## AGENDA

Call to order by Chairman

Minutes of the last meeting

## OLD BUSINES8

Amend budget
NEW BUSINE

Set tax rate

Approve budget

Board members that term expire $12 / 20010$.
Election of Officers

Local members to serve on the district board

Comments from the Director

Health Educator

Diabetes update

Ron Shumard Census Center) -

Meeting

Adjourrined

## LCDHD County Healih Departments

[^0]Give the Communications Assistant our phone number to contact us. Ahaillyy Truby fre B Brotiter Tomonorow

## Lake Cumberland District Health Department

## greden county health center

220 Industrlal Park, Grecinsburg, ஷ̇entucky 42743 - Phone 270-932m4341 - Fax 270-932-6016 Hard of 'Hearing, Speech Impaired, or Deaf isers, call the Kentucky Relay Service at (800) 648-6056.

Or contact is on the web at www. Icdhd. org

# Green County Board of Flealth Meeting <br> February 21,2019 

## Board Members Present:

John Frank
Garth Bobrowski
Mary Despain
Paul Patterison

- Shane DeSimone

Glenda Bagby
Mark Risen
Pam Bills
Devi Bradshaw
Teresa Collison

Others Present:
Kaylene Bush
.Stella Durrett
Jackie Hodges
Ron Cimala
Shawn Crabtree
Tracy Aaron
Board Members Absent:
Mike Shuffett
Charlic Allen

On Thursday, February 21, 2019 the Green County Board of Health met for their regular scheduled meeting at the Green County Health Department.
Garth Bobrowski, chairman, called the meeting to ordei. After reviewing minutes from the previous meeting, Mary Despain made a motion to approve as read. There was a second by Paul Patterson, all in favor, motion carried.

In old business, Shawn Crabtree, Executive Director of Lake Cumberland District Health Department, gave a summary of where we stand with this year's budget.

## New Business:

Mr . Crabtree presented the budget which included installing safety features in the front office and an automatic generator. After much discussion, Teresa Collison made a motion to leave the tax rate at .034 per $\$ 100$ of property. Shane DeSimone made a second and motion carried.
Devi Bradshaw made a motion to approve the budget, Paul Patterson seconded with all in favor. Motion carried.

# Lake Cumberland District Health Department 

GREEN COUNTY HEALTH CENTER

220 Industrial Park, Greensborg, Kentucky 42743 - Phone 270-932-4341 - Fax 270-932-6016
Hard of Hearing, Speech Impaired, or Deaf user's, call the Kentucky Relay Service at (800) 6.48-6056,

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

The board members that their terms are expiring 12/2019 all agreed to extend their term. They were: Garth Bobrowski, Dentist; Shane DeSimone, Physician; Mark Risen, Physician; Pam Bills, Physician and Teresa Collison, Pharmacist.
The current officers are:: Garth Bobrowski, Chairman; Paul Patterson, Vice-Chairman; Mary Despain, Treasurer and Stella Durrett, Secretary. Glenda Baby made a motion to leave as is and Devi Bradshaw seconded.. All in favor, motion carried.

The local representatives on the district board always include the County Judge (John Frank) and one other local board appointed member. Pam Bills graciously agreed to remain on the district board. Devi Bradshaw made a motion for Pam to remain on the district board, seconded by Teresa Collision. All in favor, motion carried.

Mr. Crabtree addressed the State pension crisis and how it might affect the organization. There was much discussion. He also addressed the Hepatitis A outbreak in our area.

Jackie Hodges, Health Educator presented Commmity Health Assessment landings and an update to the Community Health Improvement Plan.

Mary Despain made a motion to adjourn Pam Bills seconded, all in favor, motion carried,




# Robertson - Construction LLC BID PROPOSAL FORM 



## Robertson - Construction LLC BID PROPOSAL FORM

## Doug Robertson

2398 Highway 1464
Greensburg, Ky. 42743
270-299-6106 cell

| CUSTOMER NAME: | Green County Health Department |
| :--- | :---: |
| PHONE: | $270-932-1896$ |
| DATE: | $2 / 1 / 2020$ |


| SCOPE OF WORK |
| :--- |
| This bid is for new cabinets and install plexiglass of customer sign-in area. |
| I will demo and dispose of all cabinets and materials that is a part of this project. |
|  |
| I will install new cabinets per the customer design, in the areas that we have agreed on and |
| install Lexan plexiglass in the two areas . |
| I will paint any part of the walls that is damaged due to demo or install. |
|  |
|  |
|  |
|  |
|  |
|  |
| Total for this project is $\$ 14,000.00$ |
|  |

BID ACCEPTED BY:
(CUSTOMER or REPRESENTATIVE)

DATE: $\qquad$



Balance: 34,388.55
Term: 24M
Deposit increment: 0.01
Purchase date: 16JAN20
HSA / IRA certificate: Min balance for divs: 500.00

Dividend type: FIX
Dividend posting option: A
Compounding frequency: Q
Type code for renewal: 24 MQ
Days in year: 365
Dividends YTD: 228.50
Previous YTD dividends: 767.88
Funds pledged: 0.00

Joint Owner:
DIRECT DEPOSIT:
RATE RISER DATE:
SPECIAL NOTES:
IRA RATE RISER DATE:
Restriction message: Misc data:

Dividend accrued through 17FEB2020 ... \$ 41.66
Dividend last posted: 32.19

Transaction date: 16JAN20
Through date: 15JAN20

APYE: for 0 days
Avg daily balance: 0.00

RATE INFORMATION:

| Start | End | Rate |  |  | Low | High |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Date | Date | Method | Tier | Rate | Balance | Balance |
| 16 JAN20 | END | FULL | 1 | 1.340 | 0.00 | END |

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

|  | From 2019 Property Tax Assessment |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Total Property Subject to Taxation | Real Property Subject to Taxation | Personal <br> Property <br> Subject to <br> Taxation | Motor Vehicle Property Subject to Taxation |
| F - Real Estate | 346,593,647 | 346,593,647 |  |  |
| G - Tangible Personal | 11,836,815 |  | 11,836,815 |  |
| H-PS Real Estate - Effective | 27,550,901 | 27,550,901 |  |  |
| I - PS Tangible - Effective | 36,618,673 |  | 36,618,673 |  |
| J - Distilled Spirits | 0 |  |  |  |
| M - Motor Vehicles | 69,395,060 |  |  | 69,395,060 |
| N - Watercraft | 1,558,895 |  | 1,558,895 |  |
| Aircraft | 0 |  | 0 |  |
| Watercraft (Non-Commercial) | 0 |  | 0 |  |
| Inventory in Transit | 0 |  |  |  |
| Total | 493,553,991 | 374,144,548 | 50,014,383 | 69,395,060 |
| Tax Base (Total Divided by 100) | 4,935,540 | 3,741,445 | 500,144 | 693,951 |
| Tax Rate |  | \$ 0.0340 | \$ 0.0340 | \$ 0.0340 |
| Total Projected Tax (Tax Base * Tax Rate) | 167,808 | 127,209 | 17,005 | 23,594 |
| Required Support @ . 028 | 138,195 | 104,760 | 14,004 | 19,431 |
| Tax Support for Land,Building \& Equipment | 29,613 | 22,449 | 3,001 | 4,164 |
| Tax Projections @ 95\% Collection Rate |  |  |  |  |
| Real Property Projections | 120,849 |  |  |  |
| Tangible Personal Property Projections | 16,155 |  |  |  |
| Motor Vehicle Projections | 22,415 |  |  |  |
| Total | 159,418 |  |  |  |

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



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

|  | From 2019 Property Tax Assessment |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Total Property Subject to Taxation | Real Property Subject to Taxation | Personal <br> Property <br> Subject to <br> Taxation | Motor Vehicle Property Subject to Taxation |
| F - Real Estate | 346,593,647 | 346,593,647 |  |  |
| G - Tangible Personal | 11,836,815 |  | 11,836,815 |  |
| H-PS Real Estate - Effective | 27,550,901 | 27,550,901 |  |  |
| I - PS Tangible - Effective | 36,618,673 |  | 36,618,673 |  |
| J - Distilled Spirits | 0 |  |  |  |
| M - Motor Vehicles | 69,395,060 |  |  | 69,395,060 |
| N - Watercraft | 1,558,895 |  | 1,558,895 |  |
| Aircraft | 0 |  | 0 |  |
| Watercraft (Non-Commercial) | 0 |  | 0 |  |
| Inventory in Transit | 0 |  | 0 |  |
| Total | 493,553,991 | 374,144,548 | 50,014,383 | 69,395,060 |
| Tax Base (Total Divided by 100) | 4,935,540 | 3,741,445 | 500,144 | 693,951 |
| Tax Rate |  | \$ 0.0360 | 0.0360 | \$ 0.0360 |
| Total Projected Tax (Tax Base * Tax Rate) | 177,679 | 134,692 | 18,005 | 24,982 |
| Required Support @ . 028 | 138,195 | 104,760 | 14,004 | 19,431 |
| Tax Support for Land,Building \& Equipment | 39,484 | 29,932 | 4,001 | 5,552 |
| Tax Projections @ 95\% Collection Rate |  |  |  |  |
| Real Property Projections | 127,957 |  |  |  |
| Tangible Personal Property Projections | 17,105 |  |  |  |
| Motor Vehicle Projections | 23,733 |  |  |  |
| Total | 168,795 |  |  |  |

CLASS OF PROPERTY
REAL ESTATE, TANGIBLE PERSONALTY, PUBLIC SERVICE AND DISTILLED SPIRITS


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


| 2018 R. E. Exonerations \& Refunds | $1,319,700$ |
| :--- | ---: |
| 2018 Tangible Exonerations \& Refunds | 195,152 |

* 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 GREEN 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




| Taxing District | Tax Rate | Year | Revenues |  | Expenditures |  | Net Income/Loss |  | Bank Account Balance |  | Percentage of Increase/Decr ease | Percentage of Annual Expenses Covered by Tax Revenue | Percentage of <br> Annual <br> Expenses in Excess of Tax Revenue | Bldg. Sq. Ft | $\begin{array}{\|c\|} \hline \text { Construction } \\ \text { Cost } @ \$ 215.00 \\ \hline \end{array}$ | $\begin{gathered} \text { Construction } \\ \text { Cost/10 } \\ \hline \end{gathered}$ |  | $\%$ of Reserve Need |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| McCreary | \$0.040 | 2011 | \$ | 184,076.80 | \$ | 155,877.44 | \$ | 28,199.36 | \$ | \$ 293,302.01 |  | 100\% | 0\% | 7,254 | \$ 1,559,610.00 | \$ | 155,961.00 | 298\% |
|  |  | 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\% |  |  |  |  |  |
|  |  | $\mu$ | \$ | 196,386.05 | \$ | 174,139.78 | \$ | 22,246.27 |  | \$ 363,584.92 |  |  |  |  |  |  |  |  |
|  |  | 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\% |  |  |  |  |  |
| Pulaski | \$0.030 | 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 |  | 5 567,892.31 | 4\% | 100\% | 0\% |  |  |  |  |  |
|  |  | 2017 |  | 1,249,375.16 |  | 1,171,924.09 | \$ | 77,451.07 |  | 5 645,343.38 | 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\% |
|  |  | $\mu$ |  | 1,155,648.97 |  | 1,127,104.89 | \$ | 28,544.09 |  | 558,590.39 |  |  |  |  |  |  |  |  |
|  |  | 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\% |  |  |  |  |  |
| Russell | \$0.045 | 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 | \$ | 5 51,965.61 | 61\% | 100\% | 0\% | 11,922 | \$ 2,563,230.00 | \$ | 256,323.00 | 20\% |
|  |  | $\mu$ | \$ | 759,709.24 | \$ | 741,497.76 | \$ | 18,211.48 |  | \$ 46,534.40 |  |  |  |  |  |  |  |  |
|  |  | 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\% |  |  |  |  |  |
| Taylor | \$0.0325 | 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\% |
|  |  | $\mu$ | \$ | 514,876.92 | \$ | 482,187.19 |  | 32,689.72 |  | \$ 201,924.00 |  |  |  |  |  |  |  |  |
|  |  | 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\% |  |  |  |  |  |
| Wayne | \$0.030 | 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\% |
|  |  | $\mu$ | \$ | 259,969.02 | \$ | 260,650.39 | \$ | (681.37) |  | \$ 114,112.03 |  |  |  |  |  |  |  |  |

## Green County Board of Health / Local Funds Project

## Improving Access to Fruits and Vegetables - Farmers' Market on Green River

The aim of this proposal is to increase fruit and vegetable consumption among Green County citizens. The CDC recognizes starting or expanding a farmers' market as a strategy to increase consumption of fruits and vegetables. Eating a diet high in fruits and vegetables is associated with a decreased risk of many chronic diseases, including heart disease, stroke, high blood pressure, diabetes, and some cancers. The key implementation challenge will be acquiring matching funds to complete the project.

## Background to the project:

Green County Board of Health (BOH) has funded two previous projects, 2018 and 2019, to expand the services of the newly established market. In 2018, the BOH funded \$5063.55. In 2019, the funds awarded were $\$ 4000.00$. As a result of those efforts:

- In 2018, the WIC Farmers' Market vouchers redemption rate increased from 25\% in 2017 to 51\%.
- In 2019, the WIC redemption rate increased to 55\% and the health department was honored by receiving additional vouchers for their patients. Also, during this season, a market manager was hired through grant matching funds and a USDA grant was acquired for \$29,500.


## Expected Results:

As the farmers market strives for financial sustainability, the result of funding this proposal will provide the farmers market board with a market manager for another year. This will allow other board members to devote more time to the development of the market's operational system.

## Timeline of Work:

March-contract with market manager
May - first payment to manager
August - second payment
November - final payment

## Expected Budget:

Market Coordinator - $\$ 2000.00$ (pending grant approval, $\$ 4000.00$ value with Community Farm Alliance grant funds)

|  | $\mathbf{2 0 1 7}$ | $\mathbf{2 0 1 8}$ | $\mathbf{2 0 1 9}$ |
| :--- | ---: | ---: | ---: |
| Total days at the market | 29 | 29 | 30 |
| Total number of different vendors | 16 | 8 | 16 |
| Average number of vendors per day | 3 | 3.65 | 5 |
| Average number of farmer vendors per day |  |  | 3 |
| Average number of craft/non farmer vendors per day |  |  | 2 |
| Total customers | 1054 | 1328 | 1429 |
| Average number of customers per day | 35 | 45.79 | 48 |
| Total income | 7,220 | 8,278 | $11,341.50$ |
| Average income per day | 240 |  |  |
| Average number of products per day | 23 | 30 |  |
| Average amount customer spent | 6.84 |  |  |
| Number of WIC vouchers used | $63 / 252$ | $126 / 252$ | $138 / 252$ |
| Value of WIC vouchers used |  | 504 | 568 |
| New vendors |  | 3 |  |
| High vendor for 1 day |  | 8 | 8 |
| High customers for 1 day (special event) |  | 300 |  |
| High customers for a normal day |  | 105 | 150 |

## Family \& Youth Services Bureau Sexual

## Risk Avoidance Education (SRAE)

Overview of SRAE Program / Making a Difierence (WAD)

## Septiember 30, 2016 through October 1, 2019

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

Making the Difference (MAD) Program was implemented in all 14 middlle 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 - Jully 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 ${ }^{\circledR}\left(\mathrm{TOP}^{\ominus}\right)$ promotes the positive development of adolescents through curriculum-guided, interactive group discussions; positive adult guidance and support; and community service learning.
TOP is delivered by trained adult facilitators across a school year to groups of teens (called "TOP Clubs"). TOP is designed to meet the developmental needs of middle and high school teens and can be implemented in a variety of settings, including in-school, after-school, through community-based organizations or in systems and institutional settings, including residential facilities.
TOP curriculum is focused on key topics related to adolescent health and development, including building social, emotional, and life skills; developing a positive sense of self; and connecting with others.
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un


## ADVERSE CHILDHOOD EXPERIENCES (ACEs)

## Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being including early death ${ }^{1}$. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. The original ACE Study was a research study conducted by Kaiser Permanente and the Centers for Disease Control and Prevention. Participants were recruited to the study between 1995 and 1997 and have been in long-term follow up for health outcomes. The study has demonstrated that ACEs are common, often occur together, and are associated with health and social problems as an adult ${ }^{2,3}$.



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

Distribution of ACEs


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

## Common ACEs in Kentucky

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


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)


[^1][^2]

## ACES are ADVERSE CHILDHロロロ EXPERIENCES

## HOW PREVALENT ARE ACEs？

ABUSE The ACE study ${ }^{*}$ revealed the following estimates：



HOUSEHOLD DYSFUNCTION




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


## IMPROVE

## dIIABETES OUTCOMES



KENTUCKY DIABETES NETWORK, INC.
www. KYdiabetes.net
[ifil Kentucky Diabetes Network回@KYDiabetes

60\%of people with diabetes have never received formal diabetes selfmanagement education and support (DSMES).

AADE 16

Diabetes Self-management Education and
Support (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.

Everyone with diabetes needs DSMES, lout especially at these four critical times:
(1) At diagnosis

2 Annual assessment of education, nutrition and emotional needs

3 When new complicating factors influence selfmanagement
(4) When transitions in care occur

## Diabetes education helps your patients malke better selfi-management decisions



Healthy Coping

## Problem Solving

(for hypo/hyperglycemia and sick days)

## Reducing Risks

(for acute and chronic complications)

## Evidence shows diabetes education:



Reduces hospital admissions and readmissions


Improves medication adherence

Increases healthful eating patterns and regular activity


Increases selfefficacy and empowerment

Improves quality of life


More likely to use primary care and preventive services or follow-up on treatment recommendations
$14 \%$ reduction in MI
$37 \%$ reduction in microvascular complications

Reduced healthcare costs
$21 \%$ reduction in diabetes-related death

## A diabetes educator:

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

- 

evaluates progress and communicates with providers

References:

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

## How do I refer a patient?

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

## Population/Resources 2019-2020

## Population

While Kentucky is ranked in the top ten unhealthiest states, our District is below the state average. Kentucky statewide population averages $34 \%$ in obesity (US - 29\%) (1), $27 \%$ in physical inactivity (US-22\%) (1), and $13.8 \%$ with diabetes (2). Our district population averages $36.2 \%$ in obesity, $32.1 \%$ in physical inactivity (an improvement from $33.6 \%$ ), and $14.6 \%$ with diabetes.(1) Our district includes ten of Kentucky's 120 counties. Eight of these ten counties are Appalachian counties. Our district is primarily rural, covers 3,720 square miles geographically, and has a population of 209,231.
Compounding the health problems in our area, an average of $7.61 \%$ are uninsured compared to the state average of $6.7 \%$. The state average poverty rate is $16.9 \%$, while in the Lake Cumberland District the average is 23.9\%. Language other than English is spoken in 2.63\% of homes in our district. Approximately $6.1 \%(12,728)$ of our district's residents are veterans. ** We do not have a YMCA or many of the low cost health improvement opportunities offered in larger urban areas.

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

## Resources

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

Lake Cumberland District Health Department Diabetes Education Program

Data for 2019-2020 Diabetes Education Program Plan

| County <br> Ranking <br> Based on <br> Health <br> Outcomes | County | **Population | (1) \% <br> Prevalance <br> of Type 2 <br> Diabetes | **Race | (1) $\%$ Obesity | (1)\%Physical Inactivity |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 49 | Adair | 19,215 | 16 | $\begin{aligned} & \hline \text { W 94.9\% } \\ & \text { B3 } \% \\ & \text { H 2\% } \end{aligned}$ | 38 | 36 |
| 102 | Casey | 15,888 | 15 | $\begin{aligned} & \text { W 97.3\% } \\ & \text { B 1 \% } \\ & \text { H 3.1\% } \end{aligned}$ | 38 | 29 |
| 64 | Clinton | 10,206 | 15 | $\begin{array}{\|l\|l\|} \hline \text { W 97\% } \\ \text { B 0.6\% } \\ \text { H 3\% } \\ \hline \end{array}$ | 37 | 34 |
| 59 | Cumberland | 6,659 | 15 | W 94.8\% <br> B 3\% <br> H 1.5\% | 34 | 33 |
| 40 | Green | 11,049 | 14 | $\begin{aligned} & \text { W } 95.9 \% \\ & \text { B 2.1\% } \\ & \text { H } 1.9 \% \\ & \hline \end{aligned}$ | 37 | 32 |
| 116 | McCreary | 17,408 | 15 | W 91.6\% <br> B 5.7\% <br> H 2.6\% | 36 | 35 |
| 62 | Pulaski | 64,623 | 14 | $\begin{aligned} & \text { W 96.4\% } \\ & \text { B 1.2\% } \\ & \text { H 2.6\% } \\ & \hline \end{aligned}$ | 35 | 30 |
| 77 | Russell | 17,821 | 13 | W 96.8\% <br> B $0.9 \%$ <br> H 3.8\% | 32 | 29 |
| 57 | Taylor | 25,549 | 14 | W 91.6\% <br> H $2.5 \%$ | 33 | 31 |
| 91 | Wayne | 20,813 | 15 | $\begin{aligned} & \text { W 95.6.\% } \\ & \text { B 2\% } \\ & \text { H 3.5\% } \\ & \hline \end{aligned}$ | 40 | 32 |

1Data from http://www.countyhealthrankings.org/app/kentucky/2019/rankings accessed 1/29/2020
2 Data from http://stateofobesity.org/rates/ 2018 data accessed 1/29/2020
** Data from https://www.census.gov/quickfacts- accessed 1/29/2020

## 2019 Kentucky Diabetes Fact Sheet

## DIABETES: A Public Health Epidemic

## Diabetes is COMMON in Kentucky

- From 2000 to 2017, diagnosed diabetes in KY adults has nearly doubled from $6.5 \%(198,052)$ to $12.9 \%(442,500 \text { or } 1 \text { in } 8)^{1}$. KY ranks $7^{\text {th }}$ highest in the U.S. for diabetes prevalence ${ }^{3}$. (Nationwide median: 10.5\%)
- An estimated 147,500 adults are living with undiagnosed diabetes based on the national rate ${ }^{2}$.
- In Appalachia, the adult rate for diagnosed diabetes is $17 \%$ compared to $11.2 \%$ in non-Appalachian counties.
- 3,352 youth had a diabetes diagnosis claim in the Kentucky Employees' Health Plan (278) and Medicaid $(3,074)^{3}$.

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


Statewide Prevalence: 12.9\%

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


Statewide Prevalence: 10.2\%

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


## Diabetes is SERIOUS in Kentucky

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

| Diabetes Status and Co-existing Condition or Risk 2017 Kentucky Behavioral Risk Factor Survey |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Diabetes 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 ${ }^{4}$.
- Diabetes has the $3^{\text {rd }}$ highest average cost for individual KY hospitalizations for common chronic diseases at $\$ 35,493(2017){ }^{3}$.
- $3^{\text {rd }}$ highest overall cost of several common chronic diseases in the KY Medicaid population (2017).
- Diabetes is one of the most costly chronic conditions for both active employees and early retirees in the Kentucky Employees' Health Plan (KEHP) population, at almost $\$ 174$ million in combined medical and prescription drug costs in $2017^{3}$.
- Diabetes costs KY $\$ 5.16$ billion in total medical costs, lost work and wages (2017) ${ }^{4}$.


## Diabetes is MANAGEABLE and in Many Cases PREVENTABLE

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

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

| Reported Diabetes Care Practice Rates Among Adults with Diabetes Kentucky Behavioral Risk Factor Survey - 2014 and 2016 Data Not Collected for These Indicators |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Indicator <br> Within past year unless otherwise noted | $\begin{gathered} 2011 \\ \text { Kentucky }^{1} \end{gathered}$ | $2012$ <br> Kentucky ${ }^{1}$ | 2013 <br> Kentucky ${ }^{1}$ | $\begin{gathered} 2015 \\ \text { Kentucky }^{1} \end{gathered}$ | $\begin{gathered} 2017 \\ \text { Kentucky }^{1} \end{gathered}$ | $\begin{aligned} & 2015 \\ & \text { U.S. }{ }^{5} \end{aligned}$ |
| Taken a diabetes self-management course | 47.3\% | 49.0\% | 49.6\% | 48.0\% | 46.\% | 54.8\%* |
| A1C test checked $\geq 1$ time | 84.0\% | 80.8\% | 89.2\% | 90.4\% | 94.5\%* | NA |
| A1C test checked $\geq 2$ times | 74.4\% | 73.4\% | 74.5\% | 74.1\% | 80.2\%* | 74.9\% |
| Retinal or dilated eye exam | 65.7\% | 61.0\% | 65.2\% | 67.3\% | 66.5\% | 70.1\%* |
| Professional foot exam | 64.7\% | 67.2\% | 72.1\% | 72.4\% | 75.9\%* | 75.7\%* |
| Flu shot | 61.2\% | 56.3\% | 58.3\% | 59.8\% | 56.4\% | 57.1\%* |
| Pneumonia shot ever | 61.4\% | 57.4\% | 62.1\% | 61.4\% | 67.4\%* | 64.7\%* |
| Self-foot exam daily | 68.3\% | 63.6\% | 67.9\% | 63.5\% | 64.0\%** | 60.4\% |
| Self-blood glucose monitoring daily | 68.9\% | 63.3\% | 69.7\% | 62.8\% | 62.0\% | 62.1\% |
| Seeing a health professional for diabetes $\geq 1$ time | 87.6\% | 84.7\% | 88.8\% | 88.4\% | 92.0\% | 89.3\% |
| *Measures noted in green ink indicate the value is an improvement for that measure from previous data available from the same source. |  |  |  |  |  |  |

2016, 2017 and 2018 Laboratory or Clinical Rates for Kentucky Adults with Diabetes
Statewide Data Not Available but Below Are Various Population Subsets from Listed Available Reports

| Indicator <br> Within the past year | 2017 Consolidated Measurement Report, Kentucky State Aggregate Report ${ }^{6}$ | Federally Qualified Health Center Data Report for Kentucky ${ }^{7}$ | 2019 Kentucky Diabetes Report ${ }^{3}$ Kentucky Medicaid Managed Care HEDIS Scores 2018 | 2018 HEDIS National Medicaid Benchmark ( $50^{\text {th }}$ Percentile) ${ }^{3}$ |
| :---: | :---: | :---: | :---: | :---: |
| A1C test checked $\geq 1$ time | 85\% | Not Available | 86.93\%* | 87.83\% |
| 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\% |

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.


## 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


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


## 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



## Risk Factors for Type 2 Diabetes



## What Can You Do?

You can PREVENT or DELAY type 2 diabetes


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

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 selfmanagement education and support program

Plan meals and make healthy food choices

Stay active

Take your medications


Quit smoking

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.

# John H. Frank 

Green County Judge-Executive
203 West Court Street
Greensburg, KY 42743
Phone: (270) 932-4024 • Fax: (270) 932-3635
johnfrank.cje@hotmail.com

February 25, 2020

Lake Cumberland District Board of Health
500 Bourne Avenue
Somerset, Ky 42501

Re: Proxy, Lake Cumberland District Board of Health Meeting- February 27, 2020

To Whom It May Concern,
I am unable to attend the Lake Cumberland District Board of Health meeting on February 27, 2020. I would like to name Dr. Garth Bobrowski as my proxy.

JHF/and


[^0]:    Adair • Casey • Clinton • Cumberland • Green • McCreary • Pulaski • Russell • Taylor • Wayne
    Hearing Impaired, or Speech Impaired users, call the Kentucky Relay Service at (800) 648-6056.

[^1]:    Source: CDC, 2019

[^2]:    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

