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Kudos to You!

A big KUDOS to all those that worked at this years Back to School Blitz/Bash: Genie McDowell, Angel Hearrin, Melissa Barnett, Andrea Abell, Nancy Wilson, Joanie Patterson, Christen Renfrow, Jennifer Agner, Kelly Donahoo, Irma Briones, Shannon Bartimus, Kelly Hodges, Betheny Woodard, Sue Holladay, Laura Brown, Angela Woosley, Erica Schmied, Jennifer Hagan, Marcela Rivera, Mireya Rivera, Mary Danhauer, Candi Kamuf, Stephanie Johnson, Jennifer Agner, Terra Beck, Michele Rushing, and Heather Bouvy. Also a HUGE KUDOS to Tiffany Nalley for coordinating both events this year. -Abby Young

I would like to say thank you to everyone that helped me transition into my new position as Green River Regional Health Council Coordinator. Thank you, thank you, thank you for allowing me to ask 1 million questions, send emails, visit your offices over and over again and not making me feel like a nuisance. I truly appreciate it! -Brooke Fogle

KUDOS to the Hancock County Health Center girls for their patience when the computers were down for 3 1/2 days while working on school physicals and immunizations. We are still working things out but we are getting there. Way to go girls!! -Mary Crowe, RN

A huge KUDOS to Andrea Abell, Melissa Barnett and Nancy Wilson for their tremendous flexibility and help throughout the summer in Daviess County and other clinics. Thanks! -Anita Owens

How Grant Funding helps Promote Health in Our Communities

Did you know we received $360,000 in grant funding for our various programs for FY 2017? Grants play an important part in our budget and our local programs. Many of our programs rely on grant funding for sustainability. For example, the Building Stronger Families Program (BSF) receives base funding of $130,800 from the Community Collaboration for Children Program (CCC—a federal Community Based Child Abuse Prevention Grant). Linda Wahl, BSF Program Manager has become an expert in identifying potential grant resources for the BSF Program. She just recently wrote for, and received a $4,566 grant from the Owensboro Health Community Benefits program.

Another expert in identifying potential funding sources is Suzanne Craig, Community Access Project Coordinator. There are currently 5 Community Access Projects throughout the district (Daviess, Henderson, Ohio, Union and Webster Counties). Each county public health taxing district supports the project through adding additional funds to the budget. Without the support of our county boards of health, the CAP Program could not sustain its efforts. Extra monies are needed for larger CAP programs in the district. Suzanne has been very successful in obtaining additional monies for CAP through the Daviess County Fiscal Court ($25,000) and the Owensboro Health Community Benefits Program ($29,000). She also received $36,625 from the Kentucky Department of Public Health for Navigation efforts in Webster County.

...continued on page 2
Continued...

Tobacco related diseases and illnesses are still an important health component in our communities. The Tobacco Prevention Program Coordinators, Becky Horn and Rich Nading have been receiving extra grants toward tobacco prevention efforts for many years. This year, they received $18,430 from the Tobacco Federal Grant and $12,062 from the Owensboro Health Community Benefit Program. This will go a long way in getting the message out for reduction of tobacco products specifically in our youth.

The Pink County Grant focuses its efforts on Breast and Cervical Cancer Prevention. Thanks to Angela Woosley and her team for diving into this important initiative! We received $70,000 for outreach and education regarding the importance of Breast and Cervical Cancer Screening. October 2016 is Breast Cancer Awareness Month. If you know of anyone needing a screening, please refer them to our Breast and Cervical Cancer Program or give Angela a call for additional resources.

The Adult Day Care Program provides a much needed service for their clients and families. While there are many regulations that govern the program, The Child and Adult Care Food Program is one aspect where the regulations are very specific. Specific food items must be offered and served. ADC receives $18,794 from the Child and Adult Care Food Program towards these efforts.

While Oral Health has not been at the forefront of programs we’ve offered in the past, that does not lessen the importance it plays in overall health. Dental Health Literacy and Education is critical in getting the word out regarding improving Oral Health. Lisa Stanley, MCH Coordinator wrote for and received $3,436 from the Owensboro Health Community Benefits program to provide Oral Health Literacy in the schools. Great educational supplies and equipment was purchased with a $10,000 grant from the KY Department of Public Health received last year. Stop by to see the creative way they teach Oral Health to students!

Carrie Conia, Accreditation Coordinator is also very adept at finding grants to move Accreditation and Performance Management efforts forward. A $5,000 grant was received this year to continue our work toward maintaining PHAB Accreditation. Carrie has been consistent in receiving this grant for several years. Securing this grant helps us try a new tool or evaluate a tool we have been using to see if our efforts are effective.

The Community Health Action Team (CHAT) grant is for $6,000 and is received from the KY Department of Public Health (via the Centers for Disease Control). Merritt Bates Thomas, Nutrition Services Coordinator heads up this initiative and is very active with our community partners to see the initiatives are implemented. CHAT is designed to help communities develop infrastructure to prevent chronic disease and create healthier places to live, work and play.

This is simply a summary of the current grants for FY 2017. There may be others that are received during the year. If you know about a grant that can be helpful toward our efforts in improving the health of our community, please let me know.

-Deborah S. Fillman, MS, RD, LD, CDE
The outreach efforts of the PINK grant are well underway. In every Gazette, there has been information on activities and events plus heartfelt stories from staff who have experienced cancer. This is our second feature from another nurse within the GRDHD family.

Even with faithful dedication to monthly self-breast exams, Laura Brown, had to journey down the road of breast cancer.

Turning 40 years old, Brown knew the protocol. As part of her job as a nurse with the health department, she counseled many ladies to practice self-breast exams, get clinical breast exams and to get mammograms beginning at age 40.

Brown states that she will never forget the day that she “found a lump”. She explained that she watched it for a few days and was perplexed because some days she could feel it and others days couldn’t. Her practitioner confirmed on exam that she could also feel it, but both assumed it was a cyst. Brown was due her recommended 40 year old mammogram, so she made the appointment. As often for diagnostic assuredness, it was decided that a mammogram with ultrasound would be required due to the detection of what was thought to be a cyst.

The results of a cyst were affirmed, but a mass was detected inside the cyst which needed immediate biopsy. Ironically, an opening was available that same day which allowed Brown to rush from one procedure to another. Brown wanted answers.

The biopsy was performed on a Friday and the results were not available until the following Wednesday. Brown admits, “That was the longest 5 days of my life. I went from its going to be okay to planning my funeral. I was more concerned for my children and my husband. What would they do without me? I wondered. Would my children remember me? I was a mess. When we went to get the results, and the doctor said it was cancer, I cried then I went to work.”

After a gambit of referrals, phone calls, consultations, Brown had a lumpectomy, reduction and reconstruction. “The surgery wasn’t as bad as I thought it would be… after surgery and recovery I saw the oncologist and a plan was set into motion for treatment. I had 8 rounds of intense chemo, I lost my hair, nothing tasted good, I had 35 rounds of radiation, and a year of Herceptin. You never know how strong you are until you have to be strong.”

Brown states that she was lucky to have so much love and support from her family and church family. They helped me through the process. “My husband was my rock. I don’t know what I would have done without him. He went to all my doctor visits with me (and still does) he went to almost all of my treatments (I think he missed 3). If he couldn’t go with me to a treatment, I had family that would go with me. “

Now celebrating 11 years cancer free, Brown has advice for all women. “Do your exams monthly. Don’t be afraid of a mammogram. Yes, it can be a little uncomfortable, but don’t let rumors of how bad a mammogram is stop you from getting it done. I have talked to many women in my work at the health department, and many are concerned about the mammogram hurting. I can tell them from firsthand experience that the mammogram is not nearly as bad as being diagnosed with cancer. By getting diagnosed early, it can save you a lot of pain and potentially save your life. We are all stronger than we think!”

-Angela Woosley

Anecdotal note: During the supervisors meeting on Friday, August 5, 2016 a presentation on the new PINK Grant for breast and cervical cancer outreach and education was conducted and a door prize of a pink umbrella from the KY Women’s Cancer Program was randomly to be awarded. Brown was asked to pick the winning ticket since she has championed women’s breast and cervical health. With absolutely no way of fixing the drawing of the winning ticket, Brown chose her own number. Embarrassed with pulling her own ticket, the room erupted in applause. This was a positive affirmation that Brown can travel down whatever road she faces, even in a bit of rain!
With assistance from graduate student interns with WKU, GRDHD has created a comprehensive workforce development plan which can be found on the official documents drive.

Some interesting information may be gleaned from this document and the numerous appendices.

For example, did you know, according to 2015 estimated census GRDHD is comprised of an estimated 215,000 citizens in which 49% are males and 51% females? 24% of our population is under 18 years of age, while a whopping 60% fall between 18-64 years. 16% of our citizenry in GRDHD is at age 65 or older. Whites make up 92% of our population with African Americans comprising 5% and the category of other at 3%.

The table below summarizes the demographics of the agency’s current workforce as of August 3, 2016:

<table>
<thead>
<tr>
<th>Category</th>
<th># or %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of Employees:</td>
<td>196</td>
</tr>
<tr>
<td># of FTE:</td>
<td>182</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female:</td>
<td>178</td>
</tr>
<tr>
<td>Male:</td>
<td>18</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Hispanic:</td>
<td>8</td>
</tr>
<tr>
<td>Non-Hispanic:</td>
<td>0</td>
</tr>
<tr>
<td>American Indian / Alaska Native:</td>
<td>0</td>
</tr>
<tr>
<td>Asian:</td>
<td>5</td>
</tr>
<tr>
<td>African American:</td>
<td>7</td>
</tr>
<tr>
<td>Hawaiian:</td>
<td>0</td>
</tr>
<tr>
<td>Caucasian:</td>
<td>176</td>
</tr>
<tr>
<td>More than One Race:</td>
<td>0</td>
</tr>
<tr>
<td>Other:</td>
<td>0</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>&lt; 20:</td>
<td>0</td>
</tr>
<tr>
<td>20 – 29:</td>
<td>21</td>
</tr>
<tr>
<td>30 – 39:</td>
<td>39</td>
</tr>
<tr>
<td>40 – 49:</td>
<td>49</td>
</tr>
<tr>
<td>50 – 59:</td>
<td>64</td>
</tr>
<tr>
<td>&gt;60:</td>
<td>23</td>
</tr>
</tbody>
</table>

When compared to the census data, GRDHD parallels closely with our demographics: 90% white, 3.6% African American and 6.6% Asian/Hispanic however; GRDHD is predominantly a female work staff at 91% with only 9% male. The age distributions of staff reflect that 87 of the current staff are over the age of 50.

Why is this important to know? **Public health strives to reflect the community it serves.** Diversity is needed to better attend the growing and ever changing community in which we live.

The age of our workforce is important for continuity of our community’s care. One of the essential PH services is to assure a competent public health workforce. GRDHD considers organizational change, retirements, recruitment and training of new staff all to be important in maintaining essential PH services.

....continued on page 5
In further looking at GRDHD demographics, much of the staff have been here less than 5 years while 35 staff members have seniority of 20+ years. 38% of GRDHD entire staff have 15+ years of service. For planning, it is important to know the distribution of staff for consideration again of recruitment, retirement and benefits.

Classification of staff is important, but perhaps misleading. Certain staff, regardless of their educational merits, are in categories based off their job titles. For example, many of the nurses in the district are the nursing supervisor for an assigned county or area. That staff would be counted in leadership/supervision and not in the RN category. This holds true for other disciplines where a dietician or a registered sanitarian may be acting in a supervisory capacity and would therefore be in the leadership/supervision category and not in their respective educational field. By looking at the above table, many of our staff serve supportive roles such as clinical assistants, family support workers and other administrative support. GRDHD is proud to boast of 196 staff across the seven counties.

Take a moment and look in which groups you fall as an employee of Green River District. In the next edition of the Gazette more information on the Workforce Development Plan will be provided to help explain the plan to assure GRDHD can carry out the essential public health services.

-Angela Woosley RN, BSN, MEP

<table>
<thead>
<tr>
<th>Primary Professional Disciplines/Credentials:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership/Administration: 22</td>
<td></td>
</tr>
<tr>
<td>Nurse: 37</td>
<td></td>
</tr>
<tr>
<td>Registered Sanitarian/EH Specialist: 10</td>
<td></td>
</tr>
<tr>
<td>Epidemiologist: 2</td>
<td></td>
</tr>
<tr>
<td>Health Educator: 3</td>
<td></td>
</tr>
<tr>
<td>Dietitian: 4</td>
<td></td>
</tr>
<tr>
<td>Social Workers: 4</td>
<td></td>
</tr>
<tr>
<td>Support Staff: 114</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Retention Rate (Years of Service):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>55</td>
</tr>
<tr>
<td>5-10</td>
<td>43</td>
</tr>
<tr>
<td>10-15</td>
<td>24</td>
</tr>
<tr>
<td>15-20</td>
<td>39</td>
</tr>
<tr>
<td>20+</td>
<td>35</td>
</tr>
</tbody>
</table>

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-Angela Woosley RN, BSN, MEP

**Pink County Grant**

Breast Cancer FAQs

How often should I go to my doctor for a check-up?

Answer: You should have a physical every year which should include a clinical breast exam and pelvic exam. If any unusual symptoms or changes in your breasts occur before your scheduled visit, do no hesitate to see a doctor immediately.

Information from National Breast Cancer Foundation, Inc.  www.nationalbreastcancer.org
**Many Changes coming in 2017 with Humana Vitality or rather Go365!**

Starting January 1, 2017 Humana Vitality will not only be changing its name to GO365, there are other changes coming that will provide you with more incentives to get healthy!

**Status Discounts will be stopped as of January 1st.** It is encouraged that if you are “hoarding” points in anticipation of getting a 40% discount, please make all of your purchases by December 31, 2016. In the new system, members will no longer have to calculate how many Bucks an item will cost in the new Go365 Mall. The price Bucks will all be the same regardless of status.

In Go365, members will receive additional Bucks awarded upon achieving milestones in the program such as achieving a higher status. There will be opportunities for members to earn DOUBLE Bonus Bucks too when they achieve Silver Status in the first year AND when they achieve their prior year’s Status. See chart below for more details.

<table>
<thead>
<tr>
<th>Status</th>
<th>Old Status Discount</th>
<th>Bonus Bucks awarded for first adult (subscriber)*</th>
<th>Bonus Bucks awarded to each additional family member 18yrs +*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bronze</td>
<td>0%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Silver</td>
<td>10%</td>
<td>500</td>
<td>250</td>
</tr>
<tr>
<td>Gold</td>
<td>20%</td>
<td>1,500</td>
<td>750</td>
</tr>
<tr>
<td>Platinum</td>
<td>40%</td>
<td>5,000</td>
<td>2,500</td>
</tr>
</tbody>
</table>

*Double Bonus bucks are earned upon achieving the same status as the prior year (or Silver Status if prior year status was Blue or Bronze).

Under Go365 the maximum amount of Bucks earned in a program year has been raised to 30,000 (previously 18,000) to provide continuous reward opportunities at higher levels of engagement.

Also in Go365 the maximum limits have been removed in all four Point-earning Categories: Education, Fitness, Prevention and Healthy Living.

There will be three ways to achieve Bronze status in Go365:

1. Complete at least one section of the Health Assessment either online or through the Go365 app. The Health Assessment has been simplified with shorter sections for members to take at their own pace.
2. Log a verified workout.
3. Get a biometric screening (this is the lipid profile, blood sugar, blood pressure, weight, height, waist circumference and calculation of BMI).

**The Fitness Points structure is also changing with Go365 to reward members who are just starting their fitness journey or those that are high performers. Members can now earn a maximum of 50 points per day.**

See chart below to better explain changes:

<table>
<thead>
<tr>
<th>Workout Types</th>
<th>Point Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steps</td>
<td>1 point per 1,000 steps</td>
</tr>
<tr>
<td>Heart Rate Monitor</td>
<td>5 points for every 15 minutes above 60% maximum heart rate.</td>
</tr>
<tr>
<td>Calories</td>
<td>5 points per 100 calories if burn rate exceeds 200 calories per hour.</td>
</tr>
<tr>
<td>Participating Fitness Facility</td>
<td>10 points per day</td>
</tr>
</tbody>
</table>

**Members will get rewarded for one workout type and device per day based upon which produces the highest points total each day.**

...continued on next page
The week will now run Sunday – Saturday. In Go365 the bonus points for the first and fifth verified workout of the week has been removed. Starting in January 2017, an added weekly bonus of 50 points will be awarded if the sum of daily points is greater than 50 for that week, or 100 points will be awarded if the sum if greater than 100 for that week.

Go365 will also award 1,250 points for the first verified workout per lifetime as well as 750 points for the first verified workout each program year thereafter. Under the new system of Go365, there will be limits placed on the amount of points a member can earn for athletic events (3,000 points max) and sports leagues (1,400 point max).

Go365 will offer more contests and prizes! All members age 18 years and older will now be eligible for the monthly Jackpot Drawings. Other qualifying members may receive surprise rewards as they participate in Go365. Members with the Healthy Food Benefit will still be able to play the Pick 6 game each month online or through the app to increase their savings on Great For You™ healthy food purchases at WalMart®.

As more changes come along, the Humana Vitality Team – soon to be called the Go Team, will try and keep all members informed.

-Angela Woosley, RN, BSN, MEP

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**EPSDT QI Project News**

After shadowing some of the EPSDT staff, Teudis Perez met with the Nurse Program manager and group of staff in August 2015 to develop goals to make improvements to the EPSDT Program. The issue of EPSDT “backlog” was chosen as the overall issue for that program.

Due to changes in Medicaid and within each MCO, a backlog of information was creating issues with services being approved timely. One MCO in particular changed the entire process for submitting and obtaining prior authorization for services. This change included shortening the timeframes/reducing the amount of therapy being requested and shortening the timeframes you could resubmit new requests.

**Goals:**

1. Post job opening for RN and interview for an additional RN position by 8/15
2. Train staff to update and operate a new database by 9/15
3. Set a baseline for outstanding PA’s due within 3 months of hiring new RN
4. At 6 months do a comparison of the baseline information with the 6 month information to see if there is improvement
5. Weekly meeting to develop the processes needed
6. Track number of bills being held. The baseline will be set at 3 months after the RN was hired and 6 months to compare and see if there was improvement.

**Updates:**

New process has been in place for maintaining client information and sending out communications to therapists of prior authorizations approved. A monthly listing of patient caseload is also being sent to therapists. New process in place for accepting referrals and communication to all involved in the care of the patient.

- Position posted and RN hired. Existing RN retired a few months later, so we are still operating with one RN. This will affect the baseline and 6-month comparison of PA’s outstanding.

Numbers of bills being held are being tracked by reason for the hold. During this process, it was noted that many of the bills being held resulted from a need for a new order/change order. This process was discussed with Frankfort to change how orders are written which would cut down on the number of modifications that needed to be completed. This process was implemented on April 1st 2015 for new plans of care and starts of care. Physicians and Therapists were notified of the change.

There has been a re-organization of the Home Health Program. Teudis Perez is the new manager over all of Home Health which includes the Compassionate Care Adult Day Health Care (ADHC), the EPSDT program, and the Home Health Program, and will report directly to Debbie Fillman. This decision was made in the hopes of making Home Health into a more cohesive unit both financially and among Home Health staff.

-Submitted by Teudis Perez
COUNTY NEWS

DAVIESS COUNTY: Clinic has been busy with back to school physicals and shots. New nurses are doing well with picking up WIC patients and learning new programs. Thanks to all others that have helped with training new staff on WIC and dental varnish.

DISTRICT OFFICE: Flu Vaccine for 2016-2017 has arrived! There will be times set up in each health center for staff to get this years influenza “flu” vaccine. Just like last year, the flu team will be need a copy of your insurance card (front and back) and GRDHD will bill the insurance company. Uninsured individuals will pay $31 for the vaccine. All GRDHD staff are required to get the flu vaccine or sign an Influenza declination form (common drive, HR folder).

HANCOCK COUNTY: Clinic has been busy with back to school well child exams and immunizations. The clinic re-hired a janitor that had previously worked for us.

HENDERSON COUNTY: Clinic has been busy with back to school well child’s and immunizations. There has been a decrease in the no show rate for APRN’s. Patients are being rescheduled if unable to make the appointment.

MCLEAN COUNTY: Back to school has been busy. The new float nurse has been working with Tiffany and are doing well learning the programs.

OHIO COUNTY: Clinic has been busy with back to school physicals and shots. Daviess County and float nurses have been training in Ohio County.

UNION COUNTY: Clinic is busy with back to school visits. Clinic was having difficulty getting new moms and babies in to be seen and took care of the issue with double booking. The WIC audit took place on August 12th. The clinic has been referring Hepatitis C appointments to FQHC. The clinic has also seen some TB issues.

WEBSTER COUNTY: Clinic has been busy with physicals and shots for school.

UNITED WAY UPDATE

Pictured on left: Kudos to Nika Hughes for meeting with the Canteen rep to add healthier snack options in the Daviess County Health Center vending machines. The more healthy snacks are labeled as “Choice Plus”. Posted on each vending machine is criteria that makes the snack a “Choice Plus”. Water is also now an option in the soda machines. Thanks Nika, for taking the initiative to help us snack healthier!

Pictured Right: GRDHD was awarded the Silver award for a double-digit increase in giving last year. Thanks to all who contributed so generously. This award is yours....

Riddle:

I am the beginning of everything, the end of time, and space, the beginning of every end, and the end of every place. What am I?

ANSWER: I am the letter E.
GRDHD has partnered with two philanthropic organizations: The Public Life Foundation and Hager Educational Foundation to expand the Teen Outreach Program® into four additional schools this upcoming academic year.

TOP® clubs will be started at Daviess County High School and at Heritage Park High School; which is the new non-traditional school in the county school system. TOP® will continue to be provided at all three county middle schools.

For the first time, TOP® clubs will be started in the city public school system. Owensboro High School and Owensboro Middle School South will each start TOP® clubs.

Previous sites: Hancock County High School, Ohio County High School, North Middle School (Henderson), South Middle School (Henderson), Providence Elementary School (Webster) and Sebree Elementary School (Webster) will continue this academic year.

GRDHD will be involved with thirteen clubs across the district. TOP® seeks to allow teens to reach their positive potential by encouraging healthy behaviors, promoting positive life skills and engaging the teen for a sense of purpose through community service learning.

For more information on TOP® contact any of the staff on the team: Andrea Abell, Melissa Barnett, Amy Brown, Christine Curry, Becky Horn, Genie McDowell, Nancy Wilson, and Angela Woosley.

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**Top 5 tips to #ZAPzika**

1. Use spray, keep mosquitoes away: make sure it’s EPA registered.
2. Say you will, embrace the chill: use air conditioning and window screens if possible.
3. If it’s wet, it’s a threat: remove still water.
4. Get protected, not infected: wear clothes to prevent bites. Use a condom to prevent sexual transmission.
5. If you suspect, then connect: call your health care provider if you are at risk of infection.

Source: CDC
Youth Risk Behavior Study Completed

The Division of Adolescent and School Health (DASH) released the 2015 national, state, and large urban school district Youth Risk Behavior Survey (YRBS) results.

Key Findings:

- Nationwide, 17 percent of students had taken prescription drugs (without a doctor's prescription) one or more times during their life.
- The use of wireless devices while driving continues to put youth at risk.
- The 2015 survey findings showed encouraging reductions in physical fighting among adolescents.
- Nationwide, the percentage of students who had not gone to school because of safety concerns is still too high.
- The 2015 YRBS report shows mixed results regarding youth sexual risk behaviors. While teens are having less sex, condom use among currently sexually active students and HIV testing among all students has declined.
- The trends in obesity and sedentary related behaviors, such as drinking sugar-sweetened beverages and screen time, has varied in recent years.

*The YRBS monitors six categories priority health behaviors among high school students: behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors related to unintended pregnancy and STD’s; unhealthy dietary behaviors; and physical inactivity.*

To see more about these results visit:  [http://www.cdc.gov/healthyyouth/data/yrbs/](http://www.cdc.gov/healthyyouth/data/yrbs/)

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**Pop Quiz!**

Q: As of August 3rd, GRDHD employs how many staff members across it’s seven county district?

*Hint: The answer is in this issue of the Gazette.*

Please send your answer to any Gazette committee member. The correct answer will be revealed in the next issue of the Gazette! **Winner will be chosen from a random drawing of all correct responses.**

Prize courtesy of the Gazette Committee. Deadline to submit is close of business on Tuesday, September 27th.

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**Interesting News from KY Personnel Cabinet**

Twany Beckham, former Kentucky Wildcats basketball guard was named Wellness Director for the Kentucky Employee’s Health Plan. State Personnel Secretary Thomas B. Stephens announced that as wellness director, Beckham will “engage, encourage and promote wellness activities statewide.” Beckham graduated from UK in 2013 with a Bachelor’s degree in Communication.


HR NOTIFICATION OF LIFE CHANGES

What’s in a name? As it turns out, a lot if you ask someone in Human Resources. Changes in name, address, phone number, life status, etc., need to be communicated to HR as soon as possible for a multitude of reasons.

When an employee has a name change, there are numerous things that will need to be changed including the employee directory, email, payroll, personnel files, tax forms and benefits just to name a few. When we are informed of a name change, we will ask you for your new Social Security card. Due to various laws, HR will not change an employee’s name without having a copy of the new Social Security card.

Once we have your Social Security card with your new name, we will make necessary changes and review with you other changes that may need to occur. Name changes typically occur when there is some type of status change in an employee’s life such as marriage or divorce. These type of events may be considered a “qualifying event” that allow an employee to make changes to certain benefits. However, any change the employee wishes to make to benefits must be done within 30 days from the date of the event, so quick notification to HR is essential.

Changes such as these, or even the birth of a child, can be a trigger for the employee to make other changes as well. Potential changes to beneficiaries, tax withholding, or benefit plans should be given careful consideration when you have any type of life change.

Other changes that trigger a need to contact HR include address changes and phone number changes.

With any change you may have in life, be sure to give HR a call. We will be happy to help you make the changes needed to ensure that everything is current and up to date.
New Employees
Welcome to the GRDHD Team!

Christina Burns
Local Health Nurse II
Daviess County Health Center

Amy Hall
Local Health Nurse I—Float
Daviess County Health Center

Pamela Mills
Local Health Nurse II
Daviess County Health Center

Brittany Baggarly
Family Support Worker 1/Home
Daviess County HANDS

Christine Curry
Local Health Nurse II
District Office—TOP®

Pamula Miller
Janitor
Hancock County Health Center

Saying Goodbye . . .
Rosemary Keough, Webster County Health Center
Kezrianna Guante, Webster County HANDS
Donna Estes, Hancock County Health Center
Alana Garrard, BSF
Mason Pennington, District Office
Kennethia Farris, DC-CAP

Dylan Sharp
Technical Specialist II
District Office

Monthly Health Observances for September and October

SEPTEMBER
Childhood Cancer Awareness Month
Fruits & Veggies—More Matters® Month
Healthy Aging Month
National Childhood Obesity Awareness Month
National Food Safety Education Month
National Preparedness Month
Sexual Health Awareness Month
World Alzheimer’s Month
28th is World Rabies Day

OCTOBER
Domestic Violence Awareness Month
Health Literacy Month
National Breast Cancer Awareness Month
National Dental Hygiene Month
National Down syndrome Awareness Month
Sudden Infant Death Syndrome Awareness Month
17-21 National Health Education Week
23-31 Red Ribbon Week

For more information on any of the health observances please visit:

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Policies and Procedures ~ Updates & News

Visit the official documents drive or our website for a complete listing of our Policies and Procedures.

01.04.05.01 Authorization for Publication Form – This form has been changed to clarify differences between employees and others for release to publish.
03.01 HIPAA Security Rule Adherence Procedure – This procedure was updated to reflect current monetary penalty amounts.
03.01.01 Information Technology/Electronic Communications Guidelines Security Agreement – This was updated to reference 03.05 Digital Media Policy along with reflecting current terminology.
03.05 Digital Media Policy – This policy was divided into both a policy (what we do) and a procedure (how we do).
03.05.01 Digital Media Procedure – This is a new procedure created from the Digital Media Policy. This procedure provides guidelines to staff for acceptable and unacceptable behaviors for digital media sites.
03.06.02 Medical Reserve Corps Volunteer Criminal Record Check and License Procedure – This procedure form has been revised to clarify terms for being an MRC volunteer.
03.08 Telephone, Electronic Media, Copyright Protection, Postage Usage Procedure – This procedure was updated to include interns, volunteers and board members.
04.01 Employee Conduct and Performance Procedure – This procedure was updated for grammatical clarifications.
04.02 Disciplinary Procedure – This procedure was revised to clarify that all disciplinary actions must have the approval of the Public Health Director.
04.02.02 Verbal Admonishment Form – This form was revised to include a line for the PH Director’s signature.
04.02.03 Written Warning Form – This form was revised to include a line for the PH Director’s signature.
09.10 Harm Reduction and Syringe Exchange Program (HRSEP) Policy – This new policy was created to provide guidelines for development of a needle exchange program by GRDHD.

The following were reviewed:
- 03.02 HIPAA Security Rule Documentation Procedure
- 03.03 Agency Vehicle Usage Procedure
- 03.03.01 Requirements for Using Agency Vehicles Form
- 03.04 Electronic Records Management Procedure
- 03.06 Volunteer Procedure
- 03.06.01 New Volunteer Checklist
- 03.07 Electronic Signature Policy
- 03.09.01 GRDHD Letterhead
- 03.10 Public Communications Procedure
- 04.01.01 Performance Evaluations v2016
- 04.02.01 Performance Improvement Plan Form
- 04.02.04 Request to Suspend/Demote/Dismiss Form
- 04.02.05 CH-41 Request for Appeal Form

All staff are encouraged to take the time to familiarize yourself with these new and revised procedures. If you have any questions please contact HR.

GAZETTE CONTEST
FOLLOW –UP

Congratulations to Joshua Onstott at District Office.

Q: How long is a bottle of sunscreen effective?
Correct Answer: 3 years

The Making Strides Against Breast Cancer Walk in Daviess County—Owensboro is scheduled for Sunday, October 23rd at Smothers Park. For more information visit https://www.facebook.com/MSABCowensboro

The Green River Gazette is published bimonthly by the Green River District Health Department.

For questions, comments, suggestions or submissions, please contact a member of the committee.
Angel Thompson • Angela Woosley • Carrie Conia
Heather Blair • Linda Wahl • Shanni Jones

**Disclaimer: The articles contained in the Gazette have been verified through trusted sources. Readers should check with their physician or other health care provider if you have questions or concerns.