Casey County Health Department


Agenda 2020

- Call to Order
- Approval of Minutes from last year's Meeting, February 2019
- Approval of Special Called Meeting, November 2019
- Lake Cumberland District Health Dept Report, Budget and Audit Information, Shawn Crabtree, Executive Director, Ron Cimala, Financial Director.
- Set Tax Rate
- Approve Budget
- New/Old Business
- Election of Officers
- Community Health Report, Jelaine Harlow, Health Education, Casey County
- Community Diabetes Update, Janet Coward, Casey County
- District Board Members
- Adjournment

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Phone: 606-787-6911 • Fax: 606-787-2507
Lake Cumberfand District Health Deparment

A Healthy Today for a Brighter Tomorrow

# Casey County Board of Health/Public Health Taxing District 

 Annual MeetingFebruary 15, 2019

## Board Members Present:

Dr. A.F. Brown, District Board
Homer Hecht
Linda Lee
Dr. John Price
Dr. Darrin Cundiff
Dr. John Wilkey
Dr. Housam Haddad

## Absent:

Judge, Randy Dial
Linda Hamilton, Vice Chairman, District Board, co-sign checks
Tony Price, Chairman/Treasurer
Kay King, co-sign checks
Gina Goode

Others Present:

Shawn Crabtree, Director LCDHD, Secretary Casey Bd. Health
Ronald Cimala, Financial Director LCDHD
Tracy Aaron, Health Educator, LCDHD
Jelaine Harlow, Health Educator, Adair/Casey Counties
Sandra Porter, Office Mgr. CCHD


## LCDHID Cownty Healit centers

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# Casey County Health Department 

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Lisa Brown, RN CCHD<br>Karen Watson Wethington, RN CCHD<br>Natasha Bowmer, RN CCHD<br>Courtney Roberts, Environmentalist, CCHD<br>Kim Kane, Support Services, CCHD<br>Zack Johnson, Casey County News

The Casey County Board of Health held its annual meeting Feb. 15 ${ }^{\text {th }}, 2019$ at 12:00 Noon at the Village Restaurant. After confirming a quorum was present Mr. Crabtree explained that due to the Chair and Vice-Chair being unable to attend a motion would be needed by a member to bring the meeting to order. and then they could appoint an officer for the meeting. Dr. Brown made motion to bring meeting to order and Linda Lee second. Dr. Brown assumed the officer role. Dr. Brown called for approval of last year's meeting minutes (copies were mailed to all members the previous week). A motion was made to accept by Dr. Wilkey, Linda Lee, second, vote unanimous. Dr. Brown then turned the meeting over to Mr. Crabtree.

Mr. Crabtree then inquired if any members had a chance to view the KALBOH Statewide Board Meeting and informed them if not that it was now on archive at the Lake Cumberland District Health Department website to view if anyone was interested. It discusses the restructuring of the health departments.

Next the tax rate was discussed. Mr. Crabtree handed out financial sheets (see enclosed) and went over each item for board members. Three different tax rates were presented. After calling for questions or discussion; Dr. Price made motion to leave tax rate the same at .043 for all categories, second by Dr. Cundiff, vote unanimous.

The list for the next fiscal year budget was presented and a new generator which would come on automatically and run necessary equipment in case of an outage was added for board approval. Currently staff must go in when there is an outage to start and switch over to generator, so this new option is being presented to all counties that have not yet purchased this type of generator. The main concern being the vaccines kept in the refrigerator and freezer that could be lost by outage. There was

[^0]
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[^1]discussion by members on the cost and necessity of generator, and input from medical staff from health department stating that the vaccines stored could run into the thousands of dollars where state vaccines and purchased vaccines are both stored. Motion was made by Dr Haddad to approve the budget as presented with the generator option included, second by Linda Lee, vote unanimous.

Next on business was the access to bank for $C D$ information and signature. Currently office manager can obtain print out of interest rates from the bank to update Quickbooks. If the financial department at district arranges any changes in CD's at Monticello Bank, the secretary is needed to sign the new forms. Due to travel from the district for this, requesting permission for office manager to sign paperwork that has been approved/arranged by district financial department. Motion for office manager signature for paperwork made by Dr. Price, second by Dr. Haddad, vote unanimous. The current rate of $1.7 \%$ on CD's was then discussed and members request that financial officer look into rates set up on longer time and merging of two CD's to obtain the best rates available. Motion made by Dr. Haddad, second Dr. Price, vote unanimous.

Election of Officers: After discussion by members; motion was made that Dr. Brown be made Chairman, motion: Dr. Price, second, Dr. Haddad, vote unanimous. All remaining members stay the same; motion: Dr. Cundiff, second, Linda Lee. Vote unanimous. District Board: Motion made to leave the same; Dr. Wilkey, second, Dr. Haddad. Vote unanimous.

Jelaine Harlow, Health Educator then gave out information regarding county health data (see enclosed). She discussed the findings with board members and had a Juul that she showed them, and the pods used in it for vaping; this is being used by a lot of youth in our counties. There has been an improvement in youth tobacco use in the county in past few years.

Motion was made to adjourn by Dr. Wilkey, second by Linda Lee.

Next board meeting will be Feb. 2020.



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Tony Price, Chairman

Shawn Crabtree, Secretary

# Casey County Board of Health/Public Health Taxing Special Called Meeting 

November 27, 2019

Board Members Present:
Dr A.F. Brown, Chalrman
Linda Hamilton, Vice Chairman
Kay King, co-sign checks
Dr, Don Wilkey
Dr. Housam Haddad
Dr. Darin Cundiff
Dr. Price
Judge Randy Dial
Gina Goode
Home Hecht
Members Absent:
Tony Price
Linda Lee

Others Present:
Shawn Crabtree, Director of LCDHD, Secretary Casey Co Board of Health
Rusty Tungate, Casey County Hospital
Jerry Quinn, Casey County Hospltal
Charlie Vanleuven, Casey Co News
Kim Kane, Office Manager, Clerical Supervisor, Casey
Natasha Bowmer, RN, Casey
Lisa Brown, Nurse Supervisor, Casey
Ron Cimala, Director of Administrative Services, present Via Zoom

The Casey County Board of Health held a Special Called Meeting on November 27, 2019 at noon at The Village Restaurant. After a Quorum was present Dr. Brown called the meeting to order.

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Mr. Tungate and Jerry Quinn from the Casey County Hospital presented the Board with pictures and prices for resurfacing of the parking lot. The hospital has received many complaints and states it is a hazard. They have a bid of $35,826.00$ from Hinkle Contracting. This includes $11 / 2$ inch of black top, fix holes before blacktopping, edging and striping. It includes from the stop sign to the employee parking lot of the Health Dept. The area will not be completed until April due to the temperatures.

Mr , Crabtree and Ron Cimala presented the budget to the members, before voting on parking lot we currently have $\$ 925,855.00$ in the bank including CD's.

Discussion was made about a current Dr. office available for sale. Dr. Michelle Beeler's office is currently listed with United Country for $\$ 350,000$. Ron Cimala, Director of Adminstrative Services elaborated that if we decide to purchase the property Monticello Bank informed him we could withdraw CD's with little to no penalty since we are buying a building the community would benefit from. Dr. Wilkey made the motion to purchase the property and Dr. Price second. Vote unanimous. Dr. Wilkey made the motion to authorize Shawn Crabtree, LCDHD Director to do the legality paper work and Dr. Brown to sign the final Deed. Judge Dial second. Vote unanimous.

Randy Dial made the motion to amend the budget by $\$ 350,000$. Dr. Wilkey second. Vote unanimous.
The Parking lot was discussed. Dr. Haddad made the motion to pay $\$ 10,000.00$ to The Casey County Hospital and Dr. Price second. Budget was amended to pay for the cost of the parking lot in the amount of $\$ 10,000,00$. Vote unanimous. Board authorized Kim Kane, Office Manager to call Mr. Tungate and let him know the Board approved this.

Randy Dial made the motion to adjourn. Dr. Wilkey second. Vote unanimous.

Next Meeting will be February 2020.

Dr. A.F. Brown, Chairman


Shawn Crabtree, Secretary

Phase IV: Construction Administration (Design-Build/Permitting format, optional service if requested by Owner)

1. Assist Owner in the preparation of a construction contract with the winning Bidder.
2. Review Contractor's Monthly request for Payment for materials suitably stored on site and construction work performed.
3. Perform one site visit each month, and prepare a report of the same.
4. Review appropriate shop drawings and samples during construction.
5. Review Contractor provided punch list and inspect work at the point of Substantial Completion.
6. Close out construction contract.

## Proposed Fees and Schedule

- Retainer and partial payment for site visit and initial work ...................................... \$2000
- Phase I .............................................................................................................................. \$3000
- Phase II .............................................................................................................................. \$2000
- Phase III .............................................................................................................................. \$1000
- Bidding/Negotiating Phase (Optional Service) ............... \$100/hr not to exceed 12 hours for this Phase
- Phase IV (Optional Service) $\qquad$ \$100/hr


## Reimbursable Expenses (Not Included within the Proposed Fees):

- Cost of all printing, copying, and shipping documents.
- Where applicable, cost of all agency plan review fees.

Information, Services, or Equipment to Be Provided By Owner/representatives or Others:

- Any site/civil/geotechnical/environmental engineering work as needed.
- Any and all existing site utility locations and Owner desired routing or relocation.
- If required, any fire suppression criteria or detailed emergency alarm system designs/schematics (typically handled by actual selected contractor).
- If required, any manufacturer's or fabrication/shop drawings for connections, methods, or other detailing.
- Obtaining zone changes, variances, sewage system permits, flood plain permit (if applicable), or approvals that may be required by local agencies, utilities, or owners of adjourning rights-of-way or structures, should any of this information be required by agencies having jurisdiction over the project.


## Considerations and Acknowledgments:

- All designs, drawings, details, images, renderings, representations of designs, specifications, and documents electronic or otherwise provided or generated by SCD at any time or in any of the above provided phases are to be considered as Professional Instruments of Service provided by SCD.
- Such Instruments are not to be submitted or communicated in any form or fashion to any authorities having jurisdiction over related work without the direct authorization of SCD.
- Such Instruments are the sole property and ownership of SCD and no individuals or entities are entitled to ownership, possession, transfer, distribution, or future applications/revenues of such Instruments.
- SCD shall be entitled to fully trust and rely on the accuracy and completeness of any information provided by the Owner related to this project.
- SCD is not responsible for or required to address construction document alterations due to the failure of the Owner or Contractor to provide complete and necessary information in appropriate order and in a timely fashion without additional compensation.
- The Owner shall be fully responsible for retaining and employing an experienced Contractor(s) to perform the work and provide estimations and construction cost valuations. SCD is not responsible nor a party to be named in association with any conflicts, resolutions, agreements, or relationships between the Owner and the Contractor(s).
- In the event that SCD is required to participate in any conflicts, arbitration, litigation, or dispute resolutions between the Owner and the Contractor(s) by judicial authority or other authority having jurisdiction, SCD is to be reimbursed by the Owner for any and all related expenses, percentages, costs, and fees; including all attorney, paralegal, and administrative staff charges, court costs, filing and service fees, investigative fees/charges, and any other legal or nonlegal costs, charges, or expenses incurred related to this participation.
- In the event that Owner wishes to terminate this agreement, SCD is to be fully reimbursed for work or services performed up to the date of requested termination.
- In the event of a disagreement between the Owner and SCD, both parties agree to third party arbitration for dispute resolution to occur within Adair County, Kentucky prior to litigation. If arbitration is unsuccessful, then any forms of litigation between SCD and the Owner are to also occur within the jurisdiction of the Adair County, Kentucky judicial court system.
- Where Minimum Permitting Format of construction documents is the selected as the preferred design service method by the Owner (Bidding assistance and Phase IV options not selected), SCD is not responsible for or required to address requests for information, clarifications, alternatives, shop drawing review, or any other such project related elements presented by the Contractor or Owner without additional compensation, see also Extra Professional Services. Likewise, SCD is also not responsible for or required to assist the Owner or Contractor in project coordination, management, or other such project related work without additional compensation, and is fully entitled to such compensation when such assistance is provided.
- Where an invoice date is provided, all payments to SCD are to be paid by the Owner within thirty days of said date, delinquency in payment shall result in a monthly service charge of $1.5 \%$ of any past due balance(s), which shall be compounded yearly, until paid in full.
- Any and all final or submission related documents shall not be released to the Owner until final payment is provided.
- Should SCD be required to seek collections on the Owner's account due to nonpayment, SCD is to be reimbursed by the Owner for any and all collection-related expenses, percentages, costs, and fees; including all attorney, paralegal, and administrative staff charges, court costs, filing and service fees, investigative fees/charges, and any other legal or non-legal costs, charges, or expenses incurred related to the relevant collection activities.

Extra Professional Services: (All Extra Services will be provided by Others or possibly SCD at an hourly rate of $\$ 100 /$ hour)

- Significant changes to the overall design by the Owner or Contractor requiring additional calculations, drawing changes, or review of alternate proposals after the completion of Phase I or Phase II.
- Additional site visits requested by the Owner or Contractor beyond that stated in Phase IV proposed services.
- Special Inspections required by local governing agencies.
- As-built drawings of the work during construction.
- Plans for this project are stipulated to be for minimum, Design-Build permitting required format only. Therefore any requests for additional information, clarification, or modifications by the Owner, Contractor, or Subs that are above or beyond minimum permitting requirements will be considered extra professional services or provided as Phase IV or Bidding Phase services.
- Plans for this project are stipulated to be for local building code enforcement as part of Phase III services. If such enforcement or jurisdiction changes from local to state building code enforcement (KY Department of Housing Building and Construction) and its directly employed field agents and reviewers, any additional services, documents, or time necessary to accommodate the differences in code enforcement will be considered extra professional services.
- Review of any shop drawings submitted by the Contractor where Phase IV services are not requested by Owner.
- Any additional services or addendums requested by the Owner or Contractor that are not listed in the provided proposed services or requested after the completion of Phase III.
- Any environmental engineering services including but not limited to - related reports, surveys, investigations, or evaluations.
- Evaluation or validation of geotechnical work performed by the Owner or the Contractor such as proper fill compaction, procedures, inappropriate soils removal and replacement, and other related geotechnical services work.
- Coordination of any other consultants or review of documents outside the provided proposed services.
- Any and all 3D renderings or models colored or otherwise, of the project as requested by the Owner for review or for presentation purposes.

Thank you again for the opportunity to provide a proposal for this project, and contact me anytime if you have questions.

Likewise, if this proposal is acceptable, please perform the following:

1. Sign below as the Owner or as a representative of the Owner
2. Initial each page of this proposal toward the bottom right of each page
3. Make a copy of these signed documents for your records
4. Return a copy (or the originals) of these signed documents via mail, fax, or scan/email
5. Please provide a check in the amount designated as the Retainer within the fee schedule

Sincerely,


Benton Fudge
CCD
270.380.1910
270.634.1530 (cell)

Printed name of Owner or representative of Owner and Title

Signature of Owner or representative of Owner

[^2]




STANDARDS:



## SHEET INDDX











| Casey County Public Health Taxing District Amended Budget |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |
| Proposed Budgets For Period Beginning July 1, 2019 and Ending June 30, 2020 |  |  |  |  |  |  |
|  |  |  |  | Current Budget @ Current Rate of | Approved Amended Budget @ | Change |
|  |  | Operating Fund | Capital Fund | $\$ 0.043$ per $\$ 100$ of Assessed Property Value | $\$ 0.043$ per $\$ 100$ of Assessed Property Value |  |
| Estimated opening Balance |  | \$311,388.46 | \$564,675.29 | \$876,063.75 | \$876,063.75 | \$0.00 |
| Budgeted Receipts (All Sources): |  |  |  |  |  |  |
| Real Property Taxes |  | \$207,435.34 |  | \$207,435.34 | \$207,435.34 | \$0.00 |
| Personal Property Taxes |  | \$43,325.87 |  | \$43,325.87 | \$43,325.87 | \$0.00 |
| Motor Vehicle Taxes |  | \$37,267.19 |  | \$37,267.19 | \$37,267.19 | \$0.00 |
| Delinquent Tax Collections |  | \$2,775.81 |  | \$2,775.81 | \$2,775.81 | \$0.00 |
| Other Taxes - Telecommunications |  | \$943.00 |  | \$943.00 | \$943.00 | \$0.00 |
| Interest Income |  | \$746.22 | \$2,823.38 | \$3,569.60 | \$3,569.60 | \$0.00 |
| Total Bu | eted Receipts | \$292,493.44 | \$2,823.38 | \$295,316.81 | \$295,316.81 | \$0.00 |
|  |  |  |  |  |  |  |
| Total Funds Available |  | \$603,881.89 | \$567,498.66 | \$1,171,380.56 | \$1,171,380.56 | \$0.00 |
|  |  |  |  |  |  |  |
| Budgeted Expenditures: |  |  |  |  |  |  |
| LCDHD Health Center Management Fee at 2.8 cents |  | \$197,425.00 |  | \$197,425.00 | \$197,425.00 | \$0.00 |
| Building Maintenance \& Repair |  |  |  |  |  |  |
| Snow Removal (parking lot \& sidewalks) | \$1,000.00 |  |  |  |  |  |
| Architect Fees | \$0.00 |  |  | \$0.00 | \$12,000.00 | \$12,000.00 |
| New Parking Lot | \$10,000.00 |  |  |  |  |  |
| Landscape Maintenance (Fall \& Spring) | \$2,000.00 |  |  |  |  |  |
| Miscellaneous | \$5,000.00 |  |  | \$5,000.00 | \$10,000.00 | \$5,000.00 |
| Total Building Maintenance \& Repair |  | \$18,000.00 |  | \$18,000.00 | \$35,000.00 | \$17,000.00 |
| Furniture \& Fixtures |  |  |  |  |  |  |
| Front Desk (Custom Built) | \$2,000.00 |  |  |  |  |  |
| Blinds for Offices/Exam Rooms | \$1,750.00 |  |  |  |  |  |
| Locks for exam/office doors | \$750.00 |  |  |  |  |  |
| Seasonal Décor | \$150.00 |  |  |  |  |  |
| Miscellaneous | \$2,500.00 |  |  |  |  |  |
| Total Furniture \& Fixtures |  | \$7,150.00 |  | \$7,150.00 | \$7,150.00 | \$0.00 |
| Equipment |  |  |  |  |  |  |
| Miscellaneous Computer and Related Equipment | \$11,150.00 |  |  |  |  |  |
| Miscellaneous | \$5,000.00 |  |  |  |  |  |
| Total Equipment |  | \$16,150.00 |  | \$16,150.00 | \$16,150.00 | \$0.00 |
| 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 | \$0.00 |
| Dues and Subscriptions (KALBOH \& KPHA) |  | \$1,000.00 |  | \$1,000.00 | \$1,000.00 | \$0.00 |
| Miscellaneous (Board Members Meetings) |  | \$500.00 |  | \$500.00 | \$500.00 | \$0.00 |
| Total Budgeted Expenditures |  | \$240,525.00 | \$0.00 | \$240,525.00 | \$257,525.00 | \$17,000.00 |
| Balance Remaining |  | \$363,356.89 | \$567,498.66 | \$930,855.56 | \$913,855.56 | (\$17,000.00) |
| Net Surplus/Deficit Before Optional Expenses |  | \$51,968.44 |  | \$54,791.81 | \$37,791.81 | (\$17,000.00) |
| Optional - Expenses for Building Loan: |  |  |  |  |  |  |
| Debt Services - Building Purchase |  |  |  | \$350,000.00 | \$352,000.00 | \$2,000.00 |
|  |  |  |  |  |  |  |
| Optional - Expenses for Automatic Generator: |  |  |  |  |  |  |
| New Generator |  |  |  | \$15,000.00 | \$15,000.00 | \$0.00 |
|  |  |  |  |  |  |  |
| Total Budgeted Expenditures Including Optional Building Loan and Automatic Generator |  |  |  | \$605,525.00 | \$624,525.00 | \$19,000.00 |
| Balance Remaining Including Optional Expenses for Building Loan and Generator |  |  |  |  |  |  |
|  |  |  |  | \$565,855.56 | \$546,855.56 | (\$19,000.00) |
| Net Surplus/Deficit Including Building Loan and Generator |  |  |  | (\$310,208.19) | (\$329,208.19)\| | (\$19,000.00) |
| 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 average effective rate which is $0.20 \%$ for the money market and $1.7 \%$ for the $C D$ \# \& $1.7 \%$ for CD \#2. The total present value of the of the 2 CDs is $\$ 414,089.77$ and $\$ 158,980.30$, respectively. The maturity dates are $7 / 27 / 20$ and $8 / 3 / 20$, respectively. The penalties as of today for early cash out are $\$ 5,105.21$ and $\$ 1,960.03$, respectively. |  |  |  |  |  |  |


| Casey County Public Health Taxing District |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Fiscal Year 2020-21 |  |  |  |  |  |  |
| Opening Balance Calculation |  |  |  |  |  |  |
|  |  | Operating Fund | Capital Fund | Total |  |  |
| Balance as of December 31, 2019 |  | \$96,398.26 | \$563,267.12 | \$659,665.38 | \$659,665.38 |  |
| Projected Remaining 2019-20 Receipts |  |  |  |  |  |  |
| Projected Tax Receipts |  | \$92,847.60 | \$0.00 | \$92,847.60 |  |  |
| Projected Interest Earned |  | \$53.61 | \$7,040.84 | \$7,094.45 |  |  |
| Projected Other Receipts |  | \$0.00 | \$0.00 | \$0.00 |  |  |
| Total Estimated Remaining 2020 Receipts |  | \$92,901.20 | \$7,040.84 | \$99,942.04 | \$99,942.04 |  |
| Total Funds Available |  | \$189,299.46 | \$570,307.96 | \$759,607.42 | \$759,607.42 |  |
| Projected Remaining 2019-20 Expenditures |  |  |  |  |  |  |
| LCDHD Operations Expense - 1/2 Tax Assessment at 2.8 cents |  | \$98,712.50 | \$0.00 | \$98,712.50 |  |  |
| Advertising \& Printing |  | \$300.00 | \$0.00 | \$300.00 |  |  |
| Professional Services (Audit) |  | \$0.00 | \$0.00 | \$0.00 |  |  |
| Maintenance \& Repair |  | \$25,600.00 | \$0.00 | \$25,600.00 |  |  |
| Dues \& Subscriptions (KPHA \& KALBOH) |  | \$500.00 | \$0.00 | \$500.00 |  |  |
| Board Expense \& Other Miscellaneous |  | \$500.00 | \$0.00 | \$500.00 |  |  |
| Furniture \& Fixtures |  | \$6,201.26 | \$0.00 | \$6,201.26 |  |  |
| Equipment |  | \$3,824.49 | \$0.00 | \$3,824.49 |  |  |
| Total Estimated Remaining 2020 Expenditures |  | \$135,638.25 | \$0.00 | \$135,638.25 | \$135,638.25 |  |
| Estimated 2020-21 Opening Balance |  | \$53,661.21 | \$570,307.96 | \$623,969.17 | \$623,969.17 |  |
|  |  |  |  |  |  |  |
| Proposed Budgets For Period Beginning July 1, 2020 and Ending June 30, 2021 |  |  |  |  |  |  |
|  |  |  |  | Approved Budget @ Current Rate of $\$ 0.043$ per $\$ 100$ of Assessed Property Value | Proposed Break Even Budget @ | Proposed Surplus Budget @ |
|  |  | Operating Fund | Capital Fund |  | $\$ 0.035$ per $\$ 100$ of Assessed Property Value | $\$ 0.045$ per $\$ 100$ of Assessed Property Value |
| Estimated opening Balance |  | \$53,661.21 | \$570,307.96 | \$623,969.17 | \$623,969.17 | \$623,969.17 |
|  |  |  |  |  |  |  |
| Budgeted Receipts (All Sources): |  |  |  |  |  |  |
| Real Property Taxes |  | \$206,744.44 |  | \$206,744.44 | \$168,280.36 | \$216,360.46 |
| Personal Property Taxes |  | \$48,121.83 |  | \$48,121.83 | \$39,168.93 | \$50,360.05 |
| Motor Vehicle Taxes |  | \$38,083.93 |  | \$38,083.93 | \$30,998.55 | \$39,855.27 |
| Delinquent Tax Collections |  | \$4,860.20 |  | \$4,860.20 | \$4,860.20 | \$4,860.20 |
| Other Taxes - Telecommunications |  | \$1,590.40 |  | \$1,590.40 | \$1,590.40 | \$1,590.40 |
| Interest Income |  | (\$425.87) | \$14,257.70 | \$13,831.83 | \$13,722.82 | \$13,859.08 |
| Total Budgeted Receipts |  | \$298,974.93 | \$14,257.70 | \$313,232.63 | \$258,621.26 | \$326,885.47 |
|  |  |  |  |  |  |  |
| Total Funds Available |  | \$352,636.14 | \$584,565.66 | \$937,201.80 | \$882,590.43 | \$950,854.64 |
|  |  |  |  |  |  |  |
| Budgeted Expenditures: |  |  |  |  |  |  |
| LCDHD Health Center Management Fee at 2.8 cents |  | \$200,798.00 |  | \$200,798.00 | \$200,798.00 | \$200,798.00 |
| Building Maintenance \& Repair |  |  |  |  |  |  |
| Snow Removal (parking lot \& sidewalks) | \$1,000.00 |  |  |  |  |  |
| Building Renovations | \$300,000.00 |  |  |  |  |  |
| New Mulch | \$600.00 |  |  |  |  |  |
| Landscape Maintenance (Fall \& Spring)Miscellaneous | \$2,000.00 |  |  |  |  |  |
|  | \$10,000.00 |  |  |  |  |  |
| Total Building Maintenance \& Repair |  | \$313,600.00 |  |  | \$313,600.00 | \$313,600.00 |
| Furniture \& Fixtures |  |  |  | \$313,600.00 |  |  |
| New Furniture for New Building (Exam Tables, Desk, etc.) | \$25,000.00 |  |  | \$27,750.00 |  |  |
| Seasonal Décor | \$250.00 |  |  |  |  |  |
|  | \$2,500.00 |  |  |  |  |  |
| Total Furniture \& Fixtures |  | \$27,750.00 |  |  | \$27,750.00 | \$27,750.00 |
| Equipment |  |  |  | \$22,550.00 |  |  |
| Miscellaneous Computer and Related Equipment | \$11,150.00 |  |  |  |  |  |
| Generator Maintenance | \$1,400.00 |  |  |  |  |  |
|  | \$10,000.00 |  |  |  |  |  |
| Total Equipment |  | \$22,550.00 |  |  | \$22,550.00 | \$22,550.00 |
| 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 |  | \$500.00 | \$500.00 | \$500.00 |
| Total Budgeted Expenditures |  | \$566,498.00 | \$0.00 | \$566,498.00 | \$566,498.00 | \$566,498.00 |
| Balance Remaining |  | (\$213,861.86) | \$584,565.66 | \$370,703.80 | \$316,092.43 | \$384,356.64 |
| Net Surplus/Deficit Before Optional Expenses |  | (\$267,523.07) |  | (\$253,265.37) | (\$307,876.74) | (\$239,612.53) |

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 average effective rate which is $0.20 \%$ for the money market and $2.5 \%$ for the CD \#1 \& $2.5 \%$ for CD \# 2 .

## Account



| Payment |  | Deposit |  |
| :---: | :---: | :---: | :---: |
| Last Payment Date: | 07/27/2019 | Deposit Account: | 0 |
| Last Payment Amount: | \$843.80 | Deposit Account Type: |  |
| Next Payment Date: | 08/27/2019 | Last Deposit Date: | 06/27/2019 |
| Next Payment Amount: | \$873.71 | Last Deposit Amount: | \$410,647.27 |
| Value After Next Payment: | \$412,364.78 |  |  |
|  |  | Renewal |  |
| Interest |  | Last Renewal Date: | 06/27/2019 |
| Rate: | $2.500000 \%$ | Last Renewal Balance: | \$410,647.27 |
| APY: | 2.53 \% | Renewable: | Yes |
| Accrued Interest: | \$845.53 |  |  |
| Daily Accrual: | 28.18431 | IRA |  |
| Interest YTD: | \$843.80 | IRA Plan Code: |  |
| Customer Number for Interest Checks: | CAA2754 | IRA Contributions YTD: | \$0.00 |
| Dates |  | Special Information Codes |  |
| Issued Date: | 06/27/2019 |  |  |
| Redemption Date: |  |  |  |
| Last Active Date: | 06/27/2019 |  |  |
| Last Contact Date: | 06/27/2019 |  |  |
| Last Maintenance Date: | 07/11/2019 |  |  |
| Day of Month for Check: | 0 |  |  |

## Account

## Account Name and Address <br> CASEY CO PUBLIC health taxing DISTRICT PO BOX 778

UBERTY KY 42539-0778

|  |  |
| :--- | ---: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Balances |  |
| Current Balance: | $\$ 157,982.70$ |
| Current Cash Value: | $\$ 156,283.85$ |
| Original Balance: | $\$ 157,647.97$ |
| Hold Amount: <br> Penalty for Early | $\$ 1,947.73$ |
| Redemption: |  |

Term
Maturity Date: $\quad$ 08/03/2020

CD Term (Units):
13

CD Term Code:
M - Month
Interest Accrual
Term:
Interest Accrual Term M - Month
Code:

## Internal

| Account Number: | 7100062746 |
| :--- | ---: |
| Product Code: | C7-13 MONTH CD |
| Officer Code: | SJA - SANDRA JO |
|  | ATWOOD |
| Branch Code: | 15-CASEY <br>  <br> COUNTY MARKET |
| Class Code: | G-GOVT AGCY |


| Payment |  |
| :--- | ---: |
| Last Payment Date: | $08 / 03 / 2019$ |
|  |  |
| Last Payment | $\$ 334.73$ |
| Amount: |  |
| Next Payment Date: | $09 / 03 / 2019$ |
| Next Payment | $\$ 0.00$ |
| Amount: <br> Value After Next <br> Payment: | $\$ 0.00$ |

## Deposit

Deposit Account: 0

| Deposit Account Type: |  |
| :---: | :---: |
| Last Deposit Date: | 07/03/2019 |
| Last Deposit | \$157,647.97 |

Amount:

## Renewal

| Last Renewal Date: | $07 / 03 / 2019$ <br> Last Renewal |
| :--- | ---: |
| Balance: |  |
| Renewable: | Yes |
|  |  |
| IRA |  |
| IRA Plan Code: |  |
| IRA Contributions | $\$ 0.00$ | YTD:

Special Information Codes

## Lake Cumberland District Health Department <br> Local Support Determinations for FY 2020-2021 <br> Casey County Public Health Taxing District

|  | 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 | 488,711,018 | 488,711,018 |  |  |
| G - Tangible Personal | 28,125,601 |  | 28,125,601 |  |
| H-PS Real Estate - Effective | 17,395,331 | 17,395,331 |  |  |
| I - PS Tangible - Effective | 63,078,969 |  | 63,078,969 |  |
| $J$ - Distilled Spirits | 0 |  | 0 |  |
| M - Motor Vehicles | 93,228,713 |  |  | 93,228,713 |
| N - Watercraft | 3,034,309 |  | 3,034,309 |  |
| Aircraft | 33,000 |  | 33,000 |  |
| Watercraft (Non-Commercial) | 0 |  | 0 |  |
| Inventory in Transit | 23,529,417 |  | 23,529,417 |  |
| Total | 717,136,358 | 506,106,349 | 117,801,296 | 93,228,713 |
| Tax Base (Total Divided by 100) | 7,171,364 | 5,061,063 | 1,178,013 | 932,287 |
| Tax Rate |  | \$ 0.0430 | \$ 0.0430 | 0.0430 |
| Total Projected Tax (Tax Base * Tax Rate) | 308,369 | 217,626 | 50,655 | 40,088 |
| Required Support @ . 028 | 200,798 | 141,710 | 32,984 | 26,104 |
| Tax Support for Land,Building \& Equipment | 107,570 | 75,916 | 17,670 | 13,984 |
| Tax Projections @ 95\% Collection Rate |  |  |  |  |
| Real Property Projections | 206,744 |  |  |  |
| Tangible Personal Property Projections | 48,122 |  |  |  |
| Motor Vehicle Projections | 38,084 |  |  |  |
| Total | 292,950 |  |  |  |

## Lake Cumberland District Health Department <br> Local Support Determinations for FY 2020-2021 <br> Casey County Public Health Taxing District

|  | From 2019 Property Tax Assessment |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Total Property Subject to Taxation | Real Property Subject to Taxation | Personal <br> Property <br> Subject to <br> Taxation | Motor Vehicle Property Subject to Taxation |
| F - Real Estate | 488,711,018 | 488,711,018 |  |  |
| G - Tangible Personal | 28,125,601 |  | 28,125,601 |  |
| H-PS Real Estate - Effective | 17,395,331 | 17,395,331 |  |  |
| I - PS Tangible - Effective | 63,078,969 |  | 63,078,969 |  |
| $J$ - Distilled Spirits | 0 |  | 0 |  |
| M - Motor Vehicles | 93,228,713 |  |  | 93,228,713 |
| N - Watercraft | 3,034,309 |  | 3,034,309 |  |
| Aircraft | 33,000 |  | 33,000 |  |
| Watercraft (Non-Commercial) | 0 |  | 0 |  |
| Inventory in Transit | 23,529,417 |  | 23,529,417 |  |
| Total | 717,136,358 | 506,106,349 | 117,801,296 | 93,228,713 |
| Tax Base (Total Divided by 100) | 7,171,364 | 5,061,063 | 1,178,013 | 932,287 |
| Tax Rate |  | \$ 0.0350 | 0.0350 | 0.0350 |
| Total Projected Tax (Tax Base * Tax Rate) | 250,998 | 177,137 | 41,230 | 32,630 |
| Required Support @ . 028 | 200,798 | 141,710 | 32,984 | 26,104 |
| Tax Support for Land,Building \& Equipment | 50,200 | 35,427 | 8,246 | 6,526 |
| Tax Projections @ 95\% Collection Rate |  |  |  |  |
| Real Property Projections | 168,280 |  |  |  |
| Tangible Personal Property Projections | 39,169 |  |  |  |
| Motor Vehicle Projections | 30,999 |  |  |  |
| Total | 238,448 |  |  |  |

## Lake Cumberland District Health Department <br> Local Support Determinations for FY 2020-2021 <br> Casey County Public Health Taxing District

|  | 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 | 488,711,018 | 488,711,018 |  |  |
| G - Tangible Personal | 28,125,601 |  | 28,125,601 |  |
| H-PS Real Estate - Effective | 17,395,331 | 17,395,331 |  |  |
| I - PS Tangible - Effective | 63,078,969 |  | 63,078,969 |  |
| J - Distilled Spirits | 0 |  | 0 |  |
| M - Motor Vehicles | 93,228,713 |  |  | 93,228,713 |
| N - Watercraft | 3,034,309 |  | 3,034,309 |  |
| Aircraft | 33,000 |  | 33,000 |  |
| Watercraft (Non-Commercial) | 0 |  | 0 |  |
| Inventory in Transit | 23,529,417 |  | 23,529,417 |  |
| Total | 717,136,358 | 506,106,349 | 117,801,296 | 93,228,713 |
| Tax Base (Total Divided by 100) | 7,171,364 | 5,061,063 | 1,178,013 | 932,287 |
| Tax Rate |  | \$ 0.0450 | 0.0450 | \$ 0.0450 |
| Total Projected Tax (Tax Base * Tax Rate) | 322,711 | 227,748 | 53,011 | 41,953 |
| Required Support @ . 028 | 200,798 | 141,710 | 32,984 | 26,104 |
| Tax Support for Land, Building \& Equipment | 121,913 | 86,038 | 20,026 | 15,849 |
| Tax Projections @ 95\% Collection Rate |  |  |  |  |
| Real Property Projections | 216,360 |  |  |  |
| Tangible Personal Property Projections | 50,360 |  |  |  |
| Motor Vehicle Projections | 39,855 |  |  |  |
| Total | 306,576 |  |  |  |

REAL ESTATE, TANGIBLE PERSONALTY, PUBLIC SERVICE AND DISTILLED SPIRITS


| The following tangible items are not included in line G. Aircraft and watercraft assessment may be taxed or exempted <br> at your option. Inventory in transit may be taxed only by special districts. |  |
| :--- | ---: |
| Aircraft(Recreational \& Non-Commercial) <br> Watercraft( Non-Commercial) <br> Inventory in transit | 33,000 |

## 2018 R. E. Exonerations \& Refunds <br> 2018 Tangible Exonerations \& Refunds

1,697,600

* 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 CASEY 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




## 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 death ${ }^{1}$. 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 ${ }^{2,3}$.



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


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.


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

## Increased Risk of Condition/Behavior By Number of ACEs Present <br> 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)

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

[^3]
## 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

## Office of Adolescent Health

```
Ovenvicuy IWo-Y ear I een Preghangy Prevention (TPP) Grant
Julym 15-2019-June 30, 2021
    Amarded S986,0000
```

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 ${ }^{\oplus}\left(\mathrm{TOP}^{\ominus}\right)$ 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 Difierence (MAD) September 30, 2016 through October 1, 2019

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


## IIMPROVE

# DII <br> A <br> B <br> ET E S OU T CO ME S 



KENTUGKY DIABETES NETWORK, INC.
www.KYdiabetes.net
晢 Kentucky Diabetes Network回@KYDiabetes

# $60 \%$ 

 of people with diabetes have never received formal diabetes selfmanagement education and support (DSMES).AADE 16

## Diabetes Self-management Education and

Support (IDSMES): 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.

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 selfmanagement

4 When transitions in care occur

Diabetes education helps your patients make better self-management decisions


Healthy
Coping


Problem Solving
(for hypo/hyperglycemia and sick days)

Reducing Risks
(for acute and chronic
complications)

## Evidence shows diabetes education:



Reduces hospital admissions and readmissions


Improves medication adherence


Increases healthful eating patterns and regular activity

Increases selfefficacy and empowerment
$21 \%$ reduction in diabetes-related death
$14 \%$ reduction in MI


Improves quality of life
mproves
oping


More likely to use primary care and preventive services or follow-up on treatment recommendations
$37 \%$ reduction
in microvascular complications

Reduced healthcare costs

## 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

## References:

1. ADA Standards of Medical Care in Diabetes - 2017. Diabetes Care 2017 Jan; 40
(Supplement I).
2. Diabetes Care 2015 Jul; 38(7): 1372-1382.
3. 2017 National Standards for Diabetes Self-Management Education and Support.

Diabetes Care 2017 July.

## How do I refer a patient?

To learn more, visit www.kydiabetes.net or go to https://prd.chfs.ky.gov/KYDiabetesResources/ Or call 1-800-928-4416

Lake Cumberland District Health Department Diabetes Education Program

## 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 complied 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.

Lake Cumberland District Health Department Diabetes Education Program

Data for 2019-2020 Diabetes Education Program Plan

|  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \text { County } \\ & \text { Ranking } \\ & \text { Based on } \\ & \text { Health } \\ & \text { Outcomes } \end{aligned}$ | County | $\stackrel{* * P o p u l a t i o n ~}{\text { n }}$ | (1) \% <br> Prevalance of Type 2 Diabetes | **Race | (1) $\%$ Obesity | (1)\% Physical Inactivity |
| 49 | Adair | 19,215 | 16 | $\begin{array}{\|l\|} \hline \text { W 94.9\% } \\ \text { B 3 \% } \\ \text { H 2\% } \end{array}$ | 38 | 36 |
| 102 | Casey | 15,888 | 15 | $\begin{array}{\|l\|l} \hline \text { W 97.3\% } \\ \text { B 1\% } \\ \text { H 3.1\% } \\ \hline \end{array}$ | 38 | 29 |
| 64 | Clinton | 10,206 | 15 | $\begin{aligned} & \text { W 97\% } \\ & \text { B 0.6\% } \\ & \text { H 3\% } \end{aligned}$ | 37 | 34 |
| 59 | Cumberland | 6,659 | 15 | $\begin{aligned} & \hline \text { W 94.8\% } \\ & \text { B 3\% } \\ & \text { H 1.5\% } \\ & \hline \end{aligned}$ | 34 | 33 |
| 40 | Green | 11,049 | 14 | $\begin{array}{\|l\|} \hline \text { W } 95.9 \% \\ \text { B 2.1 \% } \\ \text { H 1.9\% } \\ \hline \end{array}$ | 37 | 32 |
| 116 | McCreary | 17,408 | 15 | $\begin{aligned} & \hline \text { W 91.6\% } \\ & \text { B 5.7\% } \\ & \text { H } 2.6 \% \end{aligned}$ | 36 | 35 |
| 62 | Pulaski | 64,623 | 14 | $\begin{aligned} & \hline \text { W 96.4\% } \\ & \text { B 1.2\% } \\ & \text { H 2.6\% } \\ & \hline \end{aligned}$ | 35 | 30 |
| 77 | Russell | 17,821 | 13 | W 96.8\% <br> H 3.8\% | 32 | 29 |
| 57 | Taylor | 25,549 | 14 | W 91.6\% <br> B 5.2\% <br> H 2.5\% | 33 | 31 |
| 91 | Wayne | 20,813 | 15 | $\begin{aligned} & \text { W 95.6.\% } \\ & \text { B 2\% } \\ & \text { H 3.5\% } \\ & \hline \end{aligned}$ | 40 | 32 |

1Data 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 $12.9 \%(442,500 \text { or } 1 \text { in } 8)^{1}$. KY ranks $7^{\text {th }}$ highest in the U.S. for diabetes prevalence ${ }^{3}$. (Nationwide median: 10.5\%)
- An estimated 147,500 adults are living with undiagnosed diabetes based on the national rate ${ }^{2}$.
- 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


Statewide Prevalence: 12.9\%

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


Statewide Prevalence: 10.2\%

- 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 prediabetes ${ }^{2}$.
- An estimated 1 in 3 adults ( $33.9 \%$ or 1.1 million) have diagnosed or undiagnosed prediabetes ${ }^{2}$.
- 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 $2017^{3}$.


## 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 $4^{\text {th }}$ highest death rate in the U.S. due to diabetes. This is an increase from $14^{\text {th }}$ in 2014 . Diabetes is the $6^{\text {th }}$ leading cause of death by disease in KY and the U.S. It is the $3^{\text {rd }}$ 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 $\$ 74$ million ${ }^{3}$.
- 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 <br> Diagnosis | No Leisure <br> Time <br> Activity | Obese | Smoking | Hypertension | High <br> Cholesterol | Coronary <br> Heart <br> Disease | All Natural <br> Teeth <br> 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 | $32.3 \%$ | $30.9 \%$ | $24.0 \%^{*}$ | $33.6 \%$ | $33.1 \%$ | $4.5 \%^{*}$ | $19.0 \%$ | $22.7 \%$ | $28.4 \%$ | $9.6 \%$ |

[^4]
## Diabetes is COSTLY in Kentucky

- Nationally, people with diabetes have costs 2.3 times higher than in its absence ${ }^{4}$.
- Diabetes has the $3^{\text {rd }}$ highest average cost for individual KY hospitalizations for common chronic diseases at $\$ 35,493(2017)^{3}$.
- $3^{\text {rd }}$ 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 $2017^{3}$.
- 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 <br> Within past year unless otherwise noted |  | $2011$ <br> Kentucky ${ }^{1}$ | $\begin{gathered} 2012 \\ \text { Kentucky } \end{gathered}$ | $2013$ <br> Kentucky ${ }^{1}$ | $\begin{gathered} 2015 \\ \text { Kentucky }{ }^{1} \end{gathered}$ | $\begin{gathered} 2017 \\ \text { Kentucky }{ }^{1} \end{gathered}$ | $\begin{aligned} & 2015 \\ & \text { U.S. } \end{aligned}$ |
| Taken a diabetes self-management course |  | 47.3\% | 49.0\% | 49.6\% | 48.0\% | 46.\% | 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 <br> Within the past year | 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 ( $50^{\text {th }}$ Percentile) $)^{3}$ |  |
| A1C test checked $\geq 1$ time | 85\% |  | Not Available |  | 86.93\%* | 87.8 |  |
| A1C poor control > 9\% | 55\% |  | 27.74\%* |  | 47.18\% | 38.0 |  |
| A1C control < 8\% | Not Available |  | 59.17 |  | 43.22\% | 51.4 |  |
| A1C control < 7\% | 12\% |  | Not Available |  | 31.75\% | 35.0 |  |
| Blood pressure control < $140 / 90 \mathrm{~mm} / \mathrm{Hg}$ | Not Available |  | Not Available |  | 57.34\% | 63.2 |  |

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.

[^5]
# DIABETES IN KENTUCKY 

## A Public Health Epidemic - 2020



Prevalence of Diagnosed Diabetes by Kentucky Regions
2018 Kentucky Behavioral Risk Factor Surveillance Survev


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

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

Higher risk of serious and costly complications


Risk Factors for Type 2 Diabetes


## 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


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 selfmanagement education and support program

Plan meals and make healthy food choices

Stay active

Take your medications


Quit smoking

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

## REFERENCES


[^0]:    HEDHM GOwniy Meallit Remlers
    Golli Ia001928-4416

    Adair • Casey • Clinton • Cumberland • Green • McCreary • Pulaski • Russell • Taylor • Wayne
    Hearing or speech impaired callers: call the Kentucky Relay Service at (800) 648-6056.
    Give the communications assistant our phone number to contact us.

[^1]:    A Healthy Today for a Brighter Tomorrow .

[^2]:    Date of signature

[^3]:    Source: CDC, 2019

[^4]:    ${ }^{*}$ Measures noted in green ink indicate the value is an improvement for that measure from previous data available from the same source.

[^5]:    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. hitps://www.cdc.gov/diabetes/data/statistics/statistics-report.html
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    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,
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