King's Daughters' Health

2017 – 2019 Implementation Strategy
Responding to the 2016 Community Health Needs Assessment

1373 E. SR 62 Madison, IN 47250 – Facility License # 16-005063-1
www.kdhmadison.org

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Introduction

The implementation strategy describes how King's Daughters' Health plans to address significant health needs identified in the 2016 Community Health Needs Assessment (CHNA). The document describes how the hospital plans to address identified needs in calendar (tax) years 2017 through 2019.

The 2016 CHNA and the 2017 - 2019 implementation strategy were undertaken by the hospital to understand and address community health needs, and in accordance with the Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

The implementation strategy addresses the significant community health needs described in the CHNA that the hospital plans to address in whole or in part. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address certain community health needs, and the hospital may amend its strategies and refocus on other identified significant health needs. Beyond the initiatives and programs described, the hospital is addressing some of these needs simply by providing health care to the community, regardless of ability to pay.

King's Daughters' Health welcomes comments from the public on the 2016 Community Health Needs Assessment and 2017 – 2019 implementation strategy. Written comments can be submitted:

- By emailing the King's Daughters' Health Wellness department at foyh@kdhmadison.org;
- Through the mail to 1373 E. SR 62, P.O. Box 447 Madison, IN 47250;
- In-person at the KDH Community Relations Department, 600 West St. Madison, IN 47250.

About King's Daughters' Health

King's Daughters' Health (KDH) is a not-for-profit health network providing inpatient care in Madison, IN and offering physician offices in Jefferson, Ripley, and Switzerland Counties in Indiana and Trimble and Carroll Counties in Kentucky.

The mission of King's Daughters' Health is to improve the health of our patients through care, service, and education.

- In 2016, King's Daughters' Health invested over $9.4 million in Medicaid Unreimbursed Costs. In addition in 2016, KDH offered over $546,000 in Charity Care Costs to patients who could not afford to pay. King's Daughters' is the only inpatient health care facility available in Jefferson and Switzerland Counties in Indiana and Trimble County in Kentucky, providing services to insured and under/uninsured patients 365 days a year.

- In 2015 King's Daughters' Health opened a state-of-the-art Cancer Treatment Center at our main hospital campus. This center provides vital cancer services to patients in a five-county area, where access to local cancer care is limited.

- King's Daughters' Health continues to provide Emergency Medical Services for Jefferson County, Indiana. This valuable service is essential for local residents and has saved county tax payers more than 1.5 million dollars since 1998, when KDH offered to provide this service without financial support from local city and county government. In addition, KDH EMS routinely provides coverage for local sporting events and youth safety education programs in schools.

- King's Daughters' Health continues to support a full time Wellness Coordinator on staff. This individual is instrumental in offering additional programming, not featured in this document, to improve the health of the community. Programming such as a large women's health event, men's health event, weekly speaking engagements for schools, civic groups, and businesses, safety and self-defense workshops, special events like 5Ks that are hosted by KDH, and employee

Wellness efforts are part of the Wellness Coordinator's duties. In addition, this position coordinates a Girls on the Run council, which is national 12-week program that uses the power of running to teach health lessons and build confidence and self-esteem for girls in grades 3-5.

- The timing of this 2017-2019 Implementation Strategy is ideal for a brand new initiative led by King's Daughters' Health. Based on results from the CHNA, KDH is taking a lead role and pledged a commitment to create a Healthy Communities Initiative for Jefferson County. The idea to form a Healthy Communities Coalition was created from a county-wide vision plan titled Envision Jefferson County. KDH invested funding to pay for a part-time coordinator to lead the efforts in developing and supervising the Healthy Community Initiative. Key hospital leaders and community support staff created three HCI teams to set goals and implement programs, many that are found in this working document. Formal HCI efforts did not start until February 2017, so many program ideas and initiatives are currently in an infancy stage.

Every three years, King's Daughters' Health coordinates a Community Health Needs Assessment, which identifies local health care priorities and guides our community health programs. The assessments help ensure that we invest our community benefit dollars in a way that targets and address real community needs.

For more facts and information about King's Daughter's Health, visit www.kdhmadison.org

2016 Community Health Needs Assessment Summary

The full 2016 Community Health Needs Assessment (CHNA) and a Summary conducted by King's Daughters' Health is available at www.kdhmadison.org. King's Daughters' Health contracted with an independent marking consultant to complete the CHNA. The study included the following components:

- Analysis of secondary data to develop county profiles compared to state and national data.
- In-person interviews with lead KDH staff.
- In-depth telephone interviews with community leaders.
- Comments from community leaders in attendance at a Healthy Communities Initiative meeting.
- In-person written surveys with low income individuals.
- In-person written surveys with senior citizens.
- Web-based survey open to the general public.

Definition of the Community Served by the Hospital
King's Daughter's Health provides health care services to five counties in southern Indiana and northern Kentucky. The 2016 KDH CHNA included its primary service areas of Jefferson and Switzerland Counties in Indiana and Trimble County in Kentucky. The additional two counties (Ripley in Indiana and Carroll in Kentucky) have multiple health care facilities that currently conduct a CHNA. To avoid duplication, the three primary counties described were included in the 2016 KDH CHNA. A few descriptive demographic highlights for these three counties include:

Jefferson County, Indiana

Total population – 32,428, median age 40.9 (above state average of 37.0)
Racial/ethnic composition – 95.4% Caucasian
Percent poverty – 16.2% (above the state average of 15.2%)
Percent uninsured – 14% adults under 65 have no insurance (13.8% state average)
Unemployment rate – 6.0% (same as state average)
Education level – 15% of adults 25+ have less than a high school diploma (state average 12%)

Switzerland County, Indiana

Total population – 10,613
Racial/ethnic composition – 97.7% Caucasian
Percent poverty – 28%
Percent uninsured – 15.7% adults under 65 have no insurance
Unemployment rate – 4.9%
Education level – 18% of adults 25+ have less than a high school diploma

Trimble County, Kentucky

Total population – 8,769
Racial/ethnic composition – 94% Caucasian
Percent poverty – 17.4% (below state average of 18.9%)
Percent uninsured – 9.6% adults under 65 have no insurance (9.8% state average)
Unemployment rate – 7.2% (above the state average of 6.5%)
Education level – 15.8% of adults 25+ have less than a high school diploma (same state average)

Significant Health Needs Identified in the 2016 CHNA

The following significant health needs were identified in the 2016 CHNA:

1. SUBSTANCE ABUSE / ADDICTIONS
2. OVERWEIGHT AND OBESITY
3. TOBACCO USE
4. LACK OF PHYSICAL ACTIVITY
5. CHRONIC DISEASE
6. MENTAL HEALTH / SUICIDE

2017 – 2019 Implementation Strategy

The implementation strategy describes how King's Daughters' Health plans to address significant health needs identified in the 2016 Community Health Needs Assessment and is aligned with the hospital's charitable mission. The strategy describes:

- Actions the hospital intends to take, including programs and resources it plans to commit;
- Anticipated impact of these actions and a plan to evaluate impact; and
- Any planned collaboration between the hospital and other organizations in the community to address the significant health needs identified in the 2016 CHNA.

The prioritized significant health needs the hospital will address are:

1. SUBSTANCE ABUSE / ADDICTIONS
2. OVERWEIGHT AND OBESITY AND LACK OF PHYSICAL ACTIVITY (COMBINED)
3. TOBACCO USE
4. CHRONIC DISEASE
5. MENTAL HEALTH / SUICIDE

SUBSTANCE ABUSE / ADDICTIONS

Name of program/activity/initiative	**Safe Drug Drop Off Program**
Description	King's Daughters' Health will support the Jefferson County Health Department with multiple drug drop off events each year. Many of these events will be hosted on the KDH campus. KDH will advertise all drop off events to medical providers, internally to staff, and through social media efforts.
Goals	To provide a safe alternative to disposing of unwanted prescription medications. Medications are incinerated by law enforcement after collection.
Anticipated Outcomes	To reduce the number of available prescription narcotics that are in the community. The stockpiles of medications that are in homes are known to be the first place where many children start their addictive behavior. Elderly individuals are also targeted by theft of narcotics in their own homes. Any medications disposed of improperly in toilets or trash cans eventually end up in water ways. Thus, safe collection and disposal of medications can lead to a cleaner environment.
Plan to Evaluate	Health Department and law enforcement tracking. KDH marketing department will also support by advertising these events and tracking methods of promotion.
Metrics Used to Evaluate the program/activity/initiative	The Health Department will evaluate the number of special drop off events each calendar year. The number of individuals dropping off drugs/medicine will be tracked as well as the total pounds of drugs collected. KDH will promote the drug drop off program by offering a minimum of three different promotional methods for each special event.

YEAR 1 – 2017 UPDATE:

- Number of drug drop off events in 2017: 5 (4 held on the KDH campus and 1 held at a community women's health event, sponsored by KDH).

The following numbers were measured for 3 of the 5 events.

- Number of individuals dropping off drugs/medicine: 142
- Total pounds of drugs collected: 327 lbs.
- Total pounds of syringes collected: 69 lbs.
- Methods of promoting drug drop off events: KDH Website, KDH social media (Facebook/Twitter), fliers posted in physician office areas, all staff KDH email reminders sent prior to each event.

A total of 9 different documented methods of promotion were recorded from participants who were asked how they heard about the drug drop off events.

*** To tackle the number one prioritized significant health need, KDH has taken a lead role with the newly formed Healthy Communities Substance Abuse team. Additional programs with KDH involvement that are not listed as indicators on the Implementation Strategy include:

- Host Substance Abuse team meetings at KDH. KDH employees serve as team members and team leaders.
- KDH collaborates with Second Stories Inc., an organization that provides parents with tools and resources to build successful families. The KDH OB department now makes direct referrals to the Mentors for Moms program which partners a positive role model with an at-risk mother who will provide support and education.
- Working with the Salvation Army and a local pastor, the Substance Abuse team created the Road to Recovery program. This program provides reliable transportation to treatment options for local individuals dealing with addiction.
- KDH physician offices and departments such as the Emergency Department now provide a referral list of local addiction support meetings to patients and patient families who need such resources.

YEAR 2 – 2018 UPDATE:

- Number of drug drop off events in 2018: 4 (all events were held at the KDH campus)
- Number of individuals dropping off drugs/medicine: 93
- Total pounds of drugs collected: 211 lbs.
- Total pounds of syringes collected: 59.5 lbs.
- Similar promotion methods for all drug drop off events occurred in 2018. In addition, fliers were distributed by the local health department. In 2018 a total of 10 different documented methods of promotion were recorded from participants who were asked how they heard about the drug drop off events.

*** KDH continues to take a lead role in the Substance Abuse team (part of the Healthy Communities Initiative). In 2018, KDH supported by:
- Hosting Substance Abuse team meetings at KDH. KDH employees serve as team members and team leaders. KDH also provides leadership on the executive team for the Local Coordinating Council (JCJTaP) which provides funding locally for substance abuse justice, treatment, and prevention.
- Supporting Second Stories Inc. with referrals. In addition, support has been given to the developments of support groups for addicts.
- Additional trainings for volunteer drivers for the Road to Recovery program were held in 2018.
- A community presentation was held in July 2018 on the impact of trauma/substance abuse.
- KDH Emergency Department and Social Services now provide CERT referrals for patients. CERT offers 24-hour assessments and provides support for patients and families in a substance abuse or mental health crisis. Treatment placement is also provided for those wanting substance abuse help.

YEAR 3 – 2019 UPDATE:

- Number of drug drop off events in 2019: 4 (all events were held at the KDH campus)
- Number of individuals dropping off drugs/medicine: 94
- Total pounds of drugs collected: 306 lbs.(significant increase from 2018)
- Total pounds of syringes collected: 75.2 lbs.
- Continued to support these drug drop off events through all KDH promotion methods. In addition, the Healthy Communities Initiative promoted 2019 drug drop off dates to all three teams.
- KDH continues to take a lead role with the HCI Substance Abuse team and participates in the local coalition. The Substance Abuse team helped to promote a local presentation with 150 people in attendance focusing on hope for substance abuse concerns.
- KDH Emergency Department and Social Services now provide CERT referrals for patients. CERT offers 24-hour assessments and provides support for patients and families in a substance abuse or mental health crisis. Treatment placement is also provided for those wanting substance abuse help.

OVERWEIGHT AND OBESITY AND LACK OF PHYSICAL ACTIVITY

Name of program/activity/initiative	**Fit Kids**
Description	Fit Kids is a curriculum-based health education program offered in the school classroom setting. KDH staff visit 5th grade school classrooms for 7 weeks offering lessons targeting the subject of childhood obesity. Age-appropriate education and weekly take-home challenges to involve families are offered each lesson. All health lessons focus on a specific area of nutrition and physical activity.
Goals	To extend the Fit Kids program to both Switzerland County, IN and Trimble County, KY elementary schools. In addition, the program will continue to be offered to all Jefferson County elementary schools.
Anticipated Outcomes	Improved heart health knowledge, increase physical activity for children,

	and improved nutrition choices such as; increase water intake, decrease high sugary beverages, increase in fruit and vegetable consumption, controlled portion sizes, and increase percentage of children who consume breakfast each day.
Plan to Evaluate	Pre/post surveys, weekly take home challenge participation.
Metrics Used to Evaluate the program/activity/initiative	A new pre/post survey will be developed and implemented for all participating students. Instructors will track percent of students who complete weekly take-home challenges.

YEAR 1 – 2017 UPDATE:

- The program was offered at four school systems in Jefferson County.
- The goal to expand the program to Switzerland County will be achieved in early 2018 (all prep work completed in 2017).
- A total of 18 classrooms were reached. This included 331 students and 18 teachers.
- New education handouts for students to take home were implemented in 2017.
- After discussion with school staff, a pre/post survey not implemented. The program is offered in a limited 30-minute teaching window, and with the high volume of required academic testing needed in the classrooms, it was decided not to add an additional pre-post test/survey. Students are still given a chance to share on a paper format what they learned in the program and a healthy change they have made in their life.
- Take home weekly challenges were updates for both exercise and nutrition. Number of students who completed these challenges was shown by a quick raising of hands, but formal numbers were not tracked. This will be considered for 2018.

YEAR 2 – 2018 UPDATE:

- The program was offered at three school systems in Jefferson County.
- One of the two elementary schools in Switzerland County were added. This included three new 5th grade classrooms.
- A total of 18 classrooms were reached. This included 382 students and 18 teachers.
- New visual aids were added in 2018.
- A new hospital Foundation fundraiser was added in 2018. Proceeds from this event were designated to the Fit Kids program. This funding will help cover stipend pay for additional Fit Kids instructors to assist the Wellness Coordinator and a healthy snack and gift for all 5th grade students. These items are given in the final week's review lesson.

YEAR 3 – 2019 UPDATE:

- The program was offered at five school systems in Jefferson County.
- Switzerland County had a busy academic calendar and choose not to include the Fit Kids program.
- A total of 18 classrooms were reached. This included 424 students and 18 teachers. This was a record high for the three-year period.
- For the second year in a row, proceeds from a KDH Foundation fundraising event were designated to the Fit Kids program. This funding paid for a healthy snack during the final lesson, which included fresh produce.

Name of program/activity/initiative	**Healthy Communities Initiative (HCI) – Healthy Lifestyles Team, Community-Wide Wellness Challenges**
Description	The newly formed Healthy Lifestyles team will create and implement a minimum of one community-wide Wellness challenge each calendar year. These challenges will be incentive-based and open to all county residents.
Goals	Create creative challenges that will motivate participants to improve their health. The team will work to get as many local residents involved by targeting promotion and signups to industries/businesses, schools, churches, and civic groups.
Anticipated Outcomes	Increase physical activity, improve nutritional habits, and improve misc. healthy lifestyle choices like stress management and quality/quantity of sleep. The ultimate outcome is to lower the rate of overweight and obese residents in the community.
Plan to Evaluate	The Healthy Lifestyles team, under the leadership of the HCI Coordinator and Wellness Coordinator will evaluate participation levels and any biometric measurements that can be captured. Participation surveys will be offered when possible.
Metrics Used to Evaluate the program/activity/initiative	Number of challenges each calendar year will be documented along with number of individuals participating and percent of people who complete/finish the challenge. Challenge tracking tools will be measured, depending on the theme/focus of the challenge; example- calculating total steps, exercise minutes, change in BMI, servings of fruits/vegetables, etc.

YEAR 1 – 2017 UPDATE:

- Healthy Lifestyles team met 9 times in 2017. The team has 44 members.
- A June Healthy Lifestyles Challenge was held with over 200 participants. A large kick off event was held with 30 incentive prizes offered. Participants were challenged to complete tasks in the following categories: *Physical Activity, Nutrition, Community, and Mindfulness.*
- A survey was conducted to gather feedback to improve future challenges.
- In addition, the Healthy Lifestyles team held a Healthy Youth Tailgate event, focusing on physical activity and healthy eating for area youth. Over 400 people were in attendance.

YEAR 2 – 2018 UPDATE:

- Healthy Lifestyles team met 12 times in 2018. The team has 59 members.
- Frequent updates are made for the Healthy Lifestyles resource guide. This Jefferson County guide is available on-line and in print.
- A 2018 Lighten Up Jefferson County community weight loss challenge was held. 126 adults participated with a recorded 391 lb. total weight loss.
- A summer Healthy Lifestyles Challenge was held again in 2018.
- Summer community Pep Walk was held.
- A fall 2018 Healthy Youth Tailgate event was held with 400 in attendance, 20 health education booths, and 50 volunteers.

YEAR 3 – 2019 UPDATE:

- Healthy Lifestyles team met 12 times in 2019. The team has 64 members.
- Frequent updates are made for the Healthy Lifestyles resource guide. This Jefferson County guide is available on-line and in print.
- A 2019 Lighten Up Jefferson County community weight loss challenge was held. 221 adults participated with a recorded 749.9 lb. total weight loss.
- The KDH Wellness Coordinator, who serves as the chair of the Healthy Lifestyles team, served on the planning team for a new spring Park Hop. This incentive program encouraged area youth and their families to visit all area parks with the goal to increase physical activity and play time.
- A summer community Healthy Scavenger Hunt walk was held.
- The team assisted the Tobacco Coordinator and helped with a cigarette butt clean up even held at a local park.
- A fall 2019 Healthy Youth Tailgate event was held for the third year in a row with approximately 250 students in attendance, 20 health education booths, and 50 volunteers.
- A Health Message was created each month which focused on various health themes throughout during the year. These education messages were published in the local newspaper, aired on the local radio station, sent to Human Resources professionals to encourage shares to area employers groups, and also blasted on social media outlets.

Name of program/activity/initiative	**Strive for 5 Weight Loss Education Class**
Description	This 5-week class series teaches basic weight loss concepts and focuses on different aspects of healthy nutrition and exercise each week. Class participants weigh during the first and last class. The one-time class fee of $5 is refunded to anyone who loses at least 5 pounds of their body weight.
Goals	Offer a minimum of three 5-week class series each calendar year, with a minimum of 30 participants. Achieve a 50% rate each class series for participants who lose the minimum of 5 pounds of body weight during the 5 week class series.
Anticipated Outcomes	Improve nutritional habits and increase physical activity for all class participants. Motivate, educate, and assist class participants to reduce BMI.
Plan to Evaluate	Strive for 5 instructor calculations.
Metrics Used to Evaluate the program/activity/initiative	Track number of class series offered, number of participants, and attendance. Offer pre and post body weight checks and measure any weight change.

YEAR 1 – 2017 UPDATE:

- One 5-week class series was held in 2017 with 9 total participants.
- 9 total participants. 78% of participants completed the 5 week program.
- Class lost a total of 30 lbs. and 86% of participants lost weight. 43% of participants who completed the class lost the suggested 5+ lbs. during the class.

YEAR 2 – 2018 UPDATE:

- Two 5-week class series was held in 2018 with 19 total participants.
- 9 total participants. 75% of participants completed the 5 week program.
- These classes lost a total of 56.6 lbs. and 85% of participants lost weight. 35% of participants who completed the class lost the suggested 5+ lbs. during the class.

YEAR 3 – 2019 UPDATE:

- One 5-week class series was held in 2019 with 2 total participants.
A scheduling conflict permitted an evening class, which typically brings in more participants. This will be evaluated for future classes.
- 100% of participants completed the 5 week program.
- These classes lost a total of 9.6 lbs. and 100% of participants lost weight. 50% of participants who completed the class lost the suggested 5+ lbs. during the class.

TOBACCO USE

Name of program/activity/initiative	**Outreach through WIC and OB/GYN providers**
Description	Tobacco Prevention and Cessation Coordinator, employed full time at KDH, will provide educational literature and resources regarding the health and financial effects of smoking during pregnancy through WIC and KDH OB/GYN providers. The coordinator will meet with women face to face as necessary to provide counseling and additional resources.
Goals	Decrease smoking rate among pregnant women.
Anticipated Outcomes	The main anticipated outcome is a decreased smoking rate among pregnant women, which would also lead to decreased pre-term births, low birth weight and birth defects due to smoking.
Plan to Evaluate	WIC and OB/GYN provider tracking, Indiana State Department of Health/CDC statistics and reports.
Metrics Used to Evaluate the program/activity/initiative	Number of pregnant women who receive educational materials, resources, counseling, etc.

YEAR 1 – 2017 UPDATE:

- Number of OB/GYN patients referred to the tobacco Quitline – 9.
- All new OB patients received written tobacco literature in new patient bags.
- Additional training provided to WIC clinic and OB/GYN providers on cessation resources.
- 2017 Jefferson County smoking while pregnant rate decreased to 30.4% (was 31.3% in 2016).

YEAR 2 – 2018 UPDATE:

- Number of OB/GYN patients referred to the tobacco Quitline – 32.
- Education/cessation literature continues to be provided to each OB patient.
- 2018 Jefferson County smoking while pregnant rate decreased to 28.2% (was 31.3% in 2016 and 30.4% in 2017).

YEAR 3 – 2019 UPDATE:

- Number of OB/GYN patients referred to the tobacco Quitline – 38.
- Education/cessation literature continues to be provided to each OB patient at both the WIC office and KDH OB/GYN department.
- The 2018 Jefferson County smoking while pregnant rate decreased to 26.1%.

Name of program/activity/initiative	**Indiana Tobacco Quitline**
Description	KDH Tobacco Prevention and Cessation Coordinator will promote the Indiana Tobacco Quitline in order to increase the number of people who utilize or are referred to the Quitline via their medical provider or employer. The Quitline is a free resource for all IN residents that connects them with a cessation counselor and provides free Nicotine replacement products for those enrolled in Medicare, Medicaid, or are uninsured.
Goals	Decrease smoking rate among adults.
Anticipated Outcomes	The main anticipated outcome is a decreased smoking rate among adults, which would also lead to a decreased incidence of chronic disease and illness due to smoking.

Plan to Evaluate	Tobacco Prevention and Cessation tracking and reports.
Metrics Used to Evaluate the program/activity/initiative	Number of Quitline calls, number of Quitline referrals, number of patients who accept Quitline services, data regarding how patients are hearing about the Quitline.

YEAR 1 – 2017 UPDATE:

- Number of 2017 Quitline referrals – 194.
- Number of accepted services – 18.
- Number of declined services – 44.

YEAR 2 – 2018 UPDATE:

- Number of 2018 Quitline referrals – 181.
- Number of accepted services – 32. (does not include Nov/Dec due to error in report)
- Number of declined services – 51. (does not include Nov/Dec due to error in report)

YEAR 3 – 2019 UPDATE:

- Number of 2019 Quitline referrals – 237.
- Number of accepted services – 19. (does not include March report)
- Number of declined services – 61. (does not include March report)
- The other 157 referrals were pending or not reachable at the time of this report.

Name of program/activity/initiative	**Youth outreach through schools and youth organizations**
Description	KDH Tobacco Prevention and Cessation Coordinator will hold presentations and organize activities at schools and youth organizations regarding health effects of tobacco use, and the marketing tactics of big tobacco and e-cigarettes.
Goals	Decrease current youth smoking rates and discourage youth from smoking. Educate youth about marketing tactics of big tobacco used to target young people.
Anticipated Outcomes	The main anticipated outcome is a decreased smoking rate among youth, as well as a more educated group of youth who do not desire to start smoking and can also recognize the tactics big tobacco uses to target young people.
Plan to Evaluate	Surveys, pre and post tests, IN State Department of Health and CDC statistics and reports.
Metrics Used to Evaluate the program/activity/initiative	Number of presentations, number of students reached, survey and test results.

YEAR 1 – 2017 UPDATE:

- Four tobacco presentations were held at area elementary schools and the local Boys & Girls Club. An estimated total of 400 youth in attendance. No survey or test results were used in 2017.

YEAR 2 – 2018 UPDATE:

- Eight youth-based tobacco presentations were held in 2018.
- One youth-based cigarette butt clean up event was held with support of the Boys & Girls Club staff and youth members.
- KDH participated in the youth tobacco survey at Switzerland County High School.
- KDH participated in the STARS tobacco retail survey in Jefferson County.

YEAR 3 – 2019 UPDATE:

- KDH received a grant in 2019 to bring the Truth Initiative to Jefferson County. Guest speakers spoke at each (three) high school on the harms of e-cigarette/tobacco use. The presentations reached an estimated 1,038 students.
- Tobacco Coordinator did an education presentation for Girls Incorporated students.
- Tobacco Coordinator did an education presentation for a local elementary school during Red Ribbon week.
- Tobacco Coordinator did a tobacco marketing lesson to a team of girls participating in the Girls on the Run program.
- KDH participated in the STARS tobacco retail survey in Jefferson County. 42 licensed tobacco retailers in Jefferson County were listed and surveyed.

Name of program/activity/initiative	**Outreach through Respiratory Therapy department**
Description	KDH Tobacco Prevention and Cessation Coordinator will provide free nicotine patches for respiratory therapy patients at KDH. Patients who smoke and suffer from COPD will be offered nicotine replacement products and educational information regarding the health effects of smoking, as well as information about the IN tobacco Quitline. Patches will be purchased through a grant, funded from the Jefferson County Justice, Treatment, and Prevention coalition.
Goals	Assist respiratory patients with smoking cessation.
Anticipated Outcomes	The main anticipated outcome is a decreased number of respiratory patients that smoke, which would also lead to improved respiratory function, and possibly a decreased chance of hospital admissions.
Plan to Evaluate	Respiratory department tracking.
Metrics Used to Evaluate the program/activity/initiative	Number of patches distributed, number of patients seen in respiratory department, number of COPD patients who smoke.

YEAR 1 – 2017 UPDATE:

- Number of patches given by Respiratory department to patients in 2017: 15
Supply of these patches ran out. Additional grant to purchase more patches is secured for the following calendar year.
- Number of patients in Respiratory department to receive smoking cessation information in 2017: 50
Note – The exact number of COPD patients who smoke was not found.

YEAR 2 – 2018 UPDATE:

- Number of patches given by Respiratory department to patients in 2018: 5
- The number of inpatients to receiving smoking cessation information from the Respiratory Department staff in 2018 was not recorded. All inpatient who are labeled as tobacco users are offered cessation counseling. Quitline referrals are offered and cessation information (brochures, literature, items such as stress balls) are given when the patient is willing to accept.

A better tracking system will be put into place for 2019 to improve tobacco cessation for inpatients.

YEAR 3 – 2019 UPDATE:

- Number of patches given by Respiratory department to patients in 2019: 3
Plans are in place for the Tobacco Educator to work with the Respiratory Therapist to help provide nicotine patches when needed for inpatients.
- All in-patients who are labeled as a tobacco user are offered cessation counseling. Quitline referrals are offered and cessation information (brochures, literature, items such as stress balls, etc.) are given when a patient is willing to accept. If they agree to the Quitline referral, the Quitline offers 2 weeks of free nicotine replacement therapy.

CHRONIC DISEASE

Name of program/activity/initiative	House of Health
Description	The KDH Wellness Department will offer a monthly education program targeting chronic disease prevention and early detection at the House of Health food pantry. The House of Health program is the largest community food pantry in the county. The program serves an average of 400 low-income families per month.
Goals	Lower chronic disease risk by offering valuable health information and free screens to a low-income population.
Anticipated Outcomes	Improve knowledge and health awareness by offering information on such topics as; Heart disease, skin and breast cancer prevention and detection, STD/HIV prevention and detection, basic first aid, etc.
Plan to Evaluate	Personal success stories shared from participants will be documented.
Metrics Used to Evaluate the program/activity/initiative	Number of House of Health sessions held. The number of people in attendance will be measured. The number of people participating in free screening services will be measured (example – blood pressure, skin cancer screen).

YEAR 1 – 2017 UPDATE:

- Twelve programs were held in 2017.
- Attendance ranged from 30-70 people each month.
- Topics included: *Healthy goal setting, heart health, nutrition, STD/HIV/Hep C, first aid, mosquitos, skin cancer, immunizations, tobacco, breast cancer, food safety, weight loss.*
- The only biometric screen offered in 2017 was blood pressure. A total of 21 individuals were screened.

YEAR 2 – 2018 UPDATE:

- Eleven programs were held in 2018.
- Attendance ranged from 30-75 people each month.
- Topics included: *Heart health, nutrition, STD/HIV/Hep C, tobacco, mosquitos, skin cancer, immunizations, Healthy Communities, breast cancer, food safety, weight loss.*
- The only biometric screen offered in 2018 was blood pressure. A total of 25 people were screened.

YEAR 3 – 2019 UPDATE:

- Eleven programs were held in 2019.
- Attendance ranged from 25-70 people each month.
- Topics included: *Heart health, nutrition, sexual health, tobacco, mosquitos, skin cancer, immunizations, diabetes, breast cancer, food safety, and vaping.*
- The only biometric screen offered in 2019 was blood pressure. A total of 20 people were screened.

Name of program/activity/initiative	Chronic Obstructive Pulmonary Disease (COPD) Readmission Prevention Program
Description	A multi-disciplinary team of staff at KDH will target COPD patients and the problem of readmission. Readmission is costly to the patient, the health care organization, the insurance company, and readmissions increase health concerns for the patient. Emergency medication kits will be provided to COPD patients with details instructions for use and self-home care.

	Take-home binders with health education are also given to all COPD patients.
Goals	To decrease readmission for COPD patients.
Anticipated Outcomes	Improve chronic disease management skills so the patient can manage problems safely and effectively at home, to avoid a return to the hospital for readmission.
Plan to Evaluate	Readmission rates are measured by a program titled Medisolve. Follow up patient phone calls are also documented.
Metrics Used to Evaluate the program/activity/initiative	The number of COPD patients will be measured. The number of COPD emergency med kits and the number of health education binders distributed will be documented.

YEAR 1 – 2017 UPDATE:

- # of emergency med kits distributed to COPD patients: 197
- # of health education binders distributed to COPD patients: 226
- All patients received a minimum of two follow up phone calls.

Note- Readmission COPD rate for 2017 was 12.6%.

YEAR 2 – 2018 UPDATE:

- # of emergency med kits distributed to COPD patients: 146
- # of health education binders distributed to COPD patients: 74
- A total of 178 documented follow-up phone calls were made in 2018 to COPD patients.

Note- Readmission COPD rate for 2018 was 13.3%.

YEAR 3 – 2019 UPDATE:

- # of emergency med kids distributed to COPD patients: 169
- # of health education binders distributed to COPD patients: 95
- A total of 110 documented follow-up phone calls were made in 2019 to COPD patients.

Note- Readmission COPD rate for 2019 was 15.4%.
Due to the increase in readmission rate, KDH is already working on a new Pneumonia education program that will be implemented in 2020.

Name of program/activity/initiative	**Congestive Heart Failure (CHF) Readmission Prevention Program**
Description	Home scales to track body weight will be given to CHF patients in need. CHF education binders with health instructions for home care will also be given to all CHF diagnosed patients. Multi-disciplinary In addition, the ACO Coordinator will provide follow-up with individuals on an out-patient level, providing reminders of appointments, attending physician office visits if needed, and will serve as a resource to help patients meet needs.
Goals	To decrease readmission for CHF patients.
Anticipated Outcomes	Improve chronic disease management skills so the patient can recognize problems safely and effectively at home, to reduce risk of returning to the hospital for a readmission.
Plan to Evaluate	Readmission rates are measured by a program titled Medisolve. Follow up patient phone calls are documents one week after discharge.
Metrics Used to Evaluate the	The number of CHF patients will be measured. The number of scales given for home use and the number of health education binders distributed will be

program/activity/initiative	documented. The number of home phone calls will be tracked and statistics will be gathered from the ACO coordinator.

YEAR 1 – 2017 UPDATE:

- # of scales distributed to CHF patients: 18
- # of health education binders distributed to COPD patients: 72
- All patients received a minimum of two follow up phone calls.

Note- Readmission CHF rate for 2017 was 12.7%.

YEAR 2 – 2018 UPDATE:

- # of scales distributed to CHF patients: 19
- # of health education binders distributed to COPD patients: 85
- All patients received a follow up phone call.

Note- Readmission CHF rate for 2018 was 15.6%.

YEAR 3 – 2019 UPDATE:

- # of scales distributed to CHF patients: 33
- # of health education binders distributed to COPD patients: 123
- All patients received a follow up phone call.

Note- Readmission CHF rate for 2019 was 17.4%.

MENTAL HEALTH / SUICIDE

Name of program/activity/initiative	**Healthy Communities Initiative (HCI) – Mental Health/Suicide Team, Resource Guide**
Description	The newly formed Mental Health/Suicide Team will promote available trainings designed to teach people how to recognize individuals who are at risk for suicide and offer early intervention to resources.
Goals	Increase the number of individuals who are trained in a structured program such as, but not limited to; Question Persuade and Refer (QPR) or Applied Suicide Intervention Skills Training (ASIST). Create a resource guide that highlights all suicide prevention personal and any/all local mental health/suicide resources in the community. Promote and advertise this resource guide county-wide. In addition, KDH will increase the number of KDH staff members who are trained in QPR or Asist.
Anticipated Outcomes	By increasing the number of people trained in suicide support, the ultimate outcome is to reduce the number of suicide attempts and deaths.
Plan to Evaluate	Mental Health/Suicide Team tracking.
Metrics Used to Evaluate the program/activity/initiative	Number of trained suicide prevention personal. Work with KDH IT and ER staff and the county Coroner's office to obtain number of suicide attempts and number of suicide deaths each calendar year. Number of promotional methods for the resource guide will be tabulated.

YEAR 1 – 2017 UPDATE:

- Three ASIST/QPR trainings were held in Jefferson County in 2017. A KDH Emergency Department was in attendance at a training.
- In addition, KDH hosted a speaker in 2017 who facilitated a community meetings on what a Zero Suicide Initiative would mean for Jefferson County. Following this meeting, a formal group was put in place to begin working on this Initiative and funding opportunities. (Successfully secured, see next indicator). KDH staff members were in attendance at this event.
- KDH hosted a state Suicide Prevention Coordinator to discuss suicide prevention needs in the county. KDH staff members were in attendance at this event.
- A formal mental health resource guide was not formally created in 2017, but work was conducted to include Jefferson County in the Look Up Indiana website, which is a state-wide resource guide.
- Jefferson County is now fully participating in the Indiana Violent Death Registry System, which will enable KDH to work with the Coroner's office to obtain the number of suicide deaths per year.

YEAR 2 – 2018 UPDATE:

- Multiple suicide-focused trainings were held in 2018:
  - AMSR (Accessing and Managing Suicide Risk) training held at KDH – 25 people trained.
  - Three Mental Health First Aid training classes held – 78 people trained.
  - Six Jefferson County professionals attended the Indiana State Suicide Prevention Conference.
  - QPR/Question, Persuade, Refer Train the Trainer held – 19 people trained.
  - safeTALK Suicide Prevention Train the Trainer held.
  - ASIST Train the Trainer held – 15 people trained.

YEAR 3 – 2019 UPDATE:

- Helped to promote various mental health trainings held in 2019. A total of 75 people received suicide-related training in Jefferson County in 2019.

Name of program/activity/initiative	**Healthy Communities Initiative (HCI) – Mental Health/Suicide Team, School Based Mental Health Grant**
Description	A large grant, which will support a comprehensive Mental Health/Suicide prevention program in the county's largest school system, will be researched, written, and submitted. If grant funding is obtained, this program will be based out of the Madison Consolidated School system's special services and counseling departments. The HCI Mental Health/Suicide team will support the school system with all programming implemented from grant funding.
Goals	Obtain grant to bring a comprehensive Mental Health / Suicide program to the Madison Consolidated School system.
Anticipated Outcomes	Awarding of grant funding. The ultimate outcome is to reduce the number of suicide attempts and deaths from suicide. Secondary outcomes include; reduce bullying concerns, improve self-worth in students, increase supportive resources for students, school staff, and families, and improve counseling services.
Plan to Evaluate	* See below, metrics used to evaluate.
Metrics Used to Evaluate the program/activity/initiative	* Since grant funding is not confirmed at the time of Implementation Strategy submission, metrics will currently not be determined. If/when funding is established, the Special Services and Counseling departments of MCS will work with the Mental Health/Suicide team to determine evaluation methods and metrics.

YEAR 1 – 2017 UPDATE:

- Two large grants were received in 2017 targeting mental health/suicide.
  * KDH supported MCS and the HCI mental health team to apply for a Lilly Grant. This 3-year grant was successfully received and work is in place to bring a comprehensive mental health/suicide program to the school system beginning in 2018.
  * A $40,000 grant from the Community Foundation of Jefferson County was awarded to the HCI mental health/suicide team. This money will be used to establish a Zero Suicide Initiative Plan for the Jefferson County. A core team of twelve individuals, including a KDH representative, will work to implement the plan beginning in 2018.

YEAR 2 – 2018 UPDATE:

Zero-Suicide plan began in 2018 with $40,000 grant. Accomplished activities supported by the grant include:

- County-wide 40-day Kindness Challenge held.
- Community and school-based presentations held with author of A Case for Kindness.
- Community wide presentation held with Kevin Hines, suicide survivor.
- Suicide hotline posters (and frames) printed and placed around the county.
- PATHA Curriculum funded and implemented in the fall of 2018 at area elementary school.
- Multiple suicide-focused trainers were held (see previous indicator).

MCS-based Lilly Grant work continues independently.

YEAR 3 – 2019 UPDATE:

- Zero-Suicide grant dollars were spent down in 2018.
- MCS-based Lilly grant programming wrapped up for the school system in 2019. This work continued independently but the Madison school counseling staff served on the HCI mental health team in 2019.

Name of program/activity/initiative	Support local suicide support group(s) and area awareness activities
Description	KDH will support the local suicide support group and any suicide prevention community activities.
Goals	Promote suicide support group to all internal KDH staff and patients. Support the group by offering meeting space if needed. Support local Out of the Darkness Suicide Awareness community event. Promote the event to staff, form a team of KDH employees, encourage financial donations, and secure that donations are being used on a local level.
Anticipated Outcomes	Increase number of attendees at monthly suicide support group. Increase number of participants and funds raised for local suicide awareness walk event.
Plan to Evaluate	Social Services staff at KDH will work with suicide support group facilitator.
Metrics Used to Evaluate the program/activity/initiative	Track number of participants at monthly suicide support group meetings. Report number of participants at community Out of the Darkness awareness event, dollars raised at the event, and % of dollars that will stay local in Jefferson County.

YEAR 1 – 2017 UPDATE:

- Due to staffing changes, a KDH-led team did not participate in the Out of the Darkness walk. KDH did help to promote the event and served as a financial sponsor. Jefferson County hosted 1 of 18 walks in Indiana. $21,101 was raised at the 2017 Jefferson County walk. Funds were distributed for programs throughout Indiana by the American Foundation for Suicide Prevention (AFSP). A KDH employee serves as one of the coordinators for the Jefferson County Out of the Darkness walk.
- A formal suicide support group did not meet consistently in 2017. When meetings resume, KDH will help to promote this support group with advertising and patient referrals.
- Additional community activities include a Suicide Survivor Candlelight Service that was held in 2017 through joint efforts of the Greater Ministerial Association and HCI/KDH.

YEAR 2 – 2018 UPDATE:

- Almost $25,000 was raised at the 2018 Out of the Darkness walk in Jefferson County. Some of this money raised remained in the county to purchase books/teaching materials for the suicide prevention trainings mentioned above. KDH promoted this event to all employees for participation and served as a financial sponsor for the event.
- Candlelight service held in conjunction with World Suicide Prevention Day again in 2018.

YEAR 3 – 2019 UPDATE:

- Jefferson County held another successful Out of the Darkness suicide awareness walk in 2019. The event exceeded the goal and raised over $25,000. KDH served as a sponsor for this event.
- A formal suicide support group did not meet in 2019.
- New mental health awareness activities took place in 2019 led by the HCI mental health team:

The month of May was recognized as Mental Health Awareness Month.

The month of September was recognized as Suicide Awareness Month.

Work started in 2019 to make Jefferson County a trauma-informed community.

A Facing Suicide booklet, which tells the stories of Jefferson County families impacted by Suicide, was made available for viewing on the KDH website in 2019.

Plans not to address the following needs:
No hospital can address all of the health needs present in its community. King's Daughters' Health is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits. The implementation strategy does not include specific plans to address the following significant health needs that were identified in the 2016 Community Health Needs Assessment:

1. KDH will focus strategies targeting **Substance Abuse / Addictions** primarily to residents of Jefferson County, Indiana. KDH will continue to be involved in the local coordinating council in Switzerland County, the Switzerland County Awareness Team (SCAT) to support programs funded through SCAT dollars. These programs target substance abuse prevention, treatment, and justice efforts. KDH will encourage staff from the Switzerland County physicians practice office to stay informed with SCAT efforts and any county programming targeting substance abuse. KDH will not have an active presence in Trimble County Kentucky regarding substance abuse concerns due to lack of staffing and resources. Residents of both Switzerland and Trimble Counties have the potential to indirectly benefit from strategies in Jefferson County, as many residents in these neighboring counties work, shop, dine, or even go to school in Jefferson County.

2. Two of the three strategies targeting **Overweight / Obesity and Lack of Physical Activity** have the potential to benefit residents in all three counties surveyed in the 2016 CHNA. Residents in Switzerland and Trimble counties will have the ability to participate in the Strive for 5 classes, just like Jefferson County residents. The Fit Kids program will expand to elementary schools in Switzerland County and potentially Trimble County at a later date. The HCI Healthy Lifestyles Wellness challenge will be exclusive to Jefferson County residents. This is due to HCI currently focusing efforts in Jefferson County. Lack of staffing and a non-existing community health initiative in Switzerland and Trimble counties at the present time limit a similar program to HCI.

3. **Tobacco Use** efforts will primarily be focused in Jefferson County. Current state funding, supported in-kind by KDH, limits programming to Jefferson County residents. Some flexibility applies to positively impact residents of Switzerland County Indiana. These individuals can still benefit from the IN state Quitline services and the Tobacco Coordinator can provide resources when requested to the physician office in Switzerland County. Residents of Trimble County Kentucky who work, shop, and dine in Jefferson County will benefit from smoke-free air efforts.

4. Two of the three strategies targeting **Chronic Disease** are inclusive to residents in both Switzerland and Trimble Counties. Individuals who are patients at King's Daughters' Health, regardless of residence, have the potential to participate in both the CHF and COPD Readmission Programs. Residents in these counties cannot participate in the House of Health program, as the House of Hope food pantry is exclusive for residents of Jefferson County.

5. The majority of strategies targeting **Mental Health / Suicide** will be exclusive to Jefferson County, due to the MCS and HCI efforts and partnership. Residents of neighboring counties are welcome to attend the suicide support group and additional suicide awareness activities like the Walk to Remember.

Approval by Governing Board

The implementation strategy was approved by the Board of Managers of King's Daughters' Health on

(insert day, month, year) ________________________

Board Chair Signature ____