Mission Statement
The Lake Cumberland District Health Department will prevent illness and injury, promote good health practices, and assure a safe environment to protect and improve the health of our communities.

Vision Statement
The Lake Cumberland District Health Department will be a progressive leader providing innovative solutions to achieve optimal health status for our communities.
From the Director

Zika, syringe exchange, accreditation, three buzz words from last year. The Zika virus is a growing threat which will likely spread more aggressively into North America over the next few years. Zika is spread mostly by the bite of an infected mosquito. Infection during pregnancy can cause certain birth defects. There is no vaccine or medicine for Zika. Without a vaccine, preventing mosquito bites is the best defense. Likely, public health education in regards to such will become increasingly important for local health departments.

In 2015, our District Board of Health consented to supporting a syringe exchange program to help prevent the spread of infectious diseases such as Hepatitis C and HIV. Education is happening in many of our counties and, hopefully, in 2017 some of our Fiscal Courts and City Councils will also consent. Kentucky already has the worse Hepatitis C rates in the nation by far. Also, Lake Cumberland is in the middle of the CDC’s designated high risk zone for a severe HIV outbreak. If we can establish syringe exchanges, hopefully we can avoid a public health catastrophe similar to the HIV outbreak that occurred recently in Austin, Indiana -- a result of IV drug users sharing dirty needles. With heroin use in our area growing alarmingly, the threat is very real. Not to mention the social costs, the financial costs of treating both HIV and Hepatitis C ranges in the hundreds of thousands of dollars – most of which will be covered by tax payers. Thus, preventive measures, such as a syringe exchange, are financially advantageous.

We have applied to the national Public Health Accreditation Board (PHAB) for accreditation. We feel we are nearing the end of this process and should receive accreditation status in 2017.

We have had great success with our social media. We have rolled out a new, responsive design, website that resizes to fit both mobile devises and desktops. With half of our traffic coming from mobile devises, this was a prudent transition. LCDHD now has a Facebook page with a large following, a Twitter page, an Instagram page and a Youtube Channel. Please support these by liking, sharing, subscribing etc.

We continue to develop a worksite wellness model and hope it can become a significant, financially viable program. We have launched our Ryan White program and it is growing. Our new school health model has proven to be a success with every partner school board continuing their relationship with us from the 2015-2016 to the 2016-2017 school year.

We have continued our focus on continuous improvement having completed both an Insurance Billing Process and an Immunization Rate Quality Improvement Project last year. Several others are in progress.

Our audit reports and programmatic reviews have been positive, and our patient, board and employee satisfaction remain high.

As always, I remain honored to be the Director of the Lake Cumberland District. For the last sixteen years, I have worked with excellent staff and board members on a meaningful mission.
The Lake Cumberland District Health Department is governed by a 30-member District Board of Health with representation from each county's local board of health. The board is comprised of county judge executives, physicians, nurses, dentists, veterinarians, engineers, optometrists and citizen members, who are all pictured on the previous page. The following list is all the members of each county's local board of health within the Lake Cumberland District.

**Adair County**
- Hon. Michael Stephens
- Janella Brown, DMD
- Jacob Burton, OD
- Martha Anne Burton, MD
- Billy Coffey, Fiscal
- Catherine Feese, MD
- Ronnie Grant
- Matt Jackson, RPh
- Lee Ann Jessee
- Gary Partin, MD
- Shantila Rexroat, DVM
- Cynthia Waggener, RN

**Cumberland County**
- Hon. John Phelps, Jr.
- Raymond Appleby
- Janet Clark
- Brian Dyer, DVM
- Robert Flowers, DO
- Betty Lee
- Gina Lee-Watson, Fiscal
- Mary McCoy
- Joseph Michael Morgan, RPh
- JM Stephenson, DMD
- Gary White
- Douglas Williams

**Pulaski County**
- Hon. Steven Kelley
- Reginald Chaney, PE
- Rodney Dick, Fiscal
- Hossein Fallahzadeh, MD
- Patty Guinn, RPh
- Bruce Jasper, DVM
- Jim Muse, DMD
- Harvey Schletter, OD
- Keith Sinclair, MD
- Gerard Weigel, MD
- James Wesley
- Rebecca Whitis, RN

**Taylor County**
- Hon. Eddie Rogers
- Donald Dabney, PE
- Jerome Dixon, MD
- Dan Durham
- Jay Eastridge, RPh
- Arthur Haley, OD
- Loretta Hash
- Philip Hays, DVM
- David Hesson, MD
- Gayle Phillips, Fiscal
- Marlene Richardson, DMD
- Thomas Rogers, MD

**Casey County**
- Hon. Randy Dial
- Adlie Brown, DMD
- Darin Cundiff
- Gina Goode
- Housam Haddad, MD
- Linda Hamilton, Fiscal
- Homer Hecht
- Kay King, RN
- Linda Lee
- John Price, MD
- Tony Price
- Don Wilkey, DVM

**Green County**
- Hon. John Frank
- Charlie Allen, PE
- Glenda Bagby, RN
- Pam Bills
- Garth Bobrowski, DMD
- Devi Bradshaw, Fiscal
- Teresa Collison, RPh
- Shane DeSimone, MD
- Mary DeSpain
- Paul Patterson, OD
- Mark Risen, MD
- R Michael Shuffett, DVM

**Russell County**
- Hon. Gary D. Robertson
- Robert Bertram, MD
- Connie Blankenship
- Don Cooper
- Karen Dalton, RN
- Charles L. Gore, RPh
- Stephanie Jones, MD
- Richard Miles, MD
- H. James Popplewell, DMD
- Terry Waddell, Fiscal
- C. Leslie Wade, DVM
- Susanne Watkins, OD

**Wayne County**
- Hon. Mike Anderson
- William Breeding, DMD
- Sarah Debord, APRN
- Jeffery Dishman, Fiscal
- Vesta Edwards
- Lora Elam, RN
- Ronald McFarland, MD
- Kenneth Ramsey
- James Sawyer, OD
- Joe Silvers, RPh
- Stephanie Southard, MD
- James Upchurch, PE

**Clinton County**
- Hon. Richard Armstrong
- Judith Brown, RN
- Heather Brown-Conner, OD
- Susan Cash, DMD
- Charles Dailey, DVM
- Carol Denney
- Lala Haddix
- Frances Hay, Fiscal
- William Powell, MD
- Kent Shearer, RPh
- Jake Staton, PE

**McCreary County**
- Hon. Doug E. Stephens
- Jerald Burgess, MD
- Allan Chapman
- Azalie Egnew
- Martha Johnson
- Terry Allan Lawson
- Stephen McKinley, OD
- John Sandidge, RPh
- Sue Singleton, Fiscal
- Grady Wilson
- Rita Wright
- Rosalie Wright
PREVENT DISEASE

4,150 children received vaccinations of preventable diseases

15 Syringe Exchange Programs (SEP) are now operating in various KY counties

PROMOTE WELLNESS

4,100 Humana Vitality wellness screenings

4,122 women received breast and cervical cancer screenings

11,430 clients received WIC (Women, Infant, Children) services

700 families enrolled in HANDS, receiving 23,385 total services
Mobilize the Community to Solve Problems

Community Health Improvement Plan (CHIP)

Two priority health areas for the Lake Cumberland District:

- **Chronic Disease**
  [obesity (poor nutrition, lack of physical activity), tobacco use and substance abuse]

- **Healthy Living**

HEALTHY LIVING

9 of our 13 school districts have Tobacco Free School Policies

3 of our 10 counties are Certified Trail Towns
Lake Cumberland District Health Department (LCDHD) has faced and overcome financial challenges each fiscal year for the past several years, and the 2016 fiscal year saw that trend continuing. For the 2016 fiscal year, the agency budgeted a 998,575M deficit, but implemented various strategies during the year to overcome this deficit and end the year at a break even. Over the course of the year the agency reduced expenditures, primarily in salaries, fringe, and contracts, and consequently ended the year with a $86,265 surplus, with revenues decreasing by 11% ($1,835,343) over last year’s, and expenses decreasing by 13% ($2,172,181) over last year’s, primarily as a result of the agency’s adoption of the new school health model.

At the end of the fiscal year, after adding in the surplus, our restricted reserve funds on hand are $1,047,386 and our unrestricted funds total $4,944,516 for a total of $5,991,902 in reserves. As the Department for Public Health calculates maximum unrestricted reserves for Health Departments as 30% of non-fee-for-service expenses and 40% of fee-for-service expenses, LCDHD’s current unrestricted reserve balance is $164,042 (3%) more than allowable. However, as our agency budgeted to be in a deficit for the 2017 fiscal year, these 2016 excess unrestricted reserves are planned to partially offset that deficit.

The Administrative Services Department is also pleased to report we received our annual audit conducted by Ray, Foley, Hensley & Company which included no proposed audit adjustments or reportable findings. Additionally, they found the financial statements to be neutral, consistent, and clear.

Although the administrative tasks required in processing Medicaid claims continues to grow more complex with the five different Medicaid Managed Care Organizations administering the claims for the Medicaid Program, the Administrative Services team has decreased the number of full time equivalent employees in our department by .5 staff. The remaining staff continues to manage the work load by evaluating and improving current work processes via Quality Improvement efforts as we endeavor to support the mission of LCDHD and Public Health. During the 2016 Fiscal Year, the Administrative Team conducted an insurance billing quality improvement project which proved successful in identifying ways we could improve our efficiency and effectiveness in collecting insurance billings.

As health departments continue to experience clinic service defunding in the larger scope of the Patient Protection and Affordable Care Act, the LCDHD Administrative Services Department is committed to a transparent working environment that’s constantly working to improve our processes while maintaining high standards.

### Allowable Unrestricted Reserve Calculation

<table>
<thead>
<tr>
<th>Cost Center</th>
<th>CC#</th>
<th>Expense</th>
<th>Service Fees</th>
<th>Service Fee % of Total Expense</th>
<th>Non-Fee Program Expense</th>
<th>Fee for Service Program Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service</td>
<td>500</td>
<td>274,198</td>
<td>3,519</td>
<td>1.28%</td>
<td>274,198</td>
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<td>170,564</td>
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<td>Onsite Sewage</td>
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<td>238,220</td>
<td>60.37%</td>
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<td>394,626</td>
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<td>Dental Services</td>
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<td>Asthma Education</td>
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<td>25,121</td>
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<tr>
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<tr>
<td>Cost Center</td>
<td>CC#</td>
<td>Expense</td>
<td>Service Fees</td>
<td>Service Fee % of Total Expense</td>
<td>Non-Fee Program Expense</td>
<td>Fee for Service Program Expense</td>
</tr>
<tr>
<td>---------------------------</td>
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<td>HANDS GF Services</td>
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<td>PREP Reducing the Risk</td>
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<td>Humana Vitality</td>
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<td>Regional Preparedness Coord</td>
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<tr>
<td>Smiling Schools Program</td>
<td>762</td>
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<tr>
<td>Tobacco Free Schools</td>
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<tr>
<td>HANDS Expanded Multi-Gravida Families</td>
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<td>702,364</td>
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<tr>
<td>HANDS Expansion/Outreach</td>
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<td>Kentucky Colon Cancer Screening Project</td>
<td>770</td>
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<td>PHEP Special Project</td>
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<td>1,818</td>
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<td>0.00%</td>
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<tr>
<td>Child Fatality Prevention</td>
<td>774</td>
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<td>0</td>
<td>0.00%</td>
<td>1,156</td>
<td>0</td>
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<tr>
<td>Pediatric/Adolescent</td>
<td>800</td>
<td>809,263</td>
<td>199,993</td>
<td>24.71%</td>
<td>809,263</td>
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<td>Family Planning</td>
<td>802</td>
<td>712,083</td>
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<td>35.97%</td>
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<td>Maternity Services</td>
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<td>246,099</td>
<td>37.47%</td>
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<tr>
<td>WIC Services</td>
<td>804</td>
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<td>0</td>
<td>0.00%</td>
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<td>Medical Nutrition</td>
<td>805</td>
<td>79,921</td>
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<td>12.62%</td>
<td>79,921</td>
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<tr>
<td>Tuberculosis</td>
<td>806</td>
<td>280,988</td>
<td>85,229</td>
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<td>STD Services</td>
<td>807</td>
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<td>Diabetes</td>
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<td>27</td>
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<td>Adult Services</td>
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<td>46,531</td>
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<tr>
<td>Breast &amp; Cervical Cancer</td>
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<td>198,957</td>
<td>57,532</td>
<td>22.98%</td>
<td>198,957</td>
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<td>Healthy Communities - Tobacco</td>
<td>817</td>
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<td>0</td>
<td>0.00%</td>
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<td>0</td>
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<tr>
<td>Community Based Services</td>
<td>818</td>
<td>27</td>
<td>0</td>
<td>0.00%</td>
<td>27</td>
<td>0</td>
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<tr>
<td>Bioterrorism - Focus Area A</td>
<td>821</td>
<td>102,736</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>Bioterrorism - Focus Area B</td>
<td>822</td>
<td>62,575</td>
<td>0</td>
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<tr>
<td>Bioterrorism - Focus Area E</td>
<td>823</td>
<td>7,520</td>
<td>487</td>
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<tr>
<td>Merck HPV Study</td>
<td>826</td>
<td>-45</td>
<td>0</td>
<td>0.00%</td>
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<td>0</td>
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<tr>
<td>Diabetes Outreach and Education</td>
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<td>0</td>
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<tr>
<td>Title III Geriatric Program</td>
<td>829</td>
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<tr>
<td>Worksite Wellness Project</td>
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<tr>
<td>Heart Disease &amp; Stroke Prevention</td>
<td>832</td>
<td>13,313</td>
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<td>0</td>
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<tr>
<td>Breastfeeding</td>
<td>833</td>
<td>51,403</td>
<td>0</td>
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<td>Tobacco Prevention Project</td>
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<tr>
<td>HAI Prevention (Infec. Prev. Conf)</td>
<td>838</td>
<td>234</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>Marshall Univ. Diabetes Grant</td>
<td>839</td>
<td>626</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>Breastfeeding Peer Counselor</td>
<td>840</td>
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<td>0</td>
<td>0.00%</td>
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<tr>
<td>Federal Diabetes Today</td>
<td>841</td>
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<td>HIV Counseling &amp; Testing</td>
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<tr>
<td>Ryan White</td>
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<td>265,845</td>
<td>0</td>
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<tr>
<td>Ryan White</td>
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<td>100.0%</td>
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<tr>
<td>Arthritis</td>
<td>856</td>
<td>9,675</td>
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Allowable Unrestricted Reserve Calculation (cont.)

<table>
<thead>
<tr>
<th>Cost Center</th>
<th>CC#</th>
<th>Expense</th>
<th>Service Fees</th>
<th>Service Fee % of Total Expense</th>
<th>Non-Fee Program Expense</th>
<th>Fee for Service Program Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental School Health</td>
<td>858</td>
<td>1,106,505</td>
<td>1,607,589</td>
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<td>HPP Coordinators</td>
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<td>EPSDT Verbal Notification</td>
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<tr>
<td>Core Assessment &amp; Policy Dev.</td>
<td>890</td>
<td>9,365</td>
<td>3,942</td>
<td>42.10%</td>
<td>9,365</td>
<td>0</td>
</tr>
<tr>
<td>Medicaid Match</td>
<td>891</td>
<td>685,999</td>
<td>314,261</td>
<td>45.81%</td>
<td>685,999</td>
<td>0</td>
</tr>
<tr>
<td>Minor Receipts</td>
<td>892</td>
<td>63,750</td>
<td>0</td>
<td>0.00%</td>
<td>63,750</td>
<td>0</td>
</tr>
<tr>
<td>Capital</td>
<td>894</td>
<td>25,993</td>
<td>0</td>
<td>0.00%</td>
<td>25,993</td>
<td>0</td>
</tr>
<tr>
<td>Allocable Direct</td>
<td>895</td>
<td>927,118</td>
<td>2,026</td>
<td>0.22%</td>
<td>927,118</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>14,123,495</td>
<td>7,200,188</td>
<td>14%</td>
<td>8,689,235</td>
<td>5,434,259</td>
</tr>
</tbody>
</table>

Multiplier for Allowed Unrestricted Reserve

- 30%
- 40%

Allowed Non-Fee for Service Unrestricted Reserve & Fee for Service Unrestricted Reserve

2,606,771
2,173,704

Allowed Non-Service Fee Restricted Reserves (30% of Total Non-Service Fee Expenses)

2,606,771

Allowed Service Fee Restricted Reserves (40% of Total Service Fee Expenses)

2,173,704

Total Allowed Unrestricted Reserve

4,780,474

Fiscal Year End Actual Unrestricted Reserve

4,944,516

Remaining Allowable Unrestricted Reserve

-164,042

(Revised Excess)

<table>
<thead>
<tr>
<th>Description</th>
<th>FY2015</th>
<th>FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Unrestricted Reserve</td>
<td>$5,570,958</td>
<td>$4,780,474</td>
</tr>
<tr>
<td>Fiscal Year End Actual Unrestricted Reserve</td>
<td>$5,202,260</td>
<td>$4,944,516</td>
</tr>
<tr>
<td>Remaining Allowable Unrestricted Reserve</td>
<td>$367,697</td>
<td>$-164,042</td>
</tr>
<tr>
<td>Total Program Restricted Reserves</td>
<td>$703,377</td>
<td>$1,047,386</td>
</tr>
<tr>
<td>Total Reserves</td>
<td><strong>$5,905,637</strong></td>
<td><strong>$5,991,902</strong></td>
</tr>
</tbody>
</table>
# Lake Cumberland District Health Department

## Statement of Revenues, Expenditures & Change in Fund Balance

As of Period Ending June 30, 2016

(Published in accordance with KRS 424.220 and 65.070. The following information may be inspected by the general public at 500 Bourne Ave., Somerset, KY from September 1, 2016 between the hours of 8:00 am to 4:30 pm.)

### Fund Balance as of July 1, 2015  
$5,905,637

<table>
<thead>
<tr>
<th>Revenues:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>2,802,625</td>
</tr>
<tr>
<td>Federal</td>
<td>3,228,027</td>
</tr>
<tr>
<td>Local</td>
<td>2,951,148</td>
</tr>
<tr>
<td>Service Fees</td>
<td>5,178,942</td>
</tr>
<tr>
<td>Interest</td>
<td>49,017</td>
</tr>
<tr>
<td>State Restricted Previous Years’ Carryover/Reserve Funds Used</td>
<td>170,639</td>
</tr>
<tr>
<td>Federal Restricted Previous Years’ Carryover/Reserve Funds Used</td>
<td>4,327</td>
</tr>
<tr>
<td>Fee Restricted Income Previous Years’ Carryover Funds</td>
<td>210,835</td>
</tr>
<tr>
<td>Unrestricted Previous Years’ Carryover/Reserve Funds Used</td>
<td>604,494</td>
</tr>
</tbody>
</table>

| Total Revenues:               | $15,200,055   |

<table>
<thead>
<tr>
<th>Expenditures:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary &amp; Leave</td>
<td>6,242,964</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>4,231,247</td>
</tr>
<tr>
<td>Independent Contractors</td>
<td>1,032,659</td>
</tr>
<tr>
<td>Travel</td>
<td>354,089</td>
</tr>
<tr>
<td>Space Occupancy</td>
<td>405,115</td>
</tr>
<tr>
<td>Office Administration</td>
<td>373,940</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>298,134</td>
</tr>
<tr>
<td>Automotive</td>
<td>11,906</td>
</tr>
<tr>
<td>Other</td>
<td>1,147,448</td>
</tr>
<tr>
<td>Capital Expenditures</td>
<td>25,993</td>
</tr>
</tbody>
</table>

| Total Expenditures:           | $14,123,496   |

<table>
<thead>
<tr>
<th>Excess Revenue over Expenditures (including Carryover/Reserve Funds)</th>
<th>1,076,560</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less State Restricted Previous Years’ Carryover Funds Used</td>
<td>-170,639</td>
</tr>
<tr>
<td>Less Federal Restricted Previous Years’ Carryover Funds Used</td>
<td>-4,327</td>
</tr>
<tr>
<td>Less Fee Restricted Income Previous Years’ Carryover Funds Used</td>
<td>-210,835</td>
</tr>
<tr>
<td>Less Unrestricted Previous Years’ Carryover Funds Used</td>
<td>-604,494</td>
</tr>
</tbody>
</table>

| Total Previous Year Carryover Funds Used                           | -990,296  |

| Total Excess Revenue Over Expenditures (Less Carryover Funds)      | $86,265   |

| Fund Balance as of June 30, 2016                                  | $5,991,902 |
## Lake Cumberland District Health Department

### Revenue and Expense Summary Comparison to Prior Year

As of Period Ending June 30, 2016

<table>
<thead>
<tr>
<th></th>
<th>Current YTD Actual</th>
<th>Prior YTD Actual</th>
<th>Change</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>2,802,625</td>
<td>2,405,704</td>
<td>396,921</td>
<td>16%</td>
</tr>
<tr>
<td>Federal</td>
<td>3,228,027</td>
<td>3,902,977</td>
<td>-674,950</td>
<td>-17%</td>
</tr>
<tr>
<td>Local</td>
<td>2,951,148</td>
<td>2,931,831</td>
<td>19,317</td>
<td>1%</td>
</tr>
<tr>
<td>Service Fees</td>
<td>5,227,959</td>
<td>7,566,689</td>
<td>-2,338,729</td>
<td>-31%</td>
</tr>
<tr>
<td>Restricted Reserves</td>
<td>604,494</td>
<td>65,292</td>
<td>539,202</td>
<td>826%</td>
</tr>
<tr>
<td>Unrestricted Reserves</td>
<td>385,800</td>
<td>162,905</td>
<td>222,895</td>
<td>137%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>15,200,055</td>
<td>17,035,398</td>
<td>-1,835,343</td>
<td>-11%</td>
</tr>
<tr>
<td><strong>Expense</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary &amp; Leave</td>
<td>6,242,964</td>
<td>7,635,571</td>
<td>-1,392,606</td>
<td>-18%</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>4,231,247</td>
<td>5,180,866</td>
<td>-949,619</td>
<td>-18%</td>
</tr>
<tr>
<td>Independent Contractors</td>
<td>1,032,659</td>
<td>757,901</td>
<td>274,758</td>
<td>36%</td>
</tr>
<tr>
<td>Travel</td>
<td>354,089</td>
<td>428,069</td>
<td>-73,980</td>
<td>-17%</td>
</tr>
<tr>
<td>Space Occupancy</td>
<td>405,115</td>
<td>401,380</td>
<td>3,736</td>
<td>1%</td>
</tr>
<tr>
<td>Office Administration</td>
<td>373,940</td>
<td>387,561</td>
<td>-13,621</td>
<td>-4%</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>298,134</td>
<td>264,723</td>
<td>33,411</td>
<td>13%</td>
</tr>
<tr>
<td>Automotive</td>
<td>11,906</td>
<td>5,079</td>
<td>6,827</td>
<td>134%</td>
</tr>
<tr>
<td>Other</td>
<td>1,147,448</td>
<td>1,234,527</td>
<td>-87,080</td>
<td>-7%</td>
</tr>
<tr>
<td>Capital Expenditures</td>
<td>25,993</td>
<td>25,993</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>14,123,495</td>
<td>16,295,676</td>
<td>-2,172,181</td>
<td>-13%</td>
</tr>
<tr>
<td><strong>Excess/(Deficit) of Revenue over Expense</strong></td>
<td>1,076,560</td>
<td>739,722</td>
<td>336,838</td>
<td>46%</td>
</tr>
<tr>
<td>Less Restricted and Unrestricted Reserves Utilized</td>
<td>-990,295</td>
<td>-228,197</td>
<td>-762,098</td>
<td>334%</td>
</tr>
<tr>
<td><strong>Actual Cash Surplus/(Deficit)</strong></td>
<td>86,265</td>
<td>511,524</td>
<td>-425,260</td>
<td>-83%</td>
</tr>
</tbody>
</table>
Wellness Outreach & Education

The Wellness Outreach and Education Program has had a hectic, but productive year. The Diabetes Educators continued working in our communities to educate individuals and groups about preventing and managing diabetes. Diabetes education was provided throughout the district with our AADE accredited self-management classes, plus supplemental classes, health fairs, newspaper articles, radio spots, etc. We were excited to receive grants from Marshall University to fund a new diabetes coalition in Cumberland County as well as a strengthening grant for the diabetes coalition in McCreary County this year. Diabetes Educators continued to actively participate in local health coalitions throughout the district and the Kentucky Diabetes Network on the state level. The LIFE CHANGE Diabetes Prevention Program was extended into Pulaski, Russell, Taylor, and Wayne Counties this year. We hope to receive full CDC Recognition for this program in the spring of 2017.

Providing the Humana Vitality Screenings for Kentucky Employees Health Plan (KEHP) members was advantageous for us again this past year. We completed over 4,100 screenings in our district. We also expanded the program in Jefferson County utilizing contract staff, completing 3,125 screenings. I am very proud of our team – despite being extremely challenging at times, they once again have embraced the challenge and made this very successful for our program.

We started a pilot for our Worksite Wellness program at a bank in Campbellsville, but were unable to complete this as the bank chose to withdraw from the project. We began another pilot in May 2016 at Wholesale Hardware Interiors in Campbellsville. We hope to gain valuable insight and outcomes for our Worksite Wellness endeavors.

The Wellness Outreach and Education Program remains committed to continually finding new and innovative ways to make our communities healthier.
The Lake Cumberland District Health Department clinic nursing division continues to provide quality health services to citizens in the Lake Cumberland area. This year has presented with exciting opportunities and staff have continued to excel in their evolving duties.

The last few years we have been challenged working with fewer staff therefore, we adopted a different system of scheduling. We are in the third year of a scheduling process called Same Day scheduling (SDS). SDS allows patients to be seen without an advance appointment. Patients are asked to come in to the clinic or call for an appointment on the day they are seeking health department services. The patient is seen on that day rather than scheduling the appointment in advance. As a result of this process we are seeing a huge reduction in our “no show” rate which allows clinic staff to maintain productivity.

Our WIC program services approximately 8,000 participants in the Lake Cumberland area. Each participant receives vouchers for healthy foods, nutritional education, and referrals to other programs. The LCDHD coordinator works with 50 different vendors who participate in the WIC program. The WIC program makes up over 70% of the clinic services which the health department provides. The breastfeeding and peer counselor program provides breastfeeding support throughout the district by support groups, phone calls, home visits, health fairs, and onsite visits.

This year the LCDHD began offering Ryan White part B HIV/AIDS services to those living with HIV in the Lake Cumberland area as well as 21 additional counties to our east. This program was designed to address the health care needs of HIV persons; the program helps them find and utilize resources which improve their overall health and quality of life. As well as helps to control the spread of HIV infection.

We continue to provide family planning and cancer screening services. Women receive a full physical exam, education, counseling, and referral as needed. Women who meet income guidelines also receive assistance with additional testing and procedures such as mammogram, biopsy, follow up, etc.

The clinic staff provides immunizations for both children and adults. We offer STD/HIV testing, TB screening and treatment, well child exams, lead screening, and medical nutritional therapy.

The LCDHD clinic nursing staff continue to strive to provide the best possible care to those in our communities.
Fiscal year 2016 has been a very good year for Lake Cumberland District Health Department HANDS program. As Director, I am extremely proud of the accomplishments of our team.

LCDHD HANDS remains the largest provider of HANDS services in the state of Kentucky; for both “First Time” families and “Multigravida” families, and we currently have near 700 families enrolled across our beautiful District. We begin a new fiscal year with enrollment in both programs remaining consistent. We have had very little staff turnover and all positions within the HANDS program are filled. As both our Primigravida and Multigravida programs have grown, our staff now consists of 47 full time employees.

The LCDHD HANDS and U.K. project to evaluate school readiness remains in the analysis stage. All information from Wayne County and McCreary County elementary schools has been submitted and the University of Kentucky Department of Research continues to evaluate the statistics. This project will provide important information related to the benefit of HANDS in preparing young children for school. We are very excited to be a part of this project.

As HANDS begins a new year, we are very pleased to embark upon a new challenge; as we are converting our documentation and billing to an electronic medical records (EMR) system. As of October 15, 2016; we have converted caseloads for 7 staff to the EMR system and will continue until the entire HANDS program – billing and data – are completely electronic. This is truly an exciting and challenging project for us.

As we begin FY 2017, the entire HANDS staff and I look forward to this year with much anticipation of new challenges and changes within our program. The staff and I are truly blessed to work in a program where we strive to make a difference in the lives of our HANDS families and our communities as we provide encouragement, education and support for new parents. Good things are happening in the HANDS program and as we move towards a new calendar year; LCDHD HANDS remains focused on our primarily goal, which is, to help ALL new parents become the BEST parents they can be!
Support Services

The Clinic Support Staff continue to be busy providing support to the Clinic Providers through their daily routine of patient intake, check out, WIC issuance, medical record maintenance and many other duties. As with most departments in the agency, the Clinic Support Staff continue to do more with less. The past few years have been challenging to say the least.

Clinic Support Staff play a vital role in the day to day operations of the local health departments. Providing support to the Clinic Providers to enable them to provide effective and efficient patient care as well as supporting all other departments within the agency in various ways.

We continue the process of preparation for conversion to an electronic medical record. Hopefully the electronic medical record will roll out in the New Year. We are also beginning the process of storing other types of records in an electronic format which saves paper as well as space.

The Clinic Support Staff scores on Patient and Employee satisfaction surveys continue to remain high. We will continue to do our best to maintain our level of customer service.

Our Clinic Support Staff are a dedicated group of individuals and will continue to give their best efforts in carrying out the mission of the Lake Cumberland District Health Department.

School Health Program

The LCDHD School Health Program provides essential public health prevention and promotion services to the students, parents and school staff throughout our communities. Our public health school nurses are committed to providing the most comprehensive and efficient nursing care as possible to help decrease barriers to learning while improving community health. Our program, for the 2015-2016 school year, consisted of thirty satellite health department clinics which are located within seven of our service area’s school districts. LCDHD provided these clinics at a contractual amount to the school board. The satellites were staffed with registered nurses employed through the school districts.

The LCDHD School Health Program offers a vast array of services, which include but are not limited to: assessment and treatment of illnesses, monitoring children with special health care needs/chronic disease, emergent problem identification and treatment and asthma education. Referrals are given to primary care providers as indicated.
The Preparedness Program of Lake Cumberland District Health Department has worked very hard this year to plan, train and exercise for several emerging public health threats, including Zika Virus. The health department’s Zika response plan includes the environmental department as well, since one of the most important factors in preventing Zika transmission is to control the environment and prevent mosquito breeding grounds. The Preparedness Program continues to work very hard to build and strengthen relationships within the local communities, including those with emergency management, first responders, hospitals, long term care agencies, community organizations and other partners. In the face of decreased funding for many programs and agencies, these partnerships are becoming even more valuable. They provide an opportunity to share knowledge, training and exercise opportunities and resources and assets.

Public health accreditation is a goal for the Lake Cumberland District Health Department and the Preparedness Program is actively involved in these efforts. The Preparedness Program consists of 2 full-time staff - the preparedness manager and the regional epidemiologist.

For more information on Disaster Preparedness and Epidemiology, visit our website at www.lcdhd.org.
2015-2016 year brought us new problems - the epidemic of heroin use, overdose deaths and skyrocketing incidence of Hepatitis C. We have been presenting harm reduction information to board members, wellness coalitions and ASAP meetings in many of our counties, as well as to several fiscal courts. The Kentucky legislature has passed a law to allow health departments to establish Syringe Exchange Programs (SEP) in the counties as long as local governments are supportive. According to this law an ordinance is not necessary to proceed.

Drug addiction is a disease, users will get their fix no matter the situation because if they don’t they are physically sick and cannot function. Many hold down jobs and do not look like what we imagine a drug addict should look like. They will reuse and share syringes as needed. A SEP protects the whole community, not just the intravenous substance user from blood borne infections such as Hepatitis C (Hep C) and B, and HIV. Furthermore this outreach program provides a healthcare link to users who are ready to go to drug treatment, provides free HIV and Hep C testing and referral to treatment, a distribution point for naloxone, an antidote to heroin respiratory suppression which can prevent death from overdose.

Kentucky has the unfortunate distinction of having the highest rate of Hepatitis C in the nation. It is caused by a virus which is transmitted principally by sharing contaminated needles and syringes and results in chronic liver disease in 80% of those infected. Half of those infected are unaware that they are positive for the virus but nonetheless can continue to spread it via blood contaminated needles, razors, toothbrushes and possibly sex. There is no vaccine to prevent it and although treatment exists it is very expensive (around $85,000). HIV can also be spread through this route and similarly there is no vaccine and the lifelong treatment is even more expensive.

The best strategy is prevention through the use of sterile needles and syringes every time and disposal in appropriate containers so no one gets accidentally stuck and infected.

More than 15 Syringe Exchange Programs are now operating in various Kentucky counties. These programs have been in existence for more than 30 years in many US states and have been studied extensively and found to be:

1. Effective in preventing Hepatitis C and HIV among IV drug users.
2. Cost effective.
3. Effective at reducing contaminated syringes in public places.
4. Effective in reducing accidental needle sticks by first responders and law enforcement.
5. Effective at increasing HIV and Hep C testing and referral for treatment.
6. Effective at increasing the number of individuals entering and completing drug treatment.
7. Effective resource for distribution of naloxone which prevents overdose deaths.
8. SEPs were not found to increase drug use or crime in areas where they operate.

SEP is a cost effective strategy, not only to reduce the risk of infection but also to connect IV drug users to the health care system and addiction treatment.

For a list of counties with SEP go to: [kyhrc.org/needle-exchange-program](http://kyhrc.org/needle-exchange-program)
Environmental

This has been quite an exciting year to be an environmentalist in the Lake Cumberland District. We have been short-staffed two environmentalists in the district due to resignations, but have been able to fill those slots with some very capable people. The training and learning curve for a new environmentalist is a lengthy process, but we were able to navigate the training requirements within 6 months of their arrival and both are now Registered Sanitarians and are placed in their county work stations.

This year we were able to send 6 environmentalists to test for and receive their pesticide applicator license. In addition, 3 environmentalists went to the University of Kentucky’s mosquito identification class so that we would be better able to understand and respond to mosquito borne viruses. Zika virus has made news this year as the predominate mosquito disease in the US and our district had 7 cases of travel acquired illness. The environmentalists were able to visit all of the homes of the affected people and recommend ways to limit mosquito harborage on their property and treat the property with larvacide. The environmentalists also were able to coordinate mosquito fogging of the areas with the Department of Agriculture.

A significant foodborne illness occurred in our district this year and we were able to investigate, along with the help of the Department for Public Health and our own epidemiologist, to determine the source and likely cause of the outbreak. We had 2 food truck wrecks in the district this year and were able to ensure the food being transported was properly destroyed. We also conducted 2,439 inspections in foodservice facilities, schools, mobile home parks, public swimming pools, groceries, tattoo and body piercing studios, youth camps, and land sewage disposal sites. We inspected 1,631 septic systems and also worked 581 complaints including animal bites and we conducted 1,151 follow-up inspections to ensure compliance was met.

The work that environmentalists do in the Lake Cumberland District touches every person that lives in or visits our communities, from eating at a restaurant or sending your child or grandchild to school. We remain proud to serve our communities and represent the Lake Cumberland District Board of Health.

Environmental Inspections by Program
2015 - 2016

- Food Inspections: 1,844
- Public Facilities: 555
- Pool Monitoring: 40
- General Sanitation*: 581
- On-Site Sewage: 1,380
- Existing Septic Inspections: 251
- Follow-up Inspections of all types: 1,130

*including rabies and sewage complaints
The Health Promotion and Policy (HPP) Branch has had many opportunities and challenges over the past year. I am fortunate to have such a wonderful HPP Team that always goes that extra mile. The HPP staff serves as the catalyst to creating healthier communities through advocacy, education and action engaging people of all ages to adopt behaviors that leads to healthier lifestyles.

Data shows that chronic diseases are at epidemic proportion for our ten counties. Through the implementation of our community health improvement plans, community coalitions are working hard and changes are happening.

We look forward to the opportunities of the upcoming year. Our persistence and dedication are immense as we are committed to “Promoting Excellent Health That Lasts A Lifetime.”
District Total Services by Fiscal Year

District Total Unduplicated Patients by Fiscal Year
District Services per Patient by Fiscal Year

Total Clinical Services by Program

- Adult Health: 11,273, 4.05%
- Cancer: 4,341, 1.56%
- Dental: 602, 0.22%
- Family Planning: 21,043, 7.56%
- Geriatrics: 1,467, 0.53%
- H.A.N.D.S.: 20,755, 7.46%
- Maternity Services: 14,274, 5.13%
- Nutrition Services: 456, 0.16%
- Pediatrics: 35,055, 12.59%
- School Health: 70,050, 25.17%
- STDs: 4,724, 1.70%
- Tuberculosis: 6,333, 2.28%
- WIC: 87,956, 31.60%

Unduplicated Individuals Receiving Clinical Services: 33,311
### Total Services per County by Fiscal Year

<table>
<thead>
<tr>
<th>County</th>
<th>FY 06-07</th>
<th>FY 07-08</th>
<th>FY 08-09</th>
<th>FY 09-10</th>
<th>FY 10-11</th>
<th>FY 11-12</th>
<th>FY 12-13</th>
<th>FY 13-14</th>
<th>FY 14-15</th>
<th>FY 15-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adair</td>
<td>41,280</td>
<td>48,316</td>
<td>49,673</td>
<td>57,616</td>
<td>53,870</td>
<td>49,388</td>
<td>45,204</td>
<td>31,300</td>
<td>26,913</td>
<td>12,055</td>
</tr>
<tr>
<td>Casey</td>
<td>42,950</td>
<td>48,797</td>
<td>48,841</td>
<td>49,826</td>
<td>43,747</td>
<td>43,002</td>
<td>39,475</td>
<td>32,252</td>
<td>26,763</td>
<td>15,526</td>
</tr>
<tr>
<td>Clinton</td>
<td>27,313</td>
<td>30,968</td>
<td>36,286</td>
<td>35,785</td>
<td>31,443</td>
<td>31,092</td>
<td>27,555</td>
<td>23,879</td>
<td>19,764</td>
<td>10,748</td>
</tr>
<tr>
<td>Cumberland</td>
<td>21,713</td>
<td>22,468</td>
<td>28,235</td>
<td>32,258</td>
<td>29,815</td>
<td>27,915</td>
<td>27,298</td>
<td>21,556</td>
<td>19,144</td>
<td>8,210</td>
</tr>
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<td>Green</td>
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Unduplicated Patients per County by Fiscal Year

Adair
- FY 06-07: 4,640
- FY 07-08: 3,625
- FY 08-09: 3,717
- FY 09-10: 4,504
- FY 10-11: 4,214
- FY 11-12: 4,256
- FY 12-13: 3,961
- FY 13-14: 3,807
- FY 14-15: 3,531
- FY 15-16: 1,409

Casey
- FY 06-07: 4,199
- FY 07-08: 4,613
- FY 08-09: 4,495
- FY 09-10: 4,502
- FY 10-11: 3,780
- FY 11-12: 3,904
- FY 12-13: 4,009
- FY 13-14: 3,650
- FY 14-15: 3,326
- FY 15-16: 1,664

Clinton
- FY 06-07: 2,549
- FY 07-08: 2,386
- FY 08-09: 2,841
- FY 09-10: 2,751
- FY 10-11: 2,508
- FY 11-12: 2,600
- FY 12-13: 2,552
- FY 13-14: 2,307
- FY 14-15: 2,106
- FY 15-16: 1,238

Cumberland
- FY 06-07: 2,035
- FY 07-08: 2,041
- FY 08-09: 2,115
- FY 09-10: 2,261
- FY 10-11: 1,999
- FY 11-12: 1,980
- FY 12-13: 1,905
- FY 13-14: 1,852
- FY 14-15: 1,781
- FY 15-16: 813

Green
- FY 06-07: 3,649
- FY 07-08: 3,443
- FY 08-09: 3,414
- FY 09-10: 3,527
- FY 10-11: 2,966
- FY 11-12: 3,064
- FY 12-13: 2,751
- FY 13-14: 2,475
- FY 14-15: 2,436
- FY 15-16: 2,222

McCreary
- FY 06-07: 6,525
- FY 07-08: 6,016
- FY 08-09: 5,955
- FY 09-10: 6,274
- FY 10-11: 5,613
- FY 11-12: 5,780
- FY 12-13: 5,387
- FY 13-14: 5,131
- FY 14-15: 4,892
- FY 15-16: 4,460

Pulaski
- FY 06-07: 18,391
- FY 07-08: 17,950
- FY 08-09: 17,998
- FY 09-10: 17,771
- FY 10-11: 18,658
- FY 11-12: 15,534
- FY 12-13: 15,230
- FY 13-14: 14,070
- FY 14-15: 13,389
- FY 15-16: 12,290

Russell
- FY 06-07: 4,488
- FY 07-08: 4,625
- FY 08-09: 4,669
- FY 09-10: 5,270
- FY 10-11: 4,465
- FY 11-12: 4,590
- FY 12-13: 4,466
- FY 13-14: 4,146
- FY 14-15: 2,243
- FY 15-16: 1,719

Taylor
- FY 06-07: 5,908
- FY 07-08: 5,390
- FY 08-09: 5,846
- FY 09-10: 6,988
- FY 10-11: 6,387
- FY 11-12: 6,528
- FY 12-13: 6,387
- FY 13-14: 5,647
- FY 14-15: 5,364
- FY 15-16: 5,253

Wayne
- FY 06-07: 4,791
- FY 07-08: 5,202
- FY 08-09: 5,409
- FY 09-10: 6,261
- FY 10-11: 5,495
- FY 11-12: 5,638
- FY 12-13: 5,509
- FY 13-14: 5,221
- FY 14-15: 4,855
- FY 15-16: 2,243
Quality Improvement

The Lake Cumberland District Health Department submitted an application for voluntary national accreditation to the Public Health Accreditation Board (PHAB) in December 2014. The Accreditation Coordinator and Health Education Director attended the required training in February 2015 and all of the required documentation was submitted by July of that year. A PHAB site visit took place in January 2016. There were a few areas that needed some improvement so an Action Plan was developed and submitted to PHAB. The Action Plan was accepted and once the additional documentation is submitted and approved by the accreditation board, LCDHD should become accredited.

Revisions to the clinic and school utilization review tools continue to be made as needed to reflect the annual state updates to the Core Clinical Service Guide and Administrative Reference, these tools help assure that we remain in compliance with all the district and state requirements, as well as all federal guidelines. Peer reviews continue to be conducted quarterly in each county and district staff continue to complete an annual audit in each county using these tools. All ten counties were audited by the Division of Women’s Health from the Department of Public Health this year with excellent results.

The Safety Committee continues to promote health and safety in the workplace. Safety inspections are done annually and safety drills continue to be performed quarterly. The safety committee also developed several new policies that were approved by the District Board of Health last year.

Our patient satisfaction and employee satisfaction results remain very high. This is an indication that both our patients and our staff are pleased with the services we provide and the environment in which they work and receive care in spite of the financial struggles we have dealt with throughout the last several years.

Overall, the internal and external audit scores continue to be very good for all of our programs. We are very proud of these scores but still continue to strive for excellence in all areas.

PATIENT SATISFACTION SURVEY 2016

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</table>
1. How long did you wait until you were registered by the front desk/registration staff?

- 1.0 - 5 mins.
- 2.6 - 10 mins.
- 3.11 - 15 mins.
- 4.16 - 20 mins.
- 5.20 mins. +

2. How long did you wait until you were called back?

- 1.0 - 5 mins.
- 2.6 - 10 mins.
- 3.11 - 15 mins.
- 4.16 - 20 mins.
- 5.20 mins. +

3. How happy were you with how you were treated by the front desk/registration staff?

- 1. Very Unhappy
- 2. Unhappy
- 3. Neutral
- 4. Happy
- 5. Very Happy

4. How happy were you with how you were treated by the clinic staff?

- 1. Very Unhappy
- 2. Unhappy
- 3. Neutral
- 4. Happy
- 5. Very Happy
5. Did you have a physical exam today?

6. If you answered yes to question No. 5, how happy are you with the way the person who examined you today listened to you?

7. If you answered yes to question No. 5, how happy are you with the health care that the person who examined you today provided?

8. If you answered yes to question #5, how happy are you with the time the person who examined you today took to explain conditions and treatments?
9. How happy were you with the counseling and information you received?

1. Very Unhappy
2. Unhappy
3. Neutral
4. Happy
5. Very Happy

11. Our hours are Monday - Friday 8 a.m. to 4:30 p.m. plus extended hours twice a month. Are you happy with these hours?

1. Very Unhappy
2. Unhappy
3. Neutral
4. Happy
5. Very Happy

12. Are you charged for your services?

1. Yes
2. No
13. If so, are the charges reasonable?

1. Yes
2. No

14. Appointment

1. Yes
2. No

15. If the patient had an appointment, when did he/she arrive?

1. Early - On-time
2. 1 - 15 minutes late
3. 16 - 30 minutes late
4. over 30 minutes late

16. County

1. Adair
2. Casey
3. Clinton
4. Cumberland
5. Green
6. McCready
7. Pulaski
8. Russell
9. Taylor
10. Wayne
SAFETY MANAGEMENT PROGRAM 2016

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![Overall Score: Percentage chart]

Adair  Casey  Clinton  Cumb.  Green  McCreary  Pulaski  Russell  Taylor  Wayne  District
# UTILIZATION REVIEW: Clinics

## Medical Records Requirements

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## Immunization/Well Child

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## WIC

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## Prenatal Program Record Review

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## UTILIZATION REVIEW: Clinics

### Cancer Screening Program

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<td>95%</td>
<td>96%</td>
<td>100%</td>
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<tr>
<td>Coding of Service</td>
<td>100%</td>
<td>92%</td>
<td>88%</td>
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<td>Section Total</td>
<td>95%</td>
<td>96%</td>
<td>100%</td>
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<tr>
<td>vs. District*</td>
<td>96%</td>
<td>95%</td>
<td>98%</td>
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</table>

### Period:

<table>
<thead>
<tr>
<th>Period:</th>
<th>Previous Year</th>
<th>Current Year</th>
<th>Current Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
<td>16</td>
<td>9 - 16</td>
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<tr>
<td>Your Entire Chart Total</td>
<td>96.45%</td>
<td>96.76%</td>
<td>98%</td>
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<tr>
<td>vs. Other Counties Local Review</td>
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<td>97.43%</td>
<td>97.85%</td>
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<tr>
<td>vs. District Review for Your County</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>vs. District Review for Entire District*</td>
<td>96.45%</td>
<td>96.76%</td>
<td>98%</td>
</tr>
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</table>

### Number of Questions Reviewed

<table>
<thead>
<tr>
<th>Period</th>
<th>Previous Year</th>
<th>Current Year</th>
<th>Current Month</th>
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<td></td>
<td>7,781</td>
<td>7,111</td>
<td>1,442</td>
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<td>286</td>
<td>238</td>
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<td>12,860</td>
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### General Site Review

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<th>Requirement</th>
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<th>Current Month</th>
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<tr>
<td>Support</td>
<td>94%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>Nursing</td>
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<td>100%</td>
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<tr>
<td>Section Total</td>
<td>96%</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>vs. District*</td>
<td>96%</td>
<td>98%</td>
<td>100%</td>
</tr>
</tbody>
</table>

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### Number of Questions Reviewed

<table>
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<th>Period</th>
<th>Previous Year</th>
<th>Current Year</th>
<th>Current Month</th>
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<tr>
<td></td>
<td>36,807</td>
<td>1,062</td>
<td>37,869</td>
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</table>

*This reviews your scores against the average district review team scores for any charts (area) reviewed in any county for the same time period.*
Human Resources

The office continues to operate in accordance with the Workforce Development Plan developed as part of the accreditation process. This plan assures we recruit, train and retain a competent workforce. The performance management system includes Performance Standards, Measurements, and Reporting. Performance Standards: LCDHD builds and maintains a public health workforce through recruitment of qualified individuals, continual training for staff, retention of staff through promotion of benefits and a positive work environment and evaluation of employee performance and satisfaction. Employee professional development is an ongoing process to ensure employees are staying current in licensure requirements, programmatic needs, as well as core competencies and emergency preparedness competencies.

Performance Measurement: Workforce development is conducted and maintained in accordance with the Administrative Regulations for Local Health Departments. Training is monitored on an ongoing basis through training plans and checklist that assist supervisors and HR in monitoring the completion of required trainings. In addition, state databases are available for tracking various programmatic trainings. Employee recognition and opportunities for advancement promote good retention. Regularly scheduled performance evaluations are conducted using merit system forms at designated intervals in addition to employee satisfaction surveys.

Performance Reporting: Human Resources updates are reported to the Executive Team monthly and to the Board of Health on a quarterly basis.

STATISTICS FOR FISCAL YEAR 2015-16:
(Nov 2015 – Nov 2016)

- HR Office decreased staff from 2.5 to 2.0 FTE
- The agency had 15 full time employees go off duty for the period
- The agency hired 14 full time employees for the same period (6 of these were former employees)
- Total number of merit employees decreased from 181 the previous year to 176 currently.

Pam Godby, BS, MA
Human Resources Manager
EMPLOYEES

ADAIR
Akin, Rhonda G.       Nurse Supv 1
Dillingham, Crystal G. LPN 2
Dye, Angela D. SSSupv 1
Greer, Destiny R. LHN 2
Hale, Pamela J. FSW III
Harlow, Jelaine T. H Educator 3
Kemp, Lisa A. LPN 2
Lawhorn, Marsha C. SSSA 2
Matthews, Shannon M. SSSA 2
Patterson, Corey L. H Envir 2
Smith, Melody A. LHN2
Walker, Julia B.

CASEY
Bowmer, Natasha L. Nurse Prog Mgr
Brown, Lisa C. Nurse Supv 1
Coffman, Angelia M. PH HANDS Spec
Kane, Kimberly M. SSSA 2
Porter, Sandra K. SSSupv 1
Roberts, Courtney L. H Envir 1
Stevens, Regina A. MNT Nutritit 3
Watson-Wethington, Karen LHN2
Wilson, Kelly R.

CLINTON
Albertson, Vicky L. LHN 2
Arterburn, Jessica A. LHN 2
Brown, Jennifer C. PH HANDS Spec
Flowers, Wanda P. SSSA 2
Fryman, Etta G. SSSupv 1
Parrish, Donna J. Nurse Supv 1
Prater, Sabrina R. LHN 4/Team Ldr
Thrasher, Christy J. SSSA 2
Watson, Rebecca S. LHN 2

CUMBERLAND
Capps, Heather R. LHN 2
Coe, Raykesha N. SSSA 2
England, Amanda J. Sr. Epidemiologist
Gibson, Sherri L. Nurse Supv 1
Long, Betty S. Janitor
Nettles, Cindy J. SSSupv 1
Patterson, Chasity N. H Envir 2
Riley, Martha J.

DISTRICT
Acey, Pamela J. Nutrition Serv Supv
Anderson, Lisa G. Adm Sec
Baker, John T. Acct Clerk 3
Baker, Rebecca L. Nurs Prog Mgr
Bourne, Shyla D. Accounting Supv
Collins, Christopher R. Tech Speclst 2
Cook, William L. Janitor
Copenhaver, Melinda H. Admin Serv Mgr
Crabtree, Shawn D. PH Dir 4
Crist, Joan Accounting Supv
Cross, DeAnn S. Adm Sec
Hamm, Priscilla J. Human Res Mgr
Harris, Lisa A. PH Serv Coord
Haynes, Cristy L. Acct Clerk 3
Huckelby, Carol A. Acct Clerk 2
Jasper, Leah A. Adm Sec
Livesay, Vickie F. Dir Adm Ser
McFeeters, Daniel J. Acct Clerk 3
McGowan, Michael D. Information Mgr
Meece, Tina R. Maint Supv
Munsey, Wilma J. SSSA 2
Ramsey, Brian K. HR Assistant
Silvers, Mary J. Net Sys Spec
Simpson, Angela L. Acct Clerk 3
Smith, Melinda J. Adm Sec
Sneed, Robyn L. Tech Speclst 1

2016
Lake Cumberland District Health Department

2015-16 Annual Report
DISTRICT (continued)
Tomlinson, Amy C.
Weyman, Christine
Young, Roger A.

GREEN
Bush, Kaylene W.
Davis, Lori R.
Durrett, Stella A.
Green, Timothy D.
Hodges, Jaclyn E.
Taylor, Sue A.

McCREEARY
Burke, Loretta L.
Creekmore, Tina A.
Farrington, Donna E.
Garner, Melissa K.
Gaskin, Jeanne F.
Jones, Whitney E.
Keith, Gwendolyn E.
King, Tammy J.
Lawson, Melissa G.
Matthews, Lois A.
Miller, Mary E.
Phillips, Cynthia A.
Simpson, Jarrod W.
Tucker, Kimberly A.
Wells, Melissa A.
West, Christopher W.

PULASKI
Adams, Susan J.
Anderson, Jacqueline F.
Bender, Brigette E.
Burton, Patricia L.
Catron, Tammy E.
Chriswell, Rachel A.
Clark, Bridget L.
Dancy, Peggy L.
Denney, Monica D.
Eaton, Marilyn L.
Gregory, Dorthy

PULASKI (continued)
Hall, Karen S.
Hall, Thomas J.
Hamilton, Jeremy S.
Harris, Jennifer Kay
Hickman, IV Jefferson
Hopkins, Angel D.
Jenkins, Tamara L.
Mayberry, Deborah E.
McGahan, Sabrina L.
McKnight, Belinda K.
Morris, Wilda C.
Osborne, Deana S.
Ping, Kathy J.
Pollitt, Shawnda D.
Poynter, Ashley M.
Poynter, Peggy L.
Price Jr., Ferlin S.
Spillman, Michael S.
Trull, Norma J.
Tuggle, April D.
Wesley, Sharon S.
West, Brian D.
Yadon, Sandra

RUSSELL
Aaron, Tracy R.
Brockman, Beverly A.
Collins, Arlena BethAnn
Cummings, Candi L.
Dial, Brenda S.
Dye, Jonathan P.
Heathman, Judy C.
Jones, Jane C.
Kean, Bridgett M.
Keen, Donna E.
Lee, Jamie L.
Mann-Polston, Connie M.
Roberson Daulton, Shirley A.
Tucker, Bonnie L.
Wesley, Michelle L.
Whitis, Sonya L.
Woodrum, Laura E.

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2016
EMPLOYEES (continued)

TAYLOR
Arnold, Connie M.
Bender, Frances R.
Cowherd, Janet F.
Elkins, Brittany M.
Franklin, Anita L.
Griffiths, Allison S.
Hall, Monica R.
Harrison, Megan R.
Lewis, Savannah L.
Melson, Cynthia G.
Milby, Janet L.
Murphy, Joyce C.
Pickett, Tammy G.
Warner, Samuel
Whitfill, Dawn P.
Wright, Tracy D.
LHN 4/Team Ldr
Nurse Supv 1
LHN 2
H Envir 1
LHN 2
SSSupv 1
LHN 2
LHN 2
PH HANDS Spec
SSSA 2
SSSA 2
LPN 2
FSW 3
Janitor
LHN 2
SSSA 2

WAYNE
Atkinson, Rebecca R.
Beaty, Shannon G.
Daniels, Shirley D.
East, Charlotte K.
Ferrell, Sylvia E.
Gregory, Lisa W.
Jones, Sandra L.
Lair, Heather M.
McGinnis, Danielle N.
New, Tishanna M.
Ramsey, Mary F.
Redman, Laura D.
Spears, Lora B.
Tucker, Anna Janae
Turner, Lori C.
York, Nita J.
FSW 3
H Educator 1
SSSA 2
SSSA 2
Nurse Adminis
LHN 4/Team Ldr
SSSupv 1
LHN 2
PH HANDS Spec
PH HANDS Spec
PH HANDS Spec
LHN 2
H Envir 2
Nurse Prog Mgr
Nurse Supv 1
SSSA 2

2016
RETIREE

Victoria Bullock
Technical Specialist II
District Office
February 28, 1994 to January 2, 2015

Lake Cumberland District Health Department

our locations

our staff

2016 36 I 2015-16 Annual Report
Lake Cumberland District Health Department
500 Bourne Avenue
Somerset, KY 42501
(606) 678-4761
(606) 678-2708 (fax)
1-800-928-4416

Adair County Health Center
801 Westlake Drive
Columbia, KY 42728
(270) 384-2286
(270) 384-4800 (fax)

Casey County Health Center
199 Adams Street
Liberty, KY 42539
(606) 787-6911
(606) 787-2507 (fax)

Clinton County Health Center
131 Foothills Avenue
Albany, KY 42602
(606) 387-5711
(606) 387-7212 (fax)

Cumberland County Health Center
226 Copper Lane
Burkesville, KY 42717
(270) 864-2206
(270) 864-1232 (fax)

Green County Health Center
220 Industrial Park
Greensburg, KY 42743
(270) 932-4341
(270) 932-6016 (fax)

McCreary County Health Center
119 Medical Lane
Whitley City, KY 42653
(606) 376-2412
(606) 376-3815 (fax)

Pulaski County Health Center
45 Roberts Street
Somerset, KY 42501
(606) 679-4416
(606) 679-4419 (fax)

Russell County Health Center
211 Fruit of the Loom Drive
Jamestown, KY 42629
(270) 343-2181
(270) 343-2183 (fax)

Taylor County Health Center
1880 N. Bypass Road
Campbellsville, KY 42718
(270) 465-4191
(270) 789-3873 (fax)

Wayne County Health Center
39 Jim Hill Service Road
Monticello, KY 42633
(606) 348-9349
(606) 348-7464 (fax)

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