

PULASKI COUNTY BOARD OF HEALTH MEETING
Tuesday February 25, 2020

AGENDA

I. CALL TO ORDER

II. HEALTH EDUCATION

A. PULASKI COUNTY UPDATE

III. DIABETES PROGRAM

IV. APPROVE PREVIOUS MINUTES

V. OLD BUSINESS

VI. NEW BUSINESS

A. Audit report 2019

B. Set local tax rate

C. Approval of Budget

D. Board members whose terms expire

E. Appointment of Members to serve on District Board

F. Election of Officers

G. Executive Director's Report

VII. CONCLUDE

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

Overview of SRAE Program / Making a Difference (MAD)

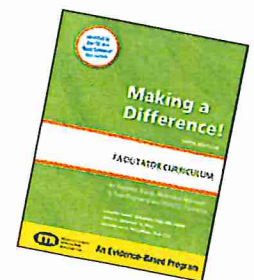
September 30, 2016 through October 1, 2019

Awarded: \$972,151

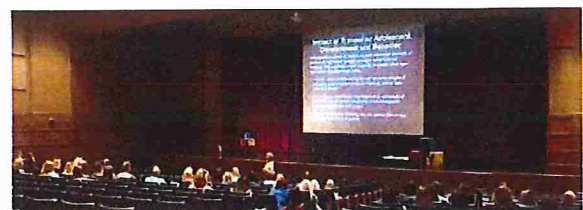
Lake Cumberland District Health Department was awarded the Sexual Risk Avoidance Education (SRAE) grant from the Family and Youth Services Bureau providing funding to implement Making a Difference (MAD) curriculum from September 30, 2016 through October 1, 2019.

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



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.

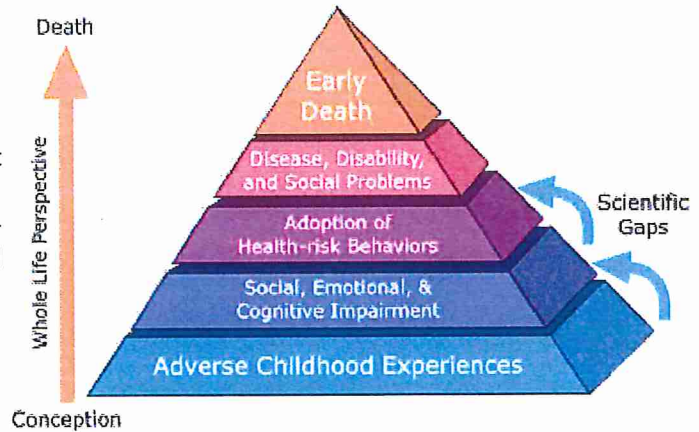
TOP is delivered by trained adult facilitators across a school year to groups of teens (called "TOP Clubs"). TOP is designed to meet the developmental needs of middle and high school teens and can be implemented in a variety of settings, including in-school, after-school, through community-based organizations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

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

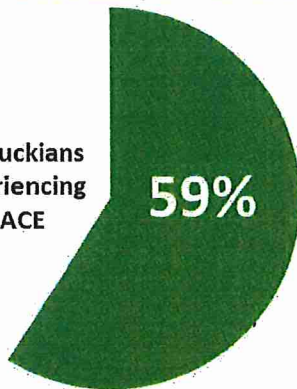
Adverse Childhood Experiences (ACEs)

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

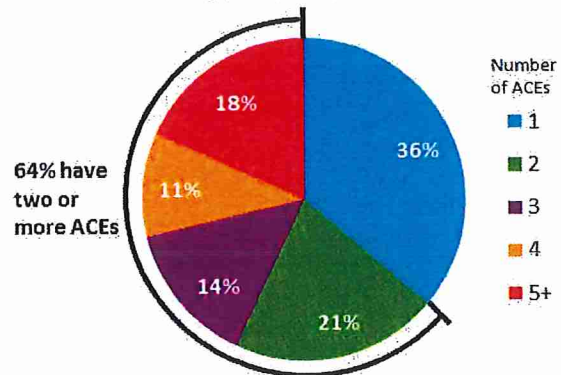
59% of Kentuckians report experiencing at least one ACE



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

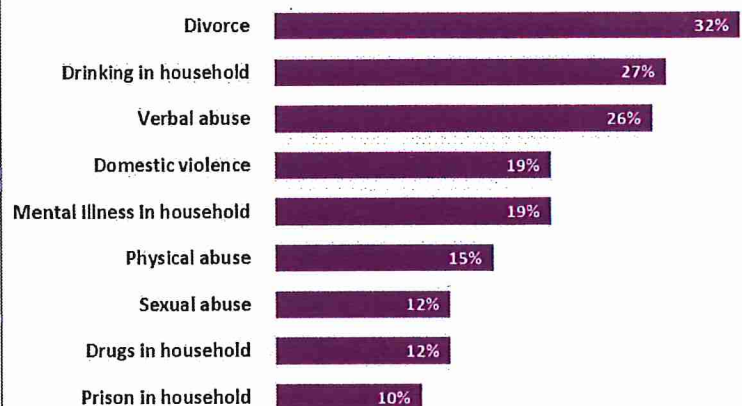


Data Source: Kentucky Behavioral Risk Factor Surveillance (KyBRFS); Year 2015

Common ACEs in Kentucky

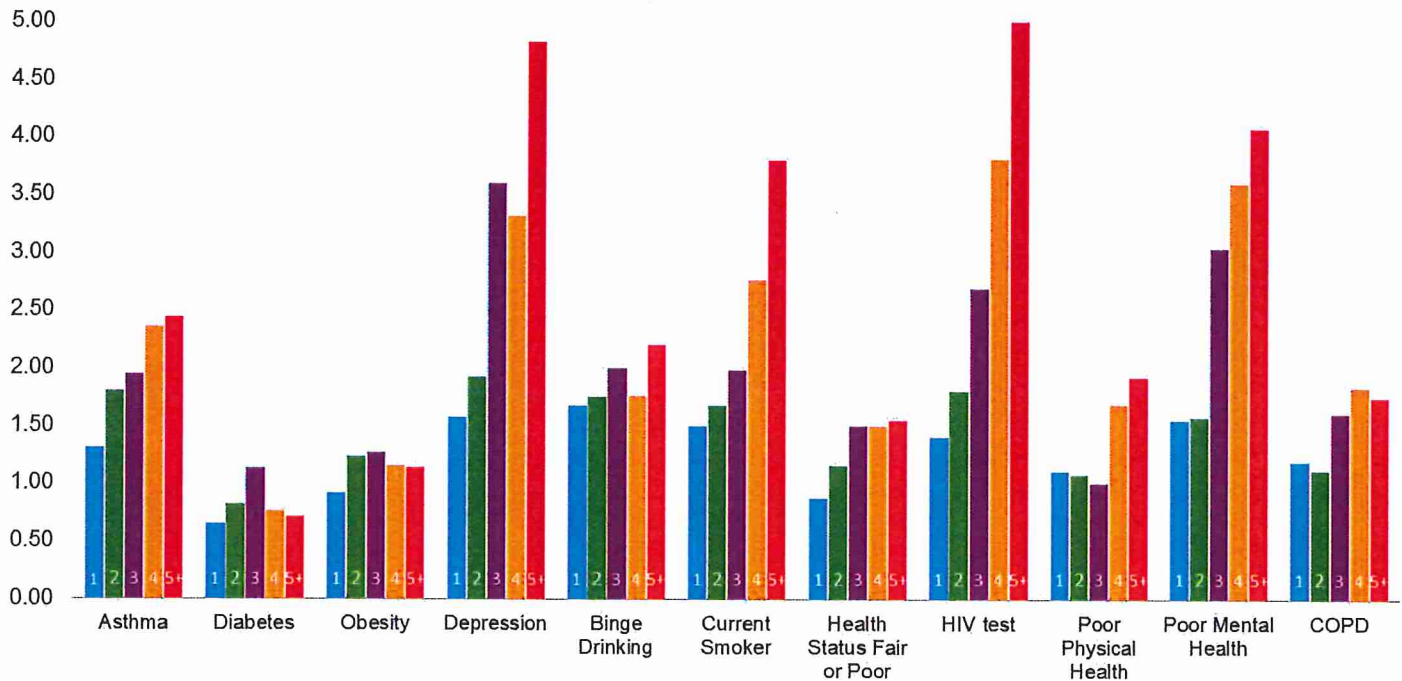
Data from the Kentucky Behavioral Risk Factor Surveillance (KyBRFS) indicates that several Kentucky adults experienced various types of ACEs. Of those experiencing at least one ACE, 32% experienced divorce in the household, 27% experienced drinking (problem drinker or alcoholism) in the household, and 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

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

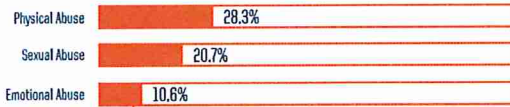


Divorce

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

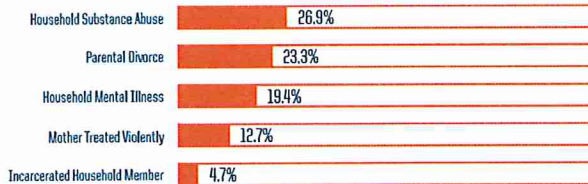
ABUSE



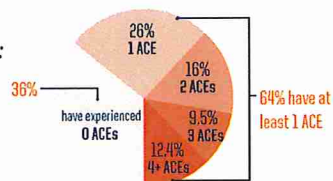
NEGLECT



HOUSEHOLD DYSFUNCTION

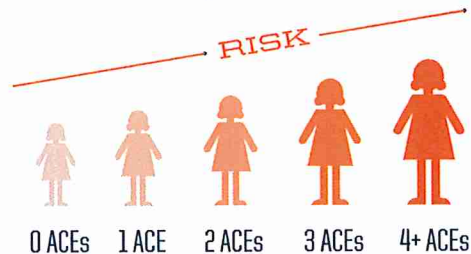


Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

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



Possible Risk Outcomes:

BEHAVIOR



PHYSICAL & MENTAL HEALTH



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

<u>County Ranking Based on Health Outcomes</u>	<u>County</u>	<u>**Population</u>	<u>(1) % Prevalance of Type 2 Diabetes</u>	<u>**Race</u>	<u>(1) % Obesity</u>	<u>(1) % Physical Inactivity</u>
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

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).

AADE 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



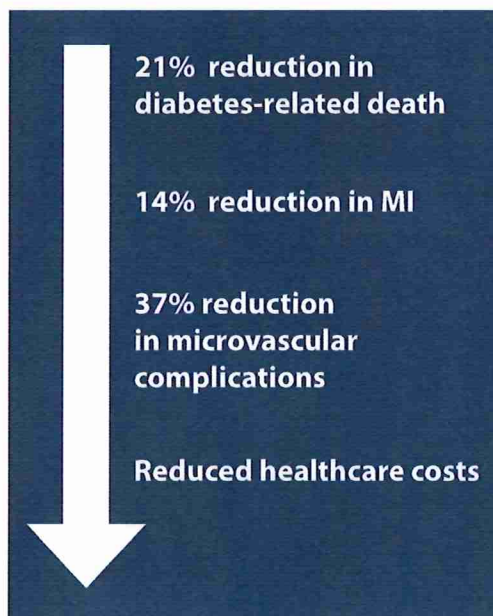
Improves quality of life



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

DIABETES IN KENTUCKY

A Public Health Epidemic - 2020

Diabetes

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



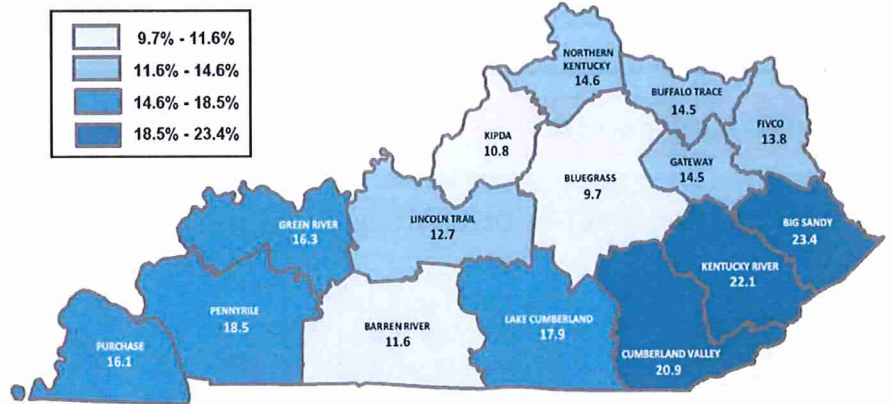
158,200 adults are estimated to have diabetes but are undiagnosed

632,700 with diagnosed and undiagnosed diabetes

1 of 4 don't know it

Prevalence of Diagnosed Diabetes by Kentucky Regions

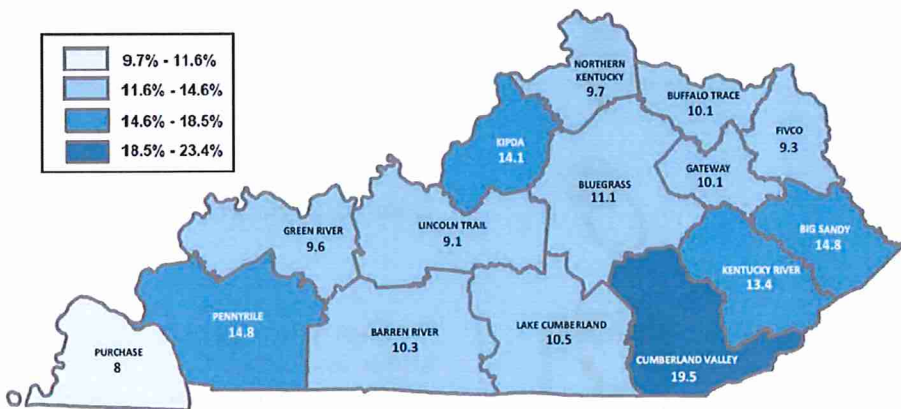
2018 Kentucky Behavioral Risk Factor Surveillance Survey



Statewide Prevalence: 13.7%
National 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



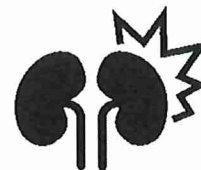
Heart Disease



Stroke



Loss of Toes, Feet or Legs



Kidney Disease



Blindness

Risk Factors for Type 2 Diabetes



Overweight



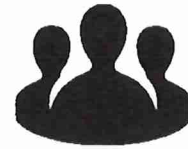
45 and Older



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/>

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.

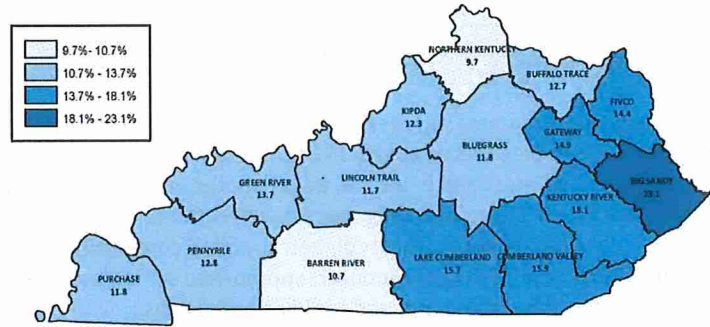
2019 Kentucky Diabetes Fact Sheet

DIABETES: A Public Health Epidemic

Diabetes is COMMON in Kentucky

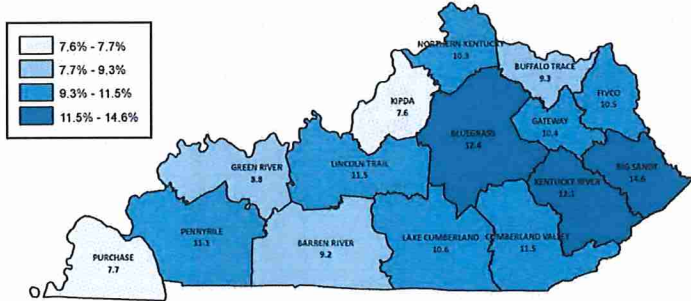
- From 2000 to 2017, diagnosed diabetes in KY adults has nearly doubled from 6.5% (198,052) to 12.9% (442,500 or 1 in 8)¹. KY ranks 7th highest in the U.S. for diabetes prevalence³. (Nationwide median: 10.5%)
- An estimated 147,500 adults are living with undiagnosed diabetes based on the national rate².
- 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



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 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 Within past year unless otherwise noted	2011 Kentucky ¹	2012 Kentucky ¹	2013 Kentucky ¹	2015 Kentucky ¹	2017 Kentucky ¹	2015 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 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 th Percentile) ³
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#list>



Kentucky Public Health
Protect. Promote. Partner.



Pulaski County Board Of Health
Meeting Minutes
February 19, 2019

The Pulaski County Board of Health met on Tuesday, February 19, 2018, at 6:00 PM at the Pulaski County Health Department. A Quorum was present.

MEMBERS PRESENT

Steve Kelley, Co. Judge Exec.
Reginald Chaney
Jim Wesley
Rodney Dick
Dr. Hossenin Fallahazadeh
Patty Guinn, RPH
Rebecca Whitis
Dr. Harvey Schleiter

OTHERS PRESENT

Shawn Crabtree
Norma Trull
Brigette Bender
Ronald Cimala

The meeting was called to order by Judge Steve Kelley

Health Education:

Tracy Aaron from Health Education went over various updates. Tracy went over the decrease of smoking in Pulaski County. She went over various update on obesity, physical activity and teen births in Pulaski County. Edith Lovett from the Pulaski County Extension office was present to discuss the grant for the walking track that was to be located at the new building off the 914 bypass. Since the new building on the 914 bypass did not happen the Extension office was wanting the walking track at their current location. The Board did not want the walking track at the current location. Extension Office was asked to come back and present a proposal when they break new ground.



LCDHD County Health Centers

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.

Call (800) 928-4416



Rural Health Opioid Program:

Susan Adams from the Opioid Program gave a presentation on the program. She discussed about the case management and referral services offered through the RHOP.

APPROVAL OF PREVIOUS MINUTES:

Everyone was given a copy in a packet prior to the meeting. Dr. Fallahazadeh moved that the minutes be approved from the Local Board meeting 2-13-2018. Reginald Chaney second the motion. It was unanimously accepted. There was a special called meeting 10-18-2018 to discuss the LED light project and walking track. Dr. Fallahazadeh moved that the minutes be approved. Rodney Dick second the motion and motion was passed.

OLD BUSINESS:

Mr. Crabtree briefly went over the LED light project. The proposal will be to replace the lighting with 3 LED lights. This will be discussed later in the approval of budget.

NEW BUSINESS:

A. AUDIT REPORT 2018:

Everyone was given a copy of the Audited Financial Statement for Lake Cumberland District Health Department, Somerset, Kentucky, ending June 30, 2018, by RFH CPAs and Consultants. Mr. Crabtree addressed that we had a good audit report and that we are in compliance. Mr. Crabtree recommended that the Board approves the audit report. Dr. Fallahazadeh made the motion to accept the audit report Jim Wesley second the motion. There was no discussion. The motion passed.

B. SET LOCAL TAX RATE:

The current tax rate is at three cents per \$100.00 of assessed value; Mr. Crabtree proposed to keep the current tax rate. The opening balance for July is 666,805.16 was explained and how we arrived at it. The Public Health Taxing District Budget was explained by Mr. Crabtree. There were no questions on the opening balance. Jim Wesley made the motion to keep the current tax rate at three cents per \$100.00 of property value. Dr. Fallahadeza second the motion. The motion passed unanimously.

C. APPROVAL OF BUDGET:

Mr. Crabtree went over in detail the proposed budget with the three cent tax rate and line by line of the items for building maintenance/repairs and furniture/fixtures. Motion was made by Reginald Chaney to approve next year's budget (leaving out the generator). Dr. Schleter second the motion. The motion passed.

Motion was made to amend current year budget to include the generator. Generator is not to exceed \$80,000. Reginald Chaney made the motion to approve the generator Dr. Schleter second the motion. The motion passed

Mini grant for the Pulaski Conservation District to implement tetanus shots was approved. Will check around on best price to administer the vaccines.

D. BOARD MEMBERS WHOSE TERMS EXPIRE:

Those members whose terms expire December 31, 2019 are: Fiscal Court Appointee-Rodney Dick. Doctors: Dr. Tommy Shelton and Dr. Hossenin Fallahazadeh. Dentist: Jim Muse. Pharmacist: Patty Guinn. Biographical sheets were given to the ones who were present. There is a vacancy for an MD on the Board due to Dr. Weigel resigning from the Board.

E. APPOINTMENT OF MEMBERS TO SERVICE ON THE DISTRICT BOARD:

Those members who currently serve on the District Board from our Local Board are: Dr. Bruce Jasper, Dr. Fallahzadeh, Jim Wesley, Patty Guinn, Dr. Shelton and Judge Steve Kelley. Motion was made by Reginald Chaney to keep current officers. Jim Wesley second the motion and the motion was passed with no opposition.

F. ELECTION OF OFFICERS:

Current officers are: Judge Steve Kelley, Chairman; Dr. Bruce Jasper, Vice Chair; and Shawn Crabtree as Secretary. Motion was made by Jim Wesley to keep the current officers Dr. Fallahazadeh second the motion. The motion was passed.

G. EXECUTIVE DIRECTOR'S REPORT:

Mr. Crabtree briefly went over the retirement system and how it will affect the Health Departments.

The CD at Monticello Bank is up for renewal 6-2019. Motion was made by Dr. Fallahazadeh to shop around for the best rate but not to exceed 2 years. Dr. Schleter second the motion. The motion passed.

CONCLUSION:

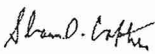
No other question, Dr. Fallahazadeh made the motion to adjourn Jim Wesley second the motion all were in favor of dismissing and the meeting was adjourned.



Steven Kelley, Chairman

Pulaski County Board of Health

Digitally signed by
Shawn D. Crabtree
Date: 2019-04-04
10:01:50



Shawn Crabtree, Secretary

Pulaski County Board of Health

**PULASKI COUNTY
PUBLIC HEALTH TAXING DISTRICT
Somerset, Kentucky**

**FINANCIAL STATEMENTS
June 30, 2019**

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INDEPENDENT AUDITORS' REPORT

The Board of Health
Pulaski County Public Health Taxing District
Somerset, Kentucky

Report on the Financial Statements

We have audited the accompanying financial statements of the Pulaski County Public Health Taxing District (the Taxing District) which comprise the statement of assets, liabilities, and fund balance – regulatory basis as of and for the year ended June 30, 2019, the related statement of revenues, expenditures, and changes in fund balance – regulatory basis, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the financial reporting provisions of the *Administrative Reference* established by the Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Public Health, Division of Administration and Financial Management as described in Note 1. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles

As described in Note 1, the financial statements are prepared by the Taxing District, on the basis of the financial reporting provisions of the *Administrative Reference*, which is a basis of accounting other than accounting principles generally accepted in the United States of America, to comply with the requirements of the Commonwealth of Kentucky.

The effects on the financial statements of the variances between the regulatory basis of accounting described in Note 1 and accounting principles generally accepted in the United States of America, although not reasonably determinable, are presumed to be material.

Adverse Opinion on U.S. Generally Accepted Accounting Principles

In our opinion, because of the significance of the matter discussed in the “Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles” paragraph, the financial statements referred to above do not present fairly, in accordance with accounting principles generally accepted in the United States of America, the financial position of the Taxing District as of June 30, 2019, and the respective changes in financial position for the year then ended.

Unmodified Opinion on Regulatory Basis of Accounting

In our opinion, the financial statements referred to above, present fairly, in all material respects, the assets, liabilities and fund balances of the Pulaski County Public Health Taxing District, as of June 30, 2019, and the respective revenues and expenditures for the year then ended, in accordance with the financial reporting provisions of the *Administrative Reference* as described in Note 1.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated January 3, 2020, on our consideration of the Taxing District’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Taxing District’s internal control over financial reporting and compliance.



RFH, PLLC
Lexington, Kentucky
January 3, 2020

**PULASKI COUNTY PUBLIC HEALTH TAXING DISTRICT
STATEMENT OF ASSETS, LIABILITIES AND FUND BALANCE
REGULATORY BASIS
June 30, 2019**

ASSETS

Current assets	
Cash	\$ 397,559
Investments	
Certificates of deposit	<u>328,434</u>
Total assets	<u>\$ 725,993</u>

LIABILITIES AND FUND BALANCE

Fund balance	
Restricted	<u>\$ 725,993</u>
Total liabilities and fund balance	<u>\$ 725,993</u>

The accompanying notes are an integral
part of the financial statements.

**PULASKI COUNTY PUBLIC HEALTH TAXING DISTRICT
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE
REGULATORY BASIS
for the year ended June 30, 2019**

Revenues	
Taxes collected	\$ 1,299,763
Interest earned	<u>7,965</u>
Total revenues	<u>1,307,728</u>
 Expenditures	
Transfers to the Health Department	1,211,416
Operating	39,284
Professional services	1,300
Miscellaneous	1,692
Capital outlay	<u>93,518</u>
Total expenditures	<u>1,347,210</u>
 EXCESS OF REVENUES OVER (EXPENDITURES)	 (39,482)
 FUND BALANCE - beginning of year	 <u>765,475</u>
 FUND BALANCE - END OF YEAR	 <u><u>\$ 725,993</u></u>

The accompanying notes are an integral
part of the financial statements.

PULASKI COUNTY PUBLIC HEALTH TAXING DISTRICT
NOTES TO FINANCIAL STATEMENTS
June 30, 2019

1. ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES

The Pulaski County Public Health Taxing District (the Taxing District) was created pursuant to Kentucky Revised Statute (KRS) 212.750. The Taxing District is responsible for requesting, with the approval of the Cabinet for Health and Family Services, that the fiscal court impose an ad valorem tax in an amount that the Board of Health deems sufficient to meet the County's public health needs. The tax rate may not exceed ten cents per \$100 of assessed value. The Taxing District then acts as a trustee over the public health tax fund. The Taxing District is restricted to expending public health tax money for the operation and maintenance of the County Health Department. As such, the Taxing District's fund balance on the statement of assets, liabilities and fund balance, is shown as restricted.

The Taxing District prepares its financial statements in accordance with the *Administrative Reference* established by the Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Public Health, Division of Administration and Financial Management, which is a regulatory basis of accounting. This basis of accounting and financial reporting differs from generally accepted accounting principles in several areas. Accounts receivable for revenue earned but not received, and expenses incurred, but unpaid, are not recorded. Inventories are not recorded, but are expensed to the current period. Property, plant and equipment are not capitalized and the related depreciation expense is not recorded; prepaid expenses and unearned revenues are not recorded.

The Taxing District receives funds from, based on remittances to, the Pulaski County Sheriff, the Pulaski County Clerk's Office and the Commonwealth of Kentucky.

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reporting period. Actual results could differ from those estimates.

The Board of Health makes the determination as to when to use restricted or unrestricted funds, when an expenditure is incurred for purposes for which both restricted and unrestricted funds are available.

The Taxing District has evaluated and considered the need to recognize or disclose subsequent events through January 3, 2020, which represents the date that these financial statements were available to be issued. Subsequent events past this date, as they pertain to the year ended June 30, 2019, have not been evaluated by the Taxing District.

2. TAX LEVY

On May 25, 2018, the Pulaski County Board of Health passed a resolution recording the 2019 health tax rate at 3.0 cents per \$100 of assessed valuation on real property, personal property and motor vehicles.

The required minimum local support level is equivalent to 1.8 cents per \$100 of assessed property valuation. The Pulaski County Board of Health has met this requirement as set by the Department of Public Health for the year ended June 30, 2019.

PULASKI COUNTY PUBLIC HEALTH TAXING DISTRICT
NOTES TO FINANCIAL STATEMENTS
June 30, 2019

3. CASH AND INVESTMENTS

KRS 66.480 authorizes the Taxing District to invest in the following, including but not limited to, obligations of the United States and of its agencies and instrumentalities, obligations and contracts for future delivery or purchase of obligations backed by the full faith and credit of the United States, obligations of any corporation of the United States government, bonds or certificates of indebtedness of this state, and certificates of deposit issued by or other interest-bearing accounts of any bank or savings and loan institution which have a physical presence in Kentucky and are insured by the Federal Deposit Insurance Corporation (FDIC) or which are collateralized, to the extent uninsured, by any obligation permitted by KRS 41.240(4). The Statute also authorizes investment in mutual funds, exchange traded funds, individual equity securities and high-quality corporate bonds that are managed by a professional investment manager and subject to additional requirements outlined in KRS 66.480.

Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. Investments held for longer periods are subject to increased risk of adverse interest rate changes. The Taxing District does not have a policy governing interest rate risk.

Custodial credit risk is the risk that, in the event of the failure of the counterparty, the Taxing District will not be able to recover the value of the investment or collateral securities that are in the possession of an outside party. In order to anticipate market changes and provide a level of security for all funds, the collateralization level shall be one hundred percent of the market value of the principal, plus accrued interest.

The Taxing District's cash and investment deposits at June 30, 2019 were fully covered by federal depository insurance or by collateral held by the custodial banks in the Taxing District's name.

Total cash and investment deposits	\$ 725,993
FDIC insurance	(500,000)
Collateral held by pledging bank	<u>(1,001,674)</u>
(Over) Collateralized	\$ <u>(775,681)</u>

4. RELATED PARTIES

The Taxing District is related to the Lake Cumberland District Health Department by common board supervision. A total of \$1,211,416 in public health taxes were transferred to the Lake Cumberland District Health Department during the year ended June 30, 2019. An additional \$135,794 was transferred to the District Health Department to reimburse it for paying operating expenses of the Health Center.

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

The Board of Health
Pulaski County Public Health Taxing District
Somerset, Kentucky

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Pulaski County Public Health Taxing District (the Taxing District) as of and for the year ended June 30, 2019, and the related notes to the financial statements, which collectively comprise the Taxing District's basic financial statements, and have issued our report thereon dated January 3, 2020. Our report contains an unmodified opinion on the regulatory basis of accounting in accordance with the *Administrative Reference*.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Taxing District's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Taxing District's internal control. Accordingly, we do not express an opinion on the effectiveness of the Taxing District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Taxing District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

RFH

RFH, PLLC
Lexington, Kentucky
January 3, 2020

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

Opening Balance Calculation					
	Operating Fund	Capital Fund	Total		
Balance as of December 31, 2019	\$693,173.05	\$332,572.29	\$1,025,745.34		\$1,025,745.34
Projected Remaining 2019-20 Receipts					
Projected Tax Receipts	\$340,745.00	\$0.00	\$340,745.00		
Projected Interest Earned	\$1,039.76	\$4,157.15	\$5,196.91		
Projected Other Receipts	\$0.00	\$0.00	\$0.00		
Total Estimated Remaining 2020 Receipts	\$341,784.76	\$4,157.15	\$345,941.91		\$345,941.91
Projected Remaining 2019-20 Expenditures					
LCDHD Operations Expense - 1/2 Tax Assessment at 2.8 cents	\$617,161.50	\$0.00	\$617,161.50		
Advertising & Printing	\$570.05	\$0.00	\$570.05		
Professional Services (Audit)	\$1,400.00	\$0.00	\$1,400.00		
Maintenance & Repair	\$9,480.22	\$0.00	\$9,480.22		
Dues & Subscriptions (KPHA & KALBOH)	\$500.00	\$0.00	\$500.00		
Board Expense & Other Miscellaneous	\$500.00	\$0.00	\$500.00		
Local Mini Grants	\$770.00	\$0.00	\$770.00		
Building Improvements	\$1,136.00	\$0.00	\$1,136.00		
Furniture & Fixtures	\$11,912.49	\$0.00	\$11,912.49		
Equipment	\$24,950.00	\$0.00	\$24,950.00		
Total Estimated Remaining 2020 Expenditures	\$668,380.26	\$0.00	\$668,380.26		\$668,380.26
Estimated 2020-21 Opening Balance	\$366,577.55	\$336,729.44	\$703,306.99		\$703,306.99
Proposed Budgets For Period Beginning July 1, 2020 and Ending June 30, 2021					
	Operating Fund	Capital Fund	Approved Budget @ Current Rate of \$0.03 per \$100 of Assessed Property Value	Proposed Break Even Budget @ \$0.032 per \$100 of Assessed Property Value	Proposed Surplus Budget @ \$0.033 per \$100 of Assessed Property Value
Estimated opening Balance	\$366,577.55	\$336,729.44	\$703,306.99	\$703,306.99	\$703,306.99
Budgeted Receipts (All Sources): See Footnote					
Real Property Taxes	\$1,006,509.95		\$1,006,509.95	\$1,073,610.62	\$1,107,160.95
Personal Property Taxes	\$148,241.37		\$148,241.37	\$158,124.13	\$163,065.50
Motor Vehicle Taxes	\$135,698.54		\$135,698.54	\$144,745.11	\$149,268.40
Delinquent Tax Collections	\$15,280.95		\$15,280.95	\$15,280.95	\$15,280.95
Other Taxes - Telecommunications	\$11,042.83		\$11,042.83	\$11,042.83	\$11,042.83
Interest Income	\$1,025.07	\$8,418.24	\$9,443.31	\$9,701.40	\$9,830.44
Total Budgeted Receipts	\$1,317,798.72	\$8,418.24	\$1,326,216.95	\$1,412,505.03	\$1,455,649.07
Total Funds Available	\$1,684,376.27	\$345,147.68	\$2,029,523.95	\$2,115,812.03	\$2,158,956.07
Budgeted Expenditures:					
Health Center Operations to LCDHD at 2.8 cents	\$1,267,810.00		\$1,267,810.00	\$1,267,810.00	\$1,267,810.00
Building Maintenance & Repair					
Snow Removal	\$1,000.00				
Landscaping maintenance annual	\$1,600.00				
Wallpaper removal and painting for lobby and bathrooms	\$12,000.00				
Painting basement hallways	\$6,000.00				
Replace flooring in basement meeting room	\$4,600.00				
Miscellaneous	\$10,000.00				
Total Building Maintenance & Repair	\$35,200.00		\$35,200.00	\$35,200.00	\$35,200.00
Furniture & Fixtures					
Seasonal décor	\$500.00				
Tables for basement meeting room	\$700.00				
20 Clinic room chairs	\$1,500.00				
Health Ed office chairs	\$500.00				
Upstairs kitchen table and chairs	\$1,100.00				
Refrigerator for downstairs	\$900.00				
Miscellaneous	\$5,000.00				
Total Furniture & Fixtures	\$10,200.00		\$10,200.00	\$10,200.00	\$10,200.00
Equipment					
Miscellaneous Computers and Related Equipment	\$13,450.00				
Generator Maintenance	\$1,500.00				
Miscellaneous	\$10,000.00				
Total Equipment	\$24,950.00		\$24,950.00	\$24,950.00	\$24,950.00
Professional Services (Taxing District Audit)	\$1,400.00		\$1,400.00	\$1,400.00	\$1,400.00
Advertisement & Printing (Newspaper & SPGE Publication)	\$600.00		\$600.00	\$600.00	\$600.00
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	\$1,341,660.00	\$0.00	\$1,341,660.00	\$1,341,660.00	\$1,341,660.00
Balance Remaining	\$342,716.27	\$345,147.68	\$687,863.95	\$774,152.03	\$817,296.07
Net Surplus/Deficit Before Optional Expenses			(\$15,443.05)	\$70,845.03	\$113,989.07
Optional - Expenses for Local Mini Grants:					
Walking Track			\$20,000.00	\$20,000.00	\$20,000.00
Tetanus Shots			\$2,500.00	\$2,500.00	\$2,500.00
Phoenix Wellness			\$5,000.00	\$5,000.00	\$5,000.00
Total Budgeted Expenditures Including Optional Expenses			\$1,369,160.00	\$1,369,160.00	\$1,369,160.00
Balance Remaining Including Optional Expenses			\$660,363.95	\$746,652.03	\$789,796.07
Net Surplus/Deficit Including Optional Expenses			(\$42,943.05)	\$43,345.03	\$86,489.07

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 0.30% on the operating account and 2.5% on the CD.

**CERTIFICATE OF DEPOSIT
FIXED RATE**

Monticello Banking Company
50 North Main Street
Monticello, Kentucky 42633
(606)348-8411
www.mbcbank.com

ACCOUNT TITLE AND ADDRESS

PULASKI COUNTY PUBLIC HEALTH TAXING DIST
45 ROBERTS ST
SOMERSET, KY 42501-1295

ACCOUNT OPEN DATE	ACCOUNT NUMBER	OWNERSHIP TYPE	PRODUCT NAME	INITIAL DEPOSIT
June 13, 2019	1000001774	Governmental Entity	13 MONTH CD >250K	\$328,434.06
TERM	MATURITY DATE	RENEWAL OPTION		
13 Months	July 13, 2020	Automatic at Maturity		

RATE INFORMATION. The interest rate on your account is 2.500% with an annual percentage yield of 2.53%.

You will be paid this interest rate until maturity.

COMPOUNDING AND CREDITING. Interest will be compounded monthly and will be credited to the account monthly.

The annual percentage yield assumes interest will remain on deposit until maturity. A withdrawal will reduce earnings. If interest is credited to another account or paid to you by check, this may reduce earnings and may negate the effect of interest compounding.

EARLY WITHDRAWAL PROVISIONS. We will impose a penalty if you withdraw any or all of the deposited funds before the maturity date. The fee imposed will equal 180 days of interest.

EARLY WITHDRAWAL PENALTY:

Seven days' interest on the amount withdrawn if the withdrawal is made within the first six days after the deposit.

RENEWAL POLICIES. Your account will automatically renew at maturity. You will have a grace period of 10 calendar days after the maturity date to withdraw the funds in the account without being charged an early withdrawal penalty.

INTEREST PAYMENT. Interest will be added monthly to the principal of this Certificate.

One Signer Required for Withdrawals.

BANK REPRESENTATIVE

By: _____

Its: _____

Glenda Price

By: Glenda Price

Its: CSR

CERTIFICATE REDEMPTION. The Customer signing below acknowledges the receipt of funds/shares represented by this Certificate.

Name: _____ Date

BANK REPRESENTATIVE

Name: _____ Date

**Lake Cumberland District Health Department
Local Support Determinations for FY 2020-2021
Pulaski 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	3,421,189,621	3,421,189,621		
G - Tangible Personal	278,840,855		278,840,855	
H - PS Real Estate - Effective	110,424,247	110,424,247		
I - PS Tangible - Effective	170,724,314		170,724,314	
J - Distilled Spirits	0			
M - Motor Vehicles	476,135,233			476,135,233
N - Watercraft	30,953,872		30,953,872	
Aircraft	3,234,245		3,234,245	
Watercraft (Non-Commercial)	7,866,520		7,866,520	
Inventory in Transit	28,525,344		28,525,344	
Total	4,527,894,251	3,531,613,868	520,145,150	476,135,233
Tax Base (Total Divided by 100)	45,278,943	35,316,139	5,201,452	4,761,352
Tax Rate		\$ 0.0300	\$ 0.0300	\$ 0.0300
Total Projected Tax (Tax Base * Tax Rate)	1,358,368	1,059,484	156,044	142,841
Required Support @ .028	1,267,810	988,852	145,641	133,318
Tax Support for Land, Building & Equipment	90,558	70,632	10,403	9,523
Tax Projections @ 95% Collection Rate				
Real Property Projections	1,006,510			
Tangible Personal Property Projections	148,241			
Motor Vehicle Projections	135,699			
Total	1,290,450			

**Lake Cumberland District Health Department
Local Support Determinations for FY 2020-2021
Pulaski 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	3,421,189,621	3,421,189,621		
G - Tangible Personal	278,840,855		278,840,855	
H - PS Real Estate - Effective	110,424,247	110,424,247		
I - PS Tangible - Effective	170,724,314		170,724,314	
J - Distilled Spirits	0			
M - Motor Vehicles	476,135,233			476,135,233
N - Watercraft	30,953,872		30,953,872	
Aircraft	3,234,245		3,234,245	
Watercraft (Non-Commercial)	7,866,520		7,866,520	
Inventory in Transit	28,525,344		28,525,344	
Total	4,527,894,251	3,531,613,868	520,145,150	476,135,233
Tax Base (Total Divided by 100)	45,278,943	35,316,139	5,201,452	4,761,352
Tax Rate		\$ 0.0320	\$ 0.0320	\$ 0.0320
Total Projected Tax (Tax Base * Tax Rate)	1,448,926	1,130,116	166,446	152,363
Required Support @ .028	1,267,810	988,852	145,641	133,318
Tax Support for Land, Building & Equipment	181,116	141,265	20,806	19,045
Tax Projections @ 95% Collection Rate				
Real Property Projections	1,073,611			
Tangible Personal Property Projections	158,124			
Motor Vehicle Projections	144,745			
Total	1,376,480			

**Lake Cumberland District Health Department
Local Support Determinations for FY 2020-2021
Pulaski 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	3,421,189,621	3,421,189,621		
G - Tangible Personal	278,840,855		278,840,855	
H - PS Real Estate - Effective	110,424,247	110,424,247		
I - PS Tangible - Effective	170,724,314		170,724,314	
J - Distilled Spirits	0			
M - Motor Vehicles	476,135,233			476,135,233
N - Watercraft	30,953,872		30,953,872	
Aircraft	3,234,245		3,234,245	
Watercraft (Non-Commercial)	7,866,520		7,866,520	
Inventory in Transit	28,525,344		28,525,344	
Total	4,527,894,251	3,531,613,868	520,145,150	476,135,233
Tax Base (Total Divided by 100)	45,278,943	35,316,139	5,201,452	4,761,352
Tax Rate		\$ 0.0330	\$ 0.0330	\$ 0.0330
Total Projected Tax (Tax Base * Tax Rate)	1,494,205	1,165,433	171,648	157,125
Required Support @ .028	1,267,810	988,852	145,641	133,318
Tax Support for Land, Building & Equipment	226,395	176,581	26,007	23,807
Tax Projections @ 95% Collection Rate				
Real Property Projections	1,107,161			
Tangible Personal Property Projections	163,066			
Motor Vehicle Projections	149,268			
Total	1,419,495			

WORKSHEET FOR CERTIFICATION ASSESSMENT FOR LOCAL GOVERNMENT

CLASS OF PROPERTY

REAL ESTATE, TANGIBLE PERSONALTY, PUBLIC SERVICE AND DISTILLED SPIRITS

	Property Subject to Taxation 2018	Net Assessment Growth	Property Subject to Taxation 2019
A 2018 Assessment of Adjusted Property At Full Rates			3,891,896,601
Net Change in	2019	270,346,475	
B 2019 Homestead Exemptions	2018	261,189,470	9,157,005
C 2018 Adjusted Tax Base			3,882,739,596
D 2019 Net Assessment Growth			98,439,441
E 2019 Total Valuation of Adjusted Property at Full Rates			3,981,179,037
F Real Estate	\$3,347,185,622	83,161,005	\$3,421,189,621
G Tangible Personalty	279,938,859	(1,098,004)	278,840,855
H P.S. Co-Real Estate-Effective	104,016,675	6,407,572	110,424,247 *
P.S. Co.-Real Estate-100%	104,016,675	6,407,572	110,424,247 *
I P.S. Co.-Tang.-Effective	160,755,445	9,968,869	170,724,314 *
P.S. Co.-Tang.-100%	190,895,425	12,311,663	203,207,088 *
J Distilled Spirits	-	-	-
K Electric Plant Board	-	-	-
L Insurance Shares	-	-	-
M Motor Vehicles - Includes Public Service Motor Vehicles	450,634,696		476,135,233
N Watercraft	28,665,830		30,953,872
Net New Property: PVA Real Estate			17,608,939
P. S. Co. Real Estate-Effective			6,407,572 *
Unmined Coal			-
Tobacco in Storage			-
Other Agricultural Products			109,748

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)	3,234,245
Watercraft(Non-Commercial)	7,866,520
Inventory in transit	28,525,344

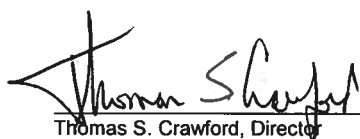
2018 R. E. Exonerations & Refunds	13,140,638
2018 Tangible Exonerations & Refunds	28,912

* 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 PULASKI 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

7-19-2019


 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	0.0325	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						

Lake Cumberland District Health Department

Local Grants Program/ Community Health improvement Plans Application

January 6, 2020

Project Abstract

The City of Somerset in conjunction with its new healthy Somerset initiative is applying for grant assistance in the development of a pedestrian walking track on site with the Somersplash waterpark and Ward Correll Baseball Complex. This would provide access to a healthy physical activity in an area that is already heavily visited by the citizens of Pulaski County. The goal of this project and the healthy Somerset initiative is to make the opportunity for physical activity more convenient to the community as well as providing a safe environment for this to take place. Currently the facility is visited by 600-1000 people daily while the park is open and baseball season is going on. Also, on a tournament weekend over 8000 people visit the facility. The waterpark itself has an estimated 75,000 visitors annually. The city of Somerset is seeking \$20,000 to help offset the cost of the first phase of walking paths at this facility. The city provides numerous opportunities through its parks and recreation department. To analyze the usage of this facility, similarly to our Fischer Fun Park facility, a QR-Code will be placed at the beginning and end of the path to allow participant feedback. This information can help us to formulate a plan for future development as well as monitor the maintenance needed on this project through its lifetime.

Statement of Need

As mentioned above the need for an easily accessible physical activity is apparent in every community across the commonwealth. The placement of this facility in a heavily traversed area will provide a convenient exercise opportunity to roughly 100,000 people annually. The population served with this facility are extremely diverse. The path will be constructed in a way that it can facilitate walkers, runners, and even strollers.

Program Description

The goal of the Healthy Somerset Initiative is to make the City of Somerset the healthiest city in the commonwealth. This project's goal, in conjunction with this, is to provide and easily accessible and convenient means to physical activity. The long-term goal of this project is to see roughly 20% of the annual visitation of the facility to utilize the path. This is to say roughly 20,000 uses annually with the first phase in order to provide sufficient grounds for expanding the facility.

Goals, Objective and Timeline

The ideal situation would be to begin the project this spring in order to have it operational during the peak summer season for both the baseball complex and the waterpark. This would mean light grade work to start early march and path completion no later than June of 2020.

Budget

Below is a breakdown of construction budget in estimation. Any signage, fencing, or structures placed along the path will be covered by the city of Somerset to ensure safety and accessibility.

Dozer rental - \$1,300.00 per week (2 weeks assumed)

Roller rental - \$ 600.00 per week (2 weeks assumed)

Operator and Labor – Provided by City of Somerset Employees

Dense Grade for Path – \$16,875.00 (1,500 Ton of material @ 4” deep)

Material Delivery and Installation - \$15,000 (estimated not quoted)

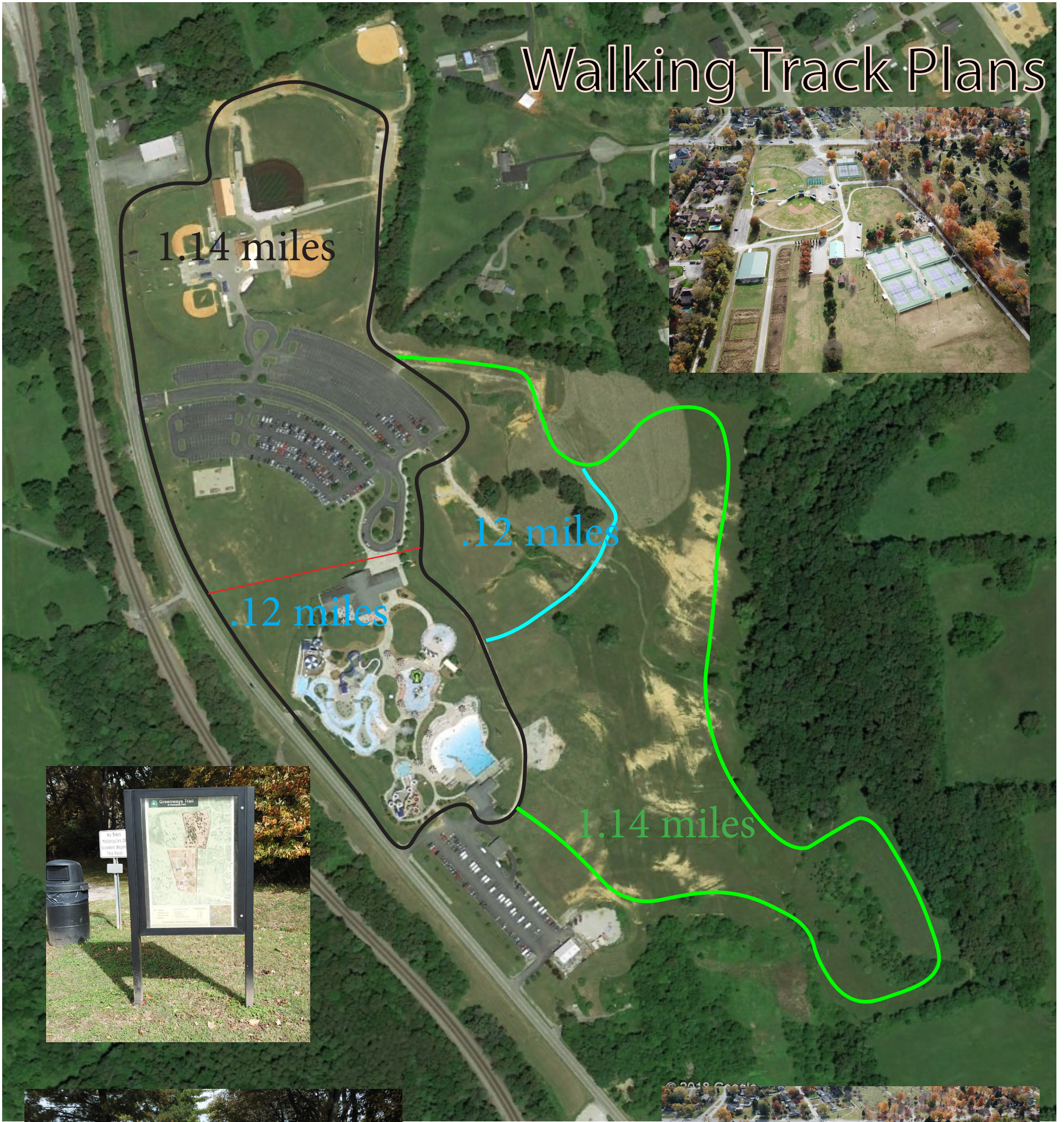
Project Total - \$35,675.00 (Estimated)

Evaluation

The city of Somerset intends to utilize survey monkey and a QR Code system in at least two locations along the walking path to provide a quick way for patrons of the path to provide feedback on their experience at the facility as well as make us aware of any maintenance needs in the facility. In these locations we also intend to provide signage to recognize any contributions to the project.



Walking Track Plans



Photos of Kereiakes Park (Spero Kereiakes Park)



Lake Cumberland District Health Department Community Health Improvement Plan

Phoenix Wellness Grant Application

Statement of Need-

Current statistics shows that Kentucky is the 5th poorest state in the nation, with 25% of children living in poverty. Not only is poverty a struggle within our state, but obesity is as well. In fact, statistics show that 34.2 % of adults in Kentucky are considered obese, while 33.5% of children between the ages of 10 and 17 are considered obese. These concerns effecting our youth and the families that care for them are a clarion call for action. Our project, Phoenix Wellness/Racing, assists in addressing the aforementioned needs through providing free access to physical activity for youth in our community as well as their families while subtly eliminating some of the socio-economic barriers created by poverty. Our initiative provides resources and opportunities to families within our community (and some surrounding communities) to become engaged in community events, utilize the avenue of running to decrease the obesity epidemic, and gain access to these resources without having to pay money for them (due to our nonprofit status). We are surrounding “at risk” youths with positive adult mentors who foster an emphasis on the benefits of a healthy and active lifestyle. All while providing youth spanning in age from Kindergarten to 12th grade a way of connecting to their community through use of Running—giving them an avenue to earn self-esteem, self-discipline and goal setting (Leadership). Engaging in the local running community provides a lifelong avenue to a healthy lifestyle.

The population to be served through our Project includes At Risk Youth ranging from Kindergarten to 12th grade as well as their families. Over 90 percent of our current participants come from families that fall below the Poverty line. We currently serve youth from extreme rural northern, eastern and southern Pulaski County, and McCreary County. We have plans to expand our reach in 2020 to serve more children in extreme Southern and Western Pulaski County as well as youth living within Somerset City limits.

Program Description-

Phoenix Racing is a division of Phoenix Wellness which is a 501C3 Nonprofit Corporation. Our goal with Phoenix Racing is to surround “at-risk” youths with positive adult mentors who will emphasize the benefits of a healthy, active lifestyle while under the supervision of trained behavioral health clinicians. Phoenix Racing utilizes running and outdoor sporting activities to teach kids that self-esteem is earned and within their control, that self-discipline, setting realistic goals and surrounding oneself with quality people tends to foster success and that true leaders look to serve their community.

Phoenix Racing is currently implemented in 3 school sites (Eubank Elementary, Shopville Elementary and McCreary High School) along with 3 office-based groups (2 of which are for Special Needs population) and has approximately 115 youth participants at the current time. An unexpected outcome that we have found throughout our nearly 7 years of implementation is that the families of our youth participants have begun running alongside their children and participating with them in our community events. The benefits that our participants gain from running and being surrounded by positive mentors is that they are numerous; however the notable benefits have been access to models of adaptive interactions and goal setting, and gaining an intrinsic source of pride and happiness. Funding from this grant would allow us to expand to another school as well as create an additional running group based out of our Somerset office.

Thus far we have been measuring:

- School attendance
- School disciplinary reports

And we are adding in evaluation methods involving:

- School nurse visits
- Parent/Guardian survey data

These measurements will be reviewed every semester of the school year (along with summer period for summer groups). Specific metrics utilized in the Phoenix Racing program have included absences, detention/suspension and academic performance. Thus far, we have tracked a 76% reduction in unexcused absences, a 78% reduction in disciplinary referrals, a 100% reduction in suspensions and 45% of students improving their academic performance via grade reports when participating in Phoenix Racing. We have had multiple college success with six (6) recent high school graduates receiving scholarships to run collegiately. All six were first Generation College students. 2019 saw our first Phoenix Racing alumnus graduate college with an engineering degree, and a National Individual and Team Cross Country Championship.

Our goal is to expand by adding a new office-based group by Summer 2020, expand into a new elementary school by Fall 2020 and another elementary school by Spring 2021. Our desired outcome when looking at our evaluative pieces:

- Increase school attendance for participants

- Decrease referrals and suspensions for participants
- Decrease overall School Nurse visits for participants
- Increase grade/academic performance for participants
- Increase positive feedback and engagement from Parent/Guardian survey for participants

Goals, Objectives and Timeline-

Project Objectives:

- Expansion into Southern Elementary School (Fall 2020)- add approximately 25 youths from this expansion
- Creating another Office-based group for youths (Summer 2020)- add approximately 10 youths from this expansion
- Expansion into Nancy Elementary School (Spring 2021)- add approximately 25 youths from this expansion
- Build upon Partnership with Lake Cumberland Medical Associates (Residential Program) through providing free sports physicals for our youth participants (this practice began in 2018) and including Residents in running Race Team practices alongside the Mental Health Clinician in charge
- Ability to stipend an outside participant to assist in organizing race team expansions and running a new group—Need to add Coaches/Leaders for groups

Measurable Aspects:

- Expand into 2 new schools: One by Fall 2020 and One by Spring 2021
- Add 10 new youth for office-based group by Summer 2020
- Adding at least 60 youth to Phoenix Racing from these expansions by Summer 2021
- Add three additional Phoenix Racing group leaders
- Provide free sports physicals for at least 50% of youth participants from June 2020 to December 2020 through partnership with LCMA Resident program
- Participate in at least 4 community racing events between June 2020 and December 2020 (10 from June 2020-May 2021)
- Conduct our own Office Based event/race for our youths, community partners, school personnel and families to participate is sometime between mid-August and end Sept. 2020
- Provide gas cards to assist in transportation to events for at least 50% of families participating
- Purchase shoes for participating youths in need (about 60% of participants)

Budget-

General Costs for Race Team:

- Shoes-- \$75
- Race Team Shirt-- \$10
- Race Registration Fees (10 events x \$20)-- \$200
- Running shorts/shirts/socks/sports bras-- \$20
 - **Total Cost for each participant-- \$305 per year**

Race Team Leader Stipend:

Each Leader receives a Stipend of \$500 for the year

Partnerships/Collaborations/Sponsors:

The following were partners for 2018-2019 and it is reasonable to assume that they will continue to provide financial/technical support (in some manner which is yet to be determined) for 2019-2020.

1. WellCare \$5,000.00 community grant
2. PC Schools Provide space and a meal for group participants on site
3. LCRH Residency Program Sports Physicals
4. KY Elite Distance Running Camp Discounted camp fee/technical support
5. Total Rehab Training/Injury consultation
6. Somerset Morning Rotary Monthly donor
7. 3 Private Individual Donors
8. Phoenix Preferred Care supplements funds as needed

New Costs/Needs for increased funding:

Revenue	Amount-yearly	
General Donations	\$4800.00	
Grant Funding- WellCare	\$5000.00	
Grant Funding-LCDHD	\$25000.00	
Mud, Mayhem & Fun	\$12000.00	
Pilgrimage In the Park	\$4500.00	
	Total Revenue	
Expenses	Amount	\$51300.00
Stipend for Leaders	\$4000.00	

Race Entry Fees	\$26000.00	
Mud Mayhem & Fun Cost	\$7000.00	
Pilgrimage In the Park Cost	\$3000.00	
Travel	\$1000.00	
Race Team Shirts	\$1300.00	
Shoes	\$9750.00	
Miscellaneous needs (clothing)	\$2600.00	
	Total Cost	\$54650.00

Abstract-

In Summary, the current statistics show that Kentucky is the 5th poorest state in the nation, with 25% of children living in poverty. Not only is poverty a struggle within our state, but obesity is as well. Statistics show that 34.2 % of adults in Kentucky are considered obese, while 33.5% of children between the ages of 10 and 17 are considered obese. These concerns effecting our youth and the families that care for them are a serious call for action. Our project, Phoenix Wellness/Racing, assists in addressing the needs through providing free access to physical activity for youth in our community as well as their families while removing socio-economic barriers to engagement in the community. Our initiative provides resources and opportunities to families within our community (and some surrounding communities) to become engaged into community events, utilize the avenue of running to decrease the obesity epidemic, and gain access to these resources without having to pay money for them (due to our nonprofit status).

Phoenix Racing originated in Spring of 2013 in an effort to educate youth in our community regarding the connection between physical, mental and emotional health. Phoenix Racing is currently implemented in 3 school sites (Eubank Elementary, Shopville Elementary and McCreary High School) along with 3 office-based groups (2 of which are for Special Needs population) and has approximately 115 youth participants at the current time. Phoenix Racing has paid approximately 1,080 unique race registrations in 2019 (which translates into approximately \$15,000 going to local charities and causes via race registrations). Phoenix Racing has also purchased 90 new pairs of shoes for kids in the program. Our 2 signature community events (Mud, Mayhem & Fun and Pilgrimage in the Park) have accounted for almost 3,000 race participants in the last 5 years. 2019 also saw Mud, Mayhem & Fun become the largest single running event in Pulaski County with 668 participants registered.

Current Project Objectives Include:

- Expansion into Southern Elementary School (Fall 2020)- add approximately 25 youths from this expansion
- Creating another Office-based group for youths (Summer 2020)- add approximately 10 youths from this expansion
- Expansion into Nancy Elementary School (Spring 2021)- add approximately 25 youths from this expansion
- Build upon Partnership with Lake Cumberland Medical Associates (Residential Program) through providing free sports physicals for our youth participants (this practice began in

2018) and including Residents in running Race Team practices alongside the Mental Health Clinician in charge

- Ability to stipend an outside participant to assist in organizing race team expansions and running a new group—Need to add Coaches/Leaders for groups

Phoenix Racing would greatly benefit from this grant and the amount of \$25,000. This funding will be used for:

New Costs/Needs for increased funding:

Revenue	Amount-yearly	
General Donations	\$4800.00	
Grant Funding- WellCare	\$5000.00	
Grant Funding-LCDHD	\$25000.00	
Mud, Mayhem & Fun	\$15300.00	
Pilgrimage In the Park	\$4550.00	
	Total Revenue	\$54650.00
Expenses	Amount	
Stipend for Leaders	\$4000.00	
Race Entry Fees	\$26000.00	
Mud Mayhem & Fun Cost	\$7000.00	
Pilgrimage In the Park Cost	\$3000.00	
Travel	\$1000.00	
Race Team Shirts	\$1300.00	
Shoes	\$9750.00	
Miscellaneous needs (clothing)	\$2600.00	
	Total Cost	\$54650.00

I have attached copies of the evaluative measures we will be utilizing to track progress. Tracking youth participant’s grades, attendance, discipline, parent/guardian behavior report and physical health (through sports physicals and tracking nurse visits).

I greatly appreciate the time you have taken to review our request and the fact that you are offering this Health Improvement Grant opportunity to the community. Phoenix Racing has been an initiative to help our community recognize the connection between physical health, emotional health and mental health. Our reach continues to grow and we would be honored if this funding were granted to us in order to increase our reach at a more exponential rate. Again, thank you for your time and consideration.

**Phoenix Wellness, Inc.
LCDHD Grant Evaluation**

Metrics to be Used for Evaluation (Attached)

- School Attendance – Race Team coaches, in conjunction with FRYSCs or appointed school personnel, will monitor changes in school attendance for participants.
- School Disciplinary Reports - Race Team coaches, in conjunction with FRYSCs/principals or appointed school personnel, will monitor changes in disciplinary/behavior reports for participants.
- School Nurse Visits - Race Team coaches, in conjunction with school nurses, FRYSCs, or appointed school personnel, will monitor changes in school nurse visits for participants.
- Parent/Guardian Survey Data - Race Team coaches will provide parents/guardians of participants with a survey at the beginning of the school year (or entrance into the program) and at the end of the school year (or exit from the program) to gauge subjective experiences in regard to a variety of items relative to wellness for the participant.

SCHOOL DATA – OUTCOME EVALUATION

	<i>Average # Absences</i>	<i>Average # of Disciplinary Reports</i>	<i>Average # of School Nurse Visits</i>
<i>August 2020 (Beginning)</i>			
<i>January 2021 (Midpoint)</i>			
<i>June 2021 (End)</i>			

PARENT/GUARDIAN SURVEY

Please rank each component of wellness in regard to your perception of your child/family.

(This form is to be completed upon both entry and exit from the program, i.e. beginning & ending of the school year).

	<i>Not at All True</i>	<i>Somewhat Untrue</i>	<i>Somewhat True</i>	<i>Always True</i>
PHYSICAL – My child is physically fit/healthy.				
EMOTIONAL – My child is emotionally well (i.e. able to handle their feelings normally, feels good about themselves).				
BEHAVIORAL – My child is able to control their behavior without much help.				
SOCIAL – My child is able to make and maintain healthy relationships with others.				
ACADEMIC – My child succeeds at school within the classroom.				
ENVIRONMENTAL – My child/family have access to the supports we need in the community.				
SPIRITUAL – My child/family participate in activities that give them/us purpose and meaning.				

PARENT/GUARDIAN SURVEY EVALUATION – OUTCOME DATA

	<i>Not at All True</i>		<i>Somewhat Untrue</i>		<i>Somewhat True</i>		<i>Always True</i>	
	<i>Average Response Score (Entry)</i>	<i>Average Response Score (Exit)</i>	<i>Average Response Score (Entry)</i>	<i>Average Response Score (Exit)</i>	<i>Average Response Score (Entry)</i>	<i>Average Response Score (Exit)</i>	<i>Average Response Score (Entry)</i>	<i>Average Response Score (Exit)</i>
PHYSICAL								
EMOTIONAL								
BEHAVIORAL								
SOCIAL								
ACADEMIC								
ENVIRONMENTAL								
SPIRITUAL								