

Green River District

HEALTH DEPARTMENT

ANNUAL REPORT

FISCAL YEAR
2023/2024



Table of CONTENTS

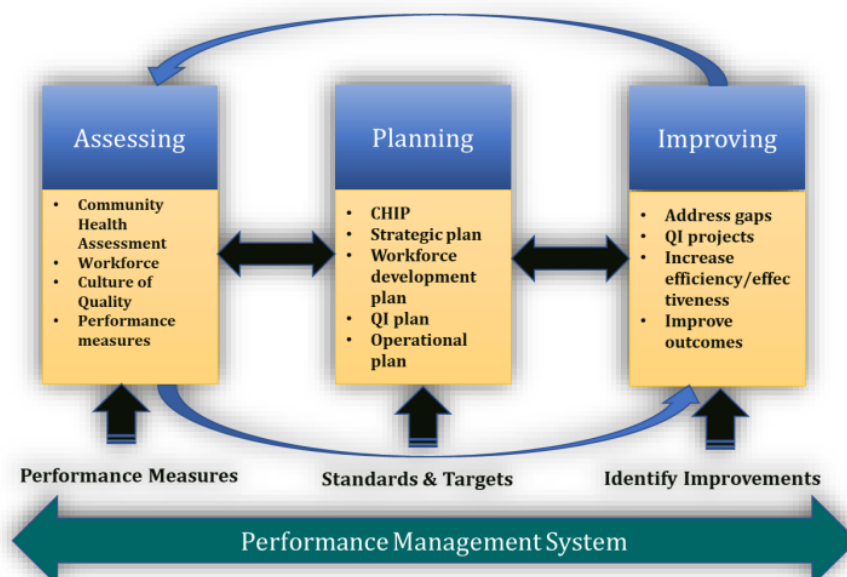
Introduction	4
Staff Demographics	5
Human Resources	5
Financials	7
Reserves	10
Clinical Services	11
Clinical Service Population Demographics	12
Syringe Exchange	15
Community Access Project	18
Child Care Health Consultation (CCHC) Program	20
Diabetes Program	21
Environmental Services	22
Food Service Inspection Letter Grading and Posting	24
Heart Disease and Stroke Prevention	26
Home Health	28
Reportable Diseases	29
Tobacco	31
TOP (Teen Outreach Program)	33
Maternal and Child Health	35
Breast Feeding	36
Women Infants and Children Program (WIC)	37
Women Infants and Children (WIC) Program Vendor Volume	41
Strategic Plan 2023-2027	42
Quality Assurance	49

INTRODUCTION

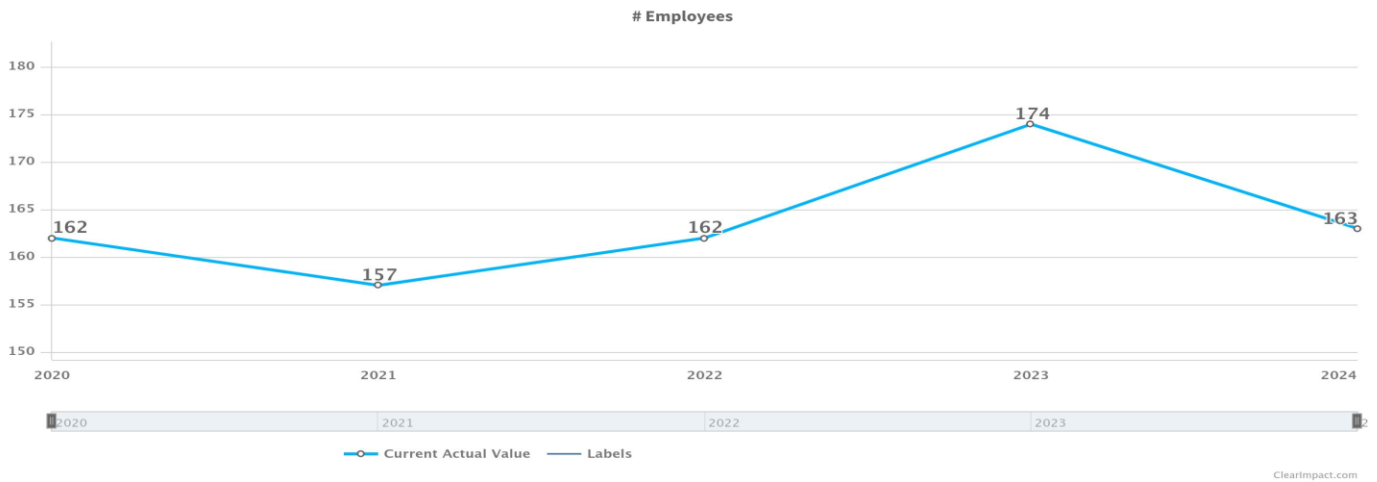
The purpose of this Annual Report is to highlight progress and achievements within the Green River District Health Department Performance Management System. GRDHD strategically incorporates the Community Health Assessment, Community Health Improvement, Strategic Plan, Program Reports and Measures (Annual Report), and Continuous Quality Improvement into our Performance Management system. The 2024 report will highlight staff demographics, financials, and reporting from programs that will track trends and benchmarks to assess the work of GRDHD.



At the center of the framework is the GRDHD Strategic Plan. That planning process develops goals and objectives that drive GRDHD's progress in maintaining Assurance and Accountability and Improvement and Innovation. A update of the 2023 -2027 GRDHD Strategic Plan can be found in this document.



STAFF DEMOGRAPHICS



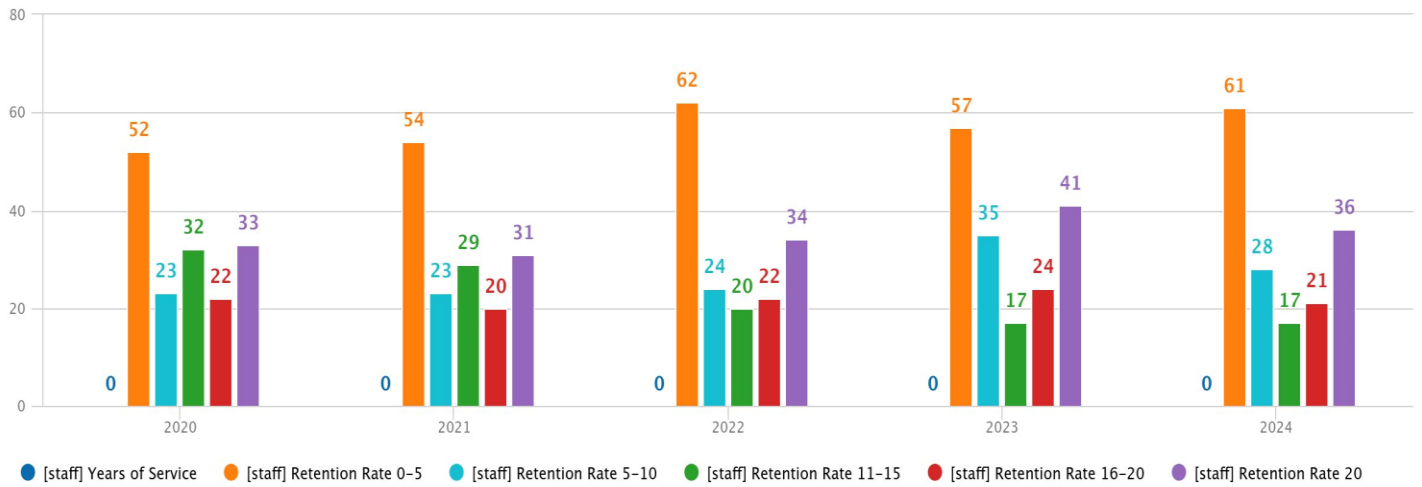
Category		2020	2021	2022	2023	2024
# of FTE:		147	146	151	156	151
Gender:	Female	148	140	144	153	142
	Male	14	17	18	21	21
Age:	<20	0	0	0	0	0
	20 – 29	13	11	14	15	12
	30 – 39	35	28	27	30	32
	40 – 49	42	46	41	46	43
	50 – 59	50	44	54	53	48
	≥60:	22	28	26	30	28
Retention Rate (Years of Service):	0-4	52	54	62	57	61
	5-9	23	23	24	35	28
	10-14	32	29	20	17	17
	15-19	22	20	22	24	21
	20+	33	31	34	41	36

	GRDHD	Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster
Caucasian	89.5%	90.1%	96.3%	88.0%	96.9%	96.7%	83.9%	93.0%
African American/Black	5.5%	5.0%	1.6%	8.5%	1.0%	1.4%	13.2%	3.9%
Hispanic	3.6%	3.5%	2.0%	3.1%	1.8%	3.4%	2.0%	6.0%
Asian	1.2%	2.1%	0.4%	0.6%	0.3%	0.3%	0.7%	0.6%

HUMAN RESOURCES

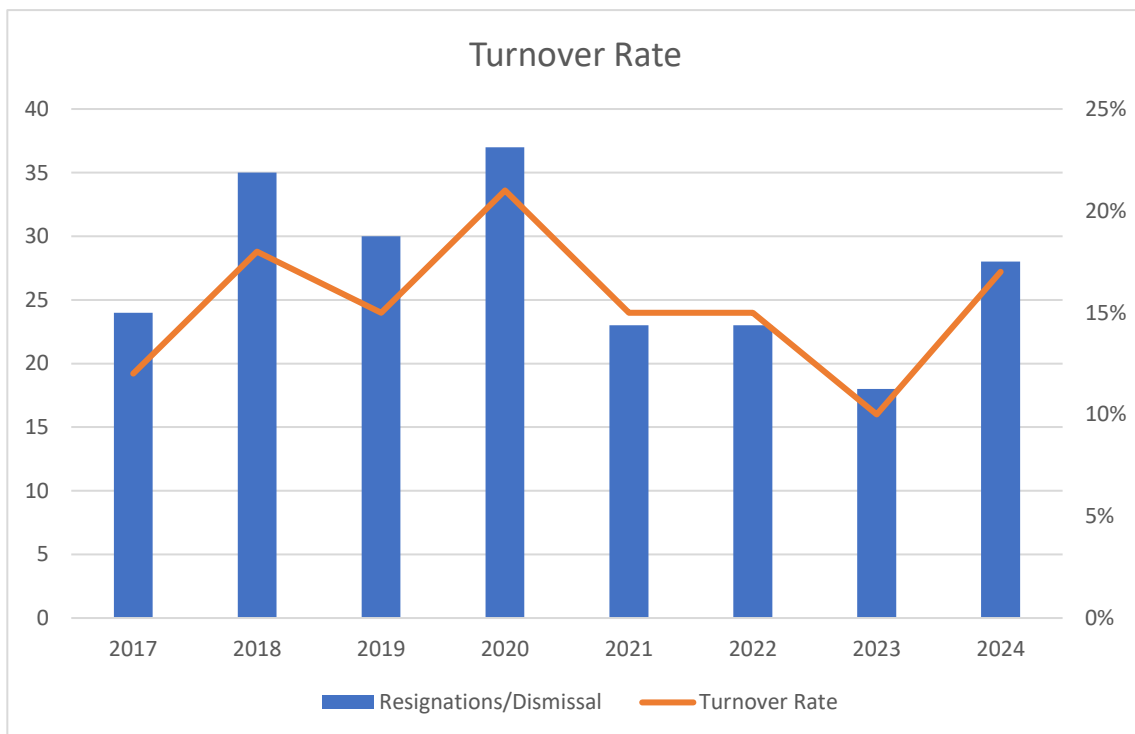
Years of Service

Years of Service - Comparison

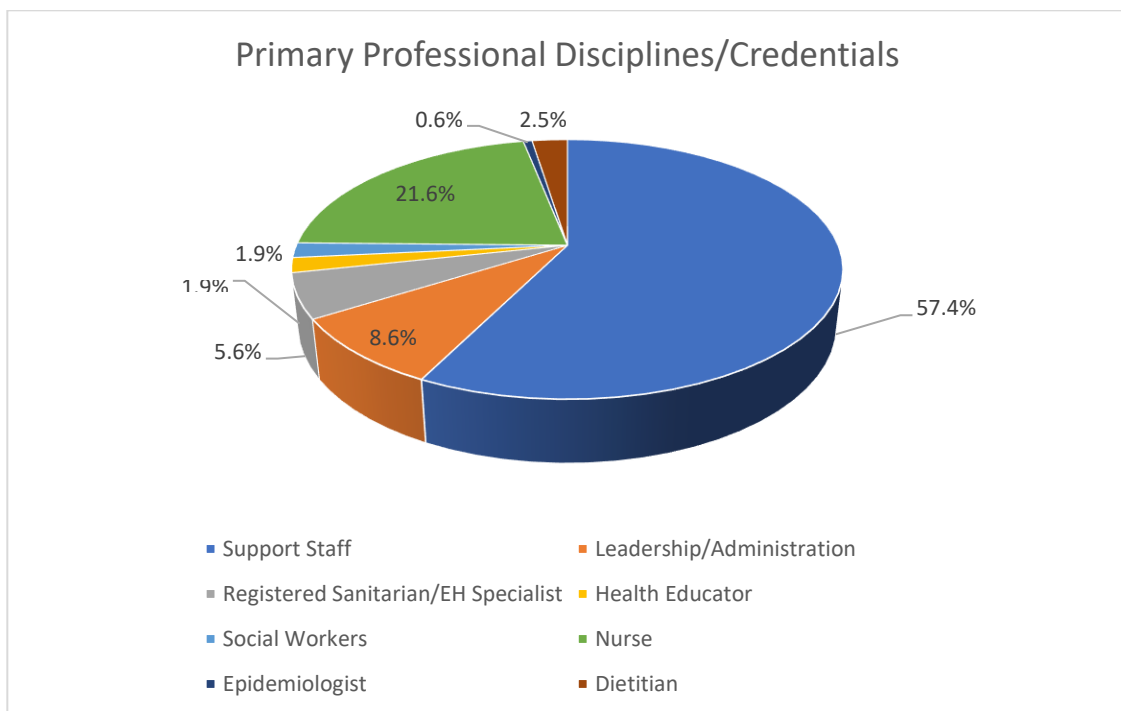


ClearImpact.com

Turnover Rate



**GRDHD Maintains a Very Safe Agency.
OSHA Reportable**



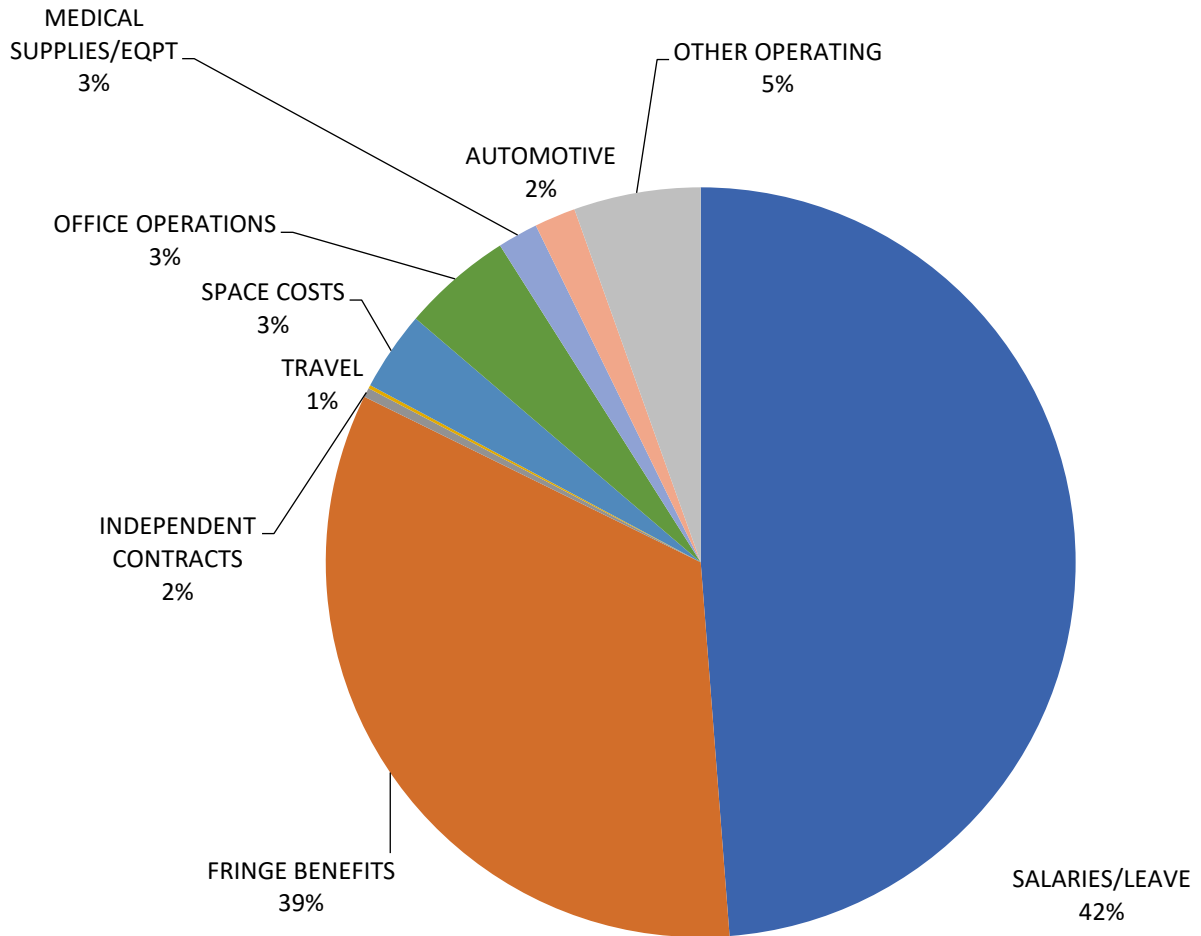
Tuition Assistance

	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
Number of Staff	3	8	6	2	2	3	1
Dollar Amount	\$6,000	\$19,247	\$10,068	\$5962	\$3683	\$4936	\$3000

FINANCIALS

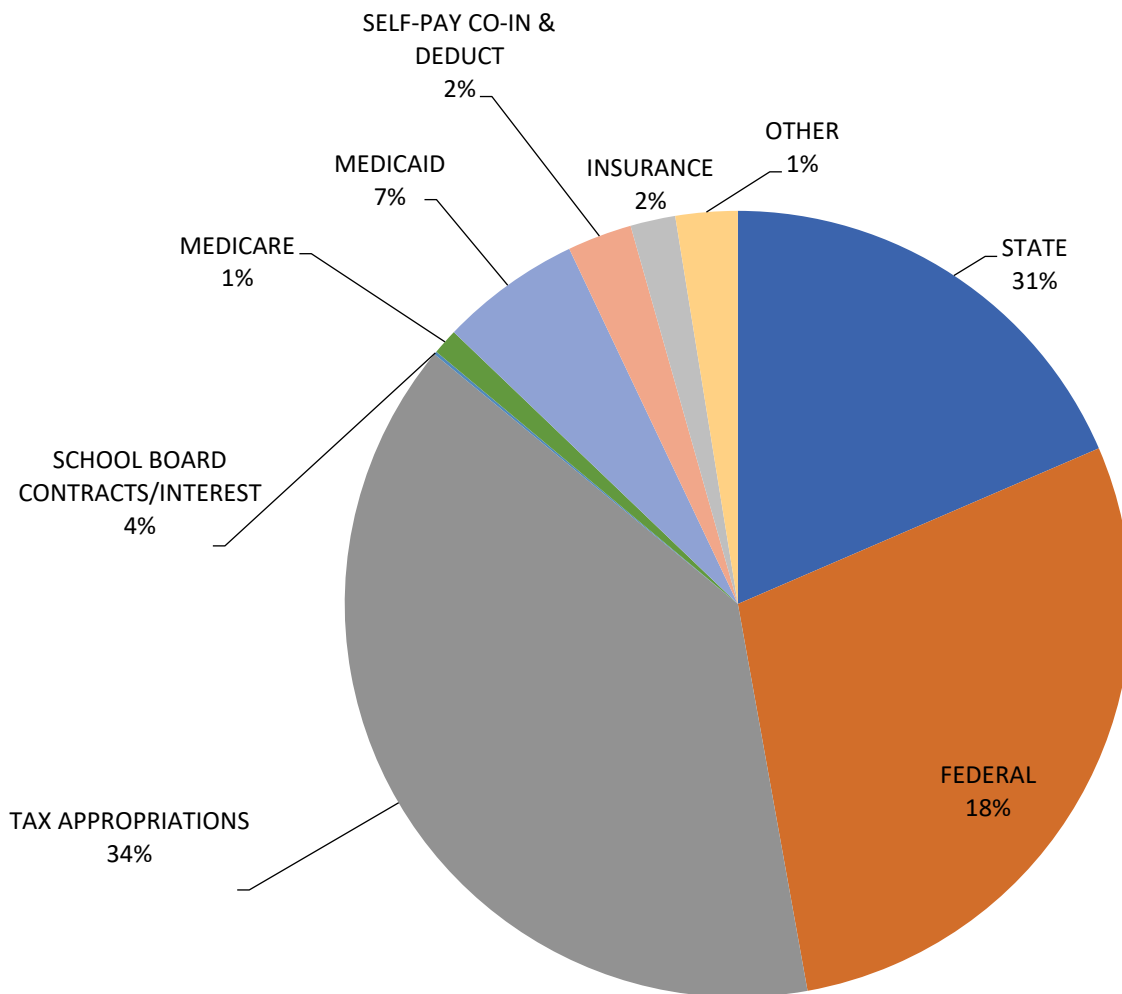
The Green River District Health Department budget for FY 2024 expenses totaled \$17,906,207. Salary and fringe expenses account for 81% of the agency's budget. Fringe expenses include insurance (health, life, dental, vision, flexible spending accounts), FICA, retirement, unemployment and workman compensation.

Clinical Services and Direct Programs Budget FY 2024 Expense



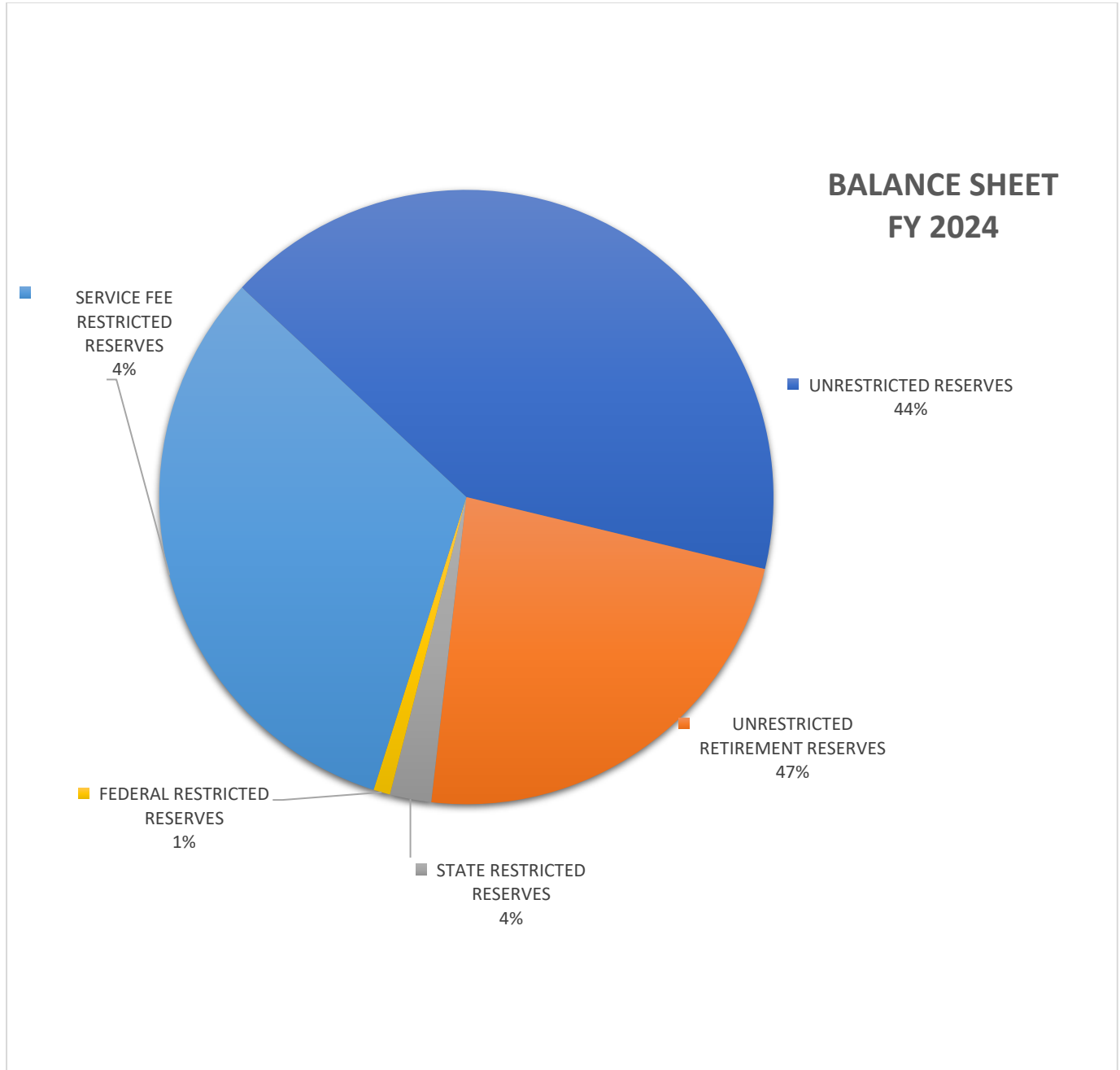
Revenue sources include state, federal, services fees, and tax appropriations. During FY 2024, GRDHD maintained an average of 12.3 months of operating cash on hand.

Clinical Services and Direct Programs Budget FY 2024 Receipts



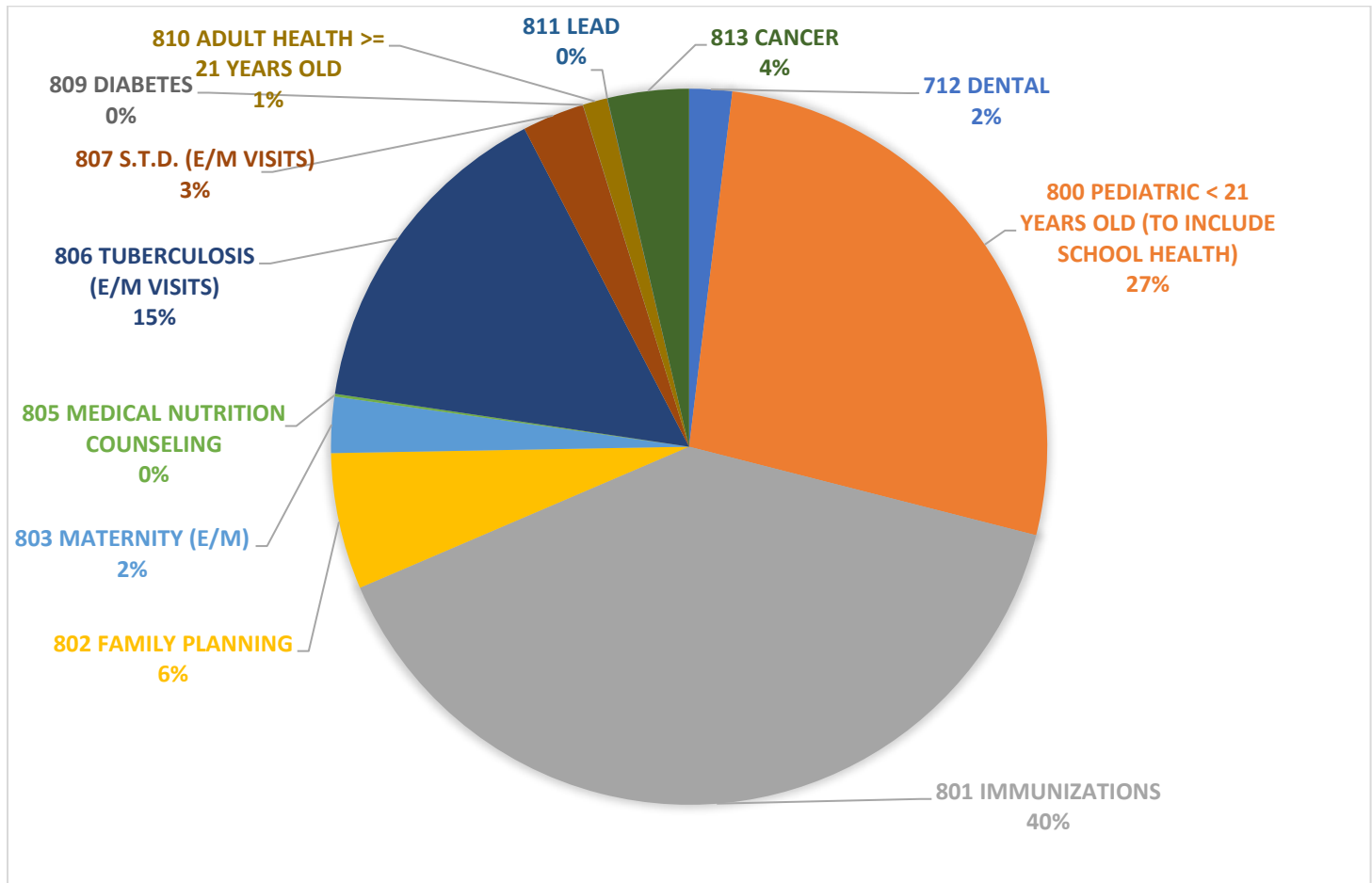
RESERVES

Reserves provide stability for the Green River Health Department Budget. The following provides the balance of reserves for FY 2024. At the close of FY 2024, the Unrestricted Reserves balance was \$10,109,115 and the Unrestricted Retirement balance was \$10,734,475.



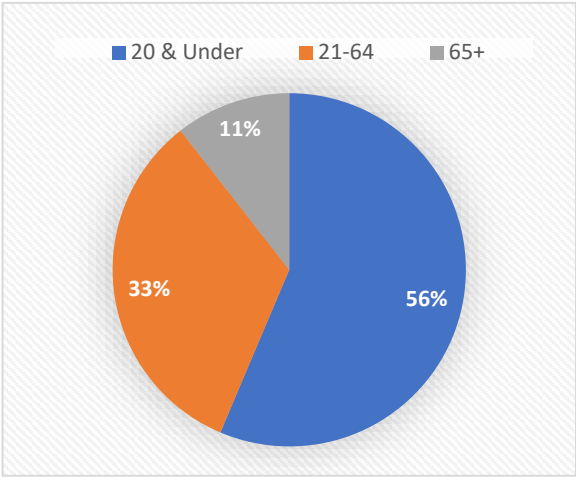
CLINICAL SERVICES

The Green River District Health Department provides multiple services essential to the needs of the community. The graph below illustrates the percentage of clinical services provided with the exception of Women Infant Children (WIC). WIC services (approximately 67% of GRDHD services) are reported separately in this report.



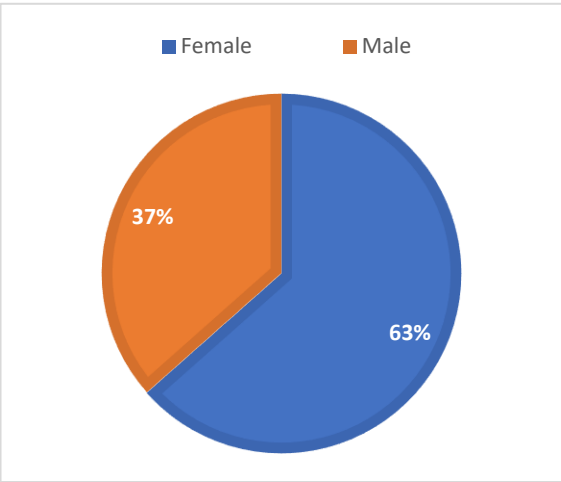
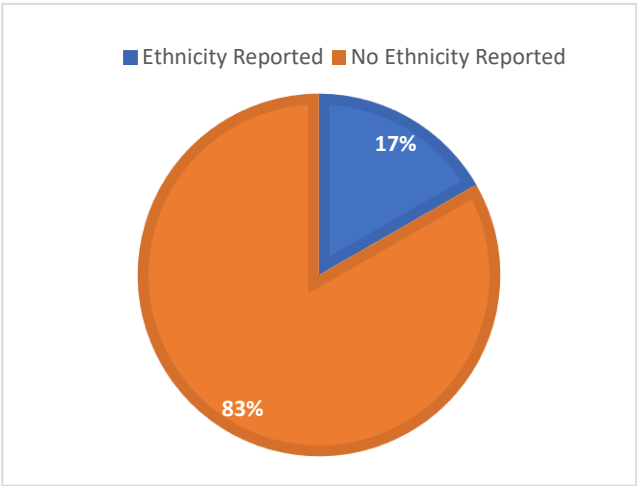
Row Labels	Actual Services FYTD
712 DENTAL	478
800 PEDIATRIC < 21 YEARS OLD (TO INCLUDE SCHOOL HEALTH)	4555
801 IMMUNIZATIONS	9799
802 FAMILY PLANNING	1525
803 MATERNITY (E/M)	626
804 WIC	50497
805 MEDICAL NUTRITION COUNSELING	30
806 TUBERCULOSIS (E/M VISITS)	3722
807 S.T.D. (E/M VISITS)	694
809 DIABETES	3
810 ADULT HEALTH >= 21 YEARS OLD	275
811 LEAD	4
813 CANCER	907
858 SCHOOL HEALTH	2142
Grand Total	75257

CLINICAL SERVICE POPULATION DEMOGRAPHICS



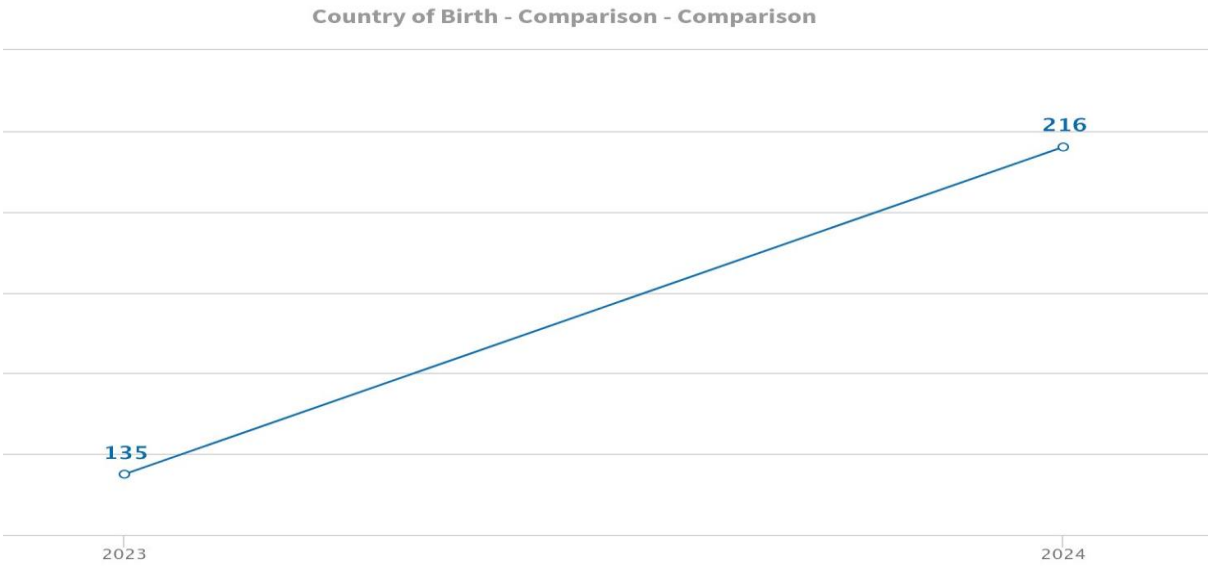
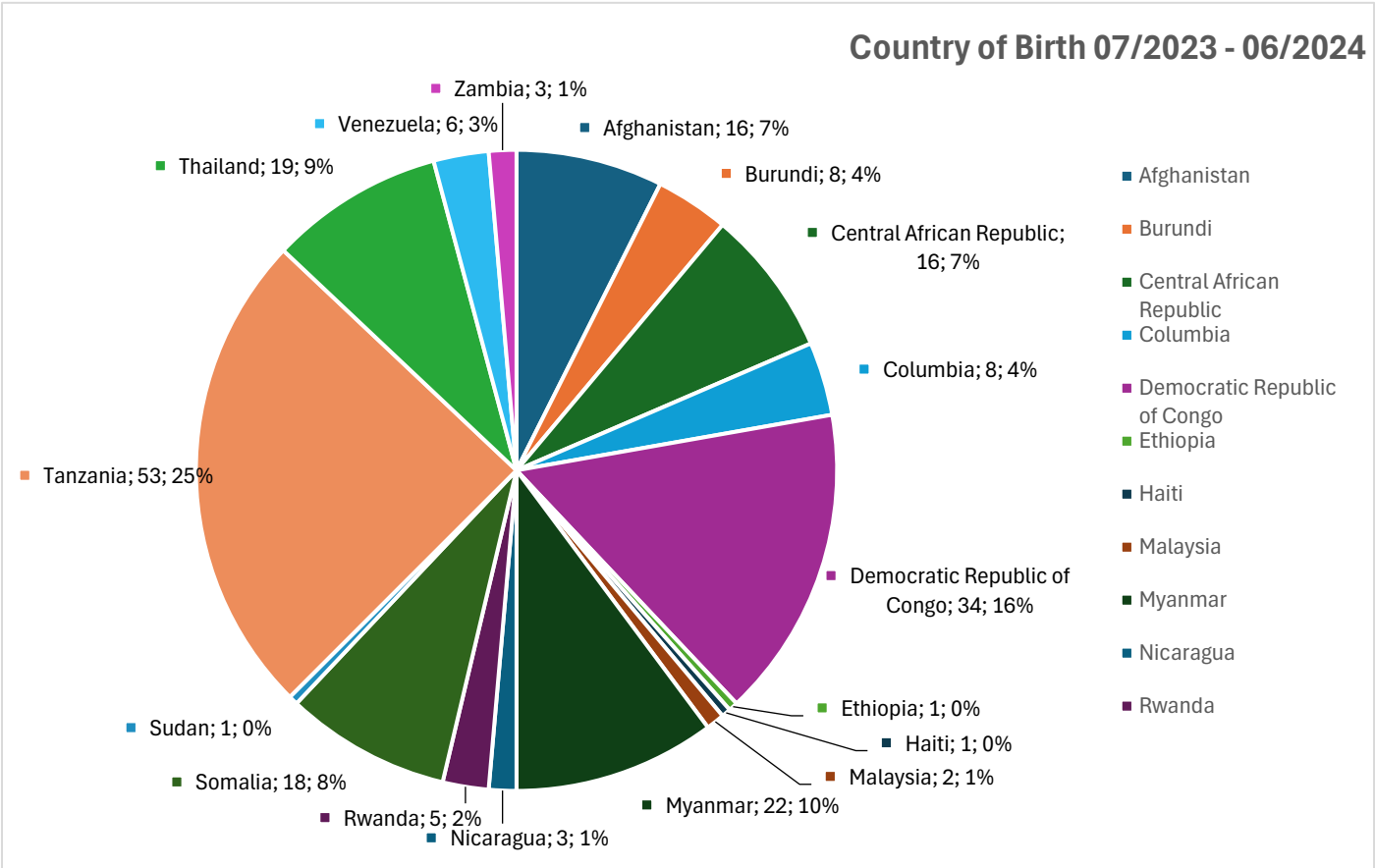
Green River District
Age
2023-2024
Persons 20 & under: 56%
Persons 21 - 64 years: 33%
Persons over 65: 11%

Green River District Health
Ethnicity
2023-2024
Ethnicity Reported: 17%
No Ethnicity Reported: 83%



Green River District
Gender
2023-2024
Female: 63%
Male 37%

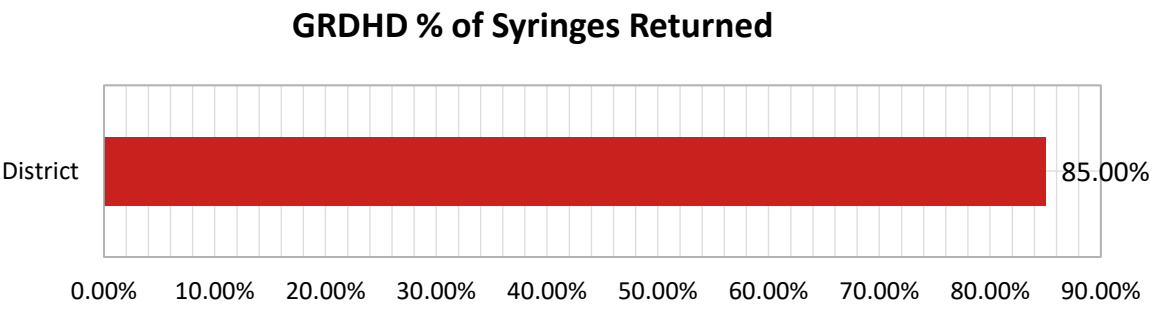
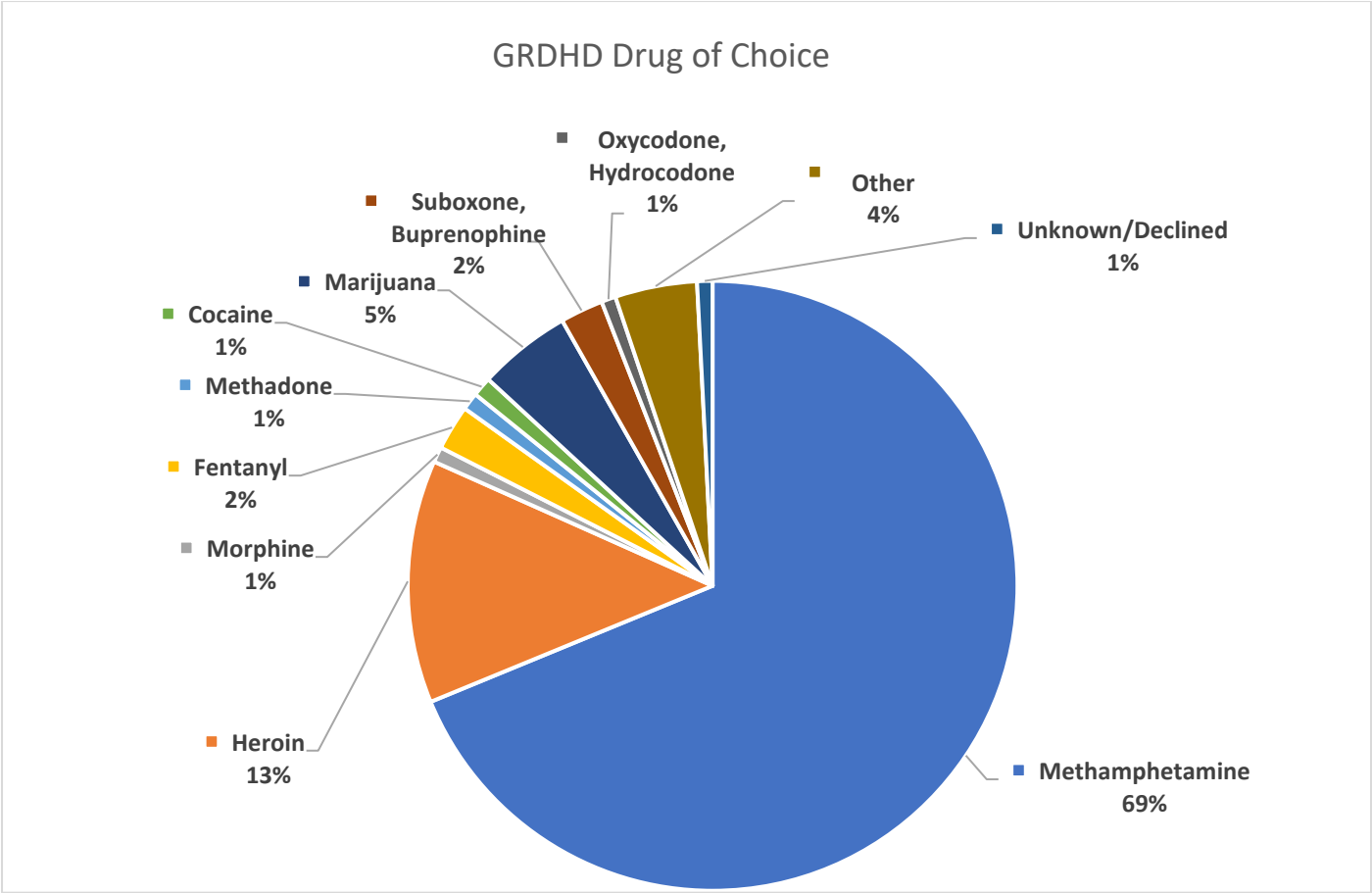
The Green River District Health Department serves as a refugee health assessment provider for clients resettled in Daviess County, KY. Along with other services, staff provide each individual with a comprehensive medical screening and immunizations. This program is an opportunity to assist clients with integrating into the U.S. healthcare system and provide assistance with access to care and other resources in Daviess County.

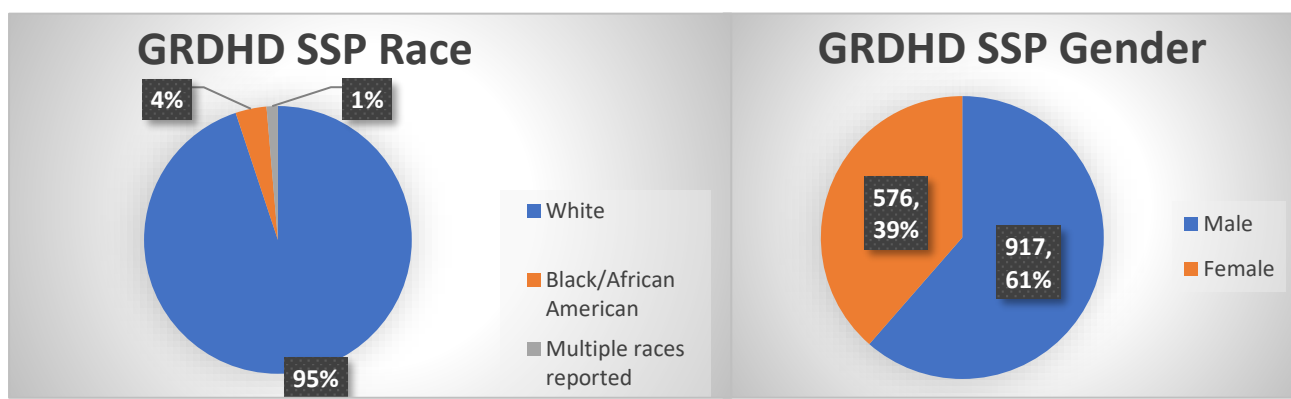
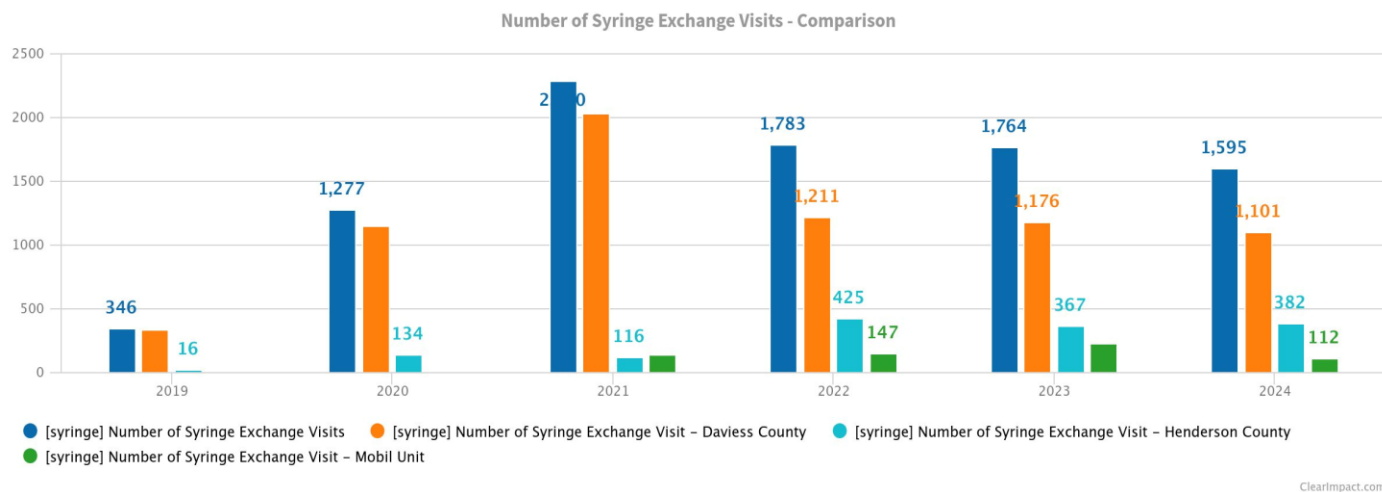


Country of Birth	Arrivals
Afghanistan	16
Burundi	8
Central African Republic	16
Columbia	8
Democratic Republic of Congo	34
Ethiopia	1
Haiti	1
Malaysia	2
Myanmar	22
Nicaragua	3
Rwanda	5
Somalia	18
Sudan	1
Tanzania	53
Thailand	19
Venezuela	6
Zambia	3
Total	216

SYRINGE EXCHANGE

GRDHD operates Syringe Services Programs (SSP), also known as syringe exchange programs (SEP), in both Henderson and Daviess counties. SSPs provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes and offer safer injection education. SSPs also provide participants with access to critical services and programs, including substance use disorder treatment programs; overdose prevention education; screening, care and treatment for HIV and viral hepatitis; prevention of mother-to-child transmission; hepatitis A and hepatitis B vaccination; screening for other sexually transmitted diseases and tuberculosis; partner services; and other medical, social and mental health services.



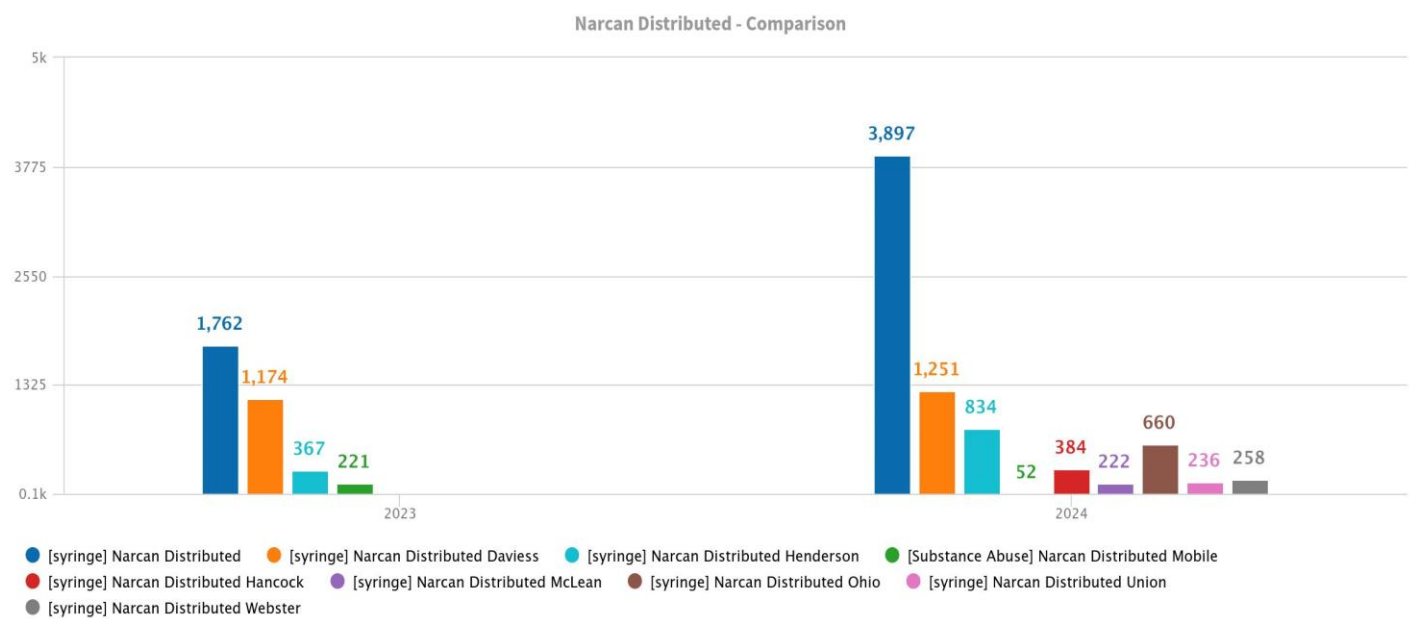


Average Fentanyl Strips Distributed
5

Average Age
41

Narcan Distributed by County

Narcan (naloxone) is an over the counter (OTC) drug that’s used to treat known or possible opioid overdose. GRDHD distributes Narcan through the SSP programs and to the public in 37 strategically placed boxes in our seven-county region.



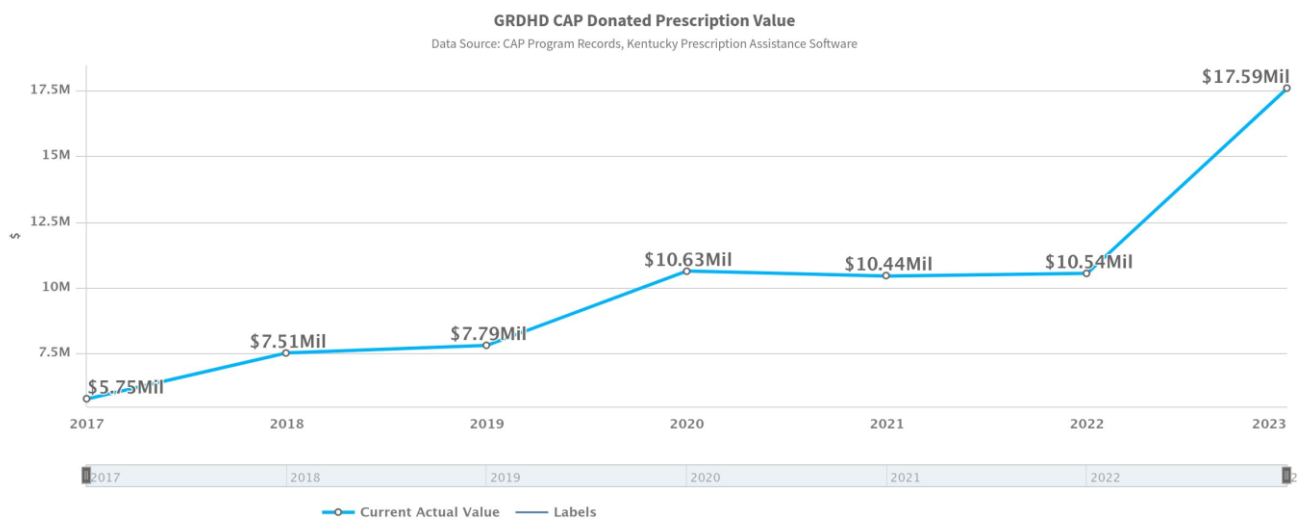
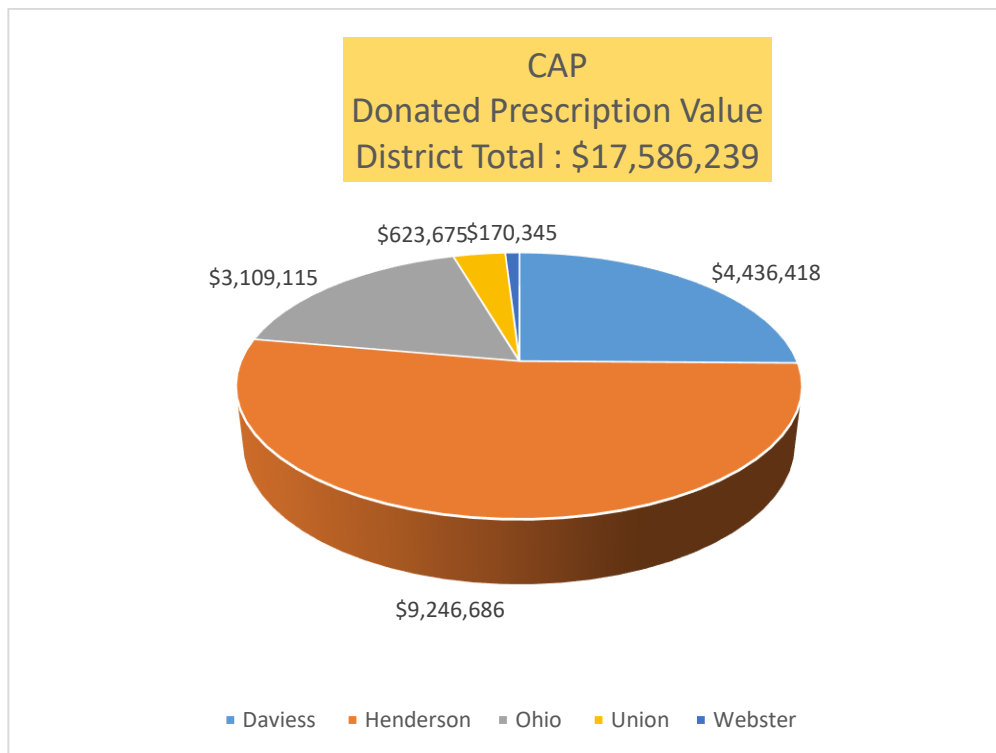
ClearImpact.com

COMMUNITY ACCESS PROJECT

The Community Access Project (CAP) provides prescription and other assistance needs to individuals and families who have difficulty accessing medical care.

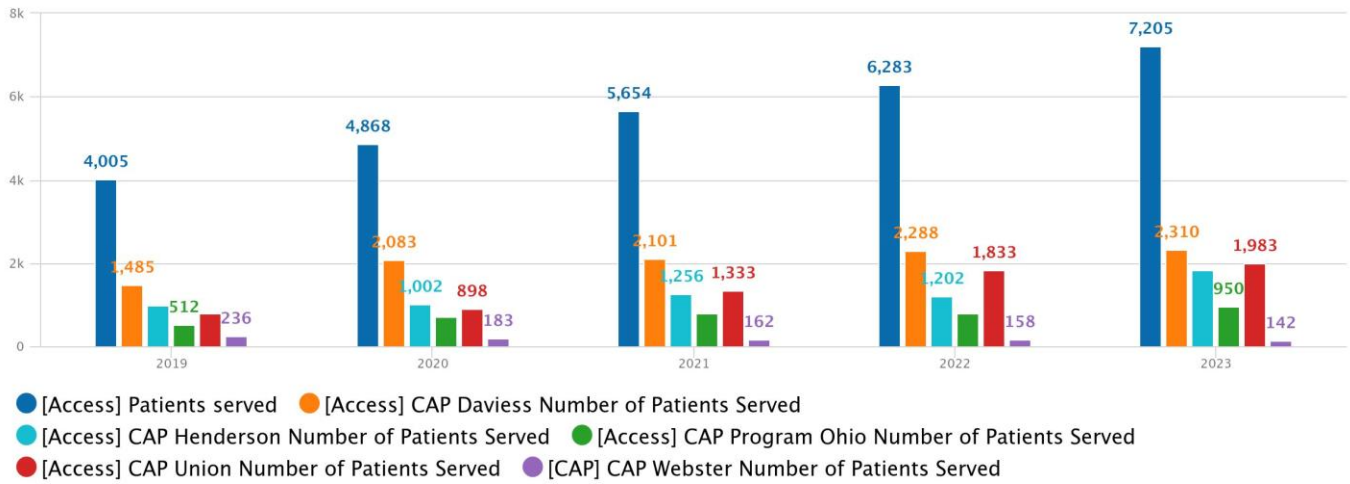
County	Donated Prescription Value	# Patients Served	Return on Investment
Daviess	\$4,436,418	2310	\$43.36
Henderson	\$9,246,686	1820	\$184.93
Ohio	\$3,109,115	950	\$62.18
Union	\$623,675	1983	\$20.79
Webster	\$170,345	142	\$8.52
Total	\$17,586,239	7205	\$36.97

average
ROI



ClearImpact.com

Patients served – Comparison



ClearImpact.com

CHILD CARE HEALTH CONSULTATION (CCHC) PROGRAM



Kentucky's Child Care Health Consultation (CCHC) program provides consultation and technical assistance on health, safety, and nutrition for licensed childcare providers. Trained Child Care Health Consultants from local health departments participate in joint activities with Child Care Aware in their areas to ensure collaboration and coordination on issues impacting the quality of childcare.

The Child Care Health Consultants, which include Registered Nurses and Health Educators, consult with these childcare providers and their families via telephone, email or on-site to promote healthy, safe, and nurturing environments for optimal child development.

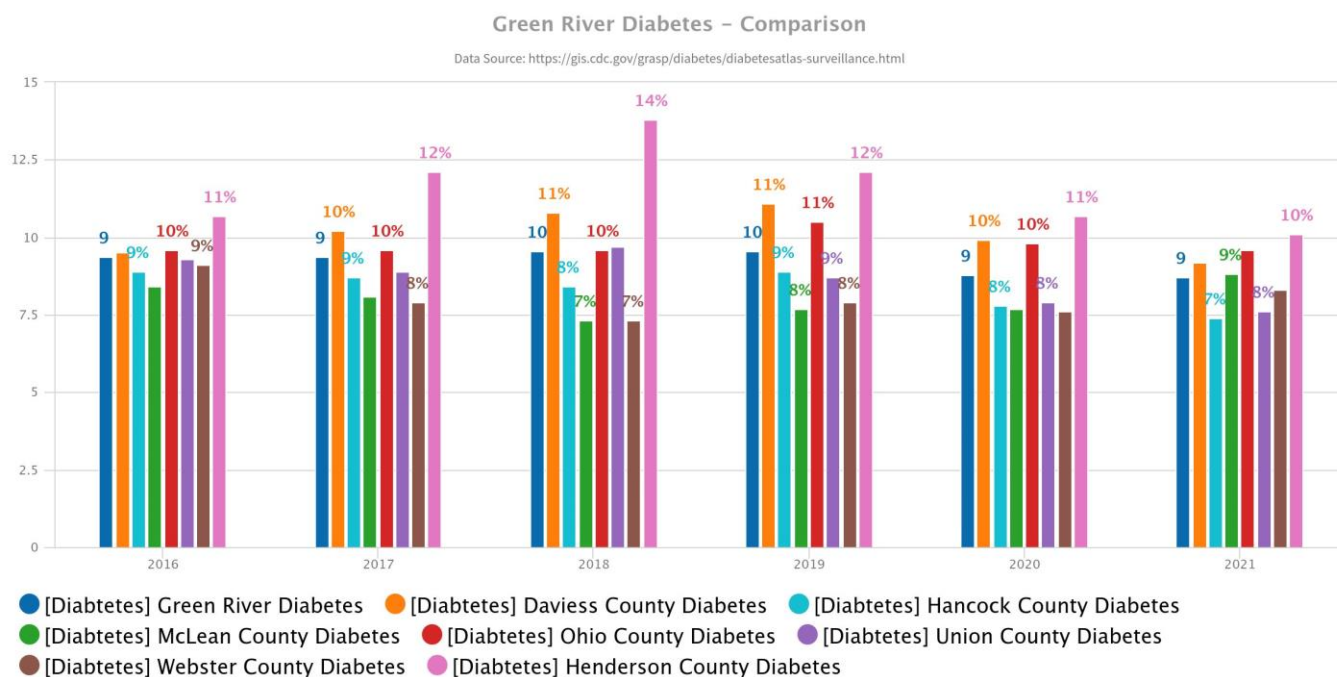
The Kentucky Department for Public Health launched a website and a toll-free Child Care Health Consultation Helpline, staffed by Child Care Health Consultant Technical Assistants at the Lexington-Fayette County Health Department. The Helpline (877) 281-5277 was established to assist childcare providers and other childcare consultants across the state and provides free technical assistance to childcare centers, including answering questions and providing information.

Out of the 8 Child Care Health Consultants across the state of KY, one is employed by the Green River District Health Department (GRDHD) serving the seven counties of Green River, as well as Hopkins and Muhlenberg counties. This full-time employee spends approximately 60% of her time in this program providing childcare centers with health, safety and nutritional information and consultation, including assistance in the development of health policies and procedures, safe sleep consultation and information, linking families and providers with community health resources, as well as collaborating with Child Care Aware, STARS for KIDS Now and other agencies to promote quality childcare in our community.

For FY 2022-2023 GRDHD's Consultant trained approximately 182 childcare providers. Thirty-eight face to face trainings were provided, totaling over 120 hours of continuing education in local child care centers.

DIABETES PROGRAM

According to the 2021 Diabetes in Kentucky report, the statewide prevalence of diagnosed diabetes is 13.3% as of 2019 (see graphic below). The current Centers for Disease Control US National, State, and County Diabetes Data, (Diagnosed Diabetes, Total, Adults Aged 20+ Years, Age-Adjusted Percentage) reports of the 120 Kentucky counties Green River District counties are as follows, Daviess at 9.2%, Hancock at 7.4%, Henderson at 10.1%, McLean at 8.8%, Ohio at 9.6%, Union at 7.6%, and Webster at 8.3%. Data shows that from 2000 to 2021, diagnosed diabetes among Kentucky adults has increased approximately 6.5%. Based on CDC estimates, as many as 1 in 3 Kentucky adults (34.5% or 1.1 million) have diagnosed or undiagnosed prediabetes. As of 2022, it is reported 12.9% Kentucky adults have been diagnosed with diabetes. The Kentucky Diabetes Prevention and Control Program (KDPCP) of Green River District Health Department, along with the Daviess County and Henderson County Diabetes Coalitions, is working to increase awareness and provide education and support to those impacted by diabetes. Through messaging with media partner Nexstar (WEHT ABC 25 & WTVW CW 7), we are providing information lifestyle education tips related to preventing Type 2 diabetes and self-managing diabetes. GRDHD works to increase or maintain the number of recognized Diabetes Prevention Programs (DPP), increase the number of DPP participants, and increase or maintain the number of Diabetes Self-Management Education and Support (DSMES) programs for the service area is ongoing. Green River District Health Department is a fully accredited and recognized branch of Healthy Living with Diabetes – Kentucky Department for Public Health for DSMES. GRDHD diabetes program work was funded in part by the Kentucky Diabetes Prevention and Control Program for FY23. Proclamations for Diabetes Awareness Month (November) were obtained in all seven Green River counties in 2023. Work is underway to obtain proclamations in all seven counties again in FY25.



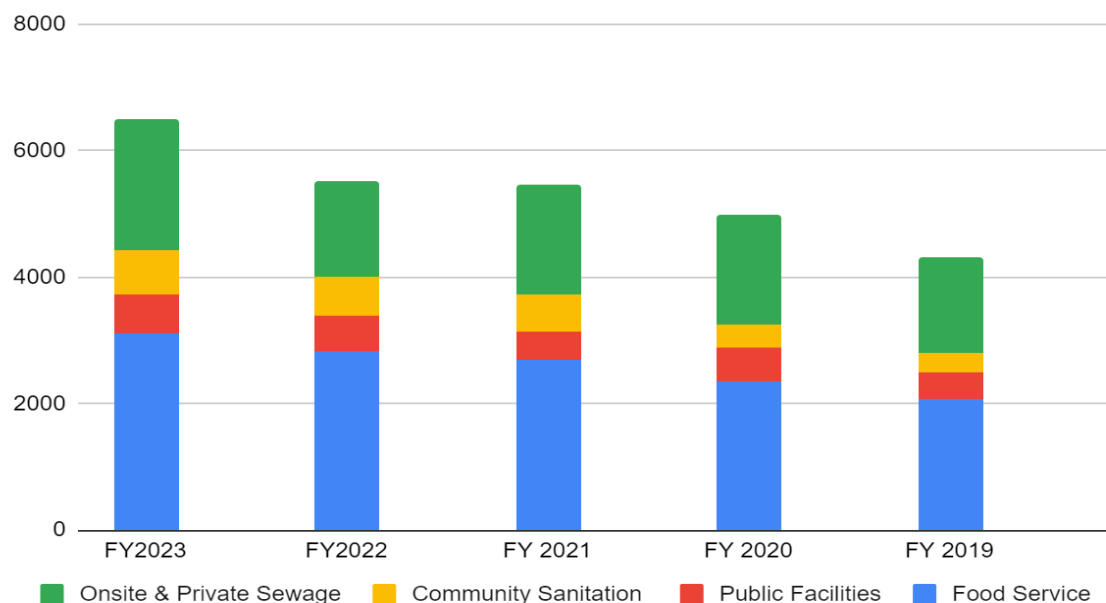
ENVIRONMENTAL SERVICES

The Environmental Health Services of the Green River District Health Department protects the public's safety and health by enforcing the Environmental Health laws of the Commonwealth of Kentucky.

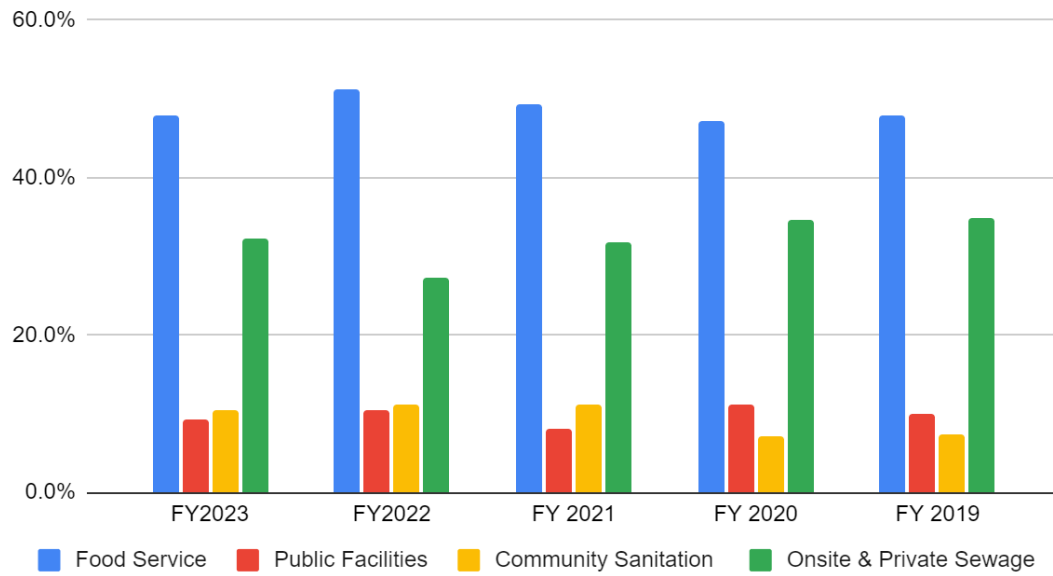
Services provided by this department can be categorized into four broad areas:

- Food Service Establishment Inspections – Includes Restaurants, Grocery Stores, Temporary Food Booths, and similar establishments that sell or serve food to the public.
- Facilities Safety and Sanitation Inspections – Includes Schools, Youth Camps, Hotel & Motels, Mobile Home & Recreational Vehicle Parks, Public Swimming Pools & Beaches, Tattoo & Body Piercing Studios, and Septic Tank Pumping Trucks
- Community Sanitation Enforcement Programs – Includes investigation of complaints related to Garbage, Lead Poisoning, Vector & Rodent control, and Rabies control.
- Onsite and Private Sewage Inspections – Septic Systems

	FY 2023		FY 2022		FY 2021		FY 2020		FY 2019	
Food Service	3125	48.0%	2826	51.3%	2693	49.3%	2350	47.2%	2063	47.9%
Public Facilities	605	9.3%	574	10.4%	436	8.0%	551	11.1%	426	9.9%
Community Sanitation	686	10.5%	612	11.1%	604	11.1%	350	7.0%	321	7.4%
Onsite & Private Sewage	2100	32.2%	1497	27.2%	1732	31.7%	1727	34.7%	1501	34.8%
Total	6516		5509		5465		4978		4311	
Note:										
Total services includes regular inspections, follow-up, complaints, surveys, office work and other field work.										



Environmental Services Total



FOOD SERVICE INSPECTION LETTER GRADING AND POSTING

In 2012 the Green River District Board of Health passed an ordinance that required restaurants and other businesses that prepare food to post a letter grade that corresponded to their health department inspection score. The policy implemented by the board of health was designed to improve upon and augment existing state food safety regulations. The ordinance and grading system have the following goals: (1) to allow the public to be informed about restaurant inspection results in a simple and easy to interpret way, (2) to improve food safety practices in restaurants, (3) provide a new avenue for the health department to communicate with the public, and ultimately (4) reduce the risk and incidence of foodborne illness. The ordinance outlines the following:

- Required the health department to issue an 8"X 11" placard for each food service inspection.
- Required permitted establishments to post the placard and prohibits anyone from moving, altering, or concealing it.
- Allowed the permit holder to request a re-inspection if they contest the results of the inspection or score.

How establishments are graded:

The Green River District Health Department enforces state laws related to food safety for restaurants and other establishments that provide food service directly to a consumer at the retail level. Kentucky's Retail Food Code is a modified version of the FDA 2005 Model Retail Food Code. The food safety rules provided by this regulation are based on sound science and best industry practices. Most establishments are inspected at least twice a year unannounced. Under state guidelines, establishment inspections and enforcement activities are based on a numerical scoring system with the following characteristics:

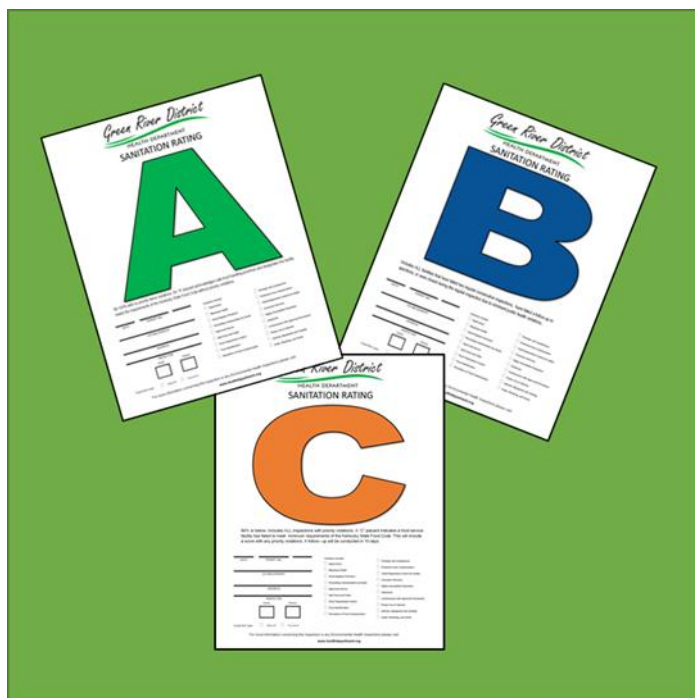
- Score is based on a 100-point scale from a 38-item checklist.
- 17 critical items (3–5-point weight).
- Passing Score: 85 or above with no critical items debited.
- Follow-up inspections are conducted within 10 days for establishments that fail but score 70 or above.
- Scores below 70 or failure to correct violations on the follow-up result in enforcement action against the establishment's permit.
- Score of below 60, refusal of inspection, or an imminent public health hazard results in immediate suspension of the establishment's permit.
- Establishment is afforded the opportunity to appeal any score or enforcement action of an inspector.

The Green River District Health Department's letter grade system is based on the existing state scoring system. Code requirements, inspection frequency, numerical scoring, ordered closure and other enforcement procedures are the same as state standards. The process is designed to communicate to the public about the safety of their food in a consistent and easy to understand format. The health department assigns a letter grade of A, B, or C for every scored inspection it conducts. An "A" grade is based on the minimum passing score established by state regulation. If the establishment passes the initial unannounced or "regular" inspection, an "A" placard is issued. The system allows establishments to improve their grade after a follow-up inspection if they fail the initial unannounced inspection.

A -- 85-100% with no critical violations. An "A" placard acknowledges safe food handling practices and designates that the facility meets the requirements of the Kentucky State Food Code without critical violations. The "A" placard will remain posted until the next routine inspection.

B -- Includes ALL facilities that have failed two regular consecutive inspections, have failed a follow-up inspection, or were closed during the regular inspection due to imminent public health violations. The "B" placard will remain posted until the facility passes its next regular inspection.

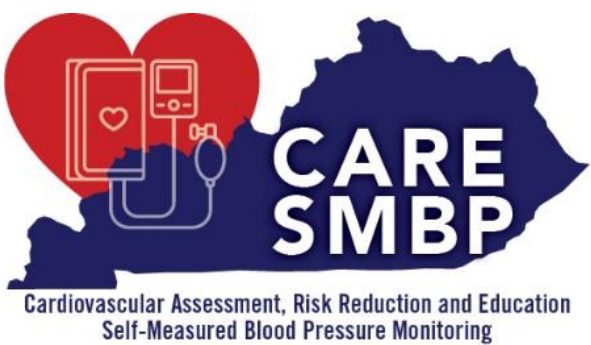
C -- 84% or below. Includes ALL inspections with critical violations. A "C" placard indicates that a food service facility has failed to meet minimum requirements of the Kentucky State Food Code. This will include a score with any critical violations. The "C" placard will be placed for a minimum period of time determined by the inspector but not more than ten days. A follow-up inspection will be conducted, and the applicable placard posted.



- Those facilities that fail a single inspection are re-inspected within 10 days and the subsequent placard will reflect the follow-up inspection grade. If the re-inspection score is 85 or higher and no critical violations detected, the facility earns an "A" placard.
- A facility that fails two (2) consecutive regular inspections will be under administrative review. Any restaurant that fails two consecutive inspections will be required to post a "B" until its next unscheduled inspection.
- A facility that is closed for a score below 60 or for imminent public health violations, regardless of the numeric score, will be required to post a B placard after passing the next follow-up inspection. The "B" placard will be posted regardless of the passing numeric score. The "B" placard must be displayed until the next routine inspection.

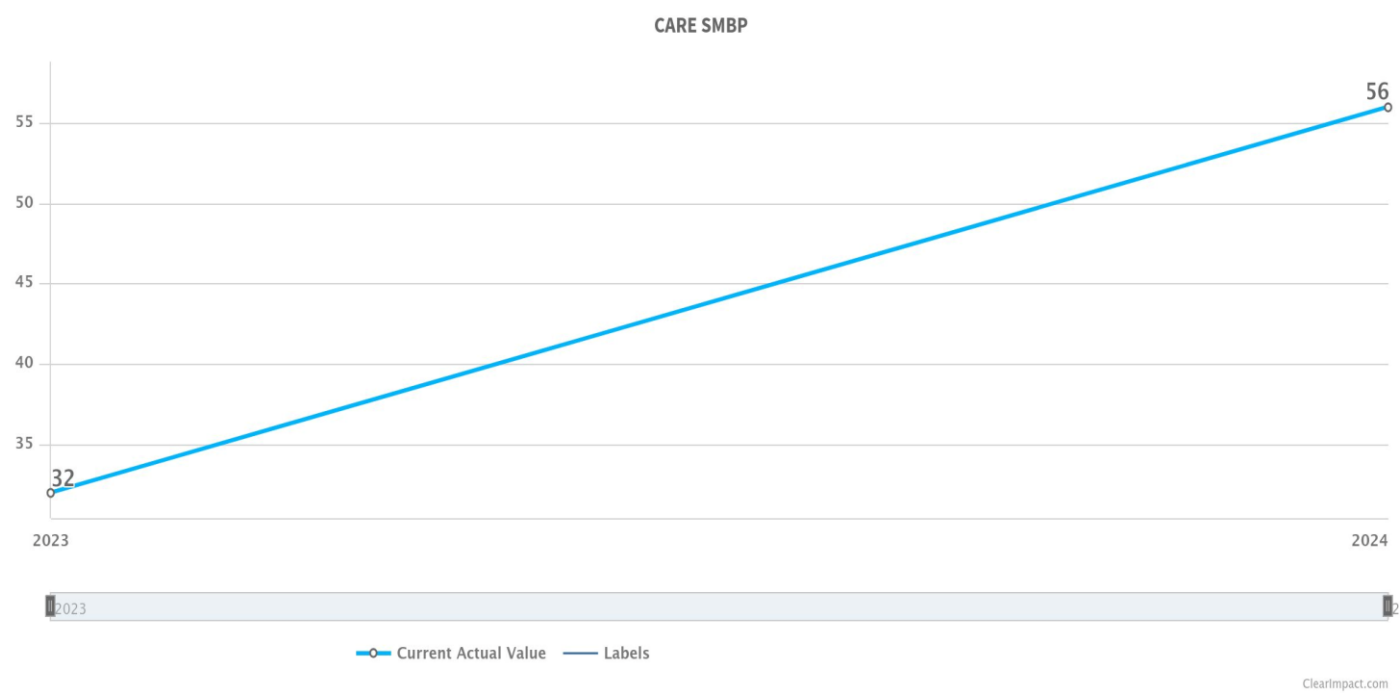
	FY 2023		FY 2022		FY 2021		FY 2020		FY 2019	
Grade	Total	%	Total	%	Total	%	Total	%	Total	%
A	1699	97.6%	1783	96.7%	1791	97.1%	1596	96.8%	1095	96.0%
B	4	0.2%	6	0.4%	5	0.3%	6	0.4%	10	0.7%
C	36	2.1%	52	3.2%	48	2.9%	46	2.8%	36	2.6%
N/A					662		551		136	
Follow Up Inspections										
A	32	88.9%	45	86.5%	40	83.3%	59	89.4%	26	70.3%
B	2	5.6%	5	9.6%	5	10.4%	6	9.1%	8	21.6%
Enforcement Action	2	5.6%	2	3.8%	3	6.3%	2	3.0%	3	8.1%

HEART DISEASE AND STROKE PREVENTION



Green River District Health Department’s Heart Disease and Stroke Prevention Program is funded through a CDC grant administered by the Kentucky Department for Public Health HDSP. CARE Direct is a self-measured blood pressure monitoring program (SMBP) with the overall goal of improving outcomes through increased patient engagement related to lifestyle modification education, medication adherence, and tobacco cessation designed to address hypertension and heart disease. The primary goal of CARE Direct is to improve self-awareness of personal blood pressure numbers and self-management to address high blood pressure where it is identified, thus reducing the risk of stroke and related cardiovascular disease and improving overall health. CARE Direct addresses three Community Improvement Plan Priority Health Issues – Obesity, Diabetes, and Smoking.

The focus of the KHDSP CARE SMBP Program is to successfully self-monitor blood pressure, successfully identify where an individual blood pressure reading falls, and understand the significance of their blood pressure reading over the course of three patient education encounters. The program has been understaffed for patient education encounters since April 2024. An attempt to fill the position was unsuccessful prior to the start of the hiring freeze with the implementation of WorkDay. The position has been posted with hopes of having the position filled in Q2 of FY25.



Demographic Data (includes all Referred)

Age (years)	Overall age (n=55)	Avg female age (n =30)	Avg male age (n=25)	BMI (n=15)
Mean	54.6	55.3	53.7	35.1
Median	55	53	57	35
Minimum	24	29	24	19
Maximum	83	83	71	52

Race (n, %)		Ethnicity (n, %)		Gender (n, %)	
White	16 (28.6)	Hispanic	3 (5.3)	Males	25 (44.6)
Black or African American	1 (1.8)	Non-Hispanic	17 (30.4)	Females	31 (55.4)
Multi-racial/Other racial ID	2 (3.6)	Unknown	36 (64.3)		
Unknown/Did not respond	37 (66.1)				

HOME HEALTH

Green River District Home Health (GRDHH) provides traditional home health; as well as incontinence Supplies and Early Periodic Screening, Diagnosis and Treatment (EPSDT special services) services throughout the counties of Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster; as well as an Adult Day Health Care Center in Daviess County.

During fiscal year 2024, the home health program provides services to 97 patients in our service area.

EPSDT special services is a Medicaid program that provides needed therapy services to children under the age of 21 years old with developmental delays or an established risk diagnosis which has a high probability of resulting in developmental delay. During fiscal year 2024, the EPSDTss program saw 995 patients.

Supply Only Program offers Outpatients Supply (OPS) such incontinence Supplies (briefs, diapers, pull-ups, under pads / chux, etc.) for those patients that are eligible through the KY Medicaid program. During fiscal year 2024, the OPS program saw 493 patients.

Services	Visits
Skilled Nursing	744
Physical Therapy	6,248
Occupational Therapy	19,606
Speech Therapy	26,114
Home Health Aid	587
Home Health OPS	972,312 Units

Patient Totals July 01, 2023, To June 30, 2024							
	Daviess	Hancock	Henderson	McLean	Ohio	Union	Webster
HH Admits	61	7	17	8	14	1	1
EPSDT <small>special services</small>	746	29	83	29	70	16	22
OPS Admit	295	16	82	14	50	21	15
ADC Admits	12	4	1	0	1	0	0

	OT	PT	ST	SN	HHA	SUPPLIES
Home Health Visits	216	502	47	744	587	
EPSDT Visits	19,606	6,248	26,114	N/A	N/A	
OPS Total Items						972,312

Compassionate Care Adult Day Health Care Center (ADC) is an alternative to long term care for individuals who wish to remain independent as long as possible but require supervision and/or medical monitoring. Services are provided under the orders of the individual's primary physician and may include monitoring vital signs, medication, and would or catheter care.

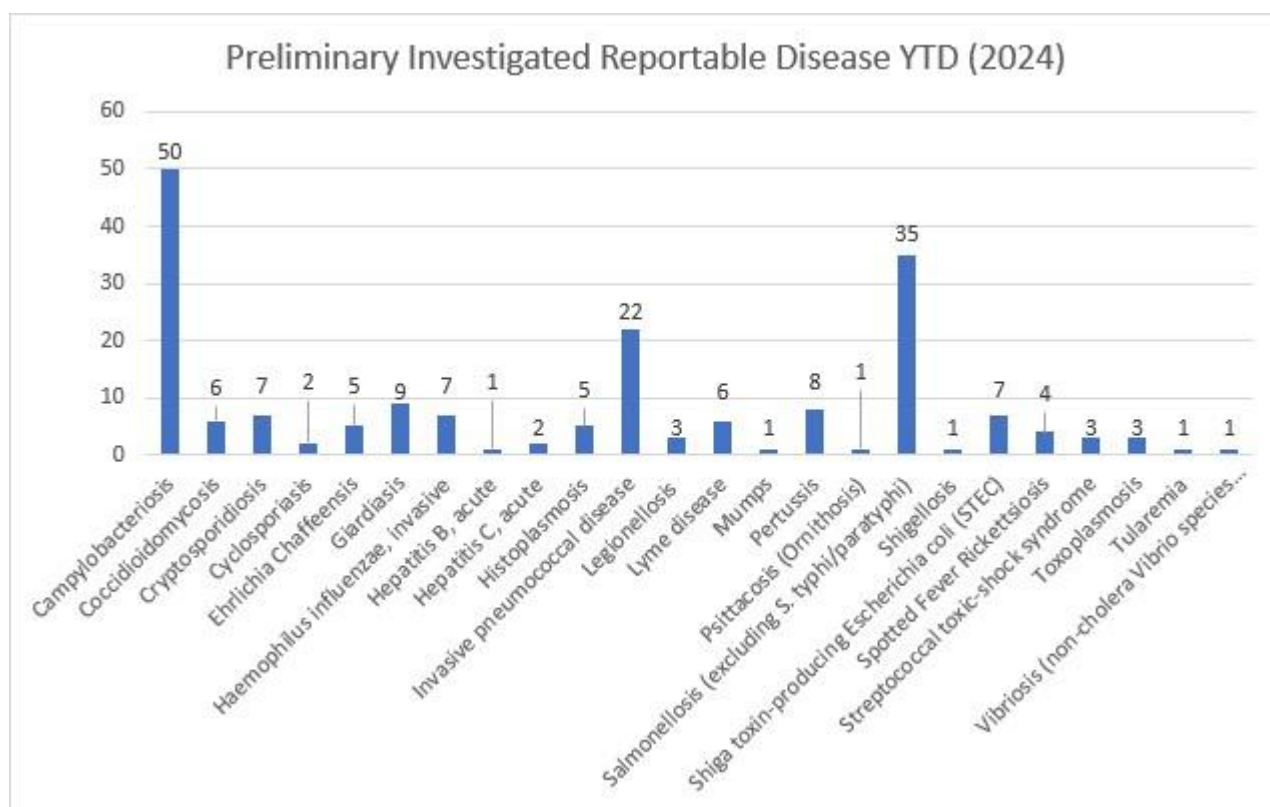
Patients from all Green River District Health Department services area could attend the adult day Health Care Center, physical, speech and occupational therapy are also available should the doctor prescribe them.

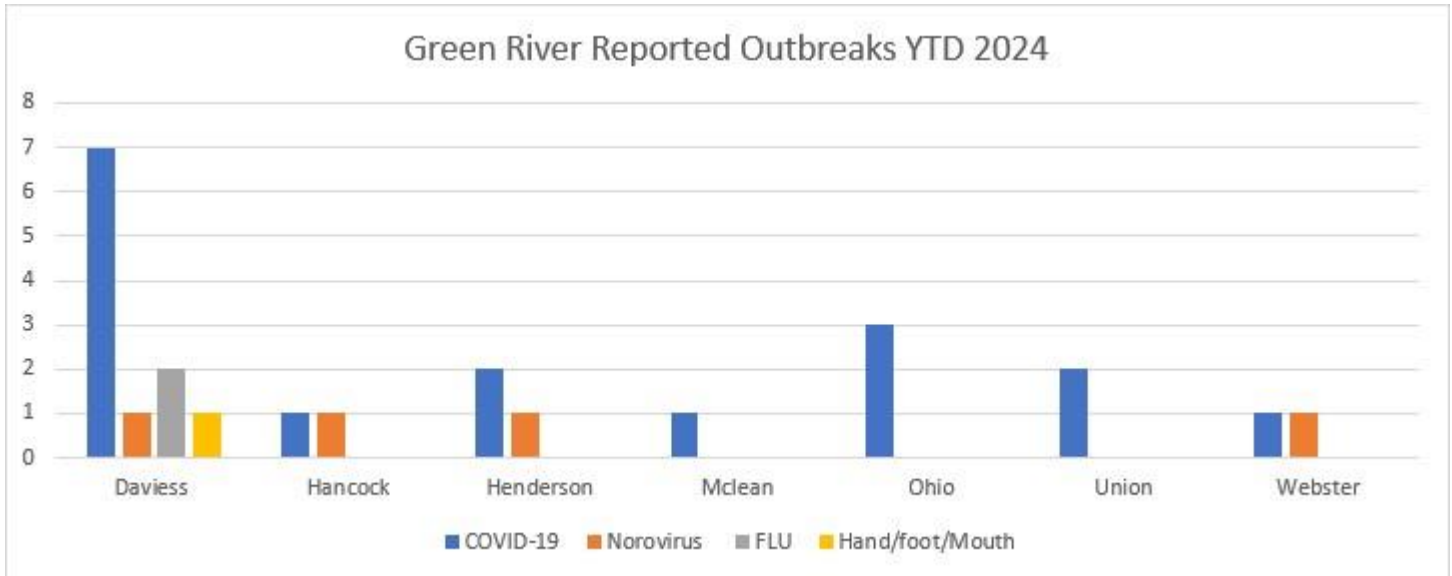
REPORTABLE DISEASES

Sexually Transmitted Infections

Preliminary 2024 STI Data - Green River District – Kentucky 01/01/2024 – 09/23/2024						
COUNTY	Chlamydia	Gonorrhea	Primary & Secondary, Syphilis	Early Latent, Syphilis	Late or Unknown Duration, Syphilis	Total
Daviess County	232	74	8	15	8	337
Hancock County	8	7	0	0	0	15
Henderson County	148	39	12	3	0	202
McLean County	16	4	0	0	0	20
Ohio County	30	10	3	1	0	44
Union County	35	6	2	1	0	44
Webster County	27	6	0	0	0	33
Total	496	146	25	20	8	695

Reportable Condition – The data include approved and investigations pending review. It does NOT include state rejected investigations (not a case).





TOBACCO

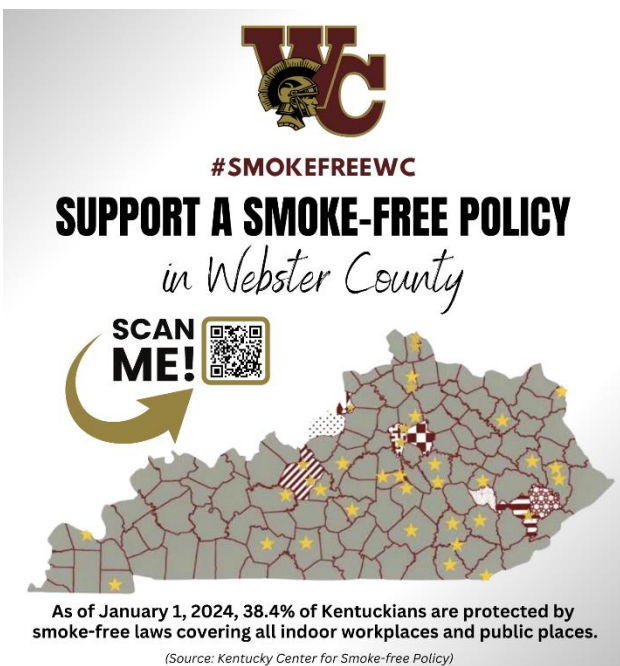
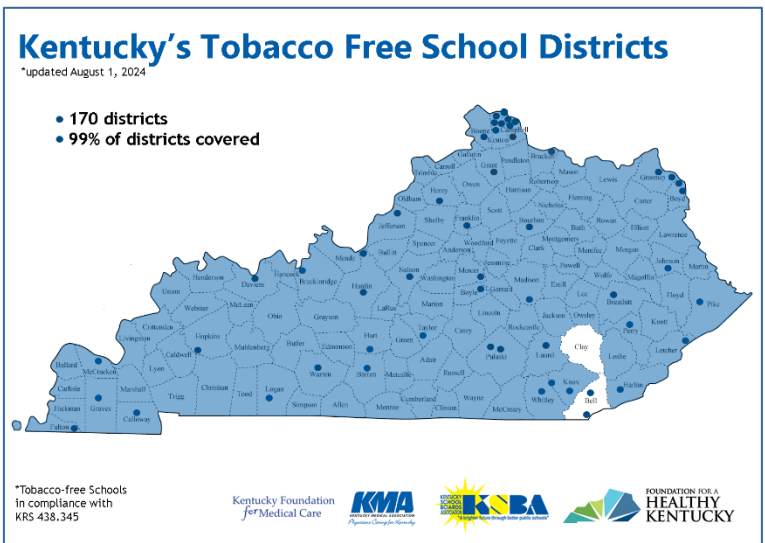
The Tobacco Control Program of the Green River District Health Department (GRDHD) works to reduce the negative health effects of tobacco/nicotine use within the Green River District. The goals of the program are focused on preventing initiation, promoting cessation, eliminating secondhand smoke exposure, addressing health disparities, and building capacity to sustain these initiatives.

In FY24, the Tobacco Control Program was awarded two mini grants from the Kentucky Tobacco Prevention & Cessation Program (KTPC), which allowed for the implementation of the INDEPTH program in Union County Schools and the training of two staff members from Owensboro Health in the "Not on Tobacco" (N-O-T) program. These initiatives are crucial in preventing youth from starting to use tobacco/nicotine.

In a significant policy achievement, Union County Schools adopted a 100% Tobacco-Free Schools policy on June 24, 2024, with technical assistance and resources provided by GRDHD.

Additionally, GRDHD staff conducted a series of vaping awareness presentations across the district, including at Girls Inc. in Daviess County, North Hancock County Elementary, Union County High School, and several schools in Webster County. These presentations reached hundreds of students, raising awareness about the dangers of vaping.

To address the issue of secondhand smoke, GRDHD partnered with Webster County ASAP to launch a social media campaign under the hashtag #SmokefreeWC. This social media initiative was aimed at raising awareness about the importance of a smoke-free ordinance in Webster County. A public opinion survey conducted by GRDHD in collaboration with the University of Kentucky showed that 78.9% of Webster County residents support a local law requiring all workplaces and public places to be smoke- and vape-free.



In yet another policy victory, GRDHD's commitment to advocacy was further bolstered by River Valley Behavioral Health's adoption and implementation of a smoke-free policy on August 1, 2023. GRDHD provided technical assistance and resources for implementation in collaboration with The Behavioral Health Wellness Environments for Living and Learning (BH WELL) team at the University of Kentucky.

The Tobacco Control Program also continued to promote cessation through their partnership with National Jewish Health, which provides free Nicotine Replacement Therapy (NRT) to Green River District residents enrolling in the Quit Now Kentucky program. GRDHD has also consistently promoted regional tobacco cessation resources, including Tobacco Treatment Specialist (TTS) services, to ensure that individuals seeking to quit tobacco products have access to the support they need.

In addition to these initiatives, GRDHD has worked to address health disparities related to tobacco use. In June 2024, GRDHD received significant media attention for its efforts to educate the public about tobacco-related health disparities affecting the LGBTQ+ community. These efforts included an agency press release, television interviews on WEHT Local Lifestyles and WFIE Midday with Mike, as well as radio interviews on WSON and WNIN.

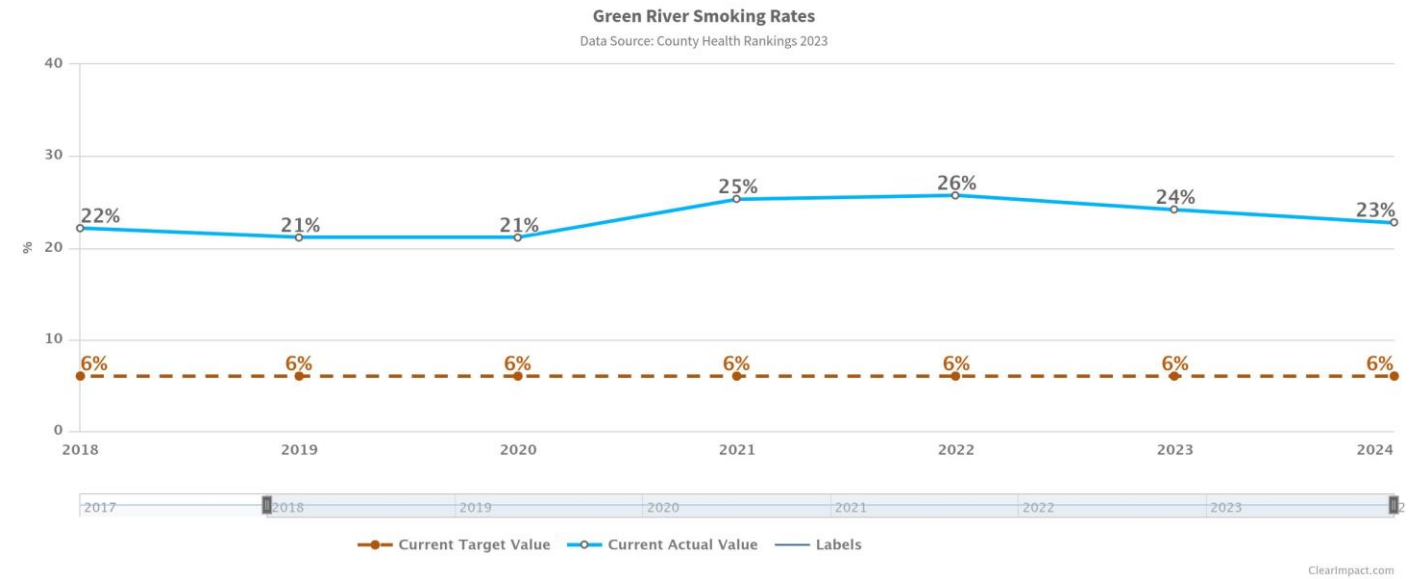


GRDHD Public Information Officer Merritt Bates-Thomas and GRDHD Health Educator Ethan Martin being interviewed by WEHT Local Lifestyles anchor Ange Humoherv.



GRDHD Health Educator Ethan Martin and Webster County ASAP/DFC Coordinator Melea Ramin accepting their graduation certificate at CADCA National Leadership Forum in Washington, D.C. January 30, 2024.

The program achieved a significant capacity-building milestone this year with the graduation of GRDHD Health Educator Ethan Martin and Webster County ASAP/DFC Coordinator Melea Ramin from the CADCA National Coalition Academy. This prestigious year-long training program has equipped them with the knowledge and skills necessary to advance coalition development and substance misuse prevention efforts across the Green River District.



TOP (TEEN OUTREACH PROGRAM)



A collaborative effort between the Green River District Health Department (GRDHD) and selected district school systems, TOP® is a proven national program that is designed to develop the positive potential of teens leading to successful life outcomes.

TOP® provides trained facilitators to work with participating middle and high schools on a variety of age-appropriate curriculum combined with a community service project, which specifically allows genuine opportunities for teens to make and feel the impact of their work. This combined program of curriculum and community service empowers teens to lead successful lives and build stronger communities.



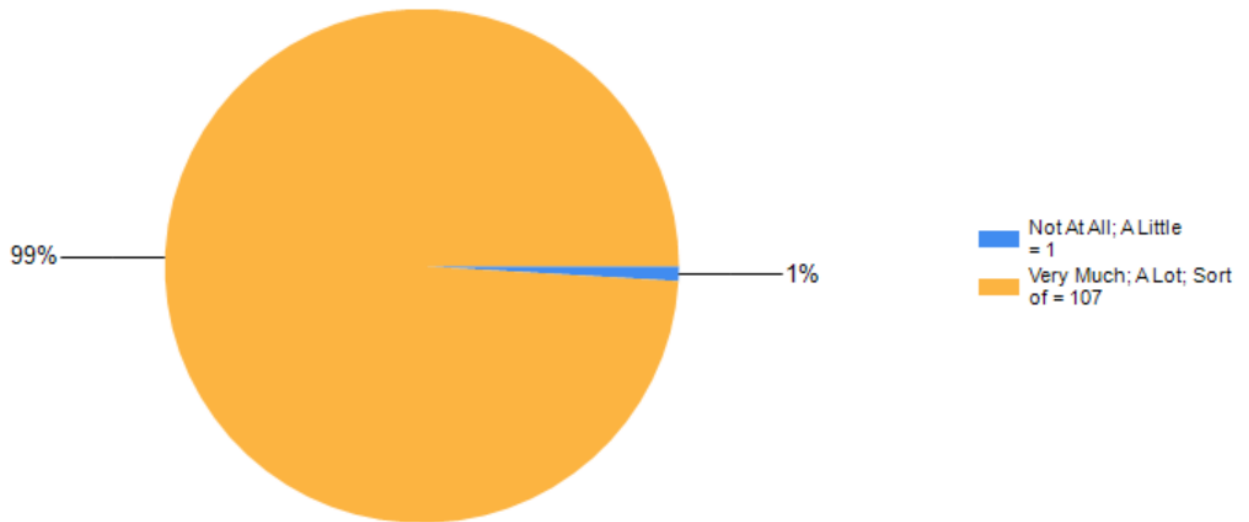
Leading researchers recognize Wyman's Teen Outreach Program® as a program that delivers real results. TOP® is grounded in contemporary research and theory regarding the developmental, social, and educational needs of young people in 6th to 12th grade.

Kentucky's Department for Public Health operated 41 clubs across the state for fiscal year 2022-2023; GRDHD provided 8 of those clubs reaching over 130 youth across the Green River District. Thirty-nine percent of those youth were in 6th through 8th grade, with 61% of youth attending 9th through 12th grade. Two hundred twenty-nine meetings were offered, 132 curriculum lessons were provided, and 166 community service learning hours were performed during club time (this does not include the hundreds of community service hours that teens logged on their own time).

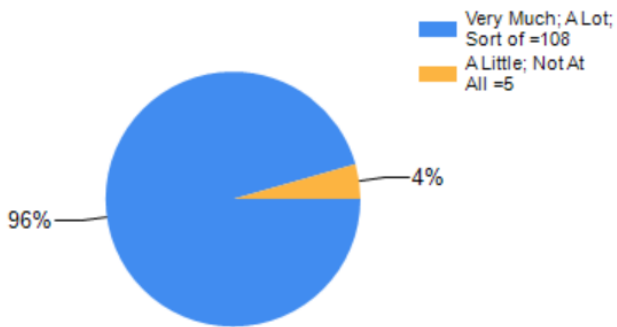


As a result of pre and post surveys given to all youth, 92% of youth served believed that TOP® was a safe place for them to say what they think and 100% of youth said their facilitator cared about them. Ninety-four percent of youth surveyed said they were able to learn how to deal with challenges. There was over a 4% increase of teens making decisions that keep them healthy and safe.

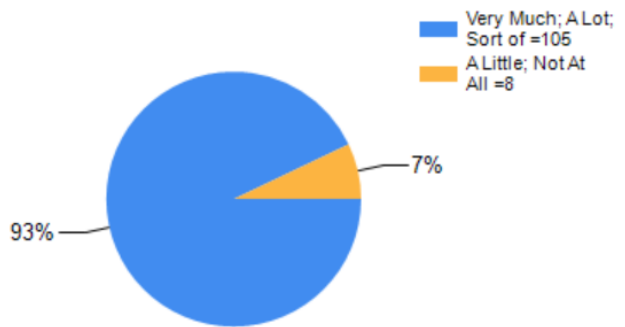
TOP is a safe place for me to say what I think.



Make decisions that keep me healthy and safe - The



Make decisions that keep me healthy and safe - Now



MATERNAL AND CHILD HEALTH

(MCH) program promotes improved physical, socio-emotional health, safety and well-being of women, infants, children, and their families. This is accomplished by implementing several different packages during the year. For FY 2023, these included the following: Safe Sleep for Community Partners, Prevention of Abusive Head Trauma, Prenatal Referrals, Fluoride Varnish for Children, Child Fatality Review, COVID-19 Outreach for Prevention and Protection, Nurturing the Thriving Mind and Whole School, Whole Community, Whole Child. Below are highlights/data from two of these programs.

Prevention of Abusive Head Trauma: Kentucky Youth Advocates recently (2020) reported findings from the latest US Department of Health and Human Services annual Child Maltreatment Report, that “Kentucky no longer has the highest child victimization rate in the nation. Among all 50 states, Kentucky now has the 5th highest rate of child maltreatment as opposed to its number 1 spot in 2019”. While this is an improvement, it is important to implement programs aimed at educating parents and protecting our children. In an effort to reduce the number of injuries and deaths caused by Pediatric Abusive Head Trauma, MCH partners with clinics, WIC and HANDS staff to educate new and expectant mothers and their families on the dangers of shaking an infant. This is accomplished by using the evidenced based program called “The Period of Purple Crying” booklet with app. These booklets are distributed and reviewed during positive pregnancy test visits, WIC appointments and HANDS home visits. During FY23, 680 Period of Purple Crying booklets were distributed.

Fluoride Varnish: According to the CDC, tooth decay is one of the most common diseases that affect children in the US. Fortunately, tooth decay in children can be prevented by good oral hygiene, avoiding sugary foods, receiving routine dental care, including fluoride varnish applications. Any child seen in any of GRDHD 7 clinics from eruption of first tooth through the 5th grade can be evaluated for fluoride varnish (FV) service in an effort to protect their teeth from dental caries. MCH program tracks and reports the number of children receiving FV treatment.

MCH Packages #208 Whole School, Whole Community, Whole Mind and #207 Nurturing the Thriving Mind are also incorporated into our TOP program outlined in this report. GRDHD also partners with local schools and community partners to provide health related education such as vaping and tobacco prevention and suicide and mental health resources. The below chart shows the total audience contacts based on MCH Package.

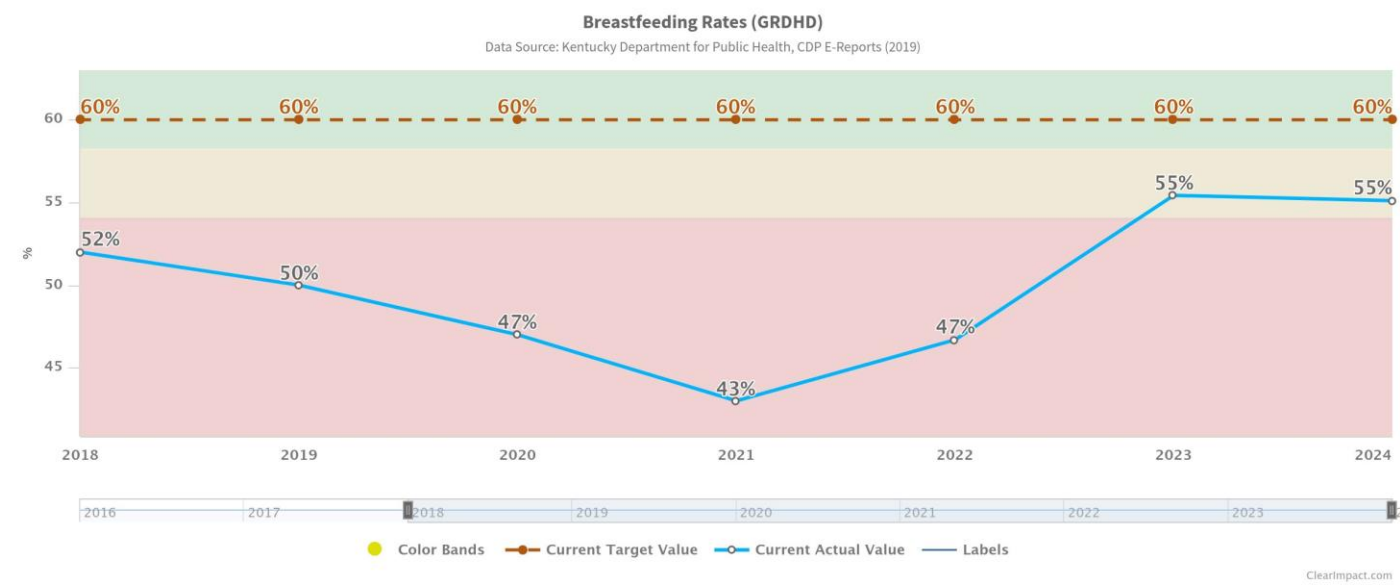
MCH PACKAGES		Total Audience Contacts
#200 Safe Sleep for Community Partners		13,689.00
#201 Child Fatality Review		48,991.00
#202 Prevention of Abusive Head Trauma		6,460.00
#204 Prenatal Referrals		3,667.00
# 207 Nurturing the Thriving Mind		1,186.00
#208 Whole School, Whole Community, Whole Mind		6,103.00
#210 – Healthy People, Active Communities (HPAC)		
Total		80,096.00

BREAST FEEDING



Beginning back to in person visits while keeping the first year visits via phone, the Any Breastfeeding rates remained approximately unchanged this past 2023-2024 year. A new USDA educational training program is currently underway for all WIC employees, with the majority of the four part teaching completed. The fourth part for the Designated Breastfeeding Experts for each clinic/area is being planned for the spring of 2025. A Breastfeeding Coordinator for the district as well as a Peer support person for Daviess Co was available up until September of 2024. Currently Peer replacements are being recruited. Continued breastfeeding promotional activities via state support will ensure continued support for breastfeeding mothers and infants.

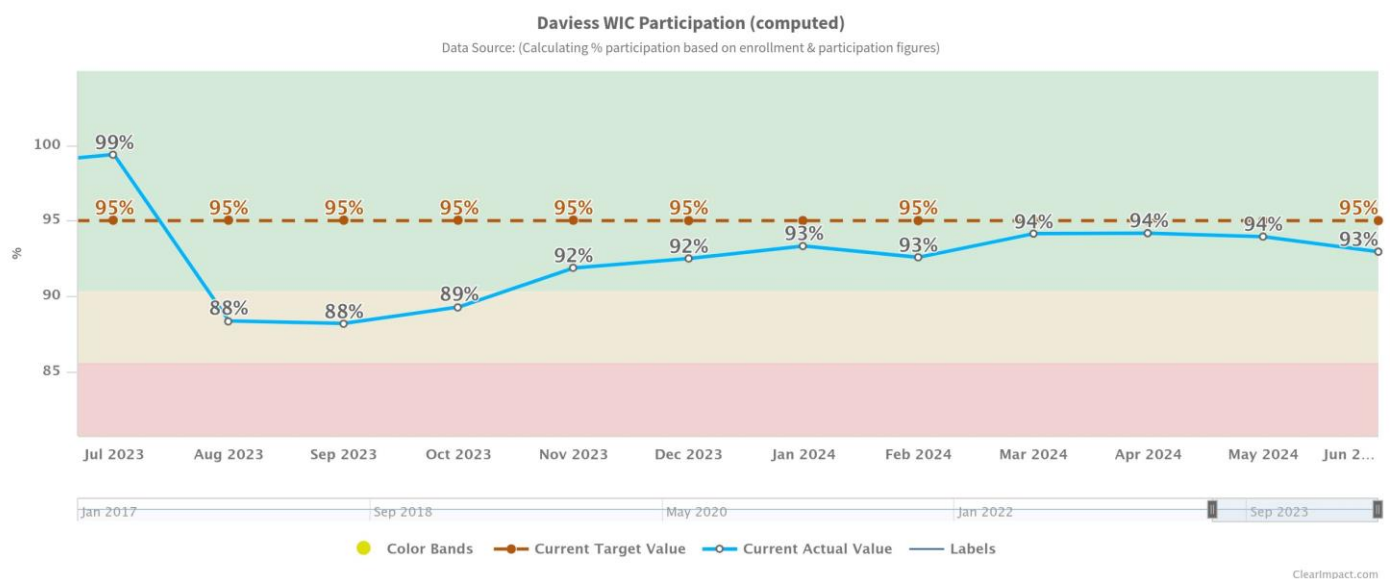
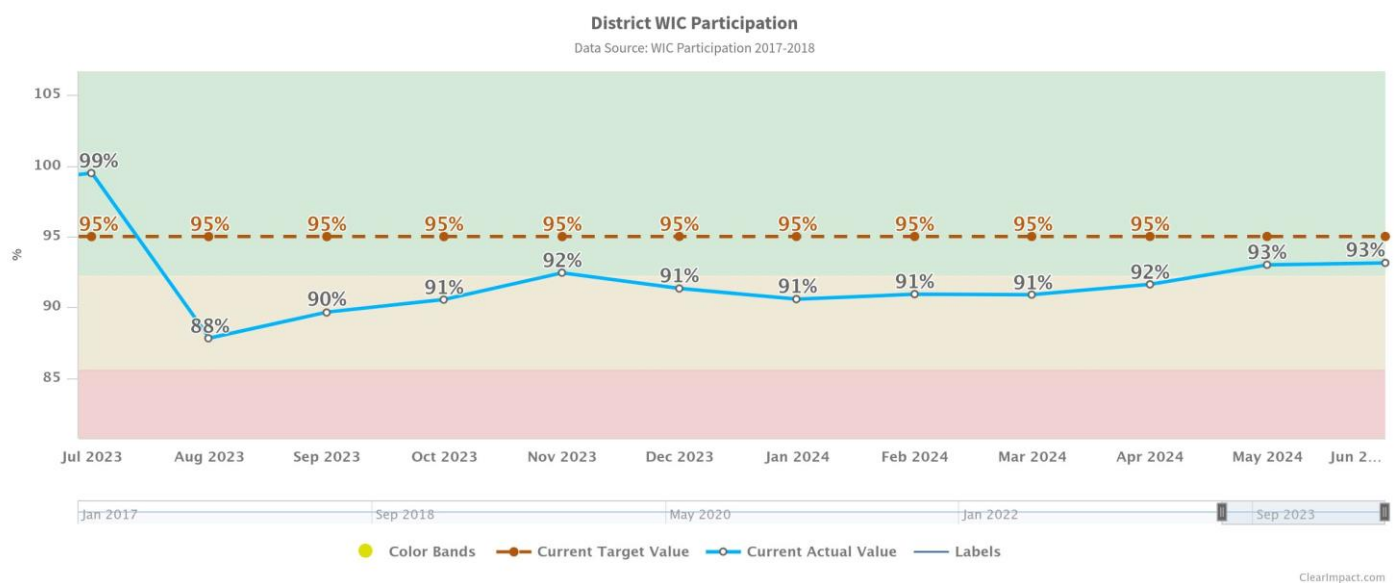
Breastfeeding Rates for District
FY 20: 46.52%
FY 21: 42.62%
FY 22: 46.69% (April)
FY 23: 55.43% (July-June)
FY 24: 55.11%



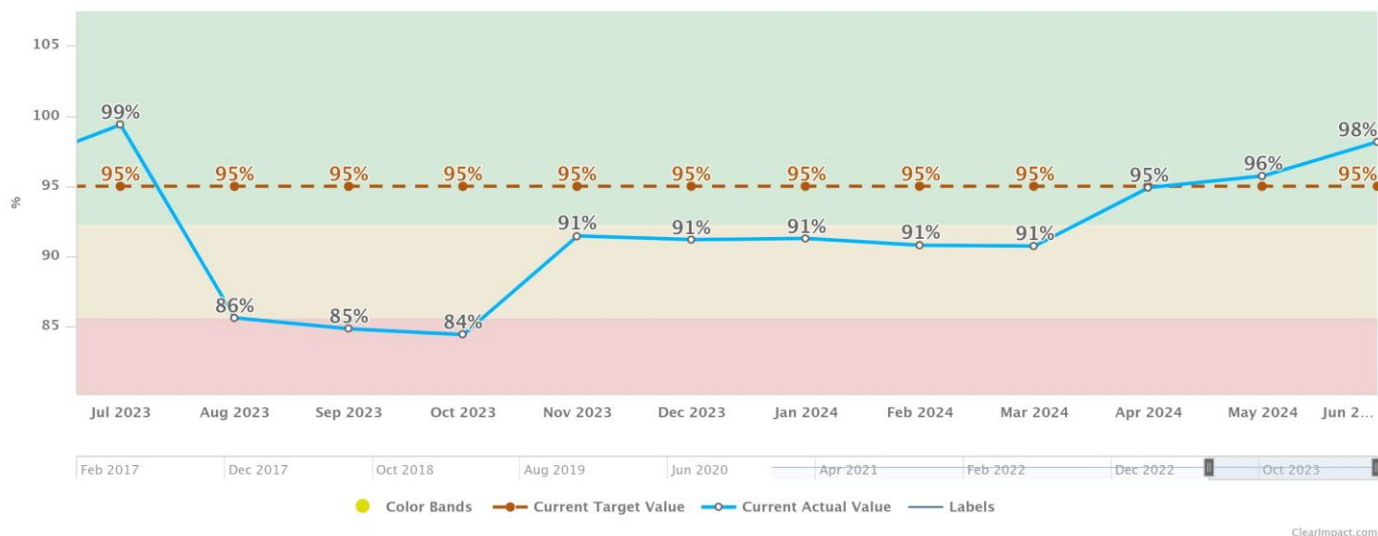
WOMEN INFANTS AND CHILDREN PROGRAM (WIC)

Clinic Services: The WIC Program offers a hybrid schedule combining in-person certification appointments with follow-up phone appointments. To assist Owensboro’s international community in understanding and utilizing WIC benefits, the agency has created a series of WIC video segments. By offering various ways to participate, we continue to strive toward enrolling and retaining WIC participants.

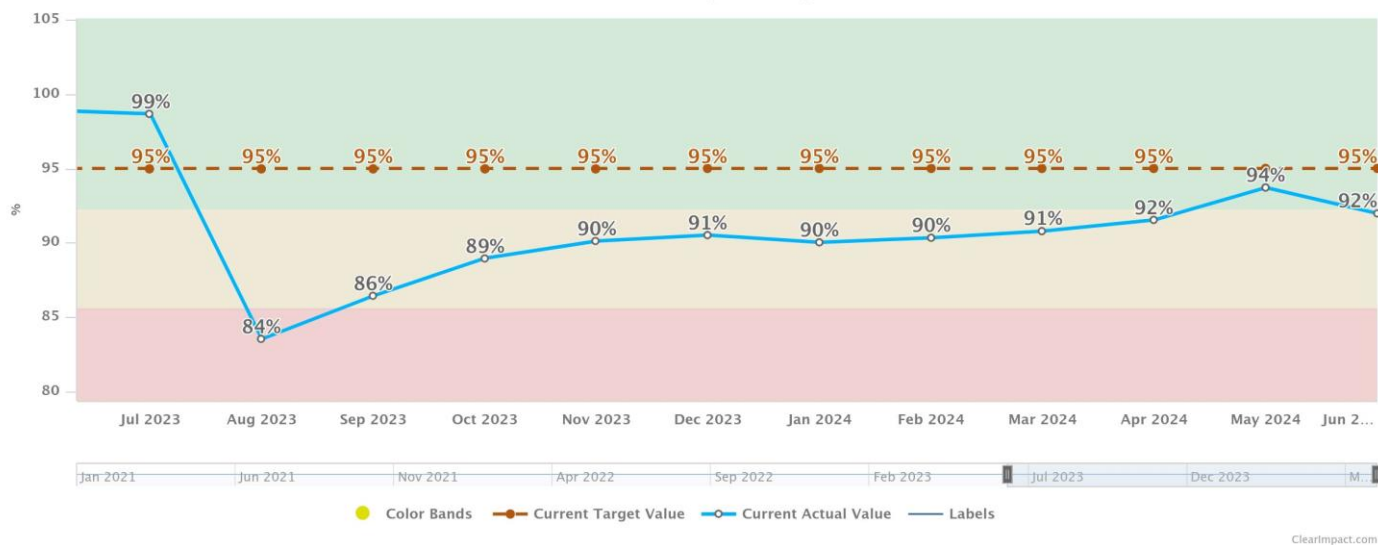
WIC Participation: WIC participation rates have seen a decline since returning to in-person services. The State’s recommended guideline for WIC participation is 95% or above. As of June 2024, most WIC clinic sites within the Green River District Health Department are maintaining participation rates in the low 90%. Hancock and Union County saw participation rates above 95% for the same time period. Overall, the District’s WIC participation rate is at 93% for June 2024, just 2% short of the State’s recommended goal.



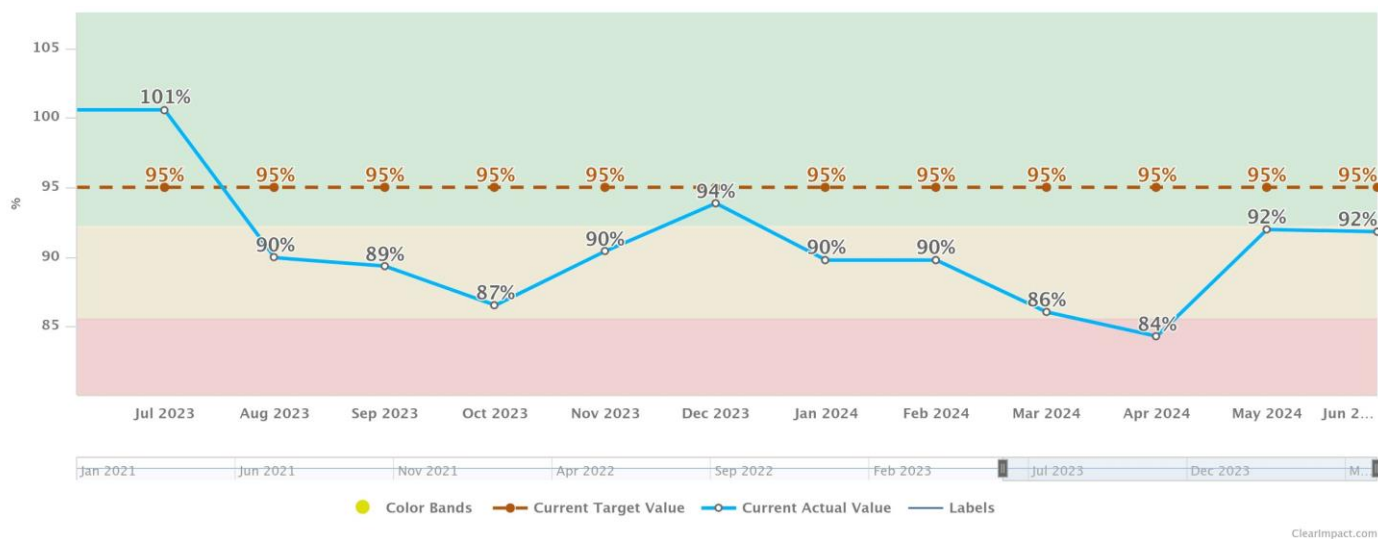
Hancock WIC Participation Computed



Henderson WIC Participation Computed



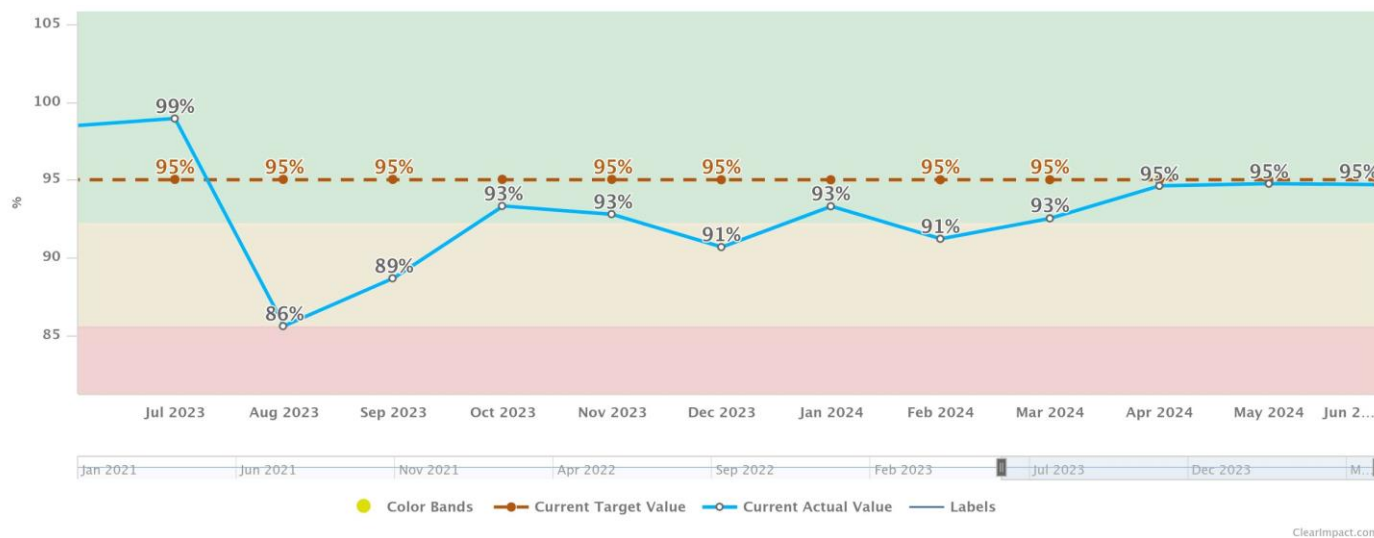
McLean WIC Participation Calculated



Ohio WIC Participation Computed

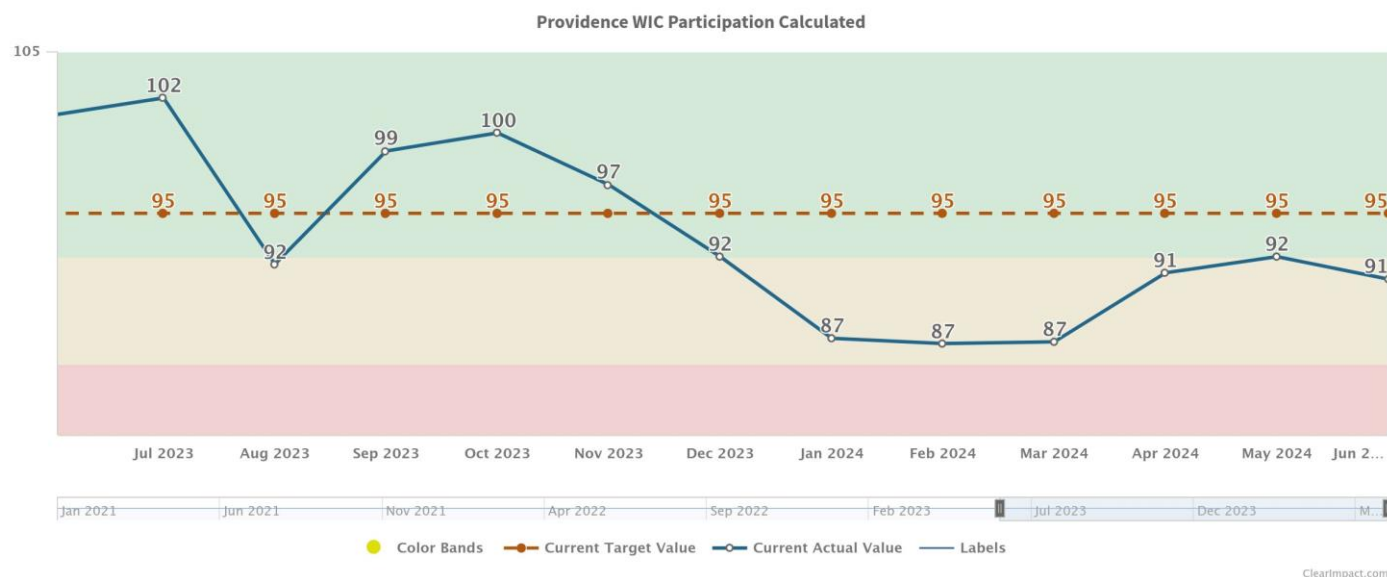


Union WIC Participated Calculated



Webster WIC Participation Calculated





GRDHD WIC Program Partnership with Owensboro Health

As of September 19, 2023, the Green River District Health Department has partnered with Owensboro Health Regional Hospital to provide WIC certifications to eligible mothers and newborns on Mondays, Wednesdays, and Fridays.

Since 9/19/23:

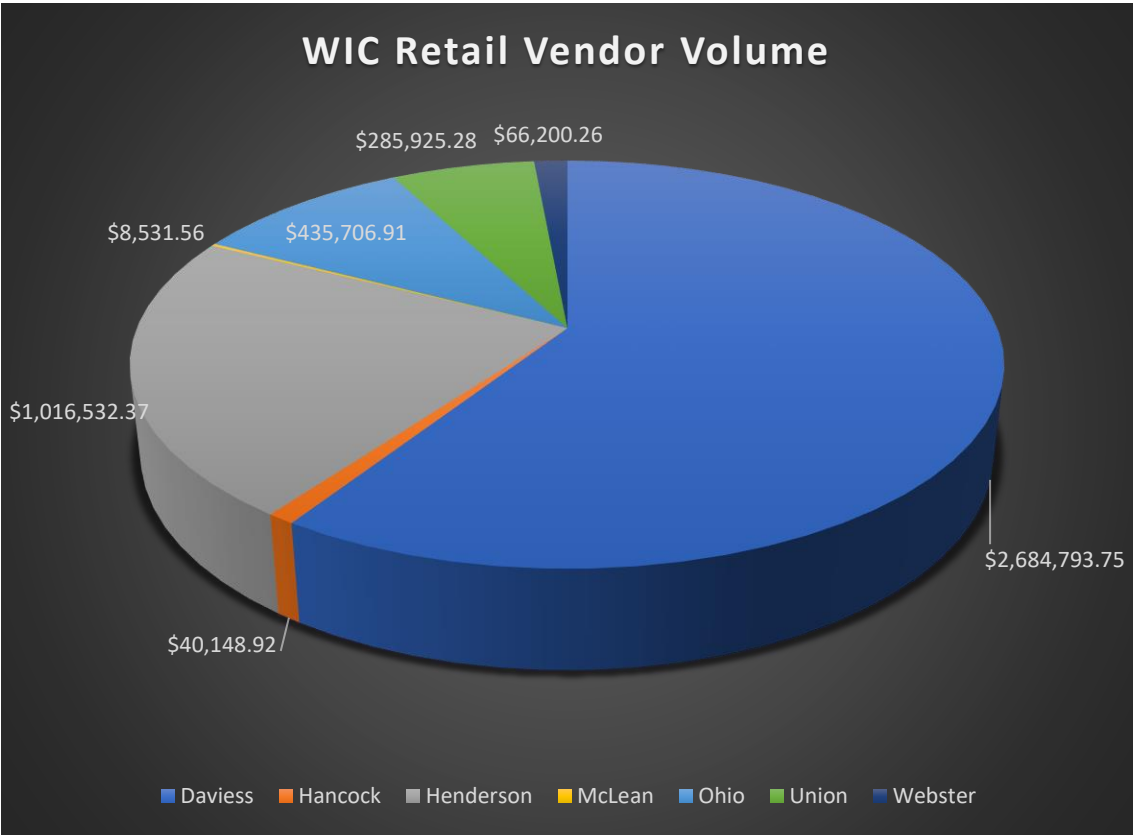
624 New moms

628 Newborns

	Number	%
GRDHD Service Area	588	94.69%
Owensboro Health Service Area	29	4.67%
Outside OH and GRDHD	4	0.64%

WOMEN INFANTS AND CHILDREN (WIC) PROGRAM VENDOR VOLUME

WIC Vendor Volume: The WIC Program provides healthy foods to pregnant, post-partum and/or breastfeeding women, infants and children up to 5 years of age. Participants in the WIC Program are given an electronic benefits transfer (EBT) card (eWIC card) which is loaded to purchase specific foods based on a health assessment conducted by a Registered Dietitian or Nurse. The eWIC card is then taken to local grocery stores (vendors) who have contracted with the WIC Program to provide this service. The economic impact of the WIC Program can be substantial. In fiscal year 2024, ~ 4.5 million in WIC dollars were spent with local vendors. Roughly 330,000 WIC dollars were spent with vendors outside the Green River District.



STRATEGIC PLAN 2023-2027

Strategic Plan Update 4-2024

Structure and Logistics of the Plan

The 2018-2021 Strategic Plan cycle is from April 2023 to March 2027. The chart displays progress for the 40 action items associated with meeting in the Plan.

Mission

To promote, protect, and strengthen the health and well-being of and maintain healthy lifestyles and environmentally safe

Vision

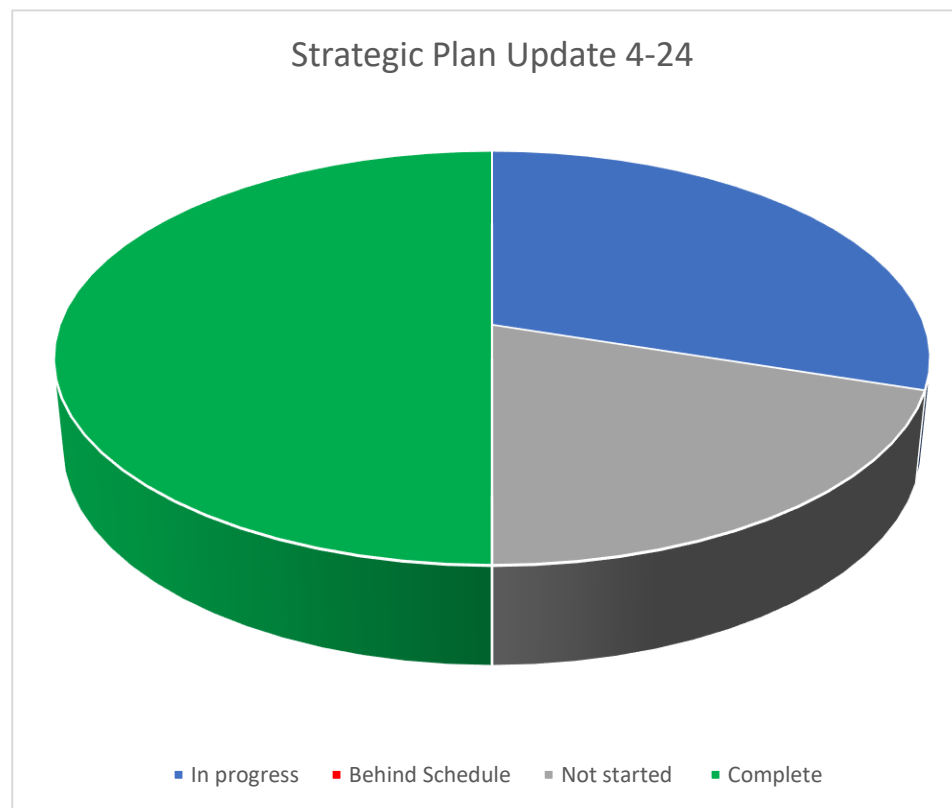
To ensure our community lives in a healthy and safe environment.

Core Values:

Compassion—Respect—Innovation—Integrity—Accountability

Planning and Reporting:

The 2023-2027 Strategic Plan was developed by the Performance Management Team and members of the GRDHD Supervisors and Management teams. Input from all staff was gathered through the GRDHD Workforce Culture Assessment and SWOT Analysis. The GRDHD Board of Health also participated in a SWOT Analysis and were given a presentation with a chance for feedback on the final product. The Performance Management Team utilizes its monthly meetings to provide updates on each goal and objectives. Performance Measures are tracked in Clear Impact Performance Software and updated regularly as changes arise.



2027. The chart the 9 goals identified

all by helping develop communities.

Strengthening, Development, and Support of the Workforce

Goal: 1	GRDHD will develop and implement employee recruitment and retention strategies	Measure
Objective: 1	By December 31, 2023, GRDHD will increase five-year retention rates by 3%.	
	<ol style="list-style-type: none"> 1. By June 30, 2024, GRDHD will canvas other businesses and health departments to gain information on employee retention strategies. 2. By April 30, 2024, employee exit interviews will be developed. Date has been pushed back due to the change to the BARS system. 3. By June 30, 2024, create a committee to develop activities that foster work relationships that create work inclusiveness and loyalty. 4. By December 31, 2024, provide an Employee Benefit Package Value Statement to all employees on their anniversary date. 	1. A committee has been formed and employee activities have been held such as: acknowledgement of birthdays, holiday celebrations.
Objective: 2	By June 30, 2025, GRDHD will identify at least 3 classifications to develop work process descriptions and develop a calendar for completion. Work to be done in conjunction with preparedness program.	.
	<ol style="list-style-type: none"> 1. By July 1, 2023, identify 3 areas in need of process manual development (yr 1)—International Integration Process, WIC, Finance Director AR/BARS implementation of Accounts Receivable. 2. By July 1, 2023, implement process mapping manuals: WIC by December 31, 2023; International Integration Process by July 1, 2024; Finance Director AR/BARS by October 1, 2025 	<ol style="list-style-type: none"> 1. Areas for process development have been identified: IIP, WIC, Finance, and Billing. 2. IIP process mapping is complete.
Goal: 2	GRDHD will foster the development of future agency leaders through targeted process development and training opportunities.	Measure
Objective: 1	By June 1, 2024, GRDHD will identify leadership development opportunities for staff in various formats including leadership programs, web-based trainings, and self-study programs.	
	<ol style="list-style-type: none"> 1. By June 1, 2023, establish a committee representative of agency programs to identify opportunities for leadership development. 2. By August 31 annually, GRDHD will identify 3 staff to participate in leadership programs Senior Management will review and approve participants. 3. Quarterly identify 3 key positions to develop a succession plan within 6 months of being identified. Focusing on reviewing current knowledge, gaps, and plan to fill gaps. 	<ol style="list-style-type: none"> 1. Senior management will identify areas, programs, and staff for leadership development. 2. 3 staff have been nominated for KY-PHELI a DPH sponsored employee leadership program. 1 staff member has participated in CADCA's (Community Anti-Drug Coalitions of America) National Coalition Institute for Leaders.

Goal 3:	GRDHD will improve internal communication.	Measure
Objective: 1	By January 31, 2024, GRDHD will develop and utilize three internal communication strategies.	
	<ol style="list-style-type: none"> 1. All staff emails will be utilized to share agency press releases, staff training updates, job postings, and other agency wide communications to keep everyone informed in a timely manner. 2. The GRDHD Gazette will be distributed electronically to all employees on a monthly basis to share agency highlights as well as program and personnel updates. 3. By December 31, 2023, create a shared calendar accessible to all employees informing them of upcoming agency activities and community events where GRDHD is involved. 	<ol style="list-style-type: none"> 1. The Gazette has been transferred to Constant Contact and distributed monthly. 2. All staff emails have been sent on job postings, new reports (CHA, CHIP, Annual Report) and mental health resources. 3. The shared calendar is complete.
Goal 4:	GRDHD will provide ongoing opportunities for mental health awareness by providing information and training for all staff in various positions through Gazette articles, KY Train, staff emails, and orientation.	Measure
Objective: 1	By December 31, 2026, GRDHD will create a Mental Health Training and Resource Plan to address staff mental health needs.	
	<ol style="list-style-type: none"> 1. By December 31, 2023, develop ways to promote current mental health insurance benefits by creating a list of available resources and disbursing through email, Gazette articles, etc. Resources would include both current health insurance as well as any other benefits available. This list will also be provided during orientation to all new hires. 2. By June 30, 2024, locate or develop an in-person training for supervisors on mental health issues (various – burnout, stress, healthy work/life balance, etc.) by pulling in outside experts in subject matter, to help supervisors be aware of mental health issues in staff. 3. By February 28, 2025, create a training plan within KY Train on mental health for all staff. 	<ol style="list-style-type: none"> 1. One article has been published in the Gazette. <ol style="list-style-type: none"> a. Castlight, the employee wellness program, has information for employee health.

Goal 5:	GRDHD will address safety issues identified by employees.	Measure
Objective: 2	By June 30, 2027, GRDHD will develop and initiate a safety plan based on identified programmatic and facility risks district wide.	
	<ol style="list-style-type: none"> 1. By December 31, 2023, GRDHD will identify safety risks for health department facilities. 2. By June 30, 2024, GRDHD will complete job safety analysis for each department throughout the district. 3. By June 30, 2025, GRDHD will create safety metrics for GRDHD to achieve based on identified risks. 4. By June 30, 2027, GRDHD will deliver regular and engaging safety training for identified risks. 	<ol style="list-style-type: none"> 1. All centers have been evaluated for safety risks. <ol style="list-style-type: none"> a. Outdoor lighting has been evaluated and replaced or increased. b. Outdoor cameras have been provided for facilities.

Improve Communication, Engagement and Collaboration in the Community

Goal 6:	GRDHD will expand outreach and visibility to increase services to the community.	Measure
Objective: 1	By June 30, 2026, GRDHD will expand outreach and visibility to increase services to the community in at risk populations identified in the CHA.	
	<ol style="list-style-type: none"> 1. Utilize advertising strategies to target health messages to at risk populations in at least 1 program per month. 2. Communicate targeted, evidence-based health messaging a minimum of 20 days/month via social media platforms. 3. Send a minimum of 1 press release per month to share agency/program related information. 4. Agency and program specific information will be shared with the media upon request for interviews and via scheduled monthly or quarterly segments across all media platforms (television, radio, print, and online) 5. GRDHD staff will conduct a minimum of four community presentations per year related to program planning goals and objectives to reach at risk populations 	<ol style="list-style-type: none"> 1. Social media postings are tracked monthly, and the goal has been met monthly. 2. Press releases are sent monthly, and the goal has been met. 3. One community presentation has been completed on February 8, 2024. <ol style="list-style-type: none"> a. GRDHD Hub 270 Presentation at The Center - 28 participants from a variety of community partners in Daviess County.

Goal 7:	GRDHD will increase and promote health equity both in the community and within the agency.	Measure
Objective: 1	By June 30, 2023, GRDHD will establish a health equity steering committee within the Green River District Health Department, consisting of five agency employees.	
	<ol style="list-style-type: none"> 1. By July 30, 2023, form the committee and identify five agency employees with experience in health equity issues to serve on it. 2. By September 1, 2023, the committee will develop a charter outlining its purpose, roles, and responsibilities. The committee will evaluate GRDHD's capacity and programs. 	<ol style="list-style-type: none"> 1. A health equity committee has formed. 2. A health equity charter has been developed.
Objective:2	By January 1, 2024, GRDHD will develop a communications plan to engage community members and stakeholders in the work of the health equity steering committee.	
	1. By January 1, 2024, the health equity committee will develop a communication plan that includes outreach strategies, communication channels, and target audiences as identified in the GRDHD CHA. The committee shall ensure the communications plan aligns with health needs and priorities identified in the GRDHD CHA/CHIP.	1. The communication plan is in progress
Objective: 3	By June 30, 2025, GRDHD will increase engagement and agency/community awareness, understanding, and promotion of health equity.	
	<ol style="list-style-type: none"> 1. By January 1, 2024, develop an agency training program consisting of a web-based introductory training on health equity and a more in-depth live training that can be presented at department staff meetings and other small groups. 2. Hold at least two community events or forums on health equity by the end of 2024, with a total attendance of at least 60 community members, 20 of whom represent marginalized communities. 	1. A health equity training has been selected and will be placed on TRAIN for the annual training.

Objective: 4	Annually, GRDHD will monitor and evaluate progress in addressing health disparities and promoting health equity.	
	1. By January 1, 2024, the health equity steering committee shall identify metrics and regularly review progress towards achieving the objectives in the GRDHD CHIP. Conduct at least two progress reviews each year and report findings to the health equity committee and Performance Management team. Use progress reviews to identify areas for improvement and make necessary changes to the plan and activities.	1. Health equity terms & definitions have been completed.
Goal: 8	GRDHD will expand the CHA/CHIP during the 2023/2026 cycle to focus more on health equities and the social determinates of health that contribute poorer health outcomes.	Measure
Objective: 1	GRDHD staff will update the CHA annually (August 2024, 2025, 2026) and review to identify inequities in subpopulations and contributing health factors.	
	1. In August (2024,2025,2026, 2027) link identified health disparities and community needs to GRDHD programs and services for targeted outreach. 2. By August 2023, GRDHD staff will complete a Health Equity Assessment to be reviewed annually, to provide additional targeted data on health equity in our district. 3. By August 2024, GRDHD will identify 3 targeted local data sources on social determinants and outcomes.	1. GRDHD programs and services that link to health outcomes and behaviors are listed in the 2023 CHA. 2. The 2023 Health Equity Assessment is completed. 3. Data sources related to SDOH have been updated in Clear Impact in the Health Equity Scorecard.
Objective: 2	By February 1, 2024, GRDHD will identify Community Health Improvement initiatives in all seven counties and at district level.	
	1. By April 2024, GRDHD will identify and connect with 2 community partners representing marginalized populations to promote identified health initiative. 2. By April 2024, minimum of one initiative per county will be reviewed by partners and coalition members to evaluate if they are Specific, Measurable, Achievable, Relevant, Timebound, but also Inclusive and Equitable.	1. GRDHD staff have joined to the Webster County Interagency Council. 2. All CHIP Goals in all seven counties were reviewed and are SMARTIE goals.

Goal: 9	GRDHD will increase utilization of customer feedback through the use of GRDHD customer satisfaction survey.	Measure
Objective: 1	By October 31, 2023, GRDHD will create a group of agency staff representing areas throughout the health department to develop goals for improving the usage of customer satisfaction surveys and data.	
	<ol style="list-style-type: none"> 1. By June 30, 2023, define targeted collection dates for programs to encourage customer satisfaction surveys. 2. Create a QR code that can be utilized with business card, on business forms, in presentations during community events, etc. By June 30, 2023, create appointment card QR code, on back of personal business cards. 	<ol style="list-style-type: none"> 1. Customer Satisfaction Surveys have been identified to be reviewed quarterly. 2. QR codes and links have been placed on flyers and businesses cards and distributed to the clinics for the general Customer Satisfaction Survey and the WIC Customer satisfaction survey.
Objective: 2	By December 31, 2023, GRDHD staff will research methods to collect information that would allow communication of satisfaction data in languages that represent the population served in GRDHD.	
	<ol style="list-style-type: none"> 1. By October 31, 2023, interpret Surveys into three languages. 2. By December 31, 2023, implement electronic surveys in chosen program. 	<ol style="list-style-type: none"> 1. Surveys have been translated to Spanish. 2. Surveys are implemented in Alchemer through the Academy of Science.
Objective: 3	By February 28, 2024, GRDHD will develop a reporting mechanism for all agency programs to receive feedback and determine need for improvement of services.	
	<ol style="list-style-type: none"> 1. By February 28, 2024, define who collects, analyzes, reports and follow up on information, who is designated to receive that information and share with their program quarterly. 	<ol style="list-style-type: none"> 1. Customer Satisfaction Surveys will be reported to Senior Managers, who will be tasked with distributing them to their respective staff.

QUALITY ASSURANCE

The HANDS Quality Assurance Site Review is designed around the program's four (4) targeted Core Components:

1. Quality Service Delivery
2. Workforce/Staff Selection and Skill Development
3. Performance Management
4. Fiscal Management
5. COVID-19

GRDHD HANDS program rated 5 out of 5 in implementation of 139 of the 155 of each Core Component, Quality Indicator, Fundamental Practices, and Essential Practice.
Timeframe for review: 08 / 01 / 2024 thru 07 / 31 / 2024

GRDHD First Steps "Met Requirements" for FY22. This is the 6th consecutive year we have "Met Requirements" for our district.

Independent financial audits for FY 22-23 were completed in January 2024 for the Green River District Health Department, Daviess County taxing district, Henderson County taxing district, McLean County taxing district, Hancock County taxing district, Webster County taxing district, Union County taxing district, and Ohio County taxing district with no adverse findings.