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# At-a-Glance IMPLEMENTATION STRATEGY


## SUBSTANCE USE DISORDERS



**GOAL:** Reduce disease and death associated with substance use disorders through evidence-based prevention and treatment efforts

 **SYSTEM STRATEGY 1:** Advocate for public policies aimed at reducing use of tobacco products

 **SYSTEM STRATEGY 2:** Expand pharmacist-driven initiation of medications for opioid use disorder (MOUD)


 **HOSPITAL STRATEGY 1:** Support local groups and events that have a mission to prevent and/or treat substance use disorders

## MENTAL HEALTH & MENTAL DISORDERS



**GOAL:** Increase access to mental health services, enabling improved mental health outcomes for Kentucky residents


 **SYSTEM STRATEGY 1:** Advocate for public policies aimed at improving mental health outcomes


 **HOSPITAL STRATEGY 1:** Educate youth about mental health, its effect on child and adolescent wellbeing, and its impact on the overall health of the home, school and neighborhood environments through a Mental Health presentation series

## WEIGHT STATUS, PHYSICAL ACTIVITY & NUTRITION



**GOAL:** Improve health and quality of life among community members by promoting healthy eating and regular physical activity

 **SYSTEM STRATEGY 1:** Advocate for initiatives that address the risk factors that lead to obesity and chronic disease in children

 **HOSPITAL STRATEGY 1:** Enhance health knowledge, promote healthy lifestyles and create social connections among community members by providing informal conversations with physicians through a walking program

# Introduction

Saint Joseph East is pleased to present its 2023-2025 Implementation Strategy. This plan follows the development of the hospital's 2023-2025 Community Health Needs Assessment (CHNA), which was adopted in May 2022. The CHNA report can be accessed on the hospital's website: <https://www.chisaintjosephhealth.org/healthycommunities>.

## Implementation Strategy Purpose

The purpose of this implementation strategy report is to identify the goals, objectives and strategies that Saint Joseph East and CHI Saint Joseph Health will employ from fiscal years 2023-2025 to address the three health priorities identified in the most recent CHNA: (1) Substance Use Disorders; (2) Mental Health & Mental Disorders; and (3) Weight Status, Physical Activity & Nutrition.

### This report includes:

- An overview of the three health needs identified and prioritized in the most recent CHNA
- A description of the process and methods used to design the implementation plan
- System-level strategies and hospital-specific strategies to address each health need
- A framework describing key actions, responsible persons, process measures and anticipated outcomes for each strategy

The action plans contained within this report build on the progress and ever-changing healthcare needs of the community served by Saint Joseph East. A detailed impact report outlining the status of the prior implementation plan (fiscal years 2020-2022) is provided in Appendix G to the 2023-2025 CHNA report, available online. This implementation strategy report meets the requirements of the Patient Protection and Affordable Care Act [IRS Section 501(r) (3)].

## Developing Strategic Implementation Plans

Saint Joseph East's action plans for 2023-2025 include both policy and system-level strategies that are designed to make a difference in the three priority areas. Recognizing that the social determinants of health (SDOH) have a major impact on people's health, wellbeing, and quality of life, the implementation plan includes actionable items that address social and economic factors such as education, housing and employment.

The 2023-2025 implementation plans for Saint Joseph East were thoughtfully developed to leverage hospital and current community resources, while also working collaboratively across multiple sectors to engage new community partners. A series of virtual meetings and workshops were conducted to identify the goals, objectives and strategies documented in this plan. An overarching, system-wide goal was developed for each health need, ensuring alignment and consistency across the health system,

while also allowing Saint Joseph East to pursue its own local strategies and initiatives. These plans will guide Saint Joseph East’s health improvement efforts over the next three years.

### Priority Health Needs

|   |   |
|---|---|
|  | <b>Substance Use Disorders</b><br>Reduce disease and death associated with substance use disorders through evidence-based prevention and treatment efforts                      |
|  | <b>Mental Health &amp; Mental Disorders</b><br>Increase access to mental health services, enabling improved mental health outcomes for Kentucky residents                       |
|  | <b>Weight Status, Physical Activity &amp; Nutrition</b><br>Improve health and quality of life among community members by promoting healthy eating and regular physical activity |

### Community Benefit Leadership and Team

The Healthy Communities / Community Benefit Committee at CHI Saint Joseph Health plays a vital role in both the CHNA and implementation strategy process. The committee includes representation from community health, mission services, nursing services, violence prevention, and other hospital leadership. Committee members were invited to participate in several meetings throughout the development of this implementation strategy, including a kickoff meeting, system-level workshops focused on building system-level strategies for each of the three health needs, and a hospital-specific workshop designed to support Saint Joseph East in developing its own local initiatives. The members participating in this committee, including names, titles, and associated facilities, are provided in Appendix H of the Community Health Needs Assessment.

### Acknowledgments

CHI Saint Joseph Health commissioned Conduent Healthy Communities Institute (HCI) to support report development for Saint Joseph East’s 2023-2025 Implementation Strategy. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. This report was authored by Cassandra Miller, MPH, Public Health Consultant at HCI. To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-health/>.

## Report Adoption, Availability and Comments

This Implementation Strategy was adopted by the CHI Saint Joseph Health Board of Directors in August 2022. The report is widely available to the public on the hospital's website: <https://www.chisaintjosephhealth.org/healthycommunities>. Paper copies are also available for inspection upon request at Saint Joseph East. Written comments on this report can be submitted through the online Assessment Feedback form: <https://www.chisaintjosephhealth.org/healthy-community-chna-feedback>.

# Our Hospital and the Community Served

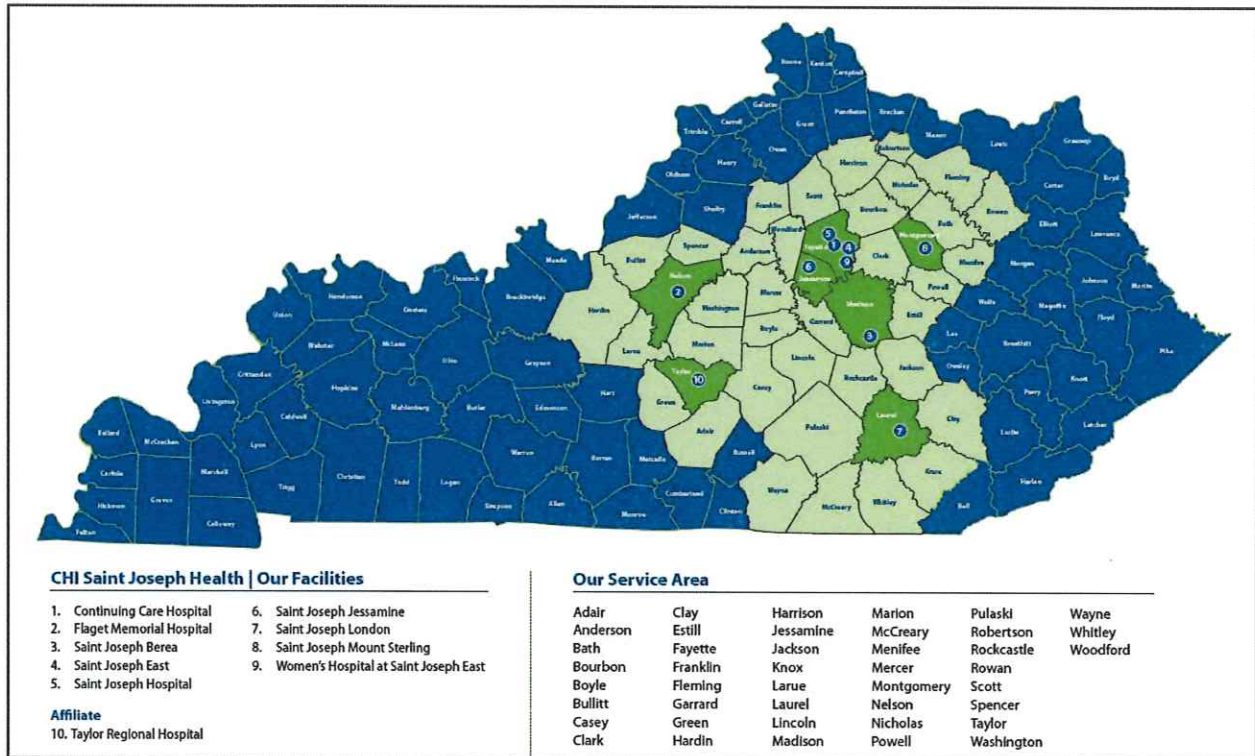
## CHI Saint Joseph Health

CHI Saint Joseph Health is one of the largest and most comprehensive health systems in the Commonwealth of Kentucky. It consists of 100 locations in 20 counties, including hospitals, physician groups, clinics, primary care centers, specialty institutes and home health agencies. In total, the health system serves patients in 43 Kentucky counties, as shown in Figure 1.

CHI Saint Joseph Health is dedicated to building healthier communities by elevating patient care. The health system is guided by its strong mission, faith-based heritage and its work through local partnerships to expand access to care in the communities it serves.

CHI Saint Joseph Health is part of CommonSpirit Health, a nonprofit, Catholic health system dedicated to advancing health for all people. It was created in February 2019 through the alignment of Catholic Health Initiatives and Dignity Health. CommonSpirit Health is committed to creating healthier communities, delivering exceptional patient care, and ensuring every person has access to quality health care. With its national office in Chicago and a team of approximately 150,000 employees and 25,000 physicians and advanced practice clinicians, CommonSpirit Health operates 142 hospitals and more than 700 care sites across 21 states.

FIGURE 1. CHI SAINT JOSEPH HEALTH COVERAGE MAP AND SERVICE AREA



## Saint Joseph East

Saint Joseph East, part of CHI Saint Joseph Health, is a 217-bed hospital located in the rapidly growing southeastern part of Lexington, Kentucky. At Saint Joseph East, maternal and child care, 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.

## Our Mission

Saint Joseph East's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission: "As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all."

## Financial Assistance for Medically Necessary Care

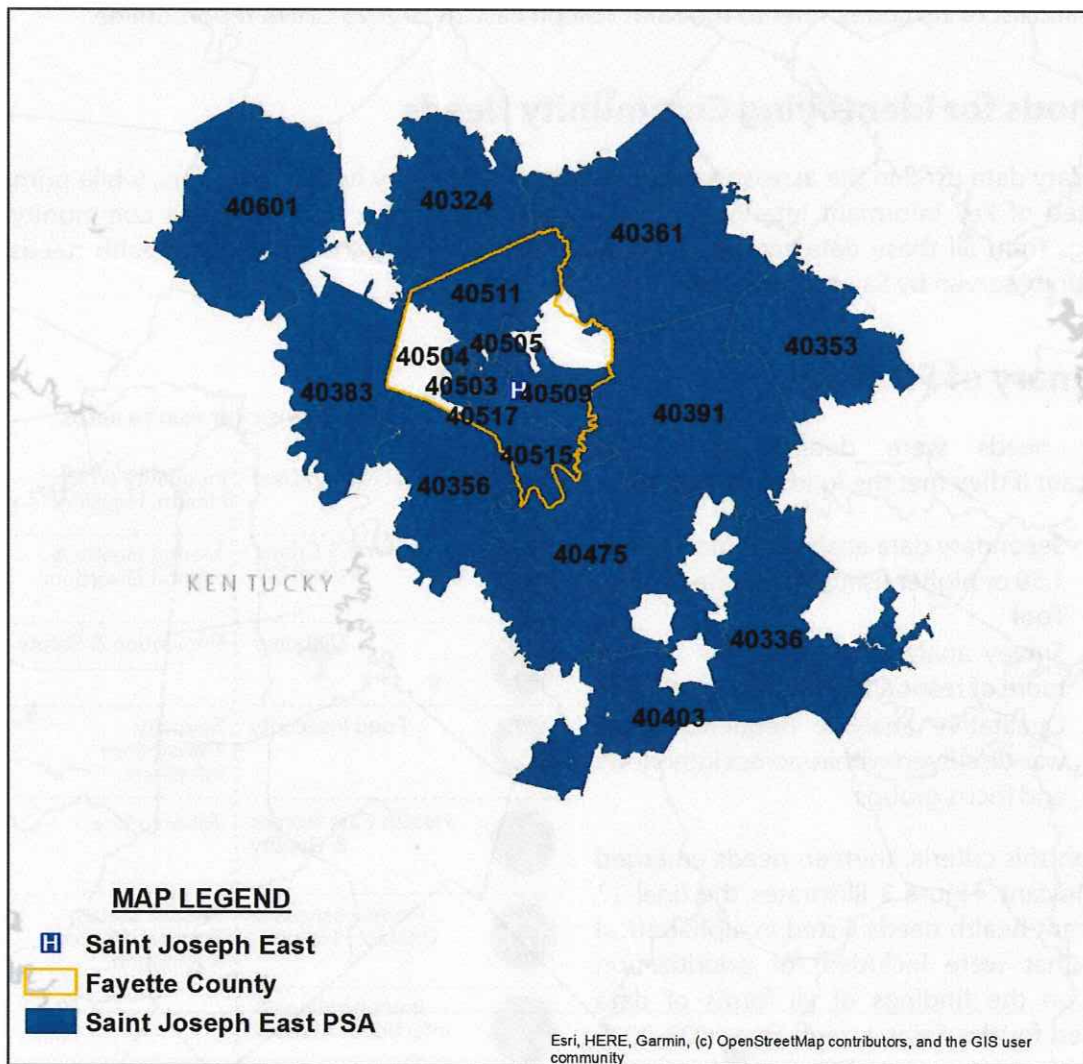
It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. Saint Joseph East has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.



## Description of the Community Served by Saint Joseph East

Saint Joseph East is located in Lexington, Kentucky. The geographical boundary of the hospital's primary service area is defined by 19 zip codes and is home to an estimated 642,063 residents. While the largest portion of the hospital's patients reside in Fayette County, the hospital's primary service area includes 10 counties, stretching from Franklin and Scott counties in the north, to Estill County in the south and Woodford County in the west to Montgomery County in the east. The 19 zip codes that define the Saint Joseph East Primary Service Area (PSA) are colored in blue in the map below (Figure 2). According to the Federal Office of Rural Health Policy, 9 of the 19 zip codes in the hospital's primary service area (47.4%) have been designated rural. This designation is important for government functions related to policymaking, regulation, and program administration.<sup>1</sup> Additional details describing the hospital's primary service area, including demographics and social and economic determinants of health, can be found in the CHNA report online.

FIGURE 2. SAINT JOSEPH EAST PRIMARY SERVICE AREA



<sup>1</sup> Rural Health Information Hub <https://www.ruralhealthinfo.org/>

# Findings from the 2023-2025 CHNA

Saint Joseph East conducted its 2023-2025 Community Health Needs Assessment (CHNA) between July 2021 and February 2022. The purpose of the CHNA was to identify and prioritize the significant health needs of the community. The report was adopted by CHI Saint Joseph Health’s Board of Directors in May 2022.

## Community Definition

The community served by Saint Joseph East, also known as the hospital’s primary service area (PSA), was defined based on zip codes representing 75% of all inpatient discharges. The primary service area consists of 19 zip codes and spans 10 counties in Kentucky, with the largest portion of the hospital’s patients residing in Fayette County. For further details on the hospital’s primary service area, including a map and list of zip codes, refer to the Saint Joseph East 2023-2025 CHNA report online.

## Methods for Identifying Community Needs

Secondary data used in the assessment consisted of community health indicators, while primary data consisted of key informant interviews, focus group discussions, and an online community survey. Findings from all these data sources were analyzed to identify the significant health needs for the community served by Saint Joseph East.

## Summary of Findings

Health needs were determined to be significant if they met the following criteria:

- Secondary data analysis: topic score of 1.50 or higher using HCI’s Data Scoring Tool
- Survey analysis: identified by 20% or more of respondents as a priority issue
- Qualitative analysis: frequency topic was discussed within/across interviews and focus groups

Through this criteria, thirteen needs emerged as significant. Figure 3 illustrates the final 13 significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of all forms of data collected for the Saint Joseph East 2023-2025 CHNA.

FIGURE 3. SIGNIFICANT HEALTH NEEDS



## Prioritization

Saint Joseph East convened a group of community leaders to participate in a presentation of data on the 13 significant health needs. Following the presentation, participants engaged in a discussion and were asked to complete an online prioritization activity.

### Process and Criteria

The online prioritization activity included two criteria for prioritization:

- Magnitude of the Issue
- Ability to Impact

Participants assigned a score of 1-3 to each health topic and criterion, with a higher score indicating a greater likelihood for that topic to be prioritized. Numerical scores for the two criteria were then combined and averaged to produce an aggregate score and ranking for each health topic.

FIGURE 4. RANKED ORDER OF HEALTH NEEDS

|     |  |
|-----|--|
| 1.  | <b>Alcohol &amp; Drug Use</b> (2.47)                           |
| 2.  | <b>Diabetes</b> (2.47)   |
| 3.  | <b>Weight Status, Physical Activity &amp; Nutrition</b> (2.47) |
| 4.  | <b>Immunizations &amp; Infectious Diseases</b> (2.44)          |
| 5.  | <b>Mental Health &amp; Mental Disorders</b> (2.41)             |
| 6.  | <b>Health Care Access &amp; Quality</b> (2.38)                 |
| 7.  | <b>Food Insecurity</b> (1.97)                                  |
| 8.  | <b>Homelessness &amp; Unstable Housing</b> (1.94)              |
| 9.  | <b>Crime &amp; Crime Prevention</b> (1.85)                     |
| 10. | <b>Inequity (in jobs, health, housing)</b> (1.85)              |
| 11. | <b>Sexually Transmitted Infections</b> (1.85)                  |
| 12. | <b>Tobacco Use</b> (1.85)                                      |
| 13. | <b>Prevention &amp; Safety</b> (1.68)                          |

### Prioritization Results

The list of significant health needs in Figure 4 is provided in the rank order that resulted from the prioritization process, alongside the average score assigned to each topic. The needs are listed in order of highest priority to lowest priority. For those topics with identical scores, the health needs are listed in alphabetical order.

## Prioritized Areas

The prioritized list of significant health needs was presented to hospital leadership. The hospital's Healthy Communities / Community Benefit Committee reviewed the scoring results of the online prioritization activity in conjunction with the full list of health needs that were identified as significant across all seven hospitals in the CHI Saint Joseph Health system. A decision was made to combine the prioritized health areas of Alcohol & Drug Use and Tobacco Use, which will be referred to as Substance Use Disorders, and move forward with the significant health needs that were trending across all seven hospitals. This process resulted in a final selection of three priority health areas to be considered for subsequent implementation planning. The three priority health needs are shown in Table 1.

TABLE 1. PRIORITIZED HEALTH NEEDS

|  |
|--|
| Substance Use Disorders                      |
| Mental Health & Mental Disorders             |
| Weight Status, Physical Activity & Nutrition |

## Needs that will not be Addressed

Beyond the three prioritized health needs shown in Table 1, the following additional significant health needs emerged from a review of the primary and secondary data: Crime & Crime Prevention, Diabetes, Food Insecurity, Health Care Access & Quality, Homelessness & Unstable Housing, Immunizations & Infectious Diseases, Inequality (in Jobs, Health, Housing), Prevention & Safety, and Sexually Transmitted Infections. With the need to focus on the prioritized health needs described in Table 1, these topics are not specifically prioritized efforts in the 2023-2025 Implementation Strategy. However, due to the interrelationships of social determinant needs, many of these areas overlap or fall within the prioritized health needs and will be addressed through the upstream health improvement efforts focused on the three prioritized health needs. For example, Saint Joseph East remains committed to supporting positive advancements in addressing diabetes through the identified focus area of Weight Status, Physical Activity & Nutrition. The hospital is also committed to health equity, which is a core strategic objective of all CommonSpirit Health community health improvement initiatives. Additionally, many of these health needs are addressed within ongoing programs and services at both the hospital and the larger community. Saint Joseph East provides additional support for community benefit activities in the community that lay outside the scope of the programs and activities outlined in this Implementation Strategy, but those additional activities will not be explored in detail in this report.

# 2023-2025 Implementation Strategy

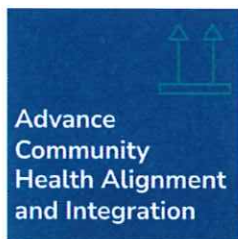
This section presents strategies and program activities that Saint Joseph East intends to deliver, fund, and/or collaborate on to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. Saint Joseph East may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

## Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

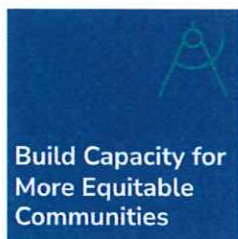
In collaboration with CommonSpirit Health, Saint Joseph East has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered and strengthen the connection between clinical care and social health.



Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.



Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

## Implementation Strategy Design Process

Saint Joseph East is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff in collaboration with community partners.

Following the identification of the three priority health needs, the Healthy Communities / Community Benefit team began subsequent work on implementation planning. Hospital and health system participants included representation from community health, mission services, nursing services,

violence prevention, and other hospital leadership. The members participating in this committee, including names, titles, and associated facilities, are provided in Appendix H to the CHNA report, which is available online.

During initial planning meetings, representatives from HCI and CHI Saint Joseph Health reviewed the hospital's most recent implementation plan (2020-2022), noting strengths and areas of improvement to inform the development of the new implementation plans. Through this process, HCI and CHI Saint Joseph Health developed several goals:



## Overview

Following these initial planning meetings, Conduent HCI hosted a series of virtual meetings and workshops as shown in Figure 5.

FIGURE 5. IMPLEMENTATION STRATEGY WORKSHOP SERIES

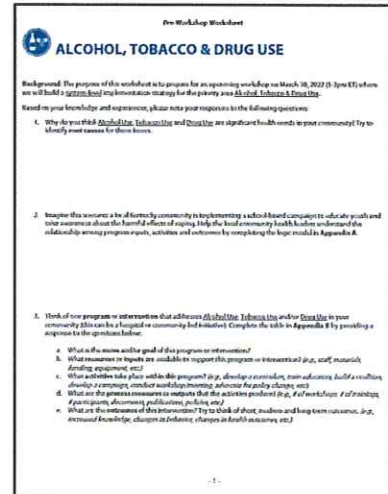


## Kickoff Meeting

Stakeholders from the 7 hospital facilities comprising the CHI Saint Joseph Health system were invited to participate in an Implementation Strategy kickoff meeting on March 15, 2022, or March 17, 2022 (the meeting was offered at two separate times to accommodate schedules). During this virtual meeting, participants reviewed the three health needs that emerged from the most recent CHNA, were introduced to the implementation strategy planning process (including logic models, process measures and outcome measures), and were asked to provide feedback on a draft framework that was proposed for developing the new implementation plan. Participants were also informed about worksheets that they would be asked to complete prior to attending the upcoming workshop series.

## Pre-Workshop Worksheets

Conduent HCI developed three **Pre-Workshop Worksheets** (one per health need) to prepare participants for group discussion in the upcoming workshops. Participants were asked to consider root causes for each of the priority health issues, complete a sample logic model, and identify existing programs or interventions that address the relevant priority health need. Each worksheet also included an appendix of resources, with links to national, state, and local goals and objectives, a list of evidence-based resources, and relevant indicators from the secondary data analysis. Each worksheet was emailed to participants several days prior to the respective workshop.



## System-Level Workshops

Following the kickoff meeting, the same group of stakeholders were invited to three two-hour workshops designed to develop system-level implementation plans for each of the three health needs. Table 2 shows the timeline for each of the system-level workshops.

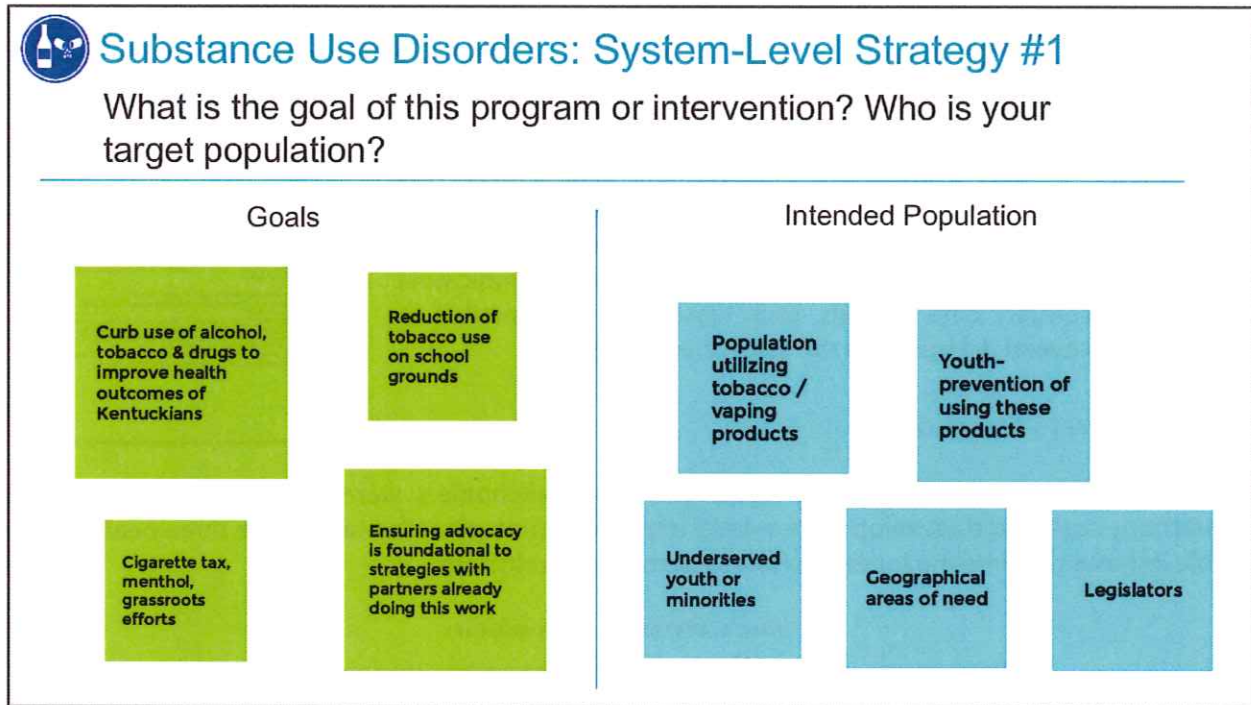
TABLE 2. SYSTEM-LEVEL WORKSHOPS

|  |                |
|--|----------------|
| Substance Use Disorders                      | March 30, 2022 |
| Mental Health & Mental Disorders             | April 4, 2022  |
| Weight Status, Physical Activity & Nutrition | April 11, 2022 |

Each workshop consisted of three components: (1) a brief presentation to review the implementation strategy planning process (2) a group discussion to review content from the pre-workshop worksheet and (3) a group activity focused on building the system-level implementation plan.

Prior to the group activity, participants reviewed a list of strategies relevant to that particular health need and decided which strategies they would focus on during the group activity. Then, HCI facilitated a group brainstorming session using Jamboard, a collaborative whiteboard as shown in Figure 6, to build various elements of a logic model, including goals and objectives, resources/inputs, collaboration partners, activities, persons responsible, process measures and anticipated outcomes.

FIGURE 6. EXAMPLE JAMBOARD FROM THE COLLABORATIVE BRAINSTORMING PROCESS



After conducting the system-level workshop, a representative from HCI transformed the information gathered during the group brainstorming activity into an implementation framework. Each implementation framework was shared with hospital and health system leaders for review and approval, with a separate framework developed for each strategy.

### Hospital-Specific Workshops

Following the system-level workshops, Conduent HCI facilitated a hospital-specific workshop for Saint Joseph East on May 6, 2022. Representatives from the hospital’s Healthy Communities / Community Benefit Committee came together in this virtual meeting to identify and build out hospital-specific strategies to address each of the three health needs. The format of the hospital-specific workshop was very similar to the system-level workshops, with Jamboard utilized to support the collaborative brainstorming process. Table 3 shows the timeline for each of the hospital-specific workshops.

TABLE 3. HOSPITAL-SPECIFIC WORKSHOPS

|                             |                |
|-----------------------------|----------------|
| Saint Joseph Hospital       | April 12, 2022 |
| Saint Joseph Berea          | April 13, 2022 |
| Continuing Care Hospital    | April 19, 2022 |
| Saint Joseph Mount Sterling | April 20, 2022 |
| Flaget Memorial Hospital    | April 22, 2022 |
| Saint Joseph London         | May 3, 2022    |
| Saint Joseph East           | May 6, 2022    |



Similar to the system-level workshops, information gathered from the hospital-specific workshop was transformed into an implementation framework and shared with hospital and health system leaders for review and approval.

## Action Plans

The action plans presented on the following pages outline in detail the individual strategies and activities CHI Saint Joseph Health and Saint Joseph East will implement to address the three prioritized health needs. The following components are outlined in detail in the frameworks that follow: (1) actions the hospital intends to take to address the health needs identified in the CHNA, (2) the anticipated impact of these actions as reflected in the process and outcome measures, (3) the resources the hospital plans to commit to each strategy, and (4) any planned collaboration to support the work outlined.



# Substance Use Disorders

More than 20 million adults in the U.S. have had a substance use disorder in the past year.<sup>2</sup> Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Each year in the U.S., excessive alcohol use is responsible for 140,000 deaths.<sup>3</sup> In Kentucky, 15% of the adult population reports binge drinking, which is similar to the national rate of 15.7%.<sup>4,5</sup> Opioid use disorders have become especially problematic in recent years. From 1999 to 2019, overdose deaths from prescription painkillers in the U.S. have more than quadrupled, with nearly 247,000 deaths from overdoses related to prescription opioids reported during this time period.<sup>6</sup>

Tobacco use is the leading cause of preventable death in the U.S., with cigarette smoking responsible for more than 480,000 deaths per year.<sup>7</sup> Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.<sup>7</sup> On average, smokers die 10 years earlier than nonsmokers.<sup>7</sup> In Kentucky, 24% of adults smoke, which is higher than the national rate of 15.5%.<sup>4,5</sup>

Effective treatments for substance use disorders are available, but few people get the treatment they need. Several evidence-based strategies, including smoke-free policies, price increases, and health education campaigns, can help prevent and reduce tobacco use. Saint Joseph East is committed to addressing Substance Use Disorders through the following system-wide and hospital-specific strategies:

## Substance Use Disorders



**Goal:** Reduce disease and death associated with substance use disorders through evidence-based prevention and treatment efforts

**System Strategy 1:** Advocate for public policies aimed at reducing use of tobacco products

**System Strategy 2:** Expand pharmacist-driven initiation of medications for opioid use disorder (MOUD)

**Hospital Strategy 1:** Support local groups and events that have a mission to prevent and/or treat substance use disorders

<sup>2</sup> Lipari, R.N. & Van Horn, S.L. (2017). Trends in Substance Use Disorders Among Adults Aged 18 or Older. The CBHSQ Report. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/28792721/>

<sup>3</sup> National Center for Chronic Disease Prevention and Health Promotion. Excessive Alcohol Use. Retrieved from: <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/alcohol.htm>

<sup>4</sup> Kentucky Health Facts, 2017-2019

<sup>5</sup> Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2020

<sup>6</sup> Centers for Disease Control and Prevention. Drug Overdose Deaths. Retrieved from: <https://www.cdc.gov/drugoverdose/deaths/prescription/overview.html>

<sup>7</sup> Centers for Disease Control and Prevention. Smoking & Tobacco Use. Retrieved from [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/index.htm#toll](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm#toll)

# SUBSTANCE USE DISORDERS IN FAYETTE COUNTY

## 21%

Adults who Binge  
Drink \*1



## 36.7

Drug Poisoning  
Deaths per 100,000  
population \*4



## 1208

Drug Arrests per  
100,000 population  
\*5

## 32.2%

Alcohol-Impaired  
Driving Deaths \*2

## 48%

Survey Respondents  
Who Identified  
Alcohol & Drug Use  
as a Top Community  
Health Issue \*6



## 18%

Adults Who Smoke \*1

## 9.8%

Mothers Who Smoked  
During Pregnancy \*3




Ranked as the 2nd  
Most Pressing Health  
Issue \*6

- 1 - Kentucky Health Facts, 2017-2019
- 2 - County Health Rankings, 2015-2019
- 3 - Annie E. Casey Foundation, 2016-2018
- 4 - County Health Rankings, 2017-2019
- 5 - Kentucky Health Facts, 2019
- 6 - CHNA Community Survey, 2021



# Substance Use Disorders

Goal: Reduce disease and death associated with substance use disorders through evidence-based prevention and treatment efforts

|  <b>System Strategy 1: Advocate for public policies aimed at reducing use of tobacco products</b>   |  |   |   |   |   |                             |
|--|--|---|---|---|---|-----------------------------|
| <b>Objective:</b> During each annual state legislative session (January through April 2023, 2024, 2025), advocate for passage of public policies that reduce the use of tobacco products including cigarettes, smokeless tobacco and e-cigarettes. |  |   |   |   |   |                             |
| <b>Intended Population:</b> legislators, persons who use tobacco or vaping products  |  |   |   |   |   |                             |
| <b>Resources:</b> Staff time: health system's advocacy department, hospital staff (for public speaking events); financial contribution through hospital's Community Benefit funds  |  |   |   |   |   |                             |
| <b>Collaboration Partners:</b> American Cancer Society, American Heart & Lung Association, Boys & Girls Club, church groups, Foundation for a Healthy Kentucky, Kentucky Medical Association, local health departments, YMCA, youth groups         |  |   |   |   |   |                             |
| Programs/Activities  | Lead Person / Organization             | Process Measure Y1  | Process Measure Y2  | Process Measure Y3  | Data Source   | Baseline                    |
| <b>Activity 1:</b><br>With collaborative partners, research and identify specific legislation to advance, including gaps in current legislation  | Sherri Craig, Market VP, Public Policy | List of policy changes or legislation to be advanced            | List of policy changes or legislation to be advanced            | List of policy changes or legislation to be advanced            | Internal reports                                    | To be established in Year 1 |
| <b>Activity 2:</b><br>Identify opportunities for community support including identification of a subject champion  | Sherri Craig, Market VP, Public Policy | # of bill sponsors or co-sponsors; subject champion established | # of bill sponsors or co-sponsors; subject champion established | # of bill sponsors or co-sponsors; subject champion established | Letters of Support; Legislative Research Commission | To be established in Year 1 |

|   |  |   |  |  |                                 |                             |
|---|--|---|--|--|---------------------------------|-----------------------------|
| <u>Activity 3:</u><br>Develop legislation in draft form   | Sherri Craig, Market VP, Public Policy | Legislation drafted; # of bills drafted   | Legislation drafted; # of bills drafted  | Legislation drafted; # of bills drafted  | Legislative Research Commission | To be established in Year 1 |
| <u>Activity 4:</u><br>Conduct grassroots advocacy efforts and promote public awareness to advance passage of legislation  | Sherri Craig, Market VP, Public Policy | # of communications with lawmakers; # of advocacy alerts issued and acted upon; # of public awareness activities        | # of communications with lawmakers; # of advocacy alerts issued and acted upon; # of public awareness activities | # of communications with lawmakers; # of advocacy alerts issued and acted upon; # of public awareness activities                                   | Legislative Research Commission | To be established in Year 1 |
| <u>Activity 5:</u><br>Conduct pre/post survey to gauge increased awareness among legislators (see anticipated short-term outcome below)   | Sherri Craig, Market VP, Public Policy | # of surveys completed; % of legislators completing survey  | # of surveys completed; % of legislators completing survey   | # of surveys completed; % of legislators completing survey   | Survey records                  | To be established in Year 1 |
| <b>Anticipated Outcomes</b>   |  | <b>Data Source</b>  |  | <b>Baseline</b>  |                                 |                             |
| <u>Short-Term:</u> Increased awareness among legislators about local support for public policies that reduce the use of tobacco products  |  | Pre/post survey   |  | To be established in Year 1  |                                 |                             |
| <u>Medium-Term:</u> Enacted laws that aim to reduce the use of tobacco products   |  | Kentucky Revised Statutes   |  | To be established in Year 1  |                                 |                             |
| <u>Long-Term:</u><br>1. Adults who Smoke (% of adults who smoke cigarettes)<br>2. Age-Adjusted Death Rate due to Lung Cancer (deaths per 100,000 population due to lung cancer)<br>3. Lung and Bronchus Cancer Incidence Rate (cases per 100,000 population of lung and bronchus cancer)<br>4. Oral Cavity and Pharynx Cancer Incidence Rate (cases per 100,000 population of oral cavity and pharynx cancer) |  | 1. Kentucky Health Facts<br>2. Kentucky Cancer Registry<br>3. National Cancer Institute<br>4. National Cancer Institute |  | 1. 18% (Fayette County, 2017-2019)<br>2. 35.3 (Fayette County, 2018)<br>3. 68.4 (Fayette County, 2013-2017)<br>4. 11.8 (Fayette county, 2013-2017) |                                 |                             |



## System Strategy 2: Expand pharmacist-driven initiation of medications for opioid use disorder (MOUD)

**Objective:** By June 2025, train 50% of physicians, Advanced Practice Providers (APP) and Case Managers (CM) on medications for opioid use disorder. By June 2025, increase the proportion of individuals with opioid use disorder admitted to the hospital who adhere to prescribed medications by 10%.

**Intended Population:** Individuals with opioid use disorder diagnosis admitted to the hospital for medical or surgical complaint; potential expansion to visitors to physician offices (i.e., not limited to those hospitalized); physicians; advanced practice providers; case managers

**Resources:** Staff time: Pharmacist with specialized training in evidence-based treatment for opioid use disorder; collaboration of case management team and MD/APP prescriber teams (especially hospitalists); Materials: Availability of a dedicated TeleMAT iPad and locked stand

**Collaboration Partners:** BrightHeart Health (TeleMAT provider). Potential expansion to in-person treatment clinics such as Bluegrass Health Group, Bright View, Isaiah House, Mountain Comprehensive Care, New Vista, Second Chance

| Programs/Activities   | Lead Person / Organization  | Process Measure Y1  | Process Measure Y2  | Process Measure Y3  | Data Source                             | Baseline                        |
|---|---|---|---|---|---|---------------------------------|
| <b>Activity 1:</b><br>Complete pilot at Saint Joseph Hospital; collect pilot data to assess success (patient adherence, readmission rates) and assess expansion market-wide | Haley Busch,<br>Clinical Pharmacist<br>Specialist – Opioid<br>Stewardship | # successful patient referrals from an ED/inpatient encounter; patient adherence; readmission rates | # successful patient referrals from an ED/inpatient encounter; patient adherence; readmission rates | # successful patient referrals from an ED/inpatient encounter; patient adherence; readmission rates | Hospital records; urine/drug screenings | To be established in Year 1     |
| <b>Activity 2:</b><br>Develop and distribute educational materials to staff to increase awareness   | Haley Busch,<br>Clinical Pharmacist<br>Specialist – Opioid<br>Stewardship | Educational materials developed   | # materials distributed   | # materials distributed   | Educational materials distribution list | To be established in Year 1     |
| <b>Activity 3:</b><br>Provide staff training in-person  | Haley Busch,<br>Clinical Pharmacist<br>Specialist – Opioid<br>Stewardship | # physician / APP trainings; # CM trainings   | # physician / APP trainings; # CM trainings   | # physician / APP trainings; # CM trainings   | Training registration records           | To be established in Year 1     |
| <b>Activity 4:</b><br>Develop patient education and screening tools   | Haley Busch,<br>Clinical Pharmacist<br>Specialist – Opioid<br>Stewardship | Screening tool developed  | N/A   | N/A   |   | To be established in Year 1     |
| <b>Activity 5:</b><br>Expand to other facilities (pending success of SJH pilot)   | Haley Busch,<br>Clinical Pharmacist<br>Specialist – Opioid<br>Stewardship | Planning year   | Planning year   | Expansion to 1 additional facility  |   | Not currently being implemented |

|   |   |  |  |  |   |
|---|---|--|--|--|---|
| Activity 6:<br>Expand to community partners (pending success of SJH pilot)  | Haley Busch,<br>Clinical Pharmacist<br>Specialist – Opioid<br>Stewardship | Planning year  | Planning year  | Expansion to 1<br>community partner                  | in other<br>facilities                            |
| Activity 7:<br>Conduct pre/post survey to gauge increased knowledge and awareness among staff (see anticipated short-term outcome below)  | Haley Busch,<br>Clinical Pharmacist<br>Specialist – Opioid<br>Stewardship | # of surveys completed; % of staff completing survey | # of surveys completed; % of staff completing survey | # of surveys completed; % of staff completing survey | Survey records<br><br>To be established in Year 1 |
| <b>Anticipated Outcomes</b>   |   |  | <b>Baseline</b>                                      |  |   |
| <b>Short-Term:</b> Staff have increased knowledge and awareness of how to offer and provide evidence-based treatment for opioid use disorder  |   |  | To be established in Year 1                          |  |   |
| <b>Medium-Term:</b> Patients have expanded access to evidence-based treatment for opioid-use disorder (e.g., increased proportion of patients adhering to the program/ability to maintain abstinence from opioids based on urine/drug screenings) |   |  | To be established in Year 1                          |  |   |
| <b>Long-Term:</b>   |   |  |  |  |   |
| 1. Readmission Rate due to Opioid Use Disorder  |   |  | 1. To be established in Year 1                       |  |   |
| 2. Death Rate due to Opioid Use Disorder  |   |  | 2. To be established in Year 1                       |  |   |
| 3. Death Rate due to Drug Poisoning (deaths per 100,000 population due to drug poisoning)   |   |  | 3. 36.7 (Fayette County, 2017-2019)                  |  |   |
| 4. Drug Arrest Rate (drug arrests per 100,000 population)   |   |  | 4. 1208 (Fayette County, 2019)                       |  |   |
|   |   |  | 1. Hospital Records                                  |  |   |
|   |   |  | 2. Hospital Records                                  |  |   |
|   |   |  | 3. County Health Rankings                            |  |   |
|   |   |  | 4. Kentucky Health Facts                             |  |   |



## Hospital Strategy 1: Support local groups and events that have a mission to prevent and/or treat substance use disorders

**Objective:** Support and/or participate in two community event per year (two events in 2023, two events in 2024 and two events in 2025) that aim to prevent substance use and/or support persons affected by substance use disorder

**Intended Population:** Youth, adults, parents/guardians (including grandparents), people experiencing substance use disorder, people who are at increased risk of developing a substance use disorder

**Resources:** Staff time: staff willing to volunteer their time supporting local groups and events

**Collaboration Partners:** Drug Court, Kentucky Cabinet for Health and Family Services – Department for Medicaid Services, Lexington-Fayette County Health Department, New Vista, The Ridge Behavioral Health System, UK HealthCare, substance abuse provider for counseling, medication-assisted treatment and group therapy

| Programs/Activities  | Lead Person / Organization                                       | Process Measure Y1                                       | Process Measure Y2                                       | Process Measure Y3                                       | Data Source                  | Baseline                    |
|--|--|--|--|--|------------------------------|-----------------------------|
| <u>Activity 1:</u><br>Actively participate in LexBeSafe meetings   | Demetria Blair, Violence Prevention Manager, Healthy Communities | # of meetings attended (target: 80%)                     | # of meetings attended (target: 80%)                     | # of meetings attended (target: 80%)                     | LexBeSafe attendance records | To be established in Year 1 |
| <u>Activity 2:</u><br>Support and participate in community events that aim to educate and build awareness of substance use   | Demetria Blair, Violence Prevention Manager, Healthy Communities | # of community events supported by hospital* (target: 2) | # of community events supported by hospital* (target: 2) | # of community events supported by hospital* (target: 2) | Event planning notes         | To be established in Year 1 |
| <u>Activity 3:</u><br>Conduct pre/post survey to gauge increased knowledge and awareness among hospital staff and community members (see anticipated short-term outcome below) | Demetria Blair, Violence Prevention Manager, Healthy Communities | # of surveys completed; % of staff completing survey     | # of surveys completed; % of staff completing survey     | # of surveys completed; % of staff completing survey     | Survey records               | To be established in Year 1 |

### Anticipated Outcomes

**Short-Term:**

Hospital staff and community members have increased awareness of the negative impacts of substance use disorders

### Data Source

Pre/post survey

### Baseline

To be established in Year 1



|   |  |   |
|---|--|---|
| <p><u>Medium-Term:</u><br/>Increased enrollment/utilization of substance use services/resources, including harm reduction program (needle exchange)</p>   | <p>Collaborate with health department to explore feasibility of tracking this outcome</p>  | <p>Explore feasibility of tracking and establishing a baseline</p>  |
| <p><u>Long-Term:</u><br/>1. Death Rate due to Drug Poisoning (deaths per 100,000 population due to drug poisoning)<br/>2. Drug Arrest Rate (drug arrests per 100,000 population)<br/>3. Adults who Binge Drink (% of adults who reported binge drinking at least once in last 30 days, defined as 5+ drinks for males and 4+ drinks for females)<br/>4. Alcohol-Impaired Driving Deaths (% of motor vehicle crash deaths that involve alcohol)<br/>5. Mothers who Smoked During Pregnancy (% of mothers who smoked or used tobacco during pregnancy)<br/>6. Adults who Smoke (% of adults who currently smoke cigarettes)</p> | <p>1. County Health Rankings<br/>2. Kentucky Health Facts<br/>3. Kentucky Health Facts<br/>4. County Health Rankings<br/>5. Annie E. Casey Foundation<br/>6. Kentucky Health Facts</p> | <p>1. 36.7 (Fayette, 2017-2019)<br/>2. 1208 (Fayette County, 2019)<br/>3. 21% (Fayette County, 2017-2019)<br/>4. 32.2% (Fayette County, 2015-2019)<br/>5. 9.8% (Fayette County, 2016-2018)<br/>6. 18% (Fayette County, 2017-2019)</p> |

**\*Community events may be limited until COVID-19 restrictions are lifted**



# Mental Health & Mental Disorders

Mental disorders involve changes in thinking, mood and/or behavior. These disorders can impact one's decisions and choices, as well as how individuals relate to one another. More than half of the U.S. population will be diagnosed with a mental health disorder at some point in their lifetime.<sup>8</sup>

Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately impacted. In Kentucky, death rates due to suicide (17 deaths/100,000 population) are higher than in the U.S. (14.1 deaths/100,000 population).<sup>9</sup>

Many mental health disorders can be treated and managed, but estimates suggest that only half of the people with mental illnesses receive treatment.<sup>10</sup> Increasing screening for mental disorders can help people get the treatment they need. Saint Joseph East is committed to addressing Mental Health & Mental Disorders through the following system-wide and hospital-specific strategies:

## Mental Health & Mental Disorders



**Goal:** Increase access to mental health services, enabling improved mental health outcomes for Kentucky residents

**System Strategy 1:** Advocate for public policies aimed at improving mental health outcomes

**Hospital Strategy 1:** Educate youth about mental health, its effect on child and adolescent wellbeing, and its impact on the overall health of the home, school and neighborhood environments through a Mental Health presentation series

<sup>8</sup> Centers for Disease Control and Prevention. Mental Health. Retrieved from: <https://www.cdc.gov/mentalhealth/learn/index.htm>

<sup>9</sup> Centers for Disease Control and Prevention, measurement period 2017-2019

<sup>10</sup> National Institute of Mental Health. Retrieved from: <https://www.nimh.nih.gov/health/statistics>

# MENTAL HEALTH & MENTAL DISORDERS IN FAYETTE COUNTY



## 14.8%

Adults with poor mental health  
(14+ days in past month) \*1



## 21.1%

Medicare beneficiaries  
treated for depression  
\*2

## 413.7

Mental health providers  
per 100,000 population \*4

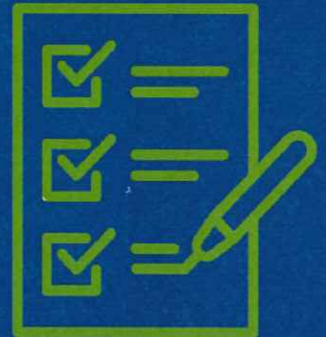


## 39.5%

Adults with  
insufficient sleep \*5

## 53.3%

Survey respondents who  
identified Mental Health  
& Mental Disorders as a  
top community health  
issue \*6



## 11.1

Suicide deaths per 100,000  
population \*3



Ranked as the 1st  
Most Pressing  
Health Issue \*6

- 1 – CDC PLACES, 2018
- 2 – Centers for Medicare & Medicaid Services, 2018
- 3 – Centers for Disease Control and Prevention, 2017-2019
- 4 – County Health Rankings, 2020
- 5 – County Health Rankings, 2018
- 6 – CHNA Community Survey, 2021



# Mental Health & Mental Disorders

Goal: Increase access to mental health services, enabling improved mental health outcomes for Kentucky residents

| System Strategy 1: Advocate for public policies aimed at improving mental health outcomes   |   |  |  |  |  |   |
|---|---|--|--|--|--|---|
| Programs/Activities   | Lead Person / Organization  | Process Measure Y1   | Process Measure Y2   | Process Measure Y3   | Data Source  | Baseline  |
| <p><b>Activity 1:</b><br/>With collaborative partners, research and identify specific legislation to advance, including gaps in current legislation</p> <p><b>Activity 2:</b><br/>Identify opportunities for community support including identification of a subject champion</p>   | <p>Sherri Craig, Market VP, Public Policy</p> <p>Sherri Craig, Market VP, Public Policy</p> | <p>List of policy changes or legislation to be advanced</p> <p># of bill sponsors or co-sponsors; subject champion established</p> | <p>List of policy changes or legislation to be advanced</p> <p># of bill sponsors or co-sponsors; subject champion established</p> | <p>List of policy changes or legislation to be advanced</p> <p># of bill sponsors or co-sponsors; subject champion established</p> | <p>Internal reports</p> <p>Letters of Support or Sponsorship</p> | <p>To be established in Year 1</p> <p>To be established in Year 1</p> |
| <p><b>Objective:</b> During each annual state legislative session (January through April 2023, 2024, 2025), advocate for passage of public policies that aim to increase access to mental health services and/or improve mental health outcomes</p> <p><b>Intended Population:</b> Lawmakers, government administrators, advocacy partners including civic organizations, business leaders, hospital association, nurses association, coalitions in support of public policy change</p> <p><b>Resources:</b> Staff time: health system's advocacy department</p> <p><b>Collaboration Partners:</b> Advocacy partners including civic organizations, business leaders, chamber of commerce, hospital association, nursing association, coalitions in support of public policy change, other healthcare providers</p> |   |  |  |  |  |   |

|  |  |  |  |  |                                 |                             |
|--|--|--|--|--|---------------------------------|-----------------------------|
| <u>Activity 3:</u><br>Develop legislation in draft form  | Sherri Craig,<br>Market VP,<br>Public Policy | Legislation drafted; # of bills drafted  | Legislation drafted; # of bills drafted  | Legislation drafted; # of bills drafted  | Legislative Research Commission | To be established in Year 1 |
| <u>Activity 4:</u><br>Conduct grassroots advocacy efforts and promote public awareness to advance passage of legislation   | Sherri Craig,<br>Market VP,<br>Public Policy | # of communications with lawmakers; # of advocacy alerts issued and acted upon; # of public awareness activities | # of communications with lawmakers; # of advocacy alerts issued and acted upon; # of public awareness activities | # of communications with lawmakers; # of advocacy alerts issued and acted upon; # of public awareness activities | Legislative Research Commission | To be established in Year 1 |
| <u>Activity 5:</u><br>Conduct pre/post survey to gauge increased awareness among elected officials (see anticipated short-term outcome below)  | Sherri Craig,<br>Market VP,<br>Public Policy | # of surveys completed; % of elected officials completing survey   | # of surveys completed; % of elected officials completing survey   | # of surveys completed; % of elected officials completing survey   | Survey records                  | To be established in Year 1 |
| <b>Anticipated Outcomes</b>  |  |  |  |  |                                 |                             |
| <b>Data Source</b>   |  |  |  |  |                                 |                             |
| <b>Baseline</b>  |  |  |  |  |                                 |                             |
| <u>Short-Term:</u> Heightened awareness of mental health issues (and related legislation) among elected officials  |  | Pre/post survey  |  | To be established in Year 1  |                                 |                             |
| <u>Medium-Term:</u> Passage of "mental health" legislative package   |  | Kentucky Revised Statutes  |  | To be established in Year 1  |                                 |                             |
| <u>Long-Term:</u><br>1. Poor Mental Health: 14+ Days (% of adults whose mental health was not good 14 or more days in the past month)<br>2. Age-Adjusted Death Rate due to Suicide (deaths per 100,000 population due to suicide)<br>3. Mental Health Provider Rate (mental health providers per 100,000 population) |  | 1. CDC – PLACES<br>2. Centers for Disease Control and Prevention<br>3. County Health Rankings                    |  | 1. 14.8% (Fayette County, 2018)<br>2. 11.1 (Fayette County, 2017-2019)<br>3. 413.7 (Fayette County, 2020)        |                                 |                             |



**Hospital Strategy 1:** Educate youth about mental health, its effect on child and adolescent wellbeing, and its impact on the overall health of the home, school and neighborhood environments through a Mental Health presentation series

**Description:** The Mental Health Presentation Series is an education platform designed to promote powerful conversations about the issues that lead to mental health decline; how those issues impact the overall health of the community; and the health service solutions that are available to help improve outcomes for youth and families.

**Objective:** By June 2025, conduct 4 Mental Health Program Presentations on Youth Mental Health First Aid, Trauma/Grief, Depression/Anxiety & Youth Developmental Assets with a total reach of 500 children and youth via podcast, community groups and on-demand recorded access.

**Intended Population:** Youth and families

**Resources:** Staff time: Violence Prevention Manager, Healthy Communities; Marketing Support; Materials: Discussion Guides

**Collaboration Partners:** Fayette County Public Schools, New Vista, UofL Health – Peace Hospital, Mental Health Specialists

| Programs/Activities  | Lead Person / Organization                                       | Process Measure Y1                       | Process Measure Y2                       | Process Measure Y3                       | Data Source                | Baseline                    |
|--|--|--|--|--|----------------------------|-----------------------------|
| <u>Activity 1:</u><br>Establish partnership with local schools and youth serving organizations   | Demetria Blair, Violence Prevention Manager, Healthy Communities | # participating schools and youth groups | # participating schools and youth groups | # participating schools and youth groups | Internal records           | To be established in Year 1 |
| <u>Activity 2:</u><br>Podcasts: conduct 3-part series presentation on Mental Health First Aid, Trauma/Grief, Depression/Anxiety, Youth Developmental Assets                          | Demetria Blair, Violence Prevention Manager, Healthy Communities | # of podcasts; # of participants         | # of podcasts; # of participants         | # of podcasts; # of participants         | Internal records           | To be established in Year 1 |
| <u>Activity 3:</u><br>Discussion Tables: conduct 3-part series presentation on Mental Health First Aid, Trauma/Grief, Depression/Anxiety, Youth Developmental Assets                 | Demetria Blair, Violence Prevention Manager, Healthy Communities | # of discussions held; # of participants | # of discussions held; # of participants | # of discussions held; # of participants | Program attendance records | To be established in Year 1 |
| <u>Activity 4:</u><br>Virtual (recorded) Series: access 3-part recorded series presentation on Mental Health First Aid, Trauma/Grief, Depression/Anxiety, Youth Developmental Assets | Demetria Blair, Violence Prevention Manager, Healthy Communities | # of participants                        | # of participants                        | # of participants                        | Access Records             | To be established in Year 1 |

|  |  |  |  |  |                               |                                    |
|--|--|--|--|--|-------------------------------|------------------------------------|
| <p><b>Activity 5:</b><br/>Conduct pre/post survey to gauge increased awareness among program participants (see anticipated short-term outcome below)</p>   | <p>Demetria Blair, Violence Prevention Manager, Healthy Communities</p>  | <p># of surveys completed; % of participants completing survey</p>   | <p># of surveys completed; % of participants completing survey</p>   | <p># of surveys completed; % of participants completing survey</p>   | <p>Survey records</p>         | <p>To be established in Year 1</p> |
| <p><b>Activity 6:</b><br/>Marketing Communications to include material development &amp; distribution, social media</p>  | <p>Demetria Blair, Violence Prevention Manager, Healthy Communities</p>  | <p># of marketing materials distributed; # of social media posts</p> | <p># of marketing materials distributed; # of social media posts</p> | <p># of marketing materials distributed; # of social media posts</p> | <p>Marketing data sources</p> | <p>To be established in Year 1</p> |
| <p><b>Anticipated Outcomes</b></p>   |  |  |  |  |                               |                                    |
| <p><b>Data Source</b></p>  |  |  |  |  |                               |                                    |
| <p><b>Baseline</b></p>   |  |  |  |  |                               |                                    |
| <p><u>Short-Term:</u> Program participants have increased awareness about mental health issues</p>   | <p>Pre/post survey<br/>To be established in Year 1</p>   |  |  |  |                               |                                    |
| <p><u>Medium-Term:</u> Increase in the number of youth and families that access mental health services through the hospital and/or resources that have been made available through the partnership network</p>   | <p>3-, 6-, 9-, 12-month follow-up questionnaire to families that participated in program<br/>To be established in Year 1</p>   |  |  |  |                               |                                    |
| <p><u>Long-Term:</u><br/>1. Poor Mental Health: 14+ Days (% of adults whose mental health was not good 14 or more days in the past month)<br/>2. Age-Adjusted Death Rate due to Suicide (deaths per 100,000 population due to suicide)<br/>3. Mental Health Provider Rate (mental health providers per 100,000 population)</p> | <p>1. CDC – PLACES<br/>2. Centers for Disease Control and Prevention<br/>3. County Health Rankings<br/>1. 14.8% (Fayette County, 2018)<br/>2. 11.1 (Fayette County, 2017-2019)<br/>3. 413.7 (Fayette County, 2020)</p> |  |  |  |                               |                                    |



# Weight Status, Physical Activity & Nutrition

Overweight and obesity are linked to many chronic health conditions, including type 2 diabetes, heart disease, stroke, hypertension, and cancer.<sup>11</sup> In the U.S., nearly one-third (31.9%) of the adult population is obese, while another two-thirds (66.7%) are overweight or obese.<sup>12</sup> The rates are even higher in Kentucky, where 36% of adults are obese and 69% of adults are overweight or obese.<sup>13</sup>

Regular physical activity has been shown to reduce the risk of chronic disease, lower symptoms of depression and promote healthy sleep.<sup>14</sup> However, nearly one-quarter (22.4%) of U.S. adults and one-third (33%) of Kentucky adults do not engage in regular physical activity outside of their work.<sup>12,13</sup>

Proper nutrition is essential for health, yet only 12% of Kentucky residents eat the recommended serving of fruits and vegetables per day.<sup>13</sup> People who eat too many unhealthy foods are at increased risk for obesity, heart disease and type 2 diabetes.<sup>15</sup> Some people don't have access to healthy foods or can't afford to buy enough food. In Kentucky, 14.4% of the population experienced food insecurity within the past year, which is higher than the national rate of 10.9%.<sup>16</sup>

Efforts to improve weight status must not only focus on individual behaviors, but also on policy and environmental changes. Saint Joseph East is committed to addressing Weight Status, Physical Activity & Nutrition through the following system-wide and hospital-specific strategies:

## Weight Status, Physical Activity & Nutrition



**Goal:** Improve health and quality of life among community members by promoting healthy eating and regular physical activity

**System Strategy 1:** Advocate for initiatives that address the risk factors that lead to obesity and chronic disease in children

**Hospital Strategy 1:** Enhance health knowledge, promote healthy lifestyles and create social connections among community members by providing informal conversations with physicians through a walking program

<sup>11</sup> Christopher G, Harris CM, Spencer T, et al. (2010). F as in Fat: How Obesity Threatens American's Future 2010. Washington, DC: Trust for America's Health (TFAH). Retrieved from <https://www.tfah.org/report-details/f-as-in-fat-how-obesity-threatens-americas-future-2010/#>:

<sup>12</sup> Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2020

<sup>13</sup> Kentucky Health Facts, 2017-2019

<sup>14</sup> Centers for Disease Control and Prevention. Physical Activity Builds a Healthy and Strong America. Retrieved from <https://www.cdc.gov/physicalactivity/downloads/healthy-strong-america.pdf>.

<sup>15</sup> Healthy People 2030. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating>.

<sup>16</sup> Feeding America, 2019



# WEIGHT STATUS, PHYSICAL ACTIVITY & NUTRITION IN FAYETTE COUNTY

**31%**

Adults Who Are Obese \*1



**62%**

Adults Who Are  
Overweight or Obese  
\*1

**10%**

Adults With Diabetes \*1



**33.6%**

Adults With High  
Blood Pressure \*4

**33.4%**

Adults With High  
Cholesterol \*4



**25%**

Adults Who Are  
Sedentary \*1



**11%**

Adults Who Eat At Least  
Five Servings of Fruit and  
Vegetables Per Day \*1



Ranked as the 4th  
Most Pressing Health  
Issue \*5



**14%**

Children Living in Food  
Insecure Households \*2

**30.7%**

Survey Respondents Who  
Identified Weight Status as a Top  
Community Health Issue \*5

**45.9%**

Students Eligible for the  
Free Lunch Program \*3



- 1 – Kentucky Health Facts, 2017-2019
- 2 – Feeding America, 2019
- 3 – National Center for Education Statistics, 2019-2020
- 4 – CDC PLACES, 2017
- 5 – CHNA Community Survey, 2021



# Weight Status, Physical Activity & Nutrition

Goal: Improve health and quality of life among community members by promoting healthy eating and regular physical activity

|  <b>System Strategy 1: Advocate for initiatives that address the risk factors that lead to obesity and chronic disease in children</b>            |  |   |   |   |   |                             |
|--|--|---|---|---|---|-----------------------------|
| <b>Objective:</b> During each annual state legislative session (January through April 2023, 2024, 2025), advocate for passage of public policies that address the risk factors that lead to obesity and chronic disease in children. |  |   |   |   |   |                             |
| <b>Intended Population:</b> Children and families  |  |   |   |   |   |                             |
| <b>Resources:</b> Staff time: health system's advocacy department  |  |   |   |   |   |                             |
| <b>Collaboration Partners:</b> Boys & Girls Club, Foundation for a Healthy Kentucky, Kentucky Department for Public Health, Kentucky Department of Agriculture, pediatric clinics and providers, YMCA                                |  |   |   |   |   |                             |
| Programs/Activities  | Lead Person / Organization             | Process Measure Y1  | Process Measure Y2  | Process Measure Y3  | Data Source   | Baseline                    |
| <b>Activity 1:</b><br>With collaborative partners, research and identify specific legislation to advance, including gaps in current legislation  | Sherri Craig, Market VP, Public Policy | List of policy changes or legislation to be advanced            | List of policy changes or legislation to be advanced            | List of policy changes or legislation to be advanced            | Internal reports                                    | To be established in Year 1 |
| <b>Activity 2:</b><br>Identify opportunities for community support including identification of a subject champion  | Sherri Craig, Market VP, Public Policy | # of bill sponsors or co-sponsors; subject champion established | # of bill sponsors or co-sponsors; subject champion established | # of bill sponsors or co-sponsors; subject champion established | Letters of Support; Legislative Research Commission | To be established in Year 1 |

|  |  |  |  |  |  |                             |
|--|--|--|--|--|--|-----------------------------|
| <u>Activity 3:</u><br>Develop legislation in draft form  | Sherri Craig, Market VP, Public Policy | Legislation drafted; # of bills drafted  | Legislation drafted; # of bills drafted  | Legislation drafted; # of bills drafted  | Legislative Research Commission  | To be established in Year 1 |
| <u>Activity 4:</u><br>Conduct grassroots advocacy efforts and promote public awareness to advance passage of legislation   | Sherri Craig, Market VP, Public Policy | # of communications with lawmakers; # of advocacy alerts issued and acted upon; # of public awareness activities | # of communications with lawmakers; # of advocacy alerts issued and acted upon; # of public awareness activities | # of communications with lawmakers; # of advocacy alerts issued and acted upon; # of public awareness activities | Legislative Research Commission  | To be established in Year 1 |
| <u>Activity 5:</u><br>Conduct pre/post survey to gauge increased awareness among legislators (see anticipated short-term outcome below)  | Sherri Craig, Market VP, Public Policy | # of surveys completed; % of legislators completing survey   | # of surveys completed; % of legislators completing survey   | # of surveys completed; % of legislators completing survey   | Survey records   | To be established in Year 1 |
| <b>Anticipated Outcomes</b>  |  |  | <b>Data Source</b>   |  | <b>Baseline</b>  |                             |
| <u>Short-Term:</u> Increased awareness among legislators about local support for public policies that reduce the risk factors that lead to obesity and chronic disease in children   |  |  | Pre/post survey  |  | To be established in Year 1  |                             |
| <u>Medium-Term:</u> Enacted laws that aim to reduce the risk factors that lead to obesity and chronic disease  |  |  | Kentucky Revised Statutes  |  | To be established in Year 1  |                             |
| <u>Long-Term:</u><br>1. Adults who are Obese (% adults with BMI >= 30)<br>2. Adults who are Overweight or Obese (% adults with BMI >= 25)<br>3. Adult Fruit and Vegetable Consumption (% adults who eat 5+ servings/day)<br>4. Adults who are Sedentary (% adults participating in no physical activities outside job in past month) |  |  | 1. Kentucky Health Facts<br>2. Kentucky Health Facts<br>3. Kentucky Health Facts<br>4. Kentucky Health Facts     |  | 1. 31% (Fayette County, 2017-2019)<br>2. 62% (Fayette County, 2017-2019)<br>3. 11% (Fayette County, 2017-2019)<br>4. 25% (Fayette County, 2017-2019) |                             |



**Hospital Strategy 1: Enhance health knowledge, promote healthy lifestyles and create social connections among community members by providing informal conversations with physicians through a walking program**

**Objective:** Host two walking events per year (two events in 2023, two events in 2024 and two events in 2025) By June 2025, recruit at least 100 community members to participate in one or more walking programs

**Intended Population:** Youth, adults, families, entire community

**Resources:** Staff time: physicians, dietitians, physical therapy, other staff willing to volunteer their time at event; Materials: printed educational materials, promotional materials, booths; Screening tools: survey; Physical space to host walk

**Collaboration Partners:** Farmers Market, Lexington-Fayette County Health Department, Lexington Parks & Recreation, Vendors, YMCA

| Programs/Activities   | Lead Person / Organization             | Process Measure Y1   | Process Measure Y2   | Process Measure Y3   | Data Source                              | Baseline                    |
|---|--|--|--|--|--|-----------------------------|
| <b>Activity 1:</b><br>Identify and establish providers to participate in event  | Sherri Craig, Market VP, Public Policy | # of providers   | # of providers   | # of providers   | Internal records                         | To be established in Year 1 |
| <b>Activity 2:</b><br>Promote event: develop marketing materials and launch marketing campaign (develop and distribute flyers, promote on social media, etc.)               | Marketing                              | # of educational brochures developed, # of flyers, # of social media posts, engagement with social media | # of educational brochures developed, # of flyers, # of social media posts, engagement with social media | # of educational brochures developed, # of flyers, # of social media posts, engagement with social media | Marketing collateral; social media pages | To be established in Year 1 |
| <b>Activity 3:</b><br>Host event: conduct walk and discussion, disseminate educational brochures, etc.  | Sherri Craig, Market VP, Public Policy | # of events; # of brochures disseminated (target: 2 walks/year)  | # of events; # of brochures disseminated (target: 2 walks/year)  | # of events; # of brochures disseminated (target: 2 walks/year)  | Internal records                         | To be established in Year 1 |
| <b>Activity 4:</b><br>Conduct pre/post survey to gauge increased awareness and lifestyle choices among program participants (see short-term and medium-term outcomes below) | Sherri Craig, Market VP, Public Policy | # of surveys completed; % of program participants completing survey                                      | # of surveys completed; % of program participants completing survey                                      | # of surveys completed; % of program participants completing survey                                      | Survey records                           | To be established in Year 1 |

**Anticipated Outcomes**

**Data Source**

**Baseline**

**Short-Term:** Program participants have increased awareness about healthy eating and physical activity and feel empowered to advocate for their health care

Pre/post survey

To be established in Year 1

|   |  |  |
|---|--|--|
| <p><u>Medium-Term:</u> Program participants make healthier eating choices, increase their levels of physical activity and are more likely to access health care services</p>  | <p>TBD – explore feasibility of measuring this outcome</p>   |  |
| <p><u>Long-Term:</u></p> <ol style="list-style-type: none"> <li>1. High Cholesterol Prevalence: Adults 18+ (% adults who have been told they have high blood cholesterol within past 5 years)</li> <li>2. High Blood Pressure Prevalence (% adults that have been told they have high blood pressure)</li> <li>3. Adults who are Obese (% adults with BMI &gt;= 30)</li> <li>4. Adults who are Overweight or Obese (% adults with BMI &gt;= 25)</li> <li>5. Adult Fruit and Vegetable Consumption (% adults who eat 5+ servings/day)</li> <li>6. Adults who are Sedentary (% adults participating in no physical activities outside job in past month)</li> <li>7. Adults with Diabetes (% of adults who have ever been diagnosed with diabetes)</li> </ol> | <ol style="list-style-type: none"> <li>1. CDC – PLACES</li> <li>2. CDC – PLACES</li> <li>3. Kentucky Health Facts</li> <li>4. Kentucky Health Facts</li> <li>5. Kentucky Health Facts</li> <li>6. Kentucky Health Facts</li> <li>7. Kentucky Health Facts</li> </ol> | <ol style="list-style-type: none"> <li>1. 33.4% (Fayette County, 2017)</li> <li>2. 33.6% (Fayette County, 2017)</li> <li>3. 31% (Fayette County, 2017-2019)</li> <li>4. 62% (Fayette County, 2017-2019)</li> <li>5. 11% (Fayette County, 2017-2019)</li> <li>6. 25% (Fayette County, 2017-2019)</li> <li>7. 10% (Fayette County, 2017-2019)</li> </ol> |

# Conclusion

This implementation strategy for Saint Joseph East meets the federal requirement for charitable hospital organizations to develop a three-year written plan describing how the hospital facility plans to address the significant health needs identified in the most recent CHNA [IRS Section 501(r) (3)]. CHI Saint Joseph Health and Saint Joseph East partnered with Conduent Healthy Communities Institute to develop this 2023-2025 Implementation Strategy.

A series of virtual meetings and workshops were conducted to identify the goals, objectives and strategies documented in this plan. An overarching, system-wide goal was developed for each health need, ensuring alignment and consistency across the health system, while also allowing Saint Joseph East to pursue its own local strategies and initiatives.

The goals, objectives and strategies outlined in this report will guide CHI Saint Joseph Health and Saint Joseph East in their collaborative efforts to address each of the three prioritized health needs. Periodic evaluation of process and outcome measures will be conducted to ensure that strategies are on track to be completed as described.

Please use this online form to send any comments or feedback about this report: <https://www.chisaintjosephhealth.org/healthy-community-chna-feedback>. Feedback received will be incorporated into the next assessment and implementation strategy development process.

# Adoption/Approval

CHI Saint Joseph Health's Board of Directors includes representation across the state and supports the work that each facility undertakes to improve the health of their community. The Board of Directors approves Saint Joseph East's 2023-2025 Implementation Strategy that has been developed to address the priorities of the most recent Community Health Needs Assessment.

Mary-Alicha Weldon

9-7-22

Mary-Alicha Weldon

Date

Chair, CHI Saint Joseph Health Board of Directors

A. Houston

6 SEP 2022

Anthony Houston, Ed.D., FACHE

Date

Market CEO, CHI Saint Joseph Health

2008/09/01

John A. Smith