



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



2021-2022 annualreport

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



Amy C. Tomlinson MPH
Executive Director
Lake Cumberland District
Health Department

From the Director

As I approach my first anniversary as LCDHD Director, I have been reflecting on all the accomplishments and challenges we have had this year. It has been a year of opportunity for sure, as we are emerging from the pandemic and returning to normal operations., I am thankful for my staff and their dedication to our communities. I am also thankful for our Board Members who have supported us through everything.

It is my desire to serve our communities and provide the information, education and services needed for our citizens to make the best decisions for their health and well-being.

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.



2021-22 Annual Report

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A Healthy Today for a Brighter Tomorrow.

www.LCDHD.org

2021-22

LOCAL BOARDS OF HEALTH

The Lake Cumberland District Health Department is currently governed by a 29-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. The following list is all the members of each county's local board of health within the Lake Cumberland District. The names in **bold** comprise the 29-member District Board of Health. We are thankful for each of our members and their time and dedication.

Adair County

James Bergin, MD
Janella Brown, DMD
Honorable Larry Russell Bryant
Jacob Burton, OD
Billy Coffey, Fiscal
Debbie Cowan, Lay PE
Catherine Feese, MD
Sheri Hutchison, RN
Matt Jackson, RPh
Lee Ann Jessee, Consumer
Gary Partin, MD

Casey County

Darin Cundiff, MD
Honorable Randy Dial
Gina Goode, Lay RPh
Housam Haddad, MD
Kay King, RN
Linda Lee, Fiscal
Jennifer Overstreet, Lay OD
John Price, MD
Laura Scott, DMD
Jenifer Shugars, Lay PE
Melissa Warner, Consumer
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
Honorable Luke King
Gina Lee-Watson, Fiscal
Joseph Michael Morgan, RPh
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 APRN
Garth Bobrowski, DMD
Devi Bradshaw, Fiscal
Teresa Collison, RPh
Shane DeSimone, MD
Mary DeSpain, Consumer
Honorable John Frank
Paul Patterson, OD
Mark Risen, MD
Michael R. Shuffett, DVM

McCreary County

Azalie Egnew, Lay RN
Honorable Jimmie Green II
Martha Johnson, Lay MD
Terry Lawson, Lay APRN
Stephen McKinley, OD
James "Wesley" Murphy, RPh
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
Robert Drake, MD
Patty Guinn, RPh
Bruce Jasper, DVM
Leah Jasper, Consumer
Honorable Todd Marshall
Jim Muse, DMD
Alvin Perkins, MD
Harvey Schleter, OD
Tonya Shae, MD
Rebecca Whitis, RN

Russell County

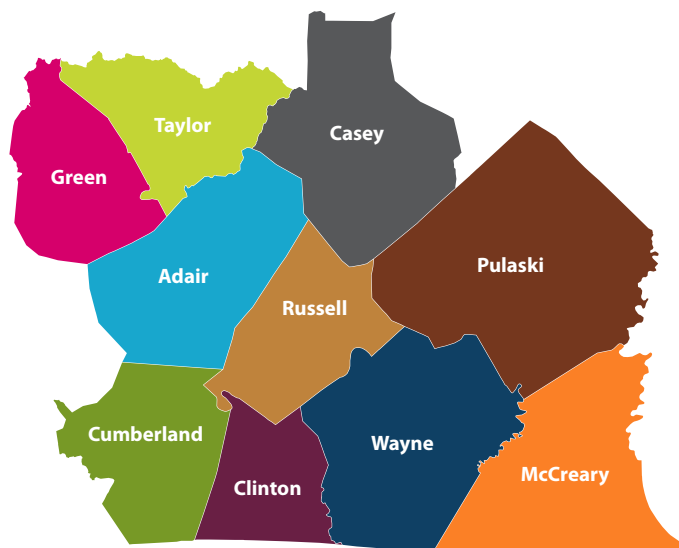
Connie Blankenship, Consumer
Don Cooper, Lay PE
Karen Dalton, RN
Mickey Garner, Fiscal
Sherie Helm, RPh
Stephanie Jones, MD
Susanne Lee, OD
Honorable Randy Marcum
Richard Miles, MD
James H. Popplewell, DMD
Holly Von Gruenigen, MD
Susanne Watkins, OD

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

William Breeding, DMD
Joseph Brown, MD
Sarah Debord Weddle, Lay MD
Wade Dick, Fiscal
Vesta Edwards, Lay DVM
Lora Elam, RN
Honorable Scott Gehring
Joanna Gregory, Lay PE
Kenneth Ramsey, Consumer
James Sawyer, OD
Joe Silvers, RPh





Ron Cimala
 Director of Administrative Services

Administration Department

For fiscal year 2022, Lake Cumberland District Health Department budgeted at a \$1,537,939 surplus. As a result of dollar-for-dollar reimbursement of COVID funds while minimizing expenses from clinic costs, the agency closed with a \$1,819,944 surplus.

We had planned for our expenses to be close to the prior fiscal year but we were able to save and spend much less than anticipated in these categories. We also over budgeted in Covid-19 cost centers thinking our cost would be as high for Covid-19 as they were in fiscal year ended 2021 but they turned out to be less. Also, the Kentucky Department of Public Health is eight 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 2022 were \$2,362,561 less than budgeted, primarily due to over-budgeting for Covid-19 funding.

At the end of the fiscal year, after adding in the surplus, our restricted reserve funds on hand are \$7,867,826.55 and our unrestricted funds total \$6,026,227 for a total of \$13,894,053.55 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 \$671,016.03 (13%) more than allowable. Due to the major increase in pension costs over the next five years, we plan on utilizing the \$671,016.03 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's constantly improving our processes and finding new efficiencies while maintaining high standards.



Allowable Unrestricted Reserve Calculation 2021 - 2022

For the Fiscal Year ending June 30, 2022

CC#	Cost Center	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
500	Food Service	224,391	239,456	106.71%	0	224,391
520	Public Facilities	62,473	121,567	194.59%	0	62,473
540	General Sanitation	143,556	0	0.00%	143,556	0
560	On-site Sewage	754,384	652,097	86.44%	0	754,384
590	Food License Project	207,943	242,812	116.77%	0	207,942
591	Radon	4,836	0	0.00%	4,836	0
700	Preventive/Presenting Problems	0	0	100.00%	0	0
712	Dental Services	37	0	0.00%	37	0
718	Laboratory/Testing/Radiology	0	0	100.00%	0	0
723	ELC Covid Mini-Grant	625	0	0.00%	625	0
725	Covid Vac Com Outreach & Equity	1,865	0	0.00%	1,865	0
727	Harm Reduction/Needle Exchange	85,453	0	0.00%	85,453	0
728	Diabetes Disease Management	2	0	0.00%	2	0
729	Fentanyl Test Strips	5,250	0	0.00%	5,250	0
731	KY First Responders	0	0	100.00%	0	0
732	Diabetes Prevention Program	0	0	100.00%	0	0
734	SSP Expansion Project	16,084	0	0.00%	16,084	0
736	Community Health Action Team	107,332	0	0.00%	107,332	0
738	COVID-19 Immunization Support	194,530	0	0.00%	194,530	0
742	EnviroHealth Link	10,034	0	0.00%	10,034	0
743	Federal HANDS Special Project	150,685	0	0.00%	150,685	0
744	CHW Expansion OHE	71,711	0	0.00%	71,711	0
746	Environmental Strike Team	0	0	0.00%	0	0
750	Accreditation	41,646	0	0.00%	41,646	0
752	HANDS GF Services	0	0	100.00%	0	0
753	PHEP	42,332	0	0.00%	42,332	0
756	Personal Responsibility Education Program	65,550	0	0.00%	65,550	0
757	Regional EPI HPP Activities	10	0	0.00%	10	0
758	GO365 (Humana Vitality)	234,207	374,205	159.78%	0	234,207
760	HANDS Federal Home Visiting	73,128	73,128	100.00%	0	73,128
761	Diabetes Telehealth	16,564	0	0.00%	16,564	0
764	Hep A Outbreak Activities	281	0	0.00%	281	0
765	Tobacco Program Federal Funds	51,557	0	0.00%	21,557	0
766	MCH Coordinator	266,129	0	0.00%	266,129	0

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Allowable Unrestricted Reserve Calculation 2021 - 2022 (cont.)

For the Fiscal Year ending June 30, 2022

CC#	Cost Center	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
767	Competitive Home Visiting	6,889	0	0.00%	6,889	0
769	ELC Enhancing Detection	80,683	0	0.00%	80,683	0
771	PHEP Special Project (COVID-19)	57,303	0	0.00%	57,303	0
772	Env Ph Covid Wastewater	4,260	0	0.00%	4,260	0
773	Contract Tracing	1,785,902	0	0.00%	1,785,902	0
774	Child Fatality Prevention	959	0	0.00%	959	0
800	Pediatric/Adolescent	82,788	37,017	44.71%	82,788	0
801	Immunizations	471,930	146,746	31.09%	471,930	0
802	Family Planning	681,082	162,296	23.83%	681,082	0
803	Maternity Services & Activity	0	0	100.00%	0	0
804	WIC Services	1,417,582	0	0.00%	1,417,582	0
805	MCH Nutrition & Group Activity	25,416	389	1.53%	25,416	0
806	Tuberculosis	332,366	63,023	18.96%	332,366	0
807	Sexually Transmitted Disease	19,065	3,276	17.18%	19,065	0
809	Diabetes	240,427	42	0.02%	240,427	0
810	Adult Visits & Follow-Up	150,814	23,980	15.90%	150,814	0
813	Breast and Cervical Cancer	58,718	6,000	10.22%	58,718	0
816	Covid 19 Vaccine	179,858	554	0.31%	179,858	0
818	Community Based Services	380	0	0.00%	380	0
821	Preparedness Coordination & Training	127,851	0	0.00%	127,851	0
822	Preparedness Epidemic & Surveillance	101,294	0	0.00%	101,294	0
823	Preparedness Medical Reserve Corp	0	0	100.00%	0	0
826	Local Comm Public Health Project	0	0	100.00%	0	0
827	Teen Pregnancy Prevention	199,441	0	0.00%	199,441	0
829	Heart4Change	118,507	0	0.00%	118,507	0
830	Sexual Risk Avoidance Edu Grant	0	0	100.00%	0	0
831	Worksite Wellness Project	0	0	100.00%	0	0
832	KIPRC ROPA	212,843	0	0.00%	212,843	0
833	Breastfeeding Promotion	57,381	0	0.00%	57,381	0
835	HPP Activity Support	7,375	0	0.00%	7,375	0
836	Tobacco Prevention Project	6,318	0	0.00%	6,318	0
839	Marshall University Diabetes Grant	1,086	0	0.00%	1,086	0
840	Breastfeeding Peer Counselor	59,371	0	0.00%	59,371	0
841	Diabetes Today Program	34,429	0	0.00%	34,429	0

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Allowable Unrestricted Reserve Calculation 2021 - 2022 (cont.)

For the Fiscal Year ending June 30, 2022

CC#	Cost Center	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
842	HIV Counseling & Testing	0	0	100.00%	0	0
844	Ryan White Rebate Funds	211,876	0	0.00%	211,876	0
845	Ryan White Program	308,263	0	0.00%	308,263	0
846	Rural Health Opioid Grant	0	0	100.00%	0	0
847	KIPRC Jail Education Grant	94,117	0	0.00%	94,117	0
848	Healthy Start Day Care	33,328	0	0.00%	33,328	0
849	USDA Rural Bus. Dev. Grant	6,232	0	0.00%	6,232	0
850	KIPRC Harm Reduction Summit	25	0	0.00%	25	0
853	HANDS Prima Gravida Program	2,777,505	2,132,574	76.78%	0	2,777,505
856	Arthritis	10	0	0.00%	10	0
858	Supplemental School Health	0	0	100.00%	0	0
859	Immunization Projects	56,983	0	0.00%	56,983	0
871	KHELP	9	0	0.00%	9	0
875	HPP Coordinator	0	0	100.00%	0	0
882	Ryan White COVID-19 Cares	600	0	0.00%	600	0
890	Core Public Health	10,639	1,435	13.49%	10,639	0
891	Medicaid Match	79,339	0	0.00%	79,339	0
891	Minor Restricted	835	0	0.00%	835	0
894	Capital	30,153	0	0.00%	30,153	0
895	Allocable Leaves & Fringes	3,358,706	0	0.00%	3,358,706	0
	TOTAL	16,406,028	0	0.00%	12,071,998	4,334,029

Multiplier for Allowed Unrestricted Reserve	30%	40%
Allowed Non-Fee for Service Unrestricted Reserve & Fee for Service Unrestricted Reserve	\$3,621,599.37	\$1,733,611.60
Allowed Non-Service Fee Restricted Reserves (30% of Total Non-Service Fee Expenses)		3,621,599
Allowed Service Fee Restricted Reserves (40% of Total Service Fee Expenses)		1,733,612
Total Allowed Unrestricted Reserve		5,355,211
Fiscal Year End Actual Unrestricted Reserve		6,026,227
Remaining Allowable Unrestricted Reserve		(671,016)

Description	FY 2021		FY 2022	
Current Allowed Unrestricted Reserve	\$4,490,064.98	100%	\$5,355,210.97	100%
Fiscal Year End Actual Unrestricted Reserve	\$6,880,967.26	153%	\$6,026,227.00	113%
Remaining Allowable Unrestricted Reserve	\$2,390,902.28	-53%	(\$671,016.03)	-13%
Total Program Restricted Reserves	\$5,444,902.76		\$7,867,826.55	
TOTAL RESERVES	\$12,325,870.02		\$13,894,053.55	

Lake Cumberland District Health Department

Statement of Revenues, Expenditures & Change in Fund Balance

For the Fiscal Year ending June 30, 2022

(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, 2021

\$12,325,870.02

Revenues:	
State	4,523,821.46
Federal	5,754,022.53
Local	3,417,499.23
Service Fees	4,235,683.87
Interest	43,184.35
State Restricted Previous Years' Carryover/ Reserve Funds Used	172,833.31
Federal Restricted Previous Years' Carryover/ Reserve Funds Used	71,635.70
Fee Restricted Income Previous Years' Carryover Funds	7,291.46
Unrestricted Previous Years' Carryover/ Reserve Funds Used	0.00
Total Revenues:	\$18,225,971.91

Expenditures:	
Salary & Leave	6,042,920.57
Fringe Benefits	6,371,524.90
Independent Contractors	54,890.31
Travel	248,092.36
Space Occupancy	654,896.08
Office Administration	459,946.57
Medical Supplies	343,155.99
Automotive	21,556.82
Other	2,178,891.13
Capital Expenditures	30,153.18
Total Expenditures:	\$16,406,027.91
Excess Revenue over Expenditures (including Carryover/Reserve Funds)	1,819,944.00
Less State Restricted Previous Years' Carryover Funds Used	(172,833.31)
Less Federal Restricted Previous Years' Carryover Funds Used	(71,635.70)
Less Fee Restricted Income Previous Years' Carryover Funds	(7,291.46)
Less Unrestricted Previous Years' Carryover Funds Used	0.00
Total Previous Year Carryover Funds Used	(251,760.47)

Total Excess Revenue Over Expenditures (Less Carryover Funds)

\$1,568,183.53

Fund Balance as of June 30, 2022

\$13,894,053.55

Lake Cumberland District Health Department

Revenue and Expense Summary Comparison to Prior Year

As of Period Ending June 30, 2022

	Current YTD Actual	Prior YTD Actual	Change	% Change
Revenues				
State	\$4,523,821.46	\$2,884,483.40	\$1,639,338.06	57%
Federal	\$5,754,022.53	\$7,083,758.94	\$(1,339,736.00)	-19%
Local	\$3,417,499.23	\$3,280,903.65	\$136,595.58	4%
Service Fees	\$4,278,868.22	\$5,474,905.60	\$848,907.00	25%
Unrestricted Carryover	\$251,760.47	\$211,914.82	\$39,845.65	19%
Total Revenue	\$18,225,971.91	\$16,901,022.35	\$1,324,950.00	8%
Expenditures				
Salary & Leave	\$6,042,920.57	\$5,812,135.72	230,785.00	4%
Fringe Benefits	\$6,371,524.90	\$4,294,559.84	\$2,076,965.00	48%
Independent Contractors	\$54,890.31	\$138,308.57	\$(83,418)	-60%
Travel	\$248,092.36	\$174,656.81	\$73,436.00	42%
Space Occupancy	\$654,896.08	\$520,616.06	\$134,280.00	26%
Office Administration	\$459,946.57	\$594,334.89	\$(134,388.00)	-23%
Medical Supplies	\$343,155.99	\$294,601.80	\$48,554.00	16%
Automotive	\$21,556.82	\$10,290.13	\$11,267.00	109%
Other	\$2,178,891.13	\$1,957,300.66	221,590.00	11%
Capital Expenditures	\$30,153.18	\$177,065.80	\$(146,912.62)	-83%
Total Expense	\$16,406,027.91	\$13,973,870.28	\$2,432,158.00	17%
Excess/(Deficit) of Revenue over Expense	\$1,819,944.00	\$2,927,152.07	\$(1,107,208.00)	-38%



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

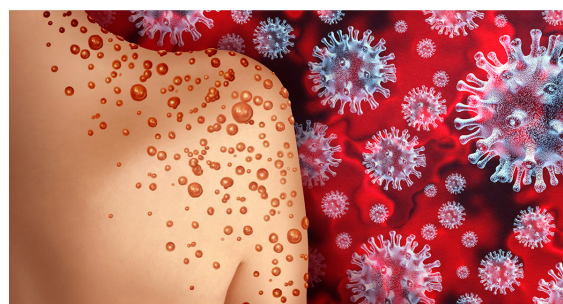
Medical Director

2022 has truly been a public health year; epidemiology at its best. We have been involved in testing, surveillance, quarantine and isolation recommendations, monitoring patients' symptoms, public education on prevention and provision of vaccines.

COVID 19 has been the predominant virus but thankfully less lethal this year, partly due to immunity (post infection and post immunization), and partly due to new variants not producing as severe symptoms as the original strains. The new bivalent booster vaccines have been shown to prevent severe disease from the newest strains which are currently circulating.

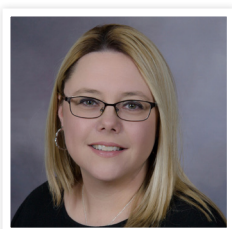
We were also hit by a less extensive worldwide epidemic of Monkeypox, a virus related to Smallpox, which spreads primarily through close contact. Once again surveillance, public education, testing and provision of vaccinations was the mainstay of curbing the epidemic.

We have been involved in the surveillance of travelers from Uganda where an Ebola outbreak is ramping up. The current strain of Ebola, a hemorrhagic virus, has a 30-50 % mortality and is spread by contact with infected bodily fluids,



including blood. In order to prevent spread to the US, travelers from Uganda are monitored for symptoms and should they develop any, will be isolated and their contacts quarantined.

But there are other viruses attacking us: both influenza and RSV are now increasing exponentially. We do not have a vaccine for RSV yet; RSV is one of the viruses which causes the common cold in adults but can be very serious in young babies who are frequently admitted to hospital. The flu is also ramping up, but we do have a vaccine, which although may not prevent infection, prevents serious illness and hospitalization. This year's cold and flu season is expected to be worse than previously, as for the last 2 years we have been shielded from exposure through social distancing and wearing masks- our immunity has waned and we are more vulnerable- hence vaccination is even more important this season.



Angie Simpson
*Administrative Services
Manager*

Support Services

Clinic Support Staff continue to be busy providing support to the Clinic Providers through their daily routine of patient intake, checkout, WIC issuance, medical record maintenance and many other duties as well as supporting all other departments within the agency in various ways. Staff take pride in offering the best customer service to patients while making the patient's confidentiality a priority. The Clinic Support

scores on Patient and Employee Satisfaction Surveys continue to remain high. Our Clinic Support Staff stays focused on patient care and continues to work hard to provide excellent services to our patients. We have a great Clinic Support Staff who will ensure quality services are provided to our community and who are dedicated in providing the best patient services as they carry out the mission of the Lake Cumberland District Health Department.



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

Clinical Services

The Lake Cumberland District Health Department (LCDHD) nursing division continues to provide quality health services to citizens in the Lake Cumberland area.

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.

The maternal child health program in Lake Cumberland is committed to safety and wellness by providing early interventions in the life span, some focus areas include prenatal education and support, child fatality review, and increasing access to physical activity.

The health departments in Adair, McCreary, Pulaski, Taylor, and Russell County all have operational harm reduction syringe service programs. Syringe service programs 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.

LCDHD provides case management services to those who are at risk for Opioid overdose through a time limited grant project. Clients are connected with various community resources to assist in their recovery. Case managers also educate inmates on substance

use disorder and coping mechanisms in some of our local detention centers. The case managers participate in many community events to reach out to potential clients and collaborate with community partners.

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.

This summer we had the opportunity to host back to school events in each of our counties to update children on their immunizations. We offer STD/HIV testing, TB screening and treatment, well-child exams, lead screening, and medical nutritional therapy.

The wellness and outreach program performed over 4000 biometric screenings across our district last year. We continue to offer diabetes self-management classes both in person and by telehealth, this year we've added community health workers to provide one on one support for persons living with diabetes who enroll in the program.

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. The program has served 131 clients this year.

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

Health and wellness are influenced by the places we live, learn, work, play and pray. The goal of the Health Policy and Promotion team (HPP) is to empower our communities to make healthier lifestyle choices through educational opportunities and advocating for environment and policy changes across the various sectors of our communities. The health educators serve as a catalyst for these changes.

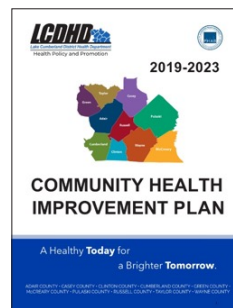
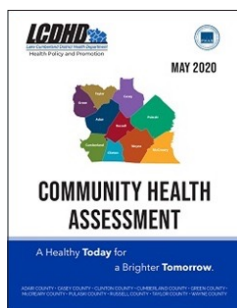
The HPP Team’s focus over the past year has been to rebuild our team, maintain our school education programs, complete the

Lake Cumberland District Health Department (LCDHD) Community Health Assessment and Community Health Improvement Plan. We continue to work diligently to assist LCDHD on maintaining our public health credentials as an accredited health department.

Our days are busy, schedules are tight, jobs are challenging, rewards take time, but we are always prepared for opportunities to improve the health of our communities! Our persistence and our dedication are immense to “Promoting Excellent Health That Lasts A Lifetime.”

HEALTH POLICY AND PROMOTION ACCOMPLISHMENTS IN 2022:

- ✓ LCDHD Community Health Assessment
- ✓ LCDHD Community Health Improvement Plan (LCDHD CHIP)



- ✓ Two Counties Became a Kentucky Certified Trail Town

Liberty, KY
Casey County



Burkesville, KY
Cumberland County

- ✓ 96% of Childcare Center Adopted Smoke/Tobacco Free
- ✓ 3,248 Students Received Evidence-Based Adolescent Health Programs





**Whitney E. Jones,
BSN, RN**
H.A.N.D.S. Director

HANDS Program

Hello everyone! Please allow me to introduce myself. My name is Whitney Jones, and I am the new HANDS Program Nurse Manager at Lake Cumberland District Health Department. I have worked in HANDS for six years supervising the McCreary County staff. It is my greatest privilege to assume the leadership role for the HANDS program.

As we transitioned into the new year, we began with completing our visits virtually. Staff complete virtual visits via Skype, Zoom, Facetime, FB Messenger, Google Duo, etc. As COVID cases began to decline, staff began offering in-home services again in September 2022. Staff was excited to see and interact with their families in person again. Safety for our staff and families remain our primary focus. We continue to screen for illness before in-home services. However, many of our families still remain virtual at their preference.

The last annual report indicated that HANDS enrollment and participation had declined because of COVID. With the resiliency of our staff and all their hard work and dedication to the program, I am happy to say our program continues to grow, and our enrollment number continues to increase!

All counties are participating in community outreach activities and planning family group events. We were able to do a media campaign to promote the program from May 2022 through October 2022. We began an incentive system at the end of 2021. In the Spring, we added more items to the list. Families can earn developmental toys and necessary baby items while learning how to grow a healthy baby and a healthy family.

We anticipate a bigger and brighter future for HANDS in FY 2023. It is a great honor to lead and guide the LCDHD HANDS staff for the years to come.

Kentucky's

HANDS

Every parent needs a second pair of **HANDS**





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

Environmental

This year we are still recovering from the shutdown of services we experienced during Covid. Overall, the economy is still strong and building continues to be at unprecedented levels not seen since 1999 and 2000. We completed 2,652 on-site sewage inspections on new properties including the soil evaluation, resulting in about 1,400 new properties. This includes both residential and commercial properties such as RV parks. Coincidentally we have seen an explosion of RV parks in our area as more and more people are coming to Lake Cumberland, Green River Lake, and Dale Hollow. This is challenging as the septic systems and layout of the parks are very complicated. As complexity of lots and home sizes and water using amenities increase, the on-site sewage program continues to take a significant portion of our resources.

We are continuing to do our food inspections as we recover from the devastation caused by Covid. Food inspections continuously roll around every 6 months, so catching up is difficult as it seems they come back due as soon as they are done. We are very fortunate in our district as we have very conscientious food establishments, managers and employees who do a good job food handling. We have not experienced any food borne outbreaks this year. The district continues to require food manager and employee training and certification, which has been well received and ensures employees are educated in proper food handling techniques.

In other categories we have investigated 426 animal bites, sewage complaints and other environmental complaints. We continue to be the clearinghouse for all environmental complaints in our district whether we are the lead agency or play a secondary role. We also have continued doing safety and sanitation inspections of

schools, mobile home parks, hotels and swimming facilities completing 339 of these.

This year our fees set by the state and district have helped us be closer to a break even than we have been in many years. This has been achieved by the state raising fees for food service and public facilities to be more in line with other states and the increase in on-site sewage fees over the years to reflect the actual time spent in this program, as shown by the accompanying chart, takes the bulk of our time.

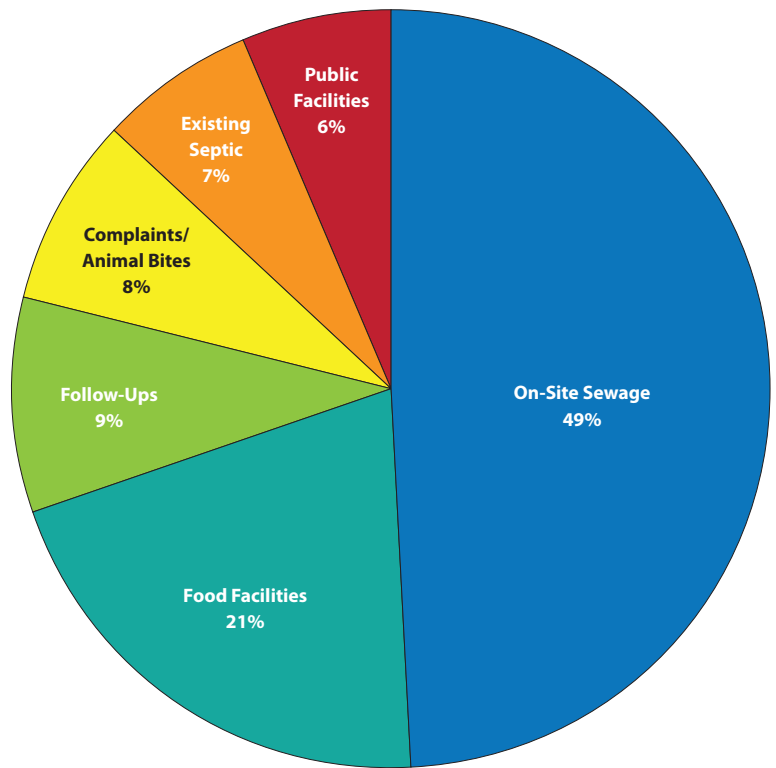
We have hired 3 new environmentalists over the last year, with one of those leaving. Increasingly, it has been a problem recruiting and retaining environmentalists as with all sectors in the job market. The increase in starting salary and the salary adjustment the state implemented should help. It takes about 1 year to train an environmentalist where they can work on their own, so with the volatility in retaining our workforce, we are constantly training and cover other counties with our more senior employees which hampers the number of inspections we can do. We are hopeful our current staff will be long term, career members of our team. Even with the turnover we experience, we have scored high on our satisfaction surveys and have scored high on making a positive impact in our community.

Enforcement is not always popular and we strive to educate rather than enforce, but we know it is sometimes necessary to protect the health of our community. Environmental services continue to touch every single member of our community through our work, whether it be where you shop and eat or rabies control and sewage treatment. We are proud of our work and hope to continue to use the most up to date science and techniques to forward the health of the Lake Cumberland district.

Environmental Data on the next page . . .

Environmental Inspections by Program 2021 - 2022

- On-Site Sewage: **2,652**
- Food Facilities: **1,101**
- Follow-ups - All Programs: **492**
- Complaints/Animal Bites: **426**
- Existing Septic Inspections: **356**
- Public Facilities: **339**



Sam Price, RS
Public Health
Preparedness Program
Manager

Preparedness

2022 has been a year of re-commitments, re-engagements, and portions of restructuring for the Preparedness Department.

With the cool-off of the pandemic, we have begun to reconnect with community partners in meetings and workgroups to share and learn best practices most beneficial to our communities. We have and continue to participate in grant opportunities providing additional resources and partnerships to K-12 education and infection disease data to waste water municipalities.

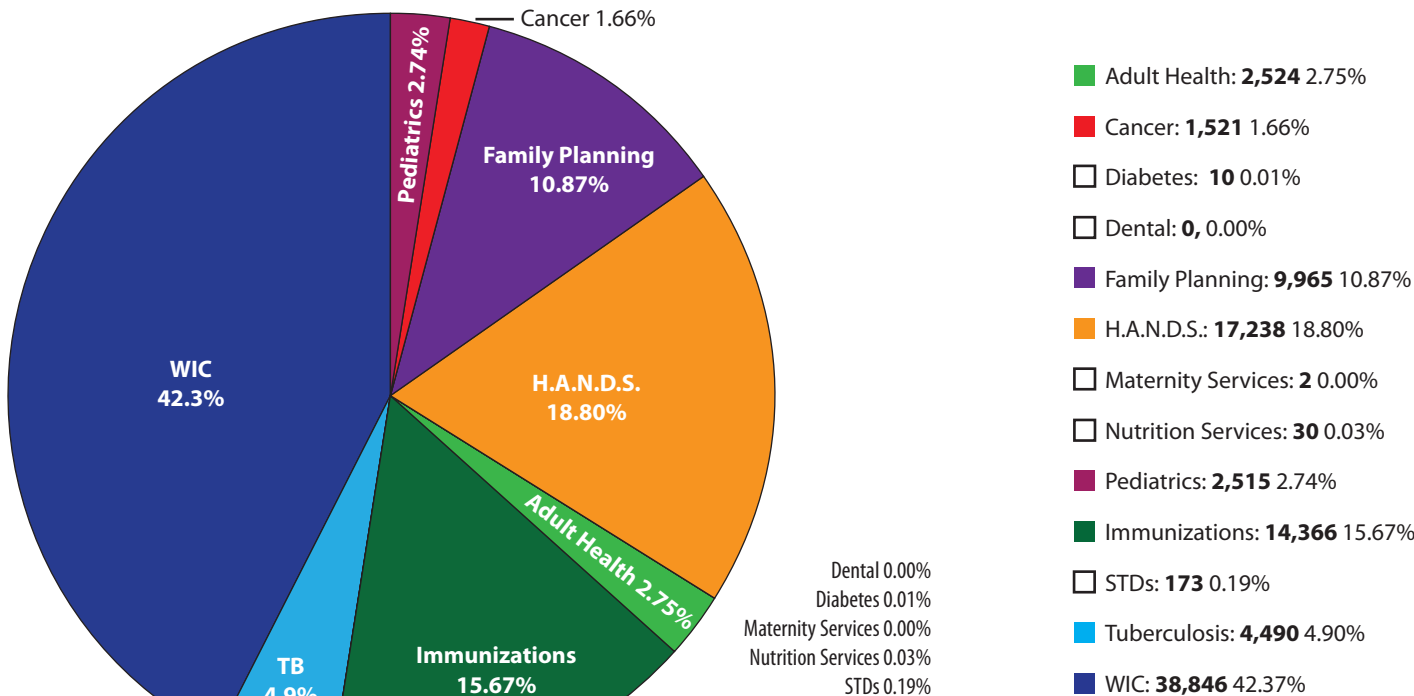
Much time is devoted to the process of updating and modifying agency plans, working with local emergency responders and State agency partners to be prepared for emerging diseases and natural or man-made disasters. This Department participates in multiple county-wide disaster scenarios partnering with various emergency agencies across our District attempting to improve action plans, response times, and overall community health and recovery.

Though networking and strong personal relationships are a core for our Preparedness Department, there has been the added challenge of workforce exhaustion and exodus, especially hard hit are Public Health, Emergency Responders, and healthcare. With many new faces, new roles and new responsibilities, additional care and time has been required to develop these needed relationships. The local Health Department has not been immune to these issues either. We have implemented partial restructuring by shifting employees to better align their expertise with overall department goals and responsibilities.

Your LCDHD Preparedness Department, consisting of one full-time employee, works in collaboration with the Kentucky Department for Public Health Regional Preparedness Coordinator and the Readiness and Response Coordinator.

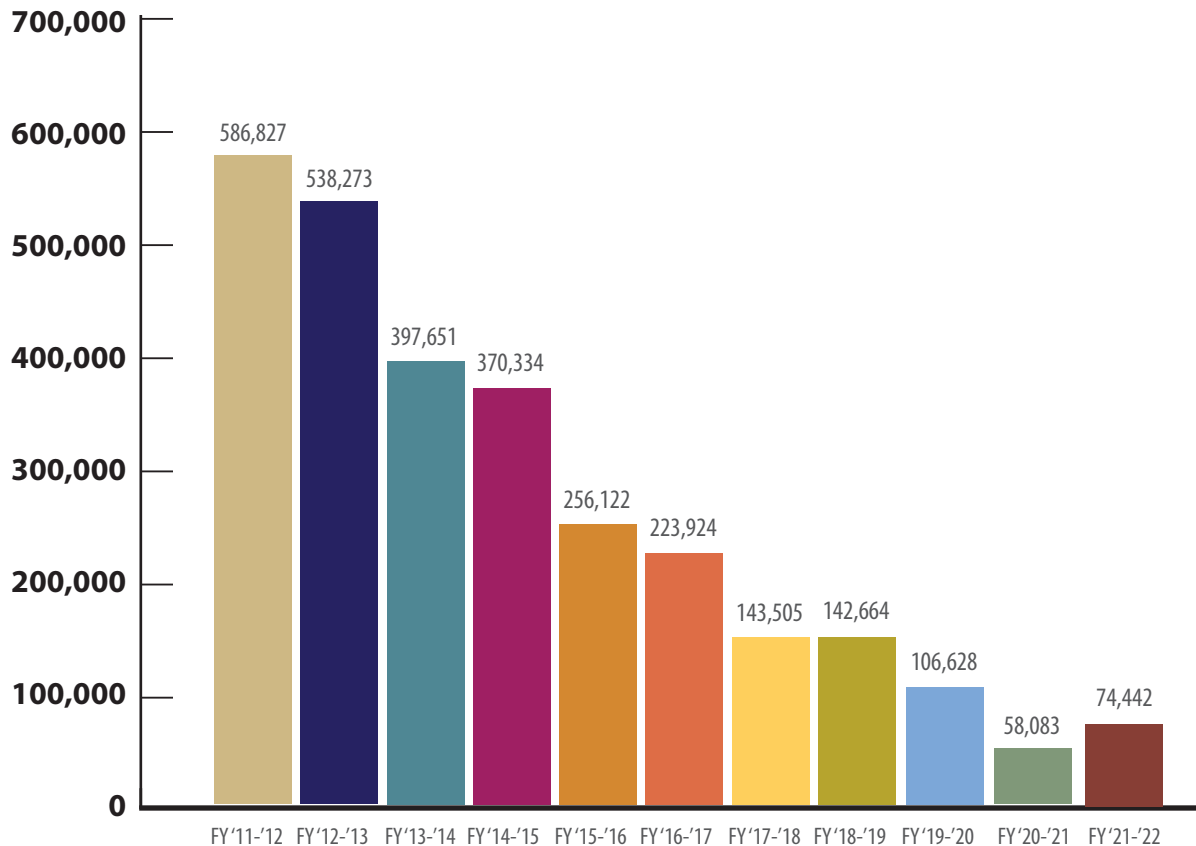
For more information on Disaster Preparedness or to see how you can be better prepared, visit our website at: www.LCDHD.org/services/disaster

Total Clinical Services by Program

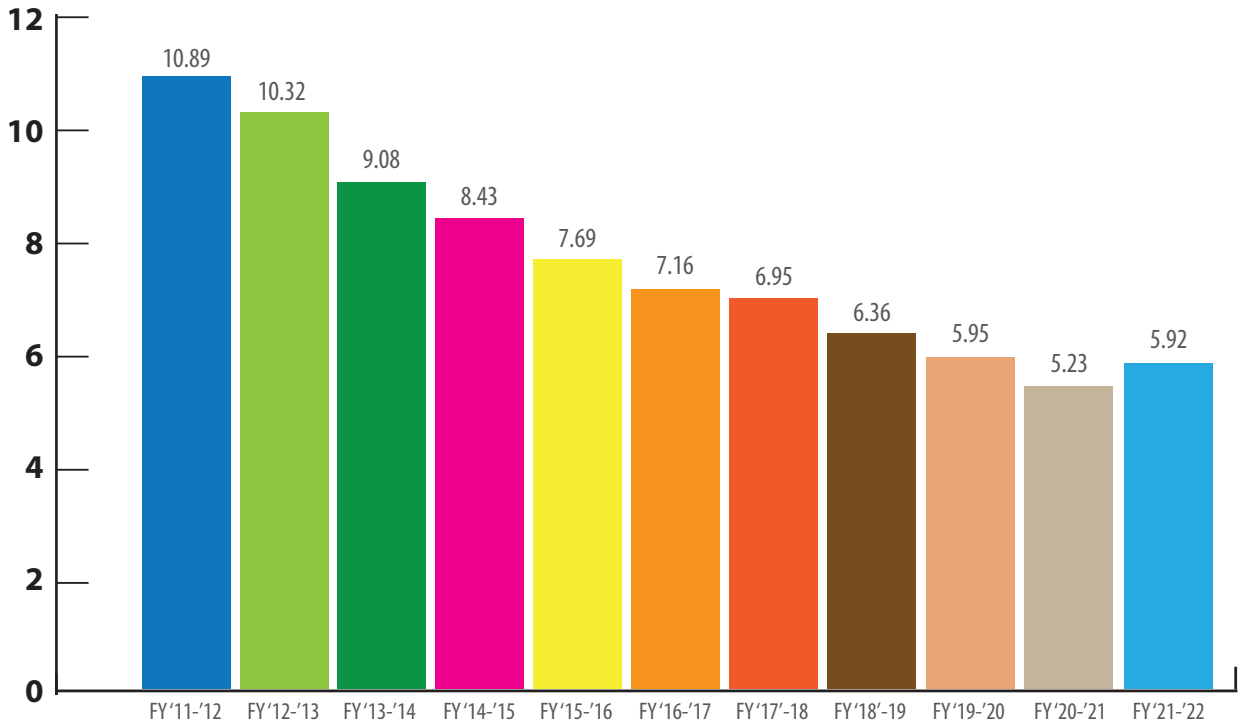


Total Unduplicated Patients
Receiving Clinical Services: **12,652**

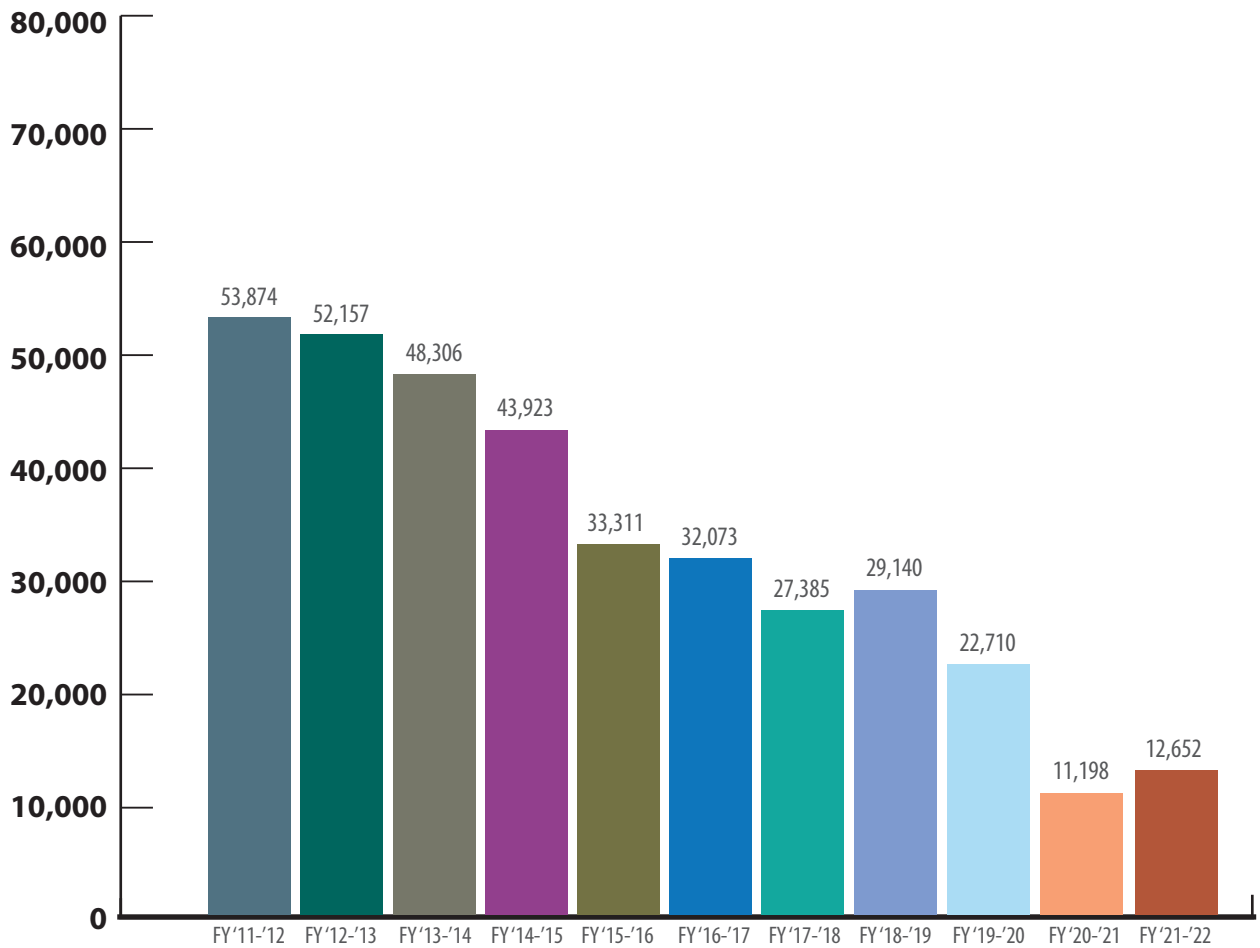
District Total Services by Fiscal Year



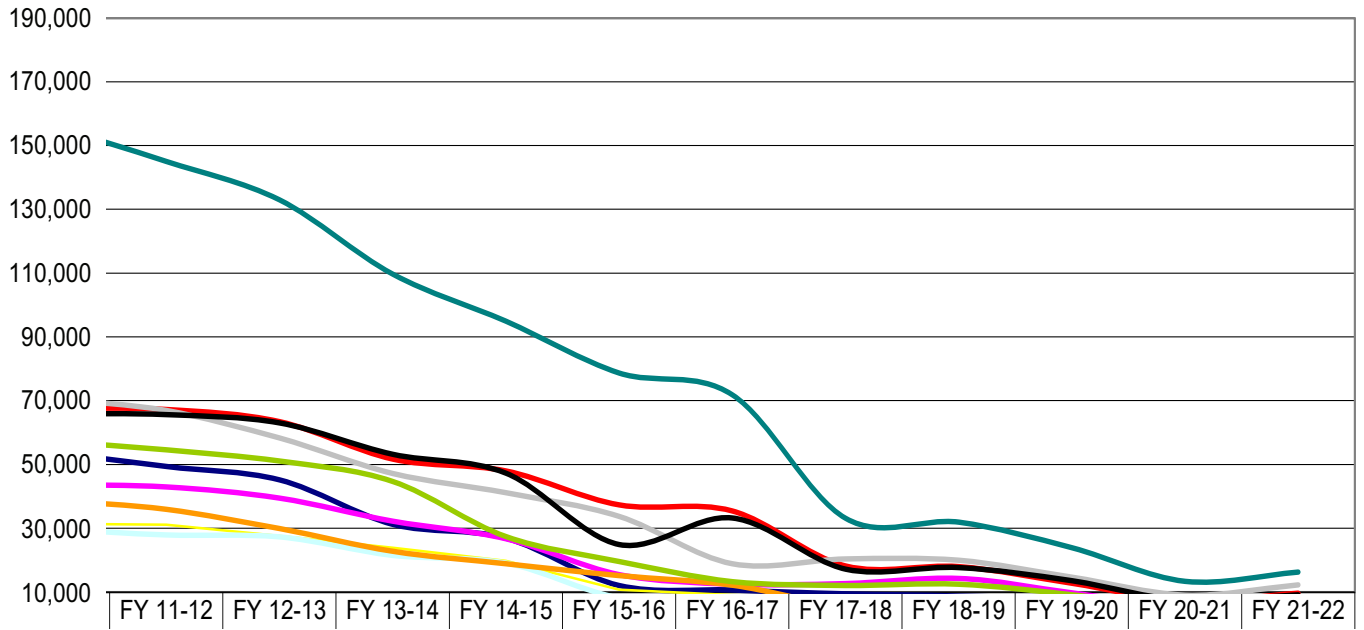
District Services per Patient by Fiscal Year



District Total Unduplicated Patients by Fiscal Year

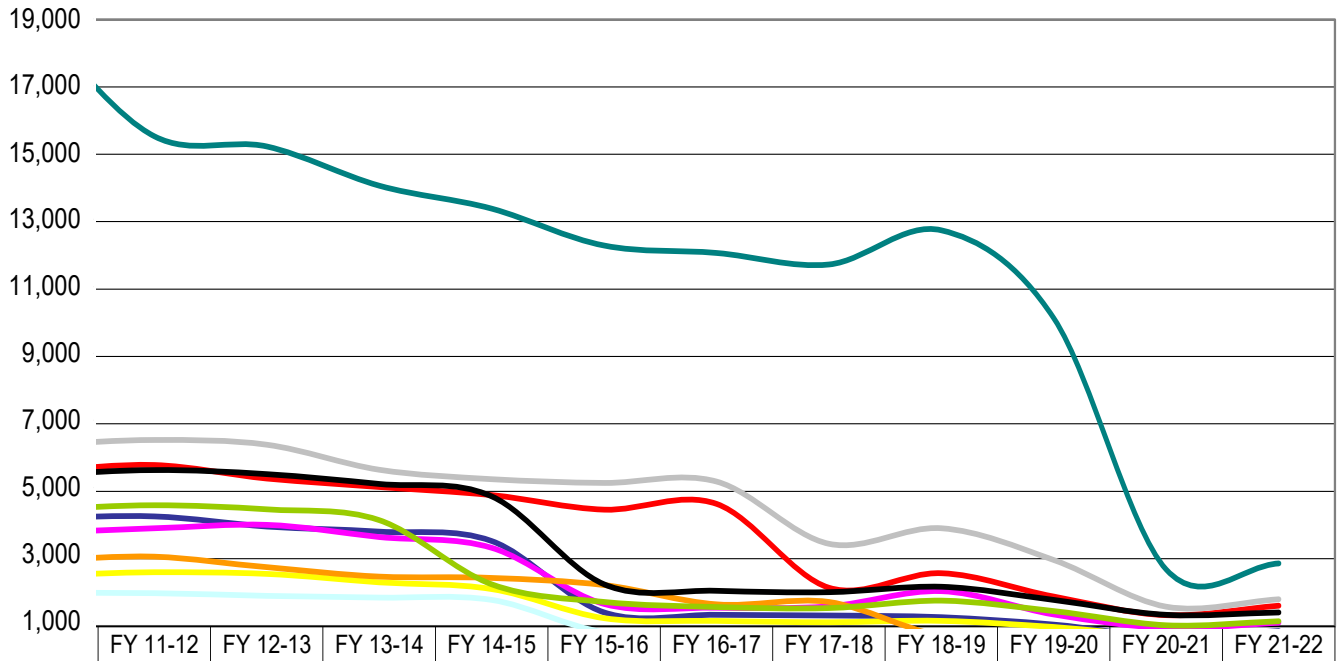


Total Services per County by Fiscal Year



	FY 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	FY 21-22
Adair	49,388	45,204	31,300	26,913	12,055	10,660	9,454	8,825	7,526	2,994	4,489
Casey	43,002	39,475	32,252	26,763	15,526	12,537	12,658	14,324	9,814	5,241	6,222
Clinton	31,092	27,555	23,879	19,764	10,748	8,991	8,421	8,638	6,899	3,312	3,914
Cumberland	27,915	27,298	21,556	19,144	8,210	6,662	6,308	5,850	4,816	2,437	2,983
Green	35,938	29,909	22,788	18,920	15,201	12,228	5,547	4,844	3,379	2,027	3,567
McCreary	67,273	63,474	51,734	48,021	37,321	35,456	18,183	18,027	12,783	7,182	9,666
Pulaski	145,035	132,943	109,721	94,916	78,745	71,914	33,138	31,925	23,931	13,431	16,255
Russell	54,584	51,086	44,718	27,406	19,649	13,340	12,128	12,490	9,223	4,952	5,937
Taylor	66,921	58,294	47,248	41,156	33,713	18,869	20,430	19,986	14,703	9,124	12,261
Wayne	65,679	63,035	53,193	47,331	24,954	33,267	17,238	17,755	13,554	7,383	9,148

Unduplicated Patients per County by Fiscal Year



	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	FY 21-22
Adair	4,256	3,961	3,807	3,531	1,409	1,343	1,320	1,266	1,052	679	853
Casey	3,904	4,009	3,650	3,326	1,664	1,554	1,588	2,040	1,350	950	1,104
Clinton	2,600	2,552	2,307	2,106	1,238	1,158	1,121	1,162	974	700	746
Cumberland	1,980	1,905	1,852	1,781	813	742	772	799	606	471	540
Green	3,064	2,751	2,475	2,436	2,222	1,647	1,716	710	516	434	572
McCreary	5,780	5,387	5,131	4,892	4,460	4,629	2,140	2,577	1,878	1,329	1,612
Pulaski	15,534	15,230	14,070	13,389	12,290	12,079	11,730	12,749	10,134	2,681	2,860
Russell	4,590	4,466	4,146	2,243	1,719	1,570	1,539	1,758	1,454	1,033	1,148
Taylor	6,528	6,387	5,647	5,364	5,253	5,296	3,446	3,912	2,965	1,584	1,803
Wayne	5,638	5,509	5,221	4,855	2,243	2,055	2,013	2,167	1,781	1,337	1,414



Janae Tucker, RN, CCS-P
Quality Improvement and Accreditation Coordinator

Quality Improvement & Accreditation

The Lake Cumberland District Health Department was awarded voluntary national accreditation status via the Public Health Accreditation Board (PHAB) in March 2017. Health departments that meet the set of 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 initial accreditation cycle is over, but we have submitted all of our PHAB Reaccreditation required documentation (refer to the Guide to National Public Health Department Reaccreditation: Process and Requirements for more information) and are anxiously awaiting its review by PHAB in hopes of maintaining our accredited status.

Customer and annual employee satisfaction surveys were completed recently and the results remain overwhelmingly positive, indicating that both our customers and staff are pleased with the services we provide and the environment in which they work.

There are several quality improvement efforts occurring throughout our organization to improve processes and efficiency as we recover from the pandemic and prepare for public health transformation. Quality assurance activities for each program are currently being reviewed as well, and updated where needed to assure compliance with all district, state and federal requirements. Overall, the internal and external audit scores continue to excel in audited programs. 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 2022

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	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	0.00
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	81.70
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	29.00%
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	5.10%

Lake Cumberland District Health Department Strategic Plan for Fiscal Year Ending 2022 (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	Yes
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.	0.00	2.00	07/01/18	06/30/23	2.00
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	Yes
Strategy: 1.3.2.3. Track required trainings of Epi Rapid Response Team (ERRT) staff in public health response annually.	No	Yes	07/01/18	06/30/23	Yes
Measure: 1.3.2.1 LCDHD will participate in at least one tabletop or functional exercise per year.	0.00	1.00	07/01/18	06/30/23	1.00
Objective: 1.3.3. Reduce morbidity and mortality rates related to substance use disorder by 2% across the Lake Cumberland District by January 1, 2023.					
Strategy: 1.3.3.1. Implement Syringe Exchange Programs (SEPs) in 2 additional counties, currently have SEPs in 5 counties.	4.00	6.00	07/01/18	06/30/23	5.00
Strategy: 1.3.3.2. Provide community education and awareness (presentation/mass media campaign) on opiate use disorder quarterly.	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 1.3.3.3. Provide naloxone to community and first responders at community events.	Yes	Yes	07/01/18	06/30/23	Yes
Measure: 1.3.3.1 Decrease substance use disorder hospital admissions (as an indicator of morbidity) as listed in the Kentucky Injury Prevention and Research Center profiles from 3.64 to 3.5 per 1,000.	3.64	3.50	07/01/18	06/30/23	5.28
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	36.25
Priority Area: 2. Enhance Community Access, Engagement & Collaboration					
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	Yes
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	Yes
Strategy: 2.1.1.3. Promote on social media various other public health features such as: staff photos on "blue jean and colored shirt" health awareness days, various public health news related events, "52 Weeks of Health" health promotion, staff engaging in various program related activities within their communities, various other health promotion activities, etc.	Yes	Yes	07/01/18	06/30/23	Yes
Measure: 2.1.1.1 Number of Facebook followers.	8,899	10,500	07/01/18	06/30/23	23,739
Measure: 2.1.1.2 Number of YouTube followers.	44.00	100.00	07/01/18	06/30/23	496.00
Measure: 2.1.1.3 Number of Twitter followers.	566.00	600.00	07/01/18	06/30/23	757.00
Measure: 2.1.1.4 Number of Instagram followers.	179.00	300.00	07/01/18	06/30/23	763.00
Measure: 2.1.1.5 Monthly traffic to website.	9,348	10,000	07/01/18	06/30/23	11,941

Lake Cumberland District Health Department Strategic Plan for Fiscal Year Ending 2022 (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 promotion annually..	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	Yes
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	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	5.00

Lake Cumberland District Health Department

Strategic Plan for Fiscal Year Ending 2022 (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	Yes
Strategy: 3.1.1.3. All program directors made aware of annual Quality Assurance (QA) meeting opportunity and allotted time if requested.	No	Yes	07/01/18	06/30/19	Yes
Measure: 3.1.1.1 Survey staff via Survey Monkey annually to measure the increase in general program awareness.	1.00%	85.00%	07/01/18	06/30/23	85.00%
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	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: 3.2.1.2. 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	98.00%
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	100.00%
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	85.00%
Objective: 3.3.2. By June 30, 2023, revise recruitment process to entice qualified and quality applicants.					
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	2.00

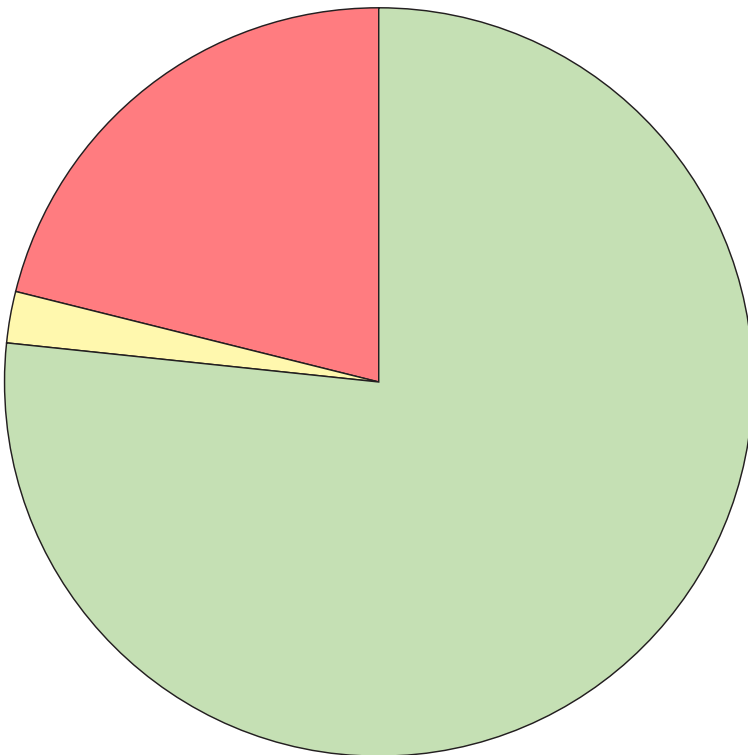
Lake Cumberland District Health Department Strategic Plan for Fiscal Year Ending 2022 (continued)

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
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	35.69%

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. Provide written agreements with community agencies to enhance and provide access to services beginning FY 2019 and ending in FY 2023.					
Strategy: 4.2.1.1. 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	15.00
Strategy: 4.2.1.2. 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: 4.2.1.3. 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: 4.2.1.1 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: 4.2.2. 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: 4.2.2.1. Review grant opportunities via popular grant promotion websites and apply for such, when appropriate.	Yes	Yes	07/01/18	06/30/23	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	5.00

Lake Cumberland District Health Department Strategic Plan for Fiscal Year Ending 2022 (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	Yes
Strategy: 4.3.1.2. Evaluate employee suggestions to determine if they would be appropriate for a QI Project.	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 4.3.1.3. Encourage Board Members to make suggestions for improvement via the monthly Board Survey included on their meeting agenda.	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 4.3.1.4. Use results from Community Health Assessments and Data Analysis Committee work to drive potential QI Projects (discuss during data analysis committee meetings).	Yes	Yes	07/01/18	06/30/23	Yes
Strategy: 4.3.1.5. Review our Public Health Accreditation Board (PHAB) Action Plan and Annual Reports response to evaluate potential QI Project opportunities.	Yes	Yes	07/01/18	06/30/20	Yes
Strategy: 4.3.1.6. Monitor performance management database and other tracking tools to identify trends to continually identify opportunities for improvement/QI project development.	Yes	Yes	07/01/18	06/30/23	Yes
Measure: 4.3.1.1 Initiate at least one population focused QI project.	0.00	1.00	07/01/19	06/30/23	0.00
Measure: 4.3.1.2 Initiate at least three QI projects annually.	0	3	07/01/18	06/30/23	3



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 2022.

Green	Yellow	Red	Unreported
66	2	18	0



Carol Huckleby, GPC
Human Resources Manager

Human Resources

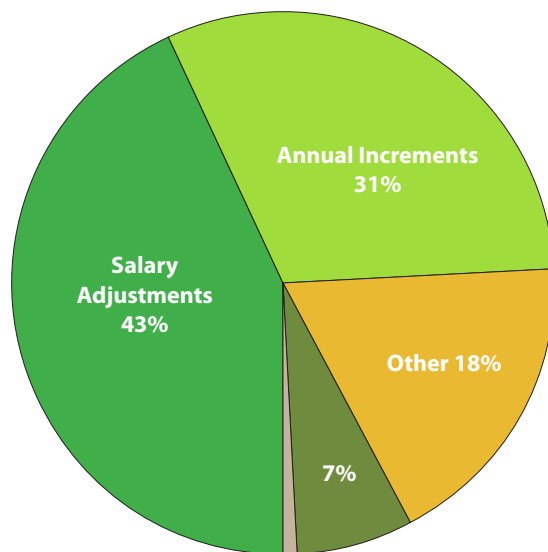
Lake Cumberland District Health Department’s Human Resources Department coordinates personnel-related activities for over 160 full-time, part-time, variable-hour, contract, and leased employees. Our key responsibilities include recruitment and hiring, policy development, administering FMLA, legal compliance and reporting, and other personnel actions within the Local Health Merit System.

2022 has been a busy year for the Human Resources Department. Our department has processed off-duty paperwork for 32 former employees and onboarded 21 new employees. Additionally, we have processed over 519 personnel actions and counting. Personnel actions relate to an employee’s salary or job titles, such as a promotion, reclassification, or annual raise.

Over the past few years, local health departments across Kentucky have struggled to find quality applicants leaving many job positions vacant. To address this, Local Health Personnel invited a group of human resource managers and executive directors to be part of an advisory panel. Carol Huckleby participated in the advisory group, which reviewed job descriptions, qualifications, and salaries for 119 classifications. The advisory committee recommended various changes to the Department for Public Health, which approved the plan in September. Our department implemented the agency’s rollout of the new LHP Comp Plan in October.

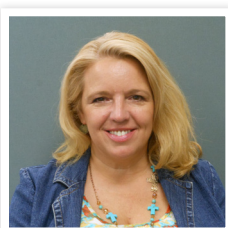
Finally, two HR team members left our agency for new endeavors. Brian Simmons and Deann Cross have joined the team, and Wilma Munsey graciously agreed to help us during the transition. Change is hard, but often it is what we need to stretch ourselves and find our greatness. I look forward to seeing how the HR department will stretch and grow as a team in the coming years.

Personnel Actions



Salary Adjustments	43%
Annual Increments	31%
Other	18%
Reclassifications/Promotions	7%
Lump Sum Payments	1%

2022 RETIREES



Donna Keen
LHN IV/Team Leader
Pulaski County
01/02/2006 - 01/31/2022



Jamie Lee
Nurse Admin., Diabetes
District
02/26/2007 - 07/31/2022



Norma Trull
Nurse Supervisor I
Pulaski County
09/26/1994 - 07/31/2022



Sylvia Ferrell
Nurse Admin., HANDS
District
02/28/2005 - 10/31/2022

2022 LCDHD EMPLOYEES

ADAIR COUNTY

Cooper, Patricia G.	SSSA 1
Hale, Pamela J.	FSW 3
Harlow, Jelaine T.	Hlth Ed Coordinator
Knight, Rhonda G.	Nurse Supv
Melson, Cynthia G.	SSSA 3
Patterson, Corey L.	H Envir 3
Smith, Melody A.	PHN 3
Troutman, Patricia E.	Interpreter
Walker, Julia B.	PHN IV
Wells, Jessica M.	PHN 1
Wilson, Kelly R.	H Educator 1

CASEY COUNTY

Bowmer, Natasha L.	Nurse Adminis
Brown, Lisa C.	Nurse Supv
Coffman, Angelia M.	Social Worker
Cornett, Isaiah J.	H Envir 1
Heeg, Jeanetta L.	CHW
Kane, Kimberly M.	SSSupv
Wesley, Michelle L.	SSSA 3

CLINTON COUNTY

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

CUMBERLAND COUNTY

Arterburn, Jessica A.	PHN IV
Capps, Heather R.	LHN Specialist
England, Amanda J.	Epidemiologist 2
Gibson, Sherri L.	Nurse Supv
Nettles, Cindy J.	SSSupv
Patterson, Chasity N.	H Envir 3

DISTRICT

Anderson, Lisa G.	PH Prog Specialist
Baker, John T.	Admin Spec 2
Cimala, Ronald	Dir Adm Ser
Cook, William L.	Janitor
Cross, DeAnn S.	Adm Sec
Dixon, Jennifer	LHN Specialist
Hamm, Priscilla J.	PH Serv Coord
Harris, Lisa A.	Admin Spec 2
Haynes, Cristy L.	Admin Spec 2
Huckelby, Carol A.	Human Res Mgr
Kindle, Linda D.	Admin Spec 2
Kingsley, John Christopher	IT Network Spec
Munsey, Wilma	Admin Spec 2
Poynter, Ashley M.	Admin Spec 2
Price Jr., Ferlin S.	PH Prep Mgr
Price, Jessica N.	Peer Counselor
Ramsey, Brian K.	Information Mgr
Simmons, Brian E.	Admin Spec 2
Simpson, Angela L.	Admin Serv Mgr
Smith, Dustin	IT Network Spec
Smith, Melinda J.	PH Prog Specialist
Tomlinson, Amy C.	PH Dir 4
Weyman, Christine	Medical Director
Young, Roger A.	Maintenance Per

GREEN COUNTY

Burriss, Brian H.	Maint Supv
Bush, Kaylene W.	Nurse Supv
Taylor, Sue A.	SSSupv

McCREARY COUNTY

Cima, Amber L.	Peer Counselor
Howard, Karena C.	FSW 1
Jones, Whitney E.	PHN IV
King, Tammy J	FSW 3
Lawson, Melissa G.	FSW 3
Miller, Mary E.	Nurse Supv
Phillips, Cynthia A.	Nurse Program Mgr
Stephens, Courtney L	H Envir 3
Summers, Tabitha	Janitor
Tucker, Kimberly A.	SSSupv
Tucker, Melissa K.	SSSA 3
Watters, Tara D.	PHN 3
Whitehead, Terri N.	FSW 3

2022 LCDHD EMPLOYEES (continued)

PULASKI COUNTY

Adams, Susan J.	PH Serv supv
Baker, Tiphani S.	H Educator 1
Barber, Kathy J.	FSW 3
Barber, Samantha M.	CHW
Bender, Brigette E.	SSSupv
Brown, Allison K.	PHN 1
Bubnick, Sandra	Interpreter
Casada, Kristin N.	H Educator 1
Catron, Tammy E.	SSSA 3
Chambers, Gabriela	Interpreter
Crabtree, Samantha	Nurse Supv
Davis, April D.	FSW 3
Denney, Monica D.	SSSA 3
Gregory, Dorthy	SSSA 3
Hall, Karen S.	PHN 3
Hamilton, Jeremy S.	H Envir 3
Harris, Jennifer Kay	APRN
Hickman, IV Jefferson	Env Hlth Prog Mgr
Jenkins, Tamara L.	PH Prog Specialist
Jones, Melissa D.	PH HANDS Spec
Livesay, Vickie F.	SSSA 1
Mayberry, Deborah E.	PH HANDS Spec
McKnight, Belinda K.	SSA 3
Merrick, Sabrina L.	LHN Specialist
Miller, Kathryn B.	APRN
Osborne, Deana S.	SSSA 3
Piercy, Amy N.	PHN IV
Poynter, Peggy L.	Adm Sec
Ritterbach, Amber N.	CHW
Simpson, Jarrod W.	H Envir 3
Spillman, Michael S.	Env Hlth Dir
West, Brian D.	Janitor

RUSSELL COUNTY

Aaron, Tracy	H. Ed Director
Collins, Arlena BethAnn	PH HANDS Spec
Dial, Brenda S.	PHN IV
Dye, Jonathan P.	H Envir 3
Fox, Brittany K.	Peer Counselor
Garner, Candi L.	SSSA 3

RUSSELL COUNTY (continued)

Gosser, Jane C	SSSupv
Irvin, Angela R.	PHN 1
Kean, Bridgett M.	Nurse Supv
Mann-Polston, Connie M.	PH HANDS Spec
Massengill, Holly	FSW 3
Miller, Steffani D.	CHW
Montanez-Solorio, Yazmin	Interpreter
Roberson Daulton, Shirley A.	Hlth Ed Coordinator
Wilson, Melinda L.	FSW 3
Wilson, Melinda L.	FSW 3
Woodrum, Laura E.	Dir of Nursing

TAYLOR COUNTY

Arnold, Connie M.	PHN 3
Cowherd, Janet F	PHN 3
Day, Ashley D.	PHN 3
Ford, Ricky L.	Janitor
Franklin, Anita L.	PHN 3
Harrison, Martha	SSSA 1
Harrison, Megan R.	Nurse Supv
Hudgins, Earl T.	Maintenance Tech
Lewis, Savannah L.	PH HANDS Spec
Matthews, Shannon M.	SSSupv
Moss, Cody	Maintenance Tech
Pickett, Tammy G.	FSW 3
Price, Madison	H Envir 1
Whitfill, Dawn P.	PHN 3
Wright, Tracy D.	SSSA 3

WAYNE COUNTY

Atkinson, Rebecca R.	FSW 3
Beaty, Shannon G.	H Educator 2
Daniels, Shirley D.	SSSupv
Harris, Jessica L.	Peer Counselor
Huff, Amy M.	PHN 1
Irwin, Lydia S.	PH HANDS Spec
New, Tishanna M.	PH Prog Specialist
Prater, Sabrina R	PHN IV
Ramsey, Mary F.	PH HANDS Spec II
Redman, Laura D.	LHN Specialist
Rhule, Crissa S.	FSW 1
Rose, Harley J.	SSSA 1
Spears, Lora B.	H Envir 3
Tucker, Anna Janae	Nurse Adminis
Turner, Lori C.	Nurse Supv



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

Casey County Health Department

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

Clinton County Health Department

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

Cumberland County Health Department

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

Green County Health Department

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

McCreary County Health Department

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

Pulaski County Health Department

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

Russell County Health Department

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

Taylor County Health Department

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

Wayne County Health Department

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



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