

**Lake Cumberland**  
**District Health Department**  
WAYNE COUNTY HEALTH CENTER  
39 Jim Hill Drive • Monticello, KY 42633 • Phone (606) 348-9349  
[www.lcdhd.org](http://www.lcdhd.org)

**WAYNE COUNTY LOCAL BOARD OF HEALTH AGENDA**

**FEBRUARY 27, 2020**

**ACCEPTANCE OF 2019 MEETING MINUTES**

**OLD BUSINESS**

**NEW BUSINESS**

**AUDIT REPORT**

**TAX RATE**

**BUDGET**

**MEMBERS WHOM TERMS EXPIRE**

**MEMBERS WHO SERVE ON DISTRICT BOARD**

**ELECTION OF OFFICERS**

**DIRECTORS REPORT**

**SHANNON BEATY – HEALTH EDUCATION UPDATE**

**VICKY ALBERTSON – WELLNESS OUTREACH AND EDUCATION  
PROGRAM**

**TISHANNA NEW – HEALING OUR COMMUNITY**

**CONCLUDE**



Lake Cumberland District Health Department  
A Healthy Today for a Brighter Tomorrow

# Lake Cumberland District Health Department

WAYNE COUNTY HEALTH CENTER

39 Jim Hill Drive • Monticello, KY 42633 • Phone (606) 348-9349

[www.lcdhd.org](http://www.lcdhd.org)

WAYNE COUNTY LOCAL BOARD OF HEALTH

## MINUTES OF MEETING

FEBRUARY 28, 2019

The Wayne County Board of Health met on February 28, 2019 at the Wayne County Health Center. Members who constitute a quorum are as follows:

Joe Silvers  
Ronald McFarland, MD  
Lora Elam  
Sarah Weddle  
Greg West  
Mike Anderson, County Judge Executive  
Ronnie Turner  
William G. Breeding, DMD  
James Sawyer, O.D.

### Others Present:

Shannon Beaty  
Tracy Aaron  
Ron Cimala  
Shawn Crabtree  
Shirley Daniels  
Lori Turner  
Sylvia Ferrell  
Charlotte East

Chairman of the Board, Joe Silvers, called the meeting to order. Minutes of the February 22, 2018 meeting were mailed prior to the meeting for the board members' review. Lora Elam made the motion to accept the minutes of that meeting and Dr. Ronald McFarland seconded the motion. The motion carried.

There was no old business to discuss so the meeting moved on to new business. Shawn discussed the Hepatitis A outbreak and how it relates to the needle exchange program. 70% of those diagnosed with Hepatitis A are drug users. There are currently four counties that have the needle exchange program and they are Adair, McCreary, Pulaski and Russell. There are currently 1167 unduplicated participants in the four counties and 203,749 syringes have been given. The recollection rate for all clients in the syringe program is 78% and for return clients the rate is 104%. Information on

the syringe exchange can be found on the LCDHD website. Mike Anderson asked Tracy Aaron to come and talk to city and county government in Wayne County about the needle exchange program.

There was no audit report for this year and the next audit is due in 2021.

The tax rate was discussed. Mike Anderson and Joe Silvers had went to the Wayne County Extension Office board meeting about lowering their tax rate 0.005 so the Health Department could raise their rate by the same amount without any increase to taxpayers. Mike Anderson reported that the Wayne County Extension Office had lowered their tax rate 0.005 so he made the motion to set the tax rate at 3.5 cents per \$100.00 of assessed property value for the 2019-2020 fiscal year. Lora Elam seconded the motion. The motion carried.

Shawn presented the budget to the board which included the new tax rate and a proposed automatic generator for the building. Dr. Ronald McFarland made the motion to approve the budget as presented and Dr. William Breeding seconded the motion. The motion carried.

Local board members whose terms expire are Ronnie Turner, Dr. Ronald McFarland, Joe Silvers, Dr. William Breeding, Sarah Weddle, and Dr. Joseph Brown. All members present agreed to serve another term and were given a biographical sheet to complete to send to Frankfort. Dr. Brown was not present but a biographical sheet will be taken to him to be completed. Mike Anderson made the motion to keep the current members and Dr. Sawyer seconded the motion. The motion carried.

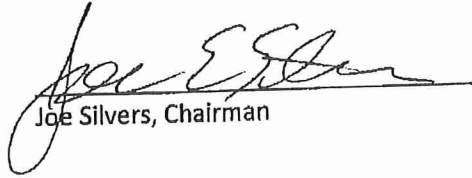
Members that serve on the District Board are Lora Elam, Mike Anderson, and Joseph Brown. Lora Elam asked to step down from the District Board at this time. Greg West agreed to take her place on the District Board. Lora Elam made the motion for Greg West to serve on the District Board. The motion was seconded by Sarah Weddle. The motion carried.

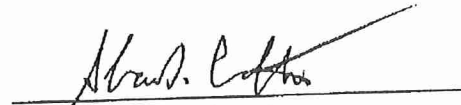
Election of officers was discussed. The current officers are Joe Silvers, Chairman, Dr. William Breeding, Vice Chairman, Lora Elam, Treasurer and Shawn Crabtree, Secretary. Dr. James Sawyer made the motion to keep the current officers. The motion was seconded by Mike Anderson. The motion carried.

Shawn Crabtree discussed the retirement system and how the changes would be about a two million dollar impact on the agency. He also said we have enough reserves to operate for 2 years. He talked about the KALBOH statewide board of health meeting that took place on January 31, 2019 and that meeting is now archived on the LCDHD website.

Shannon Beaty, Health Educator, gave a report on the 2019 snapshot of Wayne County Data. She also said she is going to the Wayne County School Board meeting on March 12 asking the school board to adopt a tobacco free policy. She asked the Board of Health for a letter of support for the school to be tobacco free to take with her to the meeting. Dr. William Breeding made a motion for the letter of support. Lora Elam seconded the motion. The motion carried.

Dr. James Sawyer made a motion to adjourn the meeting. The motion was seconded by Ronnie Turner. The motion carried.

  
Joe Silvers, Chairman

  
Shawn Crabtree, Secretary



Lake Cumberland District Health Department

A Healthy Today for a Brighter Tomorrow

# Lake Cumberland District Health Department

WAYNE COUNTY HEALTH CENTER

39 Jim Hill Drive • Monticello, KY 42633 • Phone (606) 348-9349

[www.lcdhd.org](http://www.lcdhd.org)

## WAYNE COUNTY LOCAL BOARD OF HEALTH

### MINUTES OF MEETING

SEPTEMBER 27, 2019

The Wayne County Board of Health met on September 27, 2019 at the Wayne County Health Center. Members who constitute a quorum are as follows:

Joe Silvers  
Ronald McFarland, MD  
Lora Elam  
Mike Anderson, County Judge Executive  
Kenneth Ramsey  
Joseph Brown, MD  
James Sawyer, O.D.

#### Others Present:

Shawn Crabtree  
Ron Cimala  
Sylvia Ferrell  
Charlotte East

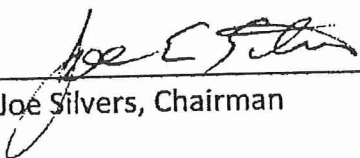
Chairman of the Board, Joe Silvers, called the meeting to order. Shawn Crabtree then explained the purpose of the meeting was to clarify the tax rate that was set at the February 28, 2019 meeting and amend the budget. At that meeting the tax rate had been set at 3.5 cents per \$100 of assessed valuation of all real property, personal property, and motor vehicles. The intention of the


board was to only raise the tax rate on real property to 3.5 cents per \$100 of assessed valuation and to leave the tax rate on personal property and motor vehicles at 3.0 cents per \$100 of assessed valuation so there would be no financial impact on tax payers as the Wayne County Extension Office had only lowered their tax rate on real property.

A motion was made by Dr. Ronald McFarland to set the tax rate at 3.5 cents per \$100 of assessed valuation on all real property and 3.0 cents per \$100 of assessed valuation on personal property and all motor vehicles. Dr. Joseph Brown seconded the motion. The motion carried.

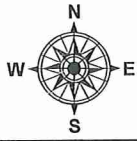
A motion was then made by Dr. Ronald McFarland to approve the amended budget with the new tax rates. The motion was seconded by Mike Anderson. The motion carried.

Mike Anderson made a motion to adjourn the meeting. The motion was seconded by Lora Elam. The motion carried.

  
\_\_\_\_\_  
Joe Silvers, Chairman

  
\_\_\_\_\_  
Shawn Crabtree, Secretary

Bobby Upchurch, PVA  
55 N Main St Ste 107  
Monticello, Ky 42633  
Office: 606-348-6621

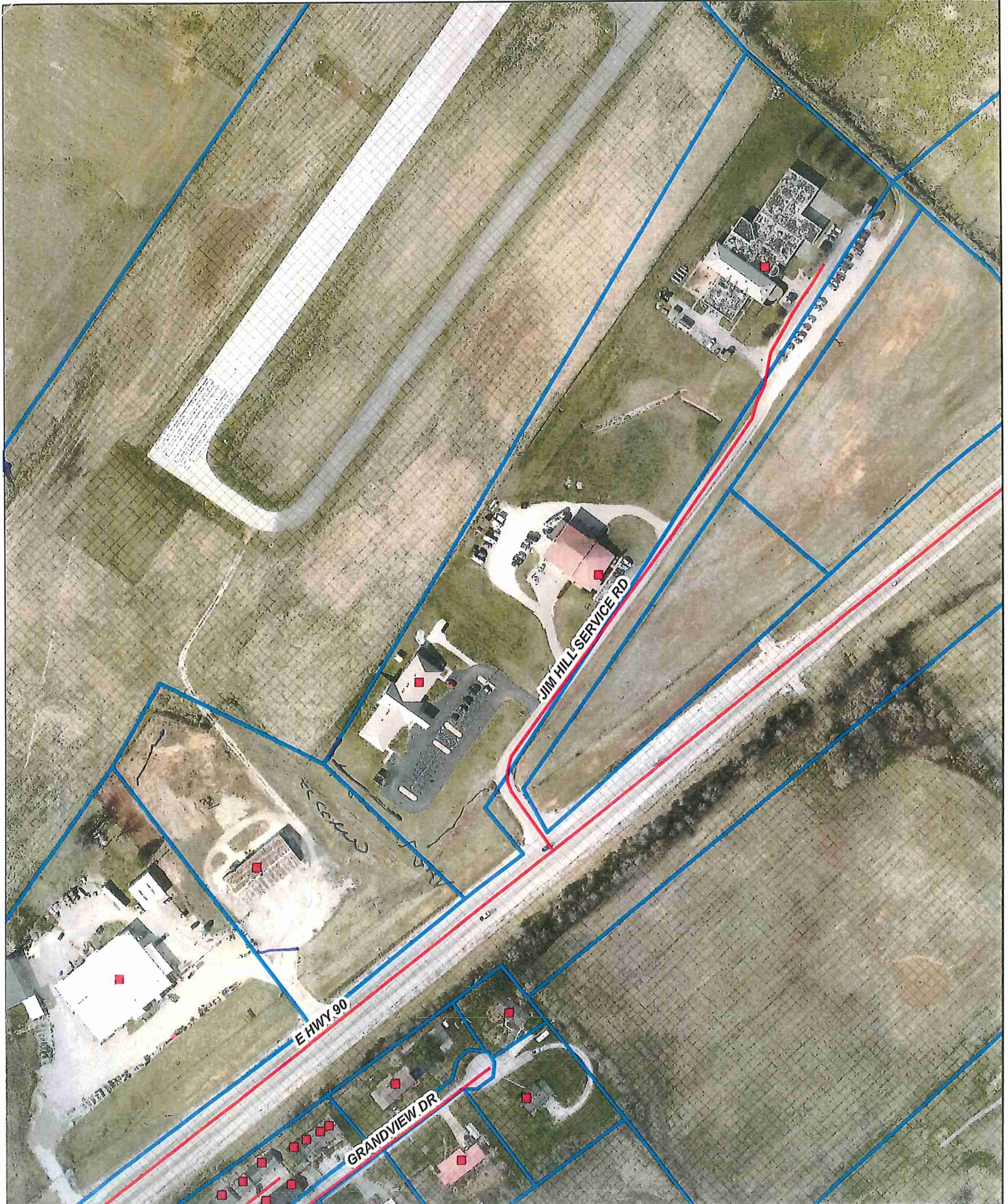


# Wayne County Property Valuation Administration

Print Date: 11/12/2019  
Aerial Date: February 2019

Map to be used  
for identification only,  
NOT for conveyance.

1 inch = 215 feet



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

Opening Balance Calculation					
	Operating Fund	Capital Fund	Total		
Balance as of December 31, 2019	\$223,782.32	\$0.00	\$223,782.32	\$223,782.32	
Projected Remaining 2019-20 Receipts					
Projected Tax Receipts	\$87,750.00	\$0.00	\$87,750.00		
Projected Interest Earned	\$145.46	\$0.00	\$145.46		
Projected Other Receipts	\$0.00	\$0.00	\$0.00		
Total Estimated Remaining 2020 Receipts	\$87,895.46	\$0.00	\$87,895.46	\$87,895.46	
Total Funds Available	\$311,677.78	\$0.00	\$311,677.78	\$311,677.78	
Projected Remaining 2019-20 Expenditures					
LCDHD Operations Expense - 1/2 Tax Assessment at 2.8 cents	\$132,852.00	\$0.00	\$132,852.00		
Advertising & Printing	\$288.45	\$0.00	\$288.45		
Professional Services (Audit)	\$0.00	\$0.00	\$0.00		
Maintenance & Repair	\$13,685.00	\$0.00	\$13,685.00		
Dues & Subscriptions (KPHA & KALBOH)	\$500.00	\$0.00	\$500.00		
Board Expense & Other Miscellaneous	\$402.00	\$0.00	\$402.00		
Furniture & Fixtures	\$2,588.33	\$0.00	\$2,588.33		
Equipment	\$27,854.02	\$0.00	\$27,854.02		
Total Estimated Remaining 2020 Expenditures	\$178,169.80	\$0.00	\$178,169.80	\$178,169.80	
<b>Estimated 2020-21 Opening Balance</b>	<b>\$133,507.98</b>	<b>\$0.00</b>	<b>\$133,507.98</b>	<b>\$133,507.98</b>	

Proposed Budgets For Period Beginning July 1, 2020 and Ending June 30, 2021					
	Operating Fund	Capital Fund	Approved Budget @ Rate of		
			<b>\$0.035 per \$100.00 of Assessed Real Property Value, \$0.03 per \$100.00 of Assessed Personal Property Value, and \$0.03 per \$100.00 of Assessed Motor Vehicle Property Value</b>		
<b>Estimated opening Balance</b>	<b>\$133,507.98</b>	<b>\$0.00</b>	<b>\$133,507.98</b>		
<b>Budgeted Receipts (All Sources):</b>					
Real Property Taxes	\$247,346.88		\$247,346.88		
Personal Property Taxes	\$28,827.63		\$28,827.63		
Motor Vehicle Taxes	\$31,583.43		\$31,583.43		
Delinquent Tax Collections	\$6,971.36		\$6,971.36		
Other Taxes - Telecommunications	\$3,465.98		\$3,465.98		
Interest Income	\$197.74	\$0.00	\$197.74		
Total Budgeted Receipts	\$318,393.02	\$0.00	\$318,393.02		
<b>Total Funds Available</b>	<b>\$451,901.00</b>	<b>\$0.00</b>	<b>\$451,901.00</b>		
<b>Budgeted Expenditures:</b>					
Health Center Operations to LCDHD at 2.8 cents	\$267,643.00		\$267,643.00		
Building Maintenance & Repair					
Landscape Maintenance (Fall & Spring) & Snow Removal	\$1,800.00				
Miscellaneous	\$12,000.00				
Total Building Maintenance & Repair	\$13,800.00		\$13,800.00		
Furniture & Fixtures					
Miscellaneous	\$2,500.00				
Total Furniture & Fixtures	\$2,500.00		\$2,500.00		
Equipment					
Miscellaneous Computers and Related Equipment	\$7,450.00				
Generator Maintenance	\$1,400.00				
Miscellaneous	\$5,000.00				
Total Equipment	\$13,850.00		\$13,850.00		
Professional Services (Next Taxing District Audit due 2021)	\$0.00		\$0.00		
Dues & Subscriptions (KALBOH and KPHA)	\$1,000.00		\$1,000.00		
Advertisement & Printing (Newspaper & SPGE Publication)	\$300.00		\$300.00		
Miscellaneous (Board Members Meetings)	\$500.00		\$500.00		
Total Budgeted Expenditures	\$299,593.00	\$0.00	\$299,593.00		
<b>Balance Remaining</b>	<b>\$152,308.00</b>	<b>\$0.00</b>	<b>\$152,308.00</b>		
Net Surplus/Deficit Before Optional Expenses			\$18,800.02		

**Footnote:** All tax receipts are budgeted at a 95% collection rate on the tax calculated per \$100 of assessed value. Interest calculated at annual yield rate of 0.13%.



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

0 From 2019 Property Tax Assessment

	<b>Total Property Subject to Taxation</b>	<b>Real Property Subject to Taxation</b>	<b>Personal Property Subject to Taxation</b>	<b>Motor Vehicle Property Subject to Taxation</b>
F - Real Estate	742,582,295	742,582,295		
G - Tangible Personal	37,413,988		37,413,988	
H - PS Real Estate - Effective	1,318,093	1,318,093		
I - PS Tangible - Effective	38,172,919		38,172,919	
J - Distilled Spirits	0			
M - Motor Vehicles	110,819,041			110,819,041
N - Watercraft	12,952,671		12,952,671	
Aircraft	61,000		61,000	
Watercraft (Non-Commercial)	12,549,003		12,549,003	
Inventory in Transit	0			
<b>Total</b>	<b>955,869,010</b>	<b>743,900,388</b>	<b>101,149,581</b>	<b>110,819,041</b>
Tax Base (Total Divided by 100)	9,558,690	7,439,004	1,011,496	1,108,190
Tax Rate		<b>\$ 0.0350</b>	<b>\$ 0.0300</b>	<b>\$ 0.0300</b>
<b>Total Projected Tax (Tax Base * Tax Rate)</b>	<b>323,956</b>	<b>260,365</b>	<b>30,345</b>	<b>33,246</b>
Required Support @ .028	267,643	208,292	28,322	31,029
Tax Support for Land, Building & Equipment	56,312	52,073	2,023	2,216
Tax Projections @ 95% Collection Rate				
Real Property Projections	247,347			
Tangible Personal Property Projections	28,828			
Motor Vehicle Projections	31,583			
<b>Total</b>	<b>307,758</b>			

WORKSHEET FOR CERTIFICATION ASSESSMENT FOR LOCAL GOVERNMENT

CLASS OF PROPERTY

REAL ESTATE, TANGIBLE PERSONALTY, PUBLIC SERVICE AND DISTILLED SPIRITS

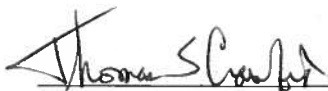
A 2018 Assessment of Adjusted Property At Full Rates			813,780,144
Net Change in	2019	100,942,591	
B 2019 Homestead Exemptions	2018	96,305,592	4,636,999
C 2018 Adjusted Tax Base			809,143,145
D 2019 Net Assessment Growth			10,344,151
E 2019 Total Valuation of Adjusted Property at Full Rates			819,487,295
	Property Subject to Taxation 2018	Net Assessment Growth	Property Subject to Taxation 2019
F Real Estate	\$732,497,135	14,722,159	\$742,582,295
G Tangible Personalty	44,099,156	(6,685,168)	37,413,988
H P.S. Co.-Real Estate-Effective	1,246,304	71,789	1,318,093 *
P.S. Co.-Real Estate-100%	1,246,304	71,789	1,318,093 *
I P.S. Co.-Tang.-Effective	35,937,549	2,235,371	38,172,919 *
P.S. Co.-Tang.-100%	38,822,033	2,747,061	41,569,094 *
J Distilled Spirits	-	-	-
K Electric Plant Board	-	-	-
L Insurance Shares	-	-	-
M Motor Vehicles - Includes Public Service Motor Vehicles	108,186,800		110,819,041
N Watercraft	13,677,229		12,952,671
Net New Property: PVA Real Estate			4,052,110
P. S. Co. Real Estate-Effective			71,789 *
Unmined Coal			-
Tobacco in Storage			-
Other Agricultural Products			-
The following tangible items are not included in line G. Aircraft and watercraft assessment may be taxed or exempted at your option. Inventory in transit may be taxed only by special districts.			
Aircraft(Recreational & Non-Commercial)			61,000
Watercraft( Non-Commercial)			12,549,003
Inventory in transit			-
2018 R. E. Exonerations & Refunds			2,123,947
2018 Tangible Exonerations & Refunds			227,607 +

\* 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 WAYNE 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

7-10-2019

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

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

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

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

Overview of SRAE Program / Making a Difference (MAD)

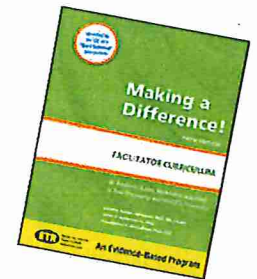
September 30, 2016 through October 1, 2019

Awarded: \$972,151

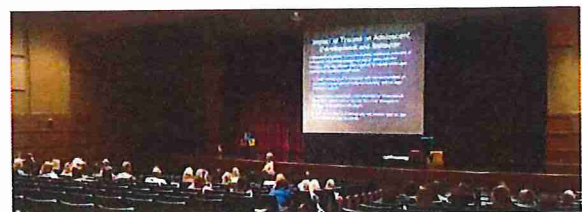
Lake Cumberland District Health Department was awarded the Sexual Risk Avoidance Education (SRAE) grant from the Family and Youth Services Bureau providing funding to implement Making a Difference (MAD) curriculum from September 30, 2016 through October 1, 2019.

## 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.

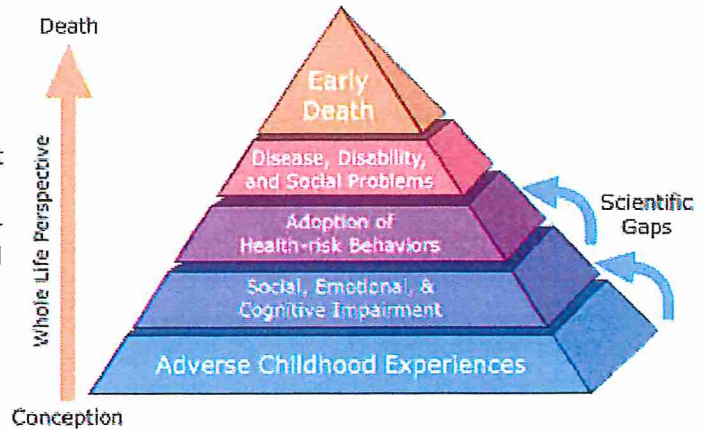
TOP is delivered by trained adult facilitators across a school year to groups of teens (called "TOP Clubs"). TOP is designed to meet the developmental needs of middle and high school teens and can be implemented in a variety of settings, including in-school, after-school, through community-based organizations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

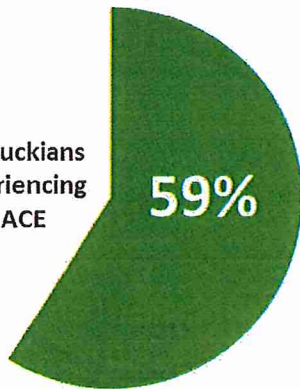
## Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being including early death<sup>1</sup>. 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<sup>2,3</sup>.



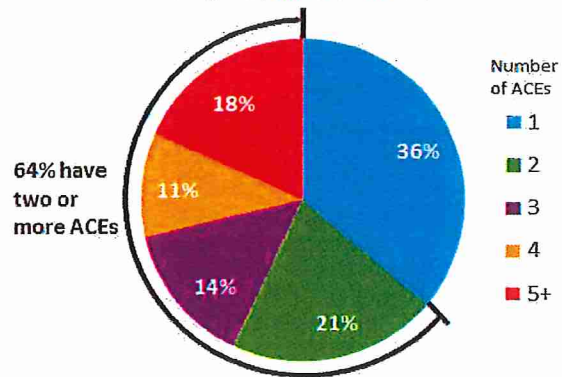
## Prevalence of ACEs in Kentucky

59% of Kentuckians report experiencing at least one ACE



## Distribution of ACEs

among those with at least one ACE



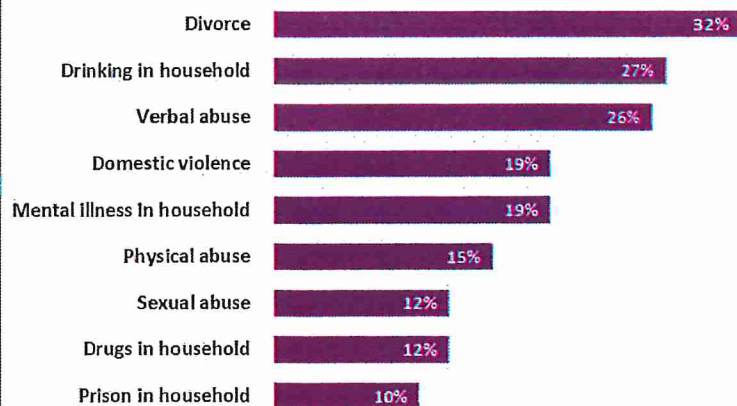
More than half (59%) of Kentucky residents have experienced at least one ACE. Of those that have experienced at least one ACE, 64% have experienced two or more ACEs.

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

## Common ACEs in Kentucky

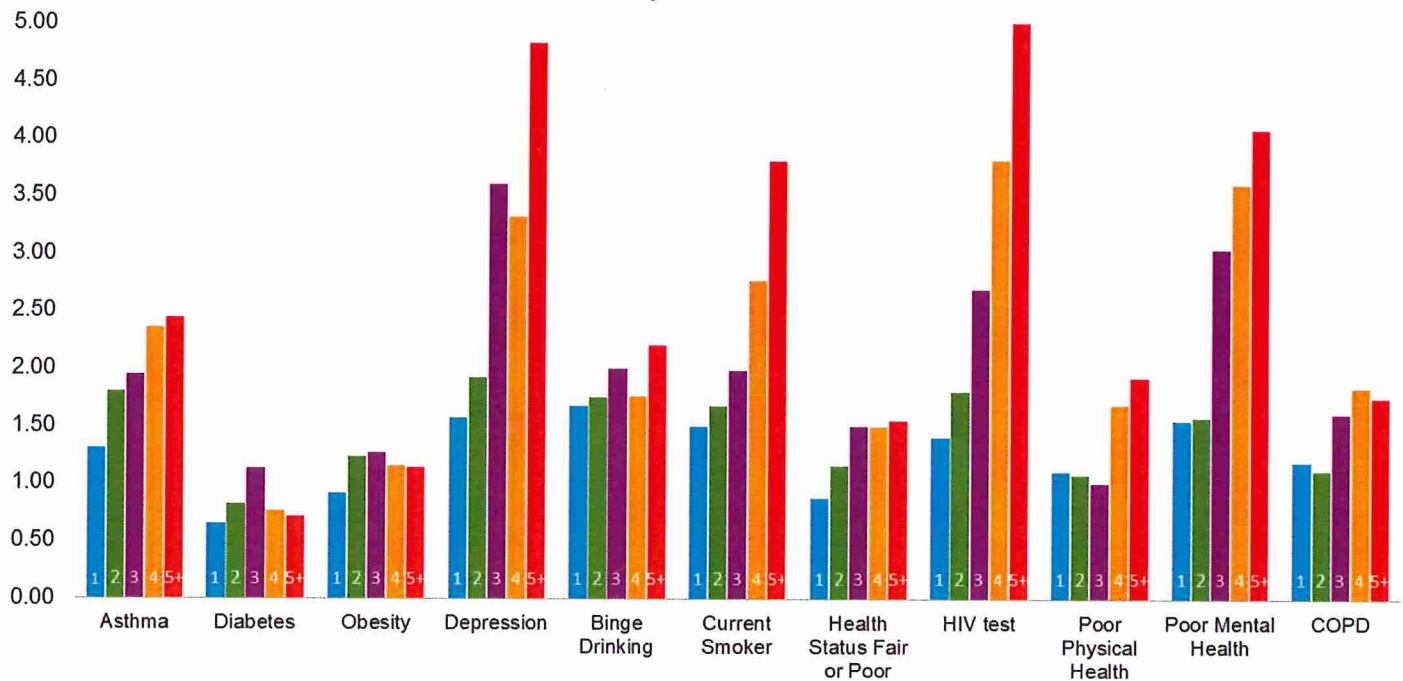
Data from the Kentucky Behavioral Risk Factor Surveillance (KyBRFS) indicates that several Kentucky adults experienced various types of ACEs. Of those experiencing at least one ACE, 32% experienced divorce in the household, 27% experienced drinking (problem drinker or alcoholism) in the household, and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

**Risk for Negative Health and Well-being Outcomes**

**# of ACEs**

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

Source: CDC, 2019

References:

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

January 27, 2020



# THE TRUTH ABOUT ACEs

## WHAT ARE THEY?

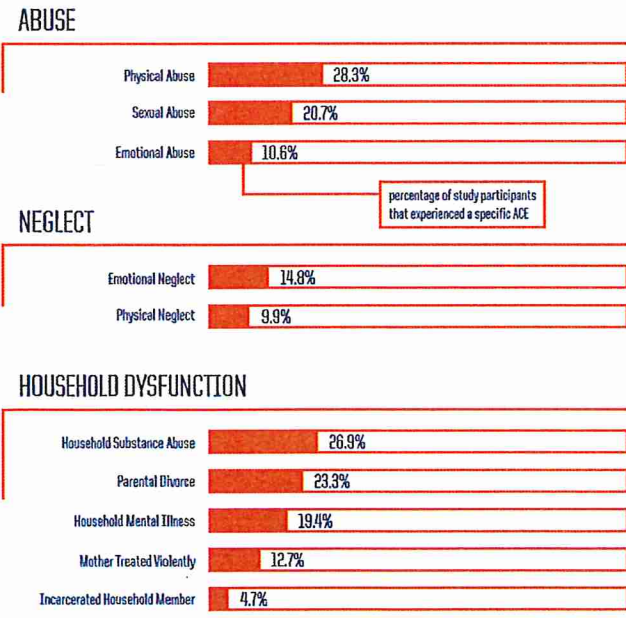
ACEs are  
ADVERSE  
CHILDHOOD  
EXPERIENCES

The three types of ACEs include

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

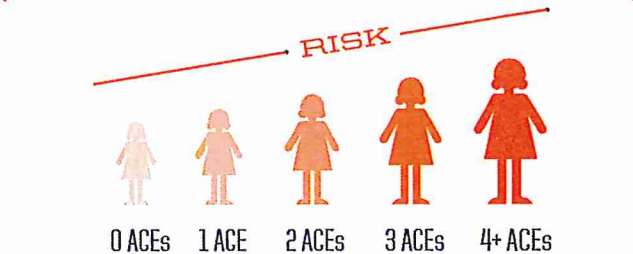
## HOW PREVALENT ARE ACEs?

The ACE study\* revealed the following estimates:



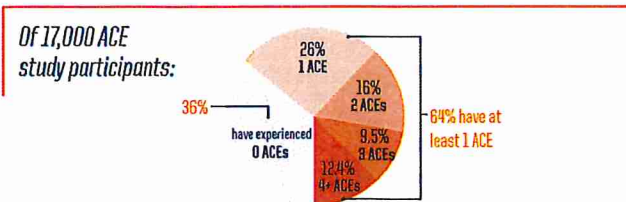
## WHAT IMPACT DO ACEs HAVE?

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



Possible Risk Outcomes:

BEHAVIOR				
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work
PHYSICAL & MENTAL HEALTH				
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones



\*Source: <http://www.cdc.gov/ace/prevalence.htm>

# IMPROVE DIABETES OUTCOMES



KENTUCKY DIABETES NETWORK, INC.

[www.KYdiabetes.net](http://www.KYdiabetes.net)

Kentucky Diabetes Network

@KYDiabetes

**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**



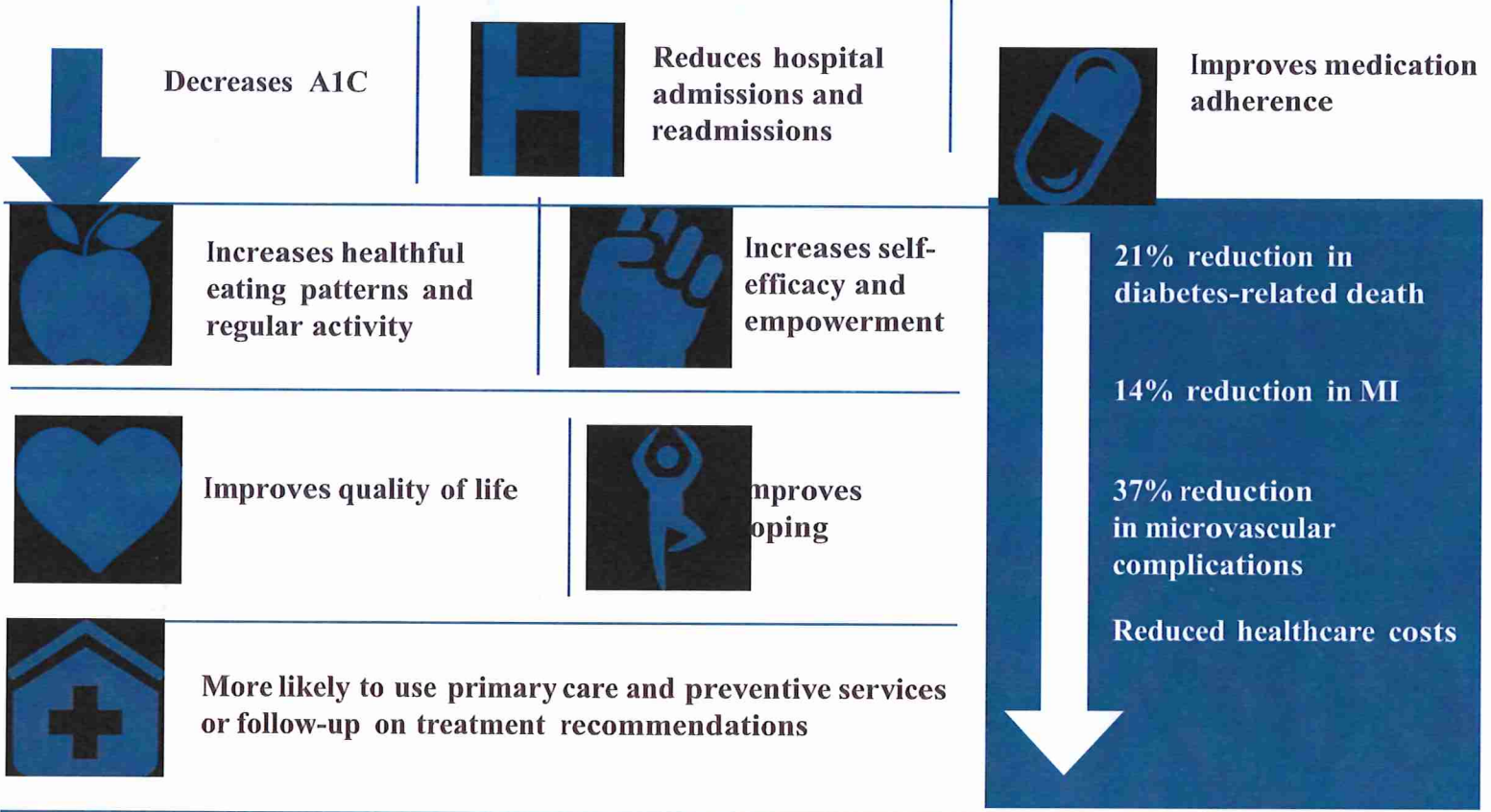
**Problem Solving**  
(for hypo/hyperglycemia and sick days)



**Reducing Risks**  
(for acute and chronic complications)



# Evidence shows diabetes education:



## 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?

To learn more, visit [www.kydiabetes.net](http://www.kydiabetes.net) or go to <https://prd.chfs.ky.gov/KYDiabetesResources/>  
Or call 1-800-928-4416

### References:

1. ADA Standards of Medical Care in Diabetes – 2017. Diabetes Care 2017 Jan; 40 (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.

## 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

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

# DIABETES IN KENTUCKY

A Public Health Epidemic - 2020

## Diabetes

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

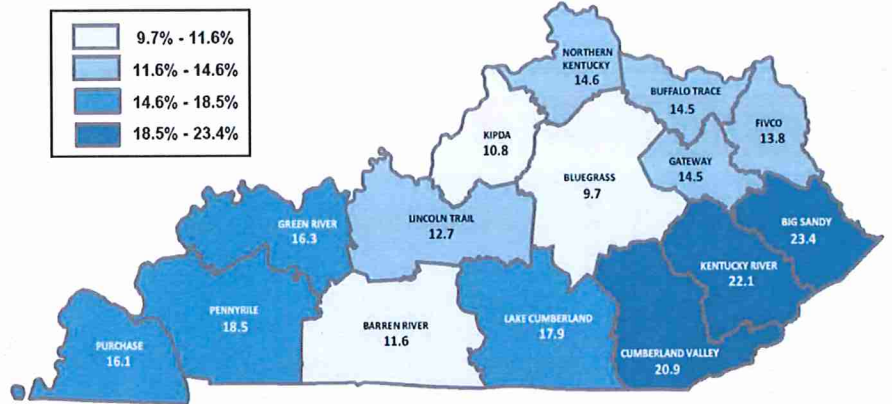


158,200 adults are estimated to have diabetes but are undiagnosed

632,700 with diagnosed and undiagnosed diabetes

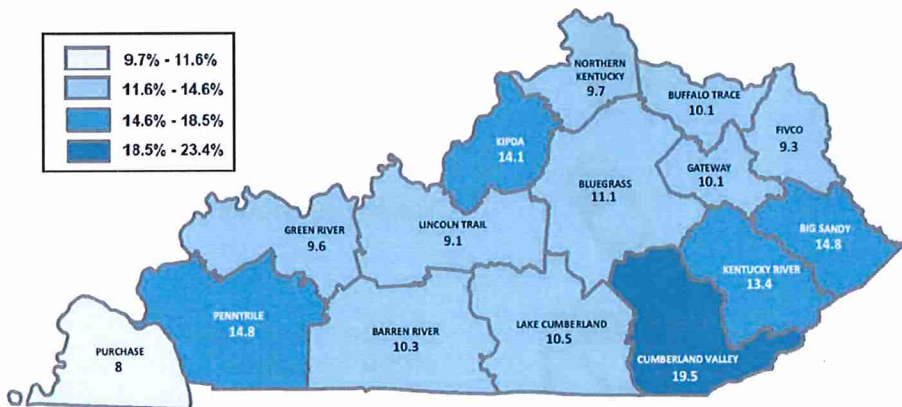
1 of 4 don't know it

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



Statewide Prevalence: 13.7%  
Nationwide Median: 10.9%

Prevalence of **Diagnosed Prediabetes** by Kentucky Regions  
2018 Kentucky Behavioral Risk Factor Surveillance Survey



Statewide Prevalence: 11.8%

## Prediabetes

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



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

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

## Cost

\$\$\$

\$5.16  
BILLION

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

Higher risk of serious and costly complications



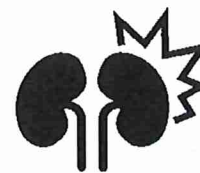
Heart Disease



Stroke



Loss of Toes,  
Feet or Legs



Kidney Disease



Blindness

## Risk Factors for Type 2 Diabetes



Overweight



45 and Older



Physically Inactive



Prediabetes



Family History

## What Can You Do?

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



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



Attend a National Diabetes Prevention Program (DPP)



Make healthy food choices



Be more active



Lose weight if needed

Learn more at [www.cdc.gov/diabetes/prevention](http://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

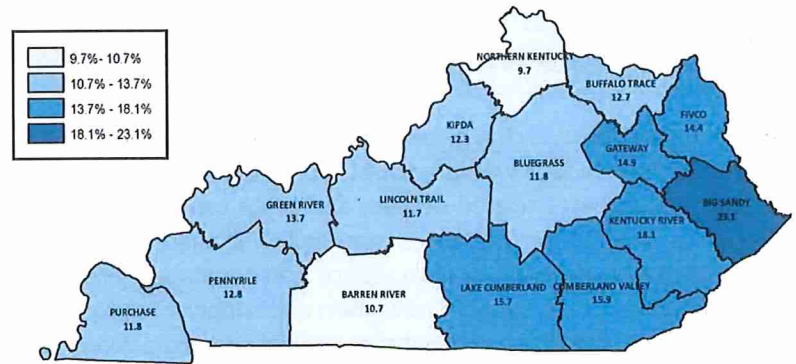
## DIABETES: A Public Health Epidemic

### 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)<sup>1</sup>. KY ranks 7<sup>th</sup> highest in the U.S. for diabetes prevalence<sup>3</sup>. (Nationwide median: 10.5%)
- An estimated 147,500 adults are living with undiagnosed diabetes based on the national rate<sup>2</sup>.
- 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)<sup>3</sup>.

### Prevalence of Diagnosed Diabetes by Kentucky Regions

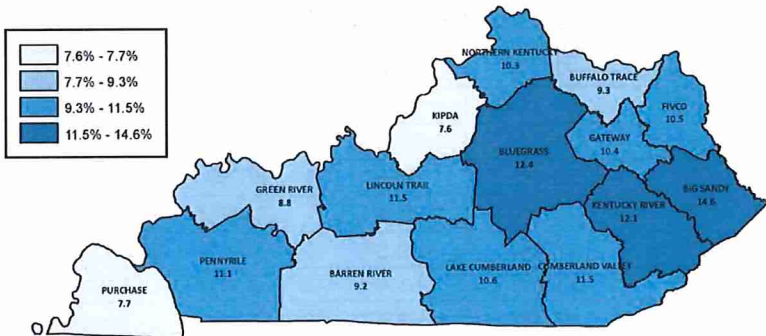
2017 Kentucky Behavioral Risk Factor Survey



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)<sup>3</sup>.
- 812,000 adults are estimated to have undiagnosed prediabetes<sup>2</sup>.
- An estimated 1 in 3 adults (33.9% or 1.1 million) have diagnosed or undiagnosed prediabetes<sup>2</sup>.
- 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<sup>3</sup>.

### 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<sup>th</sup> highest death rate in the U.S. due to diabetes. This is an increase from 14<sup>th</sup> in 2014. Diabetes is the 6<sup>th</sup> leading cause of death by disease in KY and the U.S. It is the 3<sup>rd</sup> 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<sup>3</sup>.
- 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 absence<sup>4</sup>.
- ◆ Diabetes has the 3<sup>rd</sup> highest average cost for individual KY hospitalizations for common chronic diseases at \$35,493 (2017)<sup>3</sup>.
- ◆ 3<sup>rd</sup> 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<sup>3</sup>.
- ◆ Diabetes costs KY \$5.16 billion in total medical costs, lost work and wages (2017)<sup>4</sup>.

## 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 <sup>1</sup>	2012 Kentucky <sup>1</sup>	2013 Kentucky <sup>1</sup>	2015 Kentucky <sup>1</sup>	2017 Kentucky <sup>1</sup>	2015 U.S. <sup>5</sup>
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 <sup>6</sup>	Federally Qualified Health Center Data Report for Kentucky <sup>7</sup>	2019 Kentucky Diabetes Report <sup>3</sup> Kentucky Medicaid Managed Care HEDIS Scores 2018	2018 HEDIS National Medicaid Benchmark (50 <sup>th</sup> Percentile) <sup>3</sup>
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>



# HEALING our Community

Healing Evolves Around Loving all Individuals through Nurturing Guidance



[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

## How Can the Faith-Based Community Help?

**Historic Wayne Theater**

**March 10, 2020**

**6:00pm**

**30 N. Main Street, Monticello, KY**

**Come early at 5:00pm for a meal with resource networking  
at the Restoration House (2 doors down from the theater)**

**\*\*\*FREE EVENT\*\*\***

**RSVP by March 6, 2020**

**Online at <https://www.surveymonkey.com/r/BT5HBXV>**

**or call**

**(Susan) 502-430-2260 or (Tishanna) 502-430-2286**



*This product was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under grant # H1URH31441. The information, conclusions and opinions expressed in this product are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.*