

**Cumberland County Local Board of Health Annual Meeting
Monday February 17, 2020 6:00pm
Cumberland County Health Center**

- APPROVAL OF MINUTES
- OLD BUSINESS
- NEW BUSINESS
- SET TAX RATE
- APPROVAL OF BUDGET
- MEMBERS WHO TERMS EXPIRE -12/31/2020
 - *Allison Kerr*
 - *Jan Clark*
 - *Dr. Brian Dyer*
 - *Tabatha Shelton*
 - *Kristen Branham*
- ELECTION OF OFFICERS and MEMBERS WHO SERVE ON THE DISTRICT BOARD
- DIRECTOR'S COMMENTS
- HEALTH EDUCATION
- DIABETES EDUCATION
- DOUG WILLIAMS, APRN- NORTHERN KENTUCKY UNIVERSITY DOCTORAL TESTICULAR PROJECT PRESENTATION
- ADJOURN

LCDHD County Health Centers

Adair • Casey • Clinton • Cumberland • Green • McCreary • Pulaski • Russell • Taylor • Wayne

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Give the Communications Assistant our phone number to contact us.



Cumberland County Local Board of Health
Minutes

The Cumberland County Local Board of Health met on Thursday March 28, 2019
6:00 PM at the Cumberland County Health Department.

Members Present:

Mike Morgan
Judge John Phelps
Gina Shaye Watson
Doug Williams
Jan Clark
Kristen Branham
Tabatha Shelton
Dr. John G. Stephenson

Members Absent:

Dr. Robert Flowers, Sr.
Dr. Brian Dyer
Gary White
Allison Kerr

Others Present:

Shawn Crabtree
Cindy Nettles
Sherri Gibson

Tracy Aaron
Jackie Hodges

Judge Phelps, Chairman called the meeting to order.

Approval of Minutes: Minutes from previous meeting were previously mailed to board members to review. Copies also available at meeting to each member present. Doug Williams made a motion to accept the minutes, seconded by Mike Morgan and approved by all board members.

Old Business:

Judge Phelps mentioned the new roof and gutters being installed 3 years ago. The office is still dealing with some leaks at two different places at the back of the building. Joel Byers explained to Judge Phelps it is the wooden boxes that the units are sitting on the top of the building. They are trapping water that in return is causing the leaks into the building. Judge Phelps ask for the permission from the board to contact Jimmy King, who installed the units, about the cost of moving the units from the roof to the ground. Motion made by Jan Clark for Judge Phelps to contact Jimmy King regarding the possible moving of the units, seconded by Doug Williams and approved by all board members.

New Business:

No new business at this time.

Set Tax Rate, Approve Budget: Shawn had packets for each member and he explained and reviewed the tax rate and the budget. He went into detail for the 2019/2020 budget. In this budget he discussed the auto start generators. We currently have 3 counties that will have generators to power the entire building in case of a power outage. We are asking for approval for one that powers only refrigerators, a few computers and lights, etc. He states he feels the board will be fine to leave tax rate at 3.5 cents. After a discussion a motion made by Gina S. Watson to retain tax rate at 3.5 cents, seconded by Doug Williams and approved by all members present. Motion to

approve overall budget which includes the auto start generator made by Doug Williams, seconded by Kristen Branham and approved by board members present.

Members who terms expire 12/31/2019. Members present if you are willing to serve another two-year term new biographical sheet are to be completed and turned back into Cindy Nettles. Members not present, Cindy will contact.

Election of Officers/ Members sitting on District Board of Health : Motion made by Mike Morgan for John Phelps to continue to serve as Chairman of the Board, seconded by Doug Williams. Motion made by Doug Williams for Gina S. Watson to continue to serve as Vice Chairman of the Board, seconded by Mike Morgan. Motion made by Dr. John G. Stephenson for Shawn Crabtree to continue to serve as Secretary of the Board, seconded by Jan Clark and approved by board members present. Doug Williams made a motion for Kristen Branham to continue serve on the district board along with Judge John Phelps, seconded by Mike Morgan and approved by board members present.

Director Comments: Shawn commended Judge Phelps for serving as Chairman of the District Board. States he has served us well and thanked him for his service. State wide health department meeting that aired via YouTube has been archived. If you haven't had a chance to watch it, do so. It has a lot of information as far as the direction of the local health departments. The local health department retirement contribution is currently .50 cents and is going to .87 cents. When implemented could cost our agency ¼ of our employees. Our district could survive on the max reserve for two years. If it is passed it could delay implementation of 1 year. Judge Phelps states he wants everyone to understand how serious the pension crisis is and how it effects people and staff locally.

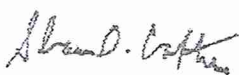
Health Education: Jackie Hodges presented some statistics on 2019 Snapshot of Cumberland County data some data has decreased 2%. Teen births have increased in Cumberland County compared to the state average. Health Education is active in the community here in the Health Coalition and the KY ASAP.

Doug Williams. Doug is currently working on a research project through Northern Kentucky University Doctoral Program. The project is for men ages 18-45 on Testicular Cancer, a type of cancer that is 95% curable if caught early. Patients will be from the BF Taylor Clinic and Flowers Rural Health Clinic results and finding will be collected over the course of a year.

Motion made by Gina S. Watson to adjourn meeting, seconded by Jan Clark.



Judge John Phelps, Chairman



Shawn Crabtree, Secretary

Digitally signed by
Shawn D. Crabtree
Date: 2019-03-13 13:
01:03

JMS/cn

CC: Division of State and Local Health, Frankfort, Ky.
LCDHD, Director's Office, Somerset, Ky.

**Cumberland County Public Health Taxing District Budget
Fiscal Year 2020-21**

Opening Balance Calculation						
	Operating Fund	Capital Fund	Total			
Balance as of December 31, 2019	\$179,867.55	\$0.00	\$179,867.55	\$179,867.55		
Projected Remaining 2019-20 Receipts						
Projected Tax Receipts	\$29,909.76	\$0.00	\$29,909.76			
Projected Interest Earned	\$89.93	\$0.00	\$89.93			
Projected Other Receipts	\$0.00	\$0.00	\$0.00			
Total Estimated Remaining 2020 Receipts	\$29,999.69	\$0.00	\$29,999.69	\$29,999.69		
Total Funds Available	\$209,867.24	\$0.00	\$209,867.24	\$209,867.24		
Projected Remaining 2019-20 Expenditures						
LCDHD Operations Expense - 1/2 Tax Assessment at 2.8 cents	\$52,912.50	\$0.00	\$52,912.50			
Advertising & Printing	\$290.00	\$0.00	\$290.00			
Professional Services (Audit)	\$0.00	\$0.00	\$0.00			
Maintenance & Repair	\$10,100.00	\$0.00	\$10,100.00			
Dues & Subscriptions (KPHA & KALBOH)	\$500.00	\$0.00	\$500.00			
Board Expense & Other Miscellaneous	\$500.00	\$0.00	\$500.00			
Furniture & Fixtures	\$5,500.00	\$0.00	\$5,500.00			
Automatic Generator	\$15,000.00	\$0.00	\$15,000.00			
Equipment	\$12,450.00	\$0.00	\$12,450.00			
Total Estimated Remaining 2020 Expenditures	\$97,252.50	\$0.00	\$97,252.50	\$97,252.50		
Estimated 2020-21 Opening Balance	\$112,614.74	\$0.00	\$112,614.74	\$112,614.74		
Proposed Budgets For Period Beginning July 1, 2020 and Ending June 30, 2021						
	Operating Fund	Capital Fund	Approved Budget @ Current Rate of \$0.035 per \$100 of Assessed Property Value	Proposed Break Even Budget @ \$0.038 per \$100 of Assessed Property Value	Proposed Surplus Budget @ \$0.04 per \$100 of Assessed Property Value	
Estimated opening Balance	\$112,614.74	\$0.00	\$112,614.74	\$112,614.74	\$112,614.74	\$112,614.74
Budgeted Receipts (All Sources): See Footnote						
Real Property Taxes	\$106,254.83		\$106,254.83	\$115,362.39	\$121,434.10	
Personal Property Taxes	\$15,251.34		\$15,251.34	\$16,558.60	\$17,430.10	
Motor Vehicle Taxes	\$12,795.20		\$12,795.20	\$13,891.93	\$14,623.08	
Delinquent Tax Collections	\$1,740.62		\$1,740.62	\$1,740.62	\$1,740.62	
Other Taxes	\$406.08		\$406.08	\$406.08	\$406.08	
Interest Income	\$102.59	\$0.00	\$102.59	\$114.10	\$121.77	
Total Budgeted Receipts	\$136,550.66	\$0.00	\$136,550.66	\$148,073.72	\$155,755.76	
Total Funds Available	\$249,165.40		\$249,165.40	\$260,688.46	\$268,370.50	
Budgeted Expenditures:						
LCDHD Health Center Management Fee at 2.8 cents	\$113,096.00		\$113,096.00	\$113,096.00	\$113,096.00	
Building Maintenance & Repair						
Snow removal & landscaping	\$1,500.00					
Miscellaneous	\$7,000.00					
Total Building Maintenance & Repair	\$8,500.00		\$8,500.00	\$8,500.00	\$8,500.00	
Furniture & Fixtures						
Dishwasher	\$600.00					
Electric Range Stove	\$550.00					
Convection Toaster	\$80.00					
Miscellaneous	\$5,000.00					
Total Furniture & Fixtures	\$6,230.00		\$6,230.00	\$6,230.00	\$6,230.00	
Equipment						
Miscellaneous Computers and Related Equipment	\$10,450.00					
Generator Maintenance	\$1,400.00					
Miscellaneous	\$5,000.00					
Total Equipment	\$16,850.00		\$16,850.00	\$16,850.00	\$16,850.00	
Professional Services (Next Audit of Taxing District Funds due FY 2021)	\$0.00		\$0.00	\$0.00	\$0.00	
Advertisement & Printing (Newspaper & SPGE Publication)	\$300.00		\$300.00	\$300.00	\$300.00	
Dues and Subscriptions (KALBOH & KPHA)	\$1,000.00		\$1,000.00	\$1,000.00	\$1,000.00	
Miscellaneous (Board Members Meetings)	\$500.00	\$0.00	\$500.00	\$500.00	\$500.00	
Total Budgeted Expenditures	\$146,476.00		\$146,476.00	\$146,476.00	\$146,476.00	
Balance Remaining	\$102,689.40	\$0.00	\$102,689.40	\$114,212.46	\$121,894.50	
Net Surplus/Deficit Before Optional Expenses	(\$9,925.34)	\$0.00	(\$9,925.34)	\$1,597.72	\$9,279.76	
Footnote: All tax receipts are budgeted at a 95% collection rate on the tax calculated per \$100 of assessed value. Interest is calculated at the current effective rate which is 0.10% for checking.						

**Lake Cumberland District Health Department
Local Support Determinations for FY 2020-2021
Cumberland County Public Health Taxing District**

0 From 2019 Property Tax Assessment

	Total Property Subject to Taxation	Real Property Subject to Taxation	Personal Property Subject to Taxation	Motor Vehicle Property Subject to Taxation
F - Real Estate	317,453,077	317,453,077		
G - Tangible Personal	11,243,988		11,243,988	
H - PS Real Estate - Effective	2,110,331	2,110,331		
I - PS Tangible - Effective	22,044,918		22,044,918	
J - Distilled Spirits	0			
M - Motor Vehicles	38,481,801			38,481,801
N - Watercraft	6,464,876		6,464,876	
Aircraft	59,000		59,000	
Watercraft (Non-Commercial)	6,055,914		6,055,914	
Inventory in Transit	0		0	
Total	403,913,905	319,563,408	45,868,696	38,481,801
Tax Base (Total Divided by 100)	4,039,139	3,195,634	458,687	384,818
Tax Rate		\$ 0.0350	\$ 0.0350	\$ 0.0350
Total Projected Tax (Tax Base * Tax Rate)	141,370	111,847	16,054	13,469
Required Support @ .028	113,096	89,478	12,843	10,775
Tax Support for Land, Building & Equipment	28,274	22,369	3,211	2,694
Tax Projections @ 95% Collection Rate				
Real Property Projections	106,255			
Tangible Personal Property Projections	15,251			
Motor Vehicle Projections	12,795			
Total	134,301			

**Lake Cumberland District Health Department
Local Support Determinations for FY 2020-2021
Cumberland County Public Health Taxing District**

0 From 2019 Property Tax Assessment

	Total Property Subject to Taxation	Real Property Subject to Taxation	Personal Property Subject to Taxation	Motor Vehicle Property Subject to Taxation
F - Real Estate	317,453,077	317,453,077		
G - Tangible Personal	11,243,988		11,243,988	
H - PS Real Estate - Effective	2,110,331	2,110,331		
I - PS Tangible - Effective	22,044,918		22,044,918	
J - Distilled Spirits	0			
M - Motor Vehicles	38,481,801			38,481,801
N - Watercraft	6,464,876		6,464,876	
Aircraft	59,000		59,000	
Watercraft (Non-Commercial)	6,055,914		6,055,914	
Inventory in Transit	0		0	
Total	403,913,905	319,563,408	45,868,696	38,481,801
Tax Base (Total Divided by 100)	4,039,139	3,195,634	458,687	384,818
Tax Rate		\$ 0.0380	\$ 0.0380	\$ 0.0380
Total Projected Tax (Tax Base * Tax Rate)	153,487	121,434	17,430	14,623
Required Support @ .028	113,096	89,478	12,843	10,775
Tax Support for Land, Building & Equipment	40,391	31,956	4,587	3,848
Tax Projections @ 95% Collection Rate				
Real Property Projections	115,362			
Tangible Personal Property Projections	16,559			
Motor Vehicle Projections	13,892			
Total	145,813			

**Lake Cumberland District Health Department
Local Support Determinations for FY 2020-2021
Cumberland County Public Health Taxing District**

0 From 2019 Property Tax Assessment

	Total Property Subject to Taxation	Real Property Subject to Taxation	Personal Property Subject to Taxation	Motor Vehicle Property Subject to Taxation
F - Real Estate	317,453,077	317,453,077		
G - Tangible Personal	11,243,988		11,243,988	
H - PS Real Estate - Effective	2,110,331	2,110,331		
I - PS Tangible - Effective	22,044,918		22,044,918	
J - Distilled Spirits	0			
M - Motor Vehicles	38,481,801			38,481,801
N - Watercraft	6,464,876		6,464,876	
Aircraft	59,000		59,000	
Watercraft (Non-Commercial)	6,055,914		6,055,914	
Inventory in Transit	0		0	
Total	403,913,905	319,563,408	45,868,696	38,481,801
Tax Base (Total Divided by 100)	4,039,139	3,195,634	458,687	384,818
Tax Rate		\$ 0.0400	\$ 0.0400	\$ 0.0400
Total Projected Tax (Tax Base * Tax Rate)	161,566	127,825	18,347	15,393
Required Support @ .028	113,096	89,478	12,843	10,775
Tax Support for Land, Building & Equipment	48,470	38,348	5,504	4,618
Tax Projections @ 95% Collection Rate				
Real Property Projections	121,434			
Tangible Personal Property Projections	17,430			
Motor Vehicle Projections	14,623			
Total	153,487			

WORKSHEET FOR CERTIFICATION ASSESSMENT FOR LOCAL GOVERNMENT

CLASS OF PROPERTY

REAL ESTATE, TANGIBLE PERSONALTY, PUBLIC SERVICE AND DISTILLED SPIRITS

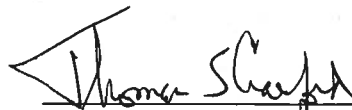
A 2018 Assessment of Adjusted Property At Full Rates			324,763,738
Net Change in	2019	33,042,850	
B 2019 Homestead Exemptions	2018	31,879,150	1,163,700
C 2018 Adjusted Tax Base			323,600,038
D 2019 Net Assessment Growth			29,252,277
E 2019 Total Valuation of Adjusted Property at Full Rates			352,852,315
	Property Subject to Taxation 2018	Net Assessment Growth	Property Subject to Taxation 2019
F Real Estate	\$291,427,958	27,188,820	\$317,453,077
G Tangible Personalty	10,875,603	368,385	11,243,988
H P.S. Co-Real Estate-Effective	2,161,476	(51,145)	2,110,331 *
P.S. Co.-Real Estate-100%	2,161,476	(51,145)	2,110,331 *
I P.S. Co.-Tang.-Effective	20,298,701	1,746,217	22,044,918 *
P.S. Co.-Tang.-100%	21,497,954	1,751,971	23,249,924 *
J Distilled Spirits	-	-	-
K Electric Plant Board	-	-	-
L Insurance Shares	-	-	-
M Motor Vehicles - Includes Public Service Motor Vehicles	41,851,842		38,481,801
N Watercraft	6,034,833		6,464,876
Net New Property: PVA Real Estate			1,186,500
P. S. Co. Real Estate-Effective			(51,145) *
Unmined Coal			-
Tobacco in Storage			-
Other Agricultural Products			-
The following tangible items are not included in line G. Aircraft and watercraft assessment may be taxed or exempted at your option. Inventory in transit may be taxed only by special districts.			
Aircraft(Recreational & Non-Commercial)			59,000
Watercraft(Non-Commercial)			6,055,914
Inventory in transit			-
2018 R. E. Exonerations & Refunds			1,143,400
2018 Tangible Exonerations & Refunds			4,863

* Estimated Assessment
+ Increase Exonerations

I, Thomas S. Crawford, Director, Division of Local Support, certify that the above total is the equalized assessment of the different classes of property and the total assessment of CUMBERLAND County as made by the Office of Property Valuation for 2019, subject to any increases or decreases that may hereafter be made as a result of the appeals to the Kentucky Board of Tax Appeals.

Witness my hand this

9-6-2019


Thomas S. Crawford, Director
Division of Local Support
Office of Property Valuation
Finance and Administration Cabinet

Taxing District	Tax Rate	Year	Revenues	Expenditures	Net Income/Loss	Bank Account Balance	Percentage of Increase/Decrease	Percentage of Annual Expenses Covered by Tax Revenue	Percentage of Annual Expenses in Excess of Tax Revenue	Bldg. Sq. Ft	Construction Cost @ \$215.00	Construction Cost/10	% of Reserve Need
Adair	\$0.030	2011	\$ 176,362.05	\$ 155,739.90	\$ 20,622.15	\$ 209,689.59		100%	0%				
		2012	\$ 208,495.96	\$ 209,241.65	\$ (745.69)	\$ 208,943.90	0%	100%	0%				
		2013	\$ 216,845.85	\$ 220,436.76	\$ (3,590.91)	\$ 205,352.99	-2%	98%	2%				
		2014	\$ 215,158.91	\$ 212,152.08	\$ 3,006.83	\$ 208,359.82	1%	100%	0%				
		2015	\$ 221,362.30	\$ 208,321.80	\$ 13,040.50	\$ 221,400.32	6%	100%	0%				
		2016	\$ 218,981.12	\$ 217,606.52	\$ 13,040.50	\$ 222,774.92	1%	100%	0%				
		2017	\$ 222,565.64	\$ 234,928.07	\$ (12,362.43)	\$ 210,412.49	-6%	95%	5%				
		2018	\$ 220,562.72	\$ 224,692.31	\$ (4,129.59)	\$ 206,282.90	-2%	98%	2%				
		2019	\$ 235,684.82	\$ 228,131.59	\$ 7,553.23	\$ 213,836.13	4%	100%	0%	10,845	\$ 2,331,675.00	\$ 233,167.50	92%
		μ	\$ 215,113.26	\$ 212,361.19	\$ 2,752.08	\$ 211,894.78							
Casey	\$0.043	2011	\$ 237,574.17	\$ 114,985.37	\$ 122,588.80	\$ 138,541.99		100%	0%				
		2012	\$ 247,924.81	\$ 170,292.47	\$ 77,632.34	\$ 216,174.33	36%	100%	0%				
		2013	\$ 252,295.48	\$ 169,728.85	\$ 82,566.63	\$ 298,740.96	28%	100%	0%				
		2014	\$ 247,380.71	\$ 176,819.38	\$ 70,561.33	\$ 369,302.29	19%	100%	0%				
		2015	\$ 261,373.84	\$ 200,095.03	\$ 61,278.81	\$ 430,581.10	14%	100%	0%				
		2016	\$ 269,572.29	\$ 178,972.13	\$ 90,600.16	\$ 521,181.26	17%	100%	0%				
		2017	\$ 273,914.44	\$ 191,024.91	\$ 82,889.53	\$ 604,070.79	14%	100%	0%				
		2018	\$ 273,696.22	\$ 196,947.43	\$ 76,748.79	\$ 680,819.58	11%	100%	0%				
		2019	\$ 318,449.10	\$ 193,730.40	\$ 124,718.70	\$ 805,538.28	15%	100%	0%	4,187	\$ 900,205.00	\$ 90,020.50	895%
		μ	\$ 264,686.78	\$ 176,955.11	\$ 87,731.68	\$ 451,661.18							
Clinton	\$0.035	2011	\$ 116,202.81	\$ 87,867.60	\$ 28,335.21	\$ 111,499.15		100%	0%				
		2012	\$ 161,742.57	\$ 139,766.60	\$ 21,975.97	\$ 133,475.12	16%	100%	0%				
		2013	\$ 168,576.78	\$ 147,041.29	\$ 21,535.49	\$ 155,010.61	14%	100%	0%				
		2014	\$ 169,844.80	\$ 142,090.30	\$ 27,754.50	\$ 182,765.11	15%	100%	0%				
		2015	\$ 163,111.64	\$ 140,070.60	\$ 23,041.04	\$ 205,806.15	11%	100%	0%				
		2016	\$ 170,384.82	\$ 149,560.36	\$ 20,824.46	\$ 226,630.61	9%	100%	0%				
		2017	\$ 172,093.31	\$ 145,559.99	\$ 26,533.32	\$ 253,163.93	10%	100%	0%				
		2018	\$ 167,752.72	\$ 171,341.49	\$ (3,588.77)	\$ 249,575.16	-1%	98%	2%				
		2019	\$ 186,702.76	\$ 175,151.12	\$ 11,551.64	\$ 261,126.80	4%	100%	0%	4,209	\$ 904,935.00	\$ 90,493.50	289%
		μ	\$ 164,045.80	\$ 144,272.15	\$ 19,773.65	\$ 197,672.52							
Cumberland	\$0.035	2011	\$ 79,402.91	\$ 61,821.51	\$ 17,581.40	\$ 65,347.14		100%	0%				
		2012	\$ 111,667.46	\$ 96,242.00	\$ 15,425.46	\$ 80,772.60	19%	100%	0%				
		2013	\$ 114,708.98	\$ 114,831.98	\$ (123.00)	\$ 80,649.60	0%	100%	0%				
		2014	\$ 119,085.31	\$ 97,008.94	\$ 22,076.37	\$ 102,725.97	21%	100%	0%				
		2015	\$ 117,208.75	\$ 96,586.60	\$ 20,622.15	\$ 123,348.12	17%	100%	0%				
		2016	\$ 122,373.28	\$ 118,901.32	\$ 3,471.96	\$ 126,820.08	3%	100%	0%				
		2017	\$ 123,778.01	\$ 143,003.58	\$ (19,225.57)	\$ 107,594.51	-18%	87%	13%				
		2018	\$ 126,050.13	\$ 132,076.09	\$ (6,025.96)	\$ 101,568.55	-6%	95%	5%				
		2019	\$ 127,976.42	\$ 111,817.78	\$ 16,158.64	\$ 117,727.19	14%	100%	0%	6,486	\$ 1,394,490.00	\$ 139,449.00	84%
		μ	\$ 115,805.69	\$ 108,032.20	\$ 7,773.49	\$ 100,728.20							
Green	\$0.034	2011	\$ 138,413.23	\$ 109,070.63	\$ 29,342.60	\$ 108,351.76		100%	0%				
		2012	\$ 142,882.49	\$ 151,709.98	\$ (8,827.49)	\$ 99,524.27	-9%	94%	6%				
		2013	\$ 152,090.47	\$ 143,711.44	\$ 8,379.03	\$ 107,903.30	8%	100%	0%				
		2014	\$ 141,318.06	\$ 131,384.68	\$ 9,933.38	\$ 117,836.68	8%	100%	0%				
		2015	\$ 145,982.64	\$ 126,382.41	\$ 19,600.23	\$ 137,436.91	14%	100%	0%				
		2016	\$ 149,910.61	\$ 127,673.72	\$ 22,236.89	\$ 159,673.80	14%	100%	0%				
		2017	\$ 143,692.46	\$ 132,194.83	\$ 11,497.63	\$ 171,171.43	7%	100%	0%				
		2018	\$ 165,539.78	\$ 152,169.86	\$ 13,369.92	\$ 184,541.35	7%	100%	0%				
		2019	\$ 160,566.04	\$ 139,953.23	\$ 20,612.81	\$ 205,154.16	10%	100%	0%	4,595	\$ 987,925.00	\$ 98,792.50	208%
		μ	\$ 148,932.86	\$ 134,916.75	\$ 14,016.11	\$ 143,510.41							

Taxing District	Tax Rate	Year	Revenues	Expenditures	Net Income/Loss	Bank Account Balance	Percentage of Increase/Decrease	Percentage of Annual Expenses Covered by Tax Revenue	Percentage of Annual Expenses in Excess of Tax Revenue	Bldg. Sq. Ft	Construction Cost @ \$215.00	Construction Cost/10	% of Reserve Need
McCreary	\$0.040	2011	\$ 184,076.80	\$ 155,877.44	\$ 28,199.36	\$ 293,302.01		100%	0%				
		2012	\$ 193,873.57	\$ 195,154.26	\$ (1,280.69)	\$ 292,021.32	0%	99%	1%				
		2013	\$ 192,101.76	\$ 187,218.54	\$ 4,883.22	\$ 296,904.54	2%	100%	0%				
		2014	\$ 177,438.07	\$ 149,970.48	\$ 27,467.59	\$ 324,372.13	8%	100%	0%				
		2015	\$ 196,835.96	\$ 151,420.18	\$ 45,415.78	\$ 369,787.91	12%	100%	0%				
		2016	\$ 195,250.85	\$ 188,962.06	\$ 6,288.79	\$ 376,076.70	2%	100%	0%				
		2017	\$ 195,363.46	\$ 154,919.22	\$ 40,444.24	\$ 416,520.94	10%	100%	0%				
		2018	\$ 200,555.23	\$ 179,116.53	\$ 21,438.70	\$ 437,959.64	5%	100%	0%				
		2019	\$ 231,978.73	\$ 204,619.27	\$ 27,359.46	\$ 465,319.10	6%	100%	0%	7,254	\$ 1,559,610.00	\$ 155,961.00	298%
		μ	\$ 196,386.05	\$ 174,139.78	\$ 22,246.27	\$ 363,584.92							
Pulaski	\$0.030	2011	\$ 768,661.39	\$ 703,676.35	\$ 64,985.04	\$ 469,096.12		100%	0%				
		2012	\$ 1,124,615.32	\$ 1,132,202.94	\$ (7,587.62)	\$ 461,508.50	-2%	99%	1%				
		2013	\$ 1,142,524.71	\$ 1,128,369.15	\$ 14,155.56	\$ 475,664.06	3%	100%	0%				
		2014	\$ 1,167,327.70	\$ 1,140,189.79	\$ 27,137.91	\$ 502,801.97	5%	100%	0%				
		2015	\$ 1,185,553.54	\$ 1,144,846.29	\$ 40,707.25	\$ 543,509.22	7%	100%	0%				
		2016	\$ 1,183,571.71	\$ 1,159,188.62	\$ 24,383.09	\$ 567,892.31	4%	100%	0%				
		2017	\$ 1,249,375.16	\$ 1,171,924.09	\$ 77,451.07	\$ 645,343.38	12%	100%	0%				
		2018	\$ 1,271,483.66	\$ 1,216,336.91	\$ 55,146.75	\$ 700,490.13	8%	100%	0%				
		2019	\$ 1,307,727.56	\$ 1,347,209.84	\$ (39,482.28)	\$ 661,007.85	-6%	97%	3%	20,435	\$ 4,393,525.00	\$ 439,352.50	150%
		μ	\$ 1,155,648.97	\$ 1,127,104.89	\$ 28,544.09	\$ 558,590.39							
Russell	\$0.045	2011	\$ 2,776,219.46	\$ 2,395,127.28	\$ 381,092.18	\$ 269,154.51		100%	0%				
		2012	\$ 615,169.29	\$ 871,030.89	\$ (255,861.60)	\$ 13,292.91	-1925%	71%	29%				
		2013	\$ 495,923.69	\$ 503,315.76	\$ (7,392.07)	\$ 5,900.84	-125%	99%	1%				
		2014	\$ 494,908.53	\$ 478,979.98	\$ 15,928.55	\$ 21,829.39	73%	100%	0%				
		2015	\$ 471,725.84	\$ 479,033.98	\$ (7,308.14)	\$ 14,521.25	-50%	98%	2%				
		2016	\$ 473,420.18	\$ 481,538.14	\$ (8,117.96)	\$ 6,403.29	-127%	98%	2%				
		2017	\$ 491,375.03	\$ 482,151.19	\$ 9,223.84	\$ 15,627.13	59%	100%	0%				
		2018	\$ 495,178.84	\$ 490,691.32	\$ 4,487.52	\$ 20,114.65	22%	100%	0%				
		2019	\$ 523,462.30	\$ 491,611.34	\$ 31,850.96	\$ 51,965.61	61%	100%	0%	11,922	\$ 2,563,230.00	\$ 256,323.00	20%
		μ	\$ 759,709.24	\$ 741,497.76	\$ 18,211.48	\$ 46,534.40							
Taylor	\$0.033	2011	\$ 527,838.64	\$ 399,190.86	\$ 128,647.78	\$ 125,032.69		100%	0%				
		2012	\$ 566,066.33	\$ 478,708.18	\$ 87,358.15	\$ 212,390.84	41%	100%	0%				
		2013	\$ 561,222.69	\$ 545,796.46	\$ 15,426.23	\$ 227,817.07	7%	100%	0%				
		2014	\$ 531,961.91	\$ 547,722.87	\$ (15,760.96)	\$ 212,056.11	-7%	97%	3%				
		2015	\$ 553,598.18	\$ 638,207.21	\$ (84,609.03)	\$ 127,447.08	-66%	87%	13%				
		2016	\$ 465,873.17	\$ 409,707.90	\$ 56,165.27	\$ 183,612.35	31%	100%	0%				
		2017	\$ 452,101.52	\$ 428,166.41	\$ 23,935.11	\$ 207,547.46	12%	100%	0%				
		2018	\$ 467,301.55	\$ 444,029.00	\$ 23,272.55	\$ 230,820.01	10%	100%	0%				
		2019	\$ 507,928.25	\$ 448,155.85	\$ 59,772.40	\$ 290,592.41	21%	100%	0%	15,771	\$ 3,390,765.00	\$ 339,076.50	86%
		μ	\$ 514,876.92	\$ 482,187.19	\$ 32,689.72	\$ 201,924.00							
Wayne	\$0.030	2011	\$ 246,997.96	\$ 247,767.03	\$ (769.07)	\$ 126,662.95		100%	0%				
		2012	\$ 254,564.94	\$ 255,114.99	\$ (550.05)	\$ 126,112.90	0%	100%	0%				
		2013	\$ 253,940.94	\$ 260,779.95	\$ (6,839.01)	\$ 119,273.89	-6%	97%	3%				
		2014	\$ 254,718.16	\$ 250,867.90	\$ 3,850.26	\$ 123,124.15	3%	100%	0%				
		2015	\$ 256,598.90	\$ 278,343.61	\$ (21,744.71)	\$ 101,379.44	-21%	92%	8%				
		2016	\$ 257,240.84	\$ 258,597.18	\$ (1,356.34)	\$ 100,023.10	-1%	99%	1%				
		2017	\$ 267,502.21	\$ 267,598.01	\$ (95.80)	\$ 99,927.30	0%	100%	0%				
		2018	\$ 270,796.59	\$ 261,519.07	\$ 9,277.52	\$ 109,204.82	8%	100%	0%				
		2019	\$ 277,360.66	\$ 265,265.77	\$ 12,094.89	\$ 121,299.71	10%	100%	0%	12,177	\$ 2,618,055.00	\$ 261,805.50	46%
		μ	\$ 259,969.02	\$ 260,650.39	\$ (681.37)	\$ 114,112.03							



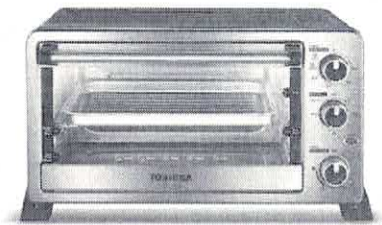
Item # 1200496 Model # MC25CEY-CHSS

Toshiba 6-Slice Stainless Steel Convection Toaster Oven

No Reviews
☆☆☆☆☆☆

Have an opinion?
Help others decide.
Write a Review

Community Q&A
View Now



\$59.99

- The powerful convection fan circulates warm air throughout the oven for fast, even baking
- Multifunctional: Bake, broil, pizza, toast, bagel, preheat
- 3 rack positions to accommodate a wide variety of foods



Lowe's Has You Covered

We're here to help with extended warranty protection, assembly, haul away and more. Add to cart to view availability.



Ships to Store FREE

Ready for pickup: Estimated by 01/20/2020



Delivery

Ready for delivery: Estimated on 01/20/2020

Product Information

Description

Make morning toast the way you like it, from lightly browned to crispy dark and every shade in between. This toaster oven features exclusive Accu-Timer technology. With Accu-Timer, selecting the preferred shade is easy, simply turn the top knob to Toast and the bottom knob to the desired shade and toasting will begin. When your toast is ready, the toaster will beep and the power will turn off. The convection fan allows hot air to circulate throughout the oven. This results in even baking and browning. Food cooks faster with convection, and you can generally set the oven at a lower temperature.

- The powerful convection fan circulates warm air throughout the oven for fast, even baking
- Multifunctional: Bake, broil, pizza, toast, bagel, preheat
- 3 rack positions to accommodate a wide variety of foods
- Cool-touch handle

Specifications

Convection	✓	Assembled Height (Inches)	10.79
Slice Capacity	6	Assembled Width (Inches)	12.52
Control Type	Manual	Assembled Depth (Inches)	18.94
Rotisserie Feature	✗	Assembled Weight (lbs.)	10.58
Steam Feature	✗	Accommodates a 12-in Pizza	✓
Slide-Out Crumb Tray	✗	Series Name	N/A
Timer	✓	UNSPSC	52141500
Broiler Option	✗	Number of Racks	1
Package Contents	Toaster Oven	Automatic Shut-Off	✗
Housing Material	Stainless steel	Non-Stick	✗
Cool-Touch Housing	✓		
Color/Finish Family	Stainless steel		

Feedback



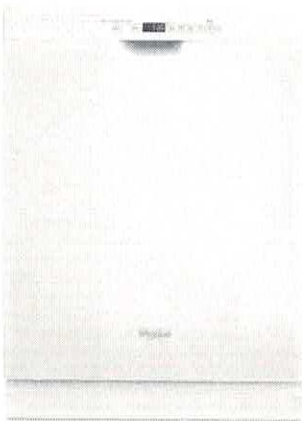
Item # 651730 Model # WDF560SAFW

Whirlpool 50-Decibel Built-In Dishwasher (White) (Common: 24 Inch; Actual: 23.875-in) ENERGY STAR

861 Ratings
★★★★☆
4.4 Average

91%
Recommend this product

Community Q&A
View Now



Need this dishwasher installed, Lowe's can help; Call 1-866-678-2761 prior to purchase; includes dishwasher only

\$584.00 Was \$649.00

SAVE 10% thru 01/22/2020

- Sensor cycle - automatically selects the right wash and dry settings for your load by using two separate sensors to measure temperature, so...
- 1-hour cycle - clean dishes in half the time so your plates, pans and glasses are thoroughly cleaned up and taken care of in just an hour
- Cycle memory - quickly start your dishwasher with one button - it automatically remembers the last cycle you picked so it's stored and...

Manufacturer Color/Finish

White



Lowe's Has You Covered

We're here to help with extended warranty protection, assembly, haul away and more. Add to cart to view availability.



Ships to Store FREE

- ✓ Ready for pickup: Estimated by 01/29/2020



FREE Delivery

- ✓ Ready for delivery: Estimated on 01/29/2020

Feedback



YOUR CHOICE FOR APPLIANCES

12 Months Special Financing* or 5% OFF* Every Day**

on qualifying purchases. Offer ends 2/1/20.

***,* Credit offers can't be combined.

GET DETAILS

Product Information

Description

- Sensor cycle - automatically selects the right wash and dry settings for your load by using two separate sensors to measure temperature, soil level and load size once during the prewash and once during the wash cycle
- 1-hour cycle - clean dishes in half the time so your plates, pans and glasses are thoroughly cleaned up and taken care of in just an hour
- Cycle memory - quickly start your dishwasher with one button - it automatically remembers the last cycle you picked so it's stored and ready to go
- Soil sensor determines how dirty dishes are and adjusts the Normal cycle as needed to make sure dishes come out clean
- Normal cycle - use for normal amounts of food soil to clean up leftover messes from your day-to-day meals



Have a question?
We can help.





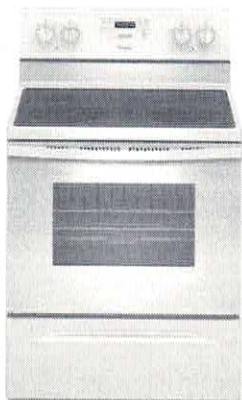
Item # 673898 Model # WFE320M0EW

Whirlpool Smooth Surface 4 Elements 4.8-cu ft Freestanding Electric Range (White) (Common: 30-in; Actual: 29.875-in)

1669 Ratings
★★★★☆
4.5 Average

91%
Recommend this product

Community Q&A
View Now



In-use/lifestyle images - accessories not included

\$499.00 Was \$649.00
SAVE 23% thru 01/22/2020

Hurry! Low in stock.

- This counter depth range is made to fit seamlessly into your kitchen
- FlexHeat™ Dual Radiant element is like having two or three elements in one
- The ceramic glass cooktop provides an ideal space for cooking and easy cleanup

Manufacturer Color/Finish

White



Lowe's Has You Covered

We're here to help with extended warranty protection, assembly, haul away and more. Add to cart to view availability.



FREE Store Pickup

- 1 available today at S. San Jose Lowe's!

Aisle 817 , Bay 7



FREE Delivery

- Delivery available

Feedback



YOUR CHOICE FOR APPLIANCES

12 Months Special Financing* or 5% OFF* Every Day**

on qualifying purchases. Offer ends 2/1/20.

*** Credit offers can't be combined.

GET DETAILS

Product Information

Description

Dinner time has never been easier with a Whirlpool® electric oven that not only has the flexibility you need to cook multiple dishes, but also makes cleanup hassle-free. Whether you're cooking with a small pan or a large pot, the large capacity 4.8 Cu. Ft. counter depth range's FlexHeat™ dual radiant element expands to match your needs, so you can enjoy having three elements in one. And when dinner time is over, the range's easy wipe ceramic glass cooktop makes taking care of spills easy.

- This counter depth range is made to fit seamlessly into your kitchen
- FlexHeat™ Dual Radiant element is like having two or three elements in one
- The ceramic glass cooktop provides an ideal space for cooking and easy cleanup
- EasyView™ large oven window and interior light allow you to check the progress of your food without opening
- Custom broil allows you to adjust the



Have a question? We can help.

Tracy....Regarding Syringe Exchange: I will follow up with the Judge again. I talked with him at the last board of health meeting (Sept) he had not talked with the Mayor at that time.

FY 19-20

Snow removal and landscaping 1,500

Janitor Cart 250 (looking for one with better shipping charge)

If Needed

Computer equipment 7,450

Done

Sealing and striping parking lot 1,600

Brian to have a roofer repair around the heating and air units. (no leaks at present)

Ron to pay KPHA and KALBOH 1,000

Baby change station 250

Miscellaneous

Has panic buttons

Board of Health owns the land.

Does have state road signs.

3.5 tax rate.

Tax = "may"

6,486 Sq Ft

Office of Adolescent Health

Overview Two-Year Teen Pregnancy Prevention (TPP) Grant

July, 15 2019 - June 30, 2021

Awarded: \$986,000

Lake Cumberland District Health Department was awarded the Phase I Tier 1 projects to replicate programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.

Reducing the Risk (RTR) will be implemented in all 12 high schools across Lake Cumberland

RTR will assist high school students to delay the initiation of sex or increase the use of protection against pregnancy and STD/HIV if they choose to have sex. This research-proven approach addresses skills such as risk assessment, communication, decision making, planning, refusal strategies and delay tactics.

Performance measures

- 95% of sites will implement the programs
- 60% of sexually active participants will report they are more likely to use protection to avoid pregnancy and/ or STD's
- 80% of participants from both programs will report the program was beneficial
- 90% of TOP participants will have eliminated at least 2 risk factors
- 80% of TOP participants report more confidence in handling challenging issues
- Decrease LCDHD teen birth rates by 5%
- Decrease LCDHD STD rates by 5% by practicing abstinence will help them achieve their career goals

Teen Outreach Program

Casey and McCreary Counties

Wyman's Teen Outreach Program® (TOP®) promotes the positive development of adolescents through curriculum-guided, interactive group discussions; positive adult guidance and support; and community service learning.

TOP is delivered by trained adult facilitators across a school year to groups of teens (called "TOP Clubs"). TOP is designed to meet the developmental needs of middle and high school teens and can be implemented in a variety of settings, including in-school, after-school, through community-based organizations or in systems and institutional settings, including residential facilities.

TOP curriculum is focused on key topics related to adolescent health and development, including building social, emotional, and life skills; developing a positive sense of self; and connecting with others.

Family & Youth Services Bureau Sexual Risk Avoidance Education (SRAE)

Overview of SRAE Program / Making a Difference (MAD)

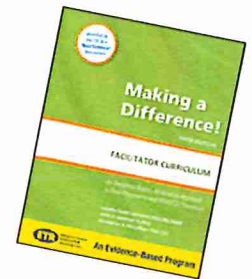
September 30, 2016 through October 1, 2019

Awarded: \$972,151

Lake Cumberland District Health Department was awarded the Sexual Risk Avoidance Education (SRAE) grant from the Family and Youth Services Bureau providing funding to implement Making a Difference (MAD) curriculum from September 30, 2016 through October 1, 2019.

Making the Difference (MAD) Program was implemented in all 14 middle schools across Lake Cumberland

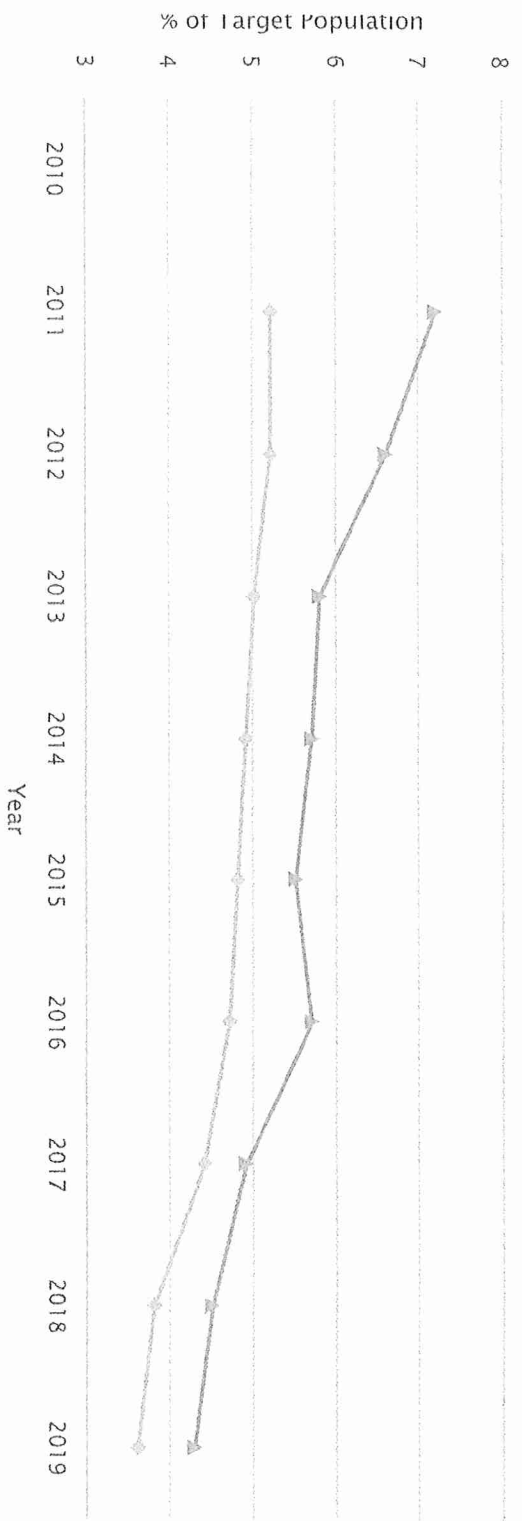
- 13 School Districts
- 7,264 Unduplicated Middle School Students
- 1425 Behavioral Change Presentations
- 81% of the 7,264 adolescents reported that their belief of practicing abstinence will help them achieve their career goals
- 4% Teen birth rate decrease between 2017 and 2018



Building Resilient Youth Conference - July 25, 2019



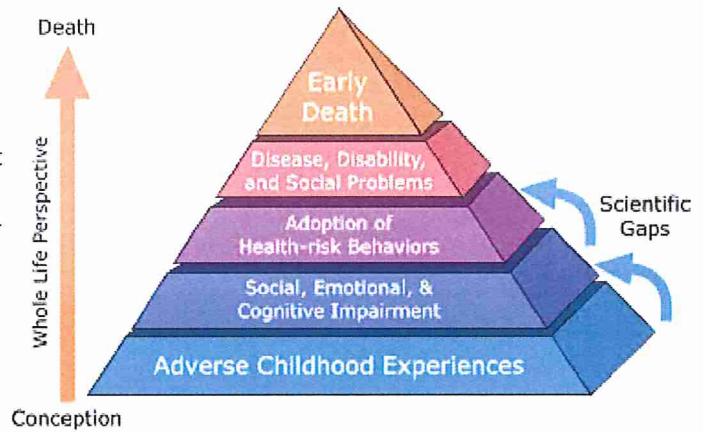
2010 / ECONOMIC TRENDS



ADVERSE CHILDHOOD EXPERIENCES (ACEs)

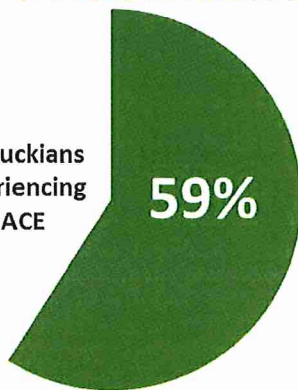
Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being including early death¹. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. The original ACE Study was a research study conducted by Kaiser Permanente and the Centers for Disease Control and Prevention. Participants were recruited to the study between 1995 and 1997 and have been in long-term follow up for health outcomes. The study has demonstrated that ACEs are common, often occur together, and are associated with health and social problems as an adult^{2,3}.



Prevalence of ACEs in Kentucky

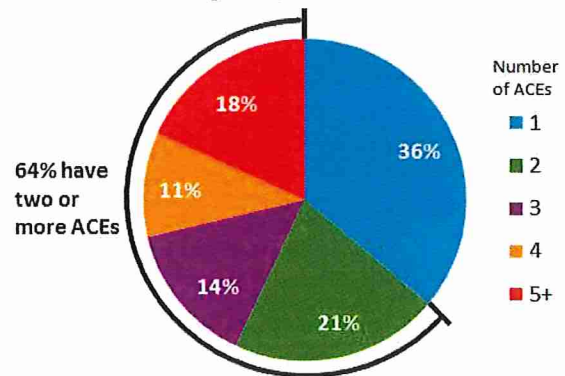
59% of Kentuckians report experiencing at least one ACE



More than half (59%) of Kentucky residents have experienced at least one ACE. Of those that have experienced at least one ACE, 64% have experienced two or more ACEs.

Distribution of ACEs

among those with at least one ACE

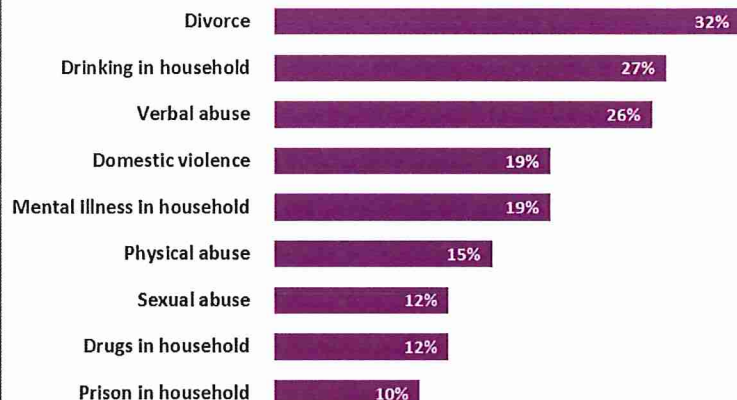


Data Source: Kentucky Behavioral Risk Factor Surveillance (KyBRFS); Year 2015

Common ACEs in Kentucky

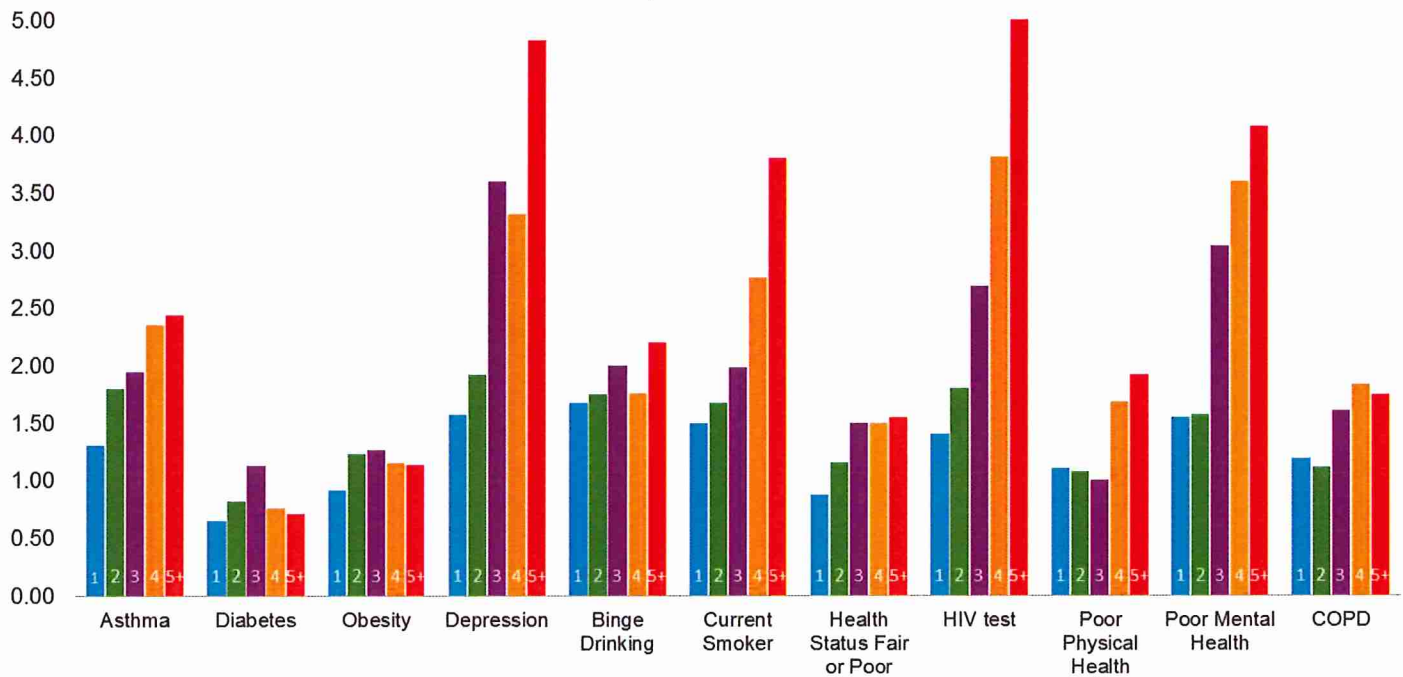
Data from the Kentucky Behavioral Risk Factor Surveillance (KyBRFS) indicates that several Kentucky adults experienced various types of ACEs. Of those experiencing at least one ACE, 32% experienced divorce in the household, 27% experienced drinking (problem drinker or alcoholism) in the household, and 26% experienced verbal abuse. These data suggest that ACEs are very common in Kentucky and should be addressed during routine health care visits.

Prevalence of Individual ACEs



Data Source: Kentucky Behavioral Risk Factor Surveillance (KyBRFS); Year 2015

Increased Risk of Condition/Behavior By Number of ACEs Present Compared to No ACEs



Data Source: Kentucky Behavioral Risk Factor Surveillance (KyBRFS); Year 2015

HIV test=Human Immunodeficiency Virus test

COPD=Chronic Obstructive Pulmonary Disease

This data supports addressing ACEs in the health care setting as well as in communities. A better understanding of the adverse events experienced by an individual during childhood could provide insight into their physical and mental health status as an adult. All families experience times of stress, and research demonstrates that children grow and learn best in families who have the supports and skills to deal with those times.

Source: Kentucky Department of Public Health, 2015

ACEs can have lasting effects on...

Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)

Behaviors (smoking, alcoholism, drug use)

Life Potential (graduation rates, academic achievement, lost time from work)

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.

*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Source: CDC, 2019

References:

- 1 Child Trends; Research Brief; Adverse Childhood Experiences; Year 2014
- 2 The Adverse Childhood Experiences (ACE) Study; Centers for Disease Control and Prevention. Retrieved Nov. 4, 2016
- 3 Adverse Childhood Experiences; Substance Abuse and Mental Health Services Administration, Rockville, MD; Retrieved Nov. 4, 2016

January 27, 2020

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse

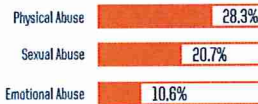


Divorce

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

ABUSE



NEGLECT

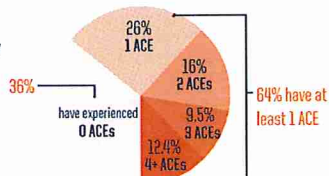


percentage of study participants that experienced a specific ACE

HOUSEHOLD DYSFUNCTION

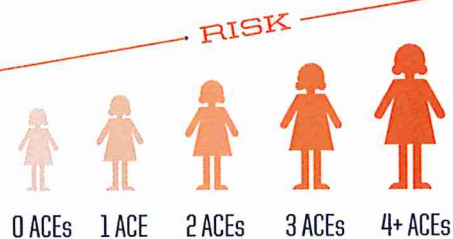


Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke



COPD



Broken bones

IMPROVE DIABETES OUTCOMES



Diabetes Self-Management Education and Support (DSMES): Ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care. Includes activities that assist in implementing and sustaining the behaviors needed to manage diabetes.

60%

of people with diabetes have never received formal diabetes self-management education and support (DSMES).

ADE 16

Everyone with diabetes needs DSMES, but especially at these four critical times:

- 1 At diagnosis
- 2 Annual assessment of education, nutrition and emotional needs
- 3 When new complicating factors influence self-management
- 4 When transitions in care occur

Diabetes education helps your patients make better self-management decisions



Healthy Eating



Taking Medication



Being Active



Monitoring



Healthy Coping



Problem Solving
(for hypo/hyperglycemia and sick days)



Reducing Risks
(for acute and chronic complications)

Evidence shows diabetes education:



Decreases A1C



Reduces hospital admissions and readmissions



Improves medication adherence



Increases healthful eating patterns and regular activity



Increases self-efficacy and empowerment



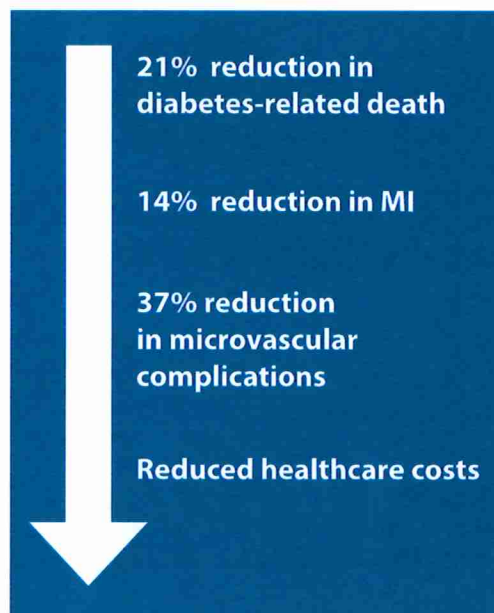
Improves quality of life



Improves coping



More likely to use primary care and preventive services or follow-up on treatment recommendations



A diabetes educator:

- is a licensed health care professional with training and experience pertinent to DSMES
- educates on diabetes
- provides ongoing support in diabetes self-care
- evaluates progress and communicates with providers

How do I refer a patient?

Find diabetes education services in your area in the Kentucky Diabetes Resource Directory:
<https://prd.chfs.ky.gov/KYDiabetesResources/>

A referral may be required for insurance reimbursement.

References:

1. ADA Standards of Medical Care in Diabetes – 2019. Diabetes Care 2019 Jan; 42 (Supplement 1).
2. Diabetes Care 2015 Jul; 38(7): 1372-1382.
3. 2017 National Standards for Diabetes Self-Management Education and Support. Diabetes Care 2017 July.



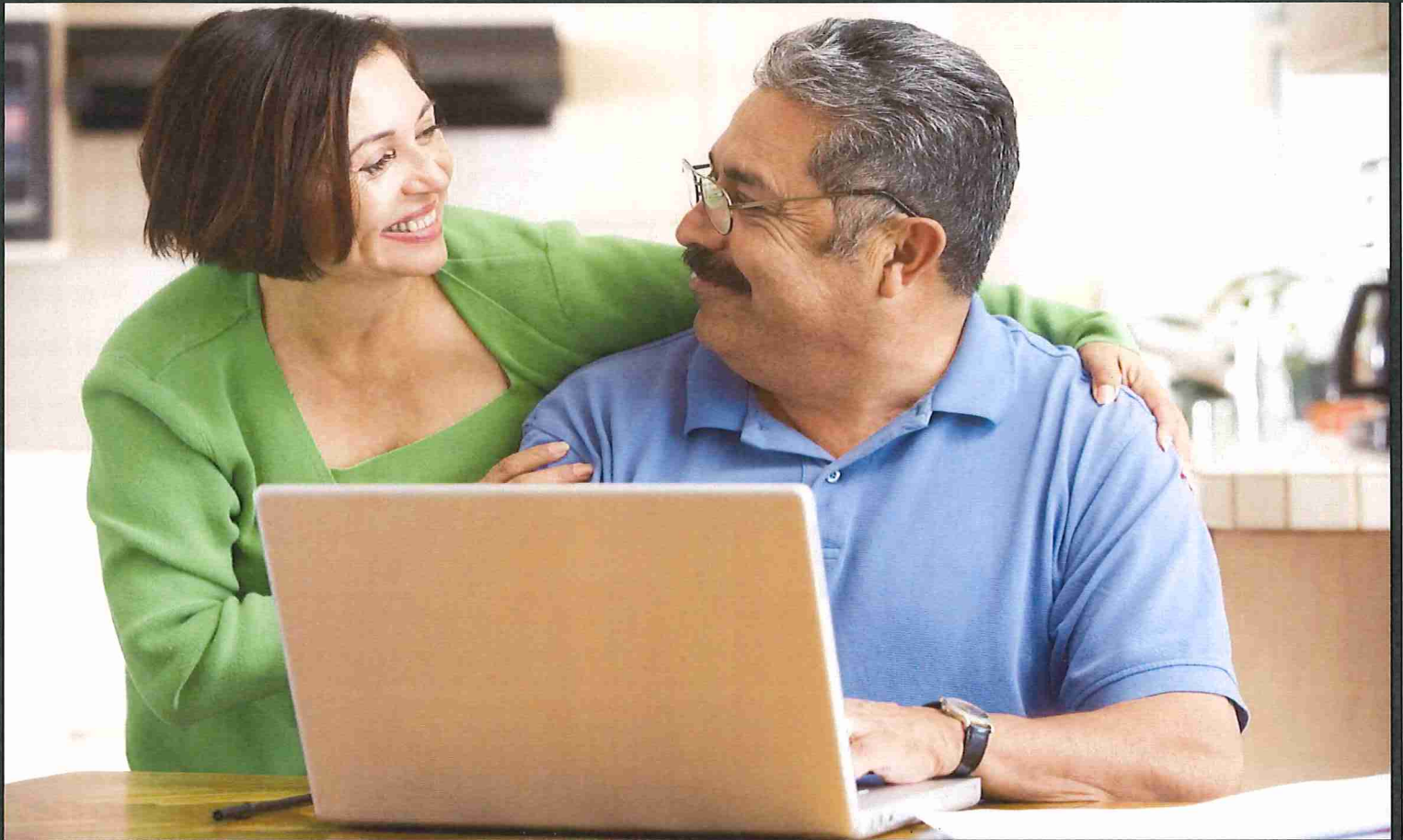
KENTUCKY DIABETES NETWORK, INC.

www.KYdiabetes.net

Kentucky Diabetes Network

@KYDiabetes

Would you like to learn about diabetes
from the comfort of your own home?
Now you can!



Mondays 9:00–11:30 am CST

April 6, April 13, April 20, April 27

Or

Wednesdays 12:00-2:30 pm CST

May 6, May 13, May 20, May 27

**Call 800-928-4416 EXT 1166 to sign up
or scan QR code below!**

Sessions are FREE, but Pre-registration required





***Got Diabetes?
Ready to Feel Better?***

***Join us at our
workshops that will
help YOU better control
your diabetes!***

Workshops are FREE!

Cumberland Co. Public Library

2:00 pm - 4:30 pm CST

Healthy Living with Diabetes

March 3

March 10

March 17

March 24

Giveaways—Airfryer, Instapot, Grill, Crockpot

**Call 800-928-4416 EXT 1166 to sign up
or scan QR code below!**

Workshops are FREE, but Pre-registration required



Population/Resources 2019-2020

Population

While Kentucky is ranked in the top ten unhealthiest states, our District is below the state average. Kentucky statewide population averages 34% in obesity (US – 29%) (1), 27 % in physical inactivity (US-22%) (1), and 13.8% with diabetes (2). Our district population averages 36.2 % in obesity, 32.1% in physical inactivity (an improvement from 33.6%), and 14.6 % with diabetes.(1) Our district includes ten of Kentucky's 120 counties. Eight of these ten counties are Appalachian counties. Our district is primarily rural, covers 3,720 square miles geographically, and has a population of 209,231.

Compounding the health problems in our area, an average of 7.61 % are uninsured compared to the state average of 6.7%. The state average poverty rate is 16.9%, while in the Lake Cumberland District the average is 23.9%. Language other than English is spoken in 2.63% of homes in our district. Approximately 6.1% (12,728) of our district's residents are veterans. ** We do not have a YMCA or many of the low cost health improvement opportunities offered in larger urban areas.

At present, the Diabetes Education Program is the only source of *free comprehensive* diabetes self-management education in the ten county district. Taylor County does one-on-one education at the local hospital and bills insurance. A pharmacy in Clinton County provides classes and bills insurance as well. Data has been compiled and evaluated to identify the greatest need of DSME classes in order to reach population and demands. (See attached table.) We have adjusted the frequency of the classes based on population, incidence of diabetes, available diabetes education in the county, previous history of class attendance, and staffing. We provide classes twice a year in all counties except Pulaski, which has classes 3 times a year.

Resources

The local health department facilities in nine of the ten counties have adequate meeting rooms for DSME classes with the exception being in Casey County. The DSME classes in Casey County are held at the County Extension Office Education Building or the Casey County Public Library free of charge. Three Diabetes Educators (RN, CDE's,) teach DSME classes throughout the district. Interpreters are utilized for one-on-one education when non-English speaking individuals need assistance with diabetes education.

Data for 2019-2020 Diabetes Education Program Plan

County Ranking Based on Health Outcomes	County	**Population	(1) % Prevalance of Type 2 Diabetes	**Race	(1) % Obesity	(1) % Physical Inactivity
49	Adair	19,215	16	W 94.9% B 3 % H 2%	38	36
102	Casey	15,888	15	W 97.3% B 1 % H 3.1%	38	29
64	Clinton	10,206	15	W 97% B 0.6% H 3%	37	34
59	Cumberland	6,659	15	W 94.8% B 3% H 1.5%	34	33
40	Green	11,049	14	W 95.9 % B 2.1 % H 1.9%	37	32
116	McCreary	17,408	15	W 91.6% B 5.7% H 2.6%	36	35
62	Pulaski	64,623	14	W 96.4% B 1.2% H 2.6%	35	30
77	Russell	17,821	13	W 96.8% B 0.9% H 3.8%	32	29
57	Taylor	25,549	14	W 91.6% B 5.2% H 2.5%	33	31
91	Wayne	20,813	15	W 95.6.% B 2% H 3.5%	40	32

1 Data from <http://www.countyhealthrankings.org/app/kentucky/2019/rankings> accessed 1/29/2020

2 Data from <http://stateofobesity.org/rates/> 2018 data accessed 1/29/2020

** Data from <https://www.census.gov/quickfacts-> accessed 1/29/2020

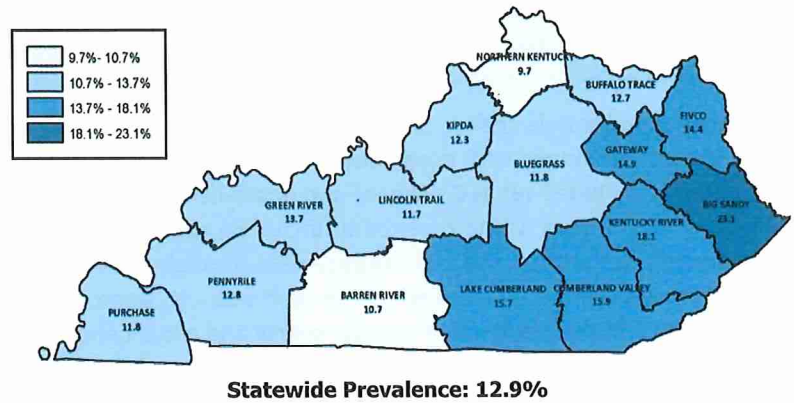
2019 Kentucky Diabetes Fact Sheet

DIABETES: A Public Health Epidemic

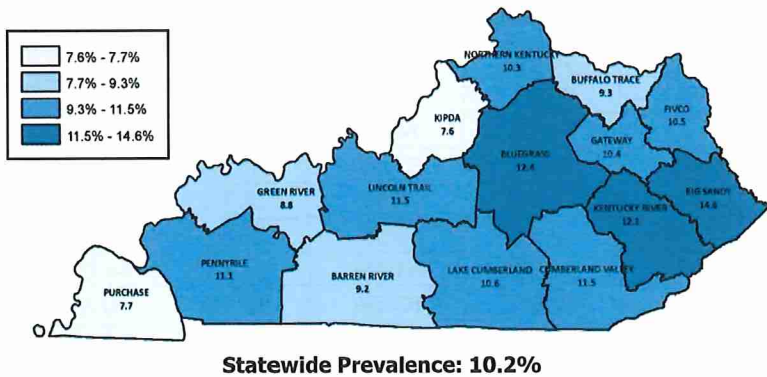
Diabetes is COMMON in Kentucky

- From 2000 to 2017, diagnosed diabetes in KY adults has nearly doubled from 6.5% (198,052) to 12.9% (442,500 or 1 in 8)¹. KY ranks 7th highest in the U.S. for diabetes prevalence³. (Nationwide median: 10.5%)
- An estimated 147,500 adults are living with undiagnosed diabetes based on the national rate².
- In Appalachia, the adult rate for diagnosed diabetes is 17% compared to 11.2% in non-Appalachian counties.
- 3,352 youth had a diabetes diagnosis claim in the Kentucky Employees' Health Plan (278) and Medicaid (3,074)³.

Prevalence of **Diagnosed Diabetes** by Kentucky Regions
2017 Kentucky Behavioral Risk Factor Survey



Prevalence of **Diagnosed Prediabetes** by Kentucky Regions
2017 Kentucky Behavioral Risk Factor Survey



- Prediabetes occurs when blood sugar levels are higher than normal but not high enough for a diabetes diagnosis. It is a major risk factor for type 2 diabetes.
- As of 2017, 10.2% (288,000) Kentucky adults had diagnosed prediabetes (up from 8.4% in 2015)³.
- 812,000 adults are estimated to have undiagnosed prediabetes².
- An estimated 1 in 3 adults (33.9% or 1.1 million) have diagnosed or undiagnosed prediabetes².
- Gestational diabetes, a risk factor for prediabetes, was present in 5.6% (3,039) of Kentucky live births in 2016, and 10% (2,703) of Medicaid births in 2017³.

Diabetes is SERIOUS in Kentucky

- Diabetes can be associated with complications such as heart disease, stroke, blindness, kidney failure, lower-limb amputation and ketoacidosis. These can reduce length and quality of life.
- In 2016, KY had the 4th highest death rate in the U.S. due to diabetes. This is an increase from 14th in 2014. Diabetes is the 6th leading cause of death by disease in KY and the U.S. It is the 3rd leading cause of death by disease for African Americans in KY (2016).
- KY hospitals had 10,470 inpatient hospital discharges with a primary diagnosis of diabetes (2017).
- 49% (18,359) of hospital visits for cardiovascular disease listed diabetes as a secondary diagnosis (2017).
- KY inpatient hospital discharge data, where diabetes is listed as the primary diagnosis, shows other specified manifestations (includes hypoglycemia) and diabetic ketoacidosis or DKA as the most frequent reasons for hospitalization (2017).
- In 2017, 16,176 Kentuckians had an emergency department visit for diabetes that did not result in full hospitalization. These visits generated billed charges of approximately \$74 million³.
- Kentuckians with diabetes are more likely to have other chronic conditions and risks as shown below.

Diabetes Status and Co-existing Condition or Risk
2017 Kentucky Behavioral Risk Factor Survey

Diabetes Diagnosis	No Leisure Time Activity	Obese	Smoking	Hypertension	High Cholesterol	Coronary Heart Disease	All Natural Teeth Extracted	Depression	Arthritis	Asthma
Yes	49.2%	56.1%	22.8%	77.8%	66.5%	17.9%*	30.7%	34.8%	58.9%	18.5%
No	32.3%	30.9%	24.0%*	33.6%	33.1%	4.5%*	19.0%	22.7%	28.4%	9.6%

*Measures noted in green ink indicate the value is an improvement for that measure from previous data available from the same source.

Diabetes is COSTLY in Kentucky

- ◆ Nationally, people with diabetes have costs 2.3 times higher than in its absence⁴.
- ◆ Diabetes has the 3rd highest average cost for individual KY hospitalizations for common chronic diseases at \$35,493 (2017)³.
- ◆ 3rd highest overall cost of several common chronic diseases in the KY Medicaid population (2017).
- ◆ Diabetes is one of the most costly chronic conditions for both active employees and early retirees in the Kentucky Employees' Health Plan (KEHP) population, at almost \$174 million in combined medical and prescription drug costs in 2017³.
- ◆ Diabetes costs KY \$5.16 billion in total medical costs, lost work and wages (2017)⁴.

Diabetes is MANAGEABLE and in Many Cases PREVENTABLE

- ◆ Structured lifestyle change programs such as the National Diabetes Prevention Program have been proven to prevent or delay type 2 diabetes in adults with prediabetes or at high risk for the disease.
- ◆ Much of diabetes-related sickness and death can be prevented, delayed or reduced.
- ◆ Quality care from health care teams including aggressive treatment to manage A1C, blood pressure and cholesterol and promote smoking cessation is critical to reduce risks for diabetes-related complications.
- ◆ Diabetes self-management education and support, appropriate self-care and other risk reduction and behavior change strategies are also critical to achieve diabetes control and avoid complications.

The tables below show gaps that exist between current and desired clinical and self-care practices.

Reported Diabetes Care Practice Rates Among Adults with Diabetes						
Kentucky Behavioral Risk Factor Survey – 2014 and 2016 Data Not Collected for These Indicators						
Indicator	2011	2012	2013	2015	2017	2015
Within past year unless otherwise noted	Kentucky ¹	Kentucky ¹	Kentucky ¹	Kentucky ¹	Kentucky ¹	U.S. ⁵
Taken a diabetes self-management course	47.3%	49.0%	49.6%	48.0%	46.0%	54.8%*
A1C test checked \geq 1 time	84.0%	80.8%	89.2%	90.4%	94.5%*	NA
A1C test checked \geq 2 times	74.4%	73.4%	74.5%	74.1%	80.2%*	74.9%
Retinal or dilated eye exam	65.7%	61.0%	65.2%	67.3%	66.5%	70.1%*
Professional foot exam	64.7%	67.2%	72.1%	72.4%	75.9%*	75.7%*
Flu shot	61.2%	56.3%	58.3%	59.8%	56.4%	57.1%*
Pneumonia shot ever	61.4%	57.4%	62.1%	61.4%	67.4%*	64.7%*
Self-foot exam daily	68.3%	63.6%	67.9%	63.5%	64.0%*	60.4%
Self-blood glucose monitoring daily	68.9%	63.3%	69.7%	62.8%	62.0%	62.1%
Seeing a health professional for diabetes \geq 1 time	87.6%	84.7%	88.8%	88.4%	92.0%	89.3%

*Measures noted in green ink indicate the value is an improvement for that measure from previous data available from the same source.

2016, 2017 and 2018 Laboratory or Clinical Rates for Kentucky Adults with Diabetes				
Statewide Data Not Available but Below Are Various Population Subsets from Listed Available Reports				
Indicator	2017 Consolidated Measurement Report, Kentucky State Aggregate Report ⁶	Federally Qualified Health Center Data Report for Kentucky ⁷	2019 Kentucky Diabetes Report ³ Kentucky Medicaid Managed Care HEDIS Scores 2018	2018 HEDIS National Medicaid Benchmark (50 th Percentile) ³
Within the past year				
A1C test checked \geq 1 time	85%	Not Available	86.93%*	87.83%
A1C poor control > 9%	55%	27.74%*	47.18%	38.08%
A1C control < 8%	Not Available	59.17	43.22%	51.40%
A1C control < 7%	12%	Not Available	31.75%	35.07%
Blood pressure control < 140/90 mm/Hg	Not Available	Not Available	57.34%	63.26%

*Measures noted in green ink indicate the value is an improvement for that measure from previous data available from the same source.

For more statistics and information, see the latest *Kentucky Diabetes Report* and the *Diabetes Education Services Scorecard for Kentucky* at <https://chfs.ky.gov/agencies/dph/dpqi/cdpb/Pages/diabetes.aspx>.

Data References

1. Kentucky Department for Public Health and CDC. Kentucky Behavioral Risk Factor Survey Data. 2000, 2011, 2012, 2013, 2015 and 2017.
2. Centers for Disease Control and Prevention (CDC). National Diabetes Statistics Report, 2017. <https://www.cdc.gov/diabetes/data/statistics/statistics-report.html>
3. Kentucky Department for Public Health. 2019 Kentucky Diabetes Report.
4. American Diabetes Association. *Economic Costs of Diabetes in the U.S. in 2017*. Diabetes Care 2018; 41: 917-928.
5. CDC, Preventive Care Practices, 2015. <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html> (Latest national data accessible at this time.)
6. Kentuckiana Health Collaborative. *2017 Consolidated Measurement Report for Kentucky*. Aggregated 2016 claims data for Aetna, Anthem, Humana, WellCare and Passport
7. Human Resources and Services Administration. 2017 Health Center Data. <https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2017&state=KY#glist>



DIABETES IN KENTUCKY

A Public Health Epidemic - 2020

Diabetes

1 in 7 or 474,500 (13.7%) adults have diagnosed diabetes



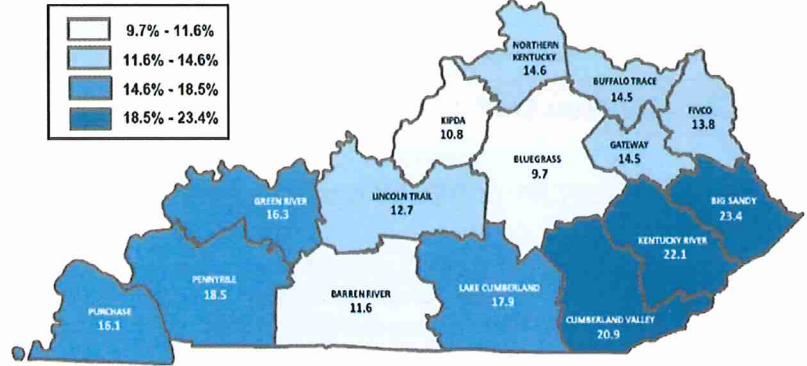
158,200 adults are estimated to have diabetes but are undiagnosed

632,700 with diagnosed and undiagnosed diabetes

1 of 4 don't know it

Prevalence of Diagnosed Diabetes by Kentucky Regions

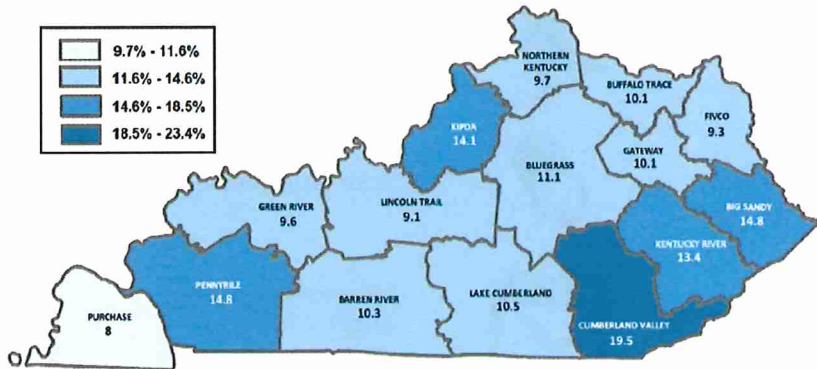
2018 Kentucky Behavioral Risk Factor Surveillance Survey



Statewide Prevalence: 13.7%
Nationwide Median: 10.9%

Prevalence of Diagnosed Prediabetes by Kentucky Regions

2018 Kentucky Behavioral Risk Factor Surveillance Survey



Statewide Prevalence: 11.8%

Prediabetes

1 in 9 or 331,335 (11.8%) adults have diagnosed prediabetes



812,000 adults are estimated to have prediabetes but are undiagnosed

1.1 million (1 in 3) with diagnosed and undiagnosed prediabetes
7 of 10 don't know it

Cost



\$5.16
BILLION

Total medical costs and lost work and wages for people with diagnosed diabetes in Kentucky

Higher risk of serious and costly complications



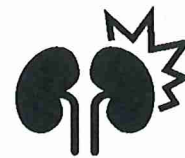
Heart Disease



Stroke



Loss of Toes, Feet or Legs



Kidney Disease



Blindness

Risk Factors for Type 2 Diabetes



Overweight



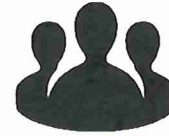
45 and Older



Physically Inactive



Prediabetes



Family History

What Can You Do?

You can **PREVENT** or **DELAY** type 2 diabetes



Find out if you have prediabetes – See your health care provider to get your blood sugar tested



Attend a National Diabetes Prevention Program (DPP)



Make healthy food choices



Be more active



Lose weight if needed

Learn more at www.cdc.gov/diabetes/prevention or speak with your doctor

You can **MANAGE** diabetes and reduce risk for complications



Attend a self-management education and support program



Plan meals and make healthy food choices



Stay active



Take your medications



Monitor your blood sugar and other recommended care



Quit smoking

Learn more at <https://www.cdc.gov/diabetes/ndep> or speak

To find diabetes prevention or self-management education and support programs in your area, look on the Kentucky Diabetes Resource Directory at <https://prdweb.chfs.ky.gov/KYDiabetesResources/>



Kentucky Public Health
Prevent. Promote. Protect.

REFERENCES

Kentucky Department for Public Health. Kentucky Behavioral Risk Factor Surveillance Survey Data 2018.
Centers for Disease Control and Prevention (CDC). [National Diabetes Statistics Report, 2017](#).
American Diabetes Association. [Economic Costs of Diabetes in the U.S. in 2017](#). Diabetes Care 2018; 41: 917-928.



Appendix E

Education Fact Sheet related to Testicular Self-Exam and Testicular Cancer for Men age 18-45 in a Rural Health Setting

**by Douglas Williams doctoral student
Northern Kentucky University**

DNP

References for all facts are listed as AA, A, B, C, D, E, F, G, H, I, J, K, L and can be found at the end.

1. Testicular cancer is the number one cancer in men ages 18-45 (reference D).
2. Testicular cancer is highly curable if caught early (reference B).
3. Monthly testicular self-exams are very important in early detection and survival rates (reference F).
4. Abnormal testicular exam signs include: changes in one testicle from the other, hard lump or nodule (this is the most common sign), edema (swelling) with or without pain, dull pain in scrotum, heaviness in the scrotum (skin sack below testicles), enlarged or tenderness of breast (reference C).
5. Testicular cancer caught early, in stage one survival rate is 95% (reference E).
6. Testicular self-exam and yearly physicals are a vital part of health wellness, prevention, and screenings, (reference G).
7. The cost of yearly screening office visits varies 75 to 150, with most insurance cover at 100%. -cost in financial measure of missing one testicular cancer early \$51,592 (reference A).
8. Testicular cancer caught in later stages; the survival rate drops to 74% (reference A).

9. Testicular cancer can occur in one or both testicles (reference B).
10. Increased risk for testicular cancer includes a father or brother who had testicular cancer, a history of an undescended testicle (cryptorchid testis), abnormal shape testicle, or genetic condition of Klinefelter's syndrome (reference B).

11. How to perform a testicular self-exam (reference B).

-right after a shower is the best time

-check testicles one at a time

-cup the scrotum with one hand, does it feel normal? (very important to establish a monthly routine of testicular self-exams to be able to tell normal from abnormalities)

-place your index and middle finger under the testicle with the thumb on top, roll testicle

-feel for lumps and repeat the other testicle

-feel the testis and the epididymis(soft tissue, tube-like at top or behind of testicle) for swelling or tenderness

-the average normal testis is the size of a golf ball, smooth, round and firm to the touch, and it is normal for one testicle to be slightly larger than the other

Any of the above findings or concerns follow up with your care provider (MD,

APRN)at once

Patient References for Appendix E

- A) Aberger, M., Griebing, T., Holzbeierlein, J., Nangia, A., & Wilson, B. (2014). Testicular self-examination and testicular cancer: a cost-utility analysis. *Cancer Med*, 1629-1634.
<http://dx.doi.org/doi:10.1002/cam4.318>
- B) American Family Physician. (2006). 74(9), 1571-1572. Retrieved from <https://www.familydoctor.org>
- C) Cancer Treatment Centers of America. Testicular cancer.(2017). Retrieved from <http://www.cancercenter.com/testicular-cancer/learning>
- D) Canavero, C., Harlan, S., Leone, J., & Rovito, M. (2014). Interventions promoting testicular self-Examination (TSE) performance. *American Journal of Men's Health*. 501-518
<http://doi.org/10.1177/155798831455360>
- E) Hold stock, C. (2010). Testicular Cancer. *Practice Nurse*. 40(1). Retrieved from <http://ebs.h.ebshost.com/ehost/detail/detail?.ved=23&sid...>
- F) Rovito, M. J. (2014). interventions promoting testicular self-examination (TSE) performance. *American Journal of Men's Health*, 1-42.
<http://dx.doi.org/doi.org/10.1177/155798831455360>
- G) Thornton, C. (2016). best practice in teaching male adolescents and young men to perform testicular self-examinations: A Review. *Journal of Pediatric Health Care*, 518-527.
<http://dx.doi.org/doi:10.1016/j.pedhc.2015.11.009>