KentuckyOne Health®
Saint Joseph Hospital

Implementation Strategy
FY 2017-19

Contents

Introduction

Forward

During 2015-2016, Saint Joseph Hospital (JH) 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 Hospital 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 Hospital 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 Hospital.
- 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
    1. Address alcohol and drug use from a KentuckyOne Health system-wide approach, including working upstream to address the mental health issues that can underlie substance abuse. This is a primary prevention to alcohol and drug use.
    2. Support local groups and events that have a mission to prevent alcohol and drug use; this is a primary prevention to alcohol and drug use.
    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 alcohol and drug use.
    4. Provide support for programs addressing long-term condition management for alcohol and drug users; this is a tertiary response related to alcohol and drug use.
- Tobacco Use
    1. Address tobacco use from a KentuckyOne Health system-wide approach; this is a primary prevention to tobacco use.
    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. Increase available resources to address tobacco use; this is a secondary response to tobacco use.
5. 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.

- 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 Hospital, Lexington's first hospital, remains the first choice for health care today. Founded in 1877, it has grown into a 433-bed medical center, with a full range of services, including the national award-winning Heart Institute and leading edge da Vinci robotic surgery.

Also known as Lexington's "heart hospital," Saint Joseph has pioneered many firsts in the health care community. Saint Joseph has also been nationally recognized for treatment in the areas of cardiology, orthopedics and stroke. The Heart Institute at Saint Joseph Hospital is Central Kentucky's pioneering heart and vascular care center. It is home to an innovative Cardiac Catheterization Lab, Electrophysiology Lab and the first fully accredited Noninvasive Services department including both adult echocardiography and vascular ultrasound testing in a private hospital, demonstrating a commitment to the latest in state-of-the-art technology. The Institute's primary focus is the prevention, diagnosis, treatment and management of patients with heart and vascular disease.

Saint Joseph Hospital 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 Hospital, 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 Hospital is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. Inpatient discharge data for Saint Joseph Hospital from July 1, 2014-June 30, 2015 (the latest fiscal year available as of data collection for the community health needs assessment writing) shows that Fayette County was the county of residence for the largest concentration of patients, with 39.62% of patients living in Fayette County. The county of residence for the second-largest concentration of patients was Jessamine County with 11.41% of Saint Joseph Hospital discharges living in Jessamine County. Also, Saint Joseph Jessamine is an ambulatory care center that operates as a department of Saint Joseph Hospital. Therefore, the service area for the community health needs assessment and accompanying implementation strategies is defined as both Fayette and Jessamine counties.

Populations

Understanding the population demographics of the community served by Saint Joseph Hospital 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 Hospital'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 Hospital gathered to review the Fayette County and Jessamine 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 marked improvement. The areas below were chosen as the FY2017-2019 community health needs assessment priority areas:

- **Alcohol and Drug Use**
  - The data in the health needs prioritization chart showed alcohol and drug use to have the third highest total score and the third highest weighted score of all the health measures assessed. The hospital leaders felt the hospital had the capacity to address this issue given the huge impact it has on the community.
- **Tobacco Use**
  - The data in the health needs prioritization chart showed tobacco use to have the second highest total score and the second highest weighted score of the health needs measured. The leadership team felt strongly about the need to address this issue and the underrepresentation of its impact on overall health as indicated by the community input.
- **Community Safety**
  - The data in the health needs prioritization chart showed community safety to have one of the top five highest weighted scores of all the health measures assessed. The leadership teams discussed this health need in relation to the violence prevention work in which the hospital 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 score and the highest weighted score 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

All top three needs highlighted in the data prioritization chart were identified as needs to address, plus an additional health need (community safety). Other, less-pressing measures listed in the chart will not be addressed, but were not identified as significant needs per the data analysis.

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/SJH_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 Hospital 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 Hospital. 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 Hospital. 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 Hospital, and/or KentuckyOne Health on behalf of Saint Joseph Hospital, 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 Hospital'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

Goal 1: Address alcohol and drug use from a KentuckyOne Health system-wide approach, including working upstream to address the mental health issues that can underlie substance abuse. This is a primary prevention to alcohol and drug use.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
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	• 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: • 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 to alcohol and drug use.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
2.1. LEX-CHIP Healthy Lifestyles Committee	Broader Community	Continue to collaborate on LEX-Chip Healthy Lifestyles committee to address issues surrounding alcohol and drug use 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 Depart. • LEX-CHIP
2.2. Jessamine County Safe and Healthy Communities Coalition	Broader Community	Continue to collaborate on Jessamine County Safe and Healthy Communities Coalition to address issues surrounding Alcohol and drug use in Jessamine County.	Mission Integration and 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.	• Jessamine County Health Depart. • Jessamine County Safe and Healthy Com-munities Coalition
2.3. 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
2.4. DrugFreeLex (also called ASAP)	Broader Community	Participate in DrugFreeLex (ASAP) 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.	• KSPAN • DrugFreeLex (ASAP)

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
2.5. Substance Abuse and Violence Intervention (SAVI)	Broader Community	Participate in Substance Abuse and Violence Intervention (SAVI) to align prevention efforts with Lexington efforts. Annually, ensure at least one KOH employee sits on this coalition and is counted toward community benefit.	Attendance of KOH employee at 80% of coalition meetings. Healthy Communities staff will lead this effort.	Annual review at end of fiscal year.	• KSPAN • DrugFreeLex (ASAP) • Fayette County Public Schools

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 alcohol and drug use.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
3.1. Develop KOH staff protocols for addiction response. Develop protocols to address staff addiction issues.	Broader Community (Patients)	By the end of FY18, develop a protocol at screen and address alcohol or drug addiction for patients to begin during treatment process, not only on day of discharge (i.e. behavioral health referrals to OLOP for assessment/treatment).	Chief Medical Officer, Physician Champions, Mission Integration, and Nursing Leadership will lead this effort.	Protocol development completed by end of FY18. Implement program in FY19. Annual review at end of fiscal year.	Our Lady of Peace
	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).	Clinical Education, Mission Integration, and Chief Medical Officer will lead this effort.	Protocol development completed by end of FY18. Implement program in FY19. Annual review at end of fiscal year.	Our Lady of Peace
	Broader Community (Patients)	By end of FY17, developing a program or protocol to address drug seeking/drug affected patients in the ED.	Emergency Department leadership, Mission Integration, Clinical Education, and Chief Medical Officer will lead this effort.	Program or protocol development completed by end of FY17. Implement program or protocol in FY18 and FY19.	(Not Applicable)

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
3.2. Identify opportunities for new program development to address alcohol and drug use. Pursue opportunities to develop or expand services to address alcohol and drug use.	Broader Community (Employees)	By end of FY18, explore the feasibility of providing 100% covered alcohol or drug treatment for employees who seek help.	Employee Health and Wellness and Human Resources will lead this effort.	Annual review at end of fiscal year. If feasible, implement program in FY19.	Our Lady of Peace
	Broader Community	By end of FY18, explore the feasibility of developing a clean and sober hiring program for prior offenders to offer a second chance.	Employee Health and Wellness and Human Resources will lead this effort.	Annual review at end of fiscal year. If feasible, implement program in FY19.	• Jubilee Jobs • Our Lady of Peace
	Broader Community	By end of FY17, explore the feasibility of developing a Neonatal Abstinence Program to address pregnancy among drug using women.	Women's Health will lead this effort.	Annual review at end of fiscal year. If feasible, implement program in FY 18 and FY19.	(Not Applicable)
	Broader Community	Annually, explore the feasibility of expanding telehealth opportunities for alcohol and drug counseling.	Deborah Burton (Telehealth)	Feasibility evaluation completed by end of FY17. If not feasible, develop new ideas for feasibility evaluation for FY18, repeat if needed. If feasible, implement program in successive fiscal year.	(Not Applicable)
	Broader Community	Annually, explore the feasibility of establishing a drug rehabilitation program (i.e. inpatient, outpatient, community detox program for patients with comorbidities complicating detox, 30-day sliding scale program, regional behavioral health services) to	Chief Medical Officer will lead this effort.	Annual review at end of fiscal year.	Our Lady of Peace

		address the growing addiction epidemic.			
	Broader Community	Annually, explore the feasibility of establishing a program to address alcohol and drug use in Lexington youth (i.e. school programs, Student Ambassador Campaign, recidivism, intensive outpatient substance abuse program).	Healthy Communities and Mission Integration will lead this effort.	Annual review at end of fiscal year.	• Our Lady of Peace • Bishop & Chase • Lexington Leadership Foundation • Public Schools • LEX-CHIP, Community Action • Partners for Youth

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

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
4.1. Community Support Groups. Promote community support groups for alcohol and drug use.	Broader Community (Patients)	Annually, identify at least three opportunities to collaborate with existing addiction programs (i.e. alcoholics anonymous, narcotics anonymous, teens anonymous) within the community through strengthening partnerships with organizations offering these programs.	Healthy Communities will lead this effort.	Annually, identify at least three efforts undertaken.	(Not Applicable)
	Broader Community (Patients)	By end of FY17, develop a protocol for referring patients to support groups within their community as part of discharge planning.	Chief Medical Officer and Physician Champions will lead this effort.	Protocol development completed by end of FY18. Implement program in FY19.	(Not Applicable)
	Broader Community (Employees)	By end of FY17, develop a protocol for referring employees to support groups as needed.	Human Resources and Employee Health and Wellness will lead this effort.	Protocol development completed by end of FY18. Implement program in FY19.	(Not Applicable)

Tobacco Use

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

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
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.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
2.1. LEX-CHIP Healthy Lifestyles Committee	Broader Community	Continue to collaborate on LEX-Chip Healthy Lifestyles committee to address tobacco prevention in Fayette County. Annually, ensure at least one KOH employee sits on this committee and is counted toward community benefit.	Healthy Communities staff will lead this effort. Attendance of KOH employee at 80% of committee meetings.	Annual review at end of fiscal year.	• Lexington-Fayette County Health Depart. • LEX-CHIP
2.2. Jessamine County Safe and Healthy Communities Coalition	Broader Community	Continue to collaborate on Jessamine County Safe and Healthy Communities Coalition to address tobacco prevention in Jessamine County.	Greg Giles (Jessamine Admin), Mission Integration, Healthy Communities, Diabetes and Nutrition staff will lead this effort. Attendance of KOH employee at 80% of coalition meetings.	Annual review at end of fiscal year.	• Jessamine County Health Depart. • Jessamine County Safe and Healthy Com-munities Coalition
2.3. Education and Health Fairs	Broader Community	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. prenatal, heart disease, cancer, diabetes) to promote tobacco prevention.	Oncology Support Services, Mission Integration, Healthy Communities, and Marketing staff 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.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
3.1. Tobacco-Free Campus Policy. Enforce tobacco-free policy on hospital grounds by developing appropriate response/policy for those using tobacco on hospital grounds.	Broader Community (Patients and Employees)	By 2nd quarter FY17, educate and equip managers to enforce tobacco-free policy (employees, patients, visitors). Employee policies addressing this include Tobacco Free Campus, Timekeeping, and Attire & Appearance.	Human Resources Department will lead education and training, Human Resources and Security will enforce policy for this effort.	Annual review at end of fiscal year.	(Not Applicable)
		By 2nd quarter, tobacco-free signage updated on SJH grounds/facilities.	Mission Integration and Facilities will lead this effort.	Tobacco-free signage updated by 2nd quarter FY17.	(Not Applicable)
		By end of FY18 and FY19, evaluate tobacco-free policy for effectiveness and identify areas of potential improvement.	Human Resources Department will lead this effort.	Annually, review incidents, comments, and complaints regarding tobacco-free policy and discuss with facility leadership at end of fiscal year for FY18 and FY19.	(Not Applicable)
		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, healthcare premium reductions for non-smokers, Healthy Spirit Workshop) to promote employee and community tobacco cessation.	Human Resources and Employee Health and Wellness will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY18 and FY19.	(Not Applicable)
		By end of FY17, evaluate feasibility of making nicotine replacement patches or gum available for sale in the gift shop(s).	Volunteer Services (Administration of Gift Shop) will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement sales in FY18 and FY19.	(Not Applicable)

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
3.2. Tobacco cessation education and services. Offer education, screenings, and information to support tobacco cessation ion efforts.	Broader Community	Annually, identify a minimum of three opportunities (i.e. support groups, seminars, workshops, presentations) to provide education, screening or support services to community members on all forms of tobacco use cessation.	Oncology Support Services and Respiratory Care Services will lead this effort.	Annually, identify at least three efforts undertaken.	Identify annually based on efforts undertaken.
	Broader Community	By end of FY17, evaluate the feasibility of developing a tobacco cessation program aimed at youth under 18 to facilitate smoking cessation at an earlier age.	Oncology Support Services and Respiratory Care Services will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY18 and FY19.	• OLOP • Identify annually based on efforts under-taken.
	Broader Community (Patients)	By end of FY17, develop and implement a tobacco cessation plan for patients (i.e. pregnancy, cancer, at discharge) who are current smokers.	Chief Medical Officer, Physician Champions, and Nursing Leadership will lead this effort.	Development and implementation of tobacco cessation planning by end of FY17.	Identify annually based on efforts undertaken.
		By end of FY18 and FY19 evaluate tobacco cessation planning efforts for effectiveness and identify areas of potential improvement.	Chief Medical Officer, Physician Champions, and Nursing Leadership will lead this effort.	Smoking cessation planning in place for 75% of patients as part of treatment phase and confirmed at discharge.	Identify annually based on efforts undertaken.
		By end of FY17 evaluate the feasibility of offering more tobacco cessation classes.	Oncology Support Services, Respiratory Care Services, and Employee Health and Wellness will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY18 and FY19. Determine baseline number of classes offered and add at least one more program annually.	Identify annually based on efforts undertaken.
		By end of FY17 evaluate the feasibility of	Oncology Support Services,	Feasibility evaluation	Identify annually

		increasing number of trainers/leaders able to offer tobacco cessation classes.	Respiratory Care Services, and Employee Health and Wellness will lead this effort.	completed by end of FY17. If feasible, implement program in FY18 and FY19. Determine baseline number and add at least one more trainer/leader During FY18 and FY19.	based on efforts undertaken.

Goal 4: Increase available resources to address tobacco use; this is a secondary response to tobacco use.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
4.1. Employee Education. Efforts to improve education, skills, and resources to address tobacco use and negative health consequences in the community.	Broader Community (Employees and Patients)	Develop a handout for tobacco cessation resources by end of FY17. Update and distribute as part of smoking cessation planning in FY18 and FY19.	Human Resources and Employee Health and Wellness will lead this effort.	Annual review at end of FY17. For FY18 and FY19, annual update completed; verify handout available in resource locations (i.e. waiting areas, primary care, and discharge).	• LFCHD • LEX-CHIP
	Employees	Educate staff and providers in best practices and appropriate referral process.	Human Resources and Employee Health and Wellness will lead this effort.	Annual review at end of fiscal year.	• LFCHD • LEX-CHIP
	Employees	By end of FY17, evaluate resources needed for Certified Tobacco Treatment Specialist (CTTS) training for designated staff to improve knowledge and skills for addressing tobacco use in patients and community health. If possible, implement CTTS training for designated staff in FY18 and FY19 and identify areas of potential improvement.	Oncology Support Services and Employee Health and Wellness will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY18 and FY19.	ATTUD Program (http://www.attud.org/)
4.2. Increase lung screenings. Increase advertising regarding cancer screening for cancers associated with tobacco use.	Broader Community	Annually, identify a minimum of one opportunity to expand marketing (i.e. mailings, billboard, website) of screening for cancers associated with tobacco use.	Marketing will lead this effort.	Annually, identify at least one effort undertaken.	(Not Applicable)

Goal 5: 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.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
5.1. Tobacco Cessation Strategy Partnerships. Establish partnerships with Kentucky Cancer Program on Plan to Be Tobacco Free and American Cancer Society Quit Line as tobacco cessation strategies.	Broader Community (Patients)	Partner with Kentucky Cancer Program on Plan to Be Tobacco Free as a tobacco cessation strategy. Establish partnership by end of FY 2017. Continuation of partnership in FY18 and FY19.	KentuckyOne Health Cancer Care will lead this effort.	Annual review at end of FY17.	Kentucky Cancer Program
	Broader Community (Patients)	Partner with American Cancer Society on Quit Line referrals as a tobacco cessation strategy. Establish partnership by end of FY 2017. Continuation of partnership in FY18 and FY19.	KentuckyOne Health Cancer Care will lead this effort.	Annual review at end of FY17.	American Cancer Society
	Broader Community (Patients)	Evaluate use of Mayo Clinic smoking cessation program. Evaluate program by end of FY 2017. If indicated, begin program offering in FY18 and FY19.	KentuckyOne Health Cancer Care will lead this effort.	Annual review at end of FY17.	Mayo Clinic
5.2. Tobacco Cessation Support. Expand behavioral and pharmacological counseling for cancer patients who continue to smoke.	Broader Community (Patients)	Annually, evaluate number of behavioral and pharmacological services offered to patients. Establish baseline measures at end of FY 2017. Increase of services each year for FY18 and FY19.	KentuckyOne Health Cancer Care will lead this effort.	Annual review at end of fiscal year.	Identify annually based on efforts undertaken.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
5.3. Automated Process for Lung Screenings. Develop and implement an automated process for lung screening to ease the ordering and patient follow-up.	Broader Community (Patients)	Annually, evaluate number of All Scripts automated screening metrics for automated lung screening process. Develop automated process for lung screening by end of FY17. Increase of services each year for FY18 and FY19.	The KentuckyOne Health Oncology Service Line will lead this effort.	Annual review at end of fiscal year.	All Scripts
5.4. Lung Accreditation Program (LAP)	Broader Community (Patients)	Develop and implement a lung accreditation program to address gaps in care and strengthen access to screening, prevention, and treatment. During FY17, evaluate existing systems, identify gaps in care, and develop program to strengthen access to care. During FY18, implement LAP.	The KentuckyOne Health Oncology Service Line will lead this effort.	Successful evaluation of existing programs for LAP by end of FY17. Review at end of FY17. Successful implementation of LAP by end of FY18.	(Not Applicable)

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. 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. Jessamine County Safe and Healthy Communities Coalition	Broader Community	Continue to collaborate on Jessamine County Safe and Healthy Communities Coalition to address safety and violence prevention in Jessamine County.	Mission Integration and 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.	• Jessamine County Health Department • Jessamine County Safe and Healthy Communities Coalition • Fayette and Jessamine County Public Schools • RJ Corman
2.3. 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
2.4. 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

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
2.5. 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.	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 • SCC • Lexington Police and Sheriff's Offices
2.6. 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 e-workshops) 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.	Varies

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

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

Goal 4: 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)*
4.1. Employee Education	Broader Community (Patients and Employees)	By end of FY17, explore the feasibility of developing training and education for safety techniques (i.e. parking garages, dark parking lots, active shooter training).	Safety and Security and Clinical Education will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY18 and FY19.	(Not Applicable)
	Broader Community (Employees)	By end of FY17, explore the feasibility of developing training and education for suicide screening and prevention.	Safety and Security and Clinical Education will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY18 and FY19.	(Not Applicable)
		By end of FY17, develop education and training to educate leaders and employees in domestic violence (i.e. how to identify, how to help).	Mission Integration and 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 offering self-defense/personal protection classes at the employee gym.	Employee Health and Wellness and Safety and Security will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY18 and FY19.	(Not Applicable)
	Broader Community (Patients and Employees)	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.	Rehabilitation Services will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19.	YMCA
	Broader Community	By end of FY17, explore the feasibility of partnering with community efforts to address effects of the corrections system (i.e. parental incarceration, involvement in the juvenile justice system) on youth and families.	Mission Integration and Healthy Communities staff will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY18 and FY19.	• CHI • Bishop and Chase • Lexington Leadership Foundation • Partners for 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 Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
5.1. Community Support and Engagement	Broader Community	Active community engagement is an evidence-based 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 fatigue, anxiety, depression, isolation, and suicidal ideation).	Human Resources, Employee Health and Wellness, and Healthy communities will lead this effort.	Annually, identify at least three efforts undertaken. Report in community benefit.	Our Lady of Peace

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 Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
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.	• Kentucky State Govern-ment • 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.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
2.1. LEX-CHIP Healthy Lifestyles Committee	Broader Community	Continue to collaborate on LEX-Chip Healthy Lifestyles committee to address issues surrounding diet and exercise in Fayette 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.	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 Depart. • LEX-CHIP
2.2. Jessamine County Safe and Healthy Communities Coalition.	Broader Community	Continue to collaborate on Jessamine County Safe and Healthy Communities Coalition to address issues surrounding diet and exercise in Jessamine County.	Mission Integration, Healthy Communities, and Diabetes and Nutrition staff will lead this effort. Attendance of KOH employee at 80% of committee meetings.	Annually, ensure at least one KOH employee sits on this coalition and is counted toward community benefit.	• Jessamine County Health Depart. • Jessamine County Safe and Healthy Com-munities Coalition
2.3. Education and Health Fairs	Broader Community	Offer education, screenings, and information on diet and exercise 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 diet and exercise (i.e. prenatal, heart disease, cancer, diabetes) to aid in prevention of negative health outcomes.	Marketing, Healthy Communities, and Diabetes and Nutrition Care staff will lead this effort.	Annually, identify at least three efforts undertaken.	• Lexington-Fayette County Health Depart. • HANDS Program

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 Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
3.1. Improve Accessibility to Promote Healthy Diet and Exercise. Establish opportunities for improved diet and exercise to address barriers to access.	Broader Community (Employees and Patients)	Continue wellness committee meetings to serve CCH, SJE, and SJH.	Employee Health and Wellness and Healthy Spirit Champions will lead this effort.	Conduct wellness committee meetings at least quarterly.	(Not Applicable)
	Broader Community (Employees)	Annually, identify a minimum of three opportunities implemented to promote healthy diet and exercise within KOH facilities for employees and their families (i.e. free pre-diabetes or diabetes education class, more exercise classes at 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).	Employee Health and Wellness, Healthy Spirit Champions, and Nutrition Services will lead this effort.	Annually, identify at least three efforts undertaken.	Identify annually based on efforts undertaken.
	Broader Community (Employees and Patients)	Annually, identify a minimum of three opportunities implemented to promote healthy diet and exercise within KOH facilities (i.e. healthy 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).	Marketing will lead this effort.	Annually, identify at least three efforts undertaken.	Identify annually based on efforts undertaken.
	Broader Community (Patients)	Annually, promote at least three programs to provide diet and exercise promotion to the community through marketing efforts.	Marketing will lead this effort.	Annually, identify at least three efforts undertaken.	Identify annually based on efforts undertaken.

Strategy	*Target Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
3.2. Walk with a Doc	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.	The Healthy Communities staff will lead this effort.	Offer Walk with a Doc in FY17-19.	• 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 access to resource related to diet and exercise.	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
	Broader Community	By end of FY17, evaluate the feasibility of collaborating with University of Kentucky for use of facilities and co-sponsorship 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 Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
3.4. 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 (Patients)	By end of FY17, evaluate the feasibility of protocols to incorporate diet/exercise/smoking screening/cessation into all patient visits.	Chief Medical Officer, Physician Champions, and Nursing Leadership will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19.	(Not Applicable)
	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, bariatric surgery follow-up, cancer)	Oncology Support Services, Rehabilitation Services, and Women's Services will lead this effort.	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19.	(Not Applicable)
	Broader Community	By end of FY 18, evaluate the feasibility of developing a faith community based wellness program. Set up agreements with local faith communities that we will provide certain programs (flu shots, health screenings, nutrition consults, classes) for the congregation in exchange for use of facilities, gym, etc.	Nursing Leadership and Mission Integration will lead this effort.	Feasibility evaluation completed by end of FY178 If feasible, implement program in FY19.	Faith organizations
	Broader Community	By end of FY17, evaluate the feasibility of a telehealth initiative for nutrition education pilot project.	Telehealth (Deb Burton), Community Outreach	Feasibility evaluation completed by end of FY17. If feasible, implement program in FY 18 and FY19.	(Not Applicable)

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 Population*	*Action Plan with Objective*	*Committed Resources*	*Evaluation Plan*	*External Partner(s)*
4.1. Promote Community Events for Disease Research and Survivorship.	Broader Community	Promote community walks and runs to support survivorship, research, and assist in fundraising for treatment of diseases. Annually, identify at least 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).	The KentuckyOne Health Oncology Service Line will lead this effort.	Annually, identify at least three 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 SJH 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 Service Line will lead this effort.	By end of FY19, implement a rehab and survivorship program.	(Not Applicable)
	Broader Community (Patients)	Annually, evaluate the feasibility of expanding offerings for exercise and nutrition consults for cancer center clients.	The KentuckyOne Health Oncology Service Line, CIN, and Community Outreach will lead this effort.	Annually, identify at least one effort undertaken.	(Not Applicable)

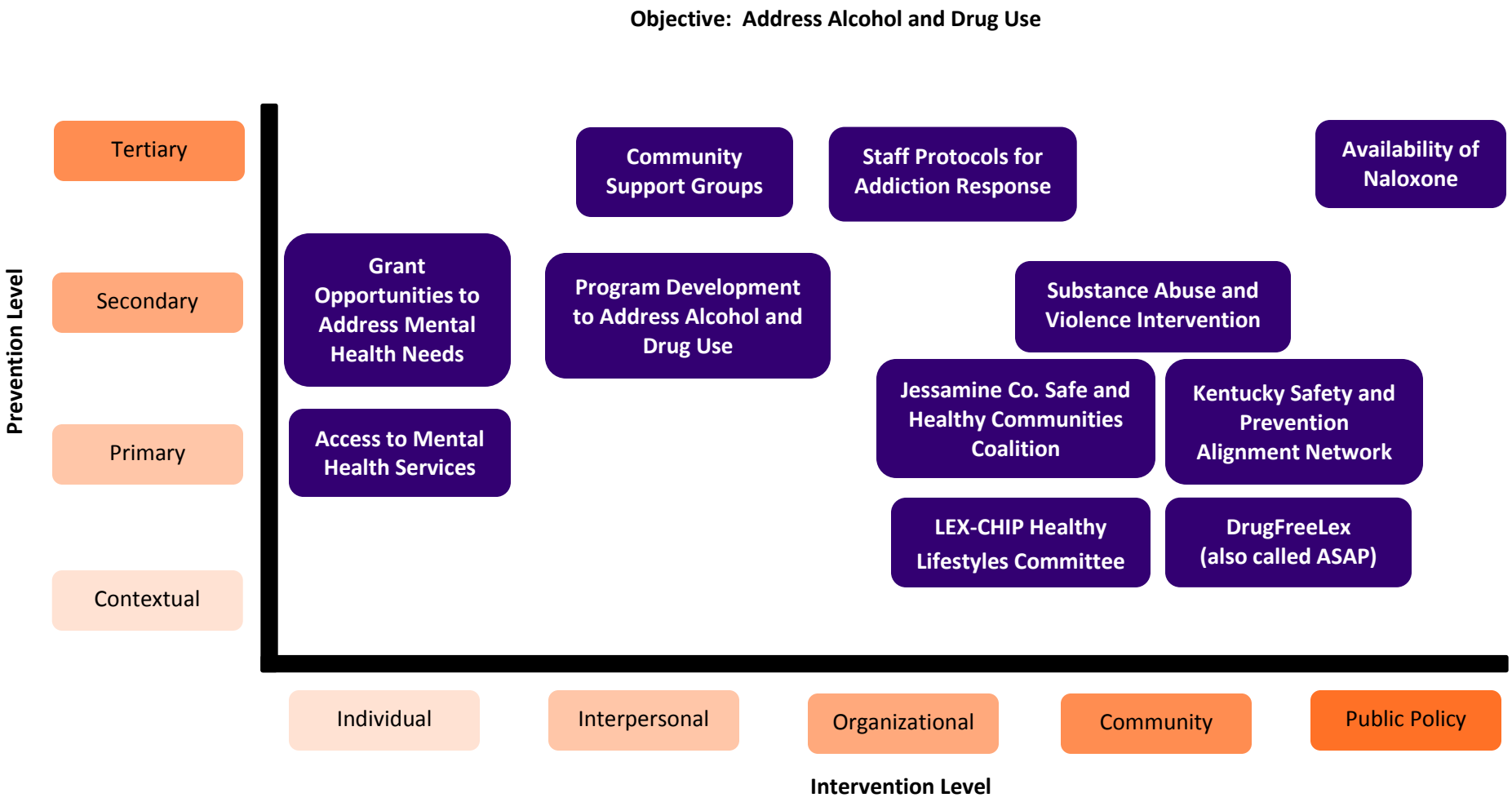
Graphic Representation of Implementation Strategies

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.

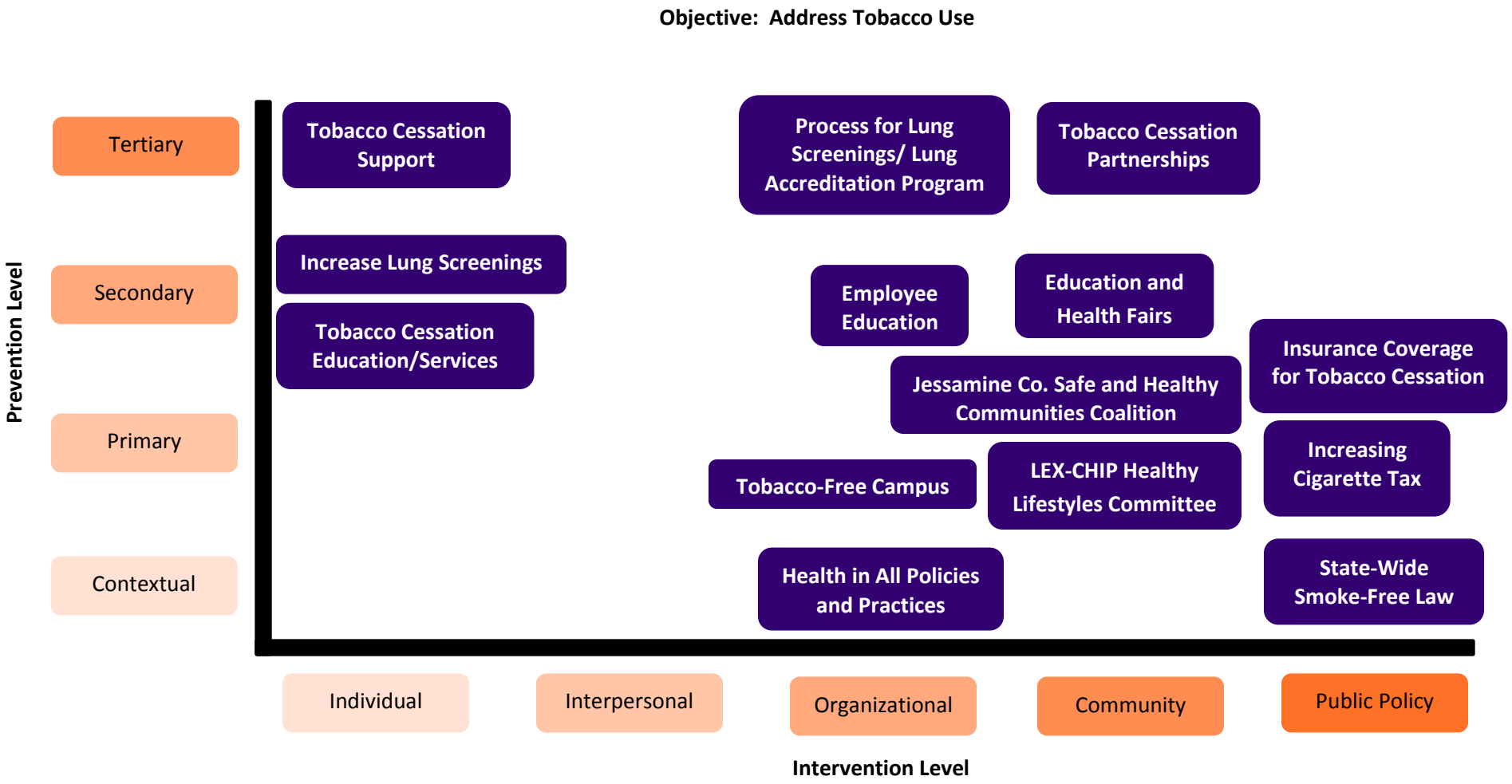
- **Prevention Levels:** Prevention aims to minimize the occurrence of disease or its consequences. The levels include:
  - **Contextual:** Prevent the emergence of predisposing social and environmental conditions that can lead to causation of disease.
  - **Primary:** Reduce susceptibility or exposure 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.

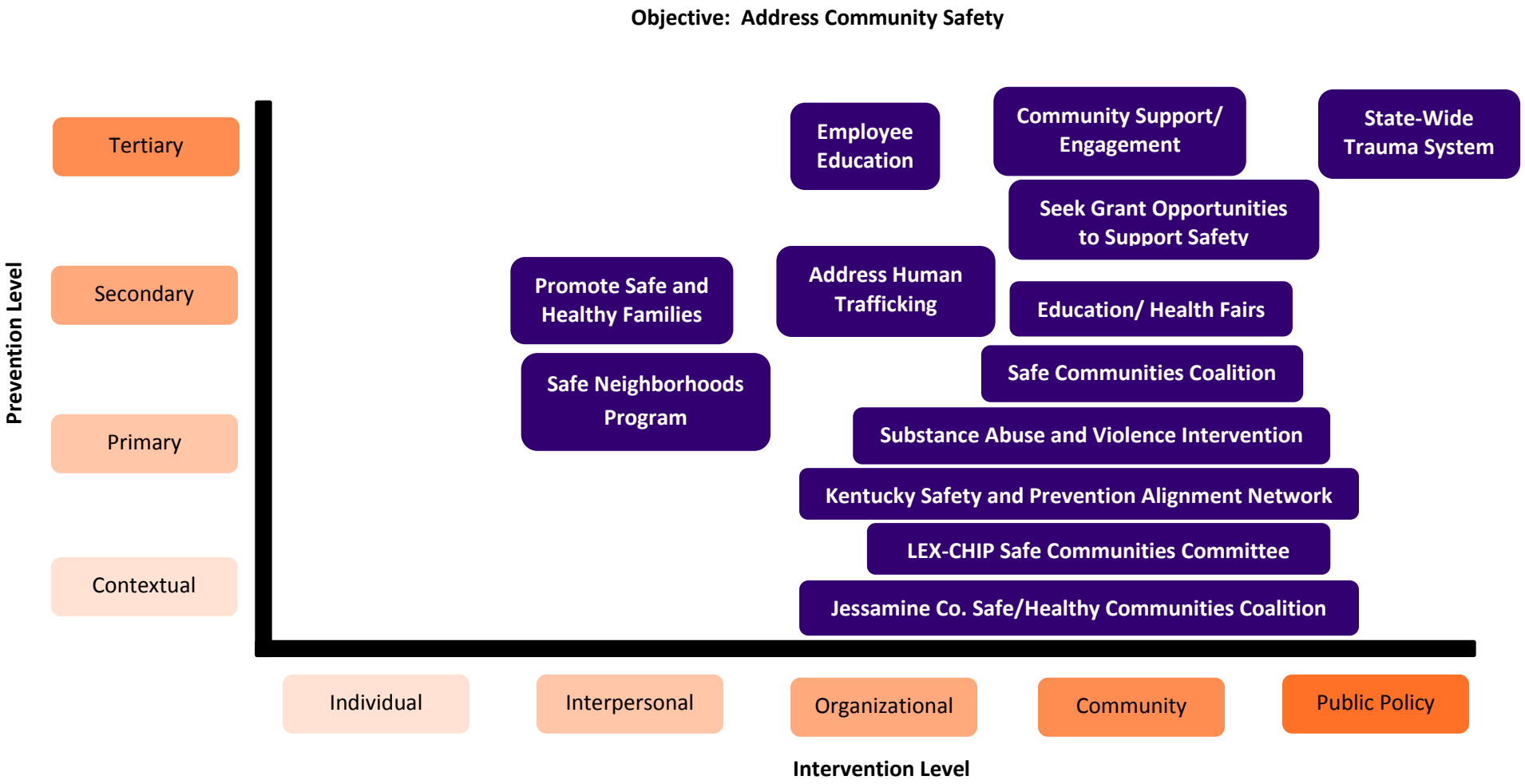
Strategies According to Community Health Improvement Matrix: Alcohol and Drug Use



Strategies According to Community Health Improvement Matrix: Tobacco Use

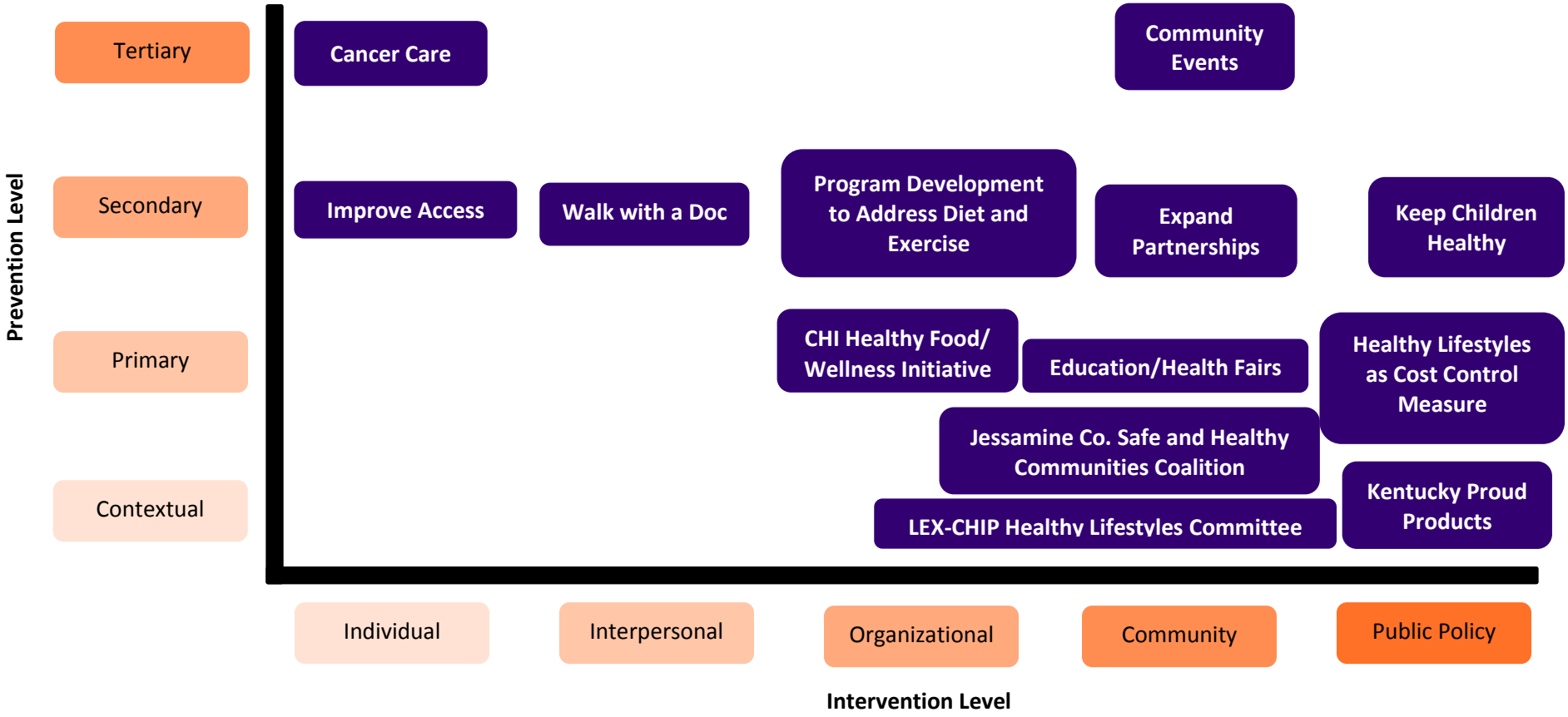


Strategies According to Community Health Improvement Matrix: Community Safety



Strategies According to Community Health Improvement Matrix: Diet and Exercise

Objective: Address Diet and Exercise

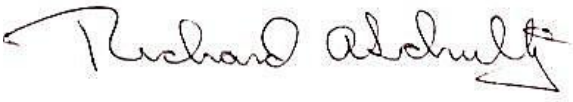


Next Steps

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

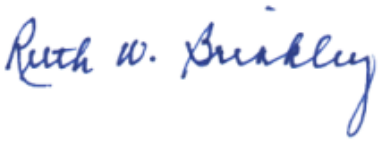
Adoption/Approval

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 Hospital'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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