



KentuckyOne Health®
Saint Joseph Mount Sterling

Implementation Strategy

FY 2017-19



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Introduction

Forward

During 2015-2016, Saint Joseph Mount Sterling (SJMS) conducted its FY2017-19 community health needs assessment (CHNA) to support its mission to enhance the health of people in the communities it serves by identifying health needs in these communities and prioritizing the allocation of hospital resources to meet those needs. This Implementation Strategies document, developed from June-October 2016, serves as an accompaniment to that report by identifying the strategies which Saint Joseph Mount Sterling will employ from FY2017-19 to address the needs identified in the most recent CHNA. Additionally, the completion of this report and subsequent approval and adoption by the KentuckyOne Health Board of Directors complies with requirements mandated by the *Patient Protection and Affordable Care Act of 2010* and federal tax-exemption requirements.

Executive Summary

The implementation strategies process involved the following steps:

- The KentuckyOne Health Healthy Communities department created an inventory of hospital-level and system-level strategies that were already in place to address the applicable health needs.
- Saint Joseph Mount Sterling leaders reviewed the inventory, evaluated continuation of current strategies, and added additional strategies where appropriate.
- The Healthy Communities department consulted with KentuckyOne Health system-level leaders to include in the inventory applicable strategies occurring on behalf of all KentuckyOne Health hospital communities, including that of Saint Joseph Mount Sterling.
- A final list of appropriate strategies was prepared.
- The goals for addressing each identified health need are listed below. The strategies applicable to each goal are detailed in the body of the Implementation Strategies report.
- Alcohol and Drug Use (Substance Abuse)
 1. Address alcohol and drug use from a KentuckyOne Health system-wide approach; this is primary prevention to alcohol and substance use.
 2. Support local groups and events that have a mission to prevent alcohol and drug use; this is a primary prevention related to drug and alcohol use.
 3. Increase available resources to address consequences of negative health outcomes related to alcohol and drug use; this is a secondary response related to drug and alcohol use.
 4. Provide support for programs addressing long-term condition management for alcohol and drug users; this is a tertiary response related to drug and alcohol use.
- Tobacco Use (Substance Abuse)
 1. Address tobacco use from a KentuckyOne Health system-wide approach; this is primary prevention to tobacco.
 2. Support local groups and events that have a mission to address tobacco prevention; this is a primary prevention to tobacco use.
 3. Improve tobacco cessation efforts through community education and advocacy; this is a secondary prevention to tobacco use.

4. Align efforts with Commission on Cancer triennial community health assessment (completed by KentuckyOne Health Cancer Care) to address the impact of cancer; this is a tertiary response to tobacco use.
- Diet and Exercise (Obesity)
 1. Promote healthy options for diet and exercise from a KentuckyOne Health system-wide approach; this is a primary prevention related to diet and exercise.
 2. Support local groups and events that have a mission to promote healthy diet and exercise to prevent negative health outcomes; this is a primary prevention related to diet and exercise.
 3. Increase available resources to address consequences of negative health outcomes related to poor diet and lack of exercise; this is a secondary response related to diet and exercise.
 4. Provide support for programs addressing condition management and survivorship through diet and exercise; this is a tertiary response related to diet and exercise.
 - Sexual Activity (Teen Health)
 1. Address human trafficking from a KentuckyOne Health system-wide approach; this is a primary prevention related to sexual activity.
 2. Support local groups and events that have a mission to promote healthy dating and sexual activity delay; this is a primary prevention related to sexual activity.
 3. Provide support for programs addressing long-term condition management for alcohol and drug users; this is a tertiary response related to drug/alcohol use and sexual activity.
 - Access to Care
 1. Promote access to care from a KentuckyOne Health system-wide approach; this is a primary prevention addressing access to care.
 2. Support local groups and events that have a mission to address barriers to access to care; this is a primary prevention related to access to care.
 3. Increase available resources to address access to care; this is a secondary response related to access to care.
 4. Provide support for programs addressing long-term social determinants of health impacting access to care; this is a tertiary response related to access to care.
 - This process for creating the Implementation Strategies was presented to the KentuckyOne Health Board of Directors for approval and adoption on October 26, 2016 as the active Implementation Strategies report through June 30, 2019 (FY 2017-19).
 - This report was made public and widely-available on or before November 15, 2016.

Organization Description

Formerly Mary Chiles Hospital, Saint Joseph Mount Sterling became a member of Saint Joseph Health System on August 1, 2007. From its founding in 1921, the hospital has been committed to its goal of serving the people of Montgomery, Bath, Menifee, and Powell Counties. A new facility located in Montgomery County opened on June 16, 2011 featuring 42 licensed acute-care beds and the latest technology, including MRI services and digital mammography, all-private rooms, 14 private emergency treatment rooms, 4 operating rooms, an Intensive Care Unit, a Birthing Center, Infusion Center, cardiovascular services and a faith-based healing environment.

Saint Joseph Mount Sterling is now part of KentuckyOne Health, one of the largest health systems in Kentucky with more than 200 locations including hospitals, outpatient facilities and physician offices, and more than 3,100 licensed beds. An 18-member volunteer board of directors governs KentuckyOne Health, its facilities and operations, including Saint Joseph Mount Sterling, with this purpose:

- **Our Purpose:** To bring wellness, healing and hope to all, including the underserved.
- **Our Future:** To transform the health of communities, care delivery and health care professions so that individuals and families can enjoy the best of health and wellbeing.
- **Our Values:**
 - **Reverence:** Respecting those we serve and those who serve.
 - **Integrity:** Doing the right things in the right way for the right reason.
 - **Compassion:** Sharing in others' joys and sorrows.
 - **Excellence:** Living up to the highest standards.

Community Served

Geographic Area

For the purposes of our community health needs assessment, the community served by Saint Joseph Mount Sterling is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. Inpatient discharge data for Saint Joseph Mount Sterling from July 1, 2014-June 30, 2015 (the latest fiscal year available as of data collection for this writing) shows that Montgomery County was the county of residence for the largest concentration of patients, with 50.5% of patients living in Montgomery County. Therefore, the service area for this community health needs assessment and accompanying implementation strategy is defined as Montgomery County.

Mount Sterling is the county seat of Montgomery County, Kentucky in the eastern part of the state. Montgomery County is bordered by Bath, Bourbon, Clark, Menifee, Nicholas and Powell counties.

Populations

Understanding the population demographics of the community served by Saint Joseph Mount Sterling helped the hospital team understand characteristics unique to their community and can impact the identification of health needs. Notable for Montgomery County is the higher than state average growth rate from 2010 to 2014. Additionally, Montgomery County notes a much less diverse racial and ethnic makeup than the state averages. Detailed community information, included community demographics, can be found in Saint Joseph Mount Sterling's 2017-2019 CHNA.

Target Populations for Implementation Strategies

The target populations in the IS plan are described as applying to either the "Broader Community" or those "Living in Poverty" to correspond with federal community benefit reporting requirements. Additionally included is a "Vulnerable Populations" description for strategies targeting persons with disabilities; racial, cultural, and ethnic minorities; and the uninsured/underinsured. When only a certain age bracket is directly impacted by the strategy, we have specified teens, adults, children, infants, or seniors as the strategy's target population. Each strategy has at least one descriptor of its target population.

Significant Health Needs Identified in CHNA

Criteria Used to Identify Priorities

To achieve consistency across the KentuckyOne Health system and to identify opportunities for cross-hospital collaboration, we chose to identify our priorities as named in the Robert Wood Johnson County Health Rankings health factors.

The vast majority of health outcomes—measured by both length of life and quality of life—are determined by the health factors in these categories: social and economic factors, health behaviors, clinical care and the physical environment. These health factors represent what is commonly referred to as social determinants of health. The Robert Wood Johnson Foundation’s County Health Rankings model illustrates the following:

- Social and economic factors account for 40% of a person’s health outcomes and include these health factors:
 - Education
 - Employment
 - Income
 - Family and Social Support
 - Community Safety
- Health behaviors account for 30% of health outcomes and include these health factors:
 - Tobacco Use
 - Diet and Exercise
 - Alcohol and Drug Use
 - Sexual Activity
- Clinical care accounts for 20% of health outcomes and includes these health factors:
 - Access to Care
 - Quality of Care
- The physical environment accounts for 10% of health outcomes and includes these health factors:
 - Air and Water Quality
 - Housing and Transit

Each of the 13 health factors listed above was assessed on eight prioritization factors: magnitude, impact on mortality, impact on morbidity, trends, community input, strategic alignment, comparison to peer communities and common identification. Each health factor received a score of zero to four, with a four indicating the greatest need possible for that particular factor. The total score was the sum of all prioritization factors for that particular health factor, and the possible total score is 32.

In our efforts to address the health needs that heavily influence health outcomes, we created a system for ranking community health needs using a weighted scale to account for the measure of influence. The measure of influence is the percentage of effect that this category of health factors has on health outcomes. The weighted score was created by multiplying the total score for each health measure by the percentage of their influence on overall health. For example, tobacco use is a health behavior. If all eight prioritization factors added up to a total score of 21, we then multiplied this total score by 30%—the measure of influence for a health behavior according the *County Health Rankings* model. This

weighted score was compared against the other categories. The factors with the highest weighted scores were identified as community health needs for the community served.

This ranking system illustrates KentuckyOne's commitment to bringing wellness, healing and hope to all as we recognize the disproportionately negative impact of these social determinants on the health of the poor, vulnerable and underserved in our communities.

Final Priority Health Needs

The leaders at KentuckyOne Health hospitals in Louisville made the decision to meet as one group to determine priorities together to allow for more synergy across hospitals serving the same community. This group included leaders from not only Saint Joseph Mount Sterling, but also Saint Joseph Mount Sterling, Our Lady of Peace, Sts. Mary and Elizabeth Hospital, and University of Louisville Hospital, all of which determined their community served to be defined as Jefferson County based on inpatient county of residence data.

In March 2016, the leadership team at Saint Joseph Mount Sterling gathered to review the Montgomery County data and the aforementioned prioritization chart. The team discussed each of the health measures in the chart and where they believed the hospital had the greatest capacity to make the most marked improvement. The areas below were chosen as the FY2017-2019 community health needs assessment priority areas with the consideration of a linking chronic disease education and disease management:

- **Substance Abuse** (related to the health needs "Tobacco Use" and "Alcohol and Drug Use" in the *County Health Rankings* report)
 - The data in the health needs prioritization chart showed tobacco use to have the highest total score and the highest weighted score of all the health measures assessed. Alcohol and drug use had the second highest total score and the second highest weighted score of all the health measures assessed. The leadership team determined it made sense to identify this need broadly as substance abuse and fold tobacco use into the already established substance abuse workgroup that was formed during the last community health needs assessment process and identified then as a health need. The leadership team will continue to support the efforts of this workgroup and will support embracing the inclusion of tobacco use in that workgroup's efforts.
- **Obesity** (related to the health need "Diet and Exercise" in the *County Health Rankings* report)
 - The data in the health needs prioritization chart showed diet and exercise to have the second highest total and weighted scores of all the health measures assessed. The leadership team determined that they would lean on the continuation of the efforts of the workgroup established to address this need during the previous community health needs assessment. The leadership team will support narrowing the focus of the already-established diet and exercise workgroup to focus specifically on obesity. As the workgroup moves ahead, it will focus on healthy diets and lifestyles to address obesity holistically.
- **Teen Health** (related to the health need "Sexual Activity" in the *County Health Rankings* report)
 - The leadership team determined that they should continue the efforts of the teen pregnancy workgroup formed during the last community health needs assessment to address these issues. As the workgroup moves ahead, they will more broadly focus on teen health issues, so the leadership team determined it

would support those efforts. The workgroup will still address the undercurrent issue of teen pregnancy, which links with the *County Health Rankings* health measure “Sexual Activity.”

- **Access to Care**

- The coalition of organizations and communities that works to address health needs in Montgomery County added a new workgroup to address communication and publicity gaps in community understanding of resources. Using the Network of Care software platform, the workgroup will promote community access to health information and resources. Bridging this gap for the community will promote access to care, a *County Health Rankings* health measure that the leadership team determined Saint Joseph Mount Sterling should support.

Significant Health Need(s) Not Addressed

Saint Joseph Mount Sterling chose to identify the top three health needs indicated by the data as priorities. Other health measures were not illustrated by the data as being significant health needs. Thus, Saint Joseph Mount Sterling has chosen to address the major health needs in the community.

CHNA Infographic

This infographic was developed for use in explaining the CHNA process and final priority needs to community members, stakeholders, and hospital personnel. A PDF of this infographic can be found here:

http://www.kentuckyonehealth.org/documents/CHNAs%20and%20Implementation%20Strategies/SJMS_CHNA_Infographic_8.5x11_TP.pdf.



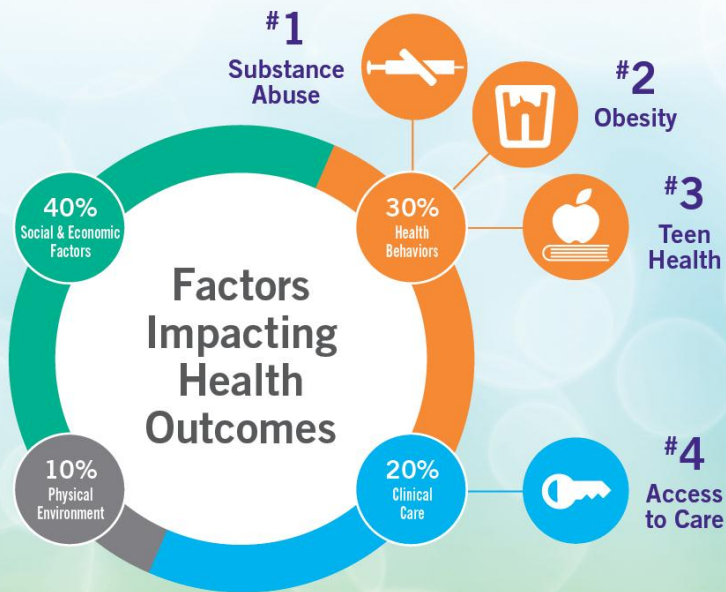
TO SUPPORT OUR PURPOSE

To bring wellness, healing and hope to all, including the underserved,

Saint Joseph Mount Sterling conducted a **COMMUNITY HEALTH NEEDS ASSESSMENT**, using a framework from the Robert Wood Johnson Foundation's County Health Rankings to identify and prioritize health needs.

4 SIGNIFICANT HEALTH NEEDS

to be addressed by Saint Joseph Mount Sterling in Montgomery County



To read our full community health needs assessment, visit: KentuckyOneHealth.org/2017-2019-saint-joseph-mount-sterling-chna

Implementation Strategy Process

Development of Implementation Strategies

During the development of the CHNA, there were many conversations at the hospital-level and at the KentuckyOne Health system-level about recognizing the many strategies already in place to address community need. It was vital to develop a thorough understanding of current strategies and determine where additional strategies were needed to respond to community need. Therefore, the first step in the implementation strategies report was for the KentuckyOne Health Healthy Communities (Population Health) team to create an inventory of hospital-level strategies that were already in place address the applicable health needs. This involved researching current strategies reported in CBISA (Community Benefit Inventory for Social Accountability—the community benefit reporting system used by KentuckyOne Health) and by garnering information from the hospital leadership team.

In August-September 2016, Saint Joseph Mount Sterling leaders met to review this inventory and evaluated it for their commitment to continuation of these strategies. Strategies that proved to be ineffective, inefficient, or did not demonstrate best practices were discussed to ensure resources were linked with proven strategies. Additional strategies were added per the leadership brainstorming session.

The next step in the implementation strategy process was reviewing system-level strategies that were occurring on behalf of Saint Joseph Mount Sterling. The KentuckyOne Health Healthy Communities team consulted with KentuckyOne Health system-level leaders to include in the inventory applicable strategies occurring on behalf of all KentuckyOne Health hospital communities, including that of Saint Joseph Mount Sterling. The system-level strategies were shared by leaders representing these KentuckyOne Health departments:

- Cancer Care
- Diversity and Inclusion
- Food and Nutrition Services
- KentuckyOne Health Foundations/KentuckyOne Health Grants Office
- Public Policy and Advocacy
- Strategy and Business Development
- WorkPlace Care

Related strategies from both the hospital-level and the system-level were grouped and overall goals were developed around the intended outcomes of the strategies. At least one goal is attached to each identified health need, with multiple strategies linked to each goal.

Each strategy is listed with a target population, action plan, committed resources, evaluation plan, and applicable external partners. The target population descriptors are listed earlier in this document. The action plan describes the goal of the strategy. The hospital resources detail what Saint Joseph Mount Sterling, and/or KentuckyOne Health on behalf of Saint Joseph Mount Sterling, will commit to the execution of the strategy. The evaluation plan is an outcomes-focused description of how the strategy will be evaluated for impact on the health need it addresses. Any external partners involved in the strategy are also listed.

A final list of appropriate strategies was prepared for final review by hospital leaders. The KentuckyOne Health Board of Directors reviewed the Implementation Strategies process on October 26, 2016. Adoption and approval details are described at the end of this document.

New Features of 2017-19 Reports

To respond to the final 501(r) rules around CHNA and the IS reports and to further the transparency in our response to our community's health needs, we have descriptors included in the 2017-2019 reports additional to what was included in the 2013-2016 reports.

- We have included system-level initiatives that are a response to the community health needs, which has encouraged an increased alignment with strategy and with accreditation guidelines. This also demonstrates KentuckyOne Health's unique position to respond to community health needs by leveraging our state-wide health system's resources.
- We have listed more detailed and transparent resources committed to addressing the strategies in place.
- We have created evaluation metrics for determining the success of our strategies, including linking community benefit as a component of evaluation.
- We increased the rigor and validity of our chosen strategic objectives, measurements, and evaluation plans. Strategies and accompanying metrics were developed based on evidence-based gold standard practices identified through extensive literature review. Citations documenting studies supporting these evidence based, gold-standard strategic approaches are included to increase transparency and document the validity of these approaches.
- Finally, we have included a widely-used public health resource (the community health improvement matrix) to display how our strategies are designed to work together. This is discussed later in this document.

Strategies to Address Significant Health Needs

The charts below detail Saint Joseph Mount Sterling's identified community needs, the goals it has set as a means of addressing those needs, and the strategies that will forward each goal.

Alcohol and Drug Use (Substance Abuse)

Goal 1: Goal 1: Address alcohol and drug use from a KentuckyOne Health system-wide approach; this is a primary prevention to alcohol and substance use.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
1.1. Availability of Naloxone	Broader Community	Continue to support legislation allowing the Kentucky Harm Reduction Coalition to dispense Naloxone.	The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort on behalf of KentuckyOne Health hospitals.	Update progress in annual legislative priorities report	<ul style="list-style-type: none"> • Kentucky State Government • Kentucky Harm Reduction Coalition
1.2. Increase access to mental health services.	Broader Community	Leverage expertise in mental health to increase access to mental health services via telehealth programs that allow KentuckyOne Health staff to operate programs in communities that do not have sufficient mental health services to serve need.	The KentuckyOne Health Strategy department is leading this effort with expertise from Our Lady of Peace.	Evaluate for progress on expanding access to mental health programs.	Potentially other health care organizations
1.3. Seek grant opportunities to address mental health needs.	Vulnerable Populations	Pursue various private, state, and federal funding for programs to address mental health needs that can underlie substance abuse.	The KentuckyOne Health Grant Office is pursuing this funding on behalf of KentuckyOne Health hospitals.	Report funding in annual hospital Foundation reports.	Can Include: <ul style="list-style-type: none"> • SAMHSA • Kentucky Dept. for Behavioral Health

Goal 2: Support local groups and events that have a mission to prevent alcohol and drug use; this is a primary prevention related to drug and alcohol use.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
2.1. Montgomery County Health Department Substance Abuse (MC ADAPT) Committee.	Broader Community	Continue to collaborate on Montgomery Health Department MC ADAPT committee to address issues surrounding alcohol and drug use in Montgomery County.	Mission Leader Sister Janet Carr will lead this effort. Attendance of KOH employee at 80% of committee meetings.	Annually, ensure at least one KOH employee sits on this committee and is counted toward community benefit.	<ul style="list-style-type: none"> • Montgomery County Health Depart. • MC Adapt
2.2. Clean Needle Exchange	Broader Community	Collaborate with Montgomery County Health Department to support clean needle exchange program to prevent spread of HIV, Hepatitis C, through use of contaminated needles.	Mission Leader Sister Janet Carr will lead this effort.	Annually, identify a minimum of one opportunity to support a Montgomery County clean needle exchange program.	<ul style="list-style-type: none"> • Montgomery County Health Depart. • MC Adapt
2.3. Kentucky Safety and Prevention Alignment Network (KSPAN)	Broader Community	Participate in KSPAN to align substance abuse prevention efforts with statewide efforts.	Healthy Communities (Manager - Melissa Brown) will lead this effort. Attendance of KOH employee at 80% of coalition meetings.	Annually, ensure at least one KOH employee sits on this coalition and is counted toward community benefit.	KSPAN

Goal 3: Increase available resources to address consequences of negative health outcomes related to alcohol and drug use; this is a secondary response related to drug and alcohol use.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
3.1. Develop KOH staff protocols for addiction response. Develop protocols to address addiction issues.	Broader Community (Employees)	Annually, provide education to employees on how to handle alcohol and substance use in patients (i.e. who to inform, possible medication concerns, and safety).	Employee Health, Human Resources (Ashley Case), and Social Work will lead this effort.	Annually, identify at least one effort undertaken.	N/A
	Broader Community	By end of FY17, explore the feasibility of developing a Neonatal Abstinence Syndrome (NAS) program to address the issue of neonates exposed to narcotics in utero.	Birthing Center staff will lead this effort. Collaboration with SJE perinatal education department.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19.	Collaboration with SJE perinatal education department.

Goal 4: Provide support for programs addressing long-term condition management for alcohol and drug users; this is a tertiary response related to drug and alcohol use.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
4.1. Community Support Groups.	Broader Community (Patients)	Promote existing community resources and support groups for patients needing resources to address alcohol and drug use. By end of FY17 develop a protocol for referring patients to existing resources and support groups within their community as part of discharge planning. If feasible, implement program in FY 18 and FY19.	Social worker and Emergency Department Community Health Worker will lead this effort.	Protocol development completed by end of FY17. If feasible, implement program in FY 18 and FY19 to track number of consults.	<ul style="list-style-type: none"> • Montgomery County Health Depart. • Hope Hill • Shepherd Shelter
4.2. Promote Community programs addressing those impacted by substance abuse.	Broader Community	Promote existing community programs to mitigate, treat, and care for those affected by substance abuse. Annually, identify at least one existing community resource addressing substance abuse; promote participation and support of condition management, treatment, and survivorship (i.e. Hope Hill, Shepherd Shelter).	Mission Leader Sister Janet Carr and Amanda Kinman will lead this effort.	Annually, identify at least one effort undertaken.	Identify annually based on efforts undertaken.

Tobacco Use (Substance Abuse)

Goal 1: Address tobacco use from a KentuckyOne Health system-wide approach; this is a primary prevention to tobacco use.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
1.1. State-wide smoke-free law	Broader Community	Advocate for legislation that would prohibit smoking in indoor workplaces and public places, including restaurants, bars, and hotels.	The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort.	Update any progress towards this strategy in annual legislative priorities report.	Kentucky State Government
1.2. Advocate for Increasing Cigarette Tax	Broader Community	Include advocacy for increasing the cigarette tax on 2017 legislative priorities agenda.	The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort.	Update any progress towards this strategy in annual legislative priorities report.	Kentucky State Government
1.3. Insurance Coverage for Tobacco Cessation	Broader Community	Advocate requiring insurance companies to pay for evidence-based smoking cessation treatments.	The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort.	Update any progress towards this strategy in annual legislative priorities report.	Kentucky State Government
1.4. Health in All Policies and Practices	Broader Community	Create Health in All Policies and Practices (HiAPP) document for guidance on the health implications of organizational decisions in order to improve population health and health equity.	The KentuckyOne Health SVP of Population Health is drafting this document for the organization.	Improve accountability for health impacts at all levels of decision-making within the organization.	(Not Applicable)

Goal 2: Support local groups and events that have a mission to address tobacco prevention; this is a primary prevention to tobacco use.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
2.1. Montgomery County Health Department Substance Abuse (MC ADAPT) Committee.	Broader Community	Continue to collaborate on Montgomery Health Department MC ADAPT committee to address issues surrounding alcohol and drug use (including tobacco use) in Montgomery County.	Mission Leader Sister Janet Carr will lead this effort. Attendance of KOH employee at 80% of committee meetings.	Annually, ensure at least one KOH employee sits on this committee and is counted toward community benefit.	<ul style="list-style-type: none"> Montgomery County Health Depart. MC Adapt
2.2. Promote Clean Air Ordinance for Montgomery County.	Broader Community	Advocate for legislation that would prohibit smoking in indoor workplaces and public places, including restaurants, bars, and hotels in Montgomery County. Annually, identify a minimum of one opportunity to advocate for legislation that would prohibit smoking in indoor workplaces and public places, including restaurants, bars, and hotels. (i.e. letter of support, lobbying to increase cigarette tax, attendance of smoke-free events).	Mission Leader Sister Janet Carr will lead this effort.	Annually, identify at least one effort undertaken.	Montgomery County City Government
2.3. Education and Health Fairs.	Broader Community	Offer education, screenings, and information on tobacco use to inform prevention efforts. Annually, identify a minimum of three opportunities (i.e. health fairs, lunch and learn, seminars, workshops, news articles or interviews, presentations) to provide education or screening to community members on all forms of tobacco use and e-cigarettes, consequences of smoking, (i.e. maternity, heart disease, cancer, diabetes) to promote tobacco prevention.	Pulmonary Services (Linda Williams) and Respiratory Therapy (Shelly Sanders) will lead this effort.	Annually, identify at least three efforts undertaken.	Identify annually based on efforts undertaken.

Goal 3: Improve tobacco cessation efforts through community education and advocacy; this is a secondary prevention to tobacco use.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
3.1. Smoke-Free Campus Policy. Enforce smoke-free policy on hospital grounds by developing appropriate response/policy for those smoking on hospital grounds.	Broader Community (Employees and Patients)	By 2nd quarter FY17, educate and equip managers to enforce tobacco-free policy. (employees, patients, visitors)	HR Dept. will lead education/training; security will assist with enforcing policy.	Education and training by end of 1st quarter FY17.	N/A
		By 2nd quarter FY17, tobacco-free signage updated on SSJMS grounds/facilities.	Facilities Management will lead this effort	Tobacco-free signage updated by 2nd quarter FY17 and checked annually for FY18 and FY19 to ensure signage is in place.	N/A
		By end of FY 18 and FY19 evaluate for effectiveness and identify areas of potential improvement.	HR Dept will lead this effort with employees.	Review incidents, comments, and complaints regarding smoke-free policy and discuss with facility leadership.	N/A
		By end of FY17, evaluate the feasibility of developing a tobacco cessation program aimed at employees and their families (i.e. cessation classes, support groups, provision of cessation aids, and healthcare premium reductions for non-smokers. Healthy Spirit Workshop) to facilitate smoking cessation among employees to promote community smoking cessation.	Respiratory therapy (Manager - Marlene McKinley) will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19.	N/A

Goal 4: Align efforts with Commission on Cancer triennial community health assessment (completed by KentuckyOne Health Cancer Care) to address the impact of cancer; this is a tertiary response to tobacco use.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
4.1. Tobacco Cessation Strategy Partnerships. Establish partnerships with Kentucky Cancer Program on Plan to Be Tobacco Free and American Cancer Society Quit Line as a tobacco cessation strategy.	Broader Community (Patients)	Partner with Kentucky Cancer Program on Plan to Be Tobacco Free as a tobacco cessation strategy.	The KentuckyOne Health Oncology Program will lead this effort.	Establish partnership by end of FY 2017. Continuation of partnership in FY 18 and FY 19.	Kentucky Cancer Program
		Partner with American Cancer Society on Quit Line referrals as a tobacco cessation strategy.	The KentuckyOne Health Oncology Program will lead this effort.	Establish partnership by end of FY 2017. Continuation of partnership in FY 18 and FY 19.	American Cancer Society
		Evaluate use of Mayo Clinic smoking cessation program.	The KentuckyOne Health Oncology Program will lead this effort.	Evaluate program by end of FY17. If indicated, begin program offering in FY18 and FY 19.	Mayo Clinic

Diet and Exercise (Obesity)

Goal 1: Promote healthy options for diet and exercise from a KentuckyOne Health system-wide approach; this is a primary prevention related to diet and exercise.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
1.1. Kentucky Proud products	Broader Community	Begin discussions with Commissioner of Agriculture to discuss feasibility of having hospitals participate in Kentucky Proud Program to have local food used in hospital foodservice and available for resale in hospitals.	The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort with guidance from Food and Nutrition Services.	Update progress on Kentucky Proud eligibility in annual legislative priorities report.	Kentucky State Department of Agriculture
1.2. Encourage healthy lifestyles as a cost-control measure.	Broader Community	Support legislation to provide tax and other incentives for the creation of wellness programs enabling businesses to educate and encourage employees to engage in healthy lifestyles and obtain preventative care.	The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort.	Update progress in annual legislative priorities report.	<ul style="list-style-type: none"> • Kentucky State Government • Kentucky Chamber
1.3. Keep Children Healthy	Broader Community (Youth)	Advocate for initiatives that address the risk factors that lead to obesity and chronic diseases in children.	The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort.	Update progress in annual legislative priorities report.	Kentucky State Government
1.4. CHI Healthy Food and Wellness Initiative	Broader Community	Annually, identify a minimum of one opportunity to support and implement initiatives to support the CHI healthy food and wellness initiative.	Food and Nutrition Services (Amanda Goldman) is committed to leading this effort.	Annually, identify at least one effort undertaken.	Catholic Health Initiatives

Goal 2: Support local groups and events that have a mission to promote healthy diet and exercise to prevent negative health outcomes; this is a primary prevention related to diet and exercise.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
2.1. Montgomery County Health Department Physical Activity and Nutrition (PAN) Committee	Broader Community	Continue to collaborate on PAN committee to address issues surrounding diet and exercise in Montgomery County. Promote activities (i.e. support/promote farmer's markets, walkability, bicycle use, downtown loaner bike programs to encourage diet and nutrition as prevention of negative health outcomes.	Mission Leader Sister Janet Carr will lead this effort. Attendance of KOH employee at 80% of committee meetings.	Annually, ensure at least one KOH employee sits on this committee and is counted toward community benefit.	Montgomery County Health Department
2.2. Education and Health Fairs	Broader Community	Offer education, screenings, and information on diet and exercise to inform prevention efforts in Montgomery County. Annually, identify a minimum of two opportunities (i.e. health fairs, lunch and learn, seminars, workshops, news articles or interviews, presentations, Go Red for Women events) to provide education or screening to community members on diet and exercise (i.e. prenatal, heart disease, cancer, diabetes) to aid in prevention of negative health outcomes.	Mission Leader Sister Janet Carr will lead this effort.	Annually, identify at least two efforts undertaken.	Identify annually based on efforts undertaken.

Goal 3: Increase available resources to address consequences of negative health outcomes related to poor diet and lack of exercise; this is a secondary response related to diet and exercise.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
3.1. Improve KOH Accessibility to Healthy Diet and Exercise. Establish opportunities for improved diet and exercise to address barriers to access.	Broader Community (Employees)	Annually, identify a minimum of one opportunity implemented to promote healthy diet and exercise within KOH facilities for employees and their families (i.e. free pre-diabetes or diabetes education class, exercise classes, desk exercise education, Weight Watcher's meetings, group walking, annual employee wellness program, Healthy Spirit Workshops. weight loss challenge annually, promote biometric screenings).	Human Resources (Ashley Case) and Dietitian (Mindee Hudson) will lead this effort.	Annually, identify at least one effort undertaken.	Identify annually based on efforts undertaken.
3.2. Walk with a Doc	Broader Community	Provide Walk With a Doc opportunities to promote exercise and education opportunities to the community. Offer WWAD at least six times per year in FY17-19.	Mission Leader Sister Janet Carr will lead this effort.	Annually, offer WWAD at least 6 months of the year.	<ul style="list-style-type: none"> •Montgomery County Health Department •Walk with a Doc

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
3.3. Identify opportunities for new program development to address positive impact of diet and exercise for existing conditions. Pursue opportunities to develop or expand services to utilize diet and exercise to impact existing health conditions.	Broader Community	By end of FY 17, evaluate the feasibility of expanding offerings at for exercise and nutrition consults for clients with specific medical conditions (i.e. pregnancy, diabetes). If feasible, implement program in FY 18 and FY19.	Dietitian (Mindee Hudson) will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19 to track number of consults.	Identify annually based on efforts undertaken.
		By end of FY17, evaluate the feasibility of a telehealth initiative for nutrition education pilot project. If feasible, continue services in FY 18 and FY19.	Telehealth (Manager-Deborah Burton) will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19 to track number of consults.	Identify annually based on efforts undertaken.

Goal 4: Provide support for programs addressing condition management and survivorship through diet and exercise; this is a tertiary response related to diet and exercise.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
4.1. Promote Community Events for Disease Research and Survivorship	Broader Community (Employees)	Promote community walks and runs to support survivorship, research, and assist in fundraising for treatment of diseases. Annually, identify at least two community walks or runs; promote participation and support of disease management, treatment, research, and survivorship (i.e. March of Dimes, Relay for Life).	Mission Leader Sister Janet Carr will lead this effort.	Annually, identify at least two efforts undertaken.	Identify annually based on efforts undertaken.
4.2. Cancer Care. Expand offerings for exercise and nutrition consults for clients of the cancer center through diet and exercise promotion.	Broader Community (Patients)	As part of the SSJMS lung accreditation program to address gaps in care and strengthen access to screening, prevention, and treatment develop and implement a rehab and survivorship program by end of FY19.	The KentuckyOne Health Oncology Program will lead this effort.	By end of FY19, implement a rehab and survivorship program. Track number of participants and services received.	N/A
		By end of FY17, evaluate the feasibility of expanding offerings for exercise and nutrition consults for cancer center clients. If feasible, continue services in subsequent years.	The KentuckyOne Health Oncology Program will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19 to track number of consults.	N/A

Sexual Activity (Teen Health)

Goal 1: Address human trafficking from a KentuckyOne Health system-wide approach; this is a primary prevention related to sexual activity.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
<p>1.1. Address human trafficking. Improve response to victims of human trafficking by: 1. Improving recognition of signs of victims. 2. Providing referrals to victims identified in the hospital setting.</p>	<p>Broader Community</p>	<p>Annually, identify a minimum of one opportunity to provide education to hospital and physician practice staff about identifying victims in our facilities.</p>	<p>KOH Advocacy and Public Policy; Healthy Communities and Mission Integration will lead this effort.</p>	<p>Update any progress towards this strategy in annual legislative priorities report.</p>	<p>Catholic Charities</p>

Goal 2: Support local groups and events that have a mission to promote healthy dating and sexual activity delay; this is a primary prevention related to sexual activity.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
2.1. Montgomery County Health Department Teen Pregnancy Committee.	Broader Community	Continue to collaborate on Montgomery Health Department teen pregnancy committee to address issues surrounding teen pregnancy in Montgomery County.	Vicki Armitage will lead this effort. Attendance of KOH employee at 80% of committee meetings.	Annually, ensure at least one KOH employee from the birthing center sits on this committee and is counted toward community benefit; identify possible programs to promote within KOH.	Catholic Charities

Goal 3: Provide support for programs addressing long-term condition management for alcohol and drug users; this is a tertiary response related to drug/alcohol use and sexual activity.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
3.1. Promote Community programs addressing adoption and foster placement.	Broader Community (Teens)	Promote existing community programs to promote and assist with adoption and foster placement.	Mission Leader Sister Janet Carr will lead this effort.	Annually, identify and promote at least one existing community resource/program addressing adoption and foster placement (i.e. Hope Hill).	Hope Hill

Access to Care

Goal 1: Promote access to care from a KentuckyOne Health system-wide approach; this is a primary prevention addressing access to care.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
1.1. Culturally-Competent Care Education	Broader Community	With the understanding that providing culturally-competent care will encourage the community to be more comfortable accessing care, we will create mass education for employees on culturally-competent care to provide the foundation to address health care disparities.	The KentuckyOne Health Diversity and Inclusion department will create and disseminate the training for KentuckyOne Health employees at the manager level and above.	Use the education tool's pre-test and post-test measures to demonstrate improvement to understanding of culturally-competent care.	(Not Applicable)
1.2. Support expanded Medicaid.	Living in Poverty	Advocate for Kentucky's expanded Medicaid program for individuals with annual incomes up to 138% of the federal poverty level.	KentuckyOne Health Advocacy and Public Policy department will lead advocacy efforts on behalf of KentuckyOne Health hospitals.	Update progress in annual legislative priorities report.	Kentucky State Government
1.3. Increase capacity for providing care.	Broader Community	Develop three-five year plan to increase capacity by optimizing bed utilization and using staff most efficiently. Includes developing plan for using advanced practitioners more extensively.	The KentuckyOne Health Strategy department is leading this effort.	Review metrics established by strategy team for these efforts.	(Not Applicable)

Goal 2: Support local groups and events that have a mission to address barriers to access to care; this is a primary prevention related to access to care.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
2.1. Montgomery County Health Department	Broader Community	Continue to collaborate with Montgomery Health Department on promoting programs and initiatives to prevent access to care barriers in Montgomery County. Annually, collaborate on at least one effort undertaken by the health department in Montgomery County to prevent barriers to access to care.	Mission Leader Sister Janet Carr will lead this effort.	Annually, identify at least one effort undertaken.	Montgomery County Health Department

Goal 3: Increase available resources to address access to care; this is a secondary response related to access to care.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
3.1. NACCHO MAPP Training	Broader Community	Continue to collaborate with NACCHO and Montgomery Health Department on MAPP training to address access to care barriers in Montgomery County.	Mission Leader Sister Janet Carr will lead this effort. Attendance of KOH employee at 80% of MAPP training opportunities in Montgomery County.	In FY17 ensure at least one KOH employee attends NACCHO MAPP training and is counted toward community benefit. Annual review at end of FY17. Continue annual review if applicable.	<ul style="list-style-type: none"> Montgomery County Health Depart. NAACHO
3.2. Cancer Care	Broader Community (Patients)	Continue programs to address barriers to access to cancer screening and care. In FY17, evaluate the feasibility for a program providing transportation, treatment and support for Montgomery County Patients identified as needing oncology services.	Healthy Communities (Manager - Melissa Brown) and the KentuckyOne Health Oncology Program will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19 to track number of participants and types of services received.	Identify annually based on efforts undertaken.
3.3. Community Health Worker in Emergency Department	Broader Community (Patients)	Provide a community health worker in the Emergency Department to overcome barriers to access. Annually, identify placement of a community health worker in the ED to facilitate culturally competent care and improve patient satisfaction by decreasing barriers to accessing care.	Emergency Department Discharge Planning (Jessica Pelfrey) will lead this effort.	Annually, identify at least one episode monthly where the community health worker improved access to care.	Faith community

Goal 4: Provide support for programs addressing long-term social determinants of health impacting access to care; this is a tertiary response related to access to care.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
4.1. Promote community events to improve access to care.	Broader Community	Promote community efforts to improve access to care in Montgomery County. Annually, identify and promote at least three community efforts to improve access to care (i.e. screenings, support groups, breast-feeding classes, community outreach programs).	Mission Leader Sister Janet Carr will lead this effort.	Annually, identify at least three efforts undertaken.	Identify annually based on efforts undertaken.

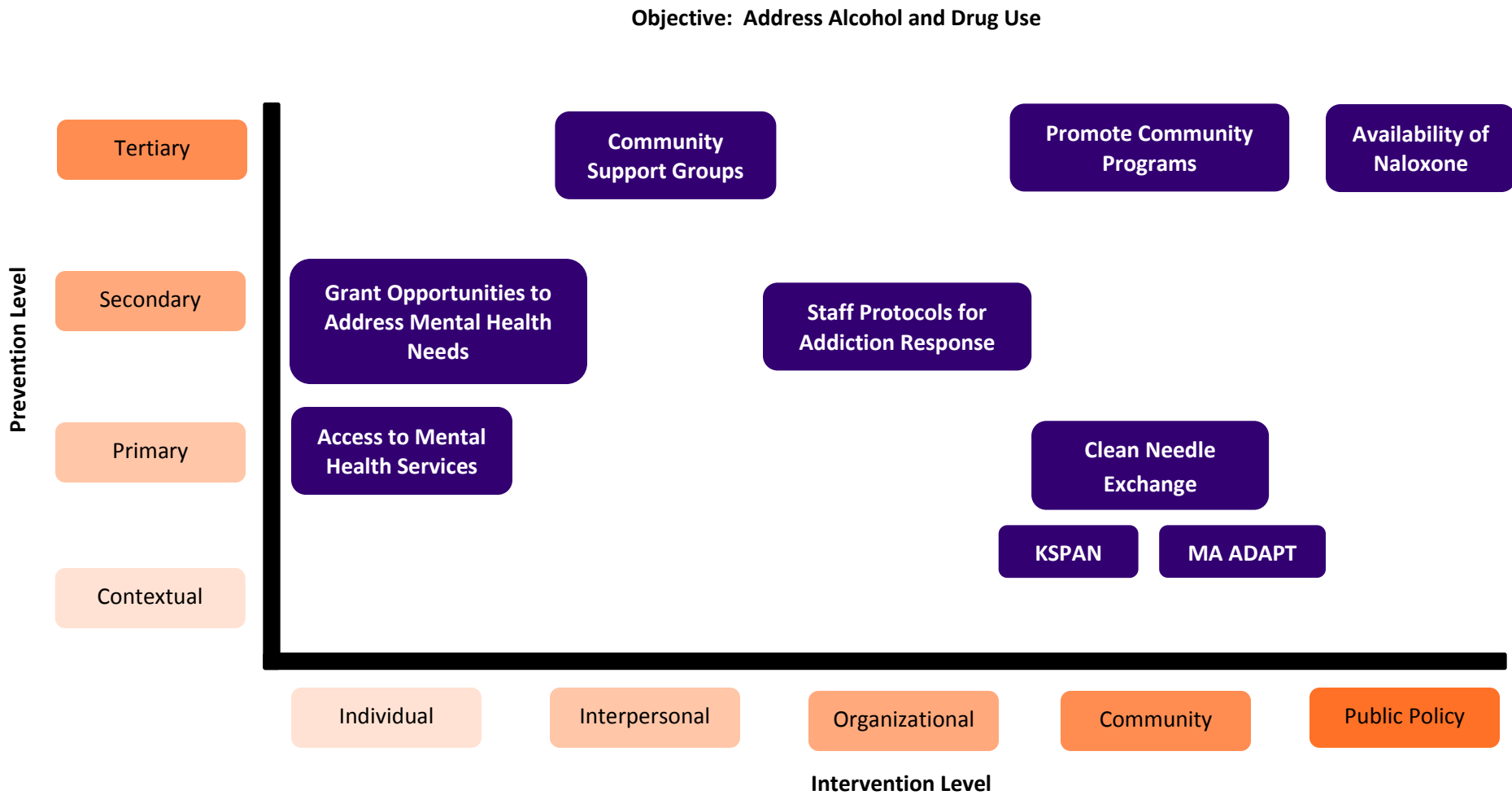
Graphic Representation of Implementation Strategies

The National Association of County & City Health Officials (NAACHO) provided the outline for a community health improvement matrix that allowed us to graphically represent the depth and breadth of the strategies we implemented to address the health needs identified. The matrix shows each strategy's place on an intervention level and a prevention level. Per NAACHO, these levels are defined below.

- **Prevention Levels:** Prevention aims to minimize the occurrence of disease or its consequences. The levels include:
 - **Contextual:** Prevent the emergence of predisposing social and environmental conditions that can lead to causation of disease.
 - **Primary:** Reduce susceptibility or exposure to health threats.
 - **Secondary:** Detect and treat disease in early stages.
 - **Tertiary:** Alleviate the effects of disease and injury.
- **Intervention Levels:** Intervention levels are built on a socio-ecological model that recognizes different factors affecting health.
 - **Individual:** Characteristics of the individual such as knowledge, attitudes, behavior, self-concept, skills, etc. Includes the individual's developmental history.
 - **Interpersonal:** Formal and informal social network and social support systems, including family, work group, and friendship networks.
 - **Organizational:** Social institutions with organizational characteristics and formal (and informal) rules and regulations for operation.
 - **Community:** Relationships among organizations, institutions, and informal networks within defined boundaries.
 - **Public Policy:** Local, state, and national laws and policies.

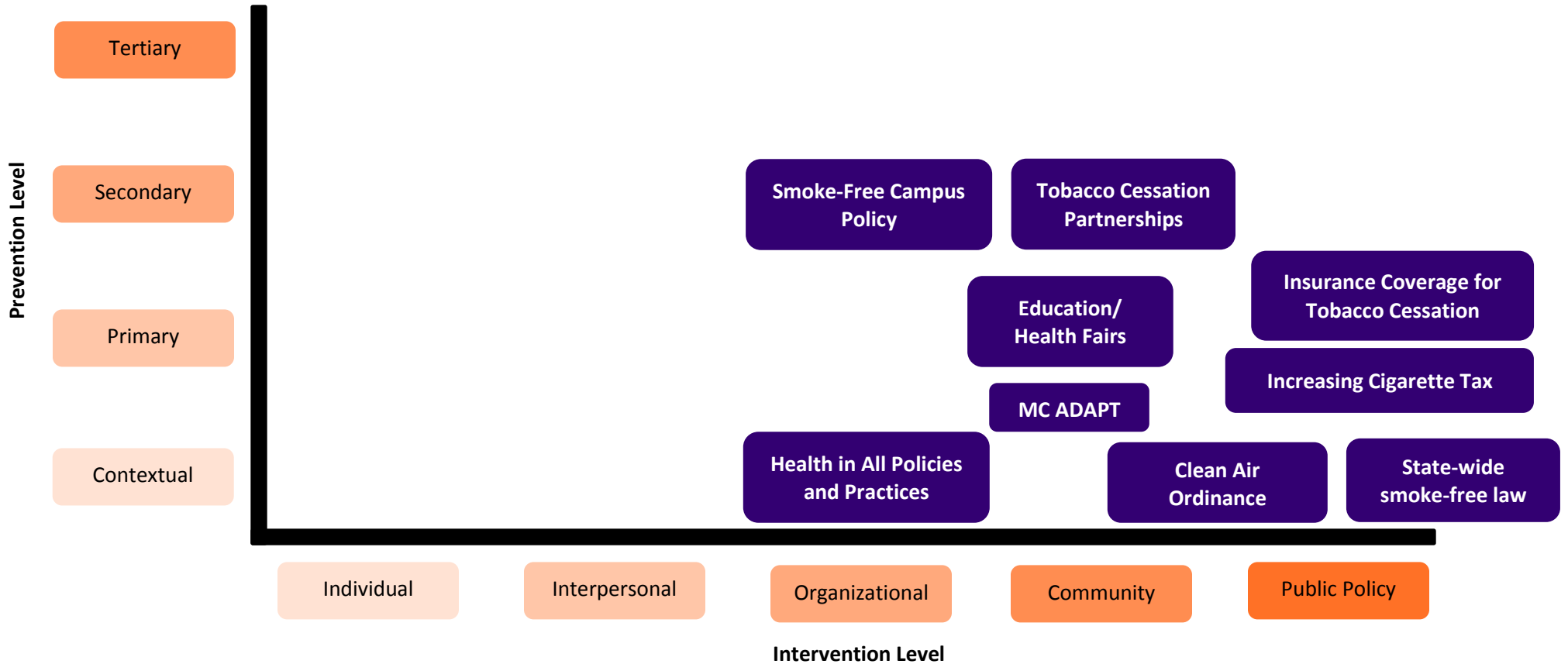
For more information about NAACHO's community health improvement matrix, please see the "References" section of this document.

Strategies According to Community Health Improvement Matrix: Alcohol and Drug Use



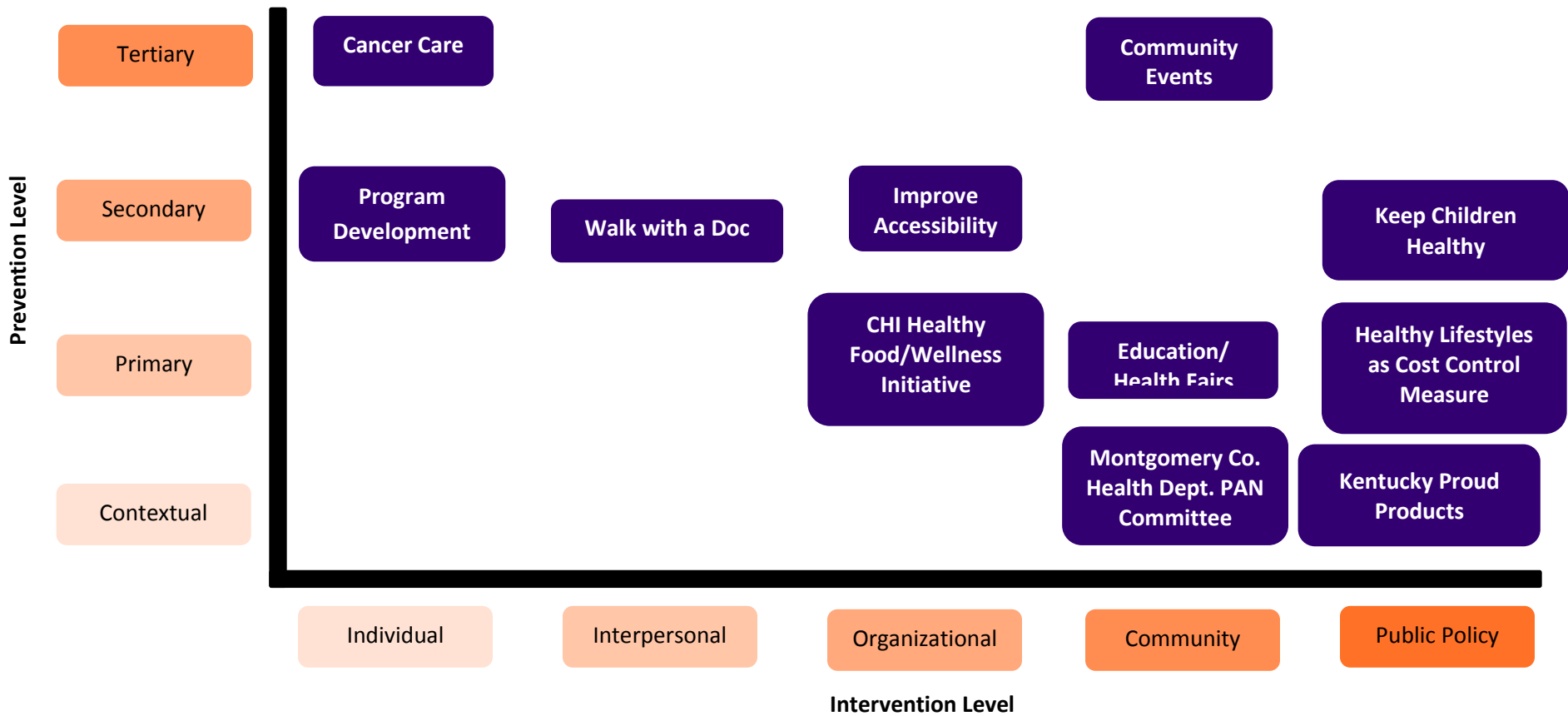
Strategies According to Community Health Improvement Matrix: Tobacco Use

Objective: Address Tobacco Use



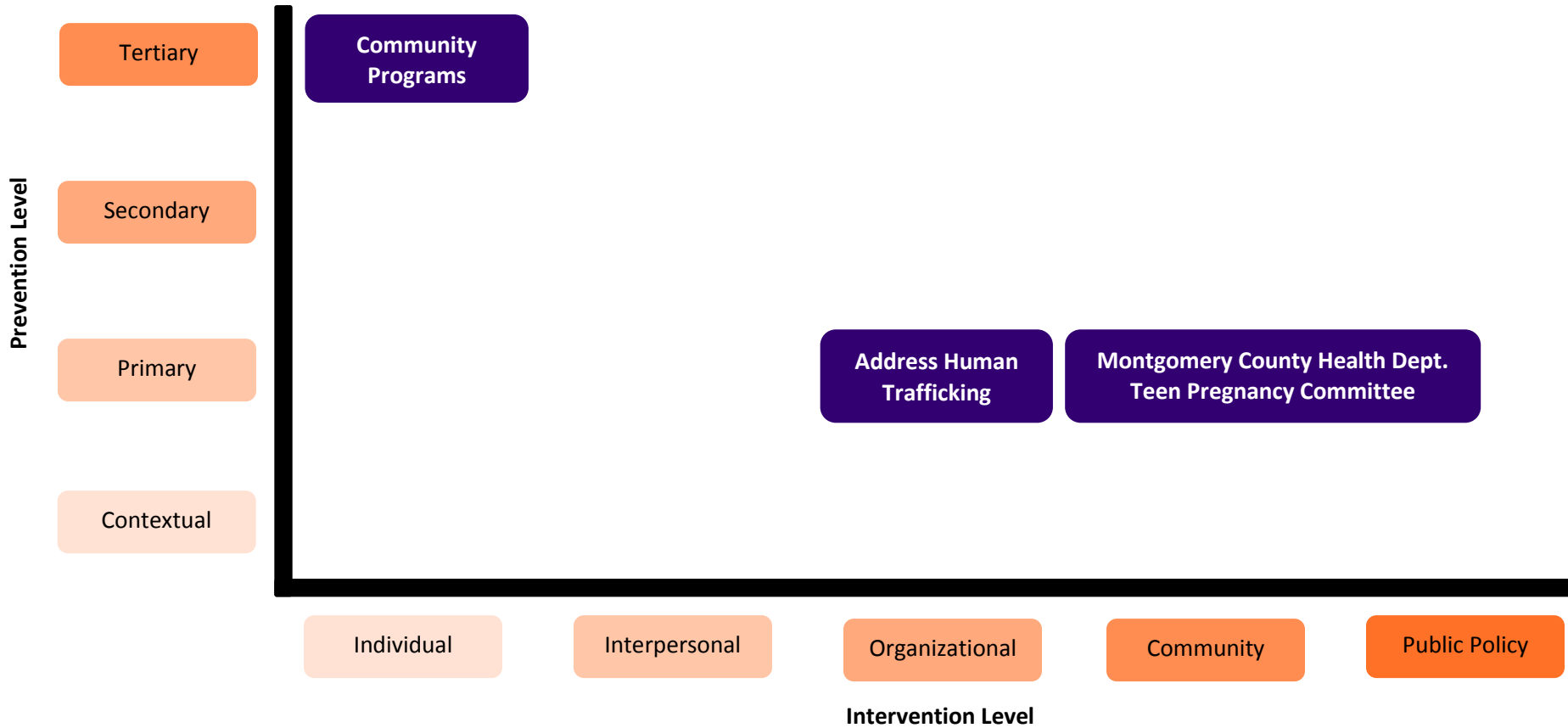
Strategies According to Community Health Improvement Matrix: Diet and Exercise

Objective: Address Diet and Exercise

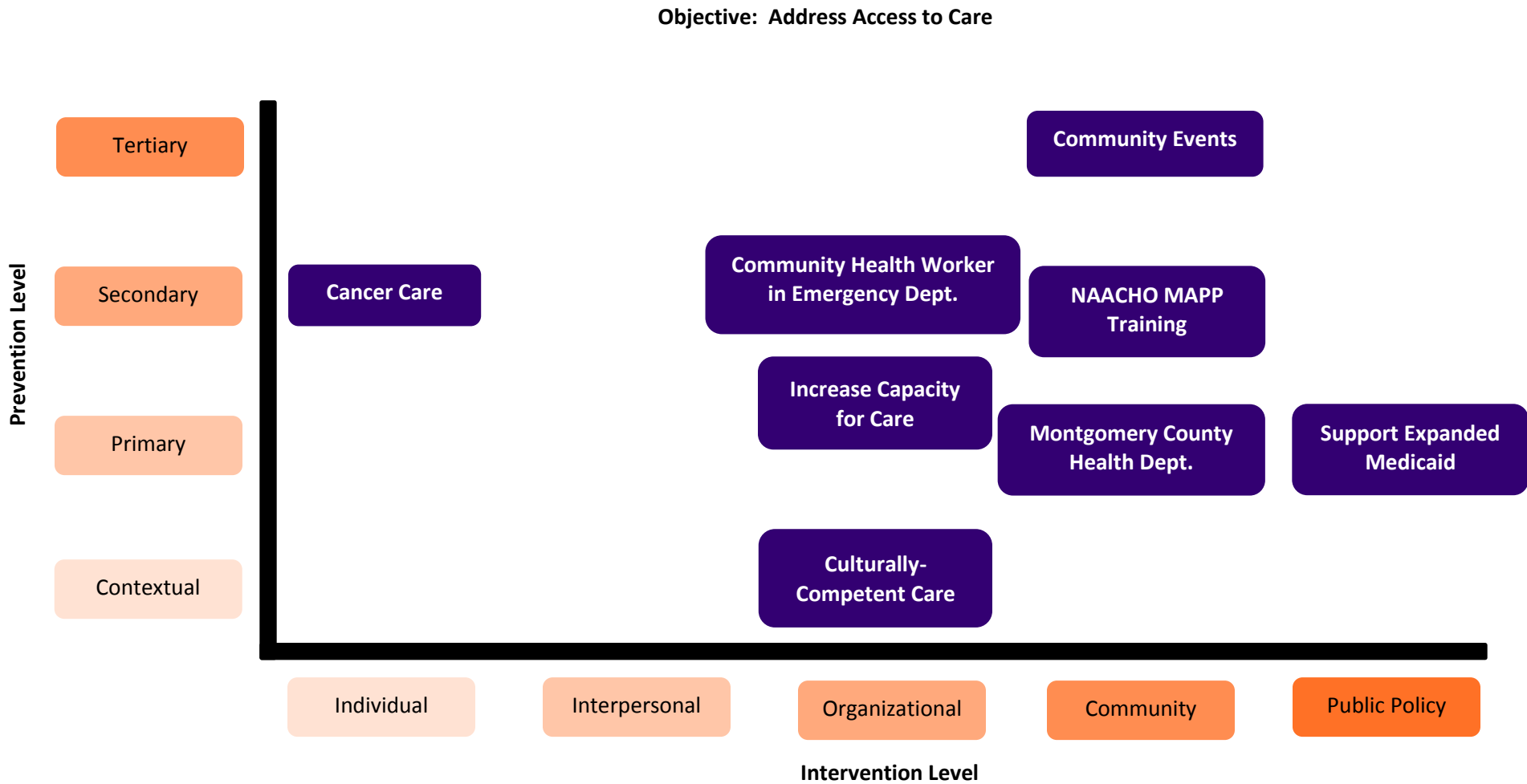


Strategies According to Community Health Improvement Matrix: Sexual Activity (Teen Health)

Objective: Sexual Activity/ Teen Health



Strategies According to Community Health Improvement Matrix: Access to Care

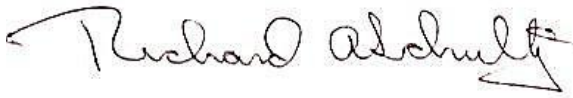


Next Steps

Saint Joseph Mount Sterling's Implementation Strategy report will outline the response to the community's health needs through June 20, 2019. This document will be made public and widely available no later than November 15, 2016. Saint Joseph Mount Sterling is committed to conducting another community health needs assessment and implementation strategy within three years.

Adoption/Approval

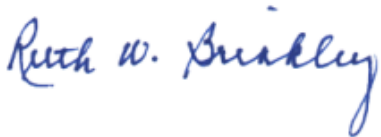
KentuckyOne Health's Board of Directors includes representation across the state and support the work that each facility completes to improve the health of their community. The Board of Directors approves Saint Joseph Mount Sterling's Implementation Strategy that has been developed to address the priorities of the most recent Community Health Needs Assessment.



10/26/2016

Chair, KentuckyOne Health Board of Directors

Date



10/26/2016

President & Chief Executive Officer, KentuckyOne Health

Date

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