CHI Saint Joseph Health
Saint Joseph Mount Sterling

Implementation Strategy

FY 2023-2025

Table of Contents

At-a-Glance Summary 3

Introduction 4

Our Hospital and the Community Served 7

Findings from the 2023-2025 CHNA 10

2023-2025 Implementation Strategy 13

- Substance Use Disorders 18
- Mental Health & Mental Disorders 26
- Weight Status, Physical Activity & Nutrition 32

Conclusion 39

Adoption/Approval 40

At-a-Glance IMPLEMENTATION STRATEGY

Saint Joseph Mount Sterling

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 and increase patient access to substance use and other community resources by developing and disseminating a resource list

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:** Support local groups that have a mission to promote mental wellbeing and collaborate to develop and disseminate a list of mental health and other community resources

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:** Educate community members on the risk factors for obesity and chronic diseases and provide screening at local events

Introduction

Saint Joseph Mount Sterling 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 Mount Sterling 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

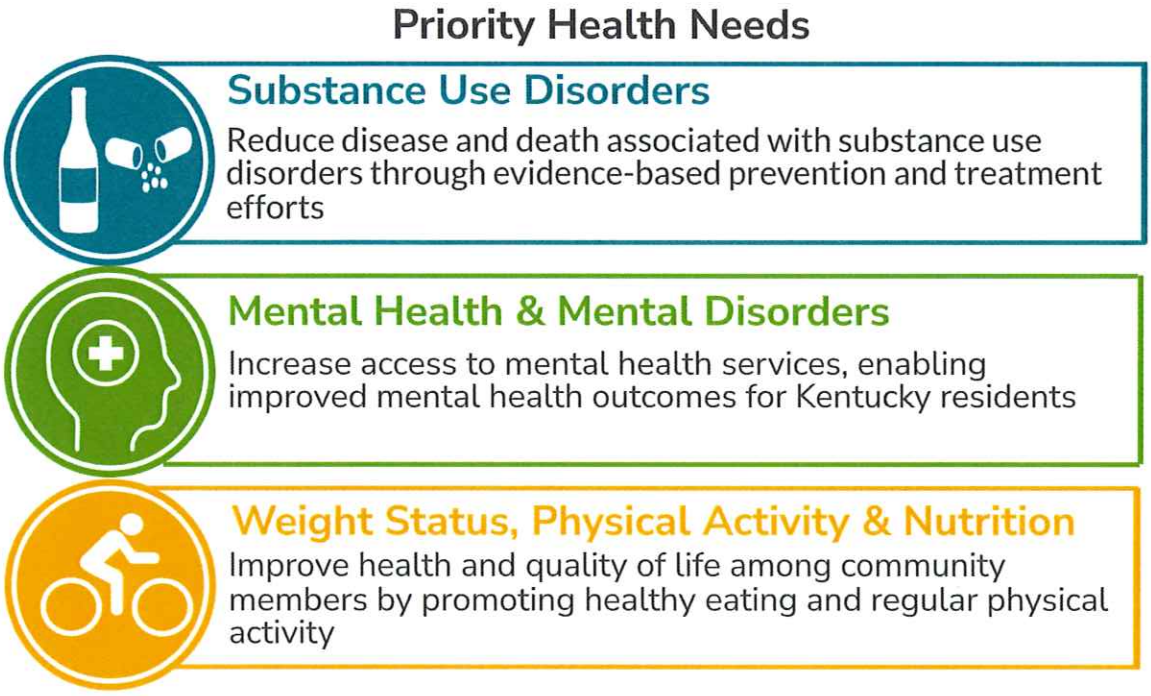
The action plans contained within this report build on the progress and ever-changing healthcare needs of the community served by Saint Joseph Mount Sterling. A detailed impact report outlining the status of the prior implementation plan (fiscal years 2020-2022) is provided in Appendix G to the 2023-2025 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 Mount Sterling'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 Mount Sterling 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 Mount Sterling to pursue its own local strategies and initiatives. These plans will guide Saint Joseph Mount Sterling's health improvement efforts over the next three years.



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 Mount Sterling 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 Mount Sterling'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 Mount Sterling. 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

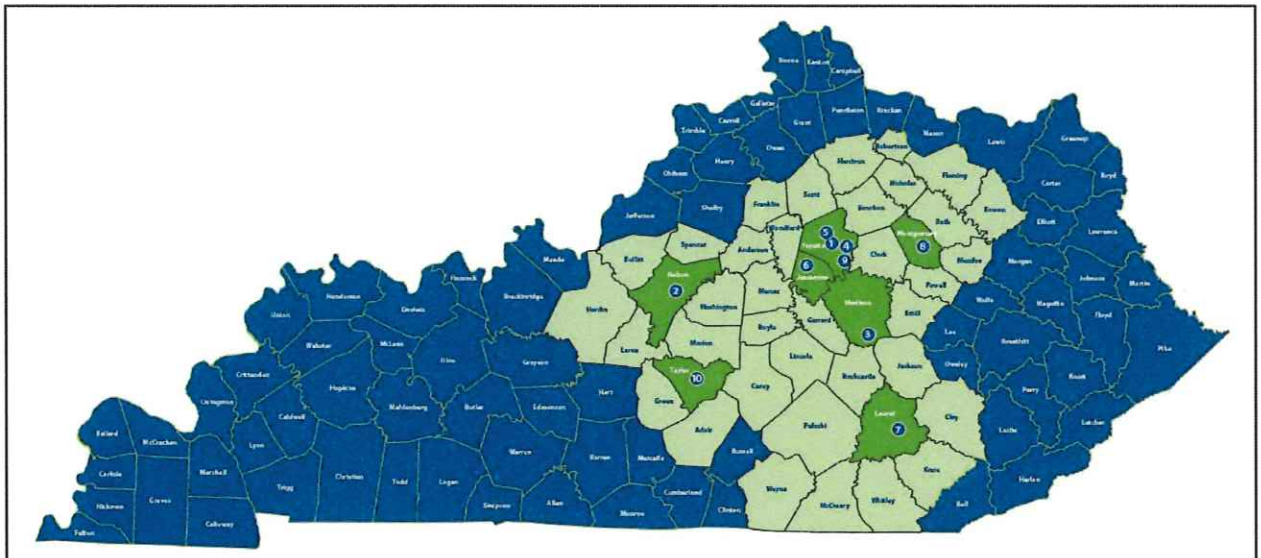
CHI Saint Joseph Health

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



CHI Saint Joseph Health | Our Facilities

1. Continuing Care Hospital
2. Flaget Memorial Hospital
3. Saint Joseph Berea
4. Saint Joseph East
5. Saint Joseph Hospital
6. Saint Joseph Jessamine
7. Saint Joseph London
8. Saint Joseph Mount Sterling
9. Women's Hospital at Saint Joseph East

Affiliate

10. Taylor Regional Hospital

Our Service Area

Adair	Clay	Harrison	Marion	Pulaski	Wayne
Anderson	Estill	Jessamine	McCreary	Robertson	Whitley
Bath	Fayette	Jackson	Menifee	Rockcastle	Woodford
Bourbon	Franklin	Knox	Mercer	Rowan	
Boyle	Fleming	Larue	Montgomery	Scott	
Bullitt	Garrard	Laurel	Nelson	Spencer	
Casey	Green	Lincoln	Nicholas	Taylor	
Clark	Hardin	Madison	Powell	Washington	

Saint Joseph Mount Sterling

Saint Joseph Mount Sterling (SJMS), part of CHI Saint Joseph Health, is a 42-bed hospital located just off Interstate 64 in Mount Sterling, Kentucky. The hospital has the latest technology, including MRI services and digital mammography, all-private rooms, 14 private emergency treatment rooms, four operating rooms, an Intensive Care Unit, a Birthing Center, Infusion Center, cardiovascular services, and a faith-based healing environment. From its founding in 1921, the hospital has been committed to its goal of serving the people of Montgomery, Bath, Menifee, and Powell counties.

Our Mission

Saint Joseph Mount Sterling'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."

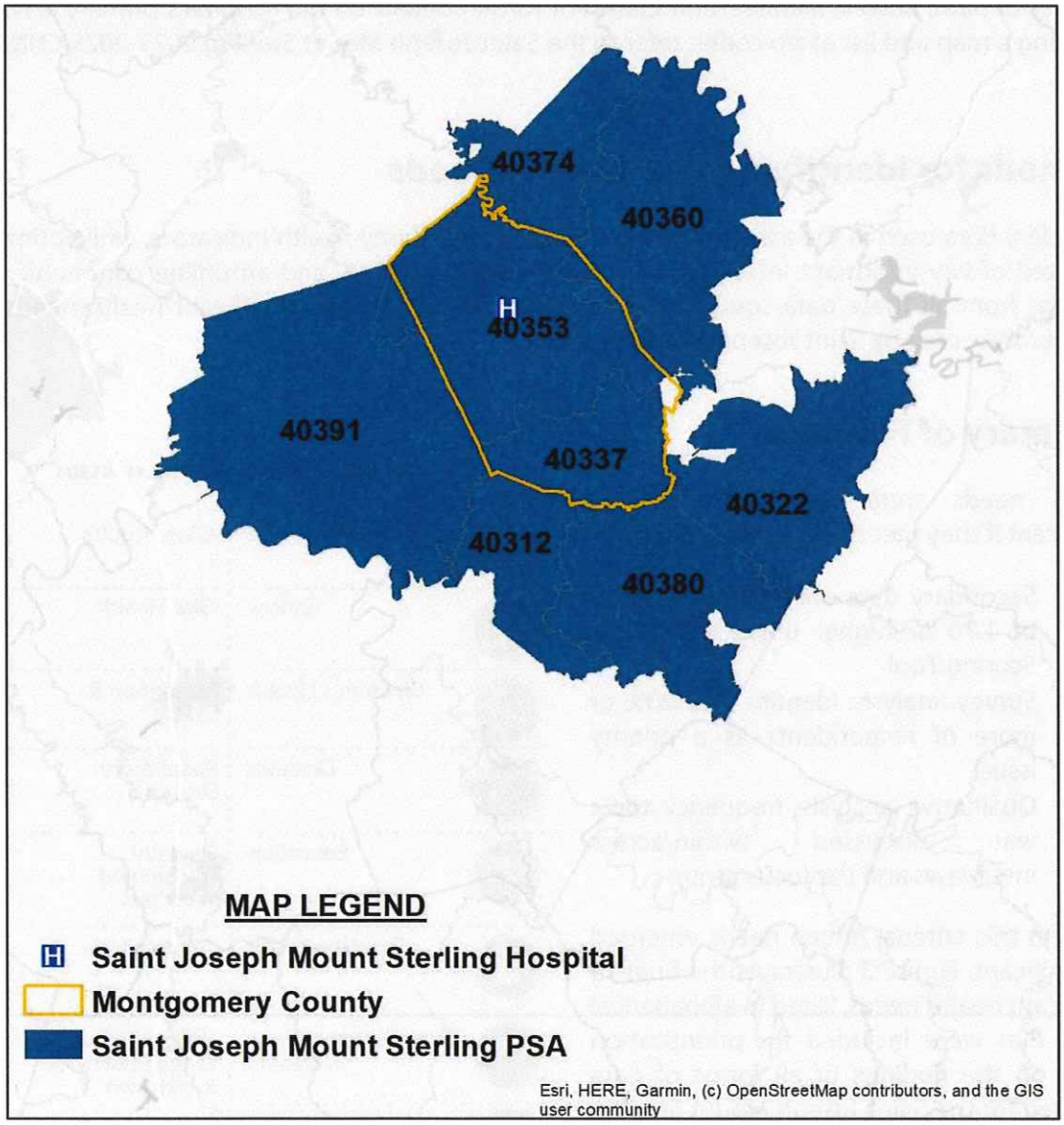
Financial Assistance for Medically Necessary Care

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 Mount Sterling 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 Mount Sterling

The community served by Saint Joseph Mount Sterling is located 35 miles east of Lexington, Kentucky. The geographical boundary of the hospital's primary service area is defined by eight zip codes and includes Montgomery County as well as the neighboring counties of Bath, Powell, Menifee, and Clark. The primary service area is home to an estimated 88,782 residents. The eight zip codes that define the Saint Joseph Mount Sterling Primary Service Area (PSA) are colored in blue in the map below (Figure 2). All eight zip codes in the hospital's primary service area have been designated rural, according to the Federal Office of Rural Health Policy. This designation is important for government functions related to policymaking, regulation, and program administration.[1] 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 MOUNT STERLING PRIMARY SERVICE AREA



[1] Rural Health Information Hub https://www.ruralhealthinfo.org/

Findings from the 2023-2025 CHNA

Saint Joseph Mount Sterling 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 Mount Sterling, 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 eight zip codes and includes Montgomery County as well as the neighboring counties of Bath, Powell, Menifee, and Clark. For further details on the hospital's primary service area, including a map and list of zip codes, refer to the Saint Joseph Mount Sterling 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, a focus group discussion, 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 Mount Sterling.

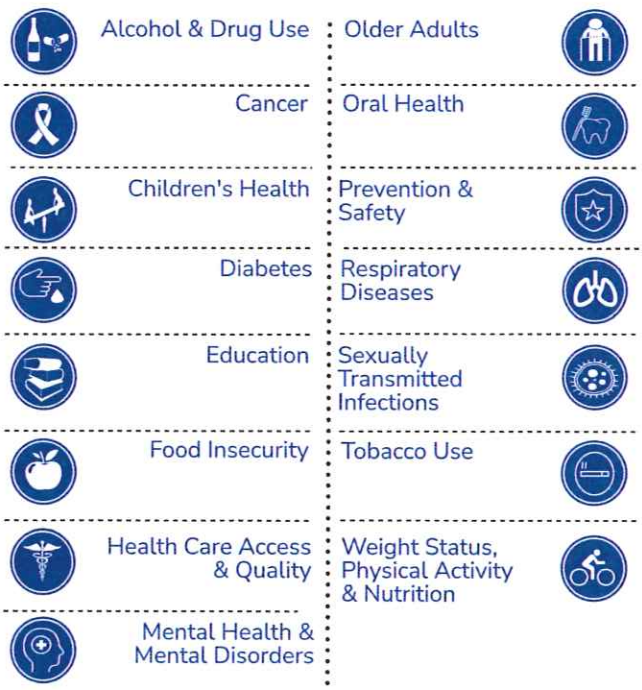
Summary of Findings

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

- Secondary data analysis: topic score of 1.70 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 the focus group

Through this criteria, fifteen needs emerged as significant. Figure 3 illustrates the final 15 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 Mount Sterling 2023-2025 CHNA.

FIGURE 3. SIGNIFICANT HEALTH NEEDS



Prioritization

Saint Joseph Mount Sterling convened a group of community leaders to participate in a presentation of data on the 15 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. **Alcohol & Drug Use** (2.56)
2. **Mental Health & Mental Disorders** (2.56)
3. **Children's Health** (2.50)
4. **Health Care Access & Quality** (2.50)
5. **Cancer** (2.17)
6. **Diabetes** (2.17)
7. **Food Insecurity** (2.17)
8. **Older Adults** (2.17)
9. **Respiratory Diseases** (2.11)
10. **Weight Status, Physical Activity & Nutrition** (2.11)
11. **Prevention & Safety** (2.06)
12. **Tobacco Use** (2.00)
13. **Education** (1.94)
14. **Oral Health** (1.94)
15. **Sexually Transmitted Infections** (1.94)

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: Cancer, Children's Health, Diabetes, Education, Food Insecurity, Health Care Access & Quality, Older Adults, Oral Health, Prevention & Safety, Respiratory Diseases 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 Mount Sterling remains committed to supporting positive advancements in addressing chronic diseases including cancer and diabetes through the identified focus area of Weight Status, Physical Activity & Nutrition. Additionally, many of these health needs are addressed within ongoing programs and services at both the hospital and the larger community. Saint Joseph Mount Sterling 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 Mount Sterling 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 Mount Sterling 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 Mount Sterling 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 Mount Sterling 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

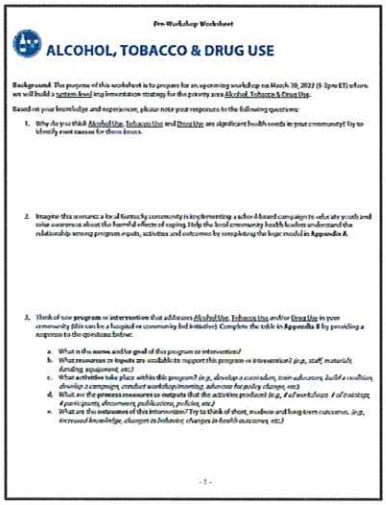
Following these initial planning meetings, Conduent HCI hosted a series of virtual meetings and workshops as shown in Figure 5.

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


Pre-Workshop Worksheet

ALCOHOL, TOBACCO & DRUG USE

Background: The purpose of this worksheet is to prepare for an upcoming workshop on March 30, 2022 (5-3pm ET) where we will build a system-level implementation strategy for the priority area Alcohol, Tobacco & Drug Use.

Based on your knowledge and experience, please note your responses to the following questions:

1. Why do you think Alcohol Use, Tobacco Use and Drug Use are significant health needs in your community? Try to identify root causes for these issues.

2. Imagine this scenario: a local Kentucky community is implementing a school-based campaign to educate youth and raise awareness about the harmful effects of vaping. Help the local community health leaders understand the relationship among program inputs, activities and outcomes by completing the logic model in Appendix A.

3. Think of new program or intervention that addresses Alcohol Use, Tobacco Use and/or Drug Use in your community (this can be a hospital or community-led initiative). Complete the table in Appendix B by providing a response to the questions below:

   a. What is the name and/or goal of this program or intervention?
   b. What resources or inputs are available to support this program or intervention? (e.g., staff, materials, funding, equipment, etc.)
   c. What activities take place within this program? (e.g., develop a curriculum, train educators, build a coalition, develop a campaign, conduct workshop/meeting, advocate for policy change, etc.)
   d. What are the process measures or outputs that the activities produce? (e.g., # of workshops, # of trainings, # participants, documents, publications, policies, etc.)
   e. What are the outcomes of this intervention? Try to think of short, medium and long-term outcomes. (e.g., increased knowledge, changes in behavior, changes in health outcomes, etc.)

- 1 -

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.

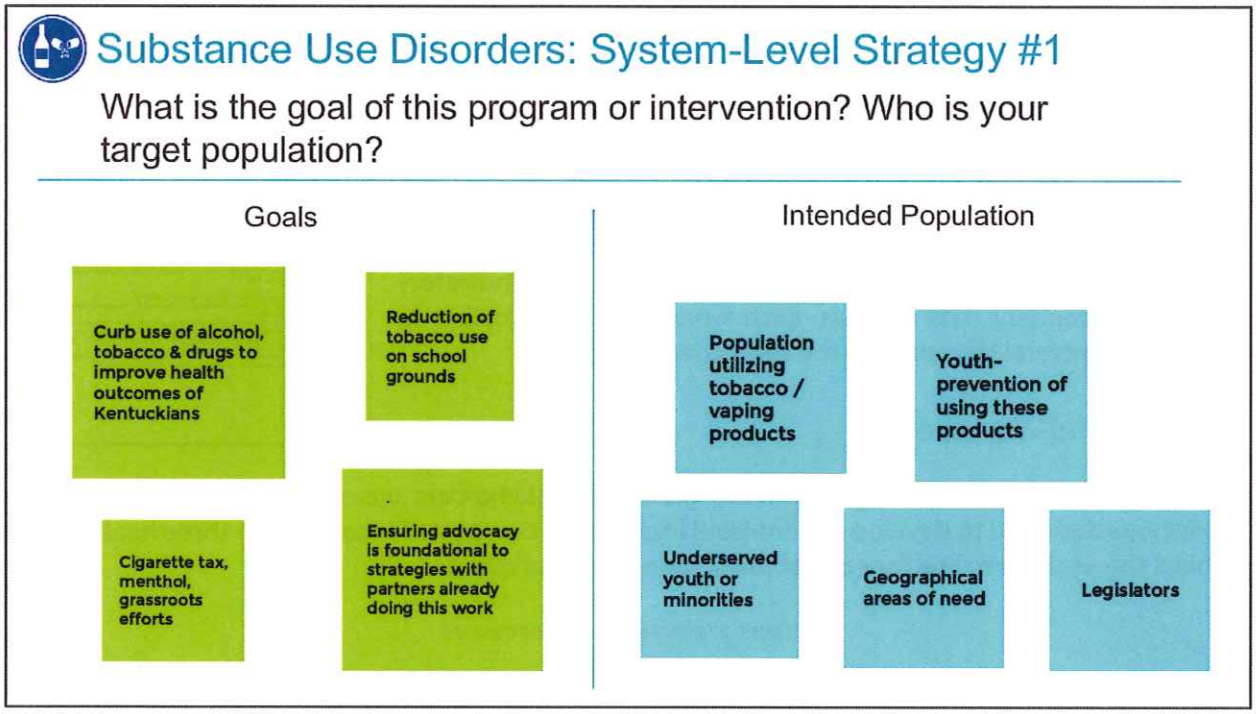
TABLE 2. SYSTEM-LEVEL WORKSHOPS

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 Mount Sterling on April 20, 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 Mount Sterling 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.[2] 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.[3] In Kentucky, 15% of the adult population reports binge drinking, which is similar to the national rate of 15.7%.[4,5] 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.[6]

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.[7] Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.[7] On average, smokers die 10 years earlier than nonsmokers.[7] In Kentucky, 24% of adults smoke, which is higher than the national rate of 15.5%.[4,5]

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 Mount Sterling 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 and increase patient access to substance use and other community resources by developing and disseminating a resource list

[2] 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/

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

[4] Kentucky Health Facts, 2017-2019

[5] Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2020

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

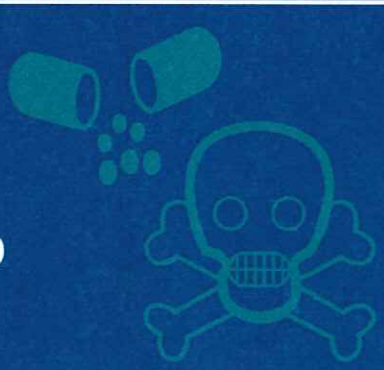
[7] Centers for Disease Control and Prevention. Smoking & Tobacco Use. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm#toll

SUBSTANCE USE DISORDERS IN MONTGOMERY COUNTY

10%
Adults who Binge Drink *1

15.2%
Alcohol-Impaired Driving Deaths *2

43.9
Drug Poisoning Deaths per 100,000 population *4



1808
Drug Arrests per 100,000 population *5

65%
Survey Respondents Who Identified Alcohol & Drug Use as a Top Community Health Issue *6

31%
Adults Who Smoke *1

20.9%
Mothers Who Smoked During Pregnancy *3

Ranked as the 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

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

Objective: 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.

Intended Population: legislators, persons who use tobacco or vaping products

Resources: Staff time: health system's advocacy department, hospital staff (for public speaking events); financial contribution through hospital's Community Benefit funds

Collaboration Partners: 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
Activity 1: 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
Activity 2: 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

Activity 3: 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
Activity 4: 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
Activity 5: 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

Anticipated Outcomes	Data Source	Baseline
Short-Term: 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
Medium-Term: Enacted laws that aim to reduce the use of tobacco products	Kentucky Revised Statutes	To be established in Year 1
Long-Term: 1. Adults who Smoke (% of adults who smoke cigarettes) 2. Age-Adjusted Death Rate due to Lung Cancer (deaths per 100,000 population due to lung cancer) 3. Lung and Bronchus Cancer Incidence Rate (cases per 100,000 population of lung and bronchus cancer) 4. Oral Cavity and Pharynx Cancer Incidence Rate (cases per 100,000 population of oral cavity and pharynx cancer)	1. Kentucky Health Facts 2. Kentucky Cancer Registry 3. National Cancer Institute 4. National Cancer Institute	1. 31% (Montgomery County, 2017-2019) 2. 109.1 (Montgomery County, 2018) 3. 111.2 (Montgomery County, 2013-2017) 4. 15.3 (Montgomery 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
Activity 1: Complete pilot at Saint Joseph Hospital; collect pilot data to assess success (patient adherence, readmission rates) and assess expansion market-wide	Haley Busch, Clinical Pharmacist Specialist – Opioid 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
Activity 2: Develop and distribute educational materials to staff to increase awareness	Haley Busch, Clinical Pharmacist Specialist – Opioid Stewardship	Educational materials developed	# materials distributed	# materials distributed	Educational materials distribution list	To be established in Year 1
Activity 3: Provide staff training in-person	Haley Busch, Clinical Pharmacist Specialist – Opioid 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
Activity 4: Develop patient education and screening tools	Haley Busch, Clinical Pharmacist Specialist – Opioid Stewardship	Screening tool developed	N/A	N/A		To be established in Year 1
Activity 5: Expand to other facilities (pending success of SJH pilot)	Haley Busch, Clinical Pharmacist Specialist – Opioid Stewardship	Planning year	Planning year	Expansion to 1 additional facility		Not currently being implemented

						in other facilities
Activity 6: Expand to community partners (pending success of SJH pilot)	Haley Busch, Clinical Pharmacist Specialist – Opioid Stewardship	Planning year	Planning year	Expansion to 1 community partner		Not currently collaborating with partners
Activity 7: Conduct pre/post survey to gauge increased knowledge and awareness among staff (see anticipated short-term outcome below)	Haley Busch, Clinical Pharmacist Specialist – Opioid Stewardship	# 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	Data Source	Baseline
Short-Term: Staff have increased knowledge and awareness of how to offer and provide evidence-based treatment for opioid use disorder	Pre/post survey	To be established in Year 1
Medium-Term: 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)	Urine/drug screenings	To be established in Year 1
Long-Term: 1. Readmission Rate due to Opioid Use Disorder 2. Death Rate due to Opioid Use Disorder 3. Death Rate due to Drug Poisoning (deaths per 100,000 population due to drug poisoning) 4. Drug Arrest Rate (drug arrests per 100,000 population)	1. Hospital Records 2. Hospital Records 3. County Health Rankings 4. Kentucky Health Facts	1. To be established in Year 1 2. To be established in Year 1 3. 43.9 (Montgomery County, 2017-2019) 4. 1808 (Montgomery County, 2019)

Hospital Strategy 1: Support local groups and events that have a mission to prevent and/or treat substance use disorders and increase patient access to substance use and other community resources by developing and disseminating a resource list

Objective: Support and/or participate in two community events 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
By June 2025, increase the dissemination of substance use resources from providers to patients at risk of developing a substance use disorder by 10%

Intended Population: Youth, adults, hospital patient population, people experiencing substance use disorder, people who are at increased risk of developing a substance use disorder

Resources: Staff time: community health worker, staff willing to volunteer their time supporting local groups and events; Materials: promotional materials, printed brochure or handout, print shop; Space to host meetings and support groups

Collaboration Partners: Alcoholics Anonymous, Montgomery County Health Department, Narcotics Anonymous, Patient & Family Advisory Council, Recovery Wagon, Sterling Health Care, UofL Health – Peace Hospital, city/council leadership (including Mayor Al Botts), community mental health center, local schools

Programs/Activities	Lead Person / Organization	Process Measure Y1	Process Measure Y2	Process Measure Y3	Data Source	Baseline
Activity 1: Identify and establish partnerships with local organizations that have a mission to prevent and/or treat substance use	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	# of partners (target: outreach to 5; establish partnership with 1)	# of partners (target: outreach to 5; establish partnership with 1)	# of partners (target: outreach to 5; establish partnership with 1)	Internal records	To be established in Year 1
Activity 2: Support and participate in community events that aim to prevent substance use or support persons affected by substance use disorder	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	# of community events supported by hospital* (target: 2 events)	# of community events supported by hospital* (target: 2 events)	# of community events supported by hospital* (target: 2 events)	Event planning notes; Internal reports	To be established in Year 1
Activity 3: In collaboration with partner organizations, develop a list or brochure of substance use and other community resources	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	# resources identified; brochure of resources	# resources identified; brochure of resources	# resources identified; brochure of resources	Resource brochure	To be established in Year 1
Activity 4: Educate and build awareness among hospital staff (care managers, ED staff) on	Executive Team: Jennifer Nolan, Dan Ritchie, CNO	# of communications; # of trainings; # of staff educated; % of staff educated	# of communications; # of trainings; # of staff educated; % of staff educated	# of communications; # of trainings; # of staff educated; % of staff educated	Email records; meeting agendas	To be established in Year 1

availability of local substance use and other community services/resources	and Sister Janet Carr					
Activity 5: Conduct pre/post survey to gauge increased knowledge among hospital staff (see anticipated short-term outcome below)	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	# 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	Data Source	Baseline
Short-Term: Hospital staff have increased knowledge/awareness of substance use and other services/resources available in the community	Pre/post survey	To be established in Year 1
Medium-Term: 1. Increased dissemination of substance use and other community resources from providers to patients 2. Increased enrollment/utilization of substance use and other community services/resources by patients	1. Literature in patient discharge folder 2. Data currently not available; explore feasibility of tracking and measuring this outcome	1. To be established in Year 1 2. Data currently not available; explore feasibility of tracking and establishing a baseline
Long-Term: 1. Improved patient experience score 2. Improved employee engagement score 3. Decrease in overdose transfers 4. Death Rate due to Drug Poisoning (deaths per 100,000 population due to drug poisoning) 5. Drug Arrest Rate (drug arrests per 100,000 population) 6. 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) 7. Alcohol-Impaired Driving Deaths (% of motor vehicle crash deaths that involve alcohol) 8. Mothers who Smoked During Pregnancy (% of mothers who smoked or used tobacco during pregnancy) 9. Adults who Smoke (% of adults who currently smoke cigarettes)	1. Patient Satisfaction Survey 2. Employee Engagement Survey 3. Hospital records 4. County Health Rankings 5. Kentucky Health Facts 6. Kentucky Health Facts 7. County Health Rankings 8. Annie E. Casey Foundation 9. Kentucky Health Facts	1. To be established in Year 1 2. To be established in Year 1 3. To be established in Year 1 4. 43.9 (Montgomery County, 2017-2019) 5. 1807.7 (Montgomery County, 2019) 6. 10% (Montgomery County, 2017-2019) 7. 15.2% (Montgomery County, 2015-2019) 8. 20.9% (Montgomery County, 2016-2018) 9. 31% (Montgomery County, 2017-2019)

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.[8]

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).[9]

Many mental health disorders can be treated and managed, but estimates suggest that only half of the people with mental illnesses receive treatment.[10] Increasing screening for mental disorders can help people get the treatment they need. Saint Joseph Mount Sterling 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:	Support local groups that have a mission to promote mental wellbeing and collaborate to develop and disseminate a list of mental health and other community resources

[8] Centers for Disease Control and Prevention. Mental Health. Retrieved from: https://www.cdc.gov/mentalhealth/learn/index.htm
[9] Centers for Disease Control and Prevention, measurement period 2017-2019
[10] National Institute of Mental Health. Retrieved from: https://www.nimh.nih.gov/health/statistics

MENTAL HEALTH & MENTAL DISORDERS IN MONTGOMERY COUNTY

18.2%
Adults with poor mental health (14+ days in past month) *1

22.8%
Medicare beneficiaries treated for depression *2

25
Alzheimer's disease deaths per 100,000 population *3

412
Mental health providers per 100,000 population *4

43.5%
Adults with insufficient sleep *5

33.3%
Survey respondents who identified Mental Health & Mental Disorders as a top community health issue *6

Ranked as the 3rd 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

Objective: 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

Intended Population: Lawmakers, government administrators, advocacy partners including civic organizations, business leaders, hospital association, nurses association, coalitions in support of public policy change

Resources: Staff time: health system's advocacy department

Collaboration Partners: Advocacy partners including civic organizations, business leaders, chamber of commerce, hospital association, nursing association, coalitions in support of public policy change, other healthcare providers

Programs/Activities	Lead Person / Organization	Process Measure Y1	Process Measure Y2	Process Measure Y3	Data Source	Baseline
Activity 1: 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
Activity 2: 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 or Sponsorship	To be established in Year 1

Activity 3: 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
Activity 4: 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
Activity 5: Conduct pre/post survey to gauge increased awareness among elected officials (see anticipated short-term outcome below)	Sherri Craig, Market VP, 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

Anticipated Outcomes	Data Source	Baseline
Short-Term: Heightened awareness of mental health issues (and related legislation) among elected officials	Pre/post survey	To be established in Year 1
Medium-Term: Passage of "mental health" legislative package	Kentucky Revised Statutes	To be established in Year 1
Long-Term: 1. Poor Mental Health: 14+ Days (% of adults whose mental health was not good 14 or more days in the past month) 2. Mental Health Provider Rate (mental health providers per 100,000 population)	1. CDC – PLACES 2. County Health Rankings	1. 18.2% (Montgomery County, 2018) 2. 412 (Montgomery County, 2020)

Hospital Strategy 1: Support local groups that have a mission to promote mental wellbeing and collaborate to develop and disseminate a list of mental health and other community resources

Objective: Support and/or participate in two community events per year (two events in 2023, two events in 2024 and two events in 2025) that aim to promote mental wellbeing
By June 2025, increase the dissemination of mental health and other community resources from providers to patients by 10%

Intended Population: Entire community, hospital patient population, people with a mental illness or pre-existing mental health disorder, people who are at increased risk of developing a mental illness

Resources: Staff time: case managers, social workers, community health worker, ED staff, staff willing to volunteer their time supporting local groups and events; Materials: promotional materials, printed brochure or handout, print shop; Space to host meetings and support groups

Collaboration Partners: Cleveland Clinic, Kentucky Cabinet for Health and Family Services, Montgomery County Health Department, St. Claire HealthCare, The Ridge Behavioral Health System, UofL Health – Peace Hospital, community mental health center, independent providers, local schools

Programs/Activities	Lead Person / Organization	Process Measure Y1	Process Measure Y2	Process Measure Y3	Data Source	Baseline
Activity 1: Identify and establish partnerships with local organizations that have a mission to promote mental wellbeing	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	# of partners (target: outreach to 5; establish partnership with 1)	# of partners (target: outreach to 5; establish partnership with 1)	# of partners (target: outreach to 5; establish partnership with 1)	Internal records	To be established in Year 1
Activity 2: Support and participate in community events that aim to promote mental wellbeing (e.g., Out of Darkness walk, suicide trainings in schools, etc.)	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	# of community events supported by hospital*; # of participants (target: 2 events)	# of community events supported by hospital*; # of participants (target: 2 events)	# of community events supported by hospital*; # of participants (target: 2 events)	Event planning notes; Internal reports	To be established in Year 1
Activity 3: In collaboration with partner organizations, develop a list or brochure of mental health and other community resources	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	# resources identified; brochure of resources	# resources identified; brochure of resources	# resources identified; brochure of resources	Resource brochure	To be established in Year 1
Activity 4: Educate and build awareness among hospital staff (care managers, ED staff) and teachers/school staff on	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	# of communications; # of trainings; # of staff educated; % of staff educated	# of communications; # of trainings; # of staff educated; % of staff educated	# of communications; # of trainings; # of staff educated; % of staff educated	Email records; meeting agendas	To be established in Year 1

availability of local mental health and other community services/resources (via email, shared drive, flyers, knowledge sharing meetings, webinars, etc.)						
Activity 5: Conduct pre/post survey to gauge increased awareness among hospital staff and teachers/school staff (see short-term outcome below)	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	# 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	Data Source	Baseline
Short-Term: Hospital staff and teachers/school staff have increased awareness of mental health and other community resources	Pre/post survey	To be established in Year 1
Medium-Term: 1. Increased dissemination of mental health and other community resources from providers to patients 2. Increased enrollment/utilization of mental health and other community services/resources by patients	1. Literature in patient discharge folder 2. Data currently not available; explore feasibility of tracking and measuring this outcome	1. To be established in Year 1 2. Data currently not available; explore feasibility of tracking and establishing a baseline
Long-Term: 1. Improved patient experience score 2. Improved employee engagement score 3. Decrease in behavioral health transfers 4. Poor Mental Health: 14+ Days (% of adults whose mental health was not good 14 or more days in the past month) 5. Depression: Medicare Population (% of Medicare beneficiaries who were treated for depression) 6. Mental Health Provider Rate (mental health providers per 100,000 population)	1. Patient Satisfaction Survey 2. Employee Engagement Survey 3. Hospital records 4. CDC – PLACES 5. Centers for Medicare & Medicaid Services 6. County Health Rankings	1. To be established in Year 1 2. To be established in Year 1 3. To be established in Year 1 4. 18.2% (Montgomery County, 2018) 5. 22.8% (Montgomery County, 2018) 6. 412 (Montgomery County, 2020)

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

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.[11] 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.[12] The rates are even higher in Kentucky, where 36% of adults are obese and 69% of adults are overweight or obese.[13]

Regular physical activity has been shown to reduce the risk of chronic disease, lower symptoms of depression and promote healthy sleep.[14] 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.[12,13]

Proper nutrition is essential for health, yet only 12% of Kentucky residents eat the recommended serving of fruits and vegetables per day.[13] People who eat too many unhealthy foods are at increased risk for obesity, heart disease and type 2 diabetes.[15] 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%.[16]

Efforts to improve weight status must not only focus on individual behaviors, but also on policy and environmental changes. Saint Joseph Mount Sterling 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:	Educate community members on the risk factors for obesity and chronic diseases and provide screening at local events

[11] 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/#:

[12] Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2020

[13] Kentucky Health Facts, 2017-2019

[14] 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.

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

[16] Feeding America, 2019

WEIGHT STATUS, PHYSICAL ACTIVITY & NUTRITION IN MONTGOMERY COUNTY

34%
Adults Who Are Obese *1

69%
Adults Who Are Overweight or Obese *1

15%
Adults With Diabetes *1

41.3%
Adults With High Blood Pressure *4

38.7%
Adults With High Cholesterol *4

LDL

36%
Adults Who Are Sedentary *1

6%
Adults Who Eat At Least Five Servings of Fruit and Vegetables Per Day *1

2

Ranked as the 2nd Most Pressing Health Issue *5

20%
Children Living in Food Insecure Households *2

36.8%
Survey Respondents Who Identified Weight Status as a Top Community Health Issue *5

52.1%
Students Eligible for the Free Lunch Program *3

FREE

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

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

Objective: 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.

Intended Population: Children and families

Resources: Staff time: health system's advocacy department

Collaboration Partners: 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
Activity 1: 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
Activity 2: 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

Activity 3: 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
Activity 4: 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
Activity 5: 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

Anticipated Outcomes	Data Source	Baseline
Short-Term: 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
Medium-Term: 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
Long-Term: 1. Adults who are Obese (% adults with BMI >= 30) 2. Adults who are Overweight or Obese (% adults with BMI >= 25) 3. Adult Fruit and Vegetable Consumption (% adults who eat 5+ servings/day) 4. Adults who are Sedentary (% adults participating in no physical activities outside job in past month)	1. Kentucky Health Facts 2. Kentucky Health Facts 3. Kentucky Health Facts 4. Kentucky Health Facts	1. 34% (Montgomery County, 2017-2019) 2. 69% (Montgomery County, 2017-2019) 3. 6% (Montgomery County, 2017-2019) 4. 36% (Montgomery County, 2017-2019)

Hospital Strategy 1: Educate community members on the risk factors for obesity and chronic diseases and provide screening at local events

Objective: By June 2025, educate at least 100 youth on the risk factors for obesity and chronic diseases
By June 2025, screen at least 100 community members for BMI and blood pressure at local community events
Establish follow-up care with 10% of community members screened at local events that have been identified as high-risk (based on screening results)

Intended Population: adults, families

Resources: Staff time: Cardiovascular, other staff willing to volunteer their time at health fair; Materials: printed educational materials, promotional materials, give-away items; Screening Tools: heart rate, blood pressure, oxygen saturation, weight, BMI; Space to host fair

Collaboration Partners: Montgomery County FIRE/EMS, Montgomery County Health Department, Sterling Health Care, local restaurants, local schools, non-healthcare vendors, independent specialists for services the hospital doesn't have (e.g., dermatologist) local pharmacies, local fitness centers, home health agencies

Programs/Activities	Lead Person / Organization	Process Measure Y1	Process Measure Y2	Process Measure Y3	Data Source	Baseline
Activity 1: Identify and establish community partners to participate in health fair	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	# of partners (target: 6)	# of partners (target: 6)	# of partners (target: 6)	Internal records	To be established in Year 1
Activity 2: Plan and organize health fair: secure space to host fair, identify volunteers, identify screenings that will be offered, review screening list with compliance, develop educational brochures, etc.	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	List of screenings that will be offered	List of screenings that will be offered	List of screenings that will be offered	Internal records	To be established in Year 1
Activity 3: Promote health fair: develop marketing materials and launch marketing campaign (develop and distribute flyers, promote on social media, etc.)	Marketing	# of educational brochures developed; # of flyers, # of mailings, # of signs, # of social media posts, # of tabling events	# of educational brochures developed; # of flyers, # of mailings, # of signs, # of social media posts, # of tabling events	# of educational brochures developed; # of flyers, # of mailings, # of signs, # of social media posts, # of tabling events	Marketing collateral; Hospital's social media pages	To be established in Year 1
Activity 4: Register participants	Hospital Registration	# of participants registered	# of participants registered	# of participants registered	Program registration records	To be established in Year 1

Activity 5: Host event: conduct health screenings, disseminate educational brochures, provide exercise education and healthy cooking demonstration, etc.	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	# of events; # of screenings conducted; # of brochures disseminated	# of events; # of screenings conducted; # of brochures disseminated	# of events; # of screenings conducted; # of brochures disseminated	Screening records	To be established in Year 1
Activity 6: Identify high-risk program participants (based on screening results)	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	# of high-risk participants identified; % of participants screened identified as high-risk	# of high-risk participants identified; % of participants screened identified as high-risk	# of high-risk participants identified; % of participants screened identified as high-risk	Hospital records	To be established in Year 1
Activity 7: Establish relationship with a navigator and schedule follow-up care (primary care appointments) for high-risk program participants	Healthcare Navigators Clinically Integrated Network	# of navigator connections established; # of primary care appts scheduled	# of navigator connections established; # of primary care appts scheduled	# of navigator connections established; # of primary care appts scheduled	Hospital records	To be established in Year 1
Activity 8: Conduct pre/post survey to gauge increased awareness and lifestyle choices among program participants (see short-term and medium-term outcomes below)	Executive Team: Jennifer Nolan, Dan Ritchie, CNO and Sister Janet Carr	# 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, physical activity and lifestyle changes in correlation with chronic diseases	Pre/post survey	To be established in Year 1
Medium-Term: Program participants make healthier eating choices, increase their levels of physical activity and make other healthy lifestyle changes	Pre/post survey	To be established in Year 1
Long-Term: 1. High Blood Pressure Prevalence (% adults that have been told they have high blood pressure) 2. Adults who are Obese (% adults with BMI >= 30) 3. Adults who are Overweight or Obese (% adults with BMI >= 25) 4. Adult Fruit and Vegetable Consumption (% adults who eat 5+ servings/day)	1. CDC – PLACES 2. Kentucky Health Facts 3. Kentucky Health Facts 4. Kentucky Health Facts 5. Kentucky Health Facts	1. 41.3% (Montgomery County, 2017) 2. 34.0% (Montgomery County, 2017-2019) 3. 69.0% (Montgomery County, 2017-2019) 4. 6.0% (Montgomery County, 2017-2019) 5. 36.0% (Montgomery County, 2017-2019)

5. Adults who are Sedentary (% adults participating in no physical activities outside job in past month) 6. Adults with Diabetes (% of adults who have ever been diagnosed with diabetes) 7. Age-Adjusted Death Rate due to Diabetes (deaths per 100,000 population)	6. Kentucky Health Facts 7. Centers for Disease Control and Prevention	6. 15% (Montgomery County, 2017-2019) 7. 24.7 (Montgomery County, 2017-2019)

Conclusion

This implementation strategy for Saint Joseph Mount Sterling 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 Mount Sterling 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 Mount Sterling 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 Mount Sterling 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 Mount Sterling'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

6 SEP 2022

Anthony Houston, Ed.D., FACHE — Date

Market CEO, CHI Saint Joseph Health