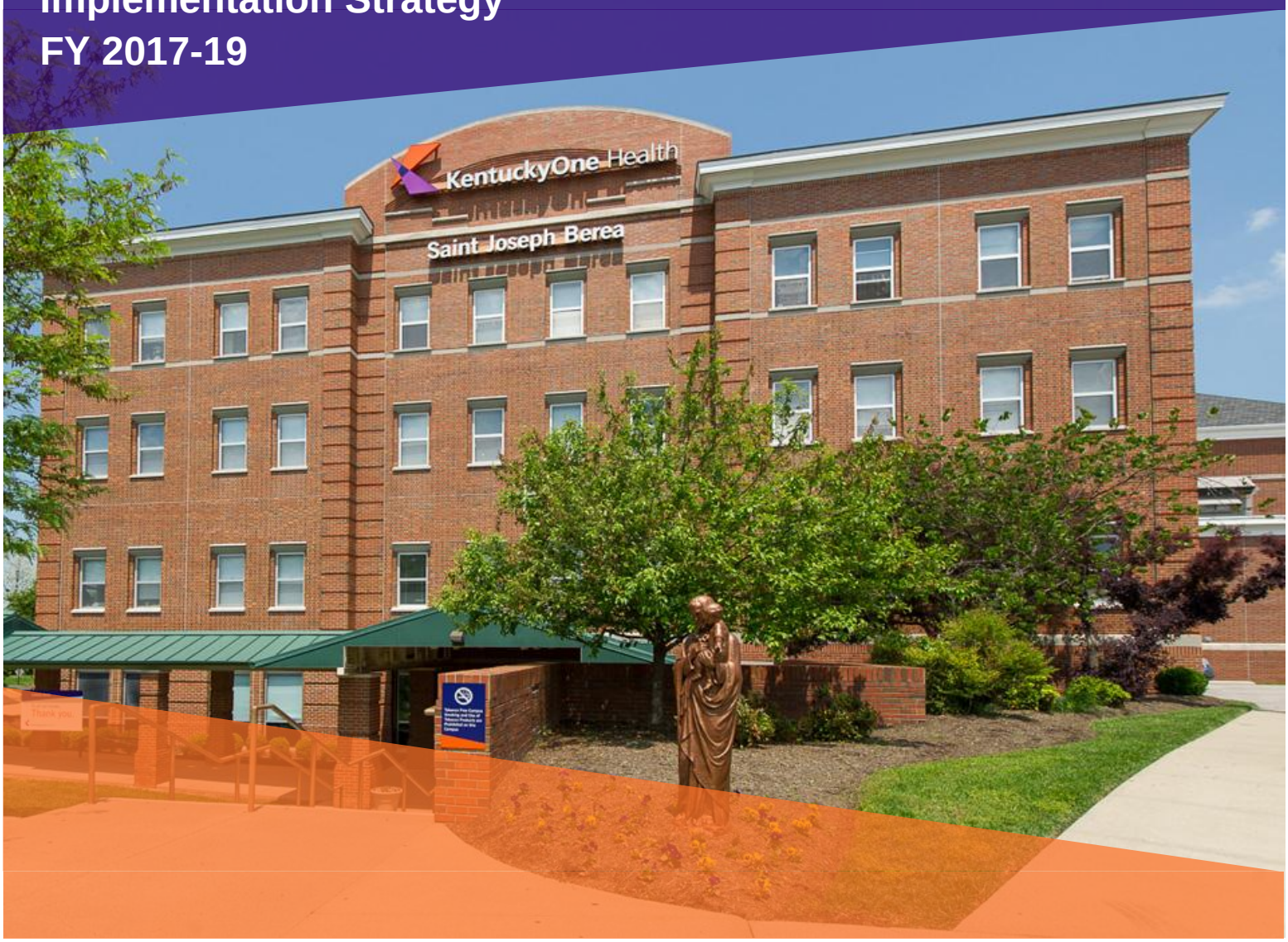
KentuckyOne Health®
Saint Joseph Berea

Implementation Strategy
FY 2017-19



Contents

Introduction

Forward

During 2015-2016, Saint Joseph Berea (SJB) 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 Berea 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 Berea 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 Berea.
- 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.
- 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.
- Community Safety
    1. Address community safety concerns and issues from a KentuckyOne Health system-wide approach; this is a primary prevention addressing community safety.
    2. Support local groups and events that have a mission to address community safety; this is a primary prevention addressing community safety.
    3. Increase available resources to address safety and violence prevention; this is a secondary response to address community safety.

4. Provide support for programs addressing long-term safety and violence prevention; this is a tertiary response to address community safety.

- 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

Saint Joseph Berea, formerly Berea Hospital, began in 1898, as an eight-bed cottage on the Berea College campus in Berea, Kentucky. Now, Saint Joseph Berea is a 25-bed critical access hospital, which serves over 19,000 families. The hospital is known for providing excellence of care while utilizing advanced medical technology in a friendly, family-like atmosphere. The hospital includes Berea Family Medicine, Breast Center, Berea Specialty Clinic, Diabetes and Nutrition Center, Cardiovascular Services, Senior Renewal Center, Sleep Wellness Center, Surgical Services, and Wound Care Center.

Saint Joseph Berea is 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 Berea, 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 Berea is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. Inpatient discharge data for Saint Joseph Berea from July 1, 2014-June 30, 2015 (the latest fiscal year available as of data collection for this writing) shows that Madison County was the county of residence for the largest concentration of patients, with 67.7% of patients living in Madison County. Therefore, the service area for the community health needs assessment and accompanying implementation strategies is defined as Madison County.

Populations

Understanding the population demographics of the community served by Saint Joseph Berea helped the hospital team understand characteristics unique to their community and can impact the identification of health needs. Notable for Fayette County in comparison to the Kentucky overall is more diversity in race and ethnicity among residents. Both counties experienced a greater increase in population growth than the Kentucky state average. Detailed community demographic information can be found in Saint Joseph Berea'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

In March 2016, the leadership team at Saint Joseph Berea gathered to review the Madison 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:

- **Cardiovascular Disease Reduction through the Promotion of Access to Care (Access to Care)**
    - Cardiovascular Disease is a result of many of poor many factors related to diet and exercise, tobacco use, and lack of access to care. Saint Joseph Berea intends to provide free screenings for cardiovascular diseases throughout the years to identify high risk patients. These screenings are a secondary prevention to address the conditions that are a result of lack of access to care, poor diet, tobacco use and a lack of exercise.
- **Community Safety**
    - The data in the health needs prioritization chart showed community safety to have the sixth-highest weighted score of all the health measures assessed. The leadership teams discussed this health need in relation to the violence prevention work in which Saint Joseph Berea will be involved as increasing efforts in KentuckyOne Health overall focus on violence prevention work. The leadership team decided that community safety should be an area of focus due to the current violence prevention initiatives already in place. In particular, Saint Joseph Berea was the recipient of a grant to fund violence prevention in high schools to reduce bullying through Green Dot training.

Significant Health Need(s) Not Addressed

One health need appeared in the data analysis which the Saint Joseph Berea leadership team chose not to select as a priority area for this community health needs assessment:

- Alcohol and Drug Abuse
    - The data in the health needs prioritization chart showed alcohol and drug abuse to be in the top three highest weighted scores of all the health measures assessed. The leadership team chose not to address this area specifically in the Implementation Strategies report due to the lack of resources available at Saint Joseph Berea for this specific type of health need.

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/SJB_CHNA_Infographic_8.5x11_TP.pdf.

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 Berea 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 Berea. 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 Berea. 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 Berea, and/or KentuckyOne Health on behalf of Saint Joseph Berea, 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 Berea's identified community needs, the goals it has set as a means of addressing those needs, and the strategies that will forward each goal.

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.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
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. Provide workplace healthcare services.	Broader Community (employees at site)	Provide diabetes management program to employees at Eastern Kentucky University to promote access to care for managing a chronic condition.	KentuckyOne Health's Division Director of WorkPlace Care will lead this effort to provide continued workplace care services at this location in collaboration with the KentuckyOne Health Diabetes and Nutrition Program.	Measure program's impact through a variety of metrics, including improved blood glucose levels of participants.	Eastern Kentucky University
1.3. 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
1.4. 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.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
2.1. Madison County Health and Wellness Network	Broader Community	Collaborate with the network to promote health and wellness through promoting access to care.	Community Relations (Katie Heckman) will lead this effort. Attendance of KOH employee at 80% of committee/network meetings.	Annually, ensure at least one KOH employee sits on this committee/ network and is counted toward community benefit.	Madison County Health and Wellness Network
2.2. Education and Health Fairs.	Broader Community	Offer education, screenings, and information on diet and exercise to inform prevention efforts in Madison County. 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 diet and exercise (i.e. prenatal, heart disease, cancer, diabetes) to aid in prevention of negative health outcomes.	Heart and Vascular Care (Rhonda Carl) will lead this effort.	Annually, identify at least three efforts undertaken.	Identify annually based on efforts undertaken.

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

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
3.1. Chest Pain Reaccreditation	Broader Community	Maintain chest pain reaccreditation to improve skills and knowledge of Vascular Services staff and implement evidence-based methods for addressing chest pain.	Emergency Department Manager (Darcy Maupin, RN) will lead this effort.	Annual reporting of progress for reaccreditation goals at end of fiscal year.	(Not Applicable)
3.2. Yes Mamm! Program	Broader Community	Continue Yes Mamm! program to address barriers to access to care for breast health. Provide screening, transportation and treatment for Madison County patients identified as needing oncology services for breast cancer.	KentuckyOne Health Oncology services and Saint Joseph Breast Center will lead this effort.	Annual review at end of fiscal year.	Identify annually based on efforts undertaken.
3.3. Walk with a Doc	Broader Community	Provide Walk With a Doc opportunities to promote exercise and education opportunities to the community.	Annually, offer WWAD at least 7 months of the year.	Community Relations (Katie Heckman) will lead this effort.	• Madison County Health Depart. • Walk with a Doc
3.4. Low-Dose CT Protocols	Broader Community	Continue offering low-dose CT services.	Radiology Manager (Amanda Bala) will lead this effort.	Annual reporting of low-dose CT procedures.	(Not Applicable)

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.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
4.1. Promote Community Events to improve access to care.	Broader Community	Promote community efforts to improve access to care in Madison County. Annually, identify and promote at least three community efforts to improve access to care (i.e. Get Healthy Berea, Walk With A Doc, community outreach programs)	Community Relations (Katie Heckman) will lead this effort.	Annually, identify at least three efforts undertaken.	Identify annually based on efforts undertaken.

Community Safety

Goal 1: Address community safety concerns and issues from a KentuckyOne Health system-wide approach; this is a primary prevention addressing community safety.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
1.1. Address human trafficking.	Vulnerable Populations	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.	Efforts to address human trafficking are led by Mission department. Advocacy efforts will be led by the Advocacy and Public Policy Department.	Provide additional education to hospital and physician practice staff about identifying victims in our facilities.	Catholic Charities
1.2. Advocate for funding of state-wide trauma system.	Broader Community	Advocate for a funding for a staff-supported structure of the statewide trauma system, which currently operates on volunteers and donations.	The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort.	Update progress in annual legislative priorities report.	• Kentucky State Government • Trauma Advisory Committee
1.3. Seek grant opportunities to promote community safety.	Broader Community	Pursue various private, state, and federal funding for programs to promote community safety.	The KentuckyOne Health Grant Office is pursuing this funding on behalf of KentuckyOne Health hospitals.	Report funding sources in annual hospital Foundation reports.	Can Include: • DOJ (Department of Justice) • Kentucky Cabinet for Health and Family Services

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

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
2.1. Madison County Health and Wellness Network.	Broader Community	Collaborate with the network to promote community safety.	Community Relations (Katie Heckman) 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.	Madison County Health and Wellness Network
2.2. CSEPP Disaster Preparedness	Broader Community	Continue to participate in disaster preparedness activities.	Emergency Department Manager (Darcy Maupin, RN) will lead this effort.	Annually, ensure at least one KOH employee participates in this preparedness effort and is counted toward community benefit. Annually, identify at least one effort undertaken.	CSEPP
2.3. Kentucky Safety and Prevention Alignment Network (KSPAN)	Broader Community	Participate in KSPAN to align prevention efforts with statewide efforts, especially related to violence prevention, safe aging and falls prevention, and community safety.	Healthy Communities staff will lead this effort. Attendance of KOH employee at 80% of coalition meetings.	Annually, ensure at least one KOH employee participates in this preparedness effort and is counted toward community benefit.	KSPAN
2.4. Safe Communities Coalition	Broader Community	Participate in the Safe Communities Coalition to support and promote efforts to maintain the Madison County Safe Community designation.	Healthy Communities staff will lead this effort. Attendance of KOH employee at 80% of coalition meetings.		• SCC, • Madison County Health Depart.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
2.5. Education and Health Fairs.	Broader Community	Offer education, screenings, and information on community safety 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, website resources, health e-workshops) to provide or support education or screening to community members on all forms of safety and violence prevention (i.e. falls prevention, safe aging in place, CPR, active shooter response, domestic violence, child abuse) to decrease morbidity and mortality associated with accidents and violence.	Community Relations (Katie Heckman) will lead this effort.	Annually, identify at least three efforts undertaken.	• Red Cross • American Heart Association • Berea Village

Goal 3: Increase available resources to address safety and violence prevention; this is a secondary response to address community safety.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
3.1. Green Dot Program	Broader Community (Teens)	Annually, provide Green Dot program at Berea High Schools to train teachers, students, parents and the community in bystander violence intervention.	Community Relations (Katie Heckman) will lead this effort.	Annually, evaluate number and type of participants.	Catholic Health Initiatives
3.2. Employee Education	Broader Community (Patients and Employees)	Annually, provide Safety First Falls Prevention hands-on training from physical therapy on Ergonomics to assist with helping patients up and down and assisting patients in event of a fall.	PT and Education Departments will lead this effort.	Annually, evaluate number of employees trained in Safety First program.	(Not Applicable)
		Annually, educate employees in best practices and appropriate response in an active shooter situation.	Education Departments will lead this effort.	Annual education for employees.	Berea City Police
		Annually, educate leaders and employees in domestic violence (i.e. how to identify, how to help).	Education Departments will lead this effort.	Annual education for employees.	(Not Applicable)

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
3.3. Identify opportunities for new program development to address safety and violence prevention. Pursue opportunities to develop or expand services to address safety and violence prevention.	Broader Community (Patients and Employees)	By end of FY17, explore the feasibility of developing a falls prevention initiative incentive program (i.e. recognition for safety coaches and departments that have zero LTI & SSE) to reduce falls within KOH facilities.	Nursing Leadership will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19.	(Not Applicable)
		By end of FY17, explore the feasibility of developing a falls prevention education program for elderly and individuals who have a high risk for falls.	Senior Renewal Center will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19.	(Not Applicable)
		By end of FY17, explore the feasibility of implementing a STEADI algorithm for fall risk assessment and interventions for inpatients.	Nursing Leadership will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19.	(Not Applicable)
		By end of FY 17, evaluate the feasibility of a telehealth initiative for a safe aging in place and falls prevention pilot project.	Telehealth (Deborah Burton), Healthy Communities, Community Relations (Katie Heckman), and Senior Renewal Services will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19.	• Catholic Health Initiatives • Berea Home Village

Goal 4: Provide support for programs addressing long-term safety and violence prevention; this is a tertiary response to address community safety.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
4.1. Community Support and Engagement. Active community engagement is an evidence-based foundation for addressing and preventing violence and alleviating some high risks of suicide.	Broader Community	By end of FY 17 , evaluate the feasibility of Berea Home Village a safe aging in place. This could be part of a Mission and Ministry Grant Proposal.	Telehealth (Deborah Burton), Healthy Communities, Community Relations (Katie Heckman), and Senior Renewal Services will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19.	• Catholic Health Initiatives • Berea Home Village
		Annually, identify at least one opportunity to support community centers offering holistic wellness (spiritual, physical, behavioral) programs (i.e. violence prevention, counseling, financial counseling, support system for making positive changes) to promote community safety.	Healthy Communities staff will lead this effort.	Annually, identify at least one effort undertaken.	Identify annually based on efforts undertaken.

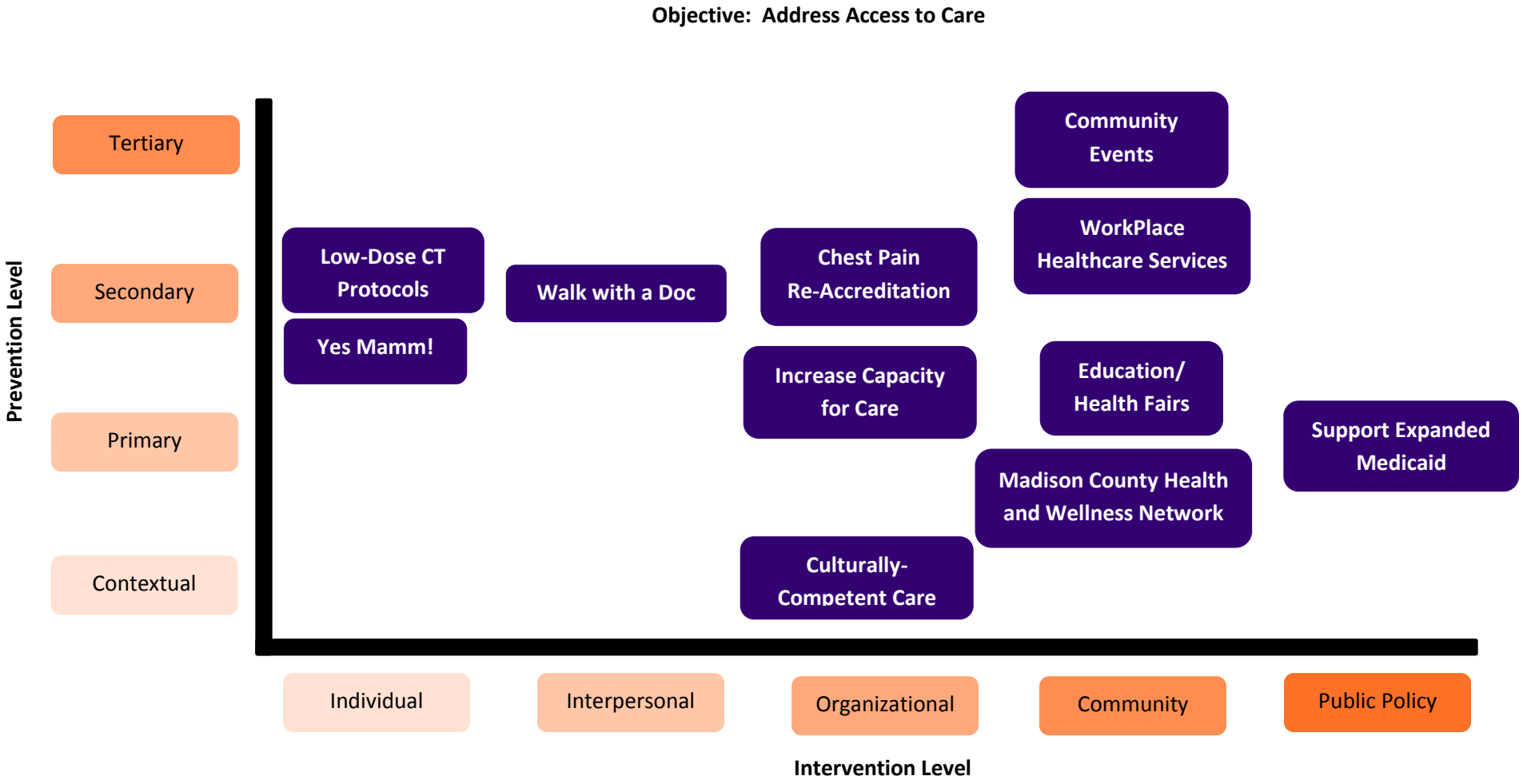
Graphic Representation of Implementation Strategies

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.

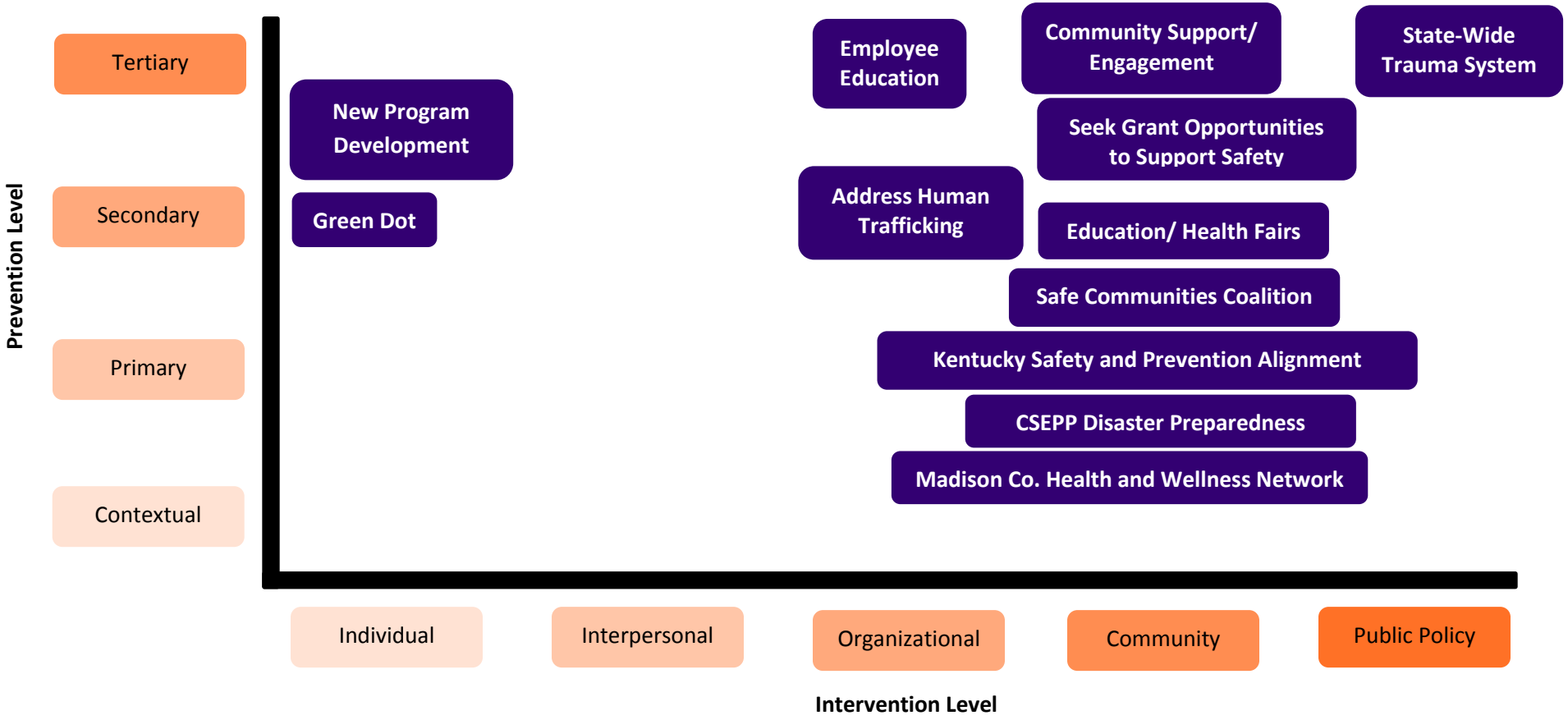
For more information about NAACHO's community health improvement matrix, please see the "References" section of this document.

Strategies According to Community Health Improvement Matrix: Access to Care



Strategies According to Community Health Improvement Matrix: Community Safety

Objective: Address Community Safety

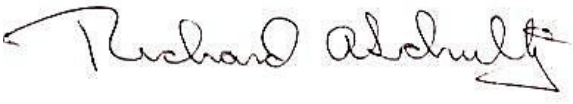


Next Steps

Saint Joseph Berea'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 Berea is committed to conducting another community health needs assessment and implementation strategy within three years.

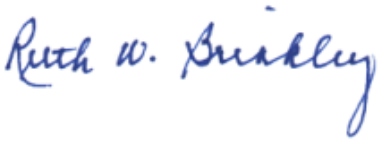
Adoption/Approval

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 Berea'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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