

2024-2025

**ANNUAL IMPACT REPORT JULY 1, 2024 - JUNE 30, 2025** 

PROUDLY SERVING:
ADAIR, CASEY, CLINTON,
CUMBERLAND, GREEN,
MCCREARY, PULASKI, RUSSELL,
TAYLOR, AND WAYNE
COUNTIES



### **FY24-25 ANNUAL IMPACT REPORT**

#### **TABLE OF CONTENTS**

Mission, Vision and Values	3
Director's Comments	4
LCDHD Overview	5
Health Policy and Promotion	
Maternal and Child Health Program	12
Environmental Health Services	13
Preparedness	14
Communicable Disease	
Ryan White Program Part B	16
Media and Communications	17
IT Department	18
Human Resources	19
Clinic Services	20
WIC Program	21
Breastfeeding Program	22
HANDS Program	
HRSEP	24
CARE Program	25
Wellness Outreach and Education Program	26
Community Health Assessment Overview	27
Committee Updates	38
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#### CORE PUBLIC HEALTH

#### **FOUNDATIONAL PUBLIC HEALTH**

includes statutorily and regulatorily defined services:

- 1. Population Health
- Enforcement of Regulation Emergency Preparedness &
- Response Communicable disease control
- 5. Administrative and organizational infrastructure

**Community Health Assessment** 

WIC

**HANDS** 

HARM REDUCTION & SUD

**Local Public Health Priorities** 









### LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT

SERVING RESIDENTS AND VISITORS OF:

- \*ADAIR COUNTY
- \*CASEY COUNTY
- \*CLINTON COUNTY
- \*CUMBERLAND COUNTY
- \*GREEN COUNTY
- \*MCCREARY COUNTY
- \*PULASKI COUNTY
- \*RUSSELL COUNTY
- \*TAYLOR COUNTY
- \*WAYNE COUNTY

#### **CORE PUBLIC HEALTH**

### FOUNDATIONAL PUBLIC HEALTH

Five focus areas, which includes statutorily and regulatorily defined services:

- 1. Population Health
- 2. Enforcement of Regulation
- 3. Emergency Preparedness & Response
- 4. Communicable disease control
- 5. Administrative and organizational infrastructure

**Community Health Assessment** 

WIC

**HANDS** 

HARM REDUCTION & SUD Local Public Health Priorities



#### **OUR MISSION**

To promote and protect the health of all who live, work, learn and play throughout the Lake Cumberland area.

#### **OUR VISION**

A healthy today for a brighter tomorrow!

#### **OUR VALUES**

- Excellence
- Innovation
- Leadership
- Trust
- Service

## Director's Comments FY24-25



Welcome to the 2025 Lake Cumberland District Health Department Annual Impact Report. Once again, I am pleased to share our numbers and information with you to paint a picture of the reach of our public health services across the Lake Cumberland area. We truly touch all corners of our communities.

This past year, LCDHD completed its Community Health Assessment (CHA), a requirement for us every five years. We are pleased to share some of that information here with you. We are also working to have this information available on our website for those of you who might want to look at it in a more detailed review. This CHA process allows us to identify local health priorities and plan our programs to address those needs. Community input in the process is vital and helps guide the agency's strategic planning process.

It remains my great honor to serve this agency and our communities. I am ever amazed by the dedicated staff who continually perform their duties to the highest levels of excellence and professionalism.

With LCDHD purpose and good health,





### **Executive Team**



Amy Tomlinson, MPH Executive Director

Christine Weyman, MD, PhD, FAAP Medical Director





Laura Woodrum, RN, BSN

Assistant Director

Natasha Bowmer, RN, BSN

Director of Nursing





Tracy Aaron, CHES
Health Education Director

Ron Cimala

Director of Administrative

Services





Carol Huckelby, GPC Human Resource Manager

Whitney Jones, RN, BSN
HANDS Director





Sam Price, RS
Public Health Preparedness
Manager

Angela Simpson

Administrative Support

Coordinator





Stuart Spillman, RS, REHS Environmental Director

Janae Tucker, RN, CCSP EPI Team Nurse Manager





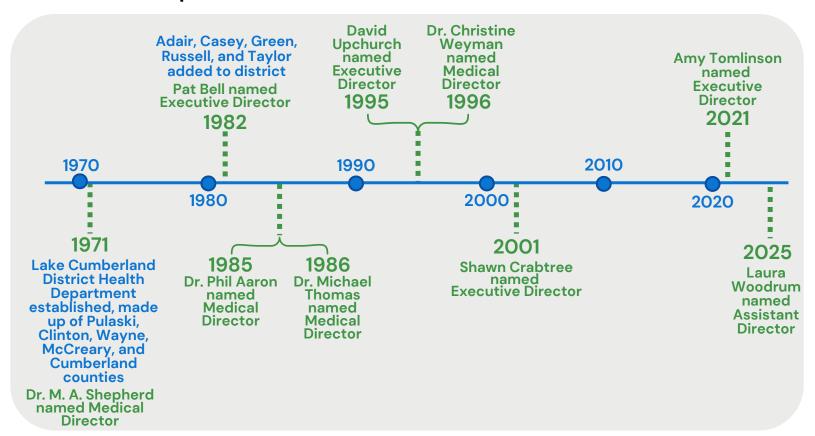


### History of Lake Cumberland District Health Department

Lake Cumberland District Health Department (LCDHD) was created in 1971, making it the first District Health Department in the state of Kentucky. It originally consisted of 5 counties – Pulaski, Clinton, Wayne, McCreary, and Cumberland. In 1982, the counties of Adair, Casey, Green, Russell, and Taylor were added to the district, making it the 10 county district that it is today.

The land covered by the Lake Cumberland District is around 3,613 square miles with a population of approximately 208,000. Somerset is the largest city in the 10 county area with a population of approximately 12,100.

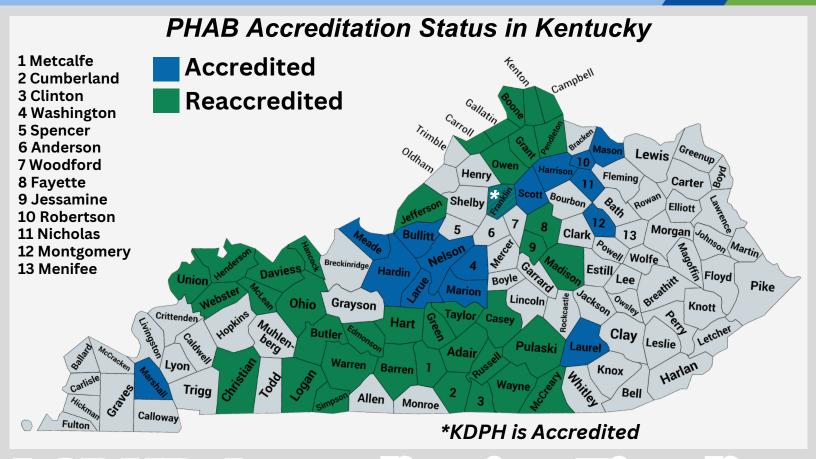
The LCDHD is governed by a 30-member board of directors with representation from each county's local board of health. The board is comprised of county judge executives, physicians, nurses, dentists, veterinarians, optometrists, and citizen members.







### Accreditation



# **LCDHD Accreditation Timeline**



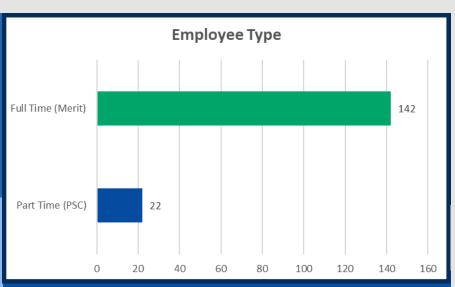




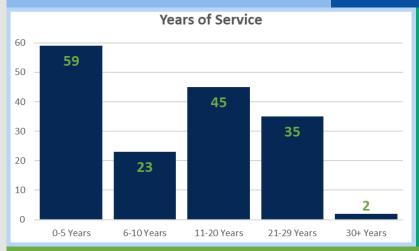
### Employee Statistics

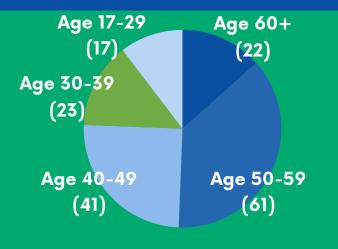
### FY24-25

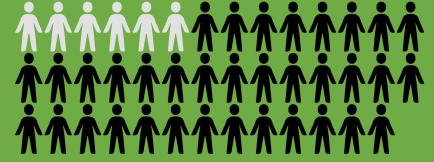




### Age Range of Employees







Gender 142 - Female 24 - Male





### **Employee Recognition**

### FY24-25



August 2024: Kim Tucker-McCreary









October 2024: Jennifer Dixon-District



December 2024: Cindy Melson-Adair











February 2025: Harley Rose-Wayne



**April 2025: Brittany Murphy-Casey** 









June 2025: Mary Beth Miller-McCreary





Employee Suggestions Adopted







# **Board Recognition Years of Service**

### 45 Years

Lora Elam Dolen, RN, Wayne Judith Brown, RN, Clinton

### 40 Years

Dr. Garth Bobrowski, Green Dr. Robert Flowers, Cumberland

### 35 Years

Dr. Gary Partin, Adair Dr. Brian Dyer, Cumberland

### Years

Reginald Chaney, Pulaski Don Cooper, Russell Mary DeSpain, Green Dr. Bruce Jasper, Pulaski Dr. Susanne Lee, Russell

Dr. Michael Shuffett, Green Dr. James Sawyer, Wayne Dr. Donald Wilkey, Casey Rita Wright, McCreary Jake Staton, Clinton

### 25 Years

Dr. Susan Cash, Clinton Kay King, RN, Casey Dr. Housam Haddad, Casey Dr. John Price, Casey Dr. Marlene Richardson, Taylor Linda Lee, Casey

#### 20 Years

Dr. Darrell Coffey, Russell Dr. Thomas Rogers, Taylor Sue Singleton, McCreary Vesta Edwards, Wayne Dr. Harvey Schleter, Pulaski

Dr. Jim Muse, Pulaski Mickey Garner, Russell Karen Dalton, RN, Russell Teresa Collison, RPh, Green Dr. Paul Patterson, Green Terry Allan Lawson, APRN, McCreary

### 15 Years

Glenda Bagby, ARNP, Green Pam Bills, APRN, Green Dr. Mark Risen, Green Billy Coffey, Adair Patty Guinn, RPh, Pulaski Azalie Egnew, McCreary Joe Silvers, RPh, Wayne

Dr. Arthur Haley, Taylor Dr. Stephanie Jones, Russell Dr. Robert Drake, Pulaski **Dr. Darin Cundiff, Casey** Dr. H. James Popplewell, Russell Dr. Stephen McKinley, McCreary Gina Lee-Watson, Cumberland Dr. Heather Brown-Conner, Clinton

Gina Goode, Casey Dan Durham, Taylor Rodney Dick, Pulaski Lee Ann Jessee, Adair

Dr. Jerome Dixon, Taylor Dr. Jacob Burton, Adair Judge John Frank, Green Matt Jackson, RPh, Adair

Terry Waddell, Russell Lauren Dyer-Hurt, Cumberland Judge Jimmie Greene, McCreary Sherie Loy-Helm, RPh, Russell Laura Ann Roberts, RPh, Clinton Jennifer Overstreet, ARNP, Casey Tabatha Shelton, Cumberland Kristen Branham, RN, Cumberland Dr. Holly Von Gruenigen, Russell Dr. John G. Stephenson, Cumberland

### 10 Years

Dr. Janella Brown, Adair Judge Randy Dial, Casey Dr. Catherine Feese, Adair Martha Johnson, McCreary Rebecca Whitis, ARNP, Pulaski Doug Williams, ARNP, Cumberland Joseph Michael Morgan, RPh, Cumberland Dr. Shane DeSimone, Green Jay Eastridge, RPh, Taylor Dr. David Hesson, Taylor Dr. Richard Miles, Russell Dr. Gayle Phillips, Taylor **Grady Wilson, McCreary** 

Gary White, Cumberland

Carol Denney, APRN, Clinton

### 5 Years

Dr. James Bergin, Adair Debbie Cowan, Adair Dr. Phillip Hays, Taylor Dr. Tonya Shea, Pulaski Judge Barry Smith, Taylor Emily Ross, APRN, McCreary Sheri Hutchison, RN, Adair

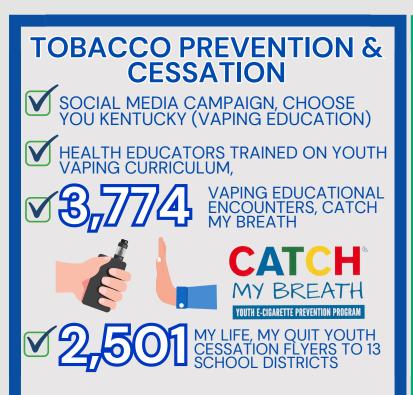
**Greg Tungate, Taylor** Joanna Gregory, Wayne **Judge Ricky Craig, Clinton** Lisa Haliday, RN, Taylor Dr. Joseph Brown, Wayne Christy N. Stearns, Clinton Jennifer Shugars, RPh, Casey Dr. Michael Wilson, Clinton Wesley Murphy, RPh, McCreary Jennifer West, ARNP McCreary





# Health Policy and Promotion

FY24-25













### Maternal and Child Health Program

FY24-25

**Injury Prevention Projects** 

Animal Bites
ATV Safety
Bullying/Suicide
Car Seat Safety
Choking Hazards
Cyber Safety
Drunk Driving
Fire Safety
Substance Abuse
Water Safety



children and youth injury prevention project booklets distributed during outreach events

4,255

Amazing Moms booklets distributed (English & Spanish version now available!)



Pack 'n Plays distributed through the safe sleep initiative



community
events providing
education on
infant safe sleep
and prevention
of abusive head
trauma

CATCH

counties

Implemented the Coordinated Approach to Child Health program, weekly teaching sessions with the children throughout the school year.

CATCH is a nutritional and physical activity evidence based curriculum.

Head Start classrooms







### **Environmental** Health Services

FY24-25



### **Public Facility Inspections**

(pools, schools, hotels/motels, mobile home and rv parks, etc.)



526



**On-Site Sewage System Inspections** 



**Childhood Lead Poisoning Prevention Program** 

Home Visits for Lead Investigations





**Food Service Inspections** 



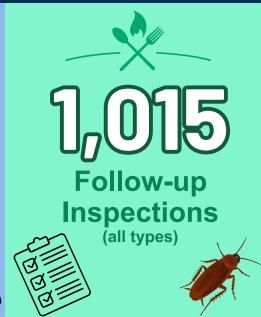






**Nuisance Complaints** Investigated









### FY24-25

### **Regional Courses**

- KYEM Applicant Training
- HAM Amateur radio training/certification

### **Coalitions**



 Hosted Regional Healthcare Coalition Meetings

#### **Regional Events**

- Regional MASH (Mobile ASPR Sustainable Hospital) event
- Regional MRSE (Medical Response Surge Event)

# Preparedness Related Media:

- 327,847 audio downloads
- 3,873 PSAs

# Community Preparedness Meetings

- Assist First Responders during local air show
- Disaster preparation for those with disabilities
- Disaster preparation for volunteer community organizations/individuals

#### Received Grants for Emergency Communications:

- Rapid Radios
- HAM Radios





15 social media posts were made with 10,756 views



Performed multiple communication drills with agency partners

Expansion of the Access and Functional Needs (AFN)
Resource Library

Participated in National
Great Shakeout
earthquake drill

### Tornado Response

The Preparedness Team was involved in the tornado response in Pulaski and Russell Counties.

There were 27 social media posts that generated 91,788 views.



Pulaski County tornado, May 17th





### Communicable Disease FY24-25



Reported COVID-19 outbreaks in long-term care facilities investigated

Reported Influenza outbreaks in long-term care facilities investigated



Reportable Diseases Meeting CDC Case Definition: Probable or Confirmed



Tuberculosis investigations =



27 Latent Tuberculosis infections



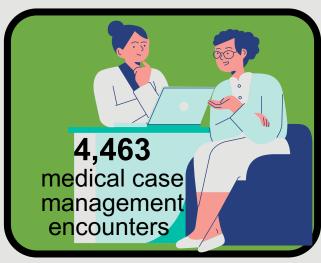
Completed outreach visits and distributed reportable disease educational materials to all healthcare providers districtwide.





The Ryan White Program offers medical and social support services, referrals, and guidance for HIV-positive patients living in Central and Eastern Kentucky.





Medical transportation assistance provided for **107** clients





Emergency financial assistance provided to 75 clients









# Media and Communications

FY24-25

Highest viewed boosted ad post had **50,816** views



34 nominations received for Dr. Hossein Fallahzadeh Public Health Hero Award this year won by Dr. Joe Weigel





Initiated recording staff interviews about working at LCDHD

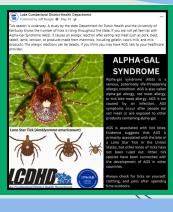
Facebook Live for each county for the Back to School Events







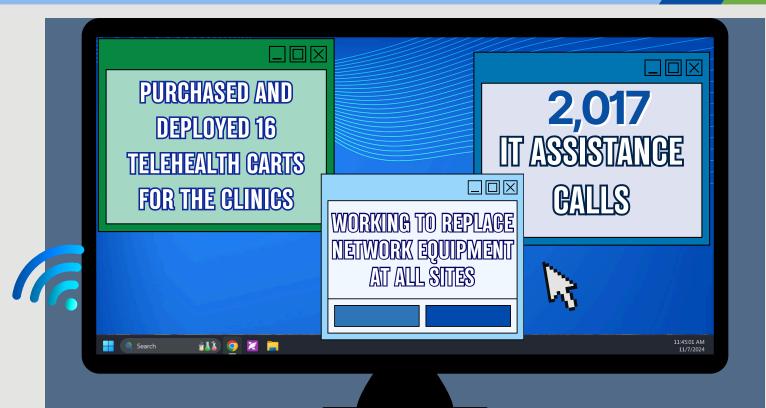
Surpassed **25,000**facebook followers



Highest viewed non ad boosted post had **45,678** views







~20,000
INCOMING CALLS TO ALL
SITES THIS YEAR

DEVELOPED THEIR OWN
LEARNING FORUM TO
DISCUSS VARIOUS IT
CHALLENGES WITH OTHER IT
TEAMS ACROSS THE STATE



THIS ADDS UP TO 254 HOURS, 22
MINUTES AND 26 SECONDS SPENT
ON PHONE CALLS TO OUR OFFICES





### Human Resources

FY24-25

\*includes summer workers



other personnel actions (worker change actions. lump sum payments, etc)



retired



Worker's Compensation



Requests

Implemented new drug and alcohol screening program

Conducted comprehensive review of HR policies

**Updated Employee** Handbook

workday. Wednesday emails (monthly) and mini-tutorials

Cases

presentations conducted at the annual KPHA conference

Implemented new procedure for annual driving record check through the KY

> **Department of Transportation**

**Completed Driver's** Safety initiative (9 modules) with zero automobile accidents reported



Coordinated annual open enrollment and managed the distribution of 1095 C tax form

**Developing a series of** "Lunch and Learns" to assist supervisors and staff with the transition to the new performance evaluation process





### Clinic Services

FY24-25

3,593

Childhood Adult Immunizations

1,815
Adult
Immunizations

677

Women's Health
Preventive
Screenings





New Electronic Health Record Implemented in January 2025!

Adair County initiated an HPV vaccine promotion project with funds awarded by their local board of health.



1,880



Tuberculosis Screenings 592
Sexually
Transmitted
Disease
Screenings

Pb

157
Pediatric
Lead
Screenings

**Back to School Events** 

924 Attendees



138 Immunizations

477
Pregnancy
Tests





### WIC Program

Women, Infants and Children

FY24-25



#### WIC

Women, Infants and Children (WIC) can help you with your grocery budget each month. WIC encourages healthy eating with supplemental foods, nutrition education and breastfeeding support for pregnant/postpartum women, infants and children.

### WIC Nutrition Project

In Wayne County, the LCDHD WIC Program has joined forces with the local Farmers Market and the UK Cooperative Extension Office to offer interactive classes that teach essential skills like: safe

handling of produce, home-canning and preserving techniques, easy and nutritious cooking methods, proper storage for maximum freshness. These hands-on classes empower participants with the knowledge and confidence to prepare healthy meals at home while making the most of local produce. We're excited to continue supporting healthy

living through fresh food

access and nutrition education.



**Wayne County** 

# WIC Participation Participation 7400 7200 7000 6800 6400 6200 6000 MILLA AUBLA SERLA OCELA NOVLA DECLA JAPLE EBLE NOVLE APPLE NOVLE NOV

### Farmers' Market Vouchers

Amount Per Servin	g
Calories 250	Calories from fat 10
Adair County	28.16%
Casey County	9.30%
Clinton County	11.36%
Cumberland Cour	ntv 28.40%
Cumberiand Coul	
Green County	42.10%
McCreary County	28.71%
Pulaski County	25.46%
Russell County	22.75%
Taylor County	37.58%
Wayne County	43.90%

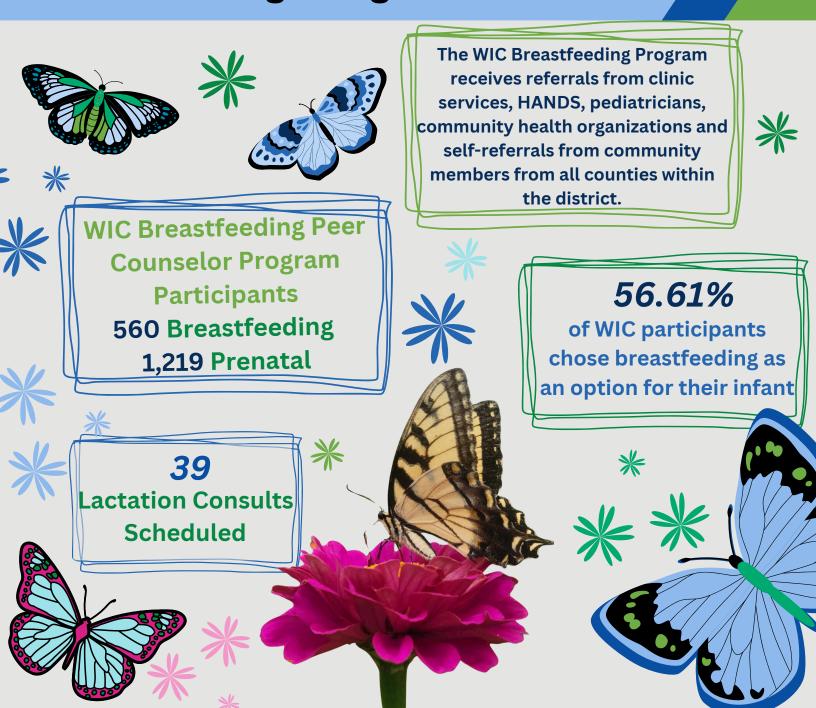
\*No local participating Farmers' Markets in Casey or Clinton Counties.







### Breastfeeding Program FY24-25





BREASTFEEDING
IS ALWAYS
WORTH IT!









Every family needs an extra pair of HANDS.

The HANDS program is a free voluntary home visiting service provided to expecting parents up until the child turns two years old. Home visitors are trained in using an evidence-based curriculum to empower parents with skills needed to become great parents. HANDS staff assist parents through the different stages of their child's growth and development.



Total Visits



556 **Families Enrolled** 141 **Families Graduated** 

122 Health **Department** Referrals

**Mental Health** Referrals

First Step Referrals Physician Referrals





FY24-25



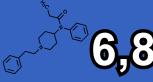
**1,560**Participants



Community Outreach and Education Events







Fentanyl Test Strips Provided



Xylazine Test Strips
Provided



Hepatitis C Virus Tests Performed



#### **Education Provided At Visits:**

- Proper syringe disposal
- Risk reduction
- Viral Hepatitis prevention
- HIV transmission prevention
- STD prevention
- Overdose prevention/response
- Drug treatment referrals and resources

### **Did You Know?**

- LCDHD operates 5 of the 81 syringe of exchange sites in Kentucky
- LCDHD partners with University of Kentucky to provide telehealth treatment for Hepatitis C





298,144
Syringes
Collected

Naloxone Kits Provided

2,364

Find
Naloxone





### **CARE Program**

Comprehensive Addiction Referral Education

FY24-25

310

Clients completed Anger Management Classes 1,065

Incarcerated individuals completed classes in Casey, Pulaski, Russell, Taylor and Wayne County Detention Centers

181 Trauma Classes Untangling Relationships Classes

Thinking for Good

Classes

PORTAL New Direction Classes 223

Incarcerated individuals completed MRT classes (a cognitive-behavioral treatment system that leads to enhanced moral reasoning)

Clients completed Parenting Classes

SMART Recovery Classes





### Wellness Outreach and Education Program

FY24-25



Diabetes SelfManagement Education
offered in-person
districtwide and virtually
across the state



Community
Outreach
Events
reaching
2,800+
people



(CE)

Healthy living with Diabetes Kentucky Department for Public Health articipants

26% of participants decreased their Hemoglobin A1c

Kentucky Prescription Assistance Program

8 clients assisted



Kentucky Office of Community Health Workers

300+ Individuals connected with community resources



109
Diabetes
education /
prevention
presentations
and classes









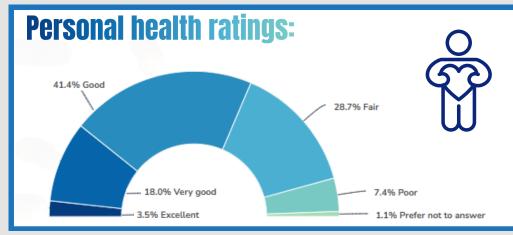
# Lake Cumberland District Community Health Assessment Overview

# Top Strengths of the Community:

- **1. Good place to raise children** (36.4%)
- **2. Religious/Spiritual Values** (35.8%)
- 3. Good schools (32.7%)
- 4. Low crime (30.0%)
- **5. Access to healthcare (23.8%)**

### **Top Risk Factors:**

- 1. Substance misuse (43.1%)
- 2. Lack of a livable wage (38.3%)
- 3. Housing Insecurity (22.5%)
- 4. Poor eating habits (21.2%)
- 5. Lack of/inadequate health insurance (21.2%)



66.6%

were satisfied that the health department has made a positive impact

30.0% were neutral

# Barriers That Prevent Receiving of Health Services:

- 1. None (46.2%)
- 2. Out of pocket costs (26.3%)
- 3. Lack of providers/specialists (12.8%)
- 4. Unable to take time off work (8.6%)
- **5. Lack of convenient appointment times (6.8%)**

agree that
their
county is a
good place
to raise
children

66.1%
are
satisfied
with the
health care
in their
county

agree that their county is somewhat healthy or very healthy







# Adair County Community Health Assessment Overview

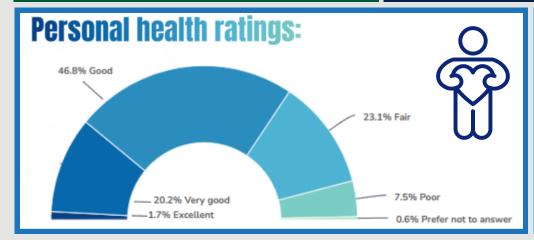
# Top Strengths of the Community:

- **1. Good place to raise children** (59.0%)
- 2. Good schools (54.3%)
- 3. Low crime (46.2%)
- **4. Religious/Spiritual Values** (34.7%)
- **5. Strong family life (26.0%)**

# Top Risk Factors in Adair County:

- 1. Lack of a livable wage (63.0%)
- 2. Substance misuse (57.8%)
- 3. Poor eating habits (30.6%)
- **4. Lack of exercise (23.1%)**
- **5. E-cigarette use (18.5%)**





77.5%

were satisfied that the health department has made a positive impact

22.5% were neutral

### Barriers That Prevent Receiving of Health Services:

- 1. None (70.5%)
- 2. Out of pocket costs (15.0%)
- 3. Unable to take time off work (8.1%)
- 4. Lack of providers/specialists (6.4%)
- 5. Lack of convenient appointment times (4.6%)

98.2%
agree that
Adair
County is a
good place
to raise
children

90.1%
are
satisfied
with the
health care
in Adair
County

agree that
Adair County
is
somewhat
healthy or
very healthy







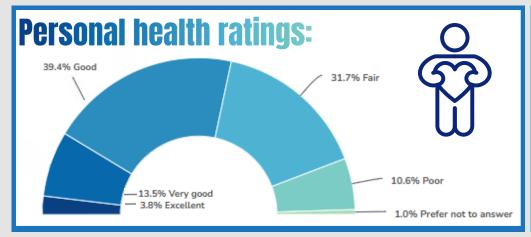
# Casey County Community Health Assessment Overview

# Top Strengths of the Community:

- 1. Religious/Spiritual Values (35.6%)
- 2. Access to health care (31.7%)
- 3. Strong family life (27.9%)
- **4. Good place to raise children** (26.0%)
- **5. Good schools (24.0%)**

# Top Risk Factors in Casey County:

- **1. Substance misuse (45.2%)**
- 2. Lack of a livable wage (39.4%)
- 3. Housing Insecurity (31.7%)
- 4. Inadequate health insurance (30.8%)
- 5. Poor eating habits (29.8%)



58.6%

were satisfied that the health department has made a positive impact

37.4% were neutral

# Barriers That Prevent Receiving of Health Services:

- 1. None (42.3%)
- 2. Out of pocket costs (29.8%)
- 3. Lack of providers/specialists (23.1%)
- 4. Unable to afford transportation (6.4%)
- 5. Lack of information about where to obtain services (4.6%)

agree that
Casey
County is a
good place
to raise
children

51.0%
are
satisfied
with the
health care
in Casey
County

agree that
Casey
County is
somewhat
healthy or
very healthy







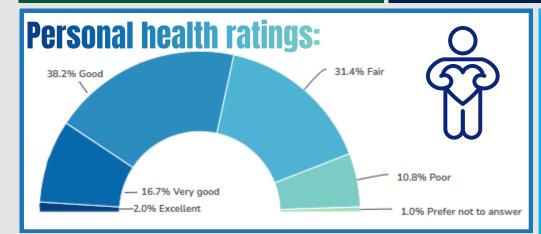
# Clinton County Community Health Assessment Overview

# Top Strengths of the Community:

- **1. Good place to raise children** (34.3%)
- **2. Religious/Spiritual Values** (34.3%)
- 3. Low crime (32.4%)
- 4. Access to health care (27.5%)
- **5. Good schools (22.5%)**

# **Top Risk Factors in Clinton County:**

- **1. Substance misuse (34.3%)**
- 2. Lack of a livable wage (28.4%)
- 3. Inadequate health insurance (24.5%)
- **4. E-cigarette use (20.6%)**
- 5. Access to health care (19.6%)



73.0%

were satisfied that the health department has made a positive impact

22.0% were neutral

### Barriers That Prevent Receiving of Health Services:

- 1. Out of pocket costs (34.3%)
- 2. None (26.5%)
- 3. Lack of providers/specialists (14.7%)
- **4. Unable to afford transportation (11.8%)**
- 5. Unable to take time off work (9.8%)

87,0%
agree that
Clinton
County is a
good place
to raise
children

63.4% are satisfied with the health care in Clinton County

agree that
Clinton
County is
somewhat
healthy or
very healthy







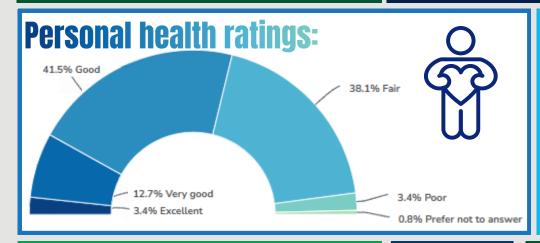
# Cumberland County Community Health Assessment Overview

# Top Strengths of the Community:

- **1. Low crime (42.4%)**
- 2. Good place to raise children (36.4%)
- **3. Religious/Spiritual Values** (35.6%)
- **4. Strong family life (24.6%)**
- **5. Access to health care (23.7%)**

# **Top Risk Factors in Cumberland County:**

- 1. Lack of a livable wage (41.5%)
- **2. Substance misuse (33.9%)**
- 3. Inadequate health insurance (30.6%)
- 4. Poor eating habits (24.6%)
- **5. E-cigarette use (22.9%)**



60.0%

were satisfied that the health department has made a positive impact

34.5% were neutral

### Barriers That Prevent Receiving of Health Services:

- **1. None (36.4%)**
- 2. Out of pocket costs (26.3%)
- 3. Lack of providers/specialists (11.9%)
- 4. Fear of judgement/discrimination (8.5%)
- 5. Lack of convenient appointment times (9.8%)

912%
agree that
Cumberland
County is a
good place
to raise
children

60.7% are satisfied with the health care in Cumberland County

agree that
Cumberland
County is
somewhat
healthy or
very healthy







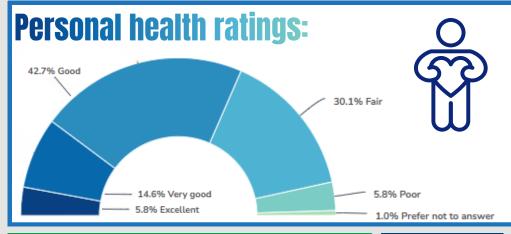
# Green County Community Health Assessment Overview

# Top Strengths of the Community:

- **1. Good schools (49.5%)**
- 2. Good place to raise children (38.8%)
  3. Low crime (36.9%)
- **4. Religious/Spiritual Values (29.1%)**
- 5. Access to health care (27.2%)

# Top Risk Factors in Green County:

- 1. Lack of a livable wage (37.9%)
- 2. Substance misuse (27.2%)
- 3. Inadequate health insurance (25.2%)
- 4. Lack of exercise (24.3%)
- 5. Housing insecurity (22.3%)



70.9%

were satisfied that the health department has made a positive impact

28.2% were neutral

### Barriers That Prevent Receiving of Health Services:

- 1. None (47.6%)
- 2. Out of pocket costs (20.4%)
- 3. Unable to take time off work (7.8%)
- 4. Lack of providers/specialists (7.8%)
- 5. Disability (physical/mental) (6.8%)

agree that
Green
County is a
good place
to raise
children

72.5% are satisfied with the health care in Green County

agree that
Green
County is
somewhat
healthy or
very healthy







# McCreary County Community Health Assessment Overview

# Top Strengths of the Community:

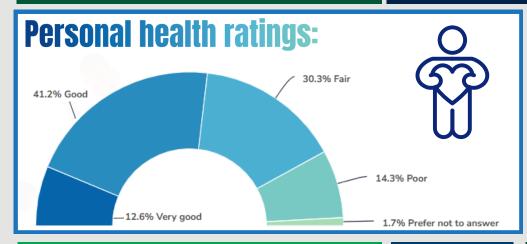
1. Religious/Spiritual Values (40.3%)
2. Good place to



- raise children (26.1%)
- 3. Strong family life (26.1%)
- **4. Good schools (23.5%)**
- **5. Low crime (20.2%)**

# **Top Risk Factors in McCreary County:**

- 1. Lack of a livable wage (44.5%)
- 2. Substance misuse (35.3%)
- 3. Housing insecurity (24.4%)
- 4. Inadequate health insurance (24.4%)
- 5. Access to healthcare (16.8%)



68.1%

were satisfied that the health department has made a positive impact

29.3% were neutral

### Barriers That Prevent Receiving of Health Services:

- 1. None (46.2%)
- 2. Out of pocket costs (23.5%)
- 3. Unable to afford transportation (9.2%)
- 4. Lack of providers/specialists (9.2%)
- 5. Lack of information about where to obtain services (7.6%)

72.8%
agree that
McCreary
County is a
good place
to raise
children

64.6% are satisfied with the health care in McCreary County

agree that
McCreary
County is
somewhat
healthy or
very healthy







### Pulaski County Community Health Assessment Overview

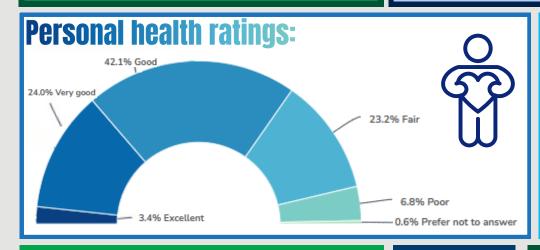
# Top Strengths of the Community:

1. Good place to raise children (36.7%)

- 2. Religious/Spiritual values (35.3%)
- 3. Good schools (32.5%)
- 4. Low crime (31.1%)
- **5. Parks and recreation (25.1%)**

# Top Risk Factors in Pulaski County:

- **1. Substance misuse (48.6%)**
- 2. Housing insecurity (30.8%)
- 3. Lack of a livable wage (30.2%)
- 4. Poor eating habits (23.4%)
- 5. Inadequate health insurance (23.4%)



65.1%

were satisfied that the health department has made a positive impact

29.4% were neutral

### Barriers That Prevent Receiving of Health Services:

- 1. None (43.5%)
- 2. Out of pocket costs (33.1%)
- 3. Lack of providers/specialists (18.1%)
- 4. Lack of convenient appointment times (9.6%)
- 5. Unable to take time off work (9.3%)

agree that
Pulaski
County is a
good place
to raise
children

51.4% are satisfied with the health care in Pulaski County

agree that
Pulaski
County is
somewhat
healthy or
very healthy





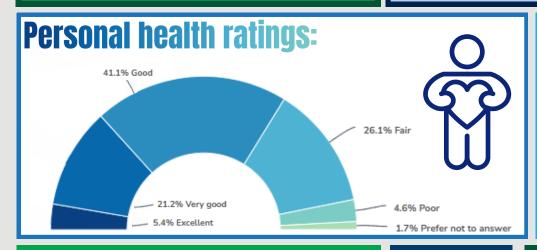
### Russell County Community Health Assessment Overview

### **Top Strengths of the Community:**

- **1. Religious/Spiritual Values (59.0%)**
- 2. Good place to raise **ehildren (54 30/6)**
- **3. Good schools (46.2%)**
- to health care (34.7%)
- 5. Low crime/safe neighborhoods (26.0%)

### **Top Risk Factors in Russell County:**

- 1. Substance misuse (46.9%)
- 2. Lack of a livable wage (32.0%)
- 3. Poor eating habits (23.2%)
- **4. E-cigarette use (18.3%)**
- **5. Tobacco use (17.4%)**



were satisfied that the health department has made a positive impact

**27.0%** were neutral

### **Barriers That Prevent Receiving of Health Services:**

- **1. None (51.0%)**
- 2. Out of pocket costs (25.7%)
- 3. Lack of providers/specialists (11.2%)
- 4. Unable to take time off work (10.0%)
- 5. Lack of convenient appointment times

(6.20/0)

agree that Russell **County** is a good place to raise children

**75.5**% are satisfied with the health care in Russell County

agree that Russell **County is** somewhat healthy or very healthy







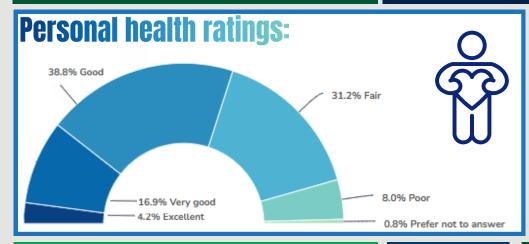
# Taylor County Community Health Assessment Overview

# Top Strengths of the Community:

- **1. Religious/Spiritual Values (35.6%)**
- 2. Access to health care (31.7%)
- 3.Strong family life (27.9%)
- **4. Good place to raise children** (26.0%)
- **5. Good schools (24.0%)**

# **Top Risk Factors in Taylor County:**

- 1. Substance misuse (43.5%)
- 2. Lack of a livable wage (38.4%)
- 3. Housing insecurity (31.6%)
- 4. Poor eating habits (22.4%)
- **5. Inadequate health insurance** (16.9%)



61.2%

were satisfied that the health department has made a positive impact

36.6% were neutral

### Barriers That Prevent Receiving of Health Services:

- 1. None (41.9%)
- 2. Out of pocket costs (25.4%)
- 3. Lack of providers/specialists (10.2%)
- 4. Unable to take time off work (8.5%)
- 5. Disability- physical/mental (8.1%)

agree that
Taylor
County is a
good place
to raise
children

66.9% are satisfied with the health care in Taylor County

agree that
Taylor
County is
somewhat
healthy or
very healthy







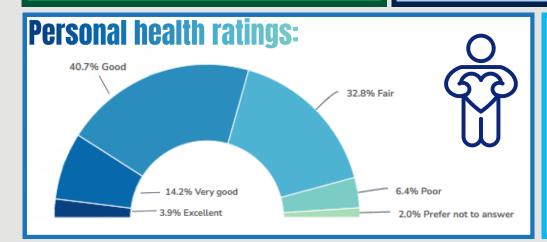
# Wayne County Community Health Assessment Overview

# Top Strengths of the Community:

- **1. Access to health care (34.3%)**
- **2. Religious/Spiritual Values** (32.8%)
- 3. Good place to raise children (31.4%)
- **4. Low crime (27.9%)**
- **5. Good schools (24.0%)**

# Top Risk Factors in Wayne County:

- 1. Lack of a livable wage (38.2%)
- 2. Substance misuse (37.3%)
- 3. Housing insecurity (23.0%)
- 4. Inadequate health insurance (22.5%)
- **5. Tobacco Use (21.1%)**



63.2%

were satisfied that the health department has made a positive impact

32.6% were neutral

### Barriers That Prevent Receiving of Health Services:

- 1. None (46.1%)
- 2. Out of pocket costs (24.5%)
- 3. Lack of providers/specialists (13.2%)
- 4. Unable to take time off work (9.8%)
- 5. Lack of convenient appointment times (5.4%)

agree that
Wayne
County is a
good place
to raise
children

69.7% are satisfied with the health care in Wayne County

agree that
Wayne
County is
somewhat
healthy or
very healthy









**Laura Woodrum** 

Tiphani Baker
Karcyn Brummett
Jefferson Hickman
Carol Huckelby
Whitney Jones
Sabrina Prater
Lori Turner
Tara Watters

#### Focus:

- Develop and update the organization's Strategic Plan,
- analyze internal and external environments (e.g., strengths, weaknesses, market trends),
- align resources and initiatives with long-term objectives.

#### Benefits to the agency include:

- Providing clear direction for growth and sustainability,
- enhancing decision-making by setting priorities,
- encouraging proactive rather than reactive management,
- improving alignment across departments and stakeholders.

- Conduct SWOT analyses,
- set and review strategic goals and performance metrics,
- engage with stakeholders for input and feedback and
- monitor progress annually.











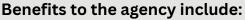
### **Jeff Neagle**

Allison Brown
Kristen Casada
DeAnn Cross
Abby Ellis
Sabrina Merrick
Jarrod Simpson
Sue Taylor
Kelly Wilson



#### Focus:

• A committee that will plan our media campaigns across the district to better coordinate messaging.



• Ensuring effective, clear and coordinated messaging both internally and externally.

- Provides oversight so that all messaging is in line with agency's mission, values, and policies.
- Develops targeted communication strategies to influence positive health behavior.
- Promotes agency's work and public health successes, while also ensuring the agency's *Communications Plan* reflects these notions.
- Additionally, reviews messages for cultural sensitivity and inclusivity, especially based on language proficiency.









### **Amanda England**

Tracy Aaron
Natasha Bowmer
Karcyn Brummett
Janie Hamm
Stuart Spillman
Janae Tucker
Dr. Christine Weyman
Laura Woodrum

#### Focus:

• To analyze and address specific factors that contribute to populations at higher health risk and poorer health outcomes.

#### Benefits to the agency include:

- Sharing data with local health coalitions for education and exploration,
- building a foundation for health interventions,
- and providing an analytical approach for exploring health strategies.

- Review health data annually to identify specific populations at higher risk for poor health outcomes and
- assist in identification of strategies to potentially improve the health of such.









#### Sam Price



Brandon Adkins
Jonathan Dye
Kim Kane
Bridgett Kean
Wilma Munsey
Kristy Parmley
Jenny Siler
Natasha Whitaker



#### Focus:

- Identifying and addressing workplace hazards,
- ensuring compliance with regulations like OSHA, and
- promoting safe work practices.

#### Benefits to the agency include:

- Reducing workplace injuries,
- improving safety culture, and
- increasing employee engagement in safety.

- Conducting inspections,
- developing safety policies,
- providing safety training, and
- investigating incidents.









### **Carol Huckelby**

Jessica Arterburn
Heather Capps
Tanya Denney
Jonathan Gosser
Sue Irwin
Dawn Redman
Brian Simmons
Kim Tucker



#### Focus:

• The Workforce Development Committee supports staff growth and recruitment.

#### Benefits to the agency include:

 Building a qualified and effective team that supports the agency's mission.



- Assisting in skill gaps assessments and job analysis, and
- planning learning opportunities such as lunch-and-learns.
- The committee also discusses how to attract new staff and helps create or carry out recruitment strategies, such as, the "What is Public Health" videos.
- They also provide input on the agency's Workforce Development Plan.







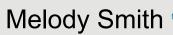


#### **Natasha Bowmer**

Susan Adams
Sammi Barber



Wanda Flowers
Brooke Garmon
Janson Hoskins
Steffani Miller





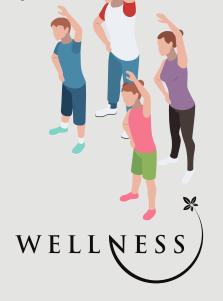
• Promotion of better physical and mental health of LCDHD employees.

#### Benefits to the agency include:

• Better health and wellbeing for LCDHD employees.

- Creating wellness challenges for employees,
- distributing wellness information to staff,
- designing wellness bulletin boards for staff, etc.











### **Angela Simpson**

Shirley Daniels

Tanya Denney

Candi Garner

**Dorthy Gregory** 

Carol Huckelby

**Shannon Matthews** 

Belinda McKnight

Cindy Melson

**Dustin Smith** 



#### Focus:

- Maintain essential records for public health operational needs and minimize risk and ensure compliance with laws and regulations.
- Additionally is responsible for collecting, preserving, and maintaining the historical documents, records, and institutional memory of the health department.

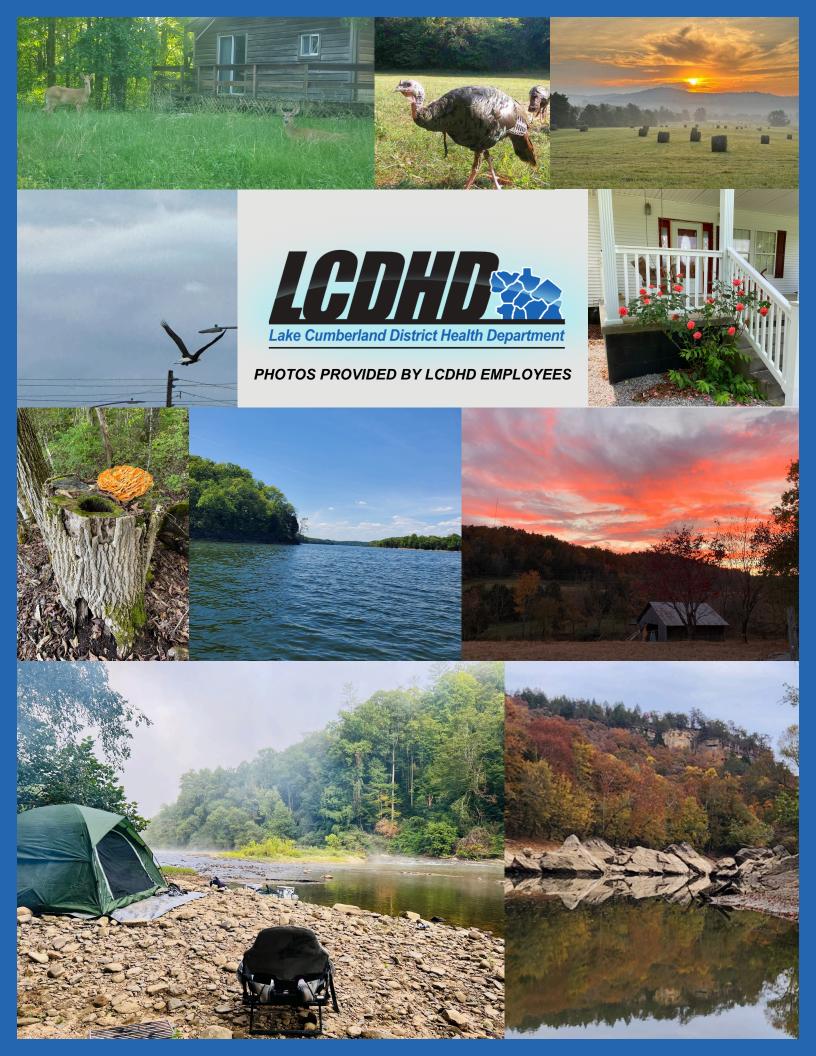
#### Benefits to the agency include:

- Ensuring the agency complies with federal, state and local laws regarding how long records must be kept,
- Establishing policies for the timely disposal of records and increasing retention efficiency which helps minimize costs for both digital and physical storage.

- Assist with agency's record management policies and practices.
- Assess needs of departments related to record retention needs and storage.
- Create training opportunities for staff related to records retention and disposal requirements.
- The committee also updates the health department's website to reflect important historical developments and milestones, both past and present.









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