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Introduction

Forward

During 2015-2016, Saint Joseph East (SJE) 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 East 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 East 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 East.
- 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.
- 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. Provide safety and violence prevention efforts through community education and advocacy; this is a secondary response addressing community safety.
 - 4. Increase available resources to address safety and violence prevention; this is a secondary response to address community safety.
 - 5. Provide support for programs addressing long-term safety and violence prevention; this is a tertiary response to address community safety.
- Diet and Exercise
 - 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.
- 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 East, a community hospital with 217 beds, is located in the rapidly growing southeastern part of Lexington, Kentucky. At Saint Joseph East, maternal and childcare, cardiovascular services, ambulatory surgery and 24-hour emergency care are supported through traditional inpatient and outpatient programs. Additional specialty services include the Heart Institute, Breast Center, Sleep Wellness Center and the Center for Weight Loss Surgery.

The Women's Hospital at Saint Joseph East Hospital is the only hospital of its kind in Lexington and central Kentucky dedicated exclusively to the health and well-being of women. The Women's Hospital offers a full range of services to meet the needs of every woman no matter what stage of life they are in from adolescence to mature adulthood. Saint Joseph East 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 East, 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:
 - o Reverence: Respecting those we serve and those who serve.
 - o Integrity: Doing the right things in the right way for the right reason.
 - Compassion: Sharing in others' joys and sorrows.
 - o 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 East is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. Inpatient discharge data for Saint Joseph East from July 1, 2014-June 30, 2015 (the latest fiscal year available as of data collection for this writing) shows that Fayette County was the county of residence for the largest concentration of patients, with 43.1% of patients living in Fayette County. Therefore, the service area for the community health needs assessment and accompanying implementation strategies is defined as Fayette County.

Populations

Understanding the population demographics of the community served by Saint Joseph East 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 demographics can be found in Saint Joseph East'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
 - o 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 East gathered to review the Fayette 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:

Community Safety

The data in the health needs prioritization chart showed community safety to have the 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 East 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.

Diet and Exercise

The data in the health needs prioritization chart showed diet and exercise to have the highest total and the second-highest weighted scores of all health measures assessed. The leadership team concluded that this issue continues to present itself as a major concern in the community and that the hospital had the capacity to address this health need.

Significant Health Need(s) Not Addressed

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

- Alcohol and Drug Use
 - The data in the health needs prioritization chart showed alcohol and to have the third highest weighted score of all health measures assessed. The leadership team chose not to address this area due to capacity concerns. With two complex and multifaceted priorities already selected, the leadership team was concerned about scarcity of resources in addressing such a variety of health needs.



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/SJE_CHNA_Infograph ic 8.5x11_TP.pdf.



FY2017-2019

Community Health Needs Assessment

TO SUPPORT OUR PURPOSE

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

Saint Joseph East 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.





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

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	Action Plan with Objective	Committed	Evaluation Plan	External
	Population		Resources		Partner(s)
1.1. Address	Vulnerable	Improve response to victims	Efforts to address	Provide	Catholic
human	Populations	of human trafficking by:	human trafficking	additional	Charities
trafficking.		1. Improving recognition of	are led by	education to	
		signs of victims.	Mission	hospital and	
		2. Providing referrals to	department.	physician	
		victims identified in the	Advocacy efforts	practice staff	
		hospital setting.	will be led by the	about	
			Advocacy and	identifying	
			Public Policy	victims in our	
			Department.	facilities.	
1.2. Advocate	Broader	Advocate for a funding for a	The KentuckyOne	Update progress	Kentucky
for funding of	Community	staff-supported structure of	Health Advocacy	in annual	State
state-wide		the statewide trauma	and Public Policy	legislative	Government
trauma		system, which currently	department is	priorities report.	Trauma
system.		operates on volunteers and	committed to		Advisory
		donations.	leading this		Committee
			effort.		
1.3. Seek grant	Broader	Pursue various private,	The KentuckyOne	Report funding	Can Include:
opportunities	Community	state, and federal funding	Health Grant	sources in	• DOJ
to promote		for programs to promote	Office is pursuing	annual hospital	(Department
community		community safety.	this funding on	Foundation	of Justice)
safety.			behalf of	reports.	 Kentucky
			KentuckyOne		Cabinet for
			Health hospitals.		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	Action Plan with Objective	Committed	Evaluation Plan	External
	Population		Resources		Partner(s)
2.1. LEX-CHIP Safe Neighborhoods Committee	Broader Community	Continue to collaborate on LEX-Chip Healthy Lifestyles committee to address safety and violence prevention in Fayette County.	The Healthy Communities staff 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.	 Lexington- Fayette County Health Department LEX-CHIP
2.2. Kentucky Safety and Prevention Alignment Network (KSPAN)	Broader Community	Participate in KSPAN to align prevention efforts with statewide efforts.	Healthy Communities staff 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
2.3. Substance Abuse and Violence Intervention (SAVI)	Broader Community	Participate in Substance Abuse and Violence Intervention (SAVI) to align prevention efforts with Lexington efforts.	Healthy Communities staff 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.	SAVI Lexington Fayette Urban County Government Department of Social Services
2.4. Safe Communities Coalition	Broader Community	Participate in the Safe Communities Coalition to support and promote Lexington efforts to obtain and maintain a Safe Community designation.	Healthy Communities staff 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.	 Lexington- Fayette County Health Depart. SCC Lexington Police and Sheriff's Offices



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 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, website resources, health eworkshops) to provide or support education or screening to community members on all forms of safety and violence prevention (i.e. fall prevention, safe aging in place, CPR, active shooter response, domestic violence, child abuse) to decrease morbidity and mortality associated with accidents and violence.	Marketing and Healthy Communities staff will lead this effort.	Annually, identify at least three efforts undertaken.	



Goal 3: Provide safety and violence prevention efforts through community education and advocacy; this is a secondary response addressing community safety.

Strategy	Target	Action Plan with Objective	Committed	Evaluation Plan	External
	Population		Resources		Partner(s)
3.1. Continue	Broader	Annually, provide after-	Mission	Annual	Catholic Health
Safe	Community	school tutoring and	Integration and	implementation	Initiatives
Neighborhoods		mentoring program and	Healthy	of after-school	
Program.		summer camp to Winburn	Communities	program and	
Continue the		and Cardinal valley youth	staff will lead this	summer camp.	
Winburn		from FY17-FY19.	effort.		
violence	Broader	Annually, identify	Mission	Annual review	Identify
prevention	Community	opportunities for employees	Integration and	at end of fiscal	annually based
initiative and	(Employees)	to engage in youth	Healthy	year.	on efforts
expand into		mentoring through	Communities		undertaken.
Cardinal Valley		information of opportunities	staff will lead this		
neighborhood		and how to get involved.	effort.		
through Mission	Broader	Annually, provide Safe Sitter	Women's	Annual	• CHI
and Ministry	Community	program to Winburn and	Services, Mission	implementation	Safe Sitter
Continuation		Cardinal Valley youth to	Integration and	safe sitter	Program
Grant from		promote safe babysitting,	Healthy	availability to	
FY17-19.		sibling care, and emergency	Communities	Winburn and	
		response (i.e. CPR,	staff will lead this	Cardinal Valley	
		emergency planning and	effort.	youth.	
		prevention).			
3.2. Promote	Broader	Annually, provide 24/7 Dad	Women's	Annual	• CHI
Safe and	Community	program as part of the	Services, Mission	implementation	 Lexington
Healthy		national Fatherhood	Integration and	of two 24/7 Dad	Leadership
Families. Family		Initiative to promote	Healthy	cohorts.	Foundation
engagement is		engagement of fathers in	Communities		
an evidence-		the lives of their children	staff will lead this		
based approach		and to promote healthy	effort.		
to violence		parenting skills.			
prevention and	Broader	By end of FY17, evaluate	Women's	Feasibility	(Not
community	Community	feasibility of education	Services will lead	evaluation	Applicable)
safety through	(Patients)	classes for healthy and safe	this effort.	completed by	
Mission and		parenting (i.e. post-partum		end of FY17. If	
Ministry		mentoring, young parents,		feasible,	
Continuation		parents of children with		implement	
Grant from		special healthcare needs,		program in FY	
FY17-19.		shaken baby prevention).		18 and FY19.	



Goal 4: Increase available resources to address safety and violence prevention; this is a secondary response to address community safety.

Strategy	Target	Action Plan with Objective	Committed	Evaluation Plan	External
	Population	-	Resources		Partner(s)
4.1.	Broader	By end of FY17, explore the	Safety and	Feasibility evaluation	(Not
Employee	Community	feasibility of developing	Security and	completed by end of	Applicable)
Education	(Patients	training and education for	Clinical	FY17. If feasible,	
	and	safety techniques (i.e. parking	Education will	implement program in	
	Employees)	garages, dark parking lots,	lead this effort.	FY18 and FY19.	
		active shooter training).			
	Broader	By end of FY17, explore the	Safety and	Feasibility evaluation	(Not
	Community	feasibility of developing	Security and	completed by end of	Applicable)
	(Employees)	training and education for	Clinical	FY17. If feasible,	
		suicide screening and	Education will	implement program in	
		prevention.	lead this effort.	FY18 and FY19.	
		By end of FY17, develop	Mission	Feasibility evaluation	(Not
		education and training to	Integration and	completed by end of	Applicable)
		educate leaders and employees	Nursing	FY17. If feasible,	
		in domestic violence (i.e. how	Leadership will	implement program in	
		to identify, how to help).	lead this effort.	FY 18 and FY19.	
		By end of FY17, explore the	Employee	Feasibility evaluation	(Not
		feasibility of offering self-	Health and	completed by end of	Applicable)
		defense/personal protection	Wellness and	FY17. If feasible,	
		classes at the employee gym.	Safety and	implement program in	
			Security will	FY18 and FY19.	
			lead this effort.		
	Broader	By end of FY17, explore the	Rehabilitation	Feasibility evaluation	YMCA
	Community	feasibility of developing a falls	Services will	completed by end of	
	(Patients	prevention education program	lead this effort.	FY17. If feasible,	
	and	for elderly and individuals who		implement program in	
	Employees)	have a high risk for falls.	D. 411	FY 18 and FY19.	0
	Broader	By end of FY17, explore the	Mission	Feasibility evaluation	• CHI
	Community	feasibility of partnering with	Integration and	completed by end of	Bishop and
		community efforts to address	Healthy	FY17. If feasible,	Chase
		effects of the corrections	Communities staff will lead	implement program in FY18 and FY19.	• Lexington
		system (i.e. parental	this effort.	F118 and F119.	Leadership
		incarceration, involvement in	this enort.		Foundation
		the juvenile justice system) on youth and families.			Partners for
		youth and fairlines.			Youth



Goal 5: Provide support for programs addressing long-term safety and violence prevention; this is a tertiary response to address community safety.

Strategy	Target	Action Plan with Objective	Committed	Evaluation Plan	External
	Population		Resources		Partner(s)
5.1.	Broader	Active community engagement	Human	Annually, identify at	Our Lady of
Community	Community	is an evidence-based	Resources,	least three efforts	Peace
Support and Engagement		foundation for addressing and preventing violence and alleviating some high risks of suicide. Annually, identify at least three opportunities to promote or provide support for caregivers (i.e. elderly, Alzheimer's, children with special health needs) to address physical and behavioral health issues (i.e. caregiver	Employee Health and Wellness, and Healthy communities will lead this effort.	undertaken. Report in community benefit.	
		fatigue, anxiety, depression, isolation, and suicidal ideation).			



Diet and Exercise

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.

Strategy	Target	Action Plan with Objective	Committed	Evaluation Plan	External
	Population		Resources		Partner(s)
1.1.	Broader	Begin discussions with	The KentuckyOne	Update progress	Kentucky
Kentucky	Community	Commissioner of Agriculture	Health Advocacy	on Kentucky	State
Proud		to discuss feasibility of having	and Public Policy	Proud eligibility	Department
products		hospitals participate in	department is	in annual	of
		Kentucky Proud Program to	committed to	legislative	Agriculture
		have local food used in	leading this effort	priorities report.	
		hospital foodservice and	with guidance		
		available for resale in	from Food and		
		hospitals.	Nutrition Services.		
1.2.	Broader	Support legislation to provide	The KentuckyOne	Update progress	 Kentucky
Encourage	Community	tax and other incentives for	Health Advocacy	in annual	State
healthy		the creation of wellness	and Public Policy	legislative	Govern-
lifestyles as a		programs enabling	department is	priorities report.	ment
cost-control		businesses to educate and	committed to		 Kentucky
measure.		encourage employees to	leading this effort.		Chamber
		engage in healthy lifestyles			
		and obtain preventative care.			
1.3. Keep	Broader	Advocate for initiatives that	The KentuckyOne	Update progress	Kentucky
Children	Community	address the risk factors that	Health Advocacy	in annual	State
Healthy	(Youth)	lead to obesity and chronic	and Public Policy	legislative	Government
		diseases in children.	department is	priorities report.	
			committed to		
			leading this effort.		
1.4. CHI	Broader	Annually, identify a minimum	Food and Nutrition	Annually,	Catholic
Healthy Food	Community	of one opportunity to	Services (Amanda	identify at least	Health
and Wellness		support and	Goldman) is	one effort	Initiatives
Initiative		implement initiatives to	committed to	undertaken.	
		support the CHI healthy food	leading this effort.		
		and wellness initiative.			



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.

Strategy	Target	Action Plan with Objective	Committed	Evaluation Plan	External
	Population		Resources		Partner(s)
2.1. LEX-CHIP	Broader	Continue to collaborate on	The Healthy	Annually,	• Lexington-
Healthy	Community	LEX-Chip Healthy Lifestyles	Communities staff	ensure at least	Fayette
Lifestyles		committee to address issues	will lead this	one KOH	County
Committee		surrounding diet and exercise	effort.	employee sits	Health
		in Fayette County.	Attendance of KOH	on this	Depart.
		Promote activities (i.e.	employee at 80%	committee and	LEX-CHIP
		support/promote farmer's	of committee	is counted	
		markets, walkability, bicycle	meetings.	toward	
		use, downtown loaner bike		community	
		programs to encourage diet		benefit.	
		and nutrition as prevention			
		of negative health outcomes.			
2.2.	Broader	Offer education, screenings,	Marketing, Healthy	Annually,	Lexington-
Education	Community	and information on diet and	Communities, and	identify at least	Fayette
and Health		exercise to inform prevention	Diabetes and	three efforts	County
Fairs		efforts. Annually, identify a	Nutrition Care staff	undertaken.	Health
		minimum of three	will lead this		Depart.
		opportunities (i.e. health	effort.		• HANDS
		fairs, lunch and learn,			Program
		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.			



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.

Strategy	Target	Action Plan with Objective	Committed	Evaluation Plan	External
2.1 Immunic	Population Broader	Continue wellness committee	Resources	Conduct	Partner(s)
3.1. Improve Accessibility	Community	meetings to serve CCH, SJE, and	Employee Health and Wellness and	wellness	(Not Applicable)
to Promote	(Employees	SJE.	Healthy Spirit	committee	Applicable)
Healthy Diet	and	312.	Champions will	meetings at	
and Exercise.	Patients)		lead this effort.	least quarterly.	
Establish	Broader	Annually, identify a minimum of	Employee Health	Annually,	Identify
opportunities	Community	three opportunities	and Wellness,	identify at least	annually
for improved	•	• •	·	three efforts	based on
diet and	(Employees)	implemented to promote	Healthy Spirit Champions, and	undertaken.	efforts
exercise to		healthy diet and exercise within KOH facilities for employees	Nutrition Services	undertaken.	undertaken.
address		and their families (i.e. free pre-	will lead this		undertaken.
barriers to		diabetes or diabetes education	effort.		
access.		class, more exercise classes at	enort.		
access.		employee gym, personal trainer			
		in employee gym, ease into			
		exercise programs, desk			
		exercise education (LFCHD),			
		weekly Weight Watcher's			
		meetings, more activities at			
		change of shift, group walking,			
		annual employee wellness			
		program, Healthy Spirit			
		Workshops).			
	Broader	Annually, identify a minimum of	Marketing will	Annually,	Identify
	Community	three opportunities	lead this effort.	identify at least	annually
	(Employees	implemented to promote		three efforts	based on
	and	healthy diet and exercise within		undertaken.	efforts
	Patients)	KOH facilities (i.e. healthy			undertaken.
		choices in vending machines,			
		food cart with healthy items in			
		waiting rooms and rounding on			
		floors, meal planning through			
		dietitians, healthy recipes on			
		website, outdoor walking			
		track).			
	Broader	Annually, promote at least	Marketing will	Annually,	Identify
	Community	three programs to provide diet	lead this effort.	identify at least	annually
	(Patients)	and exercise promotion to the		three efforts	based on
		community through marketing		undertaken.	efforts
		efforts.			undertaken.



Strategy	Target	Action Plan with Objective	Committed	Evaluation Plan	External
3.2. Walk with a Doc	Population Broader Community	Provide Walk With a Doc opportunities to promote exercise and education opportunities to the community. Offer Walk With A Doc at least 6 months of the year in FY17-19.	Resources The Healthy Communities staff will lead this effort.	Offer Walk with a Doc in FY17- 19.	Partner(s) • Lexington-Fayette County Health Depart. • LEX-CHIP • WWAD
3.3. Expand diet and exercise partnerships. Pursue opportunities to develop or expand on partnerships to increase	Broader Community	By end of FY17, evaluate the feasibility of expanding offerings at Beaumont YMCA (I.e. Ease Into Exercise, Chair Yoga, nutrition education, Healthy Backs, dance classes) to address difficulties in exercise and eating related to health status.	Kent Savage, P/T Dept, Diabetes and Nutrition Services, and Healthy Communities will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19.	YMCA
access to resource related to diet and exercise.	Broader Community	By end of FY17, evaluate the feasibility of collaborating with University of Kentucky for use of facilities and cosponsorship of wellness programs.	Dan Goulson	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19.	University of Kentucky



Strategy	Target	Action Plan with Objective	Committed	Evaluation Plan	External
Strategy	Population	Therion Fran With Objective	Resources	2 Variation Train	Partner(s)
3.3. Expand	Broader	By end of FY17, evaluate the	Kent Savage, P/T	Feasibility	YMCA
diet and	Community	feasibility of expanding	Dept, Diabetes	evaluation	
exercise		offerings at Beaumont YMCA	and Nutrition	completed by	
partnerships.		(I.e. Ease Into Exercise, Chair	Services, and	end of FY17. If	
Pursue		Yoga, nutrition education,	Healthy	feasible,	
opportunities		Healthy Backs, dance	Communities will	implement	
to develop or		classes) to address	lead this effort.	program in FY	
expand on		difficulties in exercise and		18 and FY19.	
partnerships		eating related to health			
to increase		status.			
access to	Broader	By end of FY17, evaluate the	Dan Goulson	Feasibility	University of
resource	Community	feasibility of collaborating		evaluation	Kentucky
related to		with University of Kentucky		completed by	
diet and		for use of facilities and co-		end of FY17. If	
exercise.		sponsorship of wellness		feasible,	
		programs.		implement	
				program in FY	
				18 and FY19.	



Strategy	Target	Action Plan with Objective	Committed	Evaluation Plan	External
	Population		Resources		Partner(s)
3.4. Identify	Broader	By end of FY17, evaluate the	Chief Medical	Feasibility	(Not
opportunities	Community	feasibility of protocols to	Officer, Physician	evaluation	Applicable)
for new	(Patients)	incorporate	Champions, and	completed by	
program		diet/exercise/smoking	Nursing	end of FY17. If	
development		screening/cessation into all	Leadership will	feasible,	
to address		patient visits.	lead this effort.	implement	
positive				program in FY	
impact of				18 and FY19.	
diet and	Broader	By end of FY 17 , evaluate	Oncology Support	Feasibility	(Not
exercise for	Community	the feasibility of expanding	Services,	evaluation	Applicable)
existing		offerings at for exercise and	Rehabilitation	completed by	
conditions.		nutrition consults for clients	Services, and	end of FY17. If	
Pursue		with specific medical	Women's Services	feasible,	
opportunities		conditions (i.e. pregnancy,	will lead this	implement	
to develop or		bariatric surgery follow-up,	effort.	program in FY	
expand		cancer)		18 and FY19.	
services to					
utilize diet	Broader	By end of FY 18, evaluate the	Nursing	Feasibility	Faith
and exercise	Community	feasibility of developing a	Leadership and	evaluation	organizations
to impact		faith community based	Mission	completed by	
existing		wellness program. Set up	Integration will	end of FY178 If	
health		agreements with local faith	lead this effort.	feasible,	
conditions.		communities that we will		implement	
		provide certain programs (flu		program in	
		shots, health screenings,		FY19.	
		nutrition consults, classes)			
		for the congregation in			
		exchange for use of facilities,			
		gym, etc.	- 1 1 1: 7- 1		/a
	Broader	By end of FY17, evaluate the	Telehealth (Deb	Feasibility	(Not
	Community	feasibility of a telehealth	Burton),	evaluation	Applicable)
		initiative for nutrition	Community	completed by	
		education pilot project.	Outreach	end of FY17. If	
				feasible,	
				implement	
				program in FY	
				18 and FY19.	



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.

Strategy	Target	Action Plan with Objective	Committed	Evaluation Plan	External
	Population		Resources		Partner(s)
4.1. Promote	Broader	Promote community walks	The KentuckyOne	Annually,	Identify
Community	Community	and runs to support	Health Oncology	identify at least	annually
Events for		survivorship, research, and	Service Line will	three efforts	based on
Disease		assist in fundraising for	lead this effort.	undertaken.	efforts
Research		treatment of diseases.			undertaken.
and		Annually, identify at least			
Survivorship.		three community events to			
		promote participation and			
		support of disease			
		management, treatment,			
		research, and survivorship			
		(i.e. March of Dimes, Relay			
		for Life, Ride for ALA).			



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.
 - o **Primary:** Reduce susceptibility or exposure to health threats.
 - Secondary: Detect and treat disease in early stages.
 - o **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.
 - o **Individual:** Characteristics of the individual such as knowledge, attitudes, behavior, self-concept, skills, etc. Includes the individual's developmental history.
 - o **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.

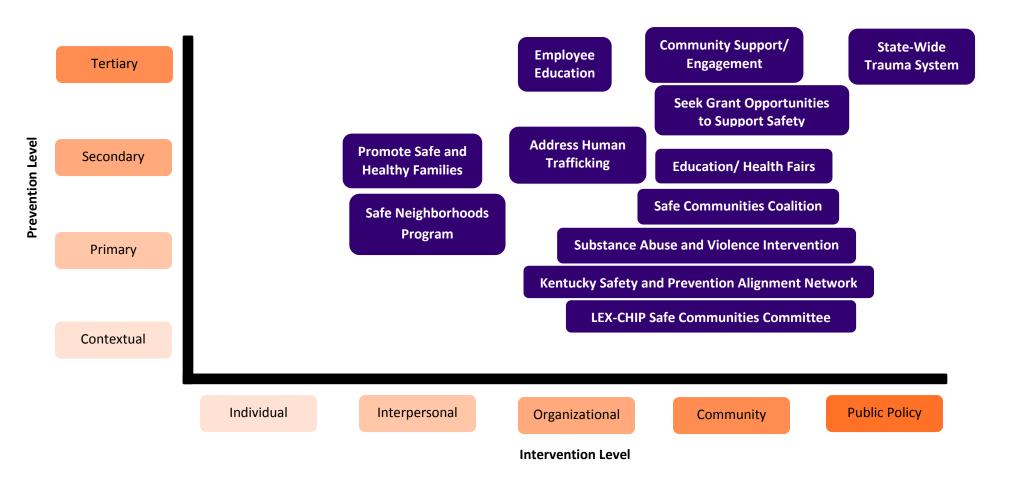
For more information about NAACHO's community health improvement matrix, please see the "References" section of this document.



Implementation Strategies FY 2017-19

Strategies According to Community Health Improvement Matrix: Community Safety

Objective: Address Community Safety

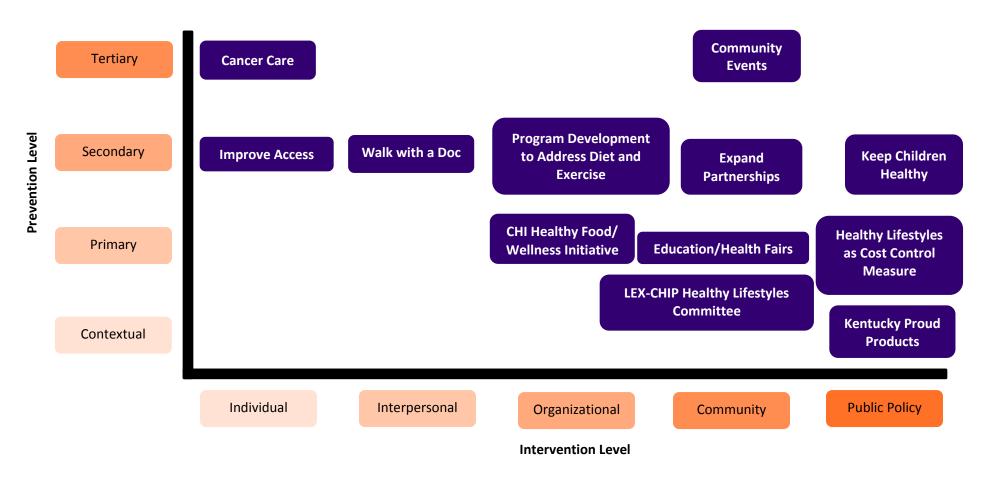




Implementation Strategies FY 2017-19

Strategies According to Community Health Improvement Matrix: Diet and Exercise

Objective: Address Diet and Exercise





Next Steps

Saint Joseph East'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 East 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 East's Implementation Strategy that has been developed to address the priorities of the most recent Community Health Needs Assessment.

Michael aldult

10/26/2016

Chair, KentuckyOne Health Board of Directors

Ruth W. Breakley

Date

Procident & Chief Evecutive Officer KentuckyOne H

10/26/2016 Date

President & Chief Executive Officer, KentuckyOne Health



References

KentuckyOne Health. (2013). FY2014-2016 Saint Joseph East—Community Health Implementation Strategy. Retrieved on June 1, 2016 from http://www.kentuckyonehealth.org/documents/StJosephEastImplementationFinal.pdf.

KentuckyOne Health. (2016). FY2017-2019 Saint Joseph East Community Health Needs Assessment. Retrieved on June 30, 2016 from http://www.kentuckyonehealth.org/documents/CHNAs%20and%20Implementation%20Strategies/Saint-Joseph-East-Community-Health-Needs-Assessment.pdf.

KentuckyOne Health. (2016). *Saint Joseph East CHNA Infographic*. Retrieved on July 25, 2016 from http://www.kentuckyonehealth.org/documents/CHNAs%20and%20Implementation%20Strategies/SJE_CHNA_Infographic 8.5x11_TP.pdf.

National Association of County & City Health Officials (NAACHO). (2016). *Community Health Improvement Matrix*. Retrieved on June 20, 2016 from http://archived.naccho.org/topics/infrastructure/healthy-people/community-health-improvement.cfm.

