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Our Vision
Good health and a safe environment
Background

History

LTDHD formed on November 21, 1981 when 6 of the 8 counties in the Lincoln Trail Area Development District joined together; Hardin, LaRue, Marion, Meade, Washington, and Breckinridge Counties. Grayson later joined in February 1982 and Nelson in June of 1983. On July 1, 1985, Nelson County separated from the district for a 5-year period; re-joining on June 25, 1990. Breckinridge County left the district June 11, 1999. And most recently, Grayson County left the district on July 1, 2013.

Population Size

![Population Size Chart]

- Hardin: 12,126
- LaRue: 45,640
- Marion: 28,154
- Meade: 19,395
- Nelson: 14,205
- Washington: 108,071
Background

Our Governing Board of Health

**Hardin County:**
Judge Harry Barry
Karen Blaiklock, Chair
Dr. Michael Nethers, Vice Chair
Dr. John Duplessis
Mayor Mike Weaver
Dr. William Flanagan
Dr. Dale Souleyrette

**LaRue County:**
Judge Tommy Turner
Dianne Roberts

**Marion County:**
Judge David Daughtery
Dr. Mark Ackerman
Dr. Walter Kleinsteuber

**Meade County:**
Judge Gerry Lynn
Dr. William P. Denton
Lisa Babb

**Nelson County:**
Judge Dean Watts
Dr. Michael Walton
Dr. Spencer Hubbard
Jim Lemieux

**Washington County:**
Judge John Settles
Robbie Polin

Local Public Health Tax Rates

<table>
<thead>
<tr>
<th>County</th>
<th>Public Health Tax Rate</th>
<th>Contribution to LTDHD (2.0% rate) FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardin</td>
<td>2.20%</td>
<td>$1,454,582.00</td>
</tr>
<tr>
<td>LaRue</td>
<td>3.00%</td>
<td>$149,506.00</td>
</tr>
<tr>
<td>Marion</td>
<td>3.00%</td>
<td>$256,128.00</td>
</tr>
<tr>
<td>Meade</td>
<td>2.83%</td>
<td>$324,345.00</td>
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<tr>
<td>Nelson</td>
<td>N/A 2.0% from Fiscal Court</td>
<td>$720,592.00</td>
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<tr>
<td>Washington</td>
<td>2.91%</td>
<td>$129,712.00</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$3,034,865.00</td>
</tr>
</tbody>
</table>
The total operating budget in FY18 was $10,183,004.00. In FY2019, our total operational budget dropped to $7,918,762.00. Our primary cost is staffing, comprising 86% of the total expenses. The retirement contribution is a significant cost at $1,583,654 in FY18 at the 49.47% contribution rate.
For several years, LTDHD has utilized lower staffing levels to accommodate for declining service fees, state and federal funds, as well as increased retirement contribution rates. This has been a statewide trend among local health departments with staffing levels decreasing by 31% from 2008-2016 across Kentucky. Lincoln Trail District Health Department has absorbed a 67% decline in staffing during this same time period (336 employees to 110). Three major changes have occurred during this time frame which included the selling of our home health agency in 2013 (reduction of 20 employees), the loss of Grayson County Health Department in FY 14 (total reduction of 12 employees) and the reorganization of the school health program in 2016 (reduction of 28 employees). Subtracting out these changes (284 employees to 110) still demonstrates a 61% decrease in staffing during the 2008-2016 time period, well above the state average of 31%.

As well as the number of employees employed by LTDHD, the type of employees has changed as service trends change. Currently (FY19), LTDHD employs a total of 108 employees; 86 full-time (80%), 3 part-time (2 %), 5 variable hour (5 %), and 14 contractual (13 %) employees.
County Health Rankings 2018

With the County Health Rankings nearly each county across the nation receives two rankings: health outcomes (current health of the community as compared to other counties within a particular state) and health factors (estimate of future health of your community as compared to other counties within a particular state).

Counties are only ranked in comparison/relative to other counties within a particular state.

Length of Life
(50%)
Measures of how long we live

Quality of Life
(50%)
Measures of how well we live

Much of what influences our health happens outside of the doctor’s office.
Performance

The Rankings Logic Model

**KEY POINTS**

Rankings model shows:

1. Health Outcomes: “Today’s health” (the green boxes)
   - Length of life – tells whether people are dying too early
   - Quality of life – tells how well people feel while living

2. Health Factors: “Tomorrow’s health” (the blue boxes)
   - (a) Health behaviors
   - (b) Clinical care
   - (c) Socio-economic
   - (d) Physical environment
   These are factors that determine how long people live and quality of their lives. The blue boxes are things communities can work on now to help improve their future.

3. Policies and Program drive outcomes around health factors. (orange box)
   What programs and policies are in place determines whether people are more or less likely to engage in risky behaviors, their access to & quality of clinical care, their economic & education status, how socially connected they feel, and important elements in physical environment.
Each county across the nation receives two rankings: health outcomes (current health of the community as compared to other counties within a particular state) and health factors (estimate of future health of your community as compared to other counties within a particular state. Kentucky has 120 counties.

<table>
<thead>
<tr>
<th>County</th>
<th>2018 Health Outcomes Ranking</th>
<th>Health Factors</th>
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<tbody>
<tr>
<td>Hardin</td>
<td>8</td>
<td>15</td>
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<td>LaRue</td>
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<tr>
<td>Washington</td>
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For access to the entire report visit: www.countyhealthrankings.org.

**Community Health Assessment/Improvement Plan:** Based upon review from a variety of sources, three priority areas will be the focus over the course of the implementation of this three-year plan (January 2018-December 2021): substance abuse, obesity and access to care. These priorities were chosen based on the data, organization and individual perspectives compiled in the Community Health Assessment. The Community Health Improvement Plan outlines Lincoln Trail District Health Department’s goals, objectives, and strategies that will address each of the priority areas.

For the entire report visit http://lincolntrailhealthdepartment.com/.
Performance

Moving Forward

Our goal upon completion of the 2018-2021 Lincoln Trail Regional Community Health Improvement Plan is for all six counties to be in the top 20 of the county health rankings. To continue this process, we are working toward improving health factors and quality of life to ultimately improve the health outcomes of the communities we serve. All counties have improved over the last two years in multiple measures. Here is some evidence based curriculums and programs currently implemented or in progress for 2018-2019.

Substance Abuse
- Comprehensive Smoke-Free policies
- Harm Reduction Syringe Exchange Program
- Evidence Based School Curriculum (Too Good for Drugs, Leader in Me, Reducing the Risk, Choosing the Best)
- Prescription Drop Boxes
- Air Quality Testing

Obesity
- Chronic Disease Prevention Program
- Fresh Stop
- Women, Infant, and Children's (WIC) Program increasing Breastfeeding rates and WIC Vouchers at Farmer's Market
- Born Learning Trails

Access to Care
- Health Equity Team at LTDHD
- GO635 Health Screening
- Social Determinants of Health Screening Tool
- Link & Assure Model

Maternal Child Health
- Checkpoints Program
- Safe Sleep
- Health Access Nurturing Development Services (HANDS)
- Health Literacy
- Happy Smiles For Life
- First Steps
Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities’ contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.

**Mobilize community partnerships and action to identify and solve health problems**

Public health organizations on the local, state and national level can mobilize community partnerships to identify and solve health problems. Components of this service include: building coalitions to utilize the full range of available resources; convening and facilitating partnerships that will undertake defined health improvement projects; and provide assistance to partners and communities to solve health problems. Of particular importance is identification of potential stakeholders who will contribute to or benefit from public health activities.

Potential stakeholders convene in coalitions to help generate policy and environmental changes that address the community’s health challenges. Grassroots efforts in coalitions helps break down silos between county agencies to improve communication and coordination for built environment changes. Impact of policy and change in the built environment leads to change in exposure, which may in turn lead to change in behavior.
This network map is based upon your jurisdiction's 2016 and 2018 NALSYS responses and shows the organizations that contribute to population health activities in 2018. A network map provides a visual presentation of your jurisdiction's community organizations who participate in population health activities and the strength of their participation. The size of each box represents the relative importance of each type of organization in supporting population health activities within the community. The larger the box, the larger their role in contributing to population health activities. The thickness of each line indicates the scope of activities contributed by each type of organization. Organizations outside of the network map had no reported participation.
Comprehensive Public Health Systems are defined as those communities in which a broad array of the recommended public health activities are available in the community, AND in which a relatively broad range of organizations contribute to implementing these activities, AND/OR in which the local public health agency contributes relatively large share of the effort to implement these activities. The stacked bar graphs show the prevalence of each type of public health system in Kentucky, while the line and plotted points show the type of system in your jurisdiction each year. There are 61 health departments across Kentucky. During 2016, not all health departments participated in the survey, but 2018 results include 100% participation. This provides us with a more accurate picture of the number of health departments within each type of public health system in Kentucky.

Prevalence of Three Public Health System Configurations in 2016 and 2018

Lincoln Trail District Health Department (LTDHD) announced on March 2nd, 2018 that we had achieved national accreditation through the Public Health Accreditation Board (PHAB). The national accreditation program works to improve and protect the health of the public by advancing and ultimately transforming the quality and performance of the nation’s state, local, Tribal, and territorial public health departments. LTDHD is one of 220 health departments nationally and one of 14 in the state of Kentucky that have thus far achieved accreditation through PHAB since the organization launched in 2011. However, hundreds of health departments across the country are preparing to seek accreditation through PHAB, the non-profit organization that administers the national public health accreditation program. The Public Health Accreditation Board (PHAB), established in 2007, was created to serve as the national public health accrediting body, and is jointly funded by the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation. The development of national public health accreditation has involved, and is supported by, public health leaders and practitioners from the national, Tribal, state, and local levels.

The accreditation process helps to ensure that the programs and services we provide are as responsive as possible to the needs of our community. With accreditation, LTDHD is demonstrating increased accountability and credibility to the public, funders, elected officials and partner organizations with which we work. Whenever you see our seal of accreditation, you will know that LTDHD has been rigorously examined and exceeds national standards for public health. By continuing to improve our services and performance, we can be sure we are meeting the public health needs of those we serve as effectively as possible. This achievement validates the dedication and hard work of our staff, the extraordinary support of our community partners, and the commitment of our Board of Health to improving the health and quality of life in the Lincoln Trail District.