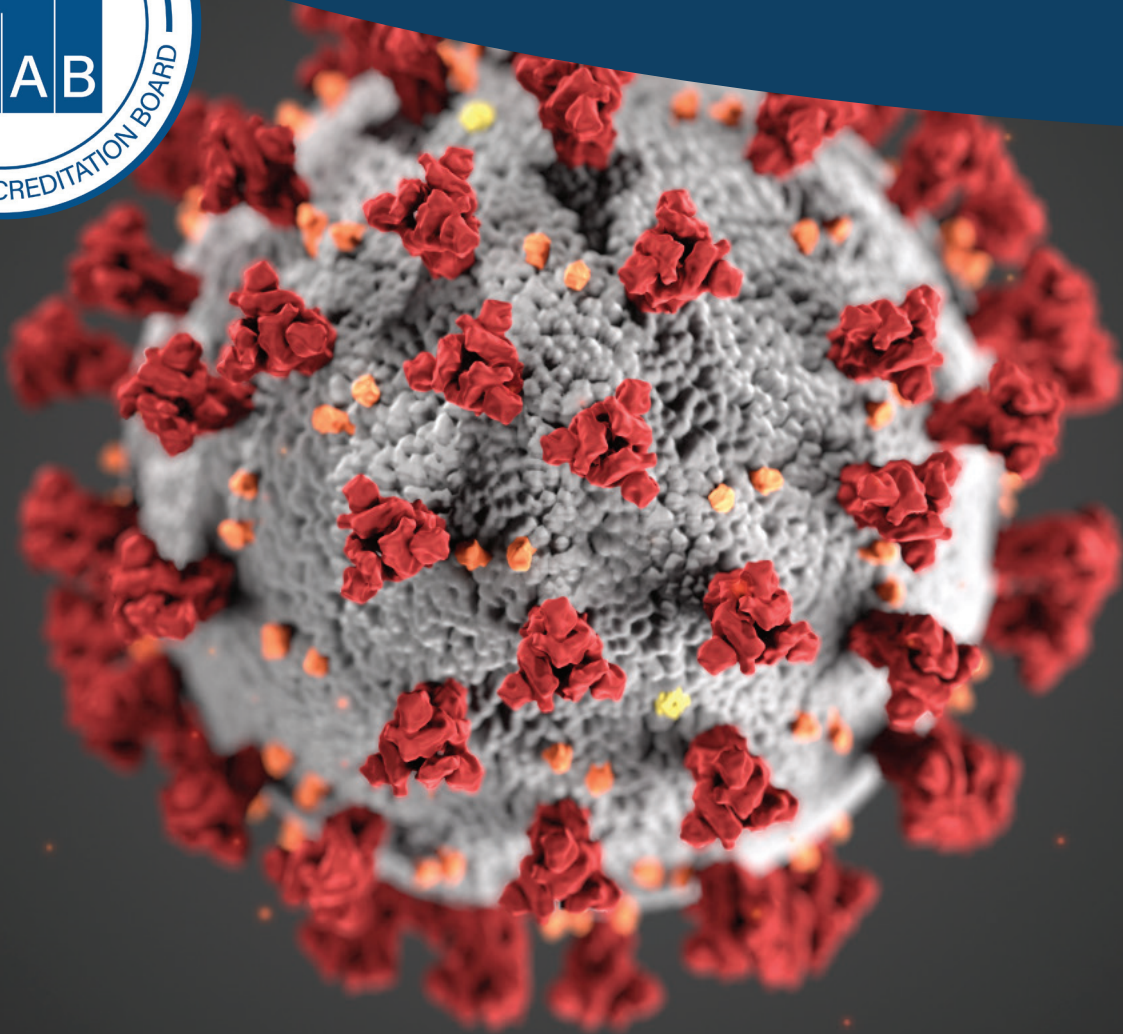




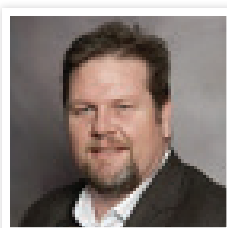
A Healthy **Today** for a Brighter **Tomorrow**



Lake Cumberland District Health Department

2019-2020 annualreport

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



Steve Kelley
Chair
 Lake Cumberland District
 Board of Health
 Pulaski County Judge-Exec

From the District Board of Health Chair

What a difficult year 2020 has been! This time last year none of us could have predicted the challenges and changes we would have to face in our district health department. Thankfully, we have a very dedicated and capable team of health professionals leading the way in our district. Their ability to analyze our challenges, adapt to a constantly moving target, and to implement winning strategies at the local and regional level has saved many, many lives. Led by Shawn Crabtree, our Lake Cumberland District Health Department has proven to be among the best in our state and the nation.

What an honor it is to serve alongside such a diverse and astute board of directors in governing our district health department. The dedication of our board is evident, and the results prove our efforts are worthwhile. When faced with the obstacle of no in-person meetings, we improvised and conducted our business virtually, while maintaining the vision and leadership necessary to give guidance and oversight to our district health department. Kudos to all who played a role in this paradigm shift as well as keeping our district health department functional and effective in protecting our public during these unprecedented times.

As I look to 2021, I know two things. We will always face new challenges that test our ingenuity and resolve. and we have the best team available to face these challenges. I am proud to be a small part of a huge effort. Thank you for allowing me to serve as your Chairman this past year.



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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 2021, I will have served as the Lake Cumberland District Health Department Director for 20 years. I am presently the third longest serving public health director in the state.

While there have been a great many challenges over the years, none of them have compared to the complexity, duration, and relentlessness of our COVID-19 response. Early on, it was fact-gathering and mobilization. Many were frightened of the unknown. Then came the early response, lockdowns, limited testing, shortages of PPE, nursing home clusters, and death. In our early efforts, most of the population considered us heroes and showered us with praise and tokens of appreciation. Now, as this has lingered on, the public has been bombarded with mixed messages, misinformation, and political showboating (at the local, state, and federal level). No longer do we enjoy the days of overwhelming support. We are now criticized for either not doing enough or doing too much. While we still get praise sometimes for our dedication and resilience, we also consume substantial helpings of criticism, skepticism, cynicism, accusations, and hostility. Some days it seems like everyone feels they could do our jobs better than us.

I cannot imagine any group who wants COVID-19 to be over any more than Public Health. We are tired and we are sometimes discouraged. However, we are strong and we are resilient. We will not back down from our mission just because things become difficult. Though our response may evolve, our resolve is granite.

I could not be prouder of my staff! They have been flexible, positive, enduring, and dedicated. While I am always honored and humbled to be the Director of the Lake Cumberland District Health Department, this momentous year has demonstrated our willingness and ability to rise to face the most challenging of circumstance. "Thank you" seems somehow insufficient, but I will say it anyway. Thank you to my staff.

VISION STATEMENT

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

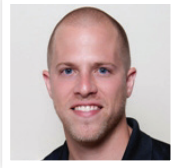
MISSION STATEMENT

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.

Adair County



Honorable
Gale Cowan



Matt Jackson,
RPh



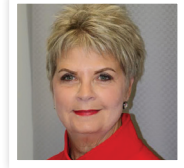
Shantila
Rexroat, DVM



Honorable
Randy Dial



Gina Goode,
Lay RPh



Kay King, RN

Clinton County



Honorable
Ricky Craig



Jake Staton, PE



Honorable
John Phelps, Jr.



Kristen Branham,
Consumer



Honorable
John Frank



Pam Bills,
Lay MD

Cumberland County

Green County

McCreary County



Hon. Jimmie
Green II



Stephen
McKinley, OD



Rosalie Wright,
Consumer



Honorable
Steven Kelley
Chair



Hossein
Fallahzadeh, MD



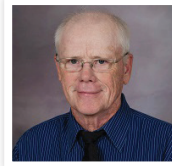
Patty Guinn,
RPh

Pulaski County

Pulaski County



L. Bruce Jasper,
DVM



Alvin Perkins,
MD



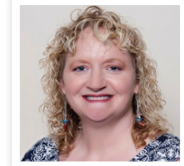
James Wesley,
Consumer



Hon. Gary D.
Robertson



Richard Miles,
MD



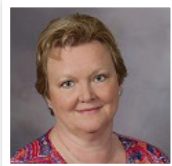
Susanne Lee, OD

Russell County

Taylor County



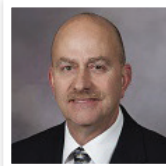
Honorable
Barry Smith



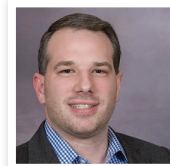
Gayle Phillips,
Fiscal
Vice-Chair



Marlene
Richardson,
DMD



Honorable
Mike Anderson



Joseph Brown,
MD



Vacant

Wayne County

2020

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
Honorable Gale Cowan
Catherine Feese, MD
Sheri Hutchison, RN
Matt Jackson, RPh
Lee Ann Jessee, Consumer
Gary Partin, MD
Shantila Rexroat, DVM

Cumberland County

Kristen Branham, Consumer
Janet Clark, 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
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
Greg Tungate, Lay PE

Casey County

Adlie Brown, DMD
Darin Cundiff, 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
Holly Von Gruenigen, MD
C. Leslie Wade, DVM
Susanne Lee, OD

Wayne County

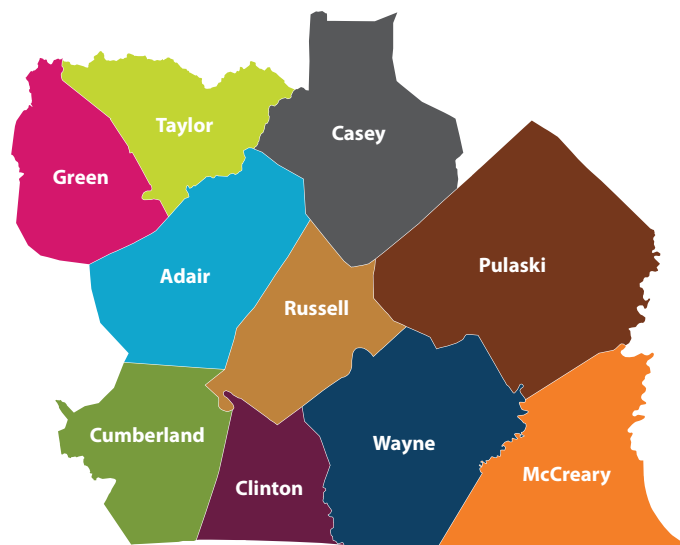
Honorable Mike Anderson
William Breeding, DMD
Joseph Brown, MD
Sarah Debord Weddle, Lay MD
Vesta Edwards, Lay DVM
Lora Elam, RN
Ronald McFarland, MD
Kenneth Ramsey, Consumer
James Sawyer, OD
Joe Silvers, RPh
Ronnie Turner, Fiscal
Vacant

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

Azalie Egnew, Lay RN
Honorable Jimmie Green II
Martha Johnson, Lay MD
Terry Allan Lawson, Lay MD
Stephen McKinley, OD
Emily Ross, Lay MD
Sue Singleton, Fiscal
Jennifer West, Lay DVM
Rita Wright, Lay PE
Rosalie Wright, Consumer





Coronavirus Response COVID-19 Data

In March 2020, the Coronavirus became a health priority throughout our district, and more broadly, the entire world. Much of our efforts as a Health Department reprioritized to Coronavirus Response. The duties of our entire staff shifted as needed to meet the new demands of this pandemic. Here is a summary of LCDHD Response:

- Performing case and close contact investigations and issuing isolation and quarantine orders for positive COVID-19 cases and high-risk close contacts of confirmed COVID-19 cases.
- Taking every opportunity to remind the public to individually observe COVID-19 prevention guidance.
- Responding to issues of non-compliance with the Governor's order to close down businesses specifically told to shut down for a period of time and also operating businesses not complying with precautionary re-opening measures.
- Reviewing the Governor's reopening of the economy guidance and fielding community questions regarding such; and, assisting businesses with their planning efforts.
- Reviewing the Governor's school reopening guidance and assisting area schools with their planning efforts.
- Providing weekly meetings to update the media and public on COVID-19 in our region.
- Planning for mass immunization clinics once a vaccine is available in our area.
- Consulting with long-term care facilities regarding best practices for prevention and responding to positive cases.
- Participating in as-needed calls with long-term care facilities and offering guidance and support.
- Helping to coordinate testing sites.
- Helping to monitor Personal Protective Equipment in key medical and long-term care facilities.

LCDHD COVID-19 Demographics*

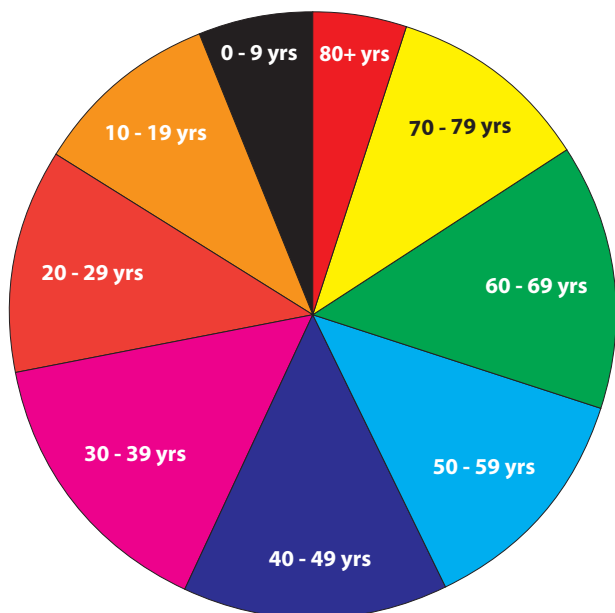
**as of November 9, 2020*

All Cases Lake Cumberland District Average Age	45
All Cases Lake Cumberland District % Male	45%
All Cases Lake Cumberland District % Female	55%
Hospitalized Cases Lake Cumberland District Average Age	66
Hospitalized Cases Lake Cumberland District % Male	50%
Hospitalized Cases Lake Cumberland District % Female	50%
Deceased Cases Lake Cumberland District Average Age	77
Deceased Cases Lake Cumberland District % Male	39%
Deceased Cases Lake Cumberland District % Female	61%
Mortality Rate: # of Deaths of Confirmed Cases (90) / # of Cumulative Confirmed Cases (5255)	1.71%
% of Recovered Cases: # of Recovered Confirmed Cases (4414) / # of Cumulative Confirmed Cases (5255)	84.00%
Statewide Testing Positivity Rate	7.49%

LCDHD COVID-19 Cases by Age*

*as of November 9, 2020

0 - 9 yrs:	5.0%	30 - 39 yrs:	13.0%	60 - 69 yrs:	12.0%
10 - 19 yrs:	11.0%	40 - 49 yrs:	14.0%	70 - 79 yrs:	10.0%
20 - 29 yrs:	14.0%	50 - 59 yrs:	15.0%	80 + yrs:	6.0%



LCDHD COVID-19 Deaths by Age*

*as of November 9, 2020

0 - 9 yrs:	0.0%
10 - 19 yrs:	0.0%
20 - 29 yrs:	0.0%
30 - 39 yrs:	0.0%
40 - 49 yrs:	0.0%
50 - 59 yrs:	9.1%
60 - 69 yrs:	13.1%
70 - 79 yrs:	34.3%
80 + yrs:	43.4%

Places visited prior to testing COVID-19 positive*

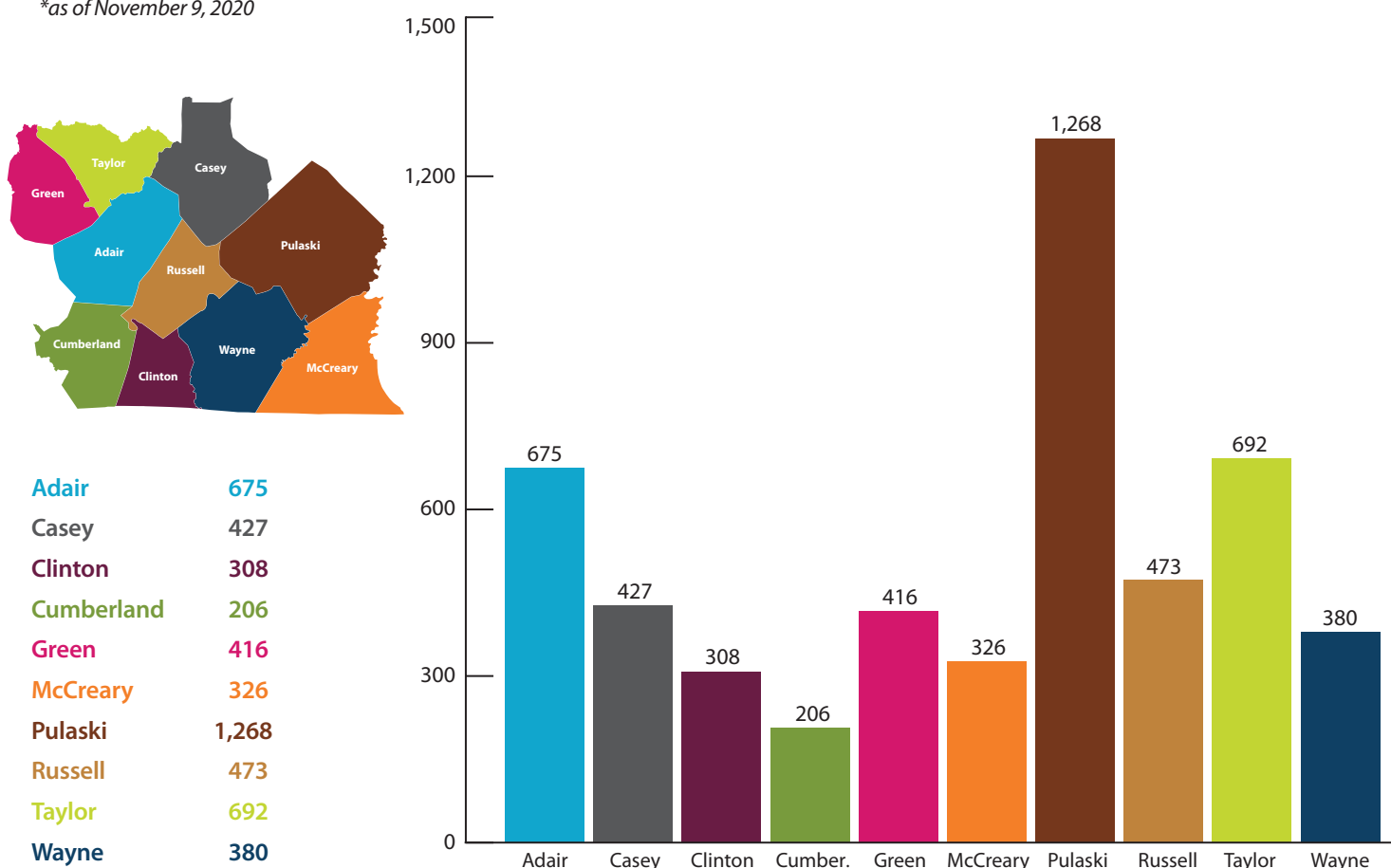
*as of November 9, 2020

Where People with Positive COVID-19 Cases in the Lake Cumberland District Visited Before Being Isolated

Schools:	25.3%
Businesses:	19.2%
Family:	18.2%
Long-Term Care:	8.1%
Medical:	8.1%
Worship:	6.1%
Recreation:	4.0%
Government:	3.0%
Restaurants:	3.0%
Jail/Prison:	2.0%
Travel:	2.0%
Daycare:	1.0%

TOTAL COVID-19 CASES REPORTED BY COUNTY*

*as of November 9, 2020



**Ron Cimala**

Director of Administrative
Services

Administration Department

For fiscal year 2020, Lake Cumberland District Health Department's (LCDHD) clinic funding continued to decrease, and as a result, clinic services also decreased. For the 2020 fiscal year, the agency budgeted at a \$1,073,530 surplus. A couple of our programs pulled in more money than expected while minimizing expenses, and as a result, the agency closed with a \$1,338,926 surplus.

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 and they did not catchup at all in this fiscal year. They are approximately behind \$400,000 in Medicaid match payments that we will have to pay them once they bill it out.

Revenues for FY 2020 were \$351,481 more than budgeted, primarily due to COVID-19 Funding.

At the end of the fiscal year, after adding in the surplus, our restricted reserve funds on hand are \$3,935,724.77 and our unrestricted funds total \$5,674,908.39 for a total of \$9,610,633.16 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 \$752,188.80 (15%) 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 and requiring more staff to collect less funds, clinic services have decreased.

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 is constantly improving our processes and finding new efficiencies while maintaining high standards.



Allowable Unrestricted Reserve Calculation 2019 - 2020

Cost Center	CC#	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
Food Service	500	253,877	1,850	0.73%	253,877	0
Public Facilities	520	62,333	11,448	18.37%	62,333	0
General Sanitation	540	134,331	0	0.00%	134,331	0
On-site Sewage	560	447,068	395,770	88.53%	0	447,068
Radiation and Product Safety	580	73	0	0.00%	73	0
Food License Project	590	199,035	211,270	106.15%	0	199,035
Radon	591	4,662	0	0.00%	4,662	0
Preventative/Presenting Problems	700	0	0	100.00%	0	0
Dental Services	712	1,235	593	48.01%	1,235	0
Laboratory/Testing/Radiology	718	0	0	100.00%	0	0
ZIKA Preparedness and Response	726	17	0	0.00%	17	0
Harm Reduction/Needle Exchange	727	171,529	9,807	5.72%	171,529	0
Diabetes Disease Management	728	49	0	0.00%	49	0
Community Health Action Team	736	81,192	0	0.00%	81,192	0
Environmental Strike Team	746	506	0	0.00%	506	0
KHREF	747	(905)	0	0.00%	(905)	0
Accreditation	750	8,656	0	0.00%	8,656	0
HANDS GF Services	752	1,213,181	1,083,800	89.34%	0	1,213,181
Personal Responsibility Education Program	756	42,211	0	0.00%	42,211	0
GO365 (Humana Vitality)	758	285,360	380,311	133.27%	0	285,360
ELC Surveillance Activities	759	13,120	0	0.00%	13,120	0
HANDS Federal Home Visiting	760	206,408	206,408	100.00%	0	206,408
Diabetes Telehealth	761	19,828	0	0.00%	19,828	0
Hep A Outbreak Activities	764	22,678	0	0.00%	22,678	0
Tobacco Program Federal Funds	765	50,276	0	0.00%	50,276	0
MCH Coordinator	766	183,965	0	0.00%	183,965	0
Competitive Home Visiting	767	6,817	0	0.00%	6,817	0
KCCSP-HB 265	770	112	0	100.00%	112	0
PHEP Special Project (COVID-19)	771	813,264	0	0.00%	813,264	0
COVID-19 Federal	772	56,793	0	0.00%	56,793	0
Child Fatality Prevention	774	2	0	0.00%	2	0
Pediatric/Adolescent	800	494,675	241,893	48.90%	494,675	0
Family Planning	802	589,257	589,257	100.00%	0	589,257

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Allowable Unrestricted Reserve Calculation 2019 - 2020 (cont.)

Cost Center	CC#	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
Maternity Services & Activity	803	0	0	100.00%	0	0
WIC Services	804	1,505,898	0	0.00%	1,505,898	0
MCH Nutrition & Group Activity	805	54,550	844	1.55%	54,550	0
Tuberculosis	806	263,532	62,681	23.78%	263,532	0
Sexually Transmitted Disease	807	24,835	5,319	21.42%	24,835	0
Diabetes	809	232,572	40	0.02%	232,572	0
Adult Visits & Follow-Up	810	452,287	67,568	14.94%	452,287	0
Lead Poisoning Prevention	811	9,520	119	1.25%	9,520	0
Breast and Cervical Cancer	813	98,413	18,728	19.03%	98,413	0
Community Based Services	818	220	0	0.00%	220	0
Preparedness Coordination & Training	821	94,078	0	0.00%	94,078	0
Preparedness Epidemic & Surveillance	822	89,332	0	0.00%	89,332	0
Preparedness Medical Reserve Corp	823	1	0	0.00%	1	0
Local Community Public Health Projects	826	1,432	549	38.34%	1,432	0
Teen Pregnancy Prevention	827	239,947	0	100.00%	239,947	0
Addressing Barriers to DSMES	828	12,333	0	0.00%	12,333	0
Heart4Change	829	152,568	0	0.00%	152,568	0
Sexual Risk Avoidance Edu Grant	830	126,106	0	0.00%	126,106	0
Worksite Wellness Project	831	3,072	0	0.00%	3,072	0
KIPRC ROPA	832	2,460	0	0.00%	2,460	0
Breastfeeding Promotion	833	53,496	0	0.00%	53,496	0
HPP Activity Support	835	7,201	0	0.00%	7,201	0
Tobacco	836	128,584	0	0.00%	128,584	0
Abstinence Education Initiative	837	57	0	0.00%	57	0
Marshall University Diabetes Grant	839	3,278	0	0.00%	3,278	0
Breastfeeding Peer Counselor	840	58,480	0	0.00%	58,480	0
Diabetes Today Program	841	18,333	0	0.00%	18,333	0
HIV Counseling & Testing	842	132	0	0.00%	132	0
Ryan White Pharm Rebate Funds	844	227,055	0	0.00%	227,055	0
Ryan White Program	845	293,892	0	0.00%	293,887	0
Rural Health Opioid Grant	846	248,856	0	0.00%	248,856	0
KIPRC Jail Education Grant	847	22,199	0	0.00%	22,199	0
Healthy Start Day Care	848	50,744	0	0.00%	50,744	0

continued on the next page . . .

Allowable Unrestricted Reserve Calculation 2019 - 2020 (cont.)

Cost Center	CC#	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
USDA Rural Business Development Grant	849	13,544	0	0.00%	13,544	0
KIPRC Harm Reduction Summit	850	3,425	0	0.00%	3,425	0
HANDS Prima Gravida Program	853	1,634,577	1,857,739	113.65%	0	1,634,578
Arthritis	856	292	0	0.00%	292	0
Supplemental School Health	858	917,952	917,952	100.00%	0	917,952
HPP Coordinator	875	1,068	0	0.00%	1,068	0
WIC Operational Adjust Funding	886	10	0	0.00%	10	0
Core Public Health	890	16,289	3,306	20.30%	16,289	0
Medicaid Match	891	480,585	14,472	3.01%	480,585	0
Minor Restricted	892	3,565	67	1.89%	3,565	0
Capital	894	89,367	0	0.00%	89,367	0
Allocable Leave & Fringes	895	1,529,084	0	0.00%	1,529,084	0
TOTAL		14,578,123	0	0.00%	9,085,280	5,492,839

Multiplier for Allowed Unrestricted Reserve

Allowed Non-Fee for Service Unrestricted Reserve & Fee for Service Unrestricted Reserve

Allowed Non-Service Fee Restricted Reserves (30% of Total Non-Service Fee Expenses)

Allowed Service Fee Restricted Reserves (40% of Total Service Fee Expenses)

Total Allowed Unrestricted Reserve

Fiscal Year End Actual Unrestricted Reserve

Remaining Allowable Unrestricted Reserve

	30%	40%
Allowed Non-Fee for Service Unrestricted Reserve & Fee for Service Unrestricted Reserve	\$2,725,584.06	\$2,197,135.53
Allowed Non-Service Fee Restricted Reserves (30% of Total Non-Service Fee Expenses)		2,725,584
Allowed Service Fee Restricted Reserves (40% of Total Service Fee Expenses)		2,197,136
Total Allowed Unrestricted Reserve		4,922,720
Fiscal Year End Actual Unrestricted Reserve		5,674,908
Remaining Allowable Unrestricted Reserve		(752,189)

Description	FY2019		FY 2020	
Current Allowed Unrestricted Reserve	\$4,860,071.14	100%	\$44,922,719.59	100%
Fiscal Year End Actual Unrestricted Reserve	\$5,888,471.14	121%	\$5,674,908.39	115%
Remaining Allowable Unrestricted Reserve	(\$1,028,400.07)	-21%	(\$752,188.80)	-15%
Total Program Restricted Reserves	\$3,411,635.67		\$3,935,724.77	
TOTAL RESERVES	\$8,271,706.81		\$9,610,633.15	

Lake Cumberland District Health Department

Statement of Revenues, Expenditures & Change in Fund Balance

For the Fiscal Year ending June 30, 2020

(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, 2019 between the hours of 8:00 am to 4:30 pm.)

Fund Balance as of July 1, 2019

\$8,271,706.81

Revenues:	
State	2,836,656.25
Federal	4,405,626.56
Local	3,199,860.57
Service Fees	5,417,265.73
Interest	57,639.87
State Restricted Previous Years' Carryover/ Reserve Funds Used	0.00
Federal Restricted Previous Years' Carryover/ Reserve Funds Used	0.00
Fee Restricted Income Previous Years' Carryover Funds	0.00
Unrestricted Previous Years' Carryover/ Reserve Funds Used	0.00
Total Revenues:	\$15,917,048.98

Expenditures:	
Salary & Leave	5,664,803.59
Fringe Benefits	4,350,840.46
Independent Contractors	720,771.99
Travel	347,354.57
Space Occupancy	522,024.41
Office Administration	575,009.22
Medical Supplies	411,080.91
Automotive	10,825.33
Other	1,886,045.81
Capital Expenditures	89,366.73

Total Expenditures: **\$14,578,123.02**

Excess Revenue over Expenditures (including Carryover/Reserve Funds)	1,338,925.96
Less State Restricted Previous Years' Carryover Funds Used	(0.00)
Less Federal Restricted Previous Years' Carryover Funds Used	(0.00)
Less Fee Restricted Income Previous Years' Carryover Funds	(0.00)
Less Unrestricted Previous Years' Carryover Funds Used	(0.00)

Total Previous Year Carryover Funds Used **(0.00)**

Total Excess Revenue Over Expenditures (Less Carryover Funds)

\$1,338,925.96

Fund Balance as of June 30, 2020

\$9,610,632.77

Lake Cumberland District Health Department

Revenue and Expense Summary Comparison to Prior Year

As of Period Ending June 30, 2020

	Current YTD Actual	Prior YTD Actual	Change	% Change
Revenues				
State	\$2,836,656.25	\$4,080,991.06	(\$1,244,334.81)	-30%
Federal	\$4,405,626.56	\$3,598,187.15	\$807,439	22%
Local	\$3,199,860.57	\$3,147,725.05	\$52,135.52	2%
Service Fees	\$5,474,905.60	\$4,583,921.06	\$890,985	19%
Unrestricted Carryover	-	\$43,957.77	(\$43,957.77)	-100%
Total Revenue	\$15,917,048.98	\$15,454,782.09	\$462,267	3%
Expenditures				
Salary & Leave	\$5,664,803.59	\$6,011,225.78	(\$346,422)	-6%
Fringe Benefits	\$4,350,840.46	\$4,697,674.03	(\$346,834)	-7%
Independent Contractors	\$720,771.99	\$774,551.17	(\$53,779)	-7%
Travel	\$347,354.57	\$400,750.93	(\$53,396)	-13%
Space Occupancy	\$522,024.41	\$540,976.30	(\$18,952)	-4%
Office Administration	\$575,009.22	\$342,703.41	\$232,306	68%
Medical Supplies	\$411,080.91	\$587,484.49	(\$176,404)	-30%
Automotive	\$10,825.33	\$9,790.56	\$1,035	11%
Other	\$1,886,045.81	\$897,450.54	\$988,595	110%
Capital Expenditures	\$89,366.73	\$130,200.00	(\$40,833.27)	-31%
Total Expense	\$14,578,123.02	\$14,392,807.21	\$185,316	1%
Excess/(Deficit) of Revenue over Expense	\$1,338,925.96	\$1,061,974.88	\$276,951	26%



Jamie Lee, RN, CDE
*Diabetes/Worksite
Wellness Programs*

Wellness Outreach & Education

The Wellness Outreach and Education Program has had a very busy year.

We provided our Association of Diabetes Care and Education Specialists (ADCES) accredited diabetes self-management classes in all ten counties as well as additional diabetes education and awareness activities throughout the district. Because of our experience with teaching telehealth classes, we were able to continue classes when COVID 19 changed our world. We shared our telehealth experience by teaching other diabetes programs throughout the state as well as sharing on a national podcast for the ADCES.

We started the year strong with our biometric screening program in the Lake Cumberland District and Louisville – so strong that we picked up the screenings for the Lincoln Trail District as well. Before the end of March, we had completed over

3,800 screenings. As we were in the midst of the busiest time for us, we had to stop all screenings when the pandemic hit.

We completed year two 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 second year successful and adapting to the changes now required with most all activities going virtual.

We are trying to be creative and find unique ways to engage our communities for this new world in which we find ourselves when we are not assisting with contact tracing.



Christine Weyman, MD, PhD, FAAP
Medical Director

Medical Director

2020 has been an interesting year for health departments. Everyone, no matter what their position, has become part of the COVID-19 education and investigation team. We have learned a lot about the novel Coronavirus CoV2 which can cause an asymptomatic infection as well as mild to severe disease and can have long lasting health consequences. The elderly are most at risk for death, but the young can have lingering symptoms which can be serious, so it's not benign at any age.

The disease can have 4 phases: the viral, the cytokine storm, coagulation phase and the hyper-immune phase. All 4 are involved in severe cases. The virus attaches to ACE2 receptors which are ubiquitous in the body and it seems that a higher dose of virus particles causes more severe disease. Hence, decreasing the viral dose by wearing masks is a good strategy to insure mild disease ensues if one becomes infected.

Medical science is still unable to answer the question of immunity. We know that antibodies wane after three months post infection, however, the cellular immune response, which has memory, also plays a part. The biggest problem will be when the virus mutates and this immunity will no longer be effective, just like the flu or common cold mutates. Once a vaccine is available, it may need to be altered annually to produce immunity to different strains. There are still so many unknowns surrounding this virus.

The novel Coronavirus CoV2 will be with us for a while, but our knowledge will improve. Unfortunately, with factors such as: an increasing global population, destruction of the wilderness, and global warming; pathogens, which are usually limited to just animals, will spread to humans and epidemics like this will inevitably become more and more common.



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

HANDS Program

Fiscal year 21 has been a very challenging year for Lake Cumberland District's HANDS program. We began our year with plans to expand our program, increase enrollment and home visitation. Then, COVID-19 came and life changed for HANDS.

In March, all "in home" visiting was put on hold and HANDS visits were changed to remote/virtual visits only. What a change it was to go from face to face visits in the family's home to face to face visiting by way of SKYPE, Zoom, FB Messenger, Google Duo, etc. Our HANDS county teams that worked closely together in the office became scattered as most of our staff began working from home.

While the manner of home visits changed, we are very fortunate that we have our HANDS Box electronic charting system, so working from home was an easy transition. Our staff shifted from "in home" visitors to "virtual" visitors.

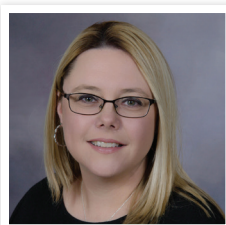
The HANDS staff also found themselves taking on new roles working in multiple areas of COVID-19 duties. We helped other divisions within LCDHD by assisting with community education, delivering information to businesses across the District in an effort to keep our

communities safe. When COVID-19 testing became available, we assisted community agencies, factories and businesses with testing. We shuttled completed tests from medical providers to our local health departments to be logged in and sent to a laboratory for processing.

Beginning in July, our HANDS staff was assigned the duties of "COVID-19 Daily Callers". We called patients that tested positive for COVID-19 to check on their physical symptoms and gather information during the disease process to determine when the patient can be released from quarantine and back to work. We currently continue to work in this role in the mornings and do remote home visits in the afternoons.

Even though visiting with our families has been different, the relationships our home visitors have established with enrolled families remains strong and LCDHD HANDS program remains strong. At the beginning of October 2020, we still had 568 families enrolled in our HANDS program and we continue to do visits according to the standards of the Kentucky's HANDS program.

Although COVID-19 remains a part of our lives, we look forward to the future with anticipation of a time when we can once again visit with our families in their homes and a bright future for Kentucky's HANDS families.



Angie Simpson
Administrative Services
Manager

Support Services

Year 2020 has definitely been a challenge. In March, our clinical services changed due to the COVID-19 outbreak. To protect staff and patients, we no longer had traditional waiting areas in our clinics. Instead, we registered and checked out patients over the phone and, unless the appointment was essential, we did it remotely. An additional challenge we faced was being short staffed due to some of the clerical staff being sick or their family members sick. We had to send clerks out from county to county to cover clinics. Some of our clinic services declined, but our WIC services increased during the COVID-19 outbreak.

Our Clinic Support Staff adjusted very well to the new normal during this time and stayed focused on patient care. Our Clinic Support staff continues to work hard to provide excellent services to our patients. We also continue to support all the other departments within our agency.

I am proud to say we have a great Clinic Support Staff who are dedicated in providing the best patient services as they carry out the mission of the Lake Cumberland District Health Department. We look forward to 2021 and hope that it's not as challenging as 2020.



**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 us with exciting opportunities and staff have continued to excel in their evolving duties.

Since March 2020, our primary focus has been on COVID-19 response efforts. Our staff, along with contracted contact tracers, complete case and contact investigations on each positive COVID case as well as make daily calls to each positive case during the duration of isolation. Additionally, we've increased testing efforts in the community through a partnership with the Kentucky Department for Public Health and a contract lab.

Our WIC program serves 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 through support groups, phone calls, home visits, health fairs, and on-site 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 specific health care needs of HIV persons. The program helps find and utilize resources which improve overall health and quality of life as well as help to control the spread of the HIV infection.

The Rural Health Opioid Program (RHOP) grant funding ended this year. With this funding we've been able to provide case management services for over 450 individuals at risk for opioid use disorder. We have secured state and federal funding to continue our work beyond the current grant.

Adair, McCreary, Pulaski, Taylor, and Russell county health departments all have operational syringe exchange programs. Syringe exchange is 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.

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.





Tracy Aaron, CHES
Health Policy and
Promotion Director

Health Promotion and Policy

The Lake Cumberland Health District (LCDHD) Health Promotion and Policy program continues to raise awareness, educate and advocate to improve the health and well-being of those who live, work, or play in the Lake Cumberland District.

COVID-19 struck in February, which redirected our old ways of networking via face to face, to virtually meeting in order to continue our work.

This past year, we have continued implementing evidence-based programs on teen pregnancy prevention, tobacco prevention and cessation, nutrition and physical activity, child care health consulting (focusing on nutrition, health and safety) as well as maintaining our community health coalitions. Each health coalition completed their community health assessment and has begun work on Community Health Improvement Plan (CHIP). Another avenue we have continued raising awareness is Adverse Childhood Experience (ACE's) through our partnership with the Foundation for Healthy Kentucky and BOUNCE Coalition. The Health Team continues providing educational opportunities to our community partners to begin the journey of building resilient communities. Each health coalition completed their community health assessment and has begun work on Community Health Improvement Plan (CHIP).



There are five areas of focus for the 2021 CHIP:

- tobacco prevention (e-cigs & spit tobacco)
- teen health (teen pregnancy)
- obesity (nutrition/physical activity in adults)
- adverse childhood experiences
- substance misuse/abuse

We look forward to the opportunities of the upcoming year. Our persistence and dedication are immense as we are committed to "Promoting Excellent Health That Lasts A Lifetime."





Amy Tomlinson, MPH
Public Health
Preparedness Program
Manager

Preparedness

Of course, 2020 has been the year of COVID-19 response for the Preparedness Program at LCDHD.

The Department Operations Center (DOC) was activated on March 3, 2020 in response to the COVID-19 pandemic. This new strain of virus has created unprecedented challenges for our staff and our communities. Numerous meetings and educational efforts were scheduled and conducted to address the spread of the disease (COVID-19) in our communities. Additionally, immunization events are being planned for when the vaccine is available.

The Preparedness Program has been actively assisting with planning and executing drive thru COVID-19 testing sites throughout the district. Efforts are also

underway to review plans and prepare for the eventual receipt and distribution of a COVID-19 vaccine when it becomes available.

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. With this unprecedented pandemic situation, these partnerships have proven to be invaluable. They have provided an opportunity to share knowledge, resources, and assets within our counties.

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 has been the year we lost. COVID-19 has changed everything we normally do in environmental services. We had trained since 9/11 for this moment and we have shined, so we were prepared to handle the challenges presented to us, but not without leaving most of our regular work in the communities left undone. We still managed to provide just short of 5,000 environmental health services to the community, even as we face a worldwide pandemic. Most of these services, however, occurred at the end of 2019 and in the first couple of months in 2020. We have continued to maintain the most vital services, such as: on-site sewage and rabies response during the pandemic. We actually have seen a steady rise in the number of new sewage systems being installed, which directly relates to a strong economy, even in these uncertain times.

Each environmentalist is Epidemiology Rapid Response trained and we decided to move all our people into a "local planner" role during the pandemic. Environmentalists have served, and continue to serve, as the local liaison to their county community, Judge Executives and Emergency Managers. Environmentalists are the "go to" person for health-related questions, review of all local events, school openings and procedures and supply management for the response. We have spent countless hours reviewing plans for how life can continue while taking a risk-based approach to living in a COVID-19 world. Some positives that have come from this is the collaboration and relationships we have built throughout the entire community and the trust we now enjoy with our partners as a reliable source of information and the

continued on the next page . . .



**Stuart Spillman,
RS, REHS**

Environmental Health
Director

Environmental (continued)

ability to get things done together. We also have served as the enforcement division for ensuring the Governors mandates are met. While this has been challenging, we have addressed every complaint we have been made aware of and reached out to businesses, government agencies and schools to educate on compliance and safety.

Once again, we find ourselves filling the environmental position in Taylor County. We are now on our 5th employee since around 2013. This has upended environmental services in that county due to continuous change and having to float in people to cover. We now have someone who comes to us with 10 years of environmental experience and are hopeful that he will stay for many years as he is a part of

the Taylor County community. However, due to the pay scale that can be offered by the health department we find ourselves lagging behind the private sector where opportunities are ripe, and when we hire great people it isn't long before they are recruited by companies that can afford to pay a much higher rate than us.

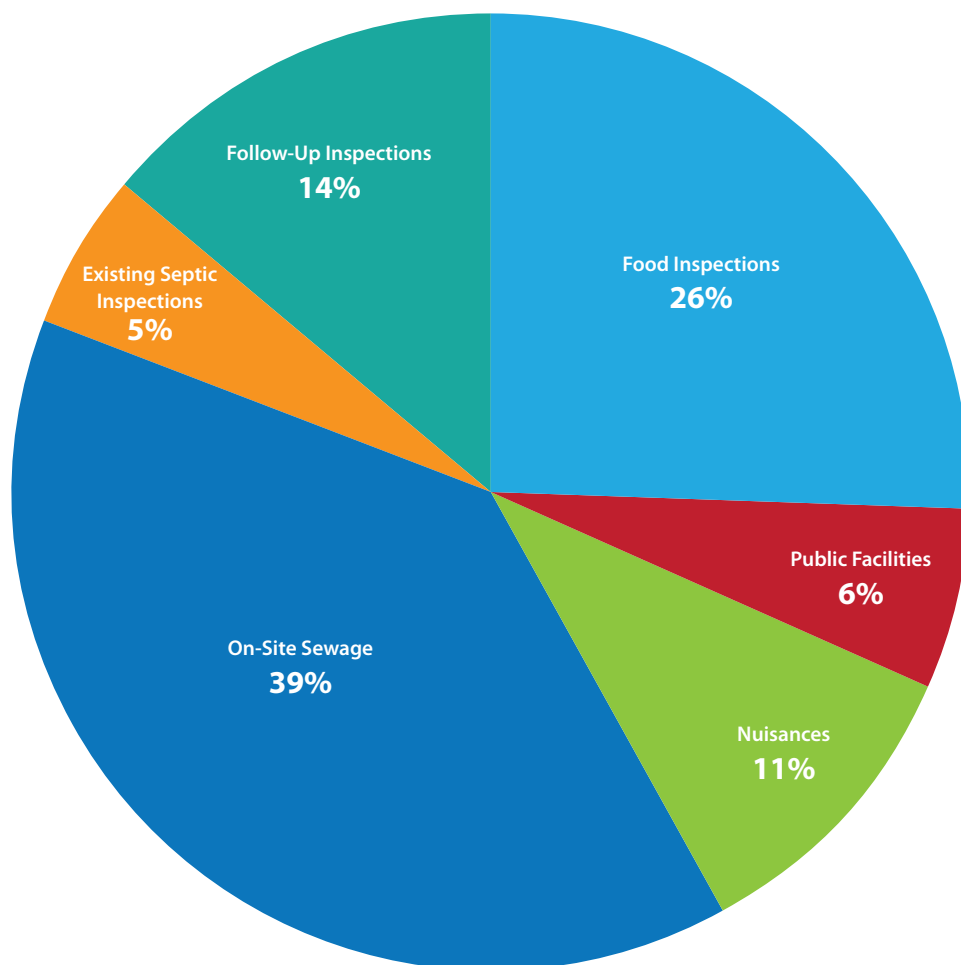
In summary, we continue to provide excellent services to our communities. We are thankful to have a highly trained staff, many who have been here over 15 years and 5 environmentalists with over 20 years' experience. We are committed to the health and safety of the citizens of the Lake Cumberland District and continue to touch every life of those who live in and visit our area.

Environmental Inspections by Program 2019 - 2020

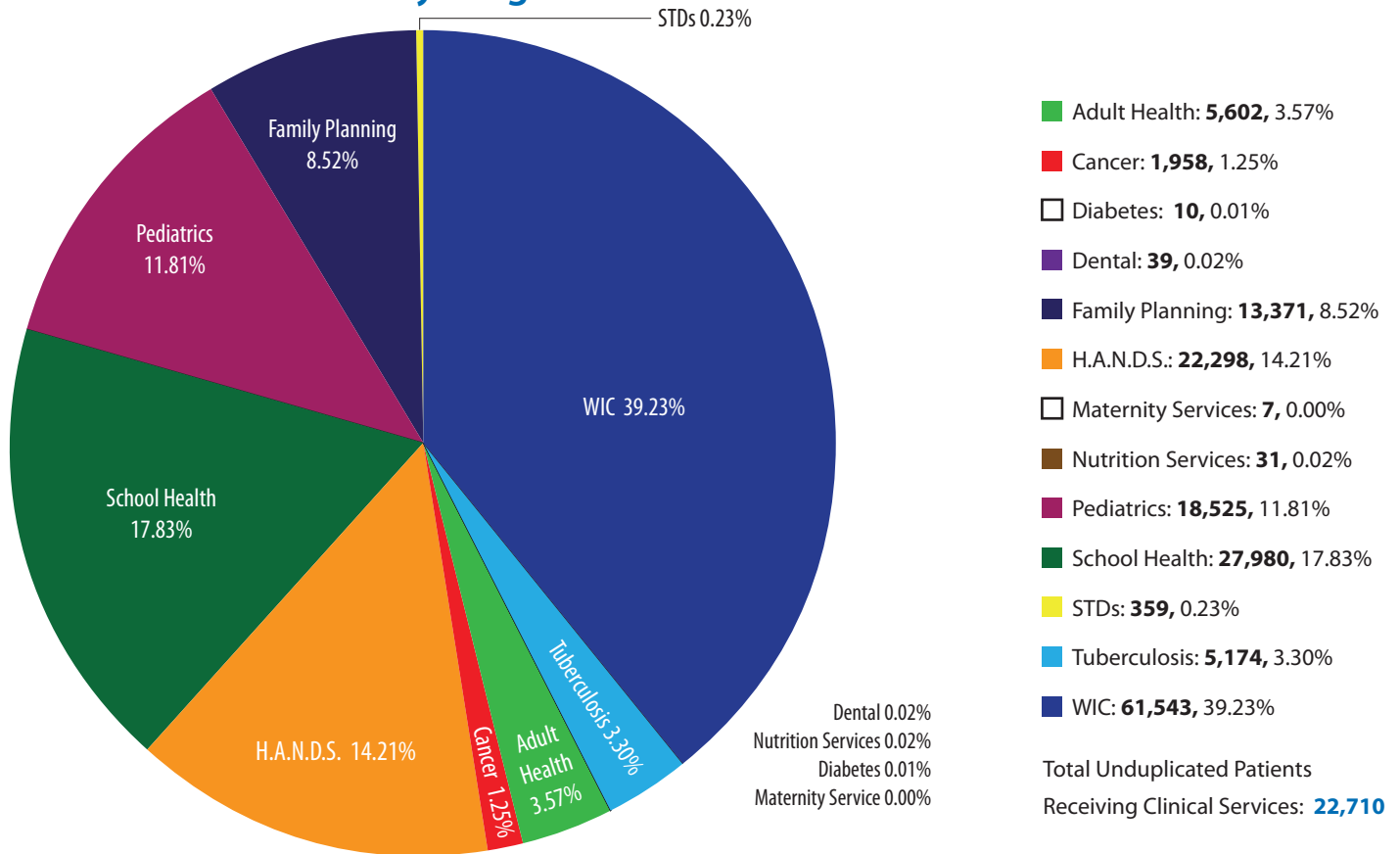
- Food Inspections: **1,218**
- Public Facilities: **278**
- Nuisances*: **496**
- On-Site Sewage**: **1,824**
- Existing Septic Inspections: **257**
- Follow-up Inspections of all types: **645**

*includes rabies

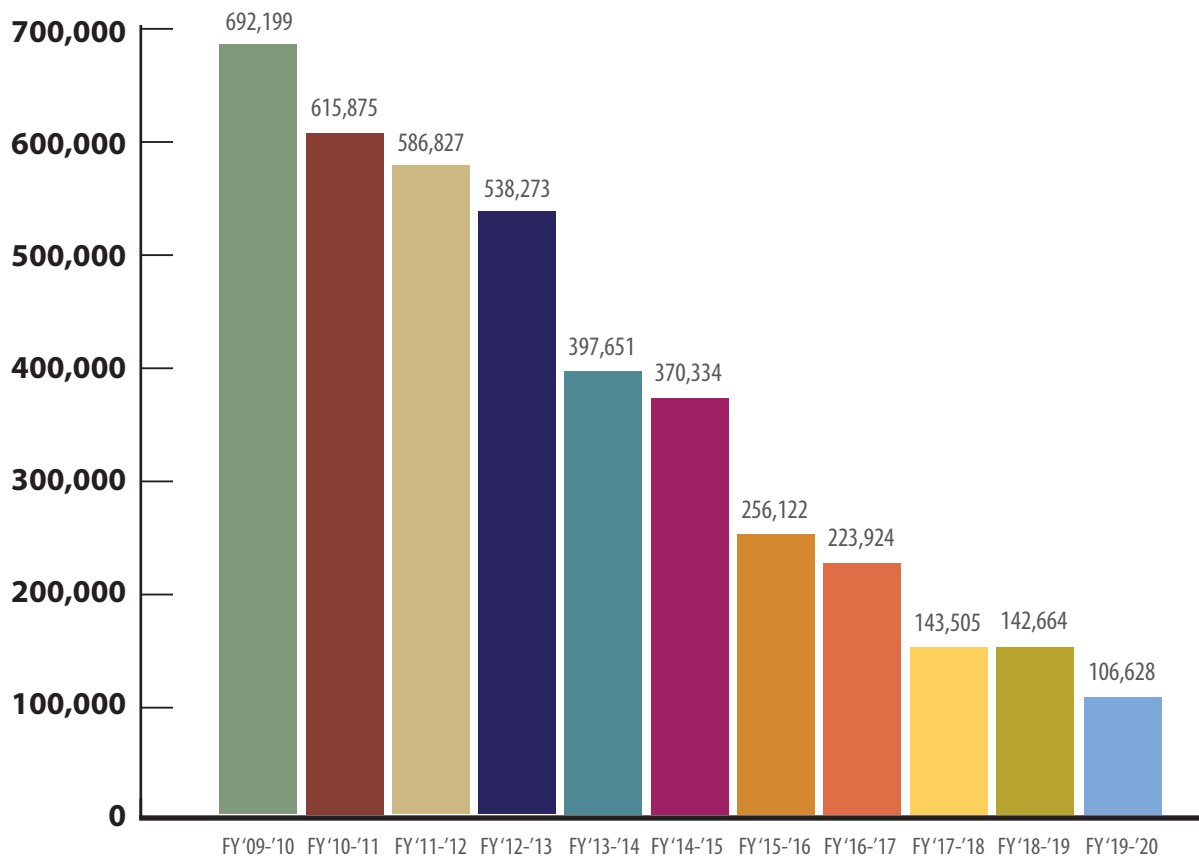
**includes complaint inspections



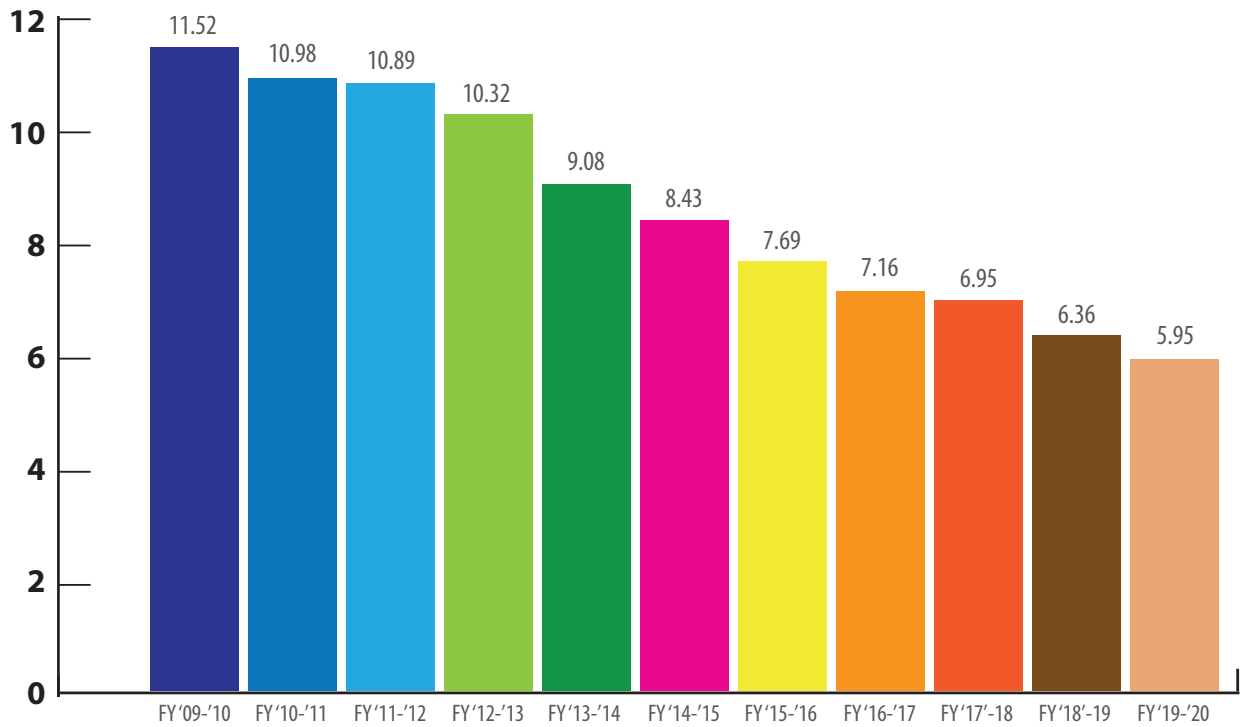
Total Clinical Services by Program



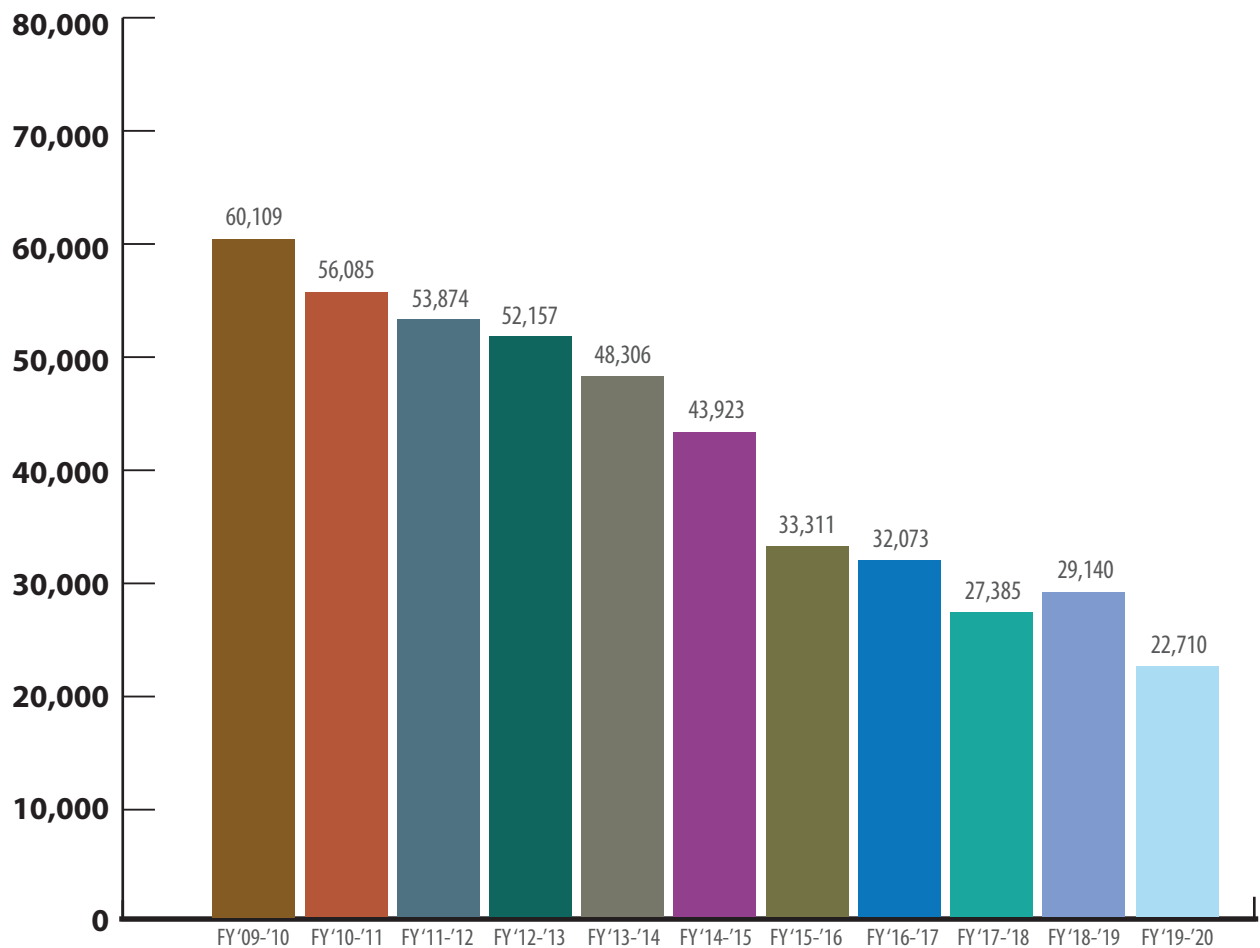
District Total Services by Fiscal Year



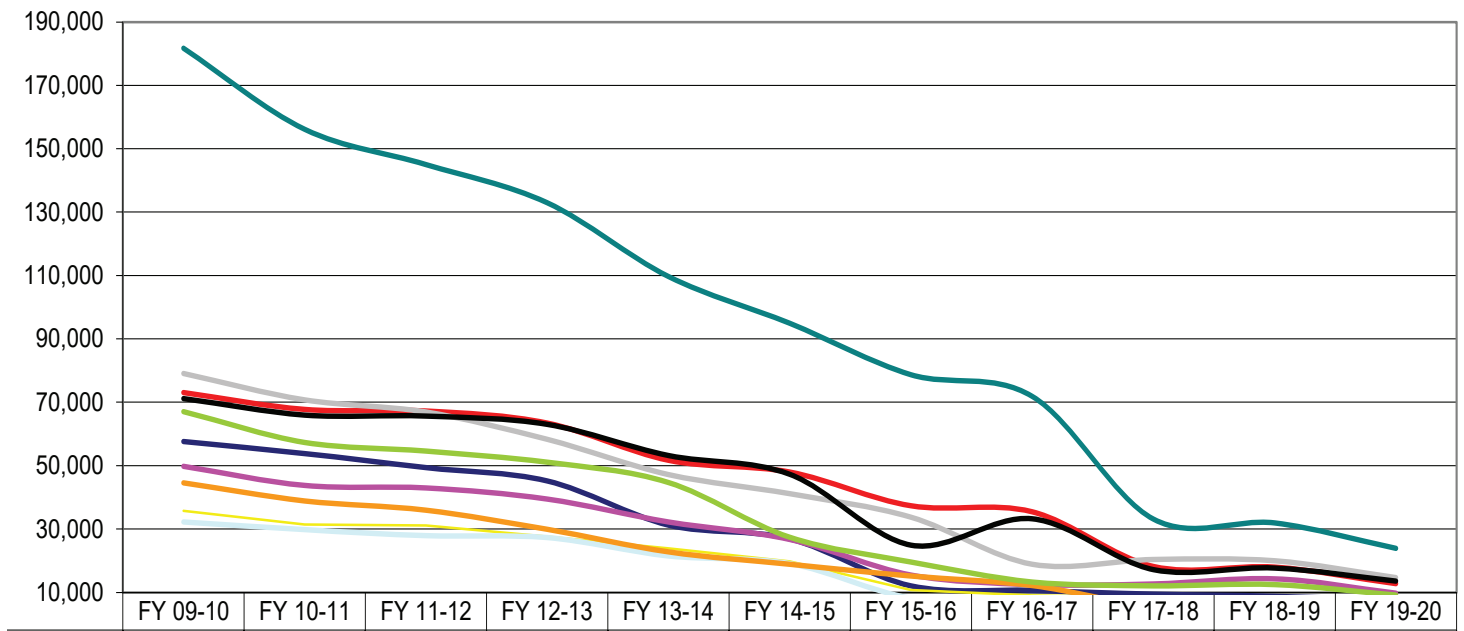
District Services per Patient by Fiscal Year



District Total Unduplicated Patients by Fiscal Year

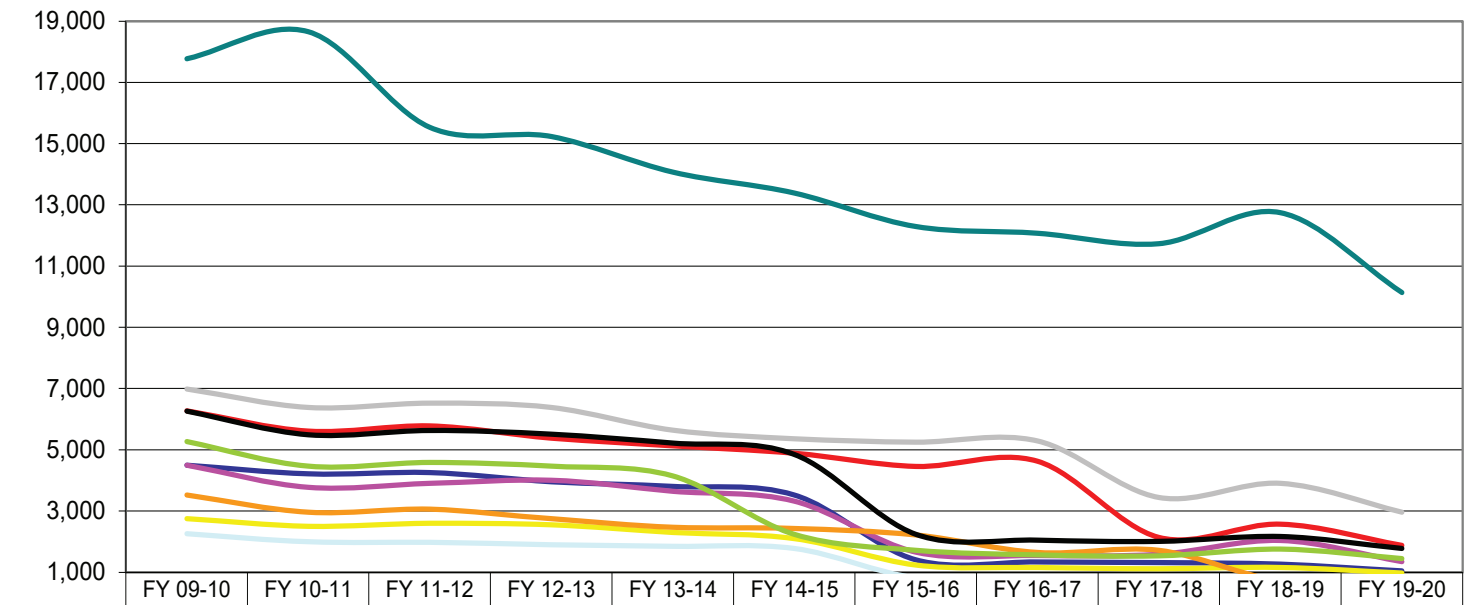


Total Services per County by Fiscal Year



	FY 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	FY 19-20
Adair	57,616	53,870	49,388	45,204	31,300	26,913	12,055	10,660	9,454	8,825	7,526
Casey	49,826	43,747	43,002	39,475	32,252	26,763	15,526	12,537	12,658	14,324	9,814
Clinton	35,785	31,443	31,092	27,555	23,879	19,764	10,748	8,991	8,421	8,638	6,899
Cumberland	32,258	29,815	27,915	27,298	21,556	19,144	8,210	6,662	6,308	5,850	4,816
Green	44,621	38,900	35,938	29,909	22,788	18,920	15,201	12,228	5,547	4,844	3,379
McCreary	73,060	67,766	67,273	63,474	51,734	48,021	37,321	35,456	18,183	18,027	12,783
Pulaski	181,768	156,144	145,035	132,943	109,721	94,916	78,745	71,914	33,138	31,925	23,931
Russell	67,057	57,378	54,584	51,086	44,718	27,406	19,649	13,340	12,128	12,490	9,223
Taylor	79,060	70,805	66,921	58,294	47,248	41,156	33,713	18,869	20,430	19,986	14,703
Wayne	71,148	66,007	65,679	63,035	53,193	47,331	24,954	33,267	17,238	17,755	13,554

Unduplicated Patients per County by Fiscal Year



	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	FY 19-20
Adair	4,504	4,214	4,256	3,961	3,807	3,531	1,409	1,343	1,320	1,266	1,052
Casey	4,502	3,780	3,904	4,009	3,650	3,326	1,664	1,554	1,588	2,040	1,350
Clinton	2,751	2,508	2,600	2,552	2,307	2,106	1,238	1,158	1,121	1,162	974
Cumberland	2,261	1,999	1,980	1,905	1,852	1,781	813	742	772	799	606
Green	3,527	2,966	3,064	2,751	2,475	2,436	2,222	1,647	1,716	710	516
McCreary	6,274	5,613	5,780	5,387	5,131	4,892	4,460	4,629	2,140	2,577	1,878
Pulaski	17,771	18,658	15,534	15,230	14,070	13,389	12,290	12,079	11,730	12,749	10,134
Russell	5,270	4,465	4,590	4,466	4,146	2,243	1,719	1,570	1,539	1,758	1,454
Taylor	6,988	6,387	6,528	6,387	5,647	5,364	5,253	5,296	3,446	3,912	2,965
Wayne	6,261	5,495	5,638	5,509	5,221	4,855	2,243	2,055	2,013	2,167	1,781



**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, with the next report being due January 2021. Then, we will start preparing for re-accreditation.

Due to the pandemic of 2020, there are many Quality Improvement projects that we have not completed yet, but improvement occurs

continually throughout the organization. The health department team continues to try to improve processes and efficiency during this trying time as we face and adapt to continual challenges.

Customer and employee satisfaction surveys continue to be completed as much as possible 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 the extent possible during this time, assuring 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 for Fiscal Year Ending 2020

Priority Area: 1. Improve Quality of Life	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 06/30
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	Yes
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	3.00
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	2.00
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	13.00
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	95.50
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	62.00
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	23.90%
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	13.80%

Lake Cumberland District Health Department

Strategic Plan for Fiscal Year Ending 2020 (continued)

Priority Area: 1. Improve Quality of Life (continued)	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 06/30
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	No
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	3
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	No
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 06/30
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	06/30/23	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	06/30/23	No
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	19,716
Measure: 2.1.1.2 Number of YouTube followers.	44.00	100.00	07/01/18	06/30/23	393.00
Measure: 2.1.1.3 Number of Twitter followers.	566.00	600.00	07/01/18	06/30/23	672.00
Measure: 2.1.1.4 Number of Instagram followers.	179.00	300.00	07/01/18	06/30/23	460.00
Measure: 2.1.1.5 Monthly traffic to website.	9,348	10,000	07/01/18	06/30/23	131,431

Lake Cumberland District Health Department

Strategic Plan for Fiscal Year Ending 2020 (continued)

Priority Area: 2. Enhance Community Access, Engagement & Collaboration (continued)	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 06/30
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
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	
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	
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	6
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	Yes
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	No
Objective: 2.3.3. Increase number of Harm Reduction Syringe Exchange Programs (SEPs) from 4 to 6 by 06/30/23.					
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	Yes

Lake Cumberland District Health Department

Strategic Plan for Fiscal Year Ending 2020 (continued)

Priority Area: 3. Foster Employee Engagement, Development and Performance	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 06/30
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	12.00
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	No
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	83.33%
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	06/30/23	100.00%
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	100.00%
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	80.00%
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	98.00%
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	100.00%
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
Strategy: 3.3.2.2. Update recruitment wording on 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 advertised outside the agency will have at least three qualified applicants.	1.00	3.00	07/01/18	06/30/23	2.50

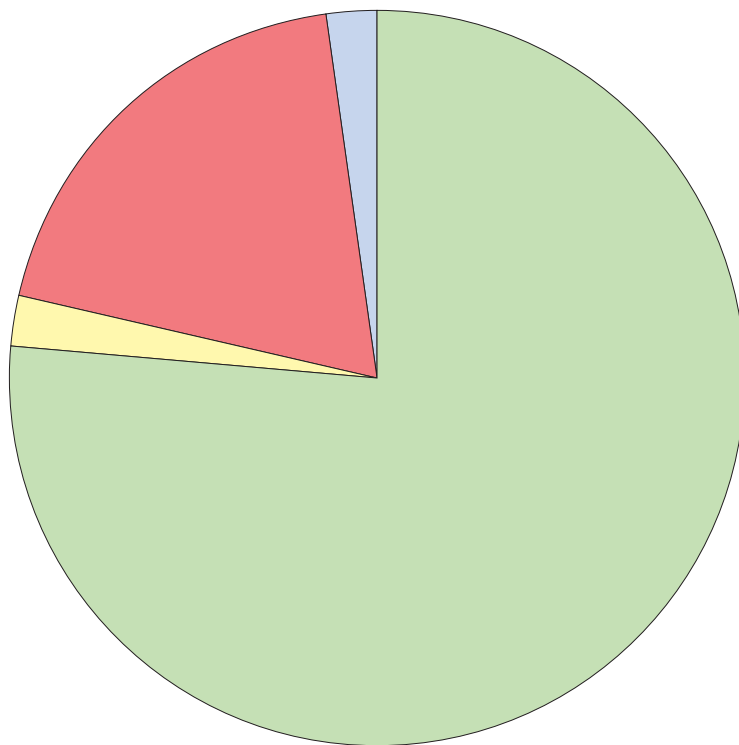
Lake Cumberland District Health Department

Strategic Plan for Fiscal Year Ending 2020 (continued)

Priority Area: 4. Efficacy of Business Practices through Innovation, Process Improvement and Maximizing Efficiencies	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 06/30
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	31.56%
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	Yes
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	06/30/20	Yes
Measure: 4.1.2.1 Implement/enhance at least three streamlined processes by June 30, 2023 as reported in the executive team meeting.	Yes	Yes	07/01/18	06/30/23	Yes
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.	18.00%	18.00%	07/01/18	06/30/23	13.00%
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	Yes
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	1.00
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	7.00

Lake Cumberland District Health Department Strategic Plan for Fiscal Year Ending 2020 (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 06/30
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	No
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. This is the final report for FY2020. Under normal circumstances the plan is reviewed and revised annually, but this year has been anything but normal so we will update the plan for FY2021 at the first opportunity. The Executive Team's primary focus has been on the COVID-19 response this year.

Green	Yellow	Red	Unreported
72	2	18	2



Carol Huckleby,
GPC

Human Resources
Manager

Human Resources

This year has been a year of challenge and change in the HR office and our agency. HR was tasked with navigating new labor laws and regulations regarding COVID-19 and has worked to ensure our staff are kept abreast of new policies or procedures that have resulted.

The HR office and Grants office merged this summer. Natiaha, Melonie, and I have been working to streamline our processes and reassign tasks to be more efficient. Melonie Williams will take over insurance and worker's compensation. Natiaha will learn the grant proposal development process.

This year, we said goodbye to 10 valued members of our family and welcomed 35 new part-time and full-time staff members. LCDHD employs 179 staff members (126 full-time merit staff 18 full-time Go Hire staff and the remaining are contract, variable hour, or part-time staff). Additionally, LCDHD has onboarded 24 COVID-19 contact tracer and connector staff

that are employed through a partnership with the State and local employment service agencies.

The HR Office continues to work our Workforce Development Plan and Strategic Plans. These plans include: finding new ways to attract quality applicants, identifying and providing professional development opportunities for current staff, ensuring a well-trained and competent work force, and streamlining our department to improve efficiency.

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 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.

2020 EMPLOYEES

ADAIR COUNTY

Akin, Rhonda G.
Burton, Brittany N.
Casada, Kristin
Doll, Emma
Hale, Pamela J.
Harlow, Jelaine T.
Isabelle, Jamie J.
Keltner, Kathie
Kingrey, Crystal
May, Misty
Melson, Cynthia G.
Patterson, Corey L.
Smith, Melody A.
Troutman, Patricia E.
Walker, Julia B.
Wallace, Diane
Wilson, Rick

Nurse Supv 1
Health Educator 1
Health Educator 1
Database Manager
FSW 3
Hlth Ed Coordinator
SSSA 2
SSSupv 1
H Educator 1
Com Health Worker
SSSA 2
H Envir 3
LHN 2
Interpreter
LHN 4/Team Ldr
Contact Tracer
Support Connector

CASEY COUNTY

Bowmer, Natasha L.
Brown, Lisa C.
Coffman, Angelia M.

Nurse Prog Mgr
Nurse Supv 1
PH HANDS Spec

CASEY COUNTY *(continued)*

Kane, Kimberly M. SSSupv 1
Roberts, Courtney L. H Envir 3
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
Brentzel, Katelyn *Contact Tracer*
Brown, Jennifer C. PH HANDS Spec
Doss, Freda L. LHN 2
Flowers, Wanda P. SSSA 2
Fryman, Etta G. SSSupv 1
Jarvis, Lisa FSW 1
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
Gibson, Sherri L. Nurse Supv 1
Nettles, Cindy J. SSSupv 1
Patterson, Chasity N. H Envir 3
Phelps, Kailey *Support Connector*

continued on the next page . . .

CUMBERLAND COUNTY *(continued)*

Riley, Martha J.	Janitor
Sams, Shannon	Support Connector
Watson, Donna	Janitor

DISTRICT

Anderson, Lisa G.	Adm Sec
Baker, John T.	Acct Clerk 3
Brummett, Jared	Support Connector
Cimala, Ronald	Dir Adm Ser
Cogdill, Bill J.	Janitor
Cook, William L.	Janitor
Crabtree, Shawn D.	PH Dir 4
Cross, DeAnn S.	Adm Sec
Dixon, Jennifer	LHN Specialist
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
Kingsley, John Christopher	IT Support Spec
McFeeters, Daniel J.	Net Sys Spec
Munsey, Wilma	HR Assistant
Price, Jessica N.	Peer Counselor
Ramsey, Brian K.	Information Mgr
Sigurbjartsson, Natiaha	HR Secretary
Simpson, Angela L.	Admin Serv Mgr
Sinclair, Keith	Physician
Smith, Dustin	IT Support Spec
Smith, Melinda J.	Tech Speclst I
Smith, Stacy	Support Connector
Sneed, Robyn L.	Acct Clerk 3
Thomas, Bethany A	LHN 2
Tiller, Peggy A.	LHN 2
Tomlinson, Amy C.	PH Preprdnes Mgr
Weyman, Christine	Medical Director
Williams, Melonie	PH Prog Specialist
Young, Roger A.	Maintenance Per

GREEN COUNTY

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

McCREARY COUNTY

Baker, Tiphani S.	H Educator 1
Foster, Lynnett	LHN 2
Jones, Whitney E.	LHN 4/Team Ldr
King, Tammy J.	FSW 3
Lawson, Melissa G.	FSW 3
Miller, Mary E.	Nurse Supv 1

McCREARY COUNTY *(continued)*

Perry, Kobe	Support Connector
Phillips, Cynthia A.	LHN 2
Phillips, Lacey	Janitor
Simpson, Jarrod W.	H Envir 3
Smith, Victoria	Janitor
Taylor, Reida	Support Connector
Tucker, Kimberly A.	SSSupv 1
Tucker, Melissa K.	SSSA 2
Sumner, Eleshia	Contact Tracer
Watson, Vannessa M.	LHN 2
Whitehead, Terri N.	FSW 2

PULASKI COUNTY

Adams, Susan J.	PH Serv supv
Auerback, Marly	Contact Tracer
Barber, Kathy J.	FSW 3
Bender, Brigitte E.	SSSupv 2
Bubnick, Sandra	Interpreter
Carman, Carolyn S.	LHN 1
Catron, Tammy E.	SSSA 2
Chambers, Gabriela	Interpreter
Copenhaver, Melinda	Support Connector
Denney, Monica D.	SSSA 2
Eaton, Marilyn L.	Sr Clncl Asst
Gregory, Dorothy	SSSA 2
Hall, Karen S.	LHN 2
Hamilton, Jeremy S.	H Envir 3
Harness, Mindy	Support Connector
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
Mounce, Greta H.	LHN 2
Osborne, Deana S.	SSSA 2
Poynter, Ashley M.	FSW 2
Poynter, Peggy L.	Adm Sec
Price Jr., Ferlin S.	H Envir 3
Richardson, Elizabeth	LHN 1
Robbins, Veronica	Contact Tracer
Rowland, Stephanie	LHN 1
Smith, Jessica	Support Connector
Spillman, Michael S.	Env Hlth Dir
Tate, Juanita	Support Connector
Trull, Norma J.	Nurse Supv 1
Tuggle, April D.	FSW 3

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PULASKI COUNTY *(continued)*

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
 Brockman, Beverly A. LHN 2
 Collins, Arlena BethAnn PH HANDS Spec
 Davis, Lori R. LHN 2
 Dial, Brenda S. LHN 4/Team Ldr
 Dye, Jonathan P. H Envir 3
 Fox, Brittany K. Peer Counselor
 Garner, Candi L. SSSA 2
 Gosser, Jane C. SSSupv 1
 Kean, Bridgett M. LHN 2
 Lee, Jamie L. Nurse Adminis
 Mann-Polston, Connie M. PH HANDS Spec
 Massengill, Holly FSW 1
 Montanez-Solorio, Yazminn Interpreter
 Roberson Daulton, Shirley A. H Educator 3
 Rodriguez, Fatima Interpreter
 Thomas, Melinda Support Connector
 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
 Fair, Jackie Disease Investigator
 Ford, Ricky L. Janitor
 Franklin, Anita L. LHN 2
 Freeman, Phillip Com Hlth Wrkr
 Hall, Monica RN PPV

TAYLOR COUNTY *(continued)*

Harrison, Megan R. Nurse Supv 1
 Hudgins, Earl T. Maintenance Tech
 Kurtz, Sara Contact Tracer
 Lewis, Savannah L. PH HANDS Spec
 Matherly, Philip Disease Investigator
 Matthews, Shannon M. SSSupv 1
 Moss, Cody Maintenance Tech
 Pickett, Tammy G. FSW 3
 Shofner, John P. H Envir 1
 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. SSSupv 1
 Ferrell, Sylvia E. Nurse Adminis
 Graves, Louis Support Connector
 Harris, Jessica L. Peer Counselor
 Lair, Heather M. RN PPV
 New, Tishanna M. PH Prog Specialist
 Parmley, Kristy L. Social Worker
 Piercy, Amy Contact Tracer
 Prater, Sabrina R LHN 4/Team Ldr
 Rains, Hannah Contact Tracer
 Ramsey, Mary F. PH HANDS Spec
 Redman, Laura D. LHN Specialist
 Rose, Harley J. FSW 2
 Spears, Lora B. H Envir 3
 Tucker, Anna Janae Nurs Prog Mgr
 Turner, Lori C. Nurse Supv 1

LOUISVILLE BIOMETRIC

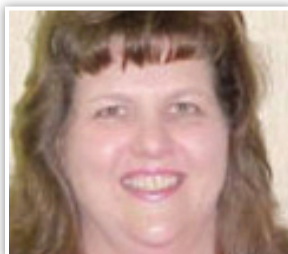
Vaughn, Susan Biometric Tech
** All employees listed in italics were employed with LCDHD in conjunction with COVID-19 response.*

2020 RETIREES



Charlotte East

SSSupv 1
 Wayne County
 06/26/1990 to 12/31/2019



Karen Watson-Wethington

LHN 2
 Casey County
 12/24/1990 to 11/30/2019



Sonya Whitis

LHN 2
 Russell County
 09/13/1993 to 09/30/2020



Lake Cumberland District Health Department

LCDHD District Office

500 Bourne Avenue Somerset, KY 42501
(606) 678-4761 • (606) 678-2708 (fax)

1-800-928-4416

www.LCDHD.org

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