



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



Lake Cumberland District Health Department

2020-2021 annual report

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

2021 can be considered the year of change. We changed so many of the health department’s programs and protocols, due mainly to the onset of COVID-19 and its variants. Zoom meetings became the norm. Contact tracing and COVID-19 vaccinations became priorities all around the world. We are still trying to figure out when and if we can look at this pandemic in our rear-view mirror. Hopefully we will be able to get a handle on the spread of COVID-19 and its variants soon, so that we can put more focus on the myriad other health concerns that have been deprioritized in the last two years.

Another big change was the retirement of Shawn Crabtree, and the passing of the torch to Amy Tomlinson as our new Director. Amy has stepped in and taken over her duties in stride. She is a very talented and knowledgeable leader, and seems to be the perfect fit to continue to lead our district. Our district is very fortunate to have Amy serving during this challenging time.

As we push forward into 2022 and take on the new challenges we are sure to face, I am thankful that we have such a diverse and astute board of directors governing our district health department. The dedication of our board is evident, and the results prove our efforts are worthwhile. It truly is an honor to serve alongside such passionate and dedicated professionals. It is also an honor to serve as your district board chairman this past year. I am looking forward to great things in 2022.



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

www.LCDHD.org



Amy C. Tomlinson
MPH

Executive Director
Lake Cumberland District
Health Department

From the Director

Hello everyone. Please allow me to introduce myself. I am a familiar face to the health department, however this is my first year writing the Director's Comments. My name is Amy Tomlinson and on June 14, 2021, I was appointed the Director of the Lake Cumberland District Health Department by the Board of Health and the Kentucky Commissioner of Public Health. I have a Master's degree in Public Health from Western Kentucky University and have been with the health department in many different capacities since the Fall of 2004. Most recently, I have served as the Preparedness Manager for the district and have coordinated our COVID-19 response. On a personal note, I have been married to my husband, Nick, for 22 years and we have two teenage children. It is my great privilege to assume the leadership of this agency from Mr. Shawn Crabtree, who has served this agency and our communities well for the past twenty years.

The past few years of the pandemic have definitely been challenging for all of us in public health, and healthcare in general! I believe it has given us an unprecedented opportunity to build partnerships and work together with our communities in ways that we had not before the pandemic. As a new director, coming into a post-pandemic world, I intend to promote the health department and our services within our communities and continue to build upon the newly developed and strengthened partnerships cultivated during the past few years.

LCDHD will be applying for re-accreditation over the next year from the Public Health Accreditation Board (PHAB). We received initial accreditation in 2017 and are proud of our status as a nationally accredited health department. It demonstrates our commitment to doing things the right way and improving our processes to be the best and most efficient health department we can be.

It will be my distinct honor to serve this region in the days to come during my time as director at LCDHD.

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



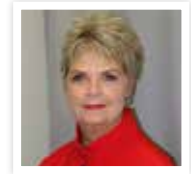
Shantila
Rexroat, DVM



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



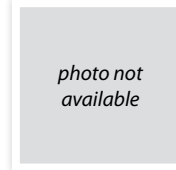
Terry Lawson



Stephen
McKinley, OD



Honorable
Steven Kelley
Chair



Robert
Drake, 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
Watkins, OD

Russell County

Taylor County



Honorable
Barry Smith



Gayle Phillips,
Fiscal
Vice-Chair



Marlene
Richardson,
DMD



Honorable
Mike Anderson



Joseph Brown,
MD



Joe Silvers, RPh

Wayne County

2021

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

Casey County

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

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

Cumberland County

Kristen Branham, Consumer
Janet Clark, RN
Brian Dyer, DVM
Lauren Dyer-Hurt, Lay OD
Robert Flowers, DO
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

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

McCreary County

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

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

Russell County

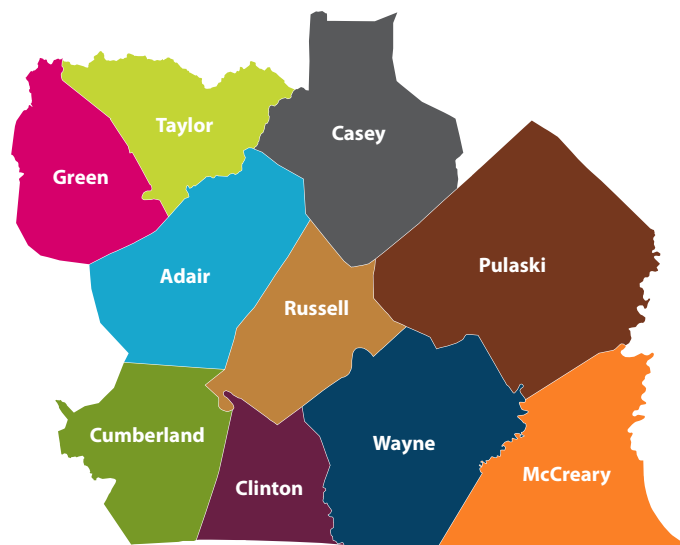
Connie Blankenship, Consumer
Don Cooper, Lay PE
Karen Dalton, RN
Mickey Garner, Fiscal
Sherie Helm, RPh
Stephanie Jones, MD
Susanne Lee, OD
Richard Miles, MD
H. James Popplewell, DMD
Honorable Gary D. Robertson
Holly Von Gruenigen, MD
C. Leslie Wade, DVM

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

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, Lay PE





Ron Cimala
Director of Administrative Services

Administration Department

For fiscal year 2021, Lake Cumberland District Health Department budgeted at a \$1,071,225 surplus. As a result of dollar-for-dollar reimbursement of COVID-19 funds while minimizing expenses from clinic costs, the agency closed with a \$2,927,152.07 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 catch-up 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 2021 were \$1,282,675 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 \$5,444,752.46 and our unrestricted funds total \$6,881,117.56 for a total of \$12,325,870.02 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

\$2,390,902.28 (53%) more than allowable. As Public Health Departments have been informed that they can expect employee pension costs to go up 30 to 40% beginning July 2021, we plan on utilizing the \$2,390,902.28 referenced above to help us pay back the retirement costs increases we will be incurring.

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.

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 2020 - 2021

CC#	Cost Center	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
500	Food Service	103,016	180,948	175.65%	0	103,015
520	Public Facilities	35,441	103,177	291.12%	0	35,442
540	General Sanitation	110,031	0	0.00%	110,031	0
560	On-site Sewage	579,292	585,241	101.03%	0	579,290
590	Food License Project	209,657	227,976	108.74%	0	209,657
591	Radon	4,651	0	0.00%	4,651	0
712	Dental Services	147	19	12.60%	147	0
723	Osteoporosis	74,550	0	0.00%	74,550	0
727	Harm Reduction/Needle Exchange	125,574	0	0.00%	125,574	0
728	Diabetes Disease Management	97	0	0.00%	97	0
732	Diabetes Prevention Program	439	0	0.00%	439	0
736	Community Health Action Team	84,419	0	0.00%	84,419	0
738	COVID-19 Immunization Support	114,089	0	0.00%	114,089	0
742	EnviroHealth Link	19,584	0	0.00%	19,584	0
746	Environmental Strike Team	19	0	0.00%	19	0
750	Accreditation	6,351	0	0.00%	6,351	0
752	HANDS GF Services	39,186	0	0.00%	39,186	0
753	PHEP	36,667	0	0.00%	36,667	0
756	Personal Responsibility Education Program	36,055	0	0.00%	36,055	0
758	GO365 (Humana Vitality)	108,940	108,940	100.00%	0	108,940
760	HANDS Federal Home Visiting	142,476	142,476	100.00%	0	142,476
761	Diabetes Telehealth	22,588	0	0.00%	22,588	0
764	Hep A Outbreak Activities	334	0	0.00%	334	0
765	Tobacco Program Federal Funds	25,616	0	0.00%	25,616	0
766	MCH Coordinator	209,256	0	0.00%	209,256	0
767	HANDS Expanded Multi-Gravida Families	137	0	0.00%	137	0
769	ELC Enhancing Detection	0	0	0.00%	0	0
771	PHEP Special Project (COVID-19)	1,300,375	0	0.00%	1,300,375	0
773	Contract Tracing	2,532,687	0	0.00%	2,532,687	0
774	Child Fatality Prevention	124	0	0.00%	124	0
800	Pediatric/Adolescent	111,674	43,425	38.89%	111,674	0
801	Immunizations	266,988	73,746	27.62%	266,988	0
802	Family Planning	550,474	128,550	23.35%	550,474	0

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Allowable Unrestricted Reserve Calculation 2020 - 2021 (cont.)

Cost Center	CC#	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
803	Maternity Services & Activity	225	0	0.00%	225	0
804	WIC Services	1,059,619	7	0.00%	1,059,619	0
805	Medical Nutrition	44,532	1,665	3.74%	44,532	0
806	Tuberculosis	207,605	37,446	18.04%	207,605	0
807	STD Services	16,899	2,868	16.97%	16,899	0
809	Diabetes	135,733	0	0.00%	135,733	0
810	Adult Services	185,170	24,508	13.24%	185,170	0
813	Breast and Cervical Cancer	57,396	6,395	11.14%	57,396	0
816	MCH Forum	398,434	52,541	13.19%	398,434	0
821	Preparedness Coordination & Training	95,256	0	0.00%	95,256	0
822	Preparedness Epidemic & Surveillance	96,620	0	0.00%	96,620	0
823	Preparedness Medical Reserve Corp	1	0	0.00%	1	0
827	Teen Pregnancy Prevention	171,380	0	100.00%	171,380	0
829	Heart4Change	90,404	0	0.00%	90,404	0
830	Sexual Risk Avoidance Edu Grant	0	0	0.00%	0	0
831	Worksite Wellness Project	84	0	0.00%	84	0
832	Worksite Wellness	93,266	0	0.00%	93,266	0
833	Breastfeeding Promotion	34,511	0	0.00%	34,511	0
835	HPP Activity Support	5,301	0	0.00%	5,301	0
836	Tobacco Prevention Project	78,397	10,000	12.76%	78,397	0
839	Marshall University Diabetes Grant	3,223	0	0.00%	3,223	0
840	Breastfeeding Peer Counselor	42,386	0	0.00%	42,386	0
841	Federal Diabetes Today	23,308	0	0.00%	23,308	0
844	Ryan White Rebate Funds	129,282	0	0.00%	129,282	0
845	Ryan White Program	188,916	0	0.00%	188,916	0
846	Rural Health Opioid Grant	83,291	0	0.00%	83,291	0
847	KIPRC Jail Education Grant	48,939	0	0.00%	48,939	0
848	Healthy Start Project	16,664	0	0.00%	16,664	0
849	USDA Rural Business Development Grant	7,497	0	0.00%	7,497	0
850	KIPRC Harm Reduction Summit	21,104	0	0.00%	21,104	0
853	HANDS Prima Gravida Program	1,800,225	1,834,920	101.93%	0	1,800,225
858	Supplemental School Health	98,251	0	0.00%	98,251	0
875	HPP Coordinators	1	0	0.00%	1	0

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Allowable Unrestricted Reserve Calculation 2020 - 2021 (cont.)

Cost Center	CC#	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
882	Ryan White COVID-19 Cares	2,025	0	0.00%	2,025	0
890	Core Assessment & Policy Development	6,909	2,192	31.73%	6,909	0
891	Medicaid Match	156,313	0	0.00%	156,313	0
894	Capital	120,153	0	0.00%	120,153	0
895	Allocable Direct	1,603,617	0	0.00%	1,603,617	0
TOTAL		13,973,870	0	0.00%	10,994,823	2,979,045

Multiplier for Allowed Unrestricted Reserve	30%	40%
Allowed Non-Fee for Service Unrestricted Reserve & Fee for Service Unrestricted Reserve	\$3,298,447.01	\$1,191,617.97
Allowed Non-Service Fee Restricted Reserves (30% of Total Non-Service Fee Expenses)		3,298,447
Allowed Service Fee Restricted Reserves (40% of Total Service Fee Expenses)		1,191,618
Total Allowed Unrestricted Reserve		4,490,065
Fiscal Year End Actual Unrestricted Reserve		6,880,967
Remaining Allowable Unrestricted Reserve		(2,390,902)

Description	FY 2020		FY 2021	
Current Allowed Unrestricted Reserve	\$4,922,719.59	100%	\$4,490,064.98	100%
Fiscal Year End Actual Unrestricted Reserve	\$5,674,908.39	121%	\$6,880,967.26	153%
Remaining Allowable Unrestricted Reserve	(\$752,188.80)	-21%	(\$2,390,902.28)	-53%
Total Program Restricted Reserves	\$3,935,724.38		\$5,444,902.76	
TOTAL RESERVES	\$9,610,632.77		\$12,325,870.02	

Lake Cumberland District Health Department

Statement of Revenues, Expenditures & Change in Fund Balance

For the Fiscal Year ending June 30, 2021

(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, 2020

\$9,610,632.77

Revenues:	
State	2,884,483.40
Federal	7,093,758.94
Local	3,280,903.65
Service Fees	3,366,463.85
Interest	63,497.69
State Restricted Previous Years' Carryover/ Reserve Funds Used	32,315.88
Federal Restricted Previous Years' Carryover/ Reserve Funds Used	83,429.99
Fee Restricted Income Previous Years' Carryover Funds	96,168.95
Unrestricted Previous Years' Carryover/ Reserve Funds Used	0.00
Total Revenues:	\$16,901,022.35

Expenditures:	
Salary & Leave	5,812,135.72
Fringe Benefits	4,294,559.84
Independent Contractors	138,308.57
Travel	174,656.81
Space Occupancy	520,616.06
Office Administration	594,334.89
Medical Supplies	294,601.80
Automotive	10,290.13
Other	1,957,300.66
Capital Expenditures	177,065.80
Total Expenditures:	\$13,973,870.28

Excess Revenue over Expenditures (including Carryover/Reserve Funds)	2,927,152.07
Less State Restricted Previous Years' Carryover Funds Used	(32,315.88)
Less Federal Restricted Previous Years' Carryover Funds Used	(83,429.99)
Less Fee Restricted Income Previous Years' Carryover Funds	(96,168.95)
Less Unrestricted Previous Years' Carryover Funds Used	0.00
Total Previous Year Carryover Funds Used	(211,914.82)

Total Excess Revenue Over Expenditures (Less Carryover Funds)

\$2,715,237.25

Fund Balance as of June 30, 2021

\$12,325,870.02

Lake Cumberland District Health Department

Revenue and Expense Summary Comparison to Prior Year

As of Period Ending June 30, 2021

	Current YTD Actual	Prior YTD Actual	Change	% Change
Revenues				
State	\$2,884,483.40	\$2,836,656.25	\$47,827.15	2%
Federal	\$7,093,758.94	\$4,405,626.56	\$2,688,132	61%
Local	\$3,280,903.65	\$3,199,860.57	\$81,043.08	3%
Service Fees	\$3,429,961.54	\$5,474,905.60	(\$2,044,944)	-37%
Unrestricted Carryover	\$211,914.82	-	\$211,914.82	N/A
Total Revenue	\$16,901,022.35	\$15,917,048.98	\$983,973	6%
Expenditures				
Salary & Leave	\$5,812,135.72	\$5,664,803.59	\$147,332	3%
Fringe Benefits	\$4,294,559.84	\$4,350,840.46	(\$56,281)	-1%
Independent Contractors	\$138,308.57	\$720,771.99	(\$582,463)	-81%
Travel	\$174,656.81	\$347,354.57	(\$172,698)	-50%
Space Occupancy	\$520,616.06	\$522,024.41	(\$1,408)	0%
Office Administration	\$594,334.89	\$575,009.22	\$19,326	3%
Medical Supplies	\$294,601.80	\$411,080.91	(\$116,479)	-28%
Automotive	\$10,290.13	\$10,825.33	(\$535)	-5%
Other	\$1,957,300.66	\$1,886,045.81	\$71,255	4%
Capital Expenditures	\$177,065.80	\$89,366.73	\$87,699.07	98%
Total Expense	\$13,973,870.28	\$14,578,123.02	(\$604,253)	-4%
Excess/(Deficit) of Revenue over Expense	\$2,927,152.07	\$1,338,925.96	\$1,588,266	119%



Angie Simpson
*Administrative Services
Manager*

Support Services

The beginning of 2021, the Clinic Support staff rose to the occasion planning and providing COVID-19 vaccination clinics. While COVID-19 vaccination clinics and the spike of the Delta variant COVID-19 cases consumed most operations during 2021, the Clinic Support continued to do their daily routine of patient intake, check out, WIC issuance, medical record maintenance and many other duties.

We play a vital role in the day to day operations of the health department providing

support to the Clinic Providers to enable them to provide effective and efficient patient care as well as supporting all other departments within the agency in various ways. Our Clinic Support Staff stays focused on patient care and continues to work hard to provide excellent services to our patients.

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.



**Christine Weyman,
MD, PhD, FAAP**
Medical Director

Medical Director

Another year of COVID-19, and all hands on deck. Through the amazing amount of scientific research, we have gained extensive knowledge about the SARS-CoV-2 virus, the variety of symptoms the disease causes, its transmission and immunity, as well as the effectiveness of vaccines in the face of viral mutations. The development of mRNA vaccines based on decades of mRNA research, have launched us into a new era of vaccine production; which is easier, cheaper and very specific.

The Delta surge came at a time when our population was weary from lock-downs and the immunity from the natural infection and vaccination was waning. However, immunization was still very effective at preventing infection and severe disease. Around 90% of reported cases and hospitalizations occurred in unvaccinated individuals. Several treatment options were found to be useful: monoclonal antibody infusions, when given early in the disease process, prevented

severe disease and hospitalization; remdesivir, an antiviral agent was also found to have some activity. A new oral antiviral medication, which looks promising, is currently being considered by the FDA.

The new surge is now declining but, with a large part of our population still being unvaccinated, we assume the virus will continue to circulate but hopefully without new surges.

Vaccine is now available for those 12 years and older and hopefully will be approved for younger children in the near future. Booster vaccinations are also being given to try and prevent breakthrough infections.

Besides doing case investigations and contact tracing, our staff has been providing vaccination in the clinics as well as off-site.

We continued to provide essential core services but scaling down optional services was necessary in order to increase the number of employees dealing with COVID-19 investigations and immunizations. As the number of cases decline, we will return to full scale operations.



Tracy Aaron, CHES
*Health Policy and
Promotion Director*

Health Promotion and Policy

The pandemic of 2020-2021 will be a year we will never forget! All health department staff were reassigned duties to assist our communities in the COVID-19 response. All of our community programs and activities were cancelled. The health

educators' roles varied from serving as community planners, public information officers, facilitate community updates via zoom, contract tracing, call center assistance, and other needs as identified by the agency.



**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 presented with exciting opportunities and the staff has continued to excel in their evolving duties.

The majority of the year, our staff primary focus has been on COVID-19 response efforts. Our staff, along with contact tracers, complete case and contact investigations on each positive COVID-19 case and provide education and counseling related to their illness. Additionally, we've spent much of our time providing thousands of COVID-19 vaccines in our clinics and communities.

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 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 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.

We continue to provide case management services to those who are at risk for Opioid overdose through a time limited grant project. We have been able to provide education on substance use disorder and coping mechanisms to inmates in some of our local detention centers.

Adair, McCreary, Pulaski, Taylor, and Russell County health departments all have operational syringe exchange programs. Syringe exchanges are 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 Hep 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 referrals, as needed. Women who meet income guidelines 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.



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

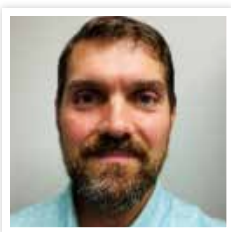
Wellness Outreach & Education

The Wellness Outreach and Education Program has had an unusual year. For nine months, our staff was totally immersed in COVID-19 duties. Like the other programs at the health department, we felt the impact of COVID-19 on all our activities.

We provided diabetes education via Zoom, not only for individuals in our district, but for participants throughout the state. We resumed our biometric screening program in the Lake Cumberland District late in the Spring and were able to complete 2,798 screenings in a matter of 2 ½ months. We were unable to do the screenings

in Jefferson County and the Lincoln Trail District due to time constraints, but we plan to resume these screenings next year. Year three of our Heart4Change grant passed with us unable to do practically any activities due to COVID-19. We applied for and received a "No Cost Extension" for the grant – basically receiving another year to complete the activities we had planned for year three, so we are planning to finish strong with this extra time we have been allotted.

We are looking forward to a new year of promoting health and wellness in our communities.



Sam Price, RS
Public Health
Preparedness Program
Manager

Preparedness

2021 and COVID-19 has been a year for the books and the Preparedness Program has been fully involved from the beginning.

As a program, we have continued to actively assist with planning and executing drive thru COVID-19 testing sites throughout the District. Additionally, aggressive planning and large-scale distribution of vaccine, vaccine transfer and continual communication with healthcare providers has required a great deal of time.

This Department has hosted numerous meetings with community partners and educational leaders to review and discuss their safety and operational plans to address the spread of COVID-19 and promote vaccination. We have continued to partner with and support senior living facilities, local schools and

detention centers to fill gaps in their personal protection equipment needs.

Though COVID-19 has created numerous challenges for our staff and communities, the Preparedness Program continues to work diligently to build and strengthen relationships within our local communities, including those with emergency management, first responders, hospitals, long-term care agencies, community organizations and other partners. These partnerships have proven invaluable as 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.



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

HANDS Program

Fiscal year 2021 has been a very challenging year for Lake Cumberland District's HANDS program. We began FY 21 doing remote home visiting with our enrolled families, while calling COVID-19 positive patients to check on them daily and helping work cases in between. To say it's been a challenge is an understatement.

In May 2021 the Central office management of HANDS in Frankfort, KY, approved for us to return to face-to-face, in-home visits with our families, using strict safety guidelines. However, due to rising COVID-19 positive cases and increasing spread, in July we returned to remote visiting only. Keeping our staff and enrolled HANDS families safe has been, and continues to be, our primary focus.

All LCDHD staff have returned to work in our assigned county health department with HANDS visits done via Skype, Zoom, FB Messenger, Google Duo, etc.

Many families continue to complete their weekly home visits via virtual methods, however, many have elected to exit our program due to various reasons out of our control, such as lack of cell phone services, poor signals, etc. Total HANDS program enrollment and participation has declined to its lowest level since 2013, when we first received approval to enroll Multigravida families.

As the first anniversary of COVID-19 passed, the HANDS staff continues to find ourselves

assisting with numerous COVID-19 duties and helping other health department divisions working COVID-19 cases, completing contact tracing and our nursing staff helping administer vaccines during public COVID-19 vaccine clinics.

At the beginning of August 2021, we learned that remaining MIECHV funding to Kentucky's HANDS was being assigned to each County /District HANDS provider to use for promotion and retention of our local HANDS programs. This has been welcomed revenue to help us purchase supplies, etc. for families in need, while supporting and encouraging them to continue with weekly visits. At the time of this report, we continue to have almost 500 families enrolled in our program District-wide.

Through all the challenges that COVID-19 has brought to our lives, the relationships our home visitors have established with our enrolled families has been the glue that has held us together. Friends and neighbors caring about each other. As we begin the fall months, LCDHD HANDS remains strong and continues to focus on the needs of our new moms, dads and babies across this beautiful District.

Eventhough COVID-19 remains a part of our lives, we continue to look to the future with much anticipation of a time when we can, again, visit with our families in their homes. COVID-19 may have changed some things, but our team remains strong and together. We anticipate a bigger and brighter future for Kentucky's HANDS in FY 2022.



**Stuart Spillman,
RS, REHS**
Environmental Health
Director

Environmental

This fiscal year has been a continuation of the last 4 months of last year. The pandemic has changed how and when we do everything. Our environmentalists became heavily involved in the enforcement of the Governor’s mandates and also the enforcement of quarantine and isolation guidelines, even resulting in a court case and judgement. During the course of the year, we reviewed every imaginable plan from school openings and activities to car shows. We became vaccine transporters and also managed the supply of sanitizing products and spent countless hours on Zoom meetings and the telephone as the go to COVID-19 experts in the county. All the while we saw a marked increase in building and our on-sewage program workload drastically increased.

With the closures and the extra workload

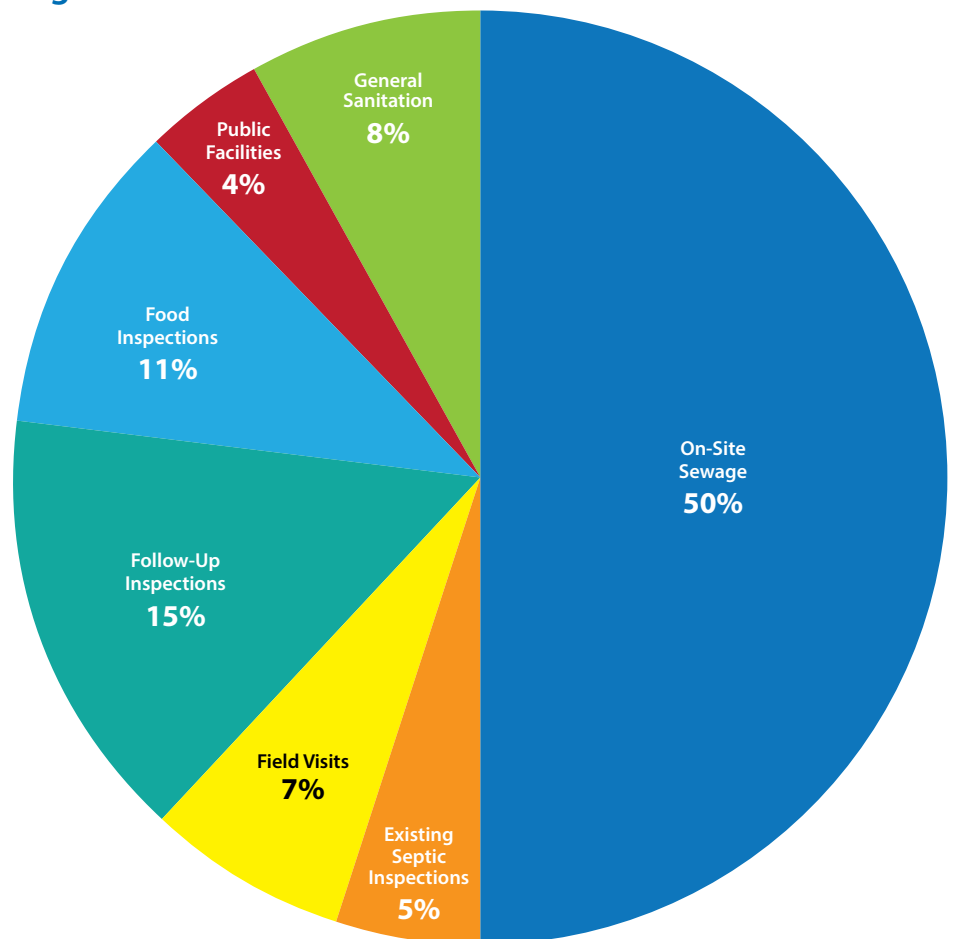
of COVID-19, restaurant inspections are much lower this year, however that was offset by the increased on-sewage workload and animal bites. We continued to do complaints, whether it be a restaurant or swimming pool, whenever needed. We were, at times, caught in the middle of public opinion of enforcing closure of a business or allowing them to remain open operating within strict guidelines. To say this year has been challenging would be an understatement.

Eventhough the pandemic slowed down many of our daily activities, we were still able to perform 3,924 regular inspections and 782 follow-up inspections. We remain committed to serving our communities. Remember, if you eat at a restaurant, stay in a hotel, send your child to school, go to the grocery store or even flush a toilet, we have been there inspecting to ensure health and safety for you.

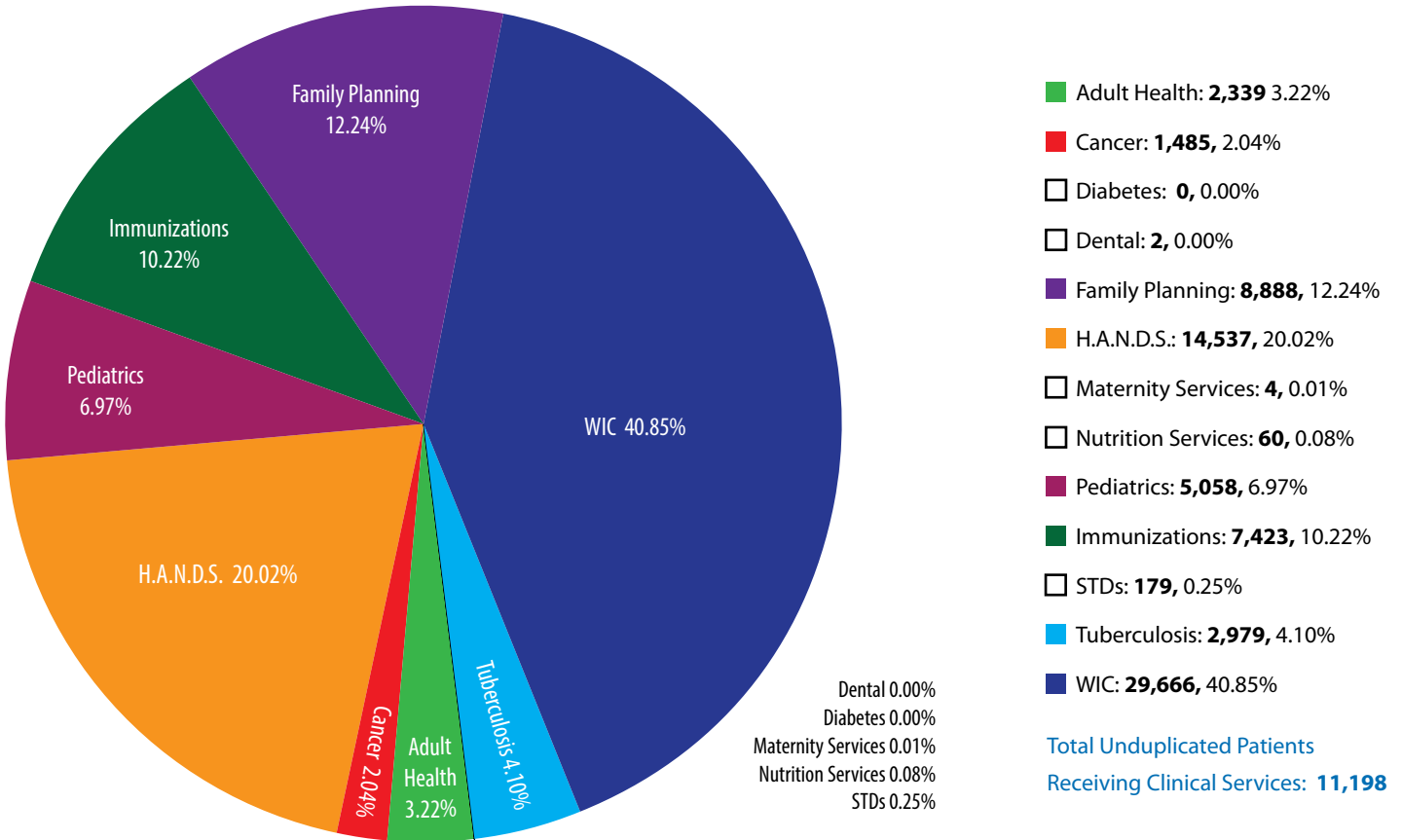
Environmental Inspections by Program 2020 - 2021

- On-Site Sewage: **2,523**
- Follow-up Inspections of all types: **782**
- Food Inspections: **552**
- General Sanitation*: **427**
- Field Visits: **334**
- Existing Septic Inspections: **239**
- Public Facilities: **183**

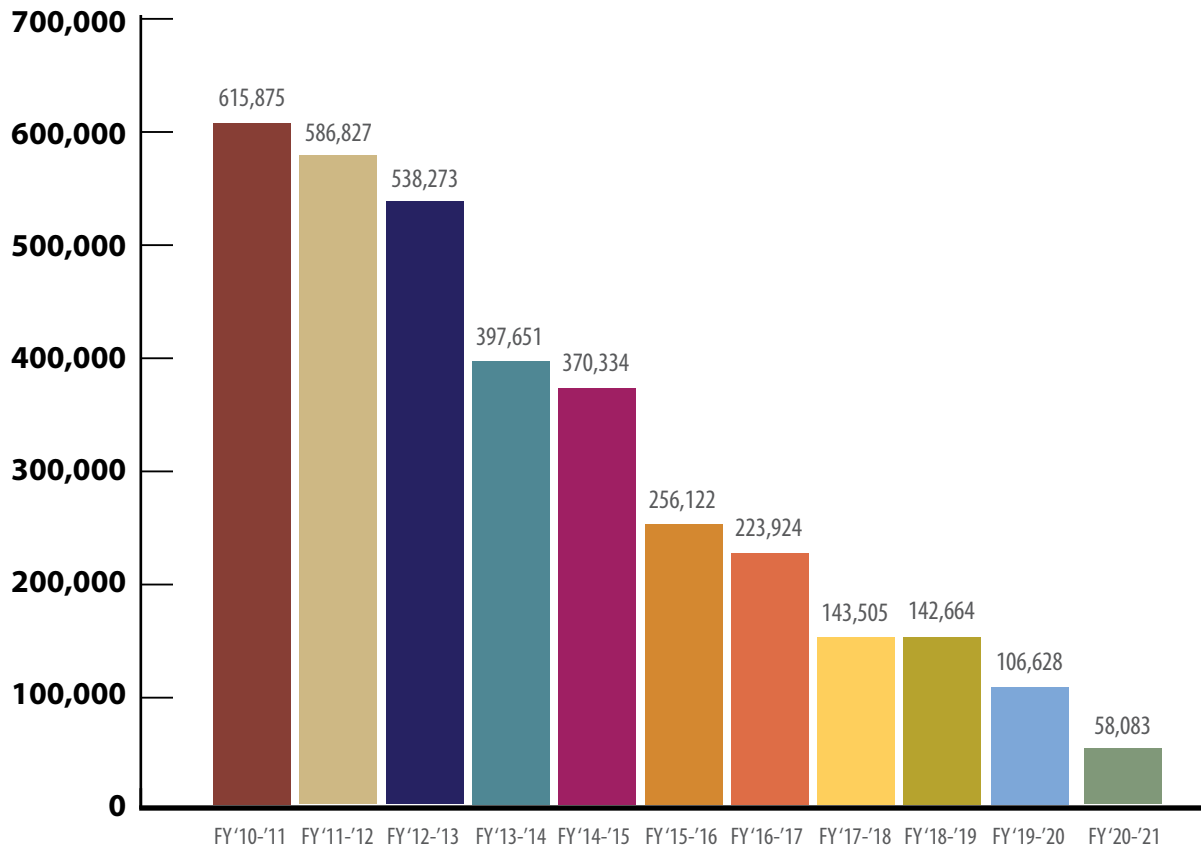
**includes rabies & sewage complaints*



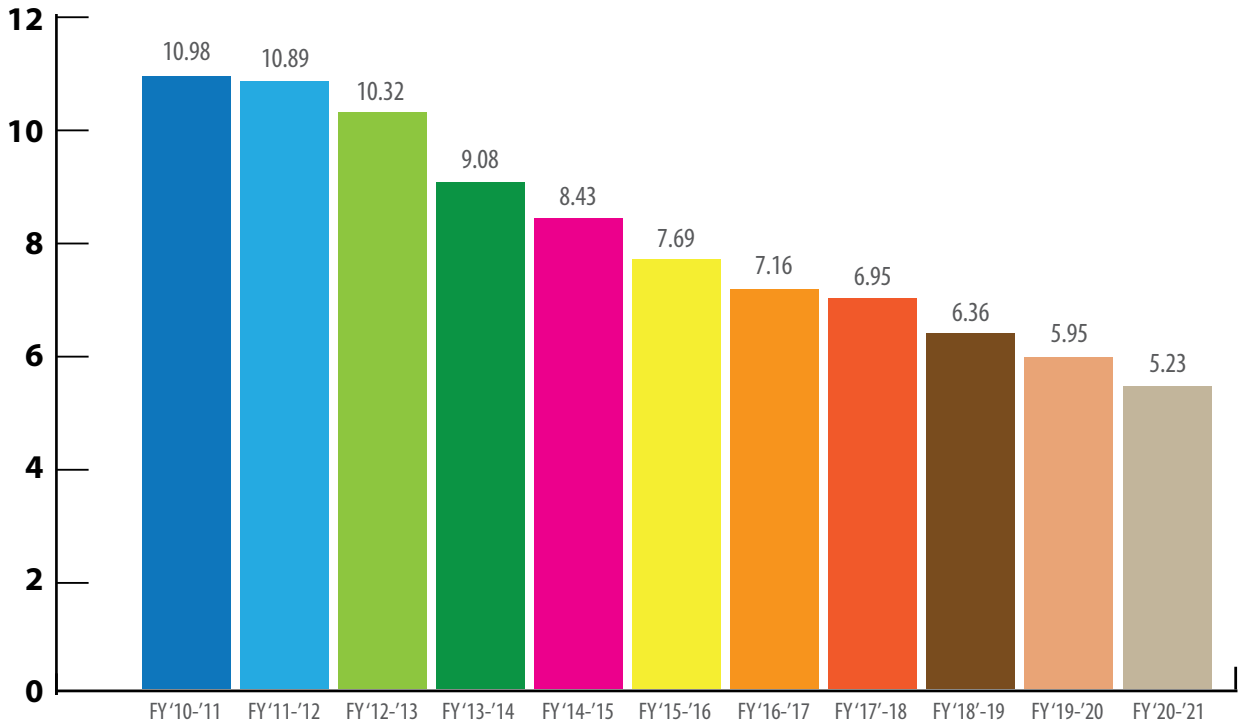
Total Clinical Services by Program



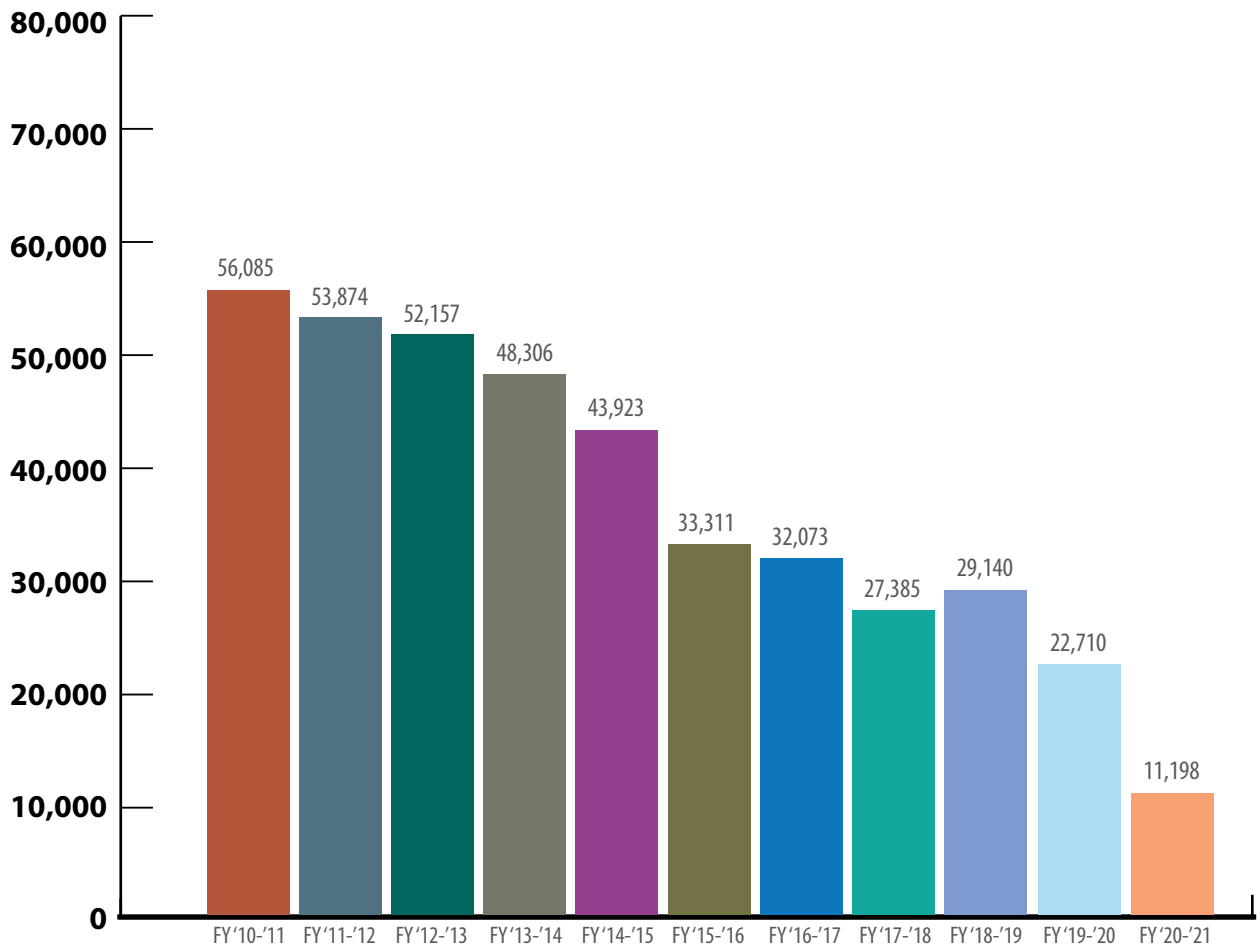
District Total Services by Fiscal Year



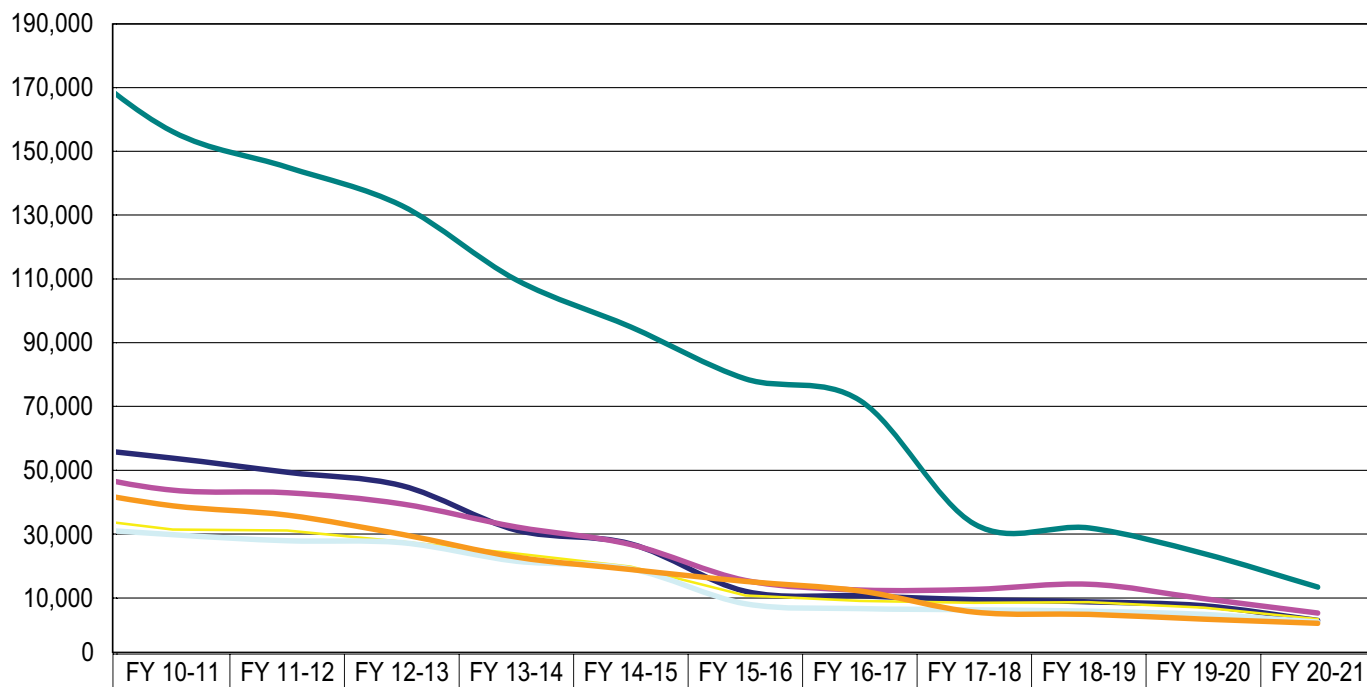
District Services per Patient by Fiscal Year



District Total Unduplicated Patients by Fiscal Year

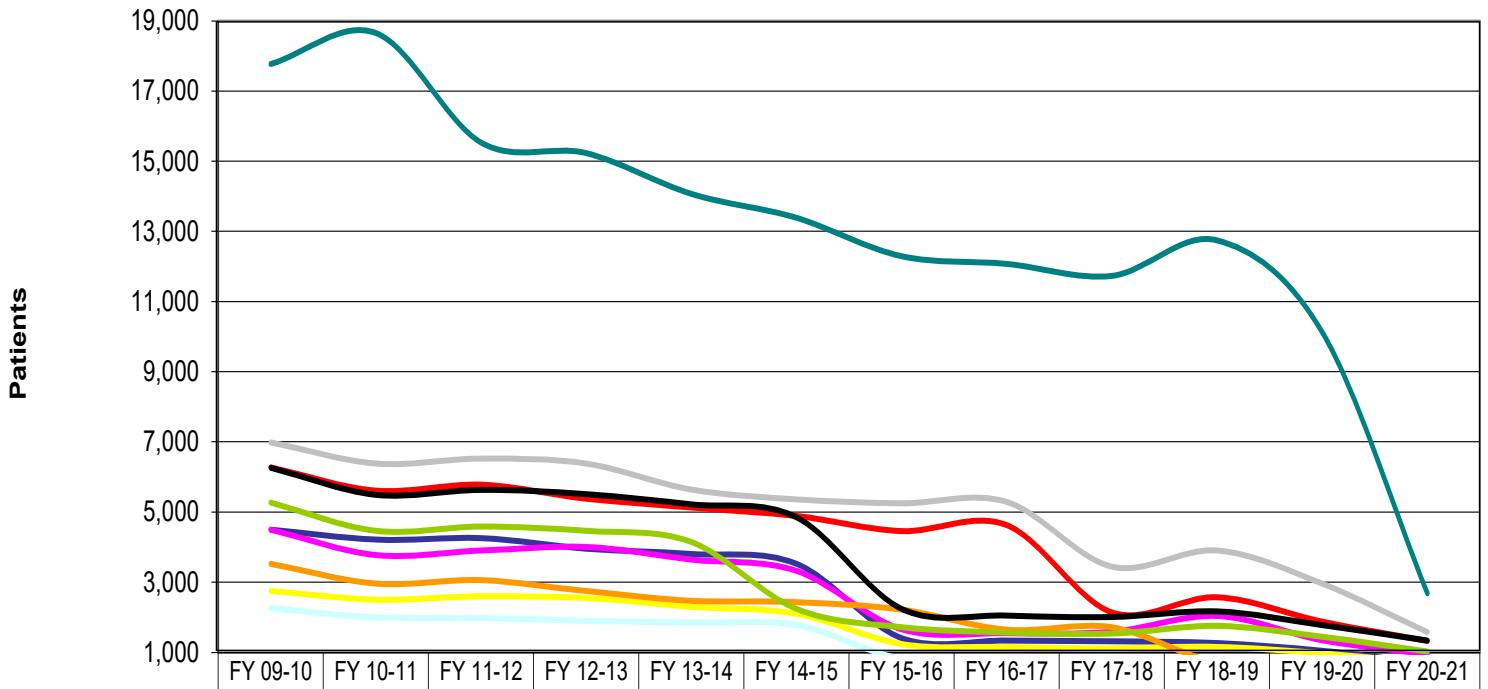


Total Services per County by Fiscal Year



	FY 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	FY 20-21
Adair	53,870	49,388	45,204	31,300	26,913	12,055	10,660	9,454	8,825	7,526	2,994
Casey	43,747	43,002	39,475	32,252	26,763	15,526	12,537	12,658	14,324	9,814	5,241
Clinton	31,443	31,092	27,555	23,879	19,764	10,748	8,991	8,421	8,638	6,899	3,312
Cumberland	29,815	27,915	27,298	21,556	19,144	8,210	6,662	6,308	5,850	4,816	2,437
Green	38,900	35,938	29,909	22,788	18,920	15,201	12,228	5,547	4,844	3,379	2,027
McCreary	67,766	67,273	63,474	51,734	48,021	37,321	35,456	18,183	18,027	12,783	7,182
Pulaski	156,144	145,035	132,943	109,721	94,916	78,745	71,914	33,138	31,925	23,931	13,431
Russell	57,378	54,584	51,086	44,718	27,406	19,649	13,340	12,128	12,490	9,223	4,952
Taylor	70,805	66,921	58,294	47,248	41,156	33,713	18,869	20,430	19,986	14,703	9,124
Wayne	66,007	65,679	63,035	53,193	47,331	24,954	33,267	17,238	17,755	13,554	7,383

Unduplicated Patients per County by Fiscal Year



	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	FY 20-21
Adair	4,214	4,256	3,961	3,807	3,531	1,409	1,343	1,320	1,266	1,052	679
Casey	3,780	3,904	4,009	3,650	3,326	1,664	1,554	1,588	2,040	1,350	950
Clinton	2,508	2,600	2,552	2,307	2,106	1,238	1,158	1,121	1,162	974	700
Cumberland	1,999	1,980	1,905	1,852	1,781	813	742	772	799	606	471
Green	2,966	3,064	2,751	2,475	2,436	2,222	1,647	1,716	710	516	434
McCreary	5,613	5,780	5,387	5,131	4,892	4,460	4,629	2,140	2,577	1,878	1,329
Pulaski	18,658	15,534	15,230	14,070	13,389	12,290	12,079	11,730	12,749	10,134	2,681
Russell	4,465	4,590	4,466	4,146	2,243	1,719	1,570	1,539	1,758	1,454	1,033
Taylor	6,387	6,528	6,387	5,647	5,364	5,253	5,296	3,446	3,912	2,965	1,584
Wayne	5,495	5,638	5,509	5,221	4,855	2,243	2,055	2,013	2,167	1,781	1,337



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. Health departments that meet the requirements are awarded accreditation for a five year cycle - contingent upon the submission and acceptance of annual progress reports to PHAB demonstrating efforts in certain areas for the next four years. Our last annual report for the current cycle was submitted and accepted in January 2021. So, now it is time to start preparing for PHAB Reaccreditation in January 2022. The Guide to National Public Health Department Reaccreditation states: Process and Requirements must be reviewed and documentation submitted for each measure to demonstrate compliance with the requirements to maintain accredited status.

Due to the COVID-19 pandemic, there are many Quality Improvement projects that we

have not completed yet. But, improvement occurs continually throughout the organization as the health department team tries to improve processes and efficiency during this trying time as we must face and adapt to the 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, to assure compliance with all existing 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 we will continue to strive for excellence in all areas.

Lake Cumberland District Health Department Strategic Plan for Fiscal Year Ending 2021

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	No
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	0.00
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	91.50
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	24.0%
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	2
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	No
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	No
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	0.00
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	22,597
Measure: 2.1.1.2 Number of YouTube followers.	44.00	100.00	07/01/18	06/30/23	436.00
Measure: 2.1.1.3 Number of Twitter followers.	566.00	600.00	07/01/18	06/30/23	707.00
Measure: 2.1.1.4 Number of Instagram followers.	179.00	300.00	07/01/18	06/30/23	696.00
Measure: 2.1.1.5 Monthly traffic to website.	9,348	10,000	07/01/18	06/30/23	56,600

Lake Cumberland District Health Department Strategic Plan for Fiscal Year Ending 2021 (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	0.00%
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	0.00%
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, policy maker and civic group meetings to share data/community health improvement plan.	Yes	Yes	07/01/18	06/30/23	No
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	0
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	No
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	0.00
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	Yes
Strategy: 2.3.3.2. Educate law enforcement agencies via face-to-face meetings.	Yes	Yes	07/01/18	06/30/23	No
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	6
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	Yes
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 2021 (continued)

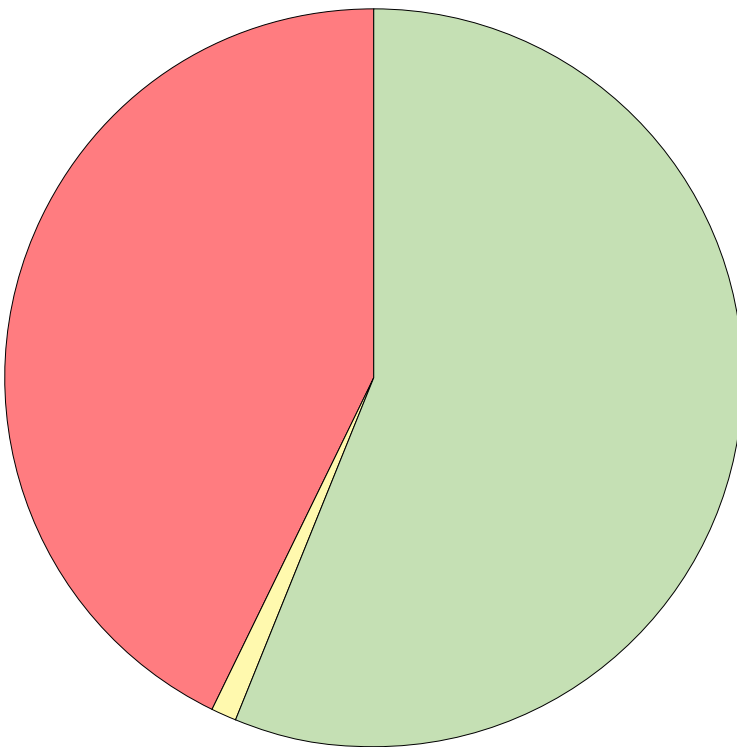
Priority Area: 3. Foster Employee Engagement, Development and Performance	Measure Baseline	Measure Target	Start Date	Target Date	Progress thru 06/30
Goal: 3.1. Increase staff awareness and collaboration across all programs.					
Objective: 3.1.1. Increase general awareness of staff regarding programs 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	No
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	0.00%
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	06/30/23	0.00%
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	50.00%
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	95.00%
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	90.00%
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 2021 (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	32.00%
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	11.00%
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	2.00
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	No
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 2021 (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	No
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	No
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	No
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	No
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	0



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 FY 2021.

Green	Yellow	Red	Unreported
53	1	40	0



Carol Huckleby, GPC
Human Resources
Manager

Human Resources

Lake Cumberland District Health Department’s Human Resources Department coordinates personnel activities for over 200 full-time, part-time, variable hour, contract and leased employees. Some of our key responsibilities include: recruitment and hiring, policy development, employee performance evaluations, administering FMLA and employee benefits, employee wellness, legal compliance and reporting, grant development and other personnel actions within the Local Health Merit System.

This has been a very busy year for the Human Resources Department. As of October, we have off-boarded 55 former employees and on-boarded 48 new staff (28 merit and contract staff and 20 new Crown Services contact tracer staff). Much of this was due to the transition of the previous Go Hire staff to the merit system and hiring additional contact tracing staff due the recent surge. We currently have four open positions that have been vacant for several months due to lack of qualified applicants.

As of October, our department has processed and tracked 18 FMLA leaves. Federal law requires HR to notify workers of their rights under FMLA. Local Health Personnel requires staff, on leave for

a FMLA qualified reason, to use their sick leave and FMLA at the same time. Additionally, HR has processed 14 worker’s compensation claims. Seven of these claims were related to potential workplace COVID-19 exposures. Staff exposed to a COVID-19 positive client or co-worker are advised to contact worker’s compensation to file an injury claim.

In 2021, OSHA released their COVID-19 Emergency Temporary Standards which resulted in several new policies and safety protocols, including the creation of removal and return to work guidelines. These policies resulted in the creation of new processes for tracking and documenting purposes. Each employee situation is unique and involves asking questions to determine co-workers that they may have had close contact with COVID-19. Also, answering questions related to the length of their removal from work and documentation needed from their healthcare provider. The HR department has processed 62 COVID-19 related leaves this year. This includes quarantines/isolations of staff, including those that took off to care for a quarantined child, workplace exposure, and staff who had to quarantine due to traveling.

We look forward to serving the staff of Lake Cumberland District Health Department in the coming year.

2021 RETIREES



Shawn D. Crabtree, MSSW, MPA
LCDHD Director 4 - District
01/08/2001 to 07/30/2021



Stella A. Durrett
SSSupv 1 - Green County
01/31/1994 to 04/30/2021



Marilyn L. Eaton
Sr Clncl Asst - Pulaski County
01/04/1993 to 05/31/2021



Wilda C. Morris
PH HANDS Spec - Pulaski County
07/16/2007 to 07/30/2021



Robyn L. Sneed
Acct Clerk 3 - District
03/15/1993 to 07/30/2021



Melissa A. Wells
LHN 2 - Pulaski County
12/19/1994 to 07/30/2021

2021 EMPLOYEES

ADAIR COUNTY

Akin, Rhonda G. Nurse Supv 1
 Acey, Pamela J. Nutritionist
 Akin, Rhonda G. Nurse Supv 1
 Burton, Brittany N. H Educator 1
 Curry, Ashley SSSA 1
 Doll, Emma Database Manager
 Hale, Pamela J. FSW 3
 Harlow, Jelaine T. Hlth Ed Coordinator
 Keltner, Kathie SSSupv 1
 May, Misty Com Health Spec
 Melson, Cynthia G. SSSA 2
 Patterson, Corey L. H Envir 3
 Sigurbjartsson, Natiaha PH Prog Specialist
 Smith, Melody A. LHN 2
 Troutman, Patricia E. Interpreter
 Turner, Lakesha SSSA 1
 Walker, Julia B. LHN 4/Team Ldr
 Wallace, Diane Disease Investigator
 Wells, Jessica M. LHN 1
 Wilson, Rick Contact Tracer

CASEY COUNTY

Adams, Jeff Contact Tracer
 Bowmer, Natasha L. Nurs Prog Mgr
 Brown, Lisa C. Nurse Supv 1
 Coffman, Angelia M. Social Worker
 Kane, Kimberly M. SSSupv 1
 Wesley, Michelle L. SSSA 2
 Wilson, Kelly R. PH HANDS Spec

CLINTON COUNTY

Albertson, Vicky L. LHN 3
 Brown, Jennifer C. PH HANDS Spec
 Doss, Freda L. LHN 2
 Flowers, Wanda P. SSSA 2
 Fryman, Etta G. SSSupv 1
 Parrish, Donna J. Nurse Supv 1
 Pitman, Lisa FSW 1
 Thrasher, Christy J. SSSA 2
 York, Nita J. SSSA 2

CUMBERLAND COUNTY

Arterburn, Jessica A. LHN 4/Team Ldr
 Capps, Heather R. LHN Specialist
 Chambers, Shalena Contact Tracer
 Coe, Raykesha N. SSSA 2
 Craig, Linda Disease Investigator
 England, Amanda J. Sr. Epidemiologist
 Gibson, Sherri L. Nurse Supv 1
 Gregory, Connie Contact Tracer
 Nettles, Cindy J. SSSupv 1
 Patterson, Chasity N. H Envir 3
 Riley, Martha J. Janitor
 Wright, Brandy K. Contact Tracer
 York, Leslie R. Contact Tracer

DISTRICT

Anderson, Lisa G. Adm Sec
 Baker, John T. Acct Clerk 3
 Baker, Stephanie Contact Tracer
 Cimala, Ronald Dir Adm Ser
 Cogdill, Bill J. Janitor
 Cook, William L. Janitor
 Copenhaver, Melinda Disease Investigator
 Cross, DeAnn S. Adm Sec
 Dixon, Jennifer LHN Specialist
 Floyd, Rebecca Contact Tracer
 Goff, Pamela Data Entry
 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. Contact Tracer
 Jones, Michael R. Contact Tracer
 Kindle, Linda D. Acct Clerk 3
 Kingsley, John Christopher IT Network Spec
 Lewis, Laura Contact Tracer
 Munsey, Wilma HR Assistant
 Poynter, Ashley M. Acct Clerk 3
 Price Jr., Ferlin S. PH Prep Mgr
 Price, Jessica N. Peer Counselor
 Ramsey, Brian K. Information Mgr
 Sears, Tisha Contact Tracer
 Simpson, Angela L. Admin Serv Mgr
 Singleton, Amanda Contact Tracer
 Smith, Dustin IT Network Spec
 Smith, Jessica Contact Tracer
 Smith, Melinda J. Tech Speclst I
 Smith, Stacy Contact Tracer
 Spradlin, Amanda J. Contact Tracer
 Spradlin, Jared Contact Tracer
 Tiller, Peggy A. LHN 2
 Tomlinson, Amy C. PH Dir 4
 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
 Taylor, Sue A. SSSupv 1
 Wright, Janet Contact Tracer

MCCREARY COUNTY

Baker, Tiphani S. H Educator 1
 Ferrell, Lynnett LHN 2
 Howard, Karen C. FSW 1
 Jones, Whitney E. LHN 4/Team Ldr
 King, Tammy J. FSW 3
 Lawson, Melissa G. FSW 3
 Miller, Mary E. Nurse Supv 1
 Perry, Don Contact Tracer
 Phillips, Cynthia A. LHN 2
 Phillips, Lacey Janitor

continued on the next page . . .

Ryan, Courtney M.
Stephens, Courtney L
Taylor, Reid
Tucker, Kimberly A.
Tucker, Melissa K.
Watson, Vanessa M.
Watters, Tara D.
Whitehead, Terri N.

PULASKI COUNTY

Adams, Susan J.
Barber, Kathy J.
Bender, Brigette E.
Bubnick, Sandra
Casada, Kristin
Catron, Tammy E.
Chambers, Gabriela
Crabtree, Samantha
Denney, Monica D.
Gilliam, Angela
Gregory, Dorothy
Hall, Karen S.
Hamilton, Jeremy S.
Harris, Jennifer Kay
Hickman, IV Jefferson
Jenkins, Tamara L.
Jones, Chrissy A.
Jones, Melanie
Keen, Donna E.
Livesay, Vickie F.
Mayberry, Deborah E.
McKnight, Belinda K.
Merrick, Sabrina L.
Miller, Kathryn B.
Osborne, Deana S.
Piercy, Amy N.
Poynter, Peggy L.
Simpson, Jarrod W.
Spillman, Michael S.
Trull, Norma J.
Tuggle, April D.
Wesley, Sharon S.
West, Brian D.
West, Maria E.

RUSSELL COUNTY

Aaron, Tracy
Brockman, Beverly A.
Collins, Arlena BethAnn
Cooper, Patricia G.
Dial, Brenda S.
Dye, Jonathan P.
Eads, Rosanna
Fox, Brittany K.
Garner, Candi L.
Gosser, Jane C
Hancock, Terry
Kean, Bridgett M.

Contact Tracer
H Envir 3
Contact Tracer
SSSupv 1
SSSA 2
LHN 2
LHN 2
FSW 3

PH Serv supv
FSW 3
SSSupv 2
Interpreter
H Educator 1
SSSA 2
Interpreter
LHN 2
SSSA 2
Contact Tracer
SSSA 2
LHN 2
H Envir 3
APRN
Env Hlth Prog Mgr
Lab Tech
FSW 1
H Educator 1
LHN 4/Team Ldr
SSSA 1
PH HANDS Spec
SSSA 3-Env
LHN Specialist
APRN
SSSA 2
LHN 1
Adm Sec
H Envir 3
Env Hlth Dir
Nurse Supv 1
FSW 3
LPN 2
Janitor
Interpreter

H. Ed Director
LHN 2
PH HANDS Spec
Contact Tracer
LHN 4/Team Ldr
H Envir 3
Contact Tracer
Peer Counselor
SSSA 2
SSSupv 1
Contact Tracer
Nurse Supv 1

Lee, Jamie L.
Mann-Polston, Connie M.
Massengill, Holly
MontaneSolorio, Yazmin
Roberson Daulton, Shirley A.
Rodriguez, Fatima
Spaw, Teresa
Thomas, Melinda
Tucker, Bonnie L.
Wilson, Melinda L.
Wilson, Melinda L.
Woodrum, Laura E.

TAYLOR COUNTY

Arnold, Connie M.
Cowherd, Janet F.
Day, Ashley D.
Ford, Ricky L.
Franklin, Anita L.
Hall, Monica
Harrison, Martha
Harrison, Megan R.
Hudgins, Earl T.
Jones, Jessica
Kurtz, Sara
Lewis, Savannah L.
Matthews, Shannon M.
Moss, Cody
Pickett, Tammy G.
Renzelli, Malinda
Whitfill, Dawn P.
Willis, Kyle
Wright, Tracy D.

WAYNE COUNTY

Atkinson, Rebecca R.
Beaty, Shannon G.
Daniels, Shirley D.
Dobbs, Chelsea H.
Ferrell, Sylvia E.
Harris, Jessica L.
New, Tishanna M.
Prater, Sabrina R.
Ramsey, Mary F.
Redman, Laura D.
Rhule, Crissa S.
Rose, Harley J.
Spears, Lora B.
Tucker, Anna Janae
Turner, Lori C.
Rains, Hannah
Weddle, Staci
Ramsey, Mary F.
Redman, Laura D.
Rose, Harley J.
Spears, Lora B.
Tucker, Anna Janae
Turner, Lori C.

Nurse Adminis
PH HANDS Spec
FSW 1
Interpreter
H Educator 3
Interpreter
Contact Tracer
Contact Tracer
SSSA 2
FSW 3
FSW 3
Dir of Nursing

LHN 4/Team Ldr
LHN 3
LHN 2
Janitor
LHN 2
RN PPV
SSSA 1
Nurse Supv 1
Maintenance Tech
Com Health Spec
Disease Investigator
PH HANDS Spec
SSSupv 1
Maintenance Tech
FSW 3
Contact Tracer
LHN 2
Contact Tracer
SSSA 2

FSW 3
H Educator 1
SSSupv 1
FSW 1
Nurse Adminis
Peer Counselor
PH Prog Specialist
LHN 4/Team Ldr
PH HANDS Spec
LHN Specialist
FSW 1
SSSA 1
H Envir 3
Nurs Prog Mgr
Nurse Supv 1
Contact Tracer
Contact Tracer
PH HANDS Spec
LHN Specialist
FSW 2
H Envir 3
Nurs Prog Mgr
Nurse Supv 1



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Casey County Health Department

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Liberty, KY 42539
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Clinton County Health Department

131 Foothills Avenue
Albany, KY 42602
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Cumberland County Health Department

226 Copper Lane
Burkesville, KY 42717
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Green County Health Department

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Greensburg, KY 42743
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Jamestown, KY 42629
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Taylor County Health Department

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Campbellsville, KY 42718
(270) 465-4191 • (270) 789-3873 (fax)

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