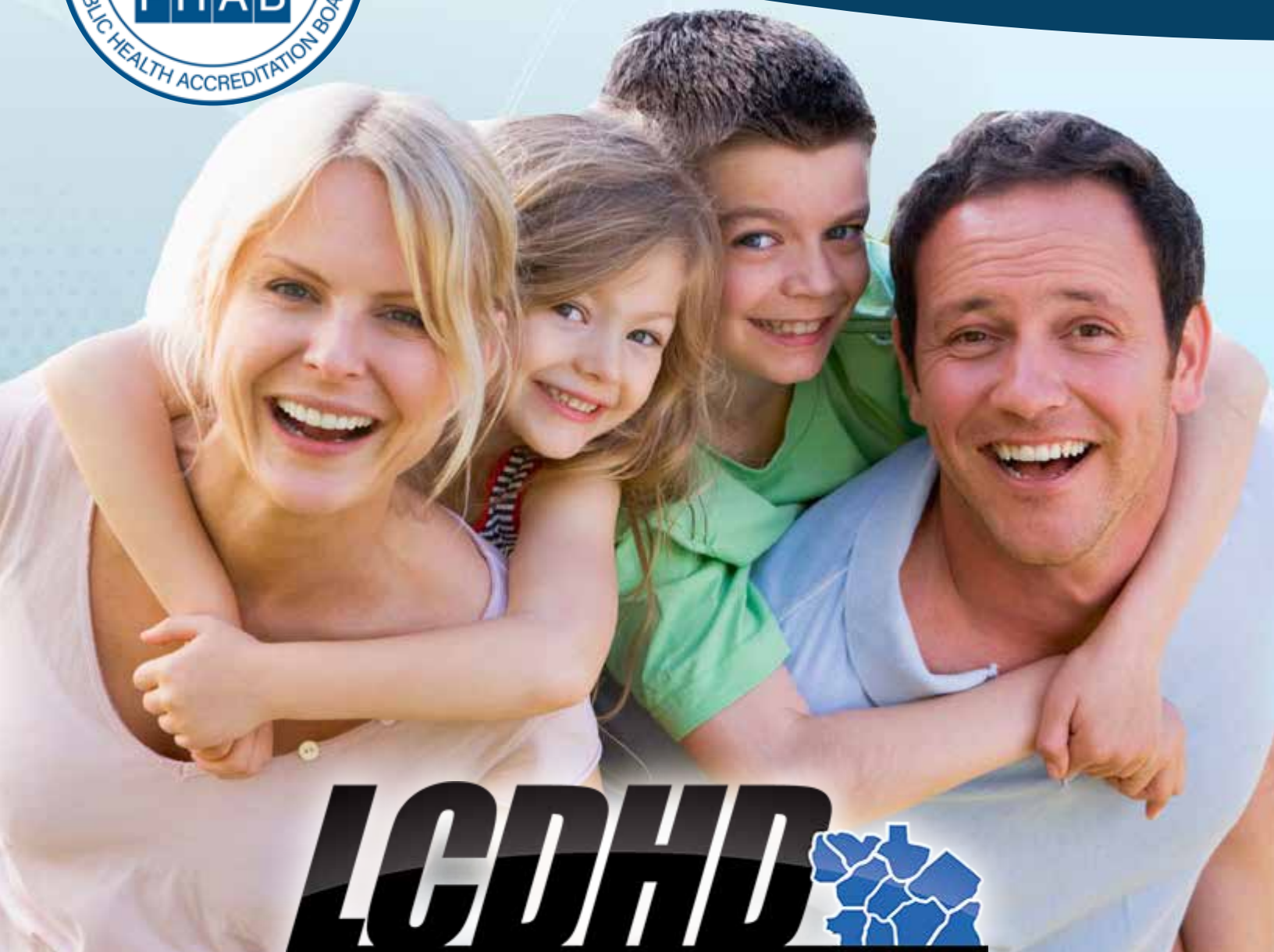




A Healthy **Today** for a Brighter **Tomorrow**



Lake Cumberland District Health Department

2018-2019 annualreport

ADAIR COUNTY • CASEY COUNTY • CLINTON COUNTY • CUMBERLAND COUNTY • GREEN COUNTY
McCREARY COUNTY • PULASKI COUNTY • RUSSELL COUNTY • TAYLOR COUNTY • WAYNE COUNTY



Gayle Phillips, DNP
Chair
Lake Cumberland District
Board of Health

From the District Board of Health Chair

This has been my first year to serve as the Chair of the Lake Cumberland District Board of Health. The year of 2019 has been busy and at times, challenging. We have worked together to face and overcome our challenges as well as navigate and meet the many goals of public health in our 10-county district. I am pleased with the solidarity and hope that we have accomplished.

The staff and executive team are amazing in this organization. I am so proud to be a part of what they are doing. Our healthcare system is complicated and changes often. There have been changes and trials this year that required willingness to adapt. I commend the employees and executive staff for their strength and ability to make these changes and work everyday doing their best to meet the needs of their communities. Our employees are the heart of Lake Cumberland District Health Department.

The Lake Cumberland District Board of Health is made up of people who are educated, skilled, and caring. They give of their time freely to serve for the betterment of the community and population. I thank them for their dedication and servant leadership. They keep the organization on track and moving forward.

I have spent my career working in healthcare and nursing for over 30 years. The people who are this organization make me proud and happy to be known as their chairperson and associate. I am honored and thankful that I have been allowed to serve as the chairperson for the Lake Cumberland District Health Department Board in 2019.

VISION STATEMENT

The Lake Cumberland District Health Department will be a progressive leader providing innovative solutions to achieve optimal health status for our communities.

MISSION STATEMENT

The Lake Cumberland District Health Department prevents illness and injury, promotes good health practices, and assures a safe environment to protect and improve the health of our communities.

A Healthy Today for a Brighter Tomorrow.

www.LCDHD.org



Shawn Crabtree
MSSW, MPA

Executive Director
Lake Cumberland District
Health Department

From the Director

As of January 2020, I will have served as the Lake Cumberland District Health Department (LCDHD) Director for 19 years. I am now one of the longest serving Health Department Directors in the state, and the longest serving member of the LCDHD Executive Team. I am grateful for all the wonderful people with whom I have served.

During the last several years we have faced one external financial challenge after another. That being said, proactive decisions by the Administration and Board have placed us in a healthy budgetary position. Well, at least this is so until the expected increase in agency retirement contribution kicks in. Even then, we are positioned well to be able to evolve.

LCDHD now writes and is awarded several grants annually. Where financial resources are lacking, these grants are utilized to address needs as identified in our Community Health Assessments.

Beginning last year and continue throughout 2019, our communities (as well as the rest of Kentucky, and several other states in the nation) have been inundated with Hepatitis A cases. Fortunately, new instances seem to have largely subsided. Our staff have responded well to the challenge.

We have continued our focus on continuous improvement having completed Clinic Clerical Process; Electronic Evaluations; Meece Middle CATCH Initiative; and, Bell Elementary CATCH Initiative Quality Improvement Projects. All these projects are reported on our website under "quality improvement".

Our audit reports and programmatic reviews continue to be positive, and our patient, board and employee satisfaction remains high.



2018 - 2019 ANNUAL REPORT Table of Contents

OurLeadership	2 - 5
OurSnapshot	6 - 7
OurFinances	8 - 13
OurServices	14 - 21

OurData	22 - 25
OurQuality	26 - 31
OurStaff	32 - 35
OurLocations	36 - 37

Adair County



Honorable
Gale Cowan



Matt Jackson,
RPh



Shantila
Rexroat, DVM



Hon.
Randy Dial



Adlie F. Brown,
Jr., DMD



Linda Hamilton,
Lay PE

Clinton County



Honorable
Ricky Craig



Jake Staton,
Engineer



Hon.
John Phelps, Jr.



Kristen Branham,
Consumer Rep



Honorable
John Frank



Pam Bills, Lay
MD

Cumberland County

Green County

McCreary County



Hon. Jimmy
"Bevo" Green



Stephen
McKinley, OD



Rosalie Wright,
Consumer Rep



Honorable
Steven Kelley
Vice Chair



Hossein
Fallahzadeh, MD



Patty Guinn,
RPh

Pulaski County

Pulaski County



L. Bruce Jasper,
DVM



Alvin Perkins,
MD



James Wesley,
Consumer Rep



Hon. Gary D.
Robertson



Richard Miles,
MD



Susanne
Watkins, OD

Russell County

Taylor County



Honorable
Barry Smith



Gayle Phillips,
DNP
Chair



Marlene
Richardson,
DMD



Honorable
Mike Anderson



Joseph Brown,
MD



Greg West,
Lay PE

Wayne County

2019

LOCAL BOARDS OF HEALTH

The Lake Cumberland District Health Department is governed by a 30-member District Board of Health with representation from each county's local board of health. The board is comprised of county judge executives, physicians, nurses, dentists, veterinarians, engineers, optometrists and citizen members, who are all pictured on the previous page. The following list is all the members of each county's local board of health within the Lake Cumberland District.

Adair County

James Bergin, MD
Janella Brown, DMD
Jacob Burton, OD
Billy Coffey, Fiscal
Debbie Cowan, Lay PE (Pending)
Honorable Gale Cowan
Catherine Feese, MD
Sheri Hutchison, RN (Pending)
Matt Jackson, RPh
Lee Ann Jessee, Consumer
Gary Partin, MD
Shantila Rexroat, DVM

Cumberland County

Kristen Branham, Consumer
Janet Clark, Lay RN
Brian Dyer, DVM
Robert Flowers, DO
Allison Kerr, OD
Gina Lee-Watson, Fiscal
Joseph Michael Morgan, RPh
Honorable John Phelps, Jr.
Tabatha Shelton, Lay PE (Pending)
John G. Stephenson, DMD
Gary White, Lay MD
Douglas Williams, Lay MD

Pulaski County

Reginald Chaney, PE
Rodney Dick, Fiscal
Hossein Fallahzadeh, MD
Patty Guinn, RPh
Bruce Jasper, DVM
Honorable Steven Kelley
Jim Muse, DMD
Alvin Perkins, MD
Harvey Schleter, OD
Tonya Shae, MD
James Wesley, Consumer
Rebecca Whitis, RN

Taylor County

Jerome Dixon, MD
Dan Durham, Consumer
Jay Eastridge, RPh
Arthur Haley, OD
Lisa Haliday, RN
Phil Hays, DVM
David Hesson, MD
Gayle Phillips, Fiscal
Marlene Richardson, DMD
Thomas Rogers, MD
Honorable Barry Smith
Vacant, PE

Casey County

Adlie Brown, DMD
Darin Cundiff, Lay MD
Honorable Randy Dial
Gina Goode, Lay RPh
Housam Haddad, MD
Linda Hamilton, Lay PE
Homer Hecht, Consumer
Kay King, RN
Linda Lee, Fiscal
John Price, MD
Tony Price, Lay OD
Don Wilkey, DVM

Green County

Charlie Allen, PE
Glenda Bagby, RN
Pam Bills, Lay MD
Garth Bobrowski, DMD
Devi Bradshaw, Fiscal
Teresa Collison, RPh
Shane DeSimone, MD
Mary DeSpain, Consumer
Honorable John Frank
Paul Patterson, OD
Mark Risen, MD
R. Michael Shuffett, DVM

Russell County

Connie Blankenship, Consumer
Don Cooper, Lay PE
Karen Dalton, RN
Mickey Garner, Fiscal
Sherie Helm, RPh
Stephanie Jones, MD
Richard Miles, MD
H. James Popplewell, DMD
Honorable Gary D. Robertson
C. Leslie Wade, DVM
Susanne Watkins, OD
Holly Von Gruenigen, MD

Wayne County

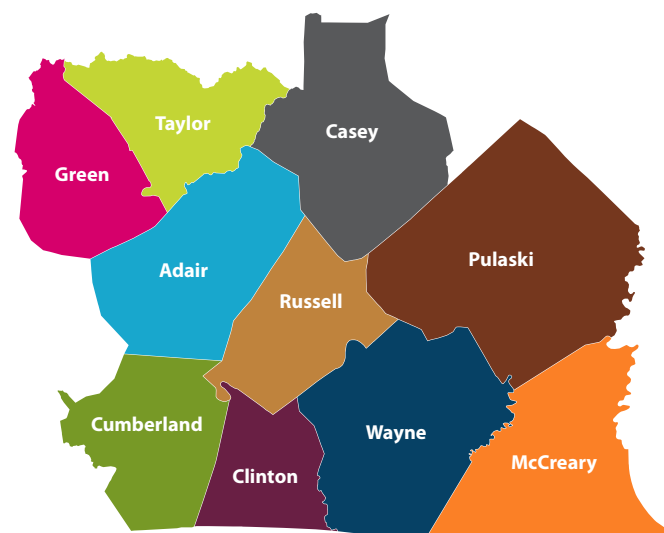
Honorable Mike Anderson
William Breeding, DMD
Joseph Brown, MD
Sarah Debord Weddle, Lay MD
Vesta Edwards, Lay DVM
Lora Elam, RN
Ronald McFarland, MD
Kenneth Ramsey, Consumer
James Sawyer, OD
Joe Silvers, RPh
Ronnie Turner, Fiscal
Greg West, Lay PE

Clinton County

Judith Brown, RN
Heather Brown-Conner, OD
Susan Cash, DMD
Honorable Ricky Craig
Charles Dailey, DVM
Carol Denney, Lay MD
Lala Haddix, Consumer
Christy Nuetzman Guffey, Fiscal
William Powell, MD
Laura Ann Roberts, RPh
Jake Staton, PE
Michael Wilson, MD

McCreary County

Allan Chapman, Lay DVM
Azalie Egnaw, Lay RN
Honorable Jimmy (Bevo) Green;
Martha Johnson, Lay MD
Terry Allan Lawson, Lay MD
Stephen McKinley, OD
Emily Ross, Lay MD
John Sandidge, RPh
Sue Singleton, Fiscal
Grady Wilson, Lay DMD
Rita Wright, Lay PE
Rosalie Wright, Consumer





183

Substance Use Disorder
clients received
case management service

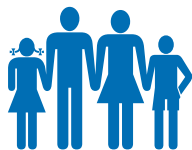
5

Harm Reduction Syringe
Exchange Programs exist in
5 counties across the Lake
Cumberland District.



380,000

Since June 2017, over 380,000 needles have been distributed, with a return rate of 101%.



5,711

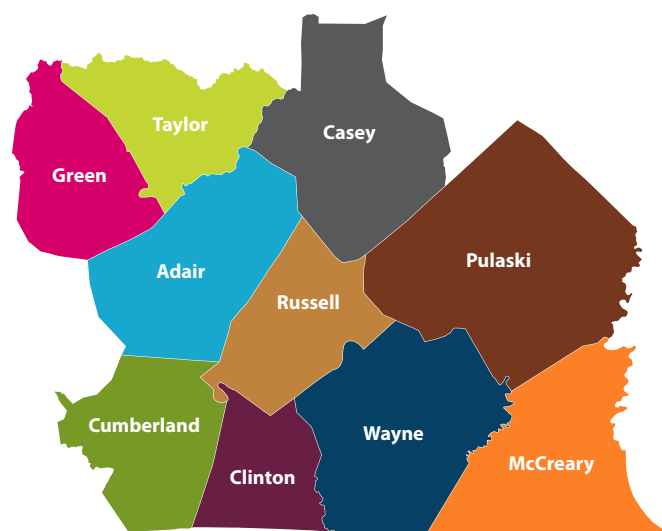
clients received
WIC
(Women, Infant, Children)
Services



139

caregivers given
portable cribs
through our partnership with
Cribs for Kids Safe Sleep Program

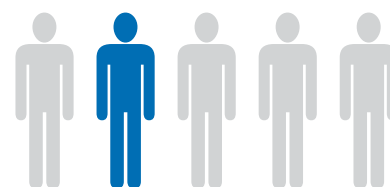
ALL 13
School Districts
in Lake Cumberland District
have implemented
100% Tobacco Free School Policy



46% of Childcare/Daycare Facilities in District have
implemented a 100% Tobacco Free Grounds Free Policy



500
Lake Cumberland District
reached 500 people
during first year of
Heart4Change Program



1 in 5
LCDHD is one of the
best vaccinated populations
in Kentucky with about
1 in 5 people being vaccinated



17,485
Adolescent
Health Education
Programs across
Lake Cumberland
District



5
of our 10
counties are
Certified
Trail Towns

**Ron Cimala**

Director of Administrative
Services

Administration Department

Once again for 2019, Lake Cumberland District Health Department's (LCDHD) clinic funding continued to decrease, and as a result, clinic services also decreased. For the 2019 fiscal year, the agency budgeted at a \$511,736 surplus. Management successfully made adjustments that resulted in decreased expenses and as a result, the agency closed with a \$1,018,017.11 surplus.

Expenses were less than budgeted primarily due to slight overbudgeting in "Independent Contractors" and "Other" expense categories. We had planned for our expenses to be close to the prior fiscal year and we were able to save and spend much less than anticipated in these categories. Also, the Kentucky Department of Public Health is four quarters behind on billing LCDHD for the Medicaid Match. They are approximately behind \$450,000 in Medicaid match payments that we will have to pay them once they bill it out.

Revenues for FY 2019 were \$80,271 lower than budgeted, primarily due to not having enough resources to pull down all of our direct federal grant funds.

At the end of the fiscal year, after adding in the surplus, our restricted reserve funds on hand are \$2,383,085.37 and our unrestricted funds total \$5,888,621.44 for a total of \$8,271,706.81 in reserves. As the Department for Public Health calculates maximum unrestricted reserves for Health Departments as 30% of non-fee-for-service expenses and 40% of fee-for-service expenses,

LCDHD's current unrestricted reserve balance is \$1,028,400 (21%) more than allowable. As Public Health Departments have been informed that they can expect employee pension costs to go from 49.57% of employee salary to 83.43% of employee salary, we're in conversation with KYDPH, discussing ways we can utilize these funds to offset this expected staggering increase in expenses.

The Administrative Services Department is also pleased to report we received our annual audit conducted by Ray, Foley, Hensley & Company which included no proposed audit adjustments or reportable findings. Additionally, they found the financial statements to be neutral, consistent and clear.

Although the administrative tasks required in processing third party clinic claims for patient services continues to be complex, requiring more staff to collect less funds, clinic services have decreased. In addition, the Administrative Services team has found ways to improve efficiencies and have decreased the number of full time equivalent employees in our department by 4.5 staff since FY 16.

As health departments continue to experience clinic service defunding, the LCDHD Administrative Services Department is committed to remain true to the mission and vision of public health and to a transparent working environment that's constantly improving our processes and finding new efficiencies while maintaining high standards.



Allowable Unrestricted Reserve Calculation 2018 - 2019

Cost Center	CC#	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
Food Service	500	424,480	47,187	11.12%	424,480	0
Public Facilities	520	88,210	21,548	24.43%	88,210	0
General Sanitation	540	192,235	0	0.00%	192,235	0
Onsite Sewage	560	409,069	314,439	76.87%	0	409,069
Radiation and Product Safety	580	21	0	0.00%	21	0
Radon	591	16,093	0	0.00%	16,093	0
Retail Foods Standards Grant	592	0	0	100.00%	0	0
Preventative/Presenting Problems	700	0	0	100.00%	0	0
Dental Services	712	5,693	2,411	42.36%	5,693	0
Laboratory/Testing/Radiology	718	0	0	100.00%	0	0
KWSCP Pink County Outreach	725	0	0	100.00%	0	0
ZIKA Preparedness and Response	726	0	0	100.00%	0	0
Harm Reduction/Needle Exchange	727	180,553	200	0.11%	180,553	0
Diabetes Disease Management	728	0	0	0.00%	0	0
Vector Surveillance	729	8,923	0	0.00%	8,923	0
Opioid Crises Response	731	9,800	0	0.00%	9,800	0
Diabetes Prevention Program	732	1,120	0	0.00%	1,120	0
Community Health Action Team	736	62,981	0	0.00%	62,981	0
Passport Referrals	741	0	0	0.00%	0	0
Environmental Strike Team	746	1,336	0	0.00%	1,336	0
KHREF	747	(1,019)	0	0.00%	(1,019)	0
Regional EPI HAI Activities	749	0	0	100.00%	0	0
Accreditation	750	38,171	0	0.00%	38,171	0
HANDS GF Services	752	986,898	1,018,880	103.24%	0	986,898
ZIKA Vector Control Activities	755	0	0	100.00%	0	0
Personal Responsibility Education Program	756	75,981	0	0.00%	75,981	0
GO365 (Humana Vitality)	758	310,410	459,030	147.88%	0	310,410
HANDS Federal Home Visiting	760	217,419	286,063	131.57%	0	217,419
Diabetes Telehealth	761	13,418	0	0.00%	13,418	0
Hep A Outbreak Activities	764	114,506	0	0.00%	114,506	0
Tobacco Program Federal Funds	765	22,589	0	0.00%	22,589	0
MCH Coordinator	766	168,910	0	0.00%	168,910	0
Competitive Home Visiting	767	27,058	0	0.00%	27,058	0

continued on the next page . . .

Allowable Unrestricted Reserve Calculation 2018 - 2019 (cont.)

Cost Center	CC#	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
KCCSP-HB 265	770	0	0	100.00%	0	0
HBE Assistance	772	0	0	100.00%	0	0
Child Fatality Prevention	774	14,783	0	0.00%	14,783	0
ECD School Projects	775	0	0	100.00%	0	0
Pediatric/Adolescent	800	753,676	316,501	41.99%	753,676	0
Family Planning	802	581,199	475,369	81.79%	0	581,199
Maternity Services & Activity	803	109	0	0.00%	109	0
WIC Services	804	1,295,284	48	0.00%	1,295,284	0
MCH Nutrition & Group Activity	805	48,332	11,764	24.34%	48,332	0
Tuberculosis	806	269,240	78,848	29.29%	269,240	0
Sexually Transmitted Disease	807	25,502	6,987	27.40%	25,502	0
Diabetes	809	198,535	162	0.08%	198,535	0
Adult Visits & Follow-Up	810	981,085	129,424	13.19%	981,085	0
Lead Poisoning Prevention	811	11,450	0	0.00%	11,450	0
Breast and Cervical Cancer	813	115,735	65,829	56.88%	0	115,735
Healthy Communities	817	0	0	100.00%	0	0
Preparedness Coordination & Training	821	114,345	0	0.00%	114,345	0
Preparedness Epidemic & Surveillance	822	102,034	0	0.00%	102,034	0
Preparedness Medical Reserve Corp	823	4,638	0	0.00%	4,638	0
Local Community Public Health Projects	826	1,869	0	0.00%	1,869	0
Teen Pregnancy Prevention	827	0	0	100.00%	0	0
Addressing Barriers to DSMES	828	18,023	0	0.00%	18,023	0
Heart4Change	829	184,458	0	0.00%	184,458	0
Sexual Risk Avoidance Edu Grant	830	298,257	0	0.00%	298,257	0
Worksite Wellness Project	831	3,205	0	0.00%	3,205	0
Worksite Wellness	832	0	0	100.00%	0	0
Breastfeeding Promotion	833	52,276	0	0.00%	52,276	0
HPP Activity Support	835	3,596	0	0.00%	3,596	0
Tobacco	836	169,944	0	0.00%	169,944	0
Tobacco	838	0	0	100.00%	0	0
Marshall University Diabetes Grant	839	11,147	0	0.00%	11,147	0
Breastfeeding Peer Counselor	840	53,501	0	0.00%	53,501	0
Diabetes Today Program	841	20,137	0	0.00%	20,137	0

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Allowable Unrestricted Reserve Calculation 2018 - 2019 (cont.)

Cost Center	CC#	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
HIV Counseling & Testing	842	552	0	0.00%	552	0
Ryan White Pharm Rebate Funds	844	345,841	0	0.00%	345,841	0
Ryan White Program	845	239,570	0	0.00%	239,570	0
Rural Health Opioid Grant	846	289,917	0	0.00%	289,917	0
Healthy Start Day Care	848	49,014	0	0.00%	49,014	0
HANDS Prima Gravida Program	853	1,863,802	1,645,509	88.29%	0	1,863,802
Arthritis	856	0	0	100.00%	0	0
Supplemental School Health	858	937,756	1,033,583	110.22%	0	937,756
HPP Coordinator	875	28,470	0	0.00%	28,740	0
WIC Operational Adjust Funding	886	0	0	100.00%	0	0
Core Public Health	890	12,320	3,772	30.62%	12,320	0
Medicaid Match	891	293,753	0	0.00%	293,753	0
CAPITAL	894	130,200	0	0.00%	130,200	0
Allocable Leave & Fringes	895	1,494,399	2,925	0.20%	1,494,399	0
TOTAL		14,392,807	0	0.00%	8,970,518	5,422,289

Multiplier for Allowed Unrestricted Reserve	30%	40%
Allowed Non-Fee for Service Unrestricted Reserve & Fee for Service Unrestricted Reserve	\$2,691,155.43	\$2,168,915.64
Allowed Non-Service Fee Restricted Reserves (30% of Total Non-Service Fee Expenses)		2,691,155
Allowed Service Fee Restricted Reserves (40% of Total Service Fee Expenses)		2,168,916
Total Allowed Unrestricted Reserve		4,860,071
Fiscal Year End Actual Unrestricted Reserve		5,888,471
Remaining Allowable Unrestricted Reserve		(1,028,400)

Description	FY2018		FY 2019	
Current Allowed Unrestricted Reserve	\$5,194,330.17	100%	\$4,860,071.07	100%
Fiscal Year End Actual Unrestricted Reserve	\$5,785,499.14	103%	\$5,888,471.14	121%
Remaining Allowable Unrestricted Reserve	(\$591,168.97)	-3%	(\$1,028,400.07)	-21%
Total Program Restricted Reserves	\$1,468,190.56		\$2,383,235.67	
TOTAL RESERVES	\$7,253,689.70		\$8,271,706.81	

Lake Cumberland District Health Department

Statement of Revenues, Expenditures & Change in Fund Balance

For the Fiscal Year ending June 30, 2019

(Published in accordance with KRS 424.220 and 65.070. The following information may be inspected by the general public at 500 Bourne Ave., Somerset, KY from September 1, 2018 between the hours of 8:00 am to 4:30 pm.)

Fund Balance as of July 1, 2018

\$7,253,689.70

Revenues:	
State	4,080,991.06
Federal	3,598,187.15
Local	3,147,725.05
Service Fees	4,530,124.97
Interest	53,796.09
State Restricted Previous Years' Carryover/ Reserve Funds Used	2,580.50
Federal Restricted Previous Years' Carryover/ Reserve Funds Used	27,057.71
Fee Restricted Income Previous Years' Carryover Funds	14,319.56
Unrestricted Previous Years' Carryover/ Reserve Funds Used	0.00
Total Revenues:	\$15,454,782.09

Expenditures:	
Salary & Leave	6,011,225.78
Fringe Benefits	4,697,674.03
Independent Contractors	774,551.17
Travel	400,750.93
Space Occupancy	540,976.30
Office Administration	342,703.41
Medical Supplies	587,484.49
Automotive	9,790.56
Other	897,450.54
Capital Expenditures	130,200.00

Total Expenditures: **\$14,392,807.21**

Excess Revenue over Expenditures (including Carryover/Reserve Funds)	1,061,974.88
Less State Restricted Previous Years' Carryover Funds Used	(2,580.50)
Less Federal Restricted Previous Years' Carryover Funds Used	(27,057.71)
Less Fee Restricted Income Previous Years' Carryover Funds	(14,319.56)
Less Unrestricted Previous Years' Carryover Funds Used	(0.00)
Total Previous Year Carryover Funds Used	(43,957.77)

Total Excess Revenue Over Expenditures (Less Carryover Funds)

\$1,018,017.11

Fund Balance as of June 30, 2019

\$8,271,706.81

Lake Cumberland District Health Department

Revenue and Expense Summary Comparison to Prior Year

As of Period Ending June 30, 2019

	Current YTD Actual	Prior YTD Actual	Change	% Change
Revenue				
State	4,080,991.06	4,218,540	(137,549)	-3%
Federal	3,598,187.15	3,499,934	98,253	3%
Local	3,147,725.05	3,104,789	42,936	1%
Service Fees	4,583,921.06	4,749,711	(165,790)	-3%
Unrestricted Carryover	43,957.77	591,592	(547,634)	-93%
Total Revenue	15,454,782.09	16,164,566.01	(709,784)	-4%
Expense				
Salary & Leave	6,011,225.78	6,407,673	(396,447)	-6%
Fringe Benefits	4,697,674.03	4,983,206	(285,532)	-6%
Independent Contractors	774,551.17	1,276,399	(501,848)	-39%
Travel	400,750.93	373,482	27,269	7%
Space Occupancy	540,976.30	491,054	49,922	10%
Office Administration	342,703.41	398,113	(55,410)	-14%
Medical Supplies	587,484.49	313,791	273,693	87%
Automotive	9,790.56	9,082	780	8%
Other	897,450.54	1,034,222	(136,772)	-13%
Capital Expenditures	130,200.00	0	130,200	N/A
Total Expense	14,392,807.21	15,287,022.05	(894,215)	-6%
Excess/(Deficit) of Revenue over Expense	1,061,974.88	877,543.96	184,431	21%





Jamie Lee, RN, CDE
Diabetes/Worksite
Wellness Programs

Wellness Outreach & Education

The Wellness Outreach and Education Program has had a very successful year. We continued providing our AADE accredited diabetes self-management classes in all ten counties as well as additional diabetes education and awareness activities throughout the district. We were chosen by the state to be part of a grant project to begin “telehealth” classes to Harlan County. We worked with Harlan County Health Department and in April, 2019 had our first telehealth Diabetes Self-Management Education & Support series which was very successful. We are now moving this telehealth model out into our District to open up new means of reaching individuals who need diabetes education. We were not only able to assist Harlan County with diabetes education but were able to write a grant so that Harlan County could re-establish a diabetes coalition in Harlan. The LCDHD team was able to write and receive a grant for funding for a diabetes coalition in Taylor County this year, too. The team continued to actively participate in local health coalitions and the Kentucky Diabetes Network on the state level.

We completed over 4,500 go365 Biometric Screenings for Kentucky Employees Health Plan (KEHP) members in our district and our Jefferson County contract staff completed over 3,800 screenings – over 1,000 more than the previous year. Lori Davis has done an outstanding job coordinating the district and Jefferson County screenings. Despite the challenges of providing a program outside our district, the biometric screening program has been a successful project for us, so successful that we have been approached about the possibility of providing screenings to other areas outside the district in addition to Jefferson County.



We have completed year one of our Heart4Change grant, the 3-year HRSA grant working with Centerpoint Church of the Nazarene in Cumberland County and Dunnville Christian Church in Casey County to reduce cardiovascular risk factors in adults. Vicky Albertson, Grant Lead for Cumberland County, and Janet Cowherd, Grant Lead for Casey County, have worked very hard to make our first year a great one.

During the first year, the project has reached over 500 people through activities at each church, including:

- Biometric screenings
- Health committees
- Community gardens
- Cooking classes
- Physical activity programs
- Smoking Cessation classes
- CPR classes
- Diabetes classes
- Annual church-wide events
- Weekly health messages via power-point & sermon notes

We are trying to be innovative and find unique ways to expand our programs into our communities and are excited to see what this next year brings.



Sylvia Ferrell, RN
H.A.N.D.S. Director

HANDS Program

Fiscal year 2019 has been a good year for Lake Cumberland District's HANDS program. We currently have over 600 families enrolled across our beautiful District. Our staff consist of 31 full time home visitors, 1 part time home visitor, 3 pay per visit home visitors, 7 team leaders, 4 clerks and myself; for a total of 47 employees in HANDS. Two of these employees are new home visitors hired via Go Hire. Both ladies have completed basic HANDS Core trainings and now carry caseloads.

Kentucky's HANDS reached another goal this past Fiscal Year, as the Federal Dept. of Medicaid agreed to begin paying for all home visits completed with Multigravida families eligible for Medicaid. Our current total enrollment is approximately 40% MG families (those with more than one child.) Medicaid Multigravida payments began July 1, 2019.

January 2019, we began an Infant Car Seat promotion program providing a new car seat to all new families enrolling in HANDS. This promotion has proven to be successful with increasing enrollment, while allowing us opportunity to help parents keep their baby safe as they travel.

Our HANDS Electronic Family Record (EFR) system has now been in use for over 2 years. This charting system has proven to be very beneficial in all aspects of our home visitation and supervision, across all HANDS positions. As enrollment continues, we store a huge number of documents and charts. In an effort to maintain and secure all our electronic records, we switched the supporting software for our file storage to Box.Com, one of the nations most respected file storage companies.

Our home visitors are now, very familiar with electronic charting and we've updated all forms making completion easier and more efficient. We continue to use electronic charting in all aspects of home visits, supervision, monitoring, training, shifting and sharing workloads, saving time and miles. Our state Technical Assistant, Julianne Reynolds can access our charts and stored files in any county, at any



time, making our yearly QA Site Visits more efficient, as she can review charts, etc. from her home base in Frankfort, Ky. Our EFR system, paves the path to continued excellent yearly QA site visits, with some scores being the highest in the state. We're very proud of this system we created and our site visit reviews.

During FY 19, several other health department HANDS programs traveled to our District to view our EFR system. At this time, there are 4 other HANDS providers in the state that use our system; those being Fayette, Franklin, Jessamine and Northern Ky. District HANDS. Several other counties have sent representatives to our District to review our system and most are currently working towards the goal of having an electronic charting and record storage system.

As Director of LCDHD HANDS, I'm thankful and blessed to have the opportunity to lead LCDHD HANDS into FY 2020. As the largest provider of HANDS services in Kentucky for the past 13 years, we've seen lives of families changed for the better.

The dedication, compassion and commitment of our home visitors makes our program successful. Every day, they provide encouragement, education and support to our HANDS families and our communities; with the goal of helping all new parents be the BEST parent they can be.

We look forward to FY 2020, with much anticipation of good things happening in HANDS!



**Laura Woodrum,
RN, BSN**
Clinic Director

Clinical Services

The Lake Cumberland District Health Department (LCDHD) clinic nursing division continues to provide quality health services to citizens in the Lake Cumberland area. This year has presented with exciting opportunities and staff have continued to excel in their evolving duties.

Our WIC program services a little over 6,000 participants in the Lake Cumberland area. Each participant receives vouchers for healthy foods, nutritional education, and referrals to other programs. The LCDHD coordinator works with 50 different vendors who participate in the WIC program. The WIC program makes up over 70% of the clinic services which the health department clinic provides. The breastfeeding and peer counselor program provides breastfeeding support throughout the district by support groups, phone calls, home visits, health fairs, and onsite visits.

LCDHD provides the Ryan White Part B HIV / AIDS services to those living with HIV in the Lake Cumberland area as well as 21 additional counties in eastern Kentucky. This program was designed to address the health care needs of HIV persons; the program helps them find and utilize resources which improve their overall health and quality of life. The program also helps to control the spread of HIV infection.

Adair, McCreary, Pulaski, Taylor, and Russell county health departments all have operational syringe exchange programs. Syringe exchange an evidence proven harm reduction strategy to

decrease the spread of diseases such as Hepatitis C and HIV. Recent data shows that Kentucky leads the nation in Hepatitis C infection among IV drug users.

LCDHD received a 3-year rural health opioid grant by the Department of Health and Human Services (HRSA) to provide education to the community, healthcare providers, and substance users. Also, to provide case management to those at risk for opioid use disorder. We are currently beginning year 3 of the project with many successes to date.

We know that every 5 days one baby dies in their sleep, many of these deaths could potentially be prevented by following safe sleep practices. Our maternal child health program is working with community providers and members to provide safe sleep education and providing safe sleep conditions by providing cribs to those in need.

We continue to provide family planning and cancer screening services. Women receive a full physical exam, education, counseling, and referral as needed. Women who meet income guidelines also receive assistance with additional testing and procedures such as mammogram, biopsy, follow up, etc.

The clinic staff provides immunizations for both children and adults. We offer STD / HIV testing, TB screening and treatment, well child exams, lead screening, and medical nutritional therapy.

The LCDHD clinic nursing staff continue to strive to provide the best possible care to those in our communities.



Angie Simpson
*Administrative Services
Manager*

Support Services

The Clinic Support Staff continue to stay busy providing services to patients.

We play a vital role in the day to day operations in the clinic as we provide registration, checkout, WIC issuance and many other duties.

2019 has presented several challenges for Clinic Support Staff. The Hepatitis A outbreak added more work for our support staff as we provided onsite and offsite clinics to help get

everyone vaccinated. This past year we have also transitioned to a web-based appointment system all of this while working with a smaller clerical workforce.

While working through these changes the Clerical Support Staff has remained dedicated and as always strive to do their best for our communities. We look forward to the opportunities and challenges that 2020 may bring.



Keith Sinclair, MD
Medical Director

Medical Director

Below are some health issues facing the Lake Cumberland District and our Health Departments' response and involvement in these health issues.

Harm Reduction Syringe Exchange Program:

The first program started in June 2017. Syringe Exchange programs are now available in 5 counties across the Lake Cumberland District. Since the program's inception, over 380,000 needles have been distributed, with a return rate of 101%. First time clients do not need to bring needles - it is the follow-up clients which provide the returns. With time, this program should impact and reduce the spread of Hep C and HIV in our community. This will result in long term cost savings and harm reduction.

Hepatitis A:

The Hepatitis A outbreak started in KY in November 2017. It was not until May 2018 that the Lake Cumberland district started to experience more than one new case a month. To date, the district has experienced 253 cases whilst the state has had 4,966 cases. Among the state cases, 50% were hospitalized and 61 died. LCDHD is one of the best vaccinated populations in Kentucky with about 1 in 5 people being vaccinated.

TB Screening and Treatment:

Since 1993, the number of active TB cases in the US has steadily declined. In 2018, there were a total of 9,029 cases reported. TB remains one of the top ten causes of death worldwide with an estimated 10,000,000 cases in 2018 and 1,500,000 deaths.

LCDHD is part of the nationwide public health system which identifies persons and risk and treats those with the infection. This year we have identified and treated 6 cases of active TB in our community and consulted and aided in the treatment of a further 35 patients with Latent TB infection (LTBI) and treated 22.





Amy Tomlinson, MPH
Public Health
Preparedness Program
Manager

Preparedness

The Preparedness Program at Lake Cumberland District Health Department continues to review and revise the all hazards emergency plans for the district. Every year, staff are trained on the plans and exercises are conducted to ensure staff are ready to respond when called upon. Recently, all LCDHD sites participated in the Earth Ex tabletop exercise that was based on a “black skies” event which would cause a long-term power outage across the region. Many valuable lessons learned will lead to enhanced capabilities for the district in several areas, including communications.

The LCDHD Department Operations Center (DOC) was activated on June 1, 2018 in response to the Hepatitis A outbreak in the region and state. Numerous meetings, educational efforts and vaccination events were scheduled and conducted to address the spread of the disease in our communities.

The Preparedness Program continues to work very hard to build and strengthen relationships within the local communities, including those with emergency management, first responders, hospitals, long term care agencies, community organizations and other partners. In the face of decreased

funding for many programs and agencies, these partnerships are becoming even more valuable. They provide an opportunity to share knowledge, training and exercise opportunities as well as resources and assets. Agreements are being put in place for partnerships to assist with mass vaccination efforts in a public health emergency.

Due to funding cuts this year, the Medical Reserve Corps (MRC) unit for the district was deregistered and that program was ended. Volunteers were given the opportunity to join neighboring units if they desired.

All Epi Rapid Response Team members received in depth disease outbreak investigation training this year. That training has been very beneficial, as there has been a number of unusual investigations across the district recently.

The Preparedness Program consists of 2 full-time staff - the preparedness manager and the regional epidemiologist.

For more information on Disaster Preparedness and Epidemiology, visit our website at: www.lcdhd.org.





**Stuart Spillman,
RS, REHS**

Environmental Health
Director

Environmental

This year environmental has performed almost 7,000 services including: on-site sewage, mobile home and RV park inspections, food service inspections, school inspections, hotel and motel inspections, youth camp and confinement facility inspections, swimming pool inspections, tattoo and body piercing inspections, animal bite quarantines, radon services and various public health complaints. We have also investigated cases of Legionella and food borne outbreaks.

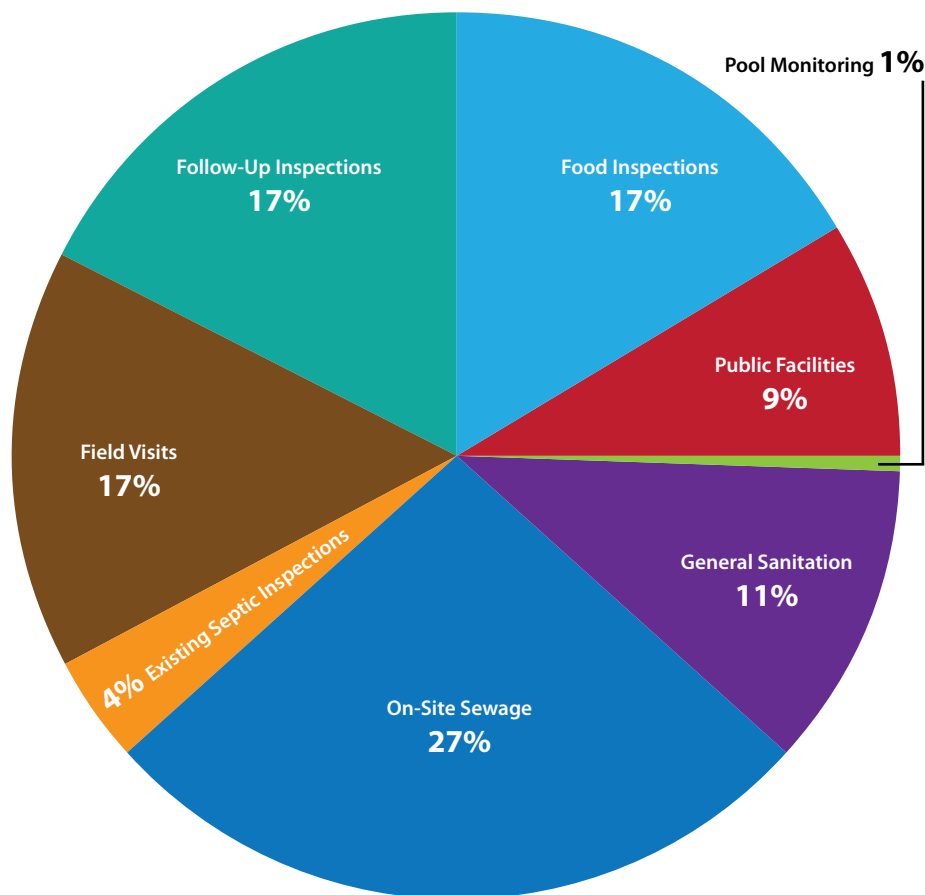
This year we implemented a new computer system to train and certify food managers and food employees. This was our most ambitious and massive project to date. The system is fully automated and the course content was created in house. We now have the course in English and Spanish and will soon also have a Mandarin version. The system and courses have been offered to every health department in the state and we have currently have 77 out of 120 counties who have committed to use our system.

We have a full complement of 10 Registered Sanitarians who are fully trained and have a combined total of about 200 years of service who are out in the community every day and the services we provide affects every single person who lives in or visits the Lake Cumberland area.

Environmental Inspections by Program 2018 - 2019

- Food Inspections: **1,012**
- Public Facilities: **532**
- Pool Monitoring: **29**
- General Sanitation*: **680**
- On-Site Sewage: **1,628**
- Existing Septic Inspections: **244**
- Field Visits: **933**
- Follow-up Inspections of all types: **1,055**

**including rabies and sewage complaints*





Tracy Aaron, CHES

Health Policy and
Promotion Director

Health Promotion and Policy

The Health Promotion and Policy Team had some changes over this past year. We had three staff leave in December, which created some disruption of our programs. Nonetheless, the team jumped right in and worked hard to maintain consistent coverage to all of our counties and complete the implementation of our programs. The HPP team continues providing education to our schools and communities on nutrition, adolescent health topics (building skills to prevent teen pregnancy and sexually transmitted diseases), and tobacco (cigarettes, smokeless tobacco and electronic cigarettes). The ten community health action teams/health coalitions, facilitated by the Health Educators, worked hard to complete the community health assessments.

LCDHD/HPP Branch was selected by the Foundation for Health Kentucky to work with the BOUNCE coalition to provide education on Adverse Childhood Experiences (ACE's) and trauma informed care/approaches to our community partners and the Russell County School District. ACE's are traumatic events that occurs in childhood such as experiences of violence, abuse, neglect, witnessing violence in the home, or having a family member attempt or die by suicide. Other traumatic situations in our children's environment such as substance misuse/abuse, mental health problems, instability due to parental separation or incarceration of parent or sibling may lead to risk taking behaviors, chronic health conditions, and shorter life spans. ACE's are a Public Health issues. It is our hope that our public health systems will implement trauma informed approaches/care to foster positive health outcomes.



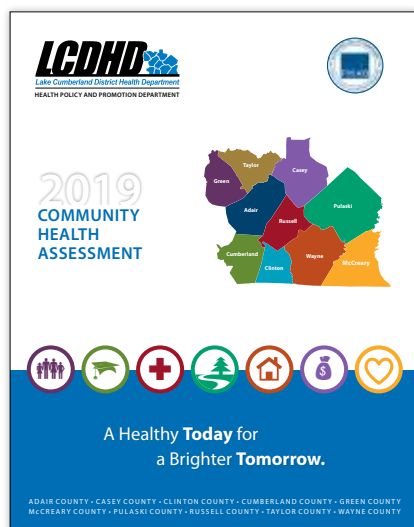
HPP Branch was awarded a Teen Pregnancy Prevention Grant: Combined Approach to Reducing Appalachian Teen Pregnancy (CARAT), Tier 1 for a two-year project period for grantees to identify how to bring effective programs to scale and build the knowledge base on understanding what elements/components/factors are important to program success. Programs chosen to replicate for the grant are Reducing the Risk, Teen Outreach Program and Life Skills Curriculum. We were one of 29 recipients across the US to be awarded a grant from The Office of

Population Affairs at the U.S. Department of Health and Human Services. All programs will be delivered in High Schools across the Lake Cumberland District.

The Health Educators work diligently to make the Lake Cumberland District a healthier place to live, work and play. Our days are busy, schedules are tight, jobs are challenging, the rewards of behavior, environmental and policy changes are slow, but improved health outcomes are a must! Our persistence and dedication are immense as we are committed to "Promoting Excellent Health That Last a Lifetime"!

Health Promotion and Policy Accomplishments:

- ✓ 17,485 Adolescent Health Education Programs
- ✓ ALL 13 School Districts in Lake Cumberland District have implemented 100% Tobacco Free School Policy
- ✓ 46% of Childcare/Daycare Facilities have implemented a 100% Tobacco Free/Grounds Free Policy
- ✓ 10 Community Health Assessment completed



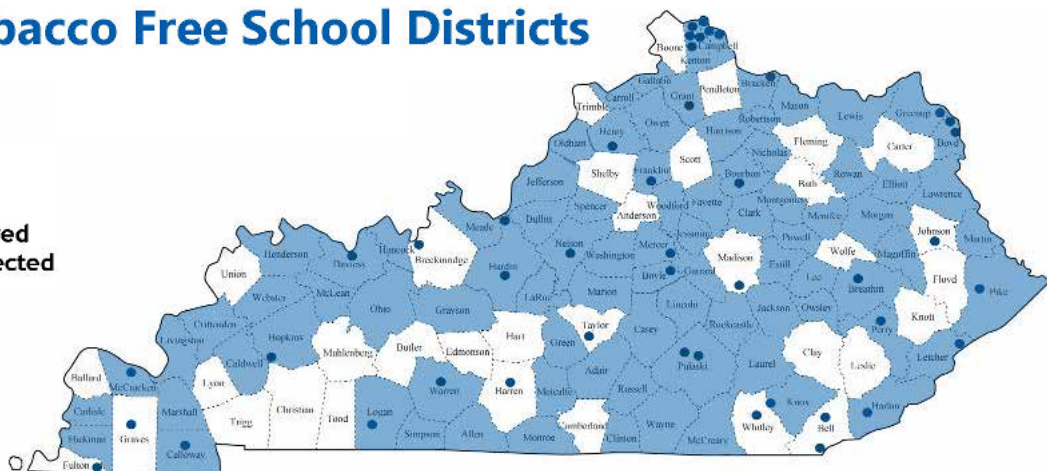
Community Health Priorities identified in Lake Cumberland:

- | | |
|--|--|
|  Substance Use |  Physical Inactivity |
|  Tobacco |  Food Insecurity |
|  Teen Pregnancy |  Chronic Disease |
|  Obesity |  Health Equity |

Kentucky's Tobacco Free School Districts

*updated August 9, 2019

- 129 districts
- 884 schools
- 74% of districts covered
- 79% of students protected



*Tobacco-free Schools
in compliance with
KRS 438.345

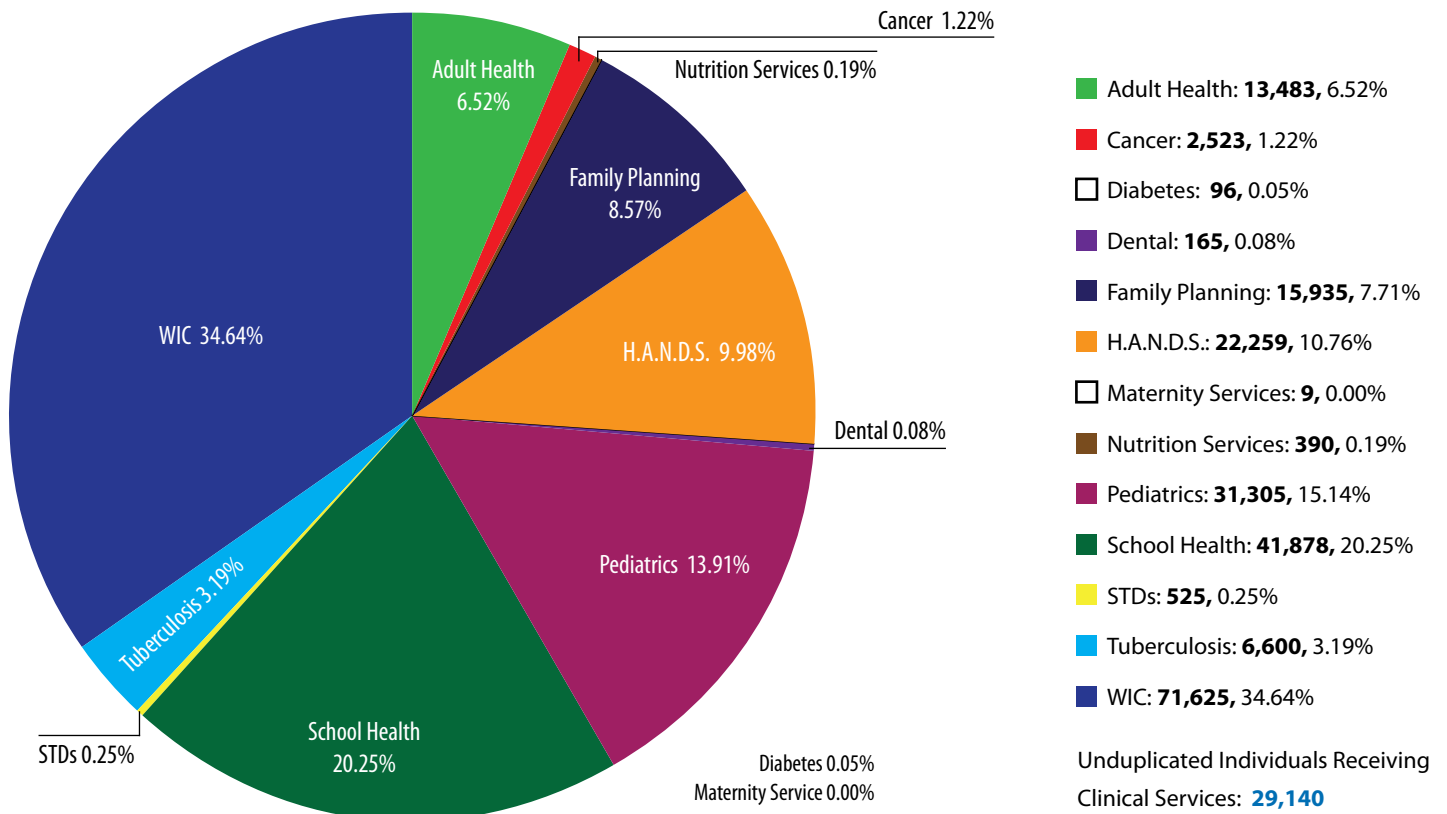
Kentucky Foundation
for Medical Care

KMA
KENTUCKY MEDICAL ASSOCIATION
Physicians Group for Kentucky

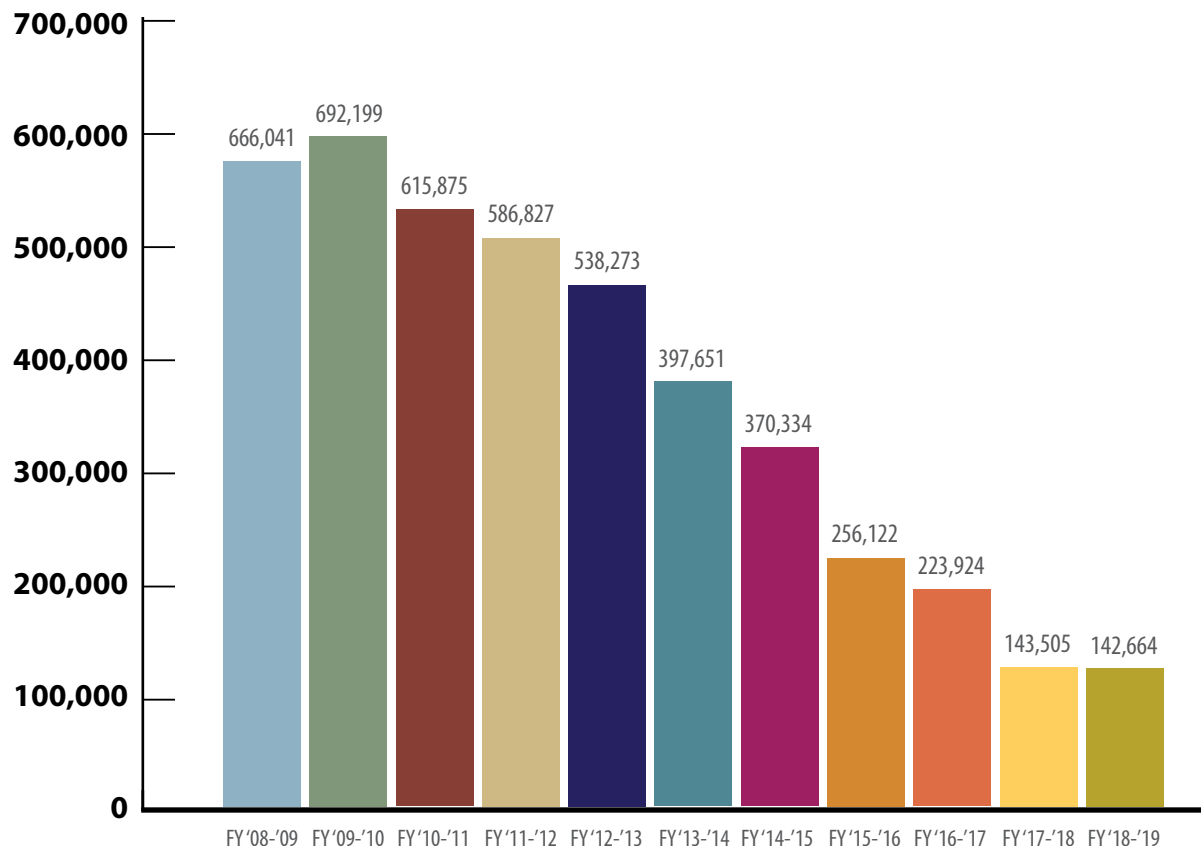
KYBA
KENTUCKY YOUTH BUREAU
Advancing the Future of Kentucky

FOUNDATION FOR A
HEALTHY
KENTUCKY

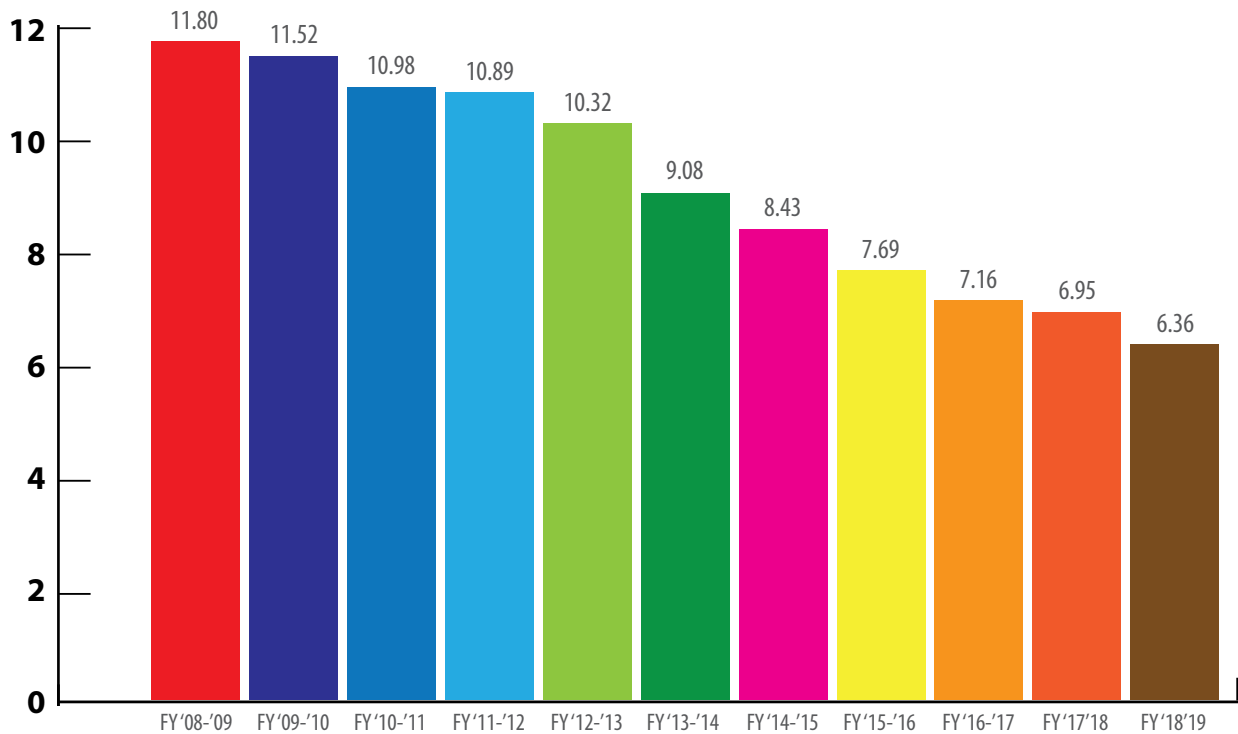
Total Clinical Services by Program



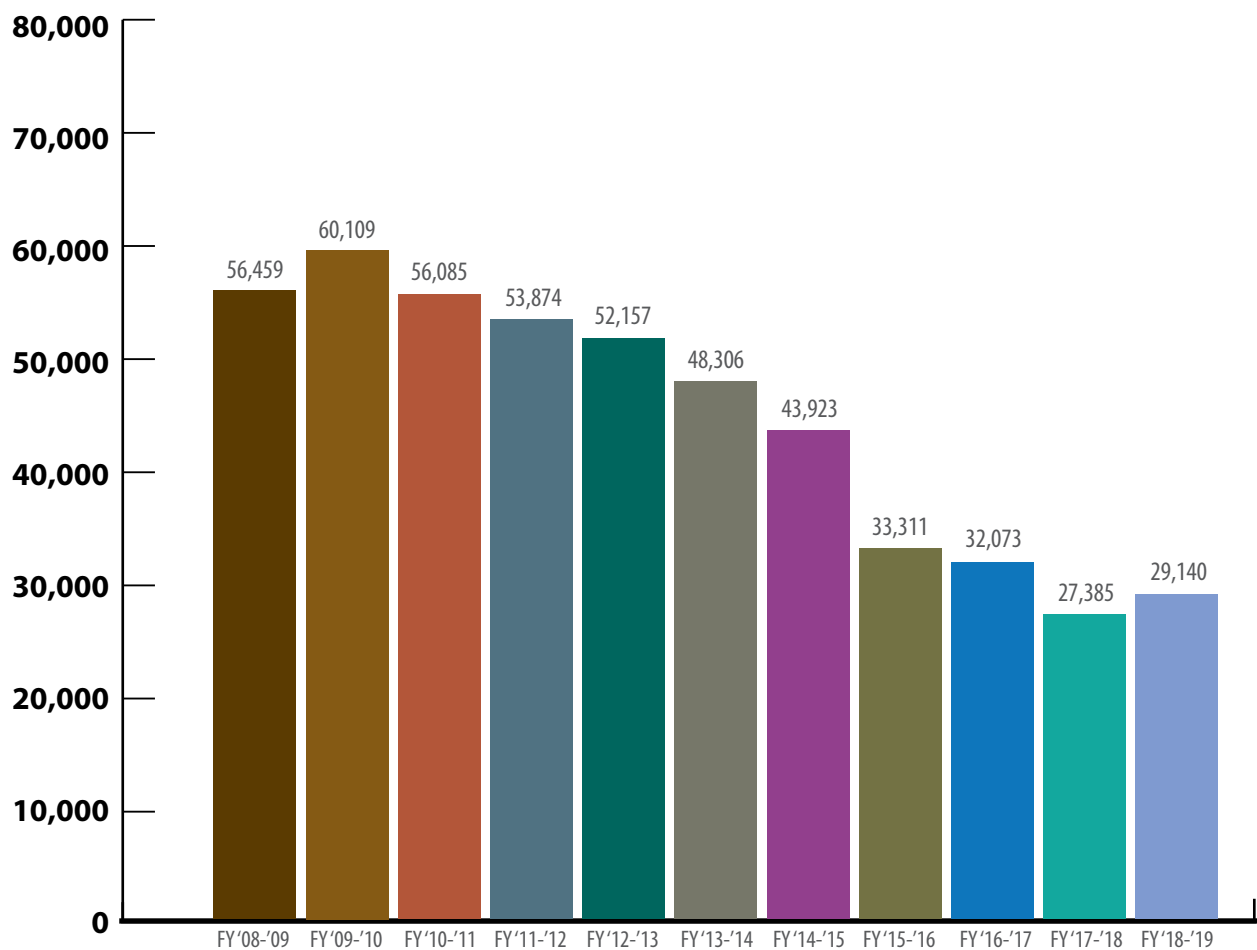
District Total Services by Fiscal Year



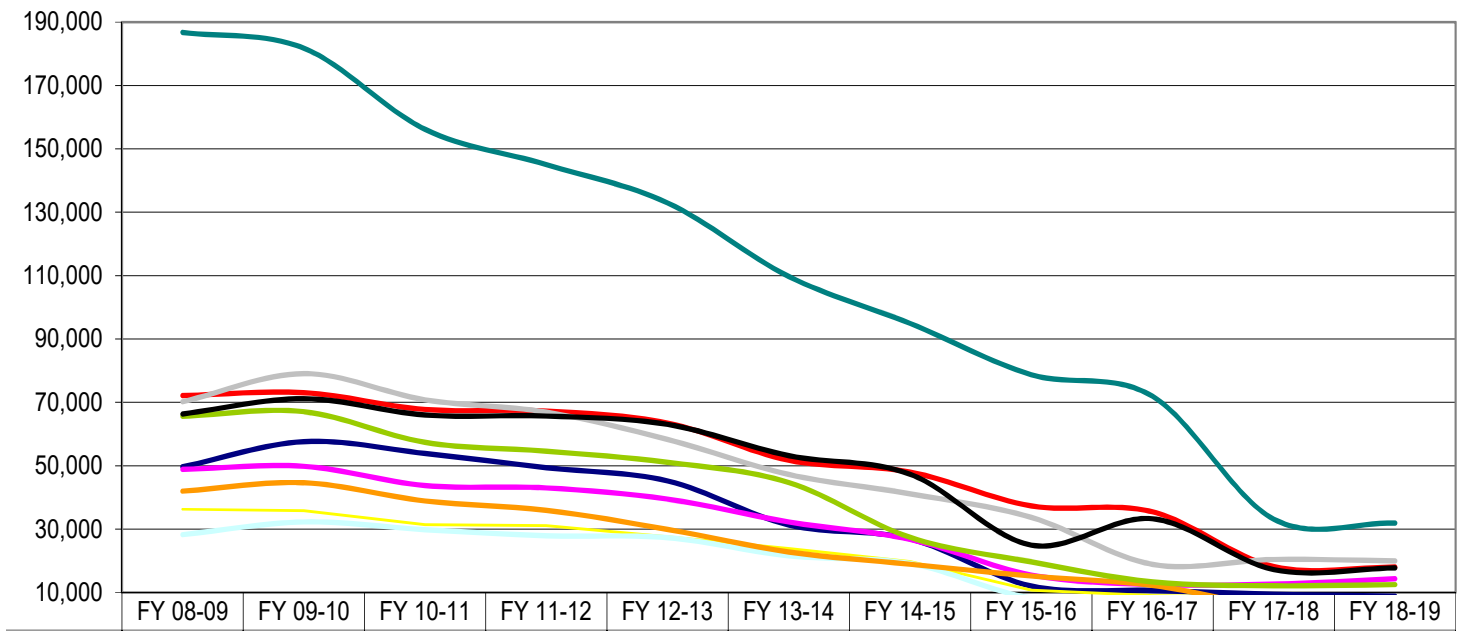
District Services per Patient by Fiscal Year



District Total Unduplicated Patients by Fiscal Year

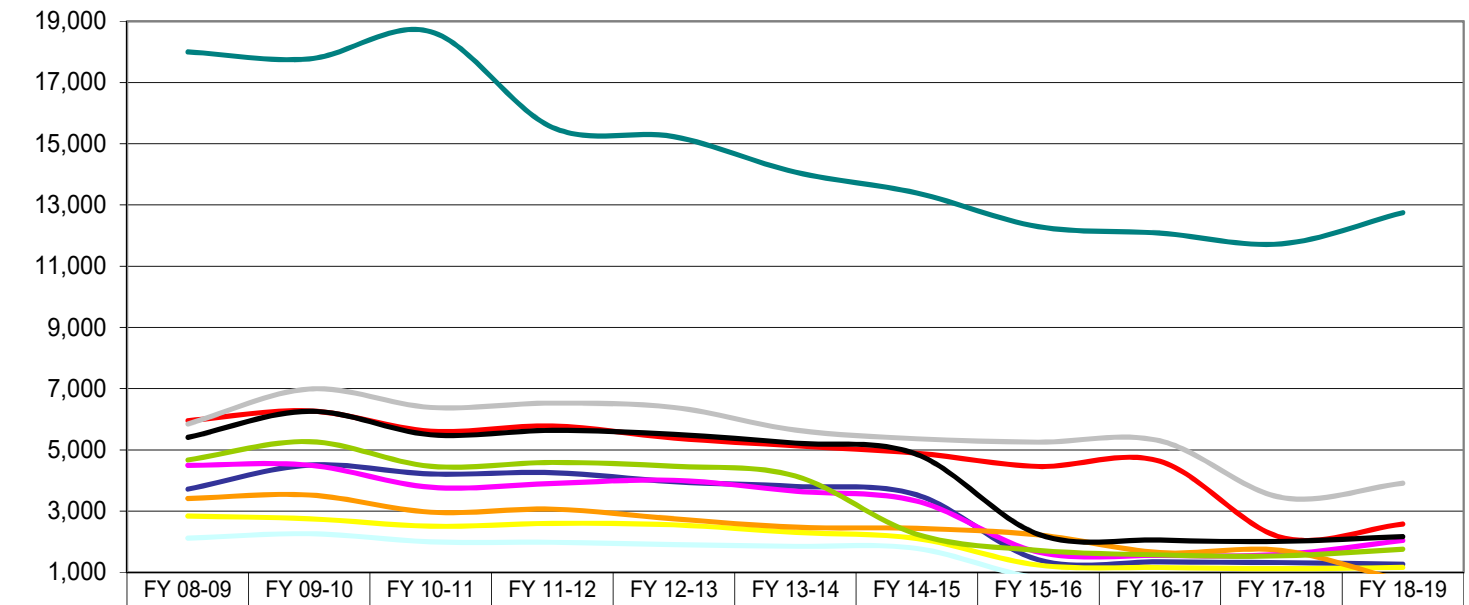


Total Services per County by Fiscal Year



	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18	FY 18-19
Adair	49,673	57,616	53,870	49,388	45,204	31,300	26,913	12,055	10,660	9,454	8,825
Casey	48,841	49,826	43,747	43,002	39,475	32,252	26,763	15,526	12,537	12,658	14,324
Clinton	36,286	35,785	31,443	31,092	27,555	23,879	19,764	10,748	8,991	8,421	8,638
Cumberland	28,235	32,258	29,815	27,915	27,298	21,556	19,144	8,210	6,662	6,308	5,850
Green	41,974	44,621	38,900	35,938	29,909	22,788	18,920	15,201	12,228	5,547	4,844
McCreary	72,133	73,060	67,766	67,273	63,474	51,734	48,021	37,321	35,456	18,183	18,027
Pulaski	186,738	181,768	156,144	145,035	132,943	109,721	94,916	78,745	71,914	33,138	31,925
Russell	65,611	67,057	57,378	54,584	51,086	44,718	27,406	19,649	13,340	12,128	12,490
Taylor	70,207	79,060	70,805	66,921	58,294	47,248	41,156	33,713	18,869	20,430	19,986
Wayne	66,343	71,148	66,007	65,679	63,035	53,193	47,331	24,954	33,267	17,238	17,755

Unduplicated Patients per County by Fiscal Year



	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18	FY 18-19
Adair	3,717	4,504	4,214	4,256	3,961	3,807	3,531	1,409	1,343	1,320	1,266
Casey	4,495	4,502	3,780	3,904	4,009	3,650	3,326	1,664	1,554	1,588	2,040
Clinton	2,841	2,751	2,508	2,600	2,552	2,307	2,106	1,238	1,158	1,121	1,162
Cumberland	2,115	2,261	1,999	1,980	1,905	1,852	1,781	813	742	772	799
Green	3,414	3,527	2,966	3,064	2,751	2,475	2,436	2,222	1,647	1,716	710
McCreary	5,955	6,274	5,613	5,780	5,387	5,131	4,892	4,460	4,629	2,140	2,577
Pulaski	17,998	17,771	18,658	15,534	15,230	14,070	13,389	12,290	12,079	11,730	12,749
Russell	4,669	5,270	4,465	4,590	4,466	4,146	2,243	1,719	1,570	1,539	1,758
Taylor	5,846	6,988	6,387	6,528	6,387	5,647	5,364	5,253	5,296	3,446	3,912
Wayne	5,409	6,261	5,495	5,638	5,509	5,221	4,855	2,243	2,055	2,013	2,167



**Janae Tucker,
RN, CCS-P**

Quality Improvement and
Accreditation Coordinator

Quality Improvement & Accreditation

The Lake Cumberland District Health Department achieved voluntary national accreditation via the Public Health Accreditation Board (PHAB) in March 2017. Quality improvement, performance management and strategic planning activities were inspired by this process and have now become everyday practice throughout the organization. With both an internal and community focus, in a more concentrated manner than in the past, we now collect, monitor and analyze data in order to guide our improvement efforts. Annual progress reports must be submitted to PHAB

demonstrating our efforts in these areas.

Annual customer and employee satisfaction surveys continue to be completed and the results remain positive, indicating that both our customers and staff are pleased with the services we provide and the environment in which they work.

Quality assurance activities continue in all programs to assure compliance with all district, state and federal requirements. Overall, the internal and external audit scores continue to excel in all areas. We take pride in these reports, and continue to strive for excellence in all areas.

Lake Cumberland District Health Department Strategic Plan 2018 - 2023

Priority Area: 1. Improve Quality of Life	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 09/30
Goal: 1.1. Provide more evidence based programs in the community					
Objective: 1.1.1. Within the Lake Cumberland District, community health coalition partners, including the Lake Cumberland District Health Department (LCDHD), will adopt and implement at least three evidence-based strategies to address priority areas as identified in the Community Health Assessments/Community Health Improvement Plans (CHAs/CHIPs) by June 30, 2023.					
Strategy: 1.1.1.1. Provide community health coalition partners with information regarding research-based initiatives that they might choose from to address community identified priorities.	No	Yes	07/01/18	06/30/23	Yes
Strategy: 1.1.1.2. Document which programs were adopted and when by community health coalition partners in CHIPs and performance management tracking tool.	No	Yes	07/01/18	06/30/23	No
Measure: 1.1.1.1 At least three evidence based programs adopted/implemented by community health coalition partners as documented in the CHIPs.	0.00	3.00	07/01/18	06/30/23	0
Goal: 1.2. Promote healthy lifestyles					
Objective: 1.2.1. Decrease tobacco related death and disease rates 2% by June 30, 2023.					
Strategy: 1.2.1.1. Educate and advocate for the adoption of smoke-free ordinances within the LCDHD district, currently 2 jurisdictions.	2.00	3.00	07/01/18	06/30/23	2
Strategy: 1.2.1.2. Educate and advocate for the adoption of tobacco-free schools, currently 9 schools are tobacco-free.	9.00	12.00	07/01/18	06/30/23	11
Measure: 1.2.1.1 Decrease lung cancer incidence as listed in the health report card from 102 (2015 data) to 101 (1% decrease).	102.00	101.00	07/01/18	06/30/23	102.00
Measure: 1.2.1.2 Decrease death rates as listed in the health report card from 73.8 (2015 data) to 72.8 (1% decrease).	73.80	72.80	07/01/18	06/30/23	73.80
Measure: 1.2.1.3 Decrease adult smoking rates from 24% to 23%, source County Health Rankings, 2018.	24.00%	23.00%	07/01/18	06/30/23	24%
Measure: 1.2.1.4 Decrease youth smoking rates (in the past 30-day use) from 14.3 to 13.3%, source: Kentucky Incentives for Prevention (KIP) data.	14.30%	13.30%	07/01/18	06/30/23	14.30%
Goal: 1.3. Prevent/respond to existing and emerging public health threats					
Objective: 1.3.1. Provide education and information related to emerging or existing public health threats to community partners and LCDHD staff a minimum of two times per year, or as needed when events warrant.					
Strategy: 1.3.1.1. Provide education through traditional and social media.	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 1.3.1.2. Disseminate information provided by Kentucky Department for Public Health (KDPH) to community partners.	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 1.3.1.3. Analyze community health data to identify emerging public health threats.	Yes	Yes	07/01/18	06/30/23	Yes

Lake Cumberland District Health Department

Strategic Plan 2018 - 2023 (continued)

Priority Area: 1. Improve Quality of Life (continued)	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 09/30
Measure: 1.3.1.1 Number of communications related to public health threats LCDHD has initiated with staff and partners, at least 2 times a year.	0	2	07/01/18	06/30/23	1
Objective: 1.3.2. Improve LCDHD's response to public health threats by participating in a minimum of one tabletop or functional exercise per year, beginning in FY 2019.					
Strategy: 1.3.2.1. Develop multiyear training and exercise plan (MYTEP) to reflect exercise/drill opportunities annually.	No	Yes	07/01/18	06/30/23	Yes
Strategy: 1.3.2.2. Partner with regional healthcare preparedness coalition to schedule/provide public health exercise opportunities annually.	No	Yes	07/01/18	06/30/23	Yes
Strategy: 1.3.2.3. Track required trainings of Epi Rapid Response Team (ERRT) staff in public health response annually.	No	Yes	07/01/18	06/30/23	Yes
Measure: 1.3.2.1 LCDHD will participate in at least one tabletop or functional exercise per year.	0.00	1.00	07/01/18	06/30/23	1.00
Objective: 1.3.3. Reduce morbidity and mortality rates related to substance use disorder by 2% across the Lake Cumberland District by January 1, 2023.					
Strategy: 1.3.3.1. Implement Syringe Exchange Programs (SEPs) in 2 additional counties, currently have SEPs in 5 counties.	4.00	6.00	07/01/18	06/30/23	5.00
Strategy: 1.3.3.2. Provide community education and awareness (presentation/mass media campaign) on opiate use disorder quarterly.	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 1.3.3.3. Provide naloxone to community and first responders at community events.	Yes	Yes	07/01/18	06/30/23	Yes
Measure: 1.3.3.1 Decrease substance use disorder hospital admissions (as an indicator of morbidity) as listed in the Kentucky Injury Prevention and Research Center profiles from 3.64 to 3.5 per 1,000.	3.64	3.50	07/01/18	06/30/23	3.64
Measure: 1.3.3.2 Decrease substance use related overdose deaths as listed in the Kentucky Injury Prevention and Research Center profiles from 29.45 to 29 per 100,000.	29.45	29.00	07/01/18	06/30/23	29.45
Priority Area: 2. Enhance Community Access, Engagement & Collaboration	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 09/30
Goal: 2.1. Increase awareness of public health services					
Objective: 2.1.1. Increase the public's engagement via media campaigns/communications as measured by the annual increase of social media and website utilization.					
Strategy: 2.1.1.1. Update our Health Report Card webpages' information as statistics become available and notify the public through social media posts.	Yes	Yes	07/01/18	06/30/19	No
Strategy: 2.1.1.2. Update Data Analysis Committee webpage after each meeting and notify the public of our activities through social media posts.	Yes	Yes	07/01/18	06/30/19	Yes
Strategy: 2.1.1.3. Promote on social media various other public health features such as: staff photos on "blue jean and colored shirt" health awareness days, various public health news related events, "52 Weeks of Health" health promotion, staff engaging in various program related activities within their communities, various other health promotion activities, etc.	Yes	Yes	07/01/18	06/30/23	Yes
Measure: 2.1.1.1 Number of Facebook followers.	8,899	10,500	07/01/18	06/30/23	10,466
Measure: 2.1.1.2 Number of YouTube followers.	44.00	100.00	07/01/18	06/30/23	60.00
Measure: 2.1.1.3 Number of Twitter followers.	566.00	600.00	07/01/18	06/30/23	595.00
Measure: 2.1.1.4 Number of Instagram followers.	179.00	300.00	07/01/18	06/30/23	290.00
Measure: 2.1.1.5 Monthly traffic to website.	9,348	10,000	07/01/18	06/30/23	11,001
Goal: 2.2. Strengthen the Local Public Health System through partnership and planning across the Lake Cumberland District.					
Objective: 2.2.1. Sustain, rejuvenate and amplify ten health coalitions (local public health system partners) to collect and analyze data in the creation and implementation of ten community health improvement plans by June 30, 2023.					
Strategy: 2.2.1.1. Implement the Mobilizing for Action through Planning and Partnerships (MAPP) tool.	No	Yes	07/01/18	06/30/23	Yes
Strategy: 2.2.1.2. Identify and engage partners across Local Public Health System (LPHS) and invite key partners to attend.	Yes	Yes	07/01/18	06/30/23	Yes

Lake Cumberland District Health Department

Strategic Plan 2018 - 2023 (continued)

Priority Area: 2. Enhance Community Access, Engagement & Collaboration (continued)	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 09/30
Measure: 2.2.1.1 75% of coalition members regularly attend meetings as recorded in the coalition attendance tracking tool.	50.00%	75.00%	07/01/18	06/30/23	72%
Measure: 2.2.1.2 25% of newly invited key partners will attend the meetings as recorded in the coalition attendance tracking tool.	0.00%	25.00%	07/01/18	06/30/23	25%
Objective: 2.2.2. Increase the number of presentations to stakeholders, policy makers and civic groups on up-to-date health information and community health improvement plans by June 30, 2019.					
Strategy: 2.2.2.1. Attending stakeholder, policymaker and civic group meetings to share data/community health improvement plan.	Yes	Yes	07/01/18	06/30/23	Yes
Measure: 2.2.2.1 Conduct three presentations per county as documented in the community health plan.	0	30	07/01/18	06/30/23	3
Objective: 2.2.3. Provide at least one opportunity for community members to offer feedback regarding our community health improvement plan by June 30, 2019.					
Strategy: 2.2.3.1. Provide a web-based feedback form.	No	Yes	07/01/18	06/30/23	No
Strategy: 2.2.3.2. Promote web-based feedback form via social media.	No	Yes	07/01/18	06/30/23	No
Measure: 2.2.3.1 Conduct three surveys regarding feedback on CHIPs by June 30, 2023.	0	3	07/01/18	06/30/23	0
Goal: 2.3. Increase awareness of public health services and implement new approaches when appropriate based on data analysis.					
Objective: 2.3.1. Increase public awareness of illicit drug related health impacts by June 30, 2023 via the health report card and annual social media promotions.					
Strategy: 2.3.1.1. Share morbidity and mortality data with the public via our health report card and social media promotions.	No	Yes	07/01/18	06/30/23	Yes
Measure: 2.3.1.2 Add drug overdose mortality data to health report card.	No	Yes	07/01/18	06/30/19	No
Measure: 2.3.1.3 Promote health report card annually via social media.	No	Yes	07/01/18	06/30/23	Yes
Objective: 2.3.2. Analyze available illicit drug-use hospital and ER visit data via the data analysis committee and recommend educational awareness and interventions annually.					
Strategy: 2.3.2.1. Review data at the bi-annual data analysis committee meetings.	0.00	2.00	07/01/18	06/30/23	1.00
Measure: 2.3.2.1 To review the material and analyze the data at each Data Analysis Committee Meetings.	Yes	Yes	07/01/19	06/30/23	Yes
Objective: 2.3.3. Increase number of Harm Reduction Syringe Exchange Programs (SEPs) from 4 to 6 by June 30, 2023.					
Strategy: 2.3.3.1. Educate the public via public forums and media releases.	Yes	Yes	07/01/18	06/30/23	No
Strategy: 2.3.3.2. Educate law enforcement agencies via face-to-face meetings.	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 2.3.3.3. Educate fiscal courts and city councils.	Yes	Yes	07/01/18	06/30/23	Yes
Measure: 2.3.3.1 Increase number of Syringe Exchange Programs from 4 to 6 by June 30, 2023.	4	6	07/01/18	06/30/23	5
Goal: 2.4. Increase childhood immunization rates by promoting use of the immunization registry and providing technical assistance for such as needed.					
Objective: 2.4.1. Promote more extensive use of Kentucky Immunization Registry (KYIR) with providers in the LCDHD service area by June 30, 2023.					
Strategy: 2.4.1.1. Utilizing the information provided by KYIR showing 175 pharmacies are using the KYIR, educate the remaining pharmacies and physician offices on value of immunization registry through correspondence or face-to-face meetings.	No	Yes	07/01/18	06/30/23	No
Measure: 2.4.1.1. Send out educational materials to pharmacies and physicians promoting the use of the Immunization Registry by 06/30/20.	No	Yes	07/01/19	06/30/20	No

Lake Cumberland District Health Department

Strategic Plan 2018 - 2023 (continued)

Priority Area: 3. Foster Employee Engagement, Development and Performance	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 09/30
Goal: 3.1. Increase staff awareness and collaboration across all programs.					
Objective: 3.1.1. Increase general awareness of staff regarding programs by highlighting 12 programs per year beginning Fiscal Year (FY) 2019.					
Strategy: 3.1.1.1. Highlight a program monthly via email, website and/or newsletter updates.	0.00	12.00	07/01/18	06/30/20	3.00
Strategy: 3.1.1.2. Annually, all county staff are required to attend the Quality Assurance (QA) safety/shut-off training so this will provide an opportunity for any program to review program purpose, activities, and/or share needs with staff.	No	Yes	07/01/18	06/30/23	Yes
Strategy: 3.1.1.3. All program directors made aware of annual Quality Assurance (QA) meeting opportunity and allotted time if requested.	No	Yes	07/01/18	06/30/19	Yes
Measure: 3.1.1.1 Survey staff via Survey Monkey annually to measure the increase in general program awareness.	1.00%	85.00%	07/01/18	06/30/23	72.00%
Objective: 3.1.2. Improve collaboration across divisions by discussing program needs, as identified at executive staff meeting, with relevant staff.					
Strategy: 3.1.2.1. As program needs arise, appropriate groups would meet to discuss strategies / opportunities to educate staff on program needs / requirements.	No	Yes	07/01/18	06/30/23	Yes
Strategy: 3.1.2.2. Directors of new programs participate in person or via electronic meeting in annual QA meeting (that all staff are required to attend) and inform staff of program.	No	Yes	07/01/18	06/30/23	Yes
Measure: 3.1.2.1 Survey Division Directors annually to measure their perceived improvement in cross-program collaboration.	1.00%	85.00%	07/01/18	06/30/19	85.71%
Goal: 3.2. Develop and adopt procedures to protect sensitive personnel information and improve departmental efficiencies.					
Objective: 3.2.1. By June 30, 2023, we will develop a modality to electronically send, receive, and store essential personnel records					
Strategy: 3.2.1.1. Develop a secure process allowing all employees to electronically sign documents	15.00%	100.00%	07/01/18	06/30/20	20.00%
Strategy: 3.2.1.2. Work with IT to develop a secure process and method to electronically send, receive, and store personnel forms/records.	No	Yes	07/01/18	06/30/23	Yes
Measure: 3.2.1.1 All performance evaluations will be submitted by due date.	90.00%	100.00%	07/01/18	06/30/23	90.00%
Objective: 3.2.2. By 2023, all job descriptions for applicable employees will be reviewed at least every three years and updated as needed.					
Strategy: 3.2.2.1. Update modality for ensuring job descriptions are updated at least every three years to reflect expectations for current tasks.	No	Yes	07/01/18	06/30/23	Yes
Measure: 3.2.2.1 95% or more job descriptions will have been reviewed and (if needed) updated to reflect current tasks expectations within the past three years.	50.00%	95.00%	07/01/18	06/30/23	75.00%
Goal: 3.3. Recruit and assure a competent workforce by providing training opportunities that develop core public health competencies					
Objective: 3.3.1. Review and revise the professional development section of the WFDP to include ad-hoc staff development opportunities to ensure staff are appropriately trained to deal with emerging health issues by July 31, 2023.					
Strategy: 3.3.1.1. During annual employee performance evaluations, supervisors will utilize the "professional development assessment" results to discuss and identify staff professional development needs/wants and make recommendations on individual development.	No	Yes	07/01/18	06/30/23	Yes
Strategy: 3.3.1.2. Supervisors will facilitate opportunities for necessary trainings as appropriate and report annually, via the "professional development assessment", outcomes from the previous year.	No	Yes	07/01/18	06/30/23	No
Measure: 3.3.1.1 As the "professional development assessments" are submitted to HR, HR Director will review to insure supervisors are consistently utilizing the "professional development assessment".	25.00%	100.00%	07/01/18	06/30/20	30.00%
Objective: 3.3.2. By June 30, 2023, revise recruitment process to entice qualified and quality applicants.					
Strategy: 3.3.2.1. Work with GoHire to implement improved recruitment strategies.	No	Yes	07/01/18	06/30/20	Yes

Lake Cumberland District Health Department

Strategic Plan 2018 - 2023 (continued)

Priority Area: 3. Foster Employee Engagement, Development and Performance <i>(continued)</i>	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 09/30
Strategy: 3.3.2.2. Update recruitment wording on our website and social media to entice more qualified applicants.	No	Yes	07/01/18	06/30/20	Yes
Strategy: 3.3.2.3. Update job interview questions to help us better identify quality candidates.	No	Yes	07/01/18	06/30/23	No
Measure: 3.3.2.1 Each job vacancy that is advertised outside the agency will have at least three qualified applicants.	1.00	3.00	07/01/18	06/30/23	3.00
Priority Area: 4. Efficacy of Business Practices through Innovation, Process Improvement and Maximizing Efficiencies	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 09/30
Goal: 4.1. Adjust the Agency to New Financial Realities					
Objective: 4.1.1. If advantageous, consider relinquishing various underfunded clinic programs to other community partners and adjust staff compliment accordingly by June 30, 2023.					
Strategy: 4.1.1.1. Should it become necessary to pursue this objective (off-loading various under-funded programs), secure Governing Board Approval to pursue this strategy.	Yes	Yes	07/01/18	06/30/20	Yes
Strategy: 4.1.1.2. Identify other community partners that can provide our clinic services.	Yes	Yes	07/01/18	06/30/20	Yes
Strategy: 4.1.1.3. Continue work with DPH Commissioner's Public Health Redesign workgroup to determine which programs are most feasible to relinquish, should it become necessary to pursue this objective.	Yes	Yes	07/01/18	06/30/20	Yes
Strategy: 4.1.1.4. Work as KHDA representative on Legislative Workgroup that is drafting the public health transformation bill.	Yes	Yes	07/01/19	06/30/20	Yes
Measure: 4.1.1.1 Clinic programs will improve self-sufficiency from requiring 60% of the agency's total local tax funds to 30%	60.00%	30.00%	07/01/18	06/30/20	58.50%
Objective: 4.1.2. Implement/enhance three technologies to streamline existing practices/processes by June 30, 2023.					
Strategy: 4.1.2.1. Explore options to improve processes and services (for example: utilizing video-conferencing for Medical Nutrition Therapy, Directly Observed Therapy, training, coalition meeting, supervision, etc.)	No	Yes	07/01/18	06/30/23	No
Strategy: 4.1.2.2. Follow Kentucky Health Department Association's (KHDA) Best Practice Committee and the DPH Commissioner's Public Health Redesign Workgroup findings and recommendations and adopt when appropriate.	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 4.1.2.3. Enhance communication log utilization to include query abilities, link or upload supporting documenting to include the final product.	Yes	Yes	07/01/18	06/30/23	Yes
Measure: 4.1.2.1 Implement/enhance at least three streamlined processes by June 30, 2023 as reported in the executive team meeting.	3.00	3.00	07/01/18	06/30/23	4.00
Goal: 4.2. Seek Opportunities to Enhance Capacity					
Objective: 4.2.1. Continue utilizing alternative staffing arrangements (other than merit system) FY 2020.					
Measure: 4.2.1.2 18% of staff will be transitioned to these alternate models, if it is determined this is advantageous.	No	Yes	07/01/18	06/30/23	No
Objective: 4.2.2. Provide written agreements with community agencies to enhance and provide access to services beginning FY 2019 and ending in FY 2023.					
Strategy: 4.2.2.1. Establish at least 15 closed Point of Dispensing (POD) partnerships by FY 2021 as evidenced by written agreements.	0.00	15.00	07/01/18	06/30/21	12.00
Strategy: 4.2.2.2. Make space available for utilization by other members of the public health system when excess facility capacity exists.	No	Yes	07/01/18	06/30/23	No
Strategy: 4.2.2.3. Create opportunities to partner with community agencies to provide public health services that may no longer be provided by the local health department.	Yes	Yes	07/01/18	06/30/23	Yes
Measure: 4.2.2.1 Increase number of written agreements with community agencies to enhance and provide access to services.	0.00	75.00	07/01/18	06/30/23	0.00

Lake Cumberland District Health Department Strategic Plan 2018 - 2023 (continued)

Priority Area: 4. Efficacy of Business Practices through Innovation, Process Improvement and Maximizing Efficiencies (continued)	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 09/30
Objective: 4.2.3. Aggressively seek out and apply for grant opportunities to help finance existing programs and fund work on issues as identified in our CHIP, Strategic Plan and Data Analysis Committee on an ongoing basis.					
Strategy: 4.2.3.1. Review grant opportunities via popular grant promotion websites and apply for such, when appropriate.	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 4.2.3.2. Work with KHDA to pilot test their being a 501(c)(3) partner with us on grants which require said designation.	No	Yes	07/01/18	06/30/20	Yes
Measure: 4.2.3.1 The submission of at least seven grant applications annually as recorded in the grant managements database.	0.00	7.00	07/01/18	06/30/23	3.00
Goal: 4.3. Effectively use QI Plan/Tools to improve processes, programs and interventions.					
Objective: 4.3.1. LCDHD will engage in at least three Quality Improvement (QI) Projects per year, beginning FY 2019. With two focused on programmatic/community improvement; and one focused on internal agency improvement.					
Strategy: 4.3.1.1. Discuss potential QI Projects during the Executive/Quality Improvement Committee Meetings.	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 4.3.1.2. Evaluate employee suggestions to determine if they would be appropriate for a QI Project.	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 4.3.1.3. Encourage Board Members to make suggestions for improvement via the monthly Board Survey included on their meeting agenda.	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 4.3.1.4. Use results from Community Health Assessments and Data Analysis Committee work to drive potential QI Projects (discuss during data analysis committee meetings).	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 4.3.1.5. Review our Public Health Accreditation Board (PHAB) Action Plan and Annual Reports response to evaluate potential QI Project opportunities.	Yes	Yes	07/01/18	06/30/20	Yes
Strategy: 4.3.1.6. Monitor performance management database and other tracking tools to identify trends to continually identify opportunities for improvement/QI project development.	Yes	Yes	07/01/18	06/30/23	Yes
Measure: 4.3.1.1 Initiate at least one population focused QI project.	0.00	1.00	07/01/19	06/30/23	0.00
Measure: 4.3.1.2 Initiate at least three QI projects annually.	0	3	07/01/18	06/30/23	4

The agency-wide LCDHD Strategic Plan 2018-2023 defines what we plan to accomplish over the next five years and provides clear direction for achieving these goals. The plan is reviewed and revised annually because the organization must be able to adapt to the everchanging environment and needs of the organization and our communities. The goals set forth in this plan must be monitored for progress and outcomes as evidenced by the table above, which is the first quarterly report of FY2019.





Carol Huckleby,
GPC
*Human Resources
Manager*

Human Resources

Once again, this year has been a year of change in the HR office and our agency. Wilma Munsey has returned to assist us during health insurance open enrollment. Cristy Haynes, who worked in HR part-time will be moving to Finance and Payroll full-time, and Natiha Sigurbjartsson has joined our team as a full-time HR Secretary.

This year, we said goodbye to 19 valued members of our family and welcomed 21 new part-time and full-time staff members. LCDHD currently employs 181 staff members (135 full-time merit staff 13 full-time Go Hire staff and the remaining are contract, variable hour, or part-time staff).

The HR Office continues to work on our Workforce Development Plan and Strategic Plans which includes finding new ways to attract quality applicants, identifying and providing professional development opportunities for our current staff to ensure a well-trained and competent work force, and streamlining our department to improve efficiency. We conducted the Core Competencies for Public Health Assessment. The assessment results are being used to identify gaps in the core skills and develop training plans for staff.

We have just compiled the 2019 Exit Interview Survey Results and once again its confirmed, LCDHD continues to be a great place to work! 100% of employees going off-duty during 2019, who returned their survey, were very satisfied with employment and felt they received the training necessary to be successful in their job. Of those completing the survey, 43% were retiring and 25% had worked at LCDHD for 16 to 20 years.

As always the HR office continues to oversee:

- Recruitment and orientation of new staff
- Employee performance evaluations
- Employee benefits such as insurance and retirement
- FMLA
- Other personnel actions with the Local a Health Merit System

There's a lot of exciting things happening in the agency. The HR department looks forward to the opportunity to better serve our staff.



2019 EMPLOYEES



ADAIR COUNTY

Akin, Rhonda G.	Nurse Supv 1
Baker, Tiphani S.	Health Educator 1
Curry, Ashley	SSSA 1
Hale, Pamela J.	FSW 3
Harlow, Jelaine T.	Hlth Ed Coordinator
Isabelle, Jamie J.	SSSA 1
Kingrey, Crystal	H Educator 1
Lawhorn, Marsha C.	SSSupv 1
Melson, Cynthia G.	SSSA 2
Murrell, Shae M.	Peer Counselor
Patterson, Corey L.	H Envir 3
Shepherd, Alyson	Health Educator 1
Smith, Melody A.	LHN 2
Troutman, Patricia E.	Interpreter
Walker, Julia B.	LHN 4/Team Ldr

CASEY COUNTY

Bowmer, Natasha L.	Nurs Prog Mgr
Brown, Lisa C.	Nurse Supv 1
Coffman, Angelia M.	PH HANDS Spec
Kane, Kimberly M.	SSSupv 1
Roberts, Courtney L.	H Envir 3
Watson-Wethington, Karen	LHN 2
Wesley, Michelle L.	SSSA 2
Wilson, Kelly R.	PH HANDS Spec

CLINTON COUNTY

Albertson, Vicky L.	LHN 2
Arterburn, Jessica A.	LHN 4/Team Ldr
Brown, Jennifer C.	PH HANDS Spec
Crabtree, Samantha G	LHN 2
Flowers, Wanda P.	SSSA 2
Fryman, Etta G.	SSSupv 1
McGinnis, Danielle N.	PH HANDS Spec
Parrish, Donna J.	Nurse Supv 1
Thrasher, Christy J.	SSSA 2
York, Nita J.	SSSA 2

CUMBERLAND COUNTY

Capps, Heather R.	LHN Specialist
Coe, Raykesha N.	SSSA 2
England, Amanda J.	Sr. Epidemiologist

CUMBERLAND COUNTY (cont.)

Gibson, Sherri L.	Nurse Supv 1
Long, Betty S.	Janitor
Nettles, Cindy J.	SSSupv 1
Patterson, Chasity N.	H Envir 3
Riley, Martha J.	Janitor

DISTRICT

Anderson, Lisa G.	Adm Sec
Baker, John T.	Acct Clerk 3
Cimala, Ronald	Dir Adm Ser
Cogdill, Bill J.	Janitor
Collins, Christopher R.	Net Sys Spec
Cook, William L.	Janitor
Crabtree, Shawn D.	PH Dir 4
Cross, DeAnn S.	Adm Sec
Hamm, Priscilla J.	PH Serv Coord
Harris, Lisa A.	Acct Clerk 3
Haynes, Cristy L.	Acct Clerk 3
Huckelby, Carol A.	Human Res Mgr
Hughes, Lytha A.	School Clerk
James, Melody A.	School Clerk
Kindle, Linda D.	Acct Clerk 3
Munsey, Wilma	HR Assistant
Price, Jessica N.	Peer Counselor
Ramsey, Brian K.	Information Mgr
Simpson, Angela L.	Admin Serv Mgr
Smith, Dustin	IT Support Spec
Smith, Melinda J.	Tech Specst I
Sneed, Robyn L.	Acct Clerk 3
Thomas, Bethany A	LHN
Tiller, Peggy A.	LHN 2
Tomlinson, Amy C.	PH Preprdnes Mgr
Williams, Melonie	PH Prog Specialist
Young, Roger A.	Maintenance Per

GREEN COUNTY

Burriss, Brian H.	Maint Supv
Bush, Kaylene W.	Nurse Supv 1
Davis, Lori R.	LHN Specialist
Durrett, Stella A.	SSSupv 1
Hodges, Jaclyn E.	H Educator 3
Taylor, Sue A.	SSSA 2

2019 EMPLOYEES (continued)



McCREARY COUNTY

Foster, Lynnett	LHN1
Garner, Melissa K.	SSSA 2
Jones, Whitney E.	LHN 4/Team Ldr
King, Tammy J	FSW 3
Lawson, Melissa G.	FSW 3
McFeeters, Daniel J.	Net Sys Spec
Miller, Mary E.	Nurse Supv 1
Phillips, Cynthia A.	LHN 2
Simpson, Jarrod W.	H Envir 3
Smith, Victoria	Janitor
Tucker, Kimberly A.	SSSupv 1
Watson, Vannessa M.	LHN 2
Watters, Tara D	LHN 2
Whitehead, Terri N.	FSW 2

PULASKI COUNTY

Adams, Susan J.	PH Serv supv
Barber, Kathy J.	FSW 3
Bender, Brigitte E.	SSSupv 2
Bubnick, Sandra	Interpreter
Catron, Tammy E.	SSSA 2
Chambers, Gabriela	Interpreter
Denney, Monica D.	SSSA 2
Dixon, Jennifer	LHN1
Eaton, Marilyn L.	Sr Clncl Asst
Gregory, Dorthy	SSSA 2
Hall, Hannah N.	LHN 2
Hall, Karen S.	LHN 2
Hamilton, Jeremy S.	H Envir 3
Harris, Jennifer Kay	APRN
Hickman, IV Jefferson	Env Hlth Prog Mgr
Jenkins, Tamara L.	Lab Tech
Jones, Melanie	H Educator 1
Keen, Donna E.	LHN 4/Team Ldr
Livesay, Vickie F.	SSSA 1
Mayberry, Deborah E.	PH HANDS Spec
McKnight, Belinda K.	SSSA 3-Env
Meece, Jessica	PH HANDS Spec
Merrick, Sabrina L.	LHN Specialist
Miller, Kathryn B.	APRN
Morris, Wilda C.	PH HANDS Spec
Osborne, Deana S.	SSSA 2

PULASKI COUNTY (cont.)

Pollitt, Shawnda D.	SSSA 2
Poynter, Ashley M.	FSW 1
Poynter, Peggy L.	Adm Sec
Price Jr., Ferlin S.	H Envir 3
Spillman, Michael S.	Env Hlth Dir
Trull, Norma J.	Nurse Supv 1
Tuggle, April D.	FSW 3
Wells, Melissa A.	LHN 2
Wesley, Sharon S.	LPN 2
West, Brian D.	Janitor
West, Maria E.	Interpreter

RUSSELL COUNTY

Aaron, Tracy	H. Ed Director
Collins, Arlena BethAnn	PH HANDS Spec
Cummings, Candi L.	SSSA 2
Dial, Brenda S.	LHN 4/Team Ldr
Dye, Jonathan P.	H Envir 3
Fox, Brittany K.	Peer Counselor
Fuentes, Fatima	Interpreter
Gosser, Jane C.	SSSupv 1
Heathman, Judy C.	LHN 2
Kean, Bridgett M.	LHN 2
Lee, Jamie L.	Nurse Adminis
Mann-Polston, Connie M.	PH HANDS Spec
Massengill, Holly	FSW 1
Poland, Christy M.	SSSA 2
Roberson Daulton, Shirley A.	H Educator 3
Tucker, Bonnie L.	SSSA 2
Whitis, Sonya L.	LHN 2
Wilson, Melinda L.	FSW 3
Woodrum, Laura E.	Dir of Nursing

TAYLOR COUNTY

Arnold, Connie M.	LHN 4/Team Ldr
Cowherd, Janet F	LHN 2
Day, Ashley D.	LHN 2
Ford, Ricky L.	Janitor
Franklin, Anita L.	LHN 2
Freeman, Phillip	Com Hlth Wrkr
Hall, Monica	RN PPV
Harrison, Megan R.	Nurse Supv 1

2019 EMPLOYEES (continued)



TAYLOR COUNTY (cont.)

Hudgins, Earl T.	Maintenance Tech
Lejuene, Rebekah	Environmental
Lewis, Savannah L.	PH HANDS Spec
Matthews, Shannon M.	SSSupv 1
Moss, Cody	Maintenance Tech
Pickett, Tammy G.	FSW 3
Whitfill, Dawn P.	LHN 2
Wright, Tracy D.	SSSA 2

WAYNE COUNTY

Atkinson, Rebecca R.	FSW 3
Beaty, Shannon G.	H Educator 1
Daniels, Shirley D.	SSSA 2
Doss, Freda L.	LHN 2

WAYNE COUNTY (cont.)

East, Charlotte K.	SSSupv 1
Ferrell, Sylvia E.	Nurse Adminis
Harris, Jessica L.	Peer Counselor
Lair, Heather M.	RN PPV
New, Tishanna M.	PH Prog Specialist
Parmley, Kristy L.	Social Worker
Prater, Sabrina R	LHN 4/Team Ldr
Ramsey, Mary F.	PH HANDS Spec
Redman, Laura D.	LHN Specialist
Rose, Harley J.	FSW 1
Spears, Lora B.	H Envir 3
Tucker, Anna Janae	Nurs Prog Mgr
Turner, Lori C.	Nurse Supv 1

2019 RETIREES



Sandra Porter
SSSupv 1
Casey
01/12/98 to 07/31/19



Mary Silvers
Acct Clerk 3
District
11/13/00 to 06/28/19



Christine Weyman
Medical Director
District
06/22/92 to 09/20/19



Beverly Brockman
Nurse Supv 1
Russell
01/05/04 to 08/30/19



Lake Cumberland District Health Department
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Adair County Health Center

801 Westlake Drive, Columbia, KY 42728
(270) 384-2286 • (270) 384-4800 (fax)



Casey County Health Center

199 Adams Street, Liberty, KY 42539
(606) 787-6911 • (606) 787-2507 (fax)



Clinton County Health Center

131 Foothills Avenue, Albany, KY 42602
(606) 387-5711 • (606) 387-7212 (fax)



Cumberland County Health Center

226 Copper Lane, Burkesville, KY 42717
(270) 864-2206 • (270) 864-1232 (fax)



Green County Health Center

220 Industrial Park, Greensburg, KY 42743
(270) 932-4341 • (270) 932-6016 (fax)



McCreary County Health Center

119 Medical Lane, Whitley City, KY 42653
(606) 376-2412 • (606) 376-3815 (fax)



Pulaski County Health Center

45 Roberts Street, Somerset, KY 42501
(606) 679-4416 • (606) 679-4419 (fax)



Russell County Health Center

211 Fruit of the Loom Drive, Jamestown, KY 42629
(270) 343-2181 • (270) 343-2183 (fax)



Taylor County Health Center

1880 N. Bypass Road, Campbellsville, KY 42718
(270) 465-4191 • (270) 789-3873 (fax)



Wayne County Health Center

39 Jim Hill Service Road, Monticello, KY 42633
(606) 348-9349 • (606) 348-7464 (fax)



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McCREARY COUNTY • PULASKI COUNTY • RUSSELL COUNTY • TAYLOR COUNTY • WAYNE COUNTY