage to care through the support of care navigators in community outreach programs, linkage to substance use disorder treatment services and recovery housing through FindHelpNowKY.com, and

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developing and implementing training modules on building recovery capital and maintaining recovery.

Accomplishments and service

The substance use disorder treatment locator on FindHelpNowKY.org now has approximately 700 SUD treatment facilities that update their available treatment slots on an at least weekly basis to ensure near-real-time availability for those seeking treatment options. There were 6,395 total site views and 17,513 search events from September 1, 2024, through April 30, 2025.

The FindRecoveryHousingNowKY.org website, which launched in September 2022, now includes 394 recovery houses in Kentucky; 8,275 searches of the site were performed between September 1, 2024, and April 30, 2025.

KIPRC continues to partner with the Kentucky River District Health Department to support three full-time recovery navigators at The Hub. The Hub provides holistic, person-centered care by centralizing a broad range of services that address substance use, hunger, homelessness, mental health, employment, housing, and others.

KIPRC partnered with Voices of Hope, a recovery community organization providing recovery support services for substance use disorder, to develop Help the Helper: Self-Care, Boundaries, and Empowerment for Peer Support Specialists to train navigators on skills to maintain professional boundaries and prioritize self-care. Since December 2024, more than 250 participants have completed this training. The training materials are available on [KIPRC's website](https://www.kiprc.org).

In consultation with the key partner advisory workgroup, six risk-reduction and overdose-prevention educational resources specifically for navigators were produced and distributed in the last year. The purpose of the resource series, titled Peer2Peer, is to

- expand the use of surveillance, evaluation, programmatic, and community

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Funding

National Center for Injury Prevention and Control, CDC

Presentations

Bunn T, Fetherolf L, Hicks J, Dick L, Kane C, Handshoe C. Meeting people where they are: Linkage to harm reduction, treatment, and recovery support services in health-inequitable communities. National Association for Alcoholism and Drug Abuse Counselors Annual Conference, Oct. 18–23, 2024.

Crawford J, Crossen S, Farrey A, Koepke R, Manigault A. Data quality on demand 2.0: Easy customization for high-resolution reports. 2025 CSTE Syndromic Surveillance Symposium, Feb. 25, 2025.

Daniels L, Farrey A. Automating decedent toxicology. SUDORS Workgroup, Oct. 16, 2024.

Daniels L. Cannabis hyperemesis syndrome-related emergency department encounters among Kentucky residents, 2016–2023. CSTE Cannabis Subcommittee, Nov. 21, 2024.

Daniels L, Slavova S. Enhancing fatal drug overdose surveillance: Early insights into user experiences with a novel drug mention and involvement classification tool. UK Public Health Showcase, April 21, 2025.

Daniels L, Slavova S. Enhancing fatal drug overdose surveillance: Early insights into user experiences with a novel drug mention and involvement classification tool. CSTE Conference, June 8–12, 2025.

Dick L, Hines C, Smith C. Navigating linkage to care: Harnessing online resources for help and support. Kentucky Harm Reduction Summit, June 20, 2024.

data to inform the implementation and improvement of prevention and response efforts,

- expand the use of evidence-based approaches, and
- increase stakeholder awareness of harm reduction resources, especially for those disproportionately affected by the overdose epidemic.

Peer2Peer topics include how to use FindHelpNowKY.org (substance use disorder treatment locator), FindRecoveryHousingNowKY.org (recovery housing locator), FindMentalHealthNowKY.org (mental health treatment locator), FindNaloxoneNowKY.gov (naloxone access locator), and ODMAP as well as tips on professional communication for harm reductionists.

The 2024 Kentucky Harm Reduction Summit was held in June 2024 in Louisville with a maximum-capacity crowd of 500 attendees. The annual meeting is one of the largest in-person training events in Kentucky for adult peer support specialists, recovery coaches, first responders, health care and legal professionals, local health department staff, and public health educators/health care staff. The Summit featured 25 presentations on topics including Navigating Linkage to Care: Harnessing Online Resources for Help and Support; Defining Stimulant Use Disorder within Harm Reduction Framework; Harm Reduction in Non-Syringe Service Program Counties; and Cultural Catalyst: Igniting Change Through Collective Empowerment.

In partnership with the Kentucky Overdose Response Strategy (ORS), KIPRC developed the 90-minute training, Using Overdose Detection Mapping Application Program (ODMAP) in Kentucky, to introduce and train public health harm reductionists on the use of the free web-based platform for reporting and monitoring of drug overdose events. Kentucky is the first state in the country to use statewide application programming interfaces (APIs) to automatically upload

Farrey A. KDPH and KIPRC collaboration. Kentucky Department for Public Health Building Epidemiologic Capacity in Kentucky Annual Meeting, Oct. 29, 2024.

Farrey A, Crawford J, Gadekar A, Manigault A, Vesangi K. What's new in PRESS? The Publication & Reporting Enterprise for Syndromic Surveillance. 2025 CSTE Syndromic Surveillance Symposium, Feb. 27, 2025.

Farrey A. Overview of EMS data for public health surveillance. CSTE Occupational Health Workgroup, Oct. 23, 2024.

Farrey A. Spatiotemporal analysis methods. Ad-Hoc KIPRC Analyst Meeting, Oct. 18, 2024.

Kirby A. Recovery housing in Kentucky: The current geographic and legislative landscape. UK Public Health Showcase, April 21, 2025.

Mirzaian M. Insights into Kentucky's drug overdose epidemic: Empowering action through data visualization. 2024 KASPER Symposium, Aug. 24, 2024.

Mirzaian M. Using data to inform and evaluate opioid overdose prevention and response in Kentucky. Kentucky Opioid Symposium, Oct. 22, 2024.

Quesinberry D. Cases of accidental poisonings among infants, children, and adolescents in Kentucky, June 2021 to June 2024. CSTE 2025 Conference, June 8-12, 2025.

Quesinberry D. 2024 Kentucky drug overdose trends. Kentucky Harm Reduction Summit, June 20, 2024.

Quesinberry D. Concordance of biosurveillance and postmortem toxicology in Fayette County, Kentucky, June 2021–May 2024. OD2A-S Biosurveillance Technical Assistance Meeting, September 18, 2024.

Quesinberry D. Improving the data landscape for overdose surveillance. Kentucky Public Health Association 2025 Annual Meeting, June 20-22, 2025.

Seals J. Connected struggles: Exploring the shared risk factors of suicides and overdoses in Kentucky. Society for Advancement of Violence and Injury Research 2025 Conference, April 6-9, 2025.

Steel M. The efficient epidemiologist: Utilizing R and generative AI to enhance disease surveillance. UK Public Health Showcase, April 21, 2025.

data from emergency medical services and law enforcement drug overdose incident reports to ODMAP. This enables eligible users to monitor and respond to suspected drug overdoses and drug overdose spikes in near real time. Between July 2024 and April 2025, KIPRC hosted two training webinars on ODMAP for approximately 50 attendees. As a direct result of the training, three local health departments applied for and were approved to administer ODMAP in their communities. Further trainings are planned for subsequent years.

The Kentucky Drug Overdose Alert System (KDOAS), launched in 2023, was expanded to include drug overdose spikes detected in emergency medical services data using the API. KDOAS notifies state and local agencies about anomalies in the levels of drug overdoses in their areas so that they can plan interventions.

In April 2025, the drug overdose mortality surveillance report produced annually for the Kentucky Office of Drug Control Policy was once again cited by Gov. Beshear at a press briefing to highlight the continuing decline in drug overdose deaths and the 30.2% overall decline from the previous year. The report also noted that, for the first time in recent years, the rate of fatal drug overdoses for Black Kentuckians decreased in 2024.

Publications and reports

- Atyia S, Bunn T, Quesinberry D, Prince T. (2025). [Linkage to treatment and recovery support services for patients with a substance use disorder: A survey of Kentucky physicians](#). Southern Medical Journal. 118(1):1-8.
- Harris DR, Quesinberry D, Anthony N, Bae J, Smith AL, Delcher C. (2024). [Housing instability increases for stimulant-involved overdose deaths after linking surveillance data to electronic health records in Kentucky](#). Drug and Alcohol Dependency. Nov 1;264:112455.
- Mirzaian M, Daniels L. (2025). [Nicotine poisoning and E-cigarette dependence among Kentucky residents, 2018–2024](#). Kentucky Injury Prevention and Research Center.
- K-SURE [Brief 35: Six major overdose-related substances and general overdose-related events in Kentucky, January 1, 2017–June 30, 2024](#). (2025). Kentucky Injury Prevention and Research Center.
- K-SURE [Brief 36: Saving lives through the Angel Initiative—2024 in review](#). (2025). Kentucky Injury Prevention and Research Center.
- Murphy A, Day R, Daniels L. (2024). [Kentucky resident behavioral health indicators report, 2019–2023](#). Kentucky Injury Prevention and Research Center.
- Steel M, Mirzaian M, Daniels L. (2024). [Kentucky resident emergency department visits for nonfatal drug overdoses, 2019–2023: Annual report](#). Kentucky Injury Prevention and Research Center.
- Steel, M., Mirzaian, M., Daniels, L. (2024). [Kentucky resident drug overdose deaths, 2019–2023: Annual report](#). Kentucky Injury Prevention and Research Center.

OPIOID DATA LAB

Opioid Data Lab: Understanding Overdose through Scientific Innovation focuses on developing a methodology for classifying drug poisoning deaths (i.e., drug overdose deaths) as single- versus polydrug poisoning deaths and developing analytical tools that can be used by surveillance epidemiologists and researchers.

In 2016, the CDC's National Center for Health Statistics (NCHS), in collaboration with the U.S. Food and Drug Administration, developed a methodology for analysis of literal text on U.S. electronic death certificates to identify specific drugs mentioned with involvement (DMI). The DMI methodology uses a drug search term list (including drug names, metabolites, and misspellings cross-walked to generic drug names) and contextual phrases to capture specific drugs identified by medical examiners/coroners as contributing to drug poisoning deaths and listed on the death certificate. To date, the use of the DMI methodology has been limited to a few NCHS publications tracking changes in drugs most frequently involved in U.S. drug overdose deaths. The Opioid Data Lab is built on existing DMI methodology to develop a polydrug poisoning death classification framework and an analytical toolbox (including programming code, guide, and test dataset) to facilitate drug-involved reporting and research.

Key personnel

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Funding

Competitive funding from the U.S. Food and Drug Administration

Other organizations or institutions represented:

University of North Carolina Chapel Hill
CDC, National Center for Health Statistics

Publications and reports

Lei F, Lofwall MR, McAninch J, Adatorwovor R, Slade E, Freeman PR, Moga DC, Dasgupta N, Walsh SL, Vickers-Smith R, Slavova S. (2024). [Higher first 30-day dose of buprenorphine for opioid use disorder treatment is associated with decreased mortality](#). Journal of Addiction Medicine, 18(3):319-326. doi: 10.1097/ADM.0000000000001300. Epub 2024 Apr 10. PMID: 38598300.

STARTING DOSES OF BUPRENORPHINE TO REDUCE NONFATAL OVERDOSES AND PREVENT MORTALITY

Starting Doses of Buprenorphine to Reduce Nonfatal Overdoses and Prevent Mortality is a collaboration between investigators at the University of Kentucky and the University of North Carolina that received funding from the U.S. Food and Drug Administration Centers of Excellence in Regulatory Science and Innovation program.

Buprenorphine is an effective medication for managing opioid use disorder; however, previous work by the research team suggested that, in current clinical practice, buprenorphine doses may be inadequately low. Therefore, the research team will use advanced methods to determine what doses best prevent overdose and mortality. In this project, health care records from Kentucky will be linked with dispensing and death certificates to create a specially designed database that allows the researchers to answer questions of cause and effect. Because many factors can influence dose and overdose risk, the study will use advanced statistical methods to measure and account for differences between individual patients.

Accomplishments and service

Program staff are currently working to develop a buprenorphine exposure definition using different data sources and analyzing trends in buprenorphine initiation, evaluating doses on the first and subsequent prescriptions, and tracking dose trajectories within the initial 45-day exposure period. Existing literature is also being comprehensively evaluated to identify key confounding variables and risk factors for inclusion in the analyses.

Key personnel

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Funding

U.S. Food and Drug Administration Centers of Excellence in Regulatory Science and Innovation Collaborative Research



CSTOP Now! billboard

CENTER FOR RESEARCH ON VIOLENCE AGAINST WOMEN

UK's Center for Research on Violence Against Women (CRVAW) focuses on research to prevent or reduce the frequency and impact of violence that disproportionately affects women and girls.

Accomplishments and service

From 2021–2025, the CRVAW received funding to design, implement, and evaluate a Kentucky-based intervention in middle schools to reduce child sex trafficking (CST). The CRVAW research team developed both the intervention and attention-control trainings now delivered statewide via learning management system software. CSTOP Now! leverages the power of middle school staff to see, stop, and prevent incidences of CST across Kentucky. The trainings were designed to be highly engaging, with videos and reflections to highlight the impact of CST and strategies to address signs that CST may be occurring. Beyond this online training, the research team developed a comprehensive screener for trained school staff to use in evaluating potential CST risk behaviors in children or families and conducted a “See It To Stop It” campaign with the objective of raising awareness of CST and driving traffic to the website CSTOPNOW.com. Program staff are currently analyzing data to estimate the effectiveness of a randomized controlled trial to reduce CST risk.

Key personnel

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Funding

Health Resources and Services Administration, U.S.
Department of Health and Human Services
CDC
Office of the Assistant Secretary for Health
National Center for Advancing Translational Sciences
National Institutes of Health Research Centers in Minority Institutions Program
National Institute of Drug Abuse

Reports and publications

Badour CL, Huang Z, Bush HM, et al. (2024). [Long-term effect of a bystander violence intervention on prevalence of drug use disorders in a prospective cohort of emerging adults](#). *Journal of Family Violence*, 39(7). doi:10.1007/s10896-024-00754-4.

Clear ER, Bush HM, Brancato CJ, Davidov DM, Coker AL. (2024). [A methodology report for a multi-college study of bystander training to reduce sexual violence](#). *Journal of Family Violence*, 39(7). doi:10.1007/s10896-024-00761-5

With funds from the Office of Women's Health in the U.S. Department of Health and Human Services and the Health Resources and Services Administration (HRSA), CRVAW is developing and testing training for future and current healthcare and helping professionals across Kentucky prevent maternal injuries and death due to violence. VIP Corps seeks to provide helping professionals with the knowledge and skills to recognize the "Big 3" primary risk factors for pregnancy-associated deaths and injuries—intimate partner violence, substance use, and anxiety or depression—and to act to reduce these risks.

The program's team developed the intervention and control trainings, recruited schools within UK colleges training helping professions, launched the online trainings, and are now in the evaluation phase of this randomized controlled trial.

To begin to see changes in providers' practices, this research must be tested among those who are currently in healthcare roles. With HRSA funding, program staff have completed the Big 3 online training and are preparing for a statewide launch through CECentral. The program will employ brief pre- and post-training surveys to test changes in knowledge and actions over time.

To determine whether these two maternal morbidity and mortality interventions reduce violence, the team has created a surveillance strategy to include measures of pregnancy-associated and pregnancy-related deaths and injuries to pregnant or postpartum women in Kentucky using hospital discharge data, vital death reporting systems and vital records, and, where available, electronic health record data. Program staff comprehensively measure both deaths and injuries to pregnant and postpartum people up to 12 months after pregnancy ends.

- Clear ER, Feld HC, Goparaju P, Coker AL. (2024). [Effect of sexual violence bystander training in high schools on adolescent pregnancy rates](#). Journal of Family Violence, 39(5). doi.org/10.1007/s10896-024-00711-1
- Coker AL, Davidov DM, Clear ER et al. (2025). [Implementation evaluation of bystander programs to reduce sexual violence victimization and perpetration in college communities](#). Journal of Family Violence, 40(1). doi.org/10.1007/s10896-024-00793-x
- Coker AL, Huang Z, Ding X, et al. (2024). [Post cluster-randomized controlled trial: Longer-term efficacy of a bystander program to reduce violence perpetration and victimization in a prospective cohort](#). Journal of Family Violence, 40(1). doi:10.1007/s10896-024-00718-8
- Coker AL, Ray CM. (2024). [Value of rigorous review and evaluation to support implementation of effective sexual violence prevention programming](#). The Journal of Adolescent Health, 74(1), 210.
- Davidov DM, Clear ER, Ding X, Coker AL. (2024). [Evaluating a national academic mentorship program to grow the next generation of gender-based violence intervention and prevention researchers](#). Journal of Family Violence, 39(5). doi:10.1007/s10896-024-00703-1
- Davidov DM, DeFazio C, Williford DN, Clear ER, Bush HM, Coker AL. (2024). ["A blessing and a curse": The impact of sociopolitical events and national discourse surrounding sexual violence on college campuses](#). Journal of Family Violence, 39(5). doi:10.1007/s10896-024-00705-z
- Güler A, Bush HM, Schill K, Kussainov N, Coker AL. (2025). [Association between lifetime interpersonal violence and post-COVID-19 condition among women in Kentucky, 2020–2022](#). Public Health Reports, 140(1_suppl), 9S–19S.
- Güler A, Maas MK, Mark KP, Kussainov N, Schill K, Coker AL. (2024). [The impacts of lifetime violence on women's current sexual health](#). Women's Health Reports, 5(1), 56–64.
- Mennicke A, Bush HM, Brancato CJ, Haley G, Meehan E, Coker AL. (2024). [Effectiveness of a bystander intervention program to increase bystander behaviors across latent risk groups of high schoolers](#). Journal of Interpersonal Violence, 39(1–2), 59–86.
- Willard J, Mennicke A, Coker AL. (2024). [Lessons learned in developing online violence prevention trainings](#). Journal of Family Violence, 39(5). doi:10.1007/s10896-024-00722-y

KENTUCKY VIOLENT DEATH REPORTING SYSTEM

To better understand why violent deaths occur and to reduce the number of these deaths, the CDC developed the National Violent Death Reporting System (NVDRS), a nationwide state-based surveillance system designed to track trends and characteristics of violent death. The Kentucky Violent Death Reporting System (KYVDRS) collects information about violent deaths from death certificates, coroner/medical examiner reports, police reports, and toxicology reports. All personal identifying information is removed before data are uploaded to the national system. Together, this information provides a more comprehensive picture of violent death. By integrating multiple data sources to form a violent death surveillance system, formerly disparate pieces of information can be compiled and analyzed to track trends, clusters, and patterns and identify vulnerable populations.

Accomplishments and service

Nurse suicide, a complex occupational health concern, is urgently in need of research due to the personal and occupational suicide risk factors experienced by nurses, namely mental health problems (e.g., depression), job problems, and substance misuse. KYVDRS conducted a study on circumstantial factors among Kentucky nurse suicide decedents from 2005 to 2019, where the aims were to determine the contextual characteristics and circumstantial factors associated with nurse suicide in Kentucky. The [published paper](#) was awarded The American Association of Occupational Health Nurses, Inc. Golden Pen award.

KYVDRS Principal Investigator Sabrina Brown was a keynote speaker for the 11th annual Kentucky Rural Behavioral Health Symposium, hosted by the Northeast Kentucky Area Health Education Center. Her address examined state and county trends, recognizing clusters, trends, and patterns of suicide in the Commonwealth and explaining the most common precipitating circumstances of suicide. The presentation also included describing the differences in demographics between rural and urban regions and in vulnerable populations.

Key personnel

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Funding

CDC
American Public Health Association

Publications and reports

Norrod PE, Marfell J, Walmsley LA, and Brown S. (2025). [Circumstantial factors among Kentucky nurse suicide decedents, 2005 to 2019](#). Workplace Health & Safety, 73(4), pp.193–202.
Schuman DL, Seals J, Stromberg AJ, Hawk GS, Thompson KL, and Brown S. (2024). [Kentucky veteran and nonveteran suicide 2010–2019: A feasible solution algorithm test of perfect storm theory](#). Journal of Rural Mental Health, 48(1), p.1.

As part of a strategic plan to improve KYVDRS law enforcement data (there has been a 16% increase in law enforcement reporting since 2020), a shared position was created with the Kentucky State Police (KSP) to collect and map drug seizure data using detection mapping. Results are shared weekly with KSP troopers, the Federal Bureau of Investigation, the Drug Enforcement Administration, and undercover narcotics officers not only to guide resource allocation but also

to detect emerging drug patterns and new substances, enabling more targeted drug seizures and enhanced overdose prevention. KYVDRS developed a coding strategy to link KYVDRS and drug trends.

In a study to determine if, by layering mapped data, we might better understand how types of drugs interrelate with violent death, KSP matched drug trend data with violent death data by county, both geographically and temporally, to see if there were noticeable patterns. Preliminary correlations are being further investigated.

Given the importance of using data science to improve the public health approach to injury prevention, the KYVDRS was awarded a Data Science Demonstration Project grant through the American Public Health Association and the CDC. The KYVDRS is participating in a data science collaborative manuscript with four other cohorts.

KENTUCKY ADVANCING VIOLENCE EPIDEMIOLOGY IN REAL TIME

Kentucky Advancing Violence Epidemiology in Real Time (KY AVERT) is a surveillance system with the goal of increasing the timeliness and availability of morbidity data for

- all firearm injuries regardless of intent;
- violence-related injuries (including firearm, sexual, interpersonal, youth, intimate partner, pregnancy associated violence, intentional self-directed, child abuse, etc.); and
- mental health-related conditions.

Several databases lend insight into injury patterns in Kentucky, including those that surveil emergency department visits, inpatient hospitalizations, death certificates, and emergency medical services.

Using this data, the KY AVERT team works with local and statewide agencies, including local health departments and community stakeholders, to disseminate the trends and patterns of violence-related and firearm injuries and mental health conditions to key partners for a timelier response to changes and to create more targeted interventions.

Key personnel

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Funding

CDC

Presentations

Farrey A. The association between firearm injuries and social vulnerability index in Kentucky, 2019–2023. Firearm Injury Prevention Workgroup Meeting, March 2025.

Seals JS, Day R, Farrey A. AVERT. Kentucky Department of Behavioral Health, Developmental and Intellectual Disabilities Data Listening Session, Nov. 2024.

Publications and reports

Day R, Seals J. (2024). [Firearm injuries in Kentucky, 2017–2023](#). Kentucky Injury Prevention and Research Center.

Day R, Seals J. (2025). [Violence-related injury report, 2019–2023](#). Kentucky Injury Prevention and Research Center.

Murphy A, Day R, Daniels L. (2024). [Kentucky resident behavioral health indicators report, 2019–2023](#). Kentucky Injury Prevention and Research Center.

COSTS OF MATERNAL VIOLENCE, SUBSTANCE USE, AND MENTAL HEALTH

The Costs of Maternal Violence, Substance Use and Mental Health study, funded by the Kentucky Cabinet for Health and Family Services through the State University Partnership program, is tackling a critical area in maternal health. This research builds upon existing efforts to identify and support mothers at risk of the “Big 3”—intimate partner violence, substance use disorder and mental health concerns — which are leading causes of maternal mortality.

The project’s primary focus is on understanding the healthcare utilization and the costs of care for mothers insured by Medicaid. Specifically, this project aims to:

- Define risk areas: Use ICD-10 codes to pinpoint diagnoses related to the Big 3 within existing claims data, allowing the researchers to identify at-risk mothers;
- Build a comprehensive dataset: Create a robust dataset of all Medicaid-insured mothers between 2016 and 2022;
- Identify at-risk mothers: From this dataset, program staff will identify mothers who meet the criteria for one or more of the Big 3 conditions;
- Analyze healthcare patterns: Delve into claims data to map patterns of healthcare utilization and associated costs for all mothers within the dataset, covering the period prior to delivery and for one year postpartum;
- Compare groups: Make comparisons in costs and utilization patterns among different groups of mothers, based on their diagnosis and other demographic factors; and
- Share insights: Disseminate the findings directly to CHFS and other key stakeholders to inform policy and practice.

Key personnel

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Funding

Kentucky Cabinet for Health and Family Services

Accomplishments and service

Since receiving approval to begin work in December 2024, progress has been made in the following areas:

- Data acquisition and formatting: The data from CHFS has been received and the necessary formatting to allow for initial analysis has been completed.
- Initial demographic calculations: Preliminary demographic analyses are complete, providing a clear picture of the number of cases.
- ICD-10 code list development: A preliminary list of ICD-10 codes has been identified, forming the basis for defining the Big 3 conditions in the dataset.