

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **THE BETHANY CIRCLE OF KING'S DAUGHTERS' OF MADISON, INDIANA, INC.** Employer identification number **\*\*-\*\*\*\*\***

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			698,544.		698,544.	.58%
<b>b</b> Medicaid (from Worksheet 3, column a)			18690513.	15812567.	2877946.	2.37%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			19389057.	15812567.	3576490.	2.95%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)		1,263	184,364.	54,352.	130,012.	.11%
<b>f</b> Health professions education (from Worksheet 5)		79	204,554.	36,550.	168,004.	.14%
<b>g</b> Subsidized health services (from Worksheet 6)		4,792	4333841.	3675463.	658,378.	.54%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			42,763.		42,763.	.04%
<b>j Total.</b> Other Benefits		6,134	4765522.	3766365.	999,157.	.83%
<b>k Total.</b> Add lines 7d and 7j		6,134	24154579.	19578932.	4575647.	3.78%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group KING'S DAUGHTERS' HEALTH

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.KDHMADISON.ORG/ABOUT_NEEDSASSESSMENT.</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>WWW.KDHMADISON.ORG/ABOUT_NEEDSASSESSMENT.ASPX</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON, INDIANA, INC.**

**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group KING'S DAUGHTERS' HEALTH

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? .....	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group KING'S DAUGHTERS' HEALTH

	Yes	No
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b> <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b> <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	<b>23</b>		<b>X</b>
If "Yes," explain in Section C.			
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	<b>24</b>		<b>X</b>
If "Yes," explain in Section C.			

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON, INDIANA, INC.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

KING'S DAUGHTERS' HEALTH:

PART V, SECTION B, LINE 3J: THE NEEDS ASSESSMENT PERFORMED BY THE HOSPITAL ALSO EXPLORED KEY ISSUES SUCH AS: PHYSICAL ACTIVITY, OVERWEIGHT AND OBESITY, TOBACCO USE, SUBSTANCE ABUSE/GAMBLING/ADDICTIONS, RESPONSIBLE SEXUAL BEHAVIOR, MENTAL HEALTH, INJURY AND VIOLENCE (INCLUDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT), ENVIRONMENTAL QUALITY, IMMUNIZATION, ACCESS TO HEALTH CARE FOR THE INSURED AND UNINSURED, MATERNAL AND CHILD HEALTH, INFECTIOUS DISEASE, OCCUPATIONAL AND SAFETY HEALTH, SPECIAL NEEDS/DISABLED/IMPAIRED, AND CHRONIC DISEASE.

KING'S DAUGHTERS' HEALTH:

PART V, SECTION B, LINE 5: THE FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS IN THE COMMUNITY BY UTILIZING THE FOLLOWING COMPONENTS:

- ANALYSIS OF SECONDARY DATA TO DEVELOP A PROFILE OF THE RESIDENTS OF EACH COUNTY AND TO INDICATE, WHERE POSSIBLE FUTURE TRENDS AND TO SHOW COMPARISONS WITH STATE AND NATIONAL DATA;
- IN-PERSON INTERVIEWS WITH 30 KEY LEADERS WITHIN KDH INCLUDING BOARD, STAFF AND MEDICAL STAFF;
- IN-DEPTH-INTERVIEWS BY TELEPHONE OR IN-PERSON WITH 44 COMMUNITY LEADERS INCLUDING GOVERNMENT, MEDICAL, EDUCATION, AND OTHER COMMUNITY LEADERSHIP POSITIONS IN ALL FIVE COUNTIES;
- IN-PERSON SURVEYS OF 72 INDIVIDUALS IN LOW INCOME LOCATIONS;
- IN-PERSON DISCUSSIONS WITH 19 SENIOR CITIZENS;
- A WEB-BASED SURVEY OPEN TO THE GENERAL PUBLIC WHICH RESULTED IN 184 COMPLETED INTERVIEWS.

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

THIS ASSESSMENT ALLOWED ALL INDIVIDUALS TO PROVIDE RESPONSES ON ANY  
COMMUNITY NEEDS NOT LISTED IN THE QUESTIONS AND ALLOWED INDIVIDUALS TO  
MAKE COMMENTS ON COMMUNITY HEALTH ISSUES ON WHICH KDH COULD HAVE AN  
IMPACT.

KING'S DAUGHTERS' HEALTH:

PART V, SECTION B, LINE 7D: RESULTS OF THE NEEDS ASSESSMENT HAVE BEEN  
MADE AVAILABLE THROUGH A VARIETY OF SOURCES: NEWSPAPER AND RADIO  
RELEASES, DISTRIBUTION OF INFORMATION IN THE COMMUNITY NEWSLETTER, THE  
VITAL SIGNS, THROUGH PUBLIC HEALTH FORUMS. IT IS ALSO AVAILABLE ON OUR  
WEBSITE @WWW.KDHMADISON.ORG/ABOUT\_NEEDSASSESSMENT.ASPX.

KING'S DAUGHTERS' HEALTH:

PART V, SECTION B, LINE 11: AFTER REVIEW OF THE COMMUNITY HEALTH NEEDS  
ASSESSMENT CONDUCTED IN 2013, A SMALL COMMITTEE OF INTERESTED INDIVIDUALS  
WAS INVITED TO PARTICIPATE IN MEETINGS TO DETERMINE WAYS WE CAN WORK  
TOGETHER TO BETTER MEET THE NEEDS OF THE COMMUNITIES WE SERVE. THIS SMALL  
GROUP INCLUDED PARTICIPATION FROM THE JEFFERSON COUNTY HEALTH DEPARTMENT,  
OUR STATE GRANT FOR TOBACCO PREVENTION AND OUR KDH COMMUNITY RELATIONS  
PARTICIPANTS. AMONG THIS GROUP WAS INPUT FROM OTHER PARTIES, AND AN  
INTERESTED VOLUNTEER MEDICAL STUDENT. THE NEEDS ASSESSMENT FINDINGS, AND  
THE IMPLEMENTATION STRATEGY, WERE SHARED WITH THE BOARD OF MANAGERS AND  
ALL ACTION PLAN ITEMS WILL BE INCORPORATED INTO THE WORKING STRATEGIC PLAN  
FOR THE ORGANIZATION.

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON, INDIANA, INC.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

KDH GAPS: THERE DO NOT APPEAR TO BE LARGE GAPS IN THE TOPICS OR TYPES OF COMMUNITY OUTREACH PROGRAMS THAT KDH HAS CONDUCTED IN THE PAST. HOWEVER, THERE MAY BE GAPS DUE TO FUNDING LEVELS OR STAFFING LEVELS IN THE NUMBER OF PROGRAMS AND THE GEOGRAPHIC REACH OF THE PROGRAMS THAT HAVE BEEN OFFERED. KDH WILL USE THE LIST OF MAJOR HEALTH ISSUES IN WHICH KDH IS EXPECTED TO HAVE A LEADERSHIP AND SUPPORTING ROLE AS WELL AS THE LIST OF SPECIFIC TOPICS SUGGESTED TO DEVELOP PROGRAMS AND APPLY FOR GRANTS TO IMPROVE HEALTH IN THE COMMUNITIES IT SERVES.

IMPLEMENTATION STRATEGY 2013-2016

OBESITY, LACK OF PHYSICAL ACTIVITY AND SMOKING LEADING TO CHRONIC DISEASE: SEVERAL OF THE TOP MAJOR COMMUNITY HEALTH CONCERNS INVOLVE ADDRESSING THE FREQUENTLY INTER-RELATED ISSUES OF OBESITY, LACK OF PHYSICAL ACTIVITY, AND SMOKING. THESE HEALTH ISSUES LEAD TO CHRONIC DISEASE, SUCH AS STROKE WHERE THE DEATH RATE IN JEFFERSON COUNTY IS NEARLY DOUBLE THE NATION'S DEATH RATE, AND HAVE AN IMPACT ON PATIENTS SERVED BY KDH FACILITIES. THE MAJORITY OF COMMUNITY LEADERS EXPECT KDH TO TAKE A LEADERSHIP ROLE IN ADDRESSING OVERWEIGHT AND OBESITY AND TOBACCO USE. THOSE IN OUTLYING COUNTIES HAVE ASKED THAT KDH PROGRAMS AVAILABLE IN JEFFERSON COUNTY BE OFFERED IN THEIR OWN COUNTIES OR AT A MINIMUM THAT THE JEFFERSON COUNTY PROGRAMS BE PROMOTED TO CITIZENS IN THESE OTHER COUNTIES FOR THEIR POTENTIAL ATTENDANCE.

ACTION PLAN: LEADERSHIP ROLE

OFFER ONSITE AND COMMUNITY BASED OUTREACH EVENTS TO IMPROVE PATIENT AND COMMUNITY EDUCATION ON PREVENTION AND MANAGEMENT OF CHRONIC DISEASES.

TARGET: AT RISK POPULATIONS BASED ON LIFESTYLE, AND THOSE WITH

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

**CHRONIC DISEASES.**

EVALUATION: NUMBER OF EVENTS OFFERED, NUMBER OF PARTICIPANTS. NUMBER OF OUTREACH EFFORTS IN OUTLYING COUNTIES AND / OR PROMOTION OF SUCH EFFORTS.

**2015 UPDATE**

IN 2015 KDH PARTICIPATED IN NINE COMMUNITY HEALTH FAIRS AND SCREENS WHERE EDUCATION INFORMATION ABOUT HEALTHY LIFESTYLE WERE DISTRIBUTED. EDUCATION INCLUDED TOOLS ON EXERCISE, HEALTHY EATING, HEALTHY WEIGHT LOSS, AND DISEASE PREVENTION INCLUDING TOBACCO CESSATION. THE WELLNESS COORDINATOR AND TOBACCO EDUCATOR PROVIDED A COMBINED 23 SPEAKING ENGAGEMENTS TO COMMUNITY GROUPS IN 2015 WITH HEALTH EDUCATION MESSAGES. IN ADDITION THE TOBACCO EDUCATOR PROVIDED OUTREACH SERVICES TO AREA BUSINESSES, SCHOOLS, AND PHYSICIAN OFFICES. TO LOWER SMOKING RATES, FREE NICOTINE REPLACEMENT PRODUCTS AND CESSATION COUNSELING WERE ALSO AVAILABLE TO COMMUNITY MEMBERS WHEN REQUESTED. THE 7-WEEK 2015 KDH FIT KIDS PROGRAM REACHED 249 STUDENTS IN SIX AREA SCHOOLS. THIS 5TH GRADE PROGRAM, WHICH CENTERS ON CHILDHOOD OBESITY, OFFERS LESSONS ON HEALTHY EATING AND PHYSICAL ACTIVITY. IN ADDITION, KDH SERVES AS A GIRLS ON THE RUN COUNCIL. THIS IS A 10-WEEK CHARACTER-DEVELOPMENT PROGRAM THAT USES THE POWER OF RUNNING FOR 3RD-5TH GRADE GIRLS TO PROMOTE EXERCISE AND TEACH HEALTHY LIFESTYLE CONCEPTS. KDH HOLDS A COMMUNITY GIRLS ON THE RUN 5K EVENT AND A COMMUNITY RUN THE FALLS 5K RUN/WALK. THESE TWO FITNESS OPPORTUNITIES BROUGHT IN OVER 400 PARTICIPANTS IN 2015. THE SPEAKING OF WOMEN'S HEALTH PROGRAM OFFERED BOTH AN EXERCISE AND NUTRITION BREAKOUT SESSION AT THE 2015 EVENT AND 7 OF THE 12 HOUSE OF HEALTH EVENTS PROVIDED EDUCATION ON HEALTHY LIFESTYLES AND BEHAVIORS TO LOWER CHRONIC DISEASE RISK. IN 2015 A NEW HEALTHY WEIGHT

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

LOSS CLASS, TITLED STRIVE FOR 5, WAS OFFERED TO THE COMMUNITY.

EMPLOYEE WELLNESS:

KDH SHOULD CONSIDER WAYS IN WHICH IT CAN SET AN EXAMPLE AT ITS OWN FACILITIES FOR THE COMMUNITY; AN EXPANDED AND ENFORCED TOBACCO-FREE CAMPUS, HEALTHY FOOD OFFERINGS IN ITS CAFETERIA AND VENDING MACHINES, A WELLNESS PROGRAM WHICH FOCUSES ON ALL EMPLOYEES INCLUDING THOSE AT SATELLITE OFFICES.

ACTION PLAN: LEADERSHIP ROLE

IMPROVE OPPORTUNITIES FOR OUR OWN STAFF TO ACCESS HEALTHY ACTIVITIES AND OFFERINGS. OFFER INSURANCE-BASED INCENTIVES FOR A VARIETY OF HEALTHY CHOICES. (EX: NON SMOKING FAMILY PLANS) EXPAND AND IMPROVE HEALTHY EATING OPTIONS IN THE HOSPITAL CAFE.

TARGET: KDH EMPLOYEES.

EVALUATION: NUMBER OF EVENTS / OPTIONS OFFERED, NUMBER OF EMPLOYEES PARTICIPATING.

2015 UPDATE

THE KDH EMPLOYEE WELLNESS PROGRAM CONTINUED IN 2015. A FREE HEALTH SCREEN, WHICH INCLUDES A FINANCIAL INCENTIVE FOR ACHIEVING SET BIOMETRIC PARAMETERS, WAS OFFERED FOR ALL EMPLOYEES. DURING THE YEAR THREE HEALTH INCENTIVE CHALLENGES WERE OFFERED TO STAFF. FOUR ON-SITE CLASSES WERE HELD, INCLUDING A NEW WEIGHT LOSS EDUCATION CLASS. HEALTHY EMAILS AND NEWSLETTERS WERE ALSO SENT TO ALL EMPLOYEES. A 30-DAY WALKING CAMPAIGN WAS OFFERED IN 2015. IN ADDITION, TOBACCO FREE EMPLOYEES HAVE AN OPPORTUNITY FOR A REDUCED HEALTH INSURANCE PREMIUM AND CESSATION ASSISTANCE IS AVAILABLE FOR ALL STAFF AND THEIR FAMILY MEMBERS. KDH SUPPORTS A TOBACCO FREE CAMPUS POLICY FOR ALL FACILITIES. KDH RECOGNIZED THE GREAT AMERICAN SMOKEOUT CAMPAIGN AND THE WEAR RED FOR WOMEN CAMPAIGN.

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON, INDIANA, INC.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

THE EMPLOYEE CAFETERIA CONTINUES TO INTRODUCE NEW HEALTHY FOOD AND BEVERAGE OPTIONS FOR EMPLOYEES IN THE CAFETERIA. VENDING MACHINES CONTINUE TO MEET HEART HEALTHY OPTION STANDARDS.

SUBSTANCE ABUSE:

SUBSTANCE ABUSE - PARTICULARLY NARCOTIC (PRIMARYLY HEROIN), METHAMPHETAMINE, AND PRESCRIPTION DRUGS, WAS ONE OF THE TOP MAJOR HEALTH NEEDS CITED BY ALL GROUPS INTERVIEWED. IT IS PREVALENT IN ALL COUNTIES SERVED BY KDH.

- THE LACK OF SUBSTANCE TREATMENT CENTERS AND MENTAL CARE FACILITIES TO REFER THESE TYPES OF PATIENTS TO IS A MAJOR CONCERN.

- MANY INTERVIEWED FELT THE PUBLIC NEEDS TO BE AWARE OF HOW MUCH OF AN ISSUE SUBSTANCE ABUSE IS IN THE COMMUNITY I.E. AMOUNT OF BABIES BORN ADDICTED TO METH/HEROIN AND THE DETOXIFICATION REQUIRED.

- THE NEED FOR FURTHER DRUG EDUCATION IN THE SCHOOLS FROM ELEMENTARY ON UP WAS MENTIONED NUMEROUS TIMES

- BETTER COMMUNICATION BETWEEN KDH AND THE LOCAL LEGAL SYSTEM IS NEEDED. DOCUMENTATION OF OVERDOSE CASES IN THE ER WITH STATISTICS OF THE TYPES OF DRUGS CAUSING THE OVERDOSE (STREET VERSUS PRESCRIPTION) IS THE TYPE OF INFORMATION HELPFUL TO THE LEGAL SYSTEM. KDH PHYSICIANS MENTIONED THAT THEY WOULD LIKE TO KNOW FROM THE LEGAL SYSTEM WHEN ONE OF THE DRUGS THEY PRESCRIBED IS INVOLVED IN A CASE.

- THERE IS A NEED FOR A QUARTERLY PRESCRIPTION DRUG DISPOSAL PROGRAM WHERE SUCH DRUGS CAN BE DISPOSED WITH NO QUESTIONS ASKED.

KING'S DAUGHTERS' HEALTH:

PART V, SECTION B, LINE 13H: THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

CHANGED MID-YEAR 2015. IT DETAILED ELIGIBILITY CRITERIA FOR FREE OR  
DISCOUNTED CARE BASED ON THE FOLLOWING GUIDELINES.

FREE CARE:

- FROM JANUARY TO MAY 2015, THE FPG FAMILY INCOME LIMIT FOR ELIGIBILITY  
FOR FREE CARE WAS 200%

- FROM JUNE TO DECEMBER 2015, THE FPG FAMILY INCOME LIMIT FOR ELIGIBILITY  
FOR FREE CARE WAS 150%

DISCOUNTED CARE:

- FROM JANUARY TO MAY 2015, ALL UNINSURED PATIENTS RECEIVED AN AUTOMATIC  
20% DISCOUNT FROM GROSS CHARGES.

- FROM JUNE TO DECEMBER 2015, ALL UNINSURED PATIENTS RECEIVED AN  
AUTOMATIC 30% DISCOUNT FROM GROSS CHARGES. FOR THE OUTSTANDING BALANCE  
DUE AFTER APPLYING THE 30% DISCOUNT, THEY COULD FURTHER QUALIFY FOR  
ADDITIONAL DISCOUNTED CARE USING THE FPG FAMILY INCOME LIMIT FOR  
ELIGIBILITY OF 250%.

KING'S DAUGHTERS' HEALTH

PART V, LINE 16A, FAP WEBSITE:

[HTTP://WWW.KDHMADISON.ORG/PATIENTS\\_FINANCIAL.ASPX](http://www.kdhmadison.org/patients_financial.aspx)

KING'S DAUGHTERS' HEALTH

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTP://WWW.KDHMADISON.ORG/PATIENTS\\_FINANCIAL.ASPX](http://www.kdhmadison.org/patients_financial.aspx)

KING'S DAUGHTERS' HEALTH

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

[HTTP://WWW.KDHMADISON.ORG/PATIENTS\\_FINANCIAL.ASPX](http://www.kdhmadison.org/patients_financial.aspx)

**KING'S DAUGHTERS' HEALTH:**

PART V, SECTION B, LINE 16I: AT THE TIME OF REGISTRATION, THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS DISCUSSED WITH EACH PATIENT. THE PATIENT IS PROVIDED A PAMPHLET REGARDING THE POLICY, ELIGIBILITY REQUIREMENTS AND THE ASSOCIATED APPLICATION PROCESS. THE PATIENT MUST SIGN A FORM INDICATING THAT HE/SHE RECEIVED THIS INFORMATION. THE HOSPITAL ALSO HAS A REPRESENTATIVE ON SITE TO ASSIST PATIENTS WITH THE FINANCIAL AID APPLICATION PROCESS. PATIENTS ARE REMINDED TO CONTACT CUSTOMER SERVICE REGARDING FINANCIAL AID AND FEDERAL/STATE ASSISTANCE DIRECTLY ON THE PATIENT BILL ITSELF. THE HOSPITAL'S WEBSITE HAS A LINK TO THE FINANCIAL AID APPLICATION. IN ADDITION TO THE ACTIONS PREVIOUSLY LISTED, A FINANCIAL AID COUNSELOR WILL MEET WITH ANY UNINSURED INPATIENT PRIOR TO DISCHARGE TO DISCUSS THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

**KING'S DAUGHTERS' HEALTH:**

PART V, SECTION B, LINE 20E: AT THE TIME OF REGISTRATION, THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS DISCUSSED WITH EACH PATIENT. THE PATIENT IS PROVIDED A PAMPHLET REGARDING THE POLICY, ELIGIBILITY REQUIREMENTS AND THE ASSOCIATED APPLICATION PROCESS. THE PATIENT MUST SIGN A FORM INDICATING THAT HE/SHE RECEIVED THIS INFORMATION. THE HOSPITAL ALSO HAS A REPRESENTATIVE ON SITE TO ASSIST PATIENTS WITH THE FINANCIAL AID APPLICATION PROCESS. PATIENTS ARE REMINDED TO CONTACT CUSTOMER SERVICE REGARDING FINANCIAL AID AND FEDERAL/STATE ASSISTANCE DIRECTLY ON THE

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PATIENT BILL ITSELF. THE HOSPITAL'S WEBSITE HAS A LINK TO THE FINANCIAL AID APPLICATION. IN ADDITION TO THE ACTIONS PREVIOUSLY LISTED, A FINANCIAL AID COUNSELOR WILL MEET WITH ANY UNINSURED INPATIENT PRIOR TO DISCHARGE TO DISCUSS THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

KING'S DAUGHTERS' HEALTH:

PART V, SECTION B, LINE 22D: THE HOSPITAL CHANGED ITS POLICY MID-YEAR 2015. FROM JANUARY-MAY 2015, ALL UNINSURED PATIENTS RECEIVED AN AUTOMATIC 20% DISCOUNT FROM GROSS CHARGES. FROM JUNE-DECEMBER 2015, ALL UNINSURED PATIENTS RECEIVED AN AUTOMATIC 30% DISCOUNT FROM GROSS CHARGES. AT REGISTRATION, PATIENTS ARE NOTIFIED OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. THEY ARE PROVIDED PAMPHLETS DETAILING THE PROGRAM. IF THE PATIENT IS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE AND IS APPROVED FOR FINANCIAL ASSISTANCE, THE PATIENT WILL RECEIVE A DISCOUNT OF 100% ON THE OUTSTANDING ACCOUNT BALANCE. THE HOSPITAL WILL ATTEMPT TO COLLECT ANY BALANCE REMAINING ON THE UNINSURED ACCOUNT AFTER ALL FINANCIAL ASSISTANCE DISCOUNTS HAVE BEEN APPLIED USING A SERIES OF STATEMENTS, LETTERS, AND TELEPHONE CALLS. THE HOSPITAL WILL ALSO OFFER PATIENTS INTEREST-FREE EXTENDED PAYMENT PLANS. IF THE ACCOUNT REMAINS UNPAID, THE ACCOUNT MAY BE TURNED OVER TO A COLLECTION AGENCY.

PART V, SECTION B, LINE 11 CONTINUED

ACTION PLAN: SUPPORTIVE ROLE

CONTINUE TO WORK CLOSELY WITH LOCAL COALITIONS AGAINST SUBSTANCE ABUSE AND THE HEALTH DEPARTMENT TO IMPLEMENT WORKABLE SOLUTIONS TO THE ABOVE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

MENTIONED PROBLEMS. DEVELOP AND ASSIST IN IMPLEMENTING A PLAN OF  
ACTION. ALSO, CONTINUE TO INTERVENE WITH PREGNANT WOMEN DURING  
PREGNANCY AND DELIVERY.

TARGET: CASA IN JEFFERSON COUNTY AND SCAT IN SWITZERLAND COUNTY.  
WORK WITH THE HEALTH DEPARTMENT TO GET PHYSICIANS AND LAW ENFORCEMENT  
IN THE SAME ROOM TO DEVELOP AN ACTION PLAN.

EVALUATION: NUMBER OF MEETINGS ATTENDED / NUMBER OF ACTION PLANS  
DEVELOPED WITH THESE ORGANIZATIONS. NUMBER OF DOCUMENTED SUBSTANCE  
ABUSE CASES ON OB/GYN.

2015 UPDATE

WE CONTINUE TO WORK CLOSELY WITH THE JEFFERSON AND SWITZERLAND COUNTY  
COALITIONS AGAINST SUBSTANCE ABUSE. KDH IS REPRESENTED AT MEETINGS AND  
CONTINUES TO ATTEND OTHER OUTREACH EFFORTS. THE OB OFFICES ADDRESS THE  
PROBLEM WITH THEIR PRENATAL CARE. UNFORTUNATELY THE ORCHARD PROGRAM  
WAS NOT SUCCESSFUL, WITH NO ATTENDANCE FROM USING MOTHERS. MOTHERS ARE  
NOW BEING REFERRED TO THE NORTON INPATIENT DETOX PROGRAM IF  
INTRAUTERINE DRUG EXPOSURE IS IDENTIFIED. WE ARE IN THE PROCESS OF  
TRYING TO TRACK THE NUMBER OF UMBILICAL CORD SCREENS IN SUSPICIOUS  
CASES THAT ARE RETURNED POSITIVE FOR DRUG EXPOSURE. WE ARE WORKING  
CLOSELY WITH CHILD PROTECTIVE SERVICES. PREPARATION VISITS CONTINUE  
PRIOR TO DELIVERY. IF THE MOTHER IS USING CERTAIN MEDICATIONS, SUCH AS  
SUBUTEX OR METHADONE, OR SEBOXON, BABIES REMAIN HOSPITALIZED A MINIMUM  
OF 72 TO 96 HOURS TO ENSURE THE HEALTH OF THE BABY. IF SCORES ARE TOO  
HIGH, THEY ARE TREATED LONGER AS AN INPATIENT. FOLLOW UP IS ALSO DONE  
BY OUR HOME HEALTH AGENCY IN CASES OF ACTIVE WITHDRAWAL.

SUPPORTING DATA:

DUE TO THE CHANGES IN THE CODING PROCESS FROM ICD9 CODES TO ICD10

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON, INDIANA, INC.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

CODING WE ARE NO LONGER ABLE TO TRACK ADMISSIONS TO THE ER IN THE SAME WAY. DATA REFLECTED HERE IS PARTIAL, AND CAN BE SEEN TO SHOW A DEFINITE INCREASE, OR UPWARD TREND.

ER ADMISSIONS FOR DRUG ABUSE / DRUG DEPENDENCY / DRUG OVERDOSE

2014 ; 2015 (1-15 THROUGH 9-15):

SWITZERLAND COUNTY 0 ; 237

JEFFERSON COUNTY 2,430 ; 2,602

TRIMBLE COUNTY 224 ; 255

NEONATAL ABSTINENCE SYNDROME BIRTHS:

2014: 10

2015 (9 MONTHS): 13

MENTAL HEALTH ISSUES:

WHILE KDH MAY NOT BE EXPECTED TO TAKE A LEADERSHIP ROLE IN ADDRESSING MENTAL HEALTH ISSUES, IT CANNOT IGNORE THE NEED FOR MENTAL HEALTH SERVICES IN ALL THE COUNTIES IT SERVES. MANY INTERVIEWED MENTIONED THE NEED FOR EXPANDING TELEMED AS A MENTAL HEALTH RESOURCE, RECRUITING AN ON-STAFF PSYCHIATRIST OR AN IMPROVED REFERRAL PROGRAM FOR THOSE WITH MENTAL ILLNESS. KDH LEADERS INTERVIEWED STRESSED THE HOURS OF STAFF TIME THAT IS CURRENTLY SPENT FINDING FACILITIES TO REFER PATIENTS TO WITH OPEN BEDS. THIS ISSUE IS WORTH FURTHER STUDY BY KDH TO DETERMINE WHAT SUPPORTING ROLE IT CAN PROVIDE TO THE COMMUNITY IN THIS AREA.

ACTION PLAN: SUPPORTIVE ROLE

KDH WILL CONTINUE TO EXPLORE WAYS TO COLLABORATE WITH LOCAL AGENCIES TO IMPROVE ACCESS TO MENTAL HEALTH RESOURCES. IMPROVEMENT IN OTHER RISK

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

FACTOR AREAS, SUCH AS LACK OF PHYSICAL ACTIVITY WILL AFFECT MENTAL  
HEALTH AS WELL AS OTHER RISK FACTORS.

TARGET: KDH PATIENTS IN NEED OF MENTAL HEALTH SERVICES.

EVALUATION: NUMBER OF REFERRALS FOR MENTAL HEALTH SERVICES/NUMBER  
OF PROVIDERS KDH IS ABLE TO ACCESS.

## 2015 UPDATE

IN 2015, KDH MADE A TOTAL OF 1,604 REFERRALS. THIS DATA IS PROBABLY  
MORE ACCURATE AS AN EFFORT TO OBTAIN MORE ACCURATE DATA IS IN PLACE.  
OUR PEDIATRIC SERVICE COORDINATOR COMPLETED 26 MENTAL HEALTH REFERRALS  
FROM THE OUTPATIENT OB OFFICE. ED PROVIDERS BEGAN MANAGING AN  
INCREASING NUMBER OF MENTAL HEALTH PATIENTS VIA TELE-ASSESSMENT  
RESULTING IN INPATIENT MENTAL HEALTH TRANSFERS AND OUTPATIENT REFERRALS  
WITHOUT INVOLVING SOCIAL SERVICES. EMERGENCY DEPARTMENT DOCUMENTATION  
IS NARRATIVE AND WOULD NOT BE CAPTURED BY DATA PULLED FROM OUR  
INFORMATION TECHNOLOGY DEPARTMENT.

## TRANSPORTATION:

THE LACK OF TRANSPORTATION WAS CITED NUMEROUS TIMES AS A HEALTH ISSUE  
PARTICULARLY FOR THOSE OF LOWER INCOME. CATCH-A-RIDE AND MEDI-CAB ARE  
WELL UTILIZED IN THE KDH SERVICE AREA, BUT THEY DO NOT OPERATE AFTER 5  
P.M. NOR DO THEY RUN ON WEEKENDS. FOR SOME, THE FEE ASSOCIATED FOR THE  
SERVICE IS COSTPROHIBITIVE. KDH MAY WANT TO CONSIDER OFFERING  
ALTERNATIVE TRANSPORTATION AND/OR EXPLORE OFFERING PREVENTATIVE HEALTH  
SCREENINGS SUCH AS BLOOD PRESSURE, GLUCOSE ETC. AT EVENTS WHERE THOSE  
OF LOWER INCOME MAY GATHER SUCH AS THE SALVATION ARMY END OF THE MONTH  
MEAL, THE DISTRIBUTION AT THE HOUSE OF HOPE FOOD PANTRY, ETC.

ACTION PLAN: SUPPORTIVE ROLE

DEVELOP A SERIES OF CLASSES AND SCREENS TO BE OFFERED IN LOW INCOME

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

AREAS. TO TAKE SERVICES TO THOSE IN NEED, WHO ARE UNABLE TO COME TO  
KDH.

TARGET: LOW INCOME POPULATIONS AS IDENTIFIED THROUGH THE HOUSE OF  
HOPE AND / OR THE SALVATION ARMY.

EVALUATION: NUMBER OF CLASSES AND SCREENS HELD / NUMBER OF  
INDIVIDUALS PARTICIPATING.

2015 UPDATE

THE HOUSE OF HEALTH PROGRAM, WHICH WAS DEVELOPED HALF WAY THROUGH THE  
2014 CALENDAR YEAR, CONTINUED AS A MONTHLY PROGRAM IN 2015. THIS  
PROGRAM IS HELD AT THE JEFFERSON COUNTY CLEARINGHOUSE HOUSE OF HOPE  
FOOD PANTRY. EACH MONTH FEATURED A NEW HEALTH TOPIC TARGETING A LOW  
INCOME POPULATION AND A FREE BLOOD PRESSURE SCREENING WAS PROVIDED  
DURING TWO MONTHS. ATTENDANCE RANGED FROM 35-80 PARTICIPANTS EACH  
MONTH.

AWARENESS OF SERVICES AND PROGRAMS:

SOME INDIVIDUALS ALSO EXPRESSED THE IDEA THAT RESIDENTS IN THE  
COMMUNITY SERVED BY KDH MAY NOT BE AWARE OF THE EXISTING PROGRAMS AND  
SERVICES OFFERED AND MAY NOT BE AWARE OF THE LEVEL OF EXPERTISE OF THE  
STAFF. THESE ARE IDEAS THAT COULD BE ADDRESSED IN A STRATEGIC,  
WELL-PLANNED, LONG-TERM PUBLIC RELATIONS CAMPAIGN.

ACTION PLAN: LEADERSHIP ROLE

DEVELOP AND IMPLEMENT A PUBLIC RELATIONS CAMPAIGN TO LET PEOPLE KNOW OF  
SERVICES AND OUTREACH THROUGH KDH.

TARGET: INDIVIDUALS IN THE KDH PRIMARY MARKET.

EVALUATION: NUMBER OF PROMOTIONAL PIECES AND MARKETING ACTIVITIES  
GEARED TOWARD THE COMMUNITY TO IMPROVE KNOWLEDGE AND EDUCATION OF  
OUTREACH SCREENS / CLASSES / PROGRAMS.

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON, INDIANA, INC.

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

2015 UPDATE

COMMUNITY PEOPLE, QUALITY CARE - WE CONTINUED TO USE THIS THEME AS OUR TAGLINE AND BRANDING LINE ON PRINT, WEB, AND AUDIO MARKETING MATERIALS. IT REFLECTS WHO WE ARE (COMMUNITY PEOPLE) AND OUR MISSION (TO PROVIDE QUALITY CARE).

CANCER TREATMENT CENTER - WE OPENED OUR NEW CANCER TREATMENT CENTER IN FEBRUARY.

MARKETING EFFORTS INCLUDED: DEVELOPMENT OF A MICROSITE (MINI-WEBSITE: WWW.KDHCANCERCARE.ORG) TO INTEGRATE WITH OUR CURRENT SITE. FURTHER EFFORTS INCLUDED A PRINT CAMPAIGN FOR BOTH PSA AND SSA MARKETS, FOCUSING ON THE NEW TECHNOLOGY, SPACE, AND STAFF. PRINT ADS FEATURED OUR STAFF MEMBERS AND THEIR CONNECTION TO CANCER CARE. WE LAUNCHED SEVERAL NEW VIDEOS THAT FEATURED OUR STAFF AND TEAM MEMBERS TALKING ABOUT WHAT THEY DO. WE PRODUCED SEVERAL RADIO SPOTS USING TEAM MEMBERS TALKING ABOUT WHY THEY CHOSE CANCER CARE. STAFF MEMBERS WERE ALSO INCLUDED ON TO YOUR HEALTH PROGRAMS AND A FEATURE IN THE VITAL SIGNS MAGAZINE. WE HAD ELECTRONIC BANNERS ON VARIOUS WEBSITES INCLUDING THE MADISON COURIER, WIKI, AND WKMNEWS.

CARROLLTON CAMPAIGN - TO INCREASE AWARENESS OF DR. BESSINGER AT THE CARROLLTON OFFICE, WE LAUNCHED A MULTI-MONTH CAMPAIGN USING TARGETED MARKETS THAT FOCUSED ON DR. BESSINGER AND HER TEAM AT THE CARROLLTON MEDICAL BUILDING. IN ADDITION TO FAMILY CARE, WE PROMOTED HER OB SERVICES AND PEDIATRICS. OUR PURPOSE WAS TO TRY AND INCREASE HER PATIENT BASE WHILE ALSO ATTRACTING NEW OB PATIENTS FROM THE CARROLLTON AREA, ALONG WITH NEW PEDIATRIC PATIENTS.

NEW PROVIDERS / PHYSICIANS - CAMPAIGNS INCLUDED THE ARRIVAL OF DR. PATRICK MATTHIESSEN

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
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**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

(NEUROLOGY), SARAH HARTMAN (NP-FAMILY PRACTICE), DR. WILLIAM PORTER

(RADIATION ONCOLOGY), AND DR. RONALD AUER (ORTHOPEDICS). WE ALSO

TARGETED A PRINT, RADIO, AND MAGAZINE CAMPAIGN, ALONG WITH WEB BANNERS,

TO INTRODUCE OUR NEW PATIENT ACCESS LINE - A TOOL IMPLEMENTED TO HELP

US MANAGE AND ENGAGE POTENTIAL NEW PATIENTS.

NEUROLOGY - TWO-MONTH CAMPAIGN FEATURED THE ARRIVAL OF DR. PATRICK

MATTHIESSEN. HE WAS ALSO FEATURED IN THE VITAL SIGNS MAGAZINE. WE

PROMOTED NEUROLOGY SERVICES VIA PRINT, RADIO, SOCIAL MEDIA, WEB

BANNERS, AND A NEW NEUROLOGY SECTION OF THE WEBSITE. WE ALSO CREATED A

NEW PHYSICIAN PAMPHLET ABOUT DR. MATTHIESSEN FOR ALL PHYSICIAN OFFICE

LOCATIONS AND INTEGRATED HIS CONCEPTS AND PROGRAMS INTO OUR

REHAB/THERAPY INFORMATION (PRINT/WEB).

PART V, SECTION B, LINE 11 CONTINUED

INTRODUCTION OF SEO - IN MARCH, WE BEGAN WORKING WITH LINK MEDIA 360 ON

SEARCH ENGINE OPTIMIZATION (SEO). THE GOAL OF THIS PROGRAM WAS TO

IMPROVE ONLINE SEARCH RESULTS IN THREE KEY AREAS - ORTHOPEDICS/JOINTS,

CANCER TREATMENT CENTER, AND MOTHER-BABY. WE ALSO TRIALED A THREE-MONTH

CAMPAIGN USING TARGETED FACEBOOK ADVERTISING SPECIFIC TO THESE THREE

SERVICE LINES. DATA (ROI) SUGGESTED THAT WE MADE NUMEROUS IMPRESSIONS,

ALTHOUGH ACTUAL RESPONSE (PHONE CALLS) WAS LOW. WE UNDERSTOOD THAT TO

BE COMMON AND BELIEVE THE CAMPAIGN ITSELF, IN TERMS OF AWARENESS, WAS A

SUCCESS. WE CONTINUE TO SEE GROWTH IN WEBSITE USAGE AND ACTIVITY BASED

ON OUR SEO EFFORTS AND THROUGH THE INTEGRATION OF A NEW LOCATIONS

SECTION OF THE WEBSITE THAT FOCUSED ON THOSE SEO EFFORTS AND

GOOGLE-PLUS PAGES.

PROMOTION OF SCREENINGS/EVENTS - THESE INCLUDED OUR LUNG CANCER

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Schedule H (Form 990) 2015

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**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

SCREENING AND NAVIGATIONAL BRONCHOSCOPY, RUN THE FALLS 5K, DIRECT

ACCESS TESTING, SPEAKING OF WOMEN'S HEALTH, HEALTH INSURANCE EXCHANGE

PROGRAMS/NAVIGATORS (BUSINESS OFFICE FOR INSURANCE SETUP), DOCTOR'S

DAY.

VEVAY CAMPAIGN - WE FEATURED A THREE-MONTH CAMPAIGN IN VEVAY TO IMPROVE

THE VISIBILITY OF OUR VEVAY OFFICE, INCLUDING DR. SCOTT FREDE AND

RESOURCES SUCH AS MEDICAL IMAGING AND REHAB/THERAPY SERVICES. WE

INTEGRATED PHOTOS OF THE STAFF IN PRINT ADS IN THE LOCAL PAPER AND

RIVER TIMES, ALONG WITH RADIO ADS ON THE LOCAL STATION (FROGGY 95.9

FM).

ORTHOPEDICS - WE CONTINUED TO FEATURE THE JOINT REPLACEMENT PROGRAM AND

ORTHOPEDICS VIA WEB, SOCIAL MARKETING, AND THE VITAL SIGNS MAGAZINE.

THIS INCLUDED THE ARRIVAL OF DR. RONALD AUER, A NEW MEMBER OF THE TEAM.

MYKDH PORTAL - TO FURTHER FACILITATE PATIENT PORTAL REGISTRATIONS, WE

WORKED WITH IT AND HIMS TO PROMOTE THE PORTAL FOR PATIENTS DURING

ARRIVAL FOR APPOINTMENTS AND PRIOR TO DEPARTURE FROM INPATIENT

SERVICES. WE ALSO USED SOCIAL MEDIA TO REMIND PATIENTS ABOUT THE

BENEFITS OF THE PORTAL, FEATURED THE PORTAL IN THE VITAL SIGNS

MAGAZINE, AND ENCOURAGED PROVIDERS TO PROMOTE THE SERVICE. TABLE TENTS

AND FLYERS REMAIN IN PLACE.

FOUNDATION - IN 2015, WE INHERITED THE KDH FOUNDATION. NEW EFFORTS

INCLUDED PLANNING, ORGANIZATION, AND PROMOTION OF THE 2015 GOLF BENEFIT

AND 2015 FOUNDATION GALA. MARKETING EFFORTS INCLUDED EVENT MATERIALS,

POSTERS, INVITATIONS, AND CARDS. WE ALSO BEGAN WORKING TO IMPROVE THE

APPEARANCE AND USAGE OF THE FOUNDATION TV MONITOR IN THE LOBBY OF THE

MAIN HOSPITAL.

NEWS RELEASES - GIRLS ON THE RUN REGISTRATION, ART OF HEALING

THE BETHANY CIRCLE OF KING'S DAUGHTERS'  
OF MADISON, INDIANA, INC.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

RECEPTIONS, HEALTH INSURANCE ENROLLMENT, HIP 2.0 INFORMATION, KDH EMS  
AND SWITZERLAND COUNTY, COLON CANCER KITS/AWARENESS MONTH, PILOT CLUB  
DONATION (TO CANCER CENTER), SMOKING CESSATION COURSE, ANTHEM AND  
TOBACCO CESSATION, SPEAKING OF WOMEN'S HEALTH, NURSE PRACTITIONER SARAH  
HARTMAN, DR. RONALD AUER, DR. PATRICK MATTHIESSEN, MEDICAL EXPLORERS,  
CANCER CENTER - GOLD STATUS/OUTSTANDING ACHIEVEMENT AWARD, RUN THE  
FALLS 5K, LUNG CANCER SCREENINGS - NEW GUIDELINES, MARCH OF DIMES  
QUALITY AWARD (MOTHER-BABY).

MEDICAL SERVICES AND PROVIDERS:

GAPS IN THE CURRENT MEDICAL SERVICE LINES AND THE MEDICAL SPECIALTIES  
DESIRED ARE WORTH EXPLORING.

ACTION PLAN: LEADERSHIP ROLE

CONTINUE TO IDENTIFY AREAS WHERE MEDICAL SERVICES ARE LACKING, AND TO  
RECRUIT MEDICAL PROVIDERS TO MEET THE NEEDS OF THE COMMUNITY.

TARGET: PRIMARY SERVICE AREA.

EVALUATION: NUMBER OF PROVIDERS (PRIMARY AND SECONDARY) PLACED IN  
PRACTICES IN OUR PRIMARY SERVICE AREA.

2015 UPDATE

THE FOLLOWING SERVES / PROVIDERS WERE ADDED IN 2015 TO SERVE OUR AREA:

DR. PATRICK MATTHIESSEN, NEUROLOGY

DR. GENE SHILKROT, ANESTHESIA

ALICIA MINCER, APN: NOCTURNIST

DR. WILLIAM PORTER, RADIATION ONCOLOGY

DR. RON AUER, ORTHOPEDIC SURGEON

SARAH HARTMAN, APN: FAMILY PRACTICE

DR. JENNIFER CHANG, ANESTHESIA

DR. MAGDY KHALIL, ANESTHESIA, PRN



**Part V Facility Information** (continued)

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 10

Name and address	Type of Facility (describe)
1 REHABILITATION CENTER AND HOME CARE 2670 N MICHIGAN ROAD MADISON, IN 47250	OUTPATIENT REHABILITATION CENTER AND HOME CARE SERVICES
2 CLIFTY DR. MED OFFICE BLDG & CONV. CA 445 CLIFTY DRIVE MADISON, IN 47250	PHYSICIAN MEDICAL OFFICE & CONVENIENT CARE CENTER
3 VERSAILLES MEDICAL OFFICE BLDG-MAIN 128 NORTH MAIN STREET VERSAILLES, IN 47042	PHYSICIAN MEDICAL OFFICE
4 VERSAILLES MEDICAL OFFICE BLDG-TYSON 206 W TYSON STREET VERSAILLES, IN 47042	PHYSICIAN MEDICAL OFFICE
5 TRIMBLE COUNTY MEDICAL OFFICE BLDG 10235 US HIGHWAY 421 MILTON, KY 40045	PHYSICIAN MEDICAL OFFICE
6 CARROLLTON MEDICAL OFFICE BLDG 205 MARWILL DRIVE CARROLLTON, KY 41008	PHYSICIAN MEDICAL OFFICE
7 SWITZERLAND CNTY MEDICAL OFFICE BLDG 727 STATE RD 56 VEVAY, IN 47043	PHYSICIAN MEDICAL OFFICE
8 HANOVER MEDICAL OFFICE BLDG 36 MEDICAL PLAZA HANOVER, IN 47243	PHYSICIAN MEDICAL OFFICE
9 CANCER TREATMENT CENTER 621 WEST STREET MADISON, IN 47250	PHYSICIAN MEDICAL OFFICE
11 DOWNTOWN MEDICAL OFFICE BLDG 630 NORTH BROADWAY MADISON, IN 47250	PHYSICIAN MEDICAL OFFICE AND HOSPITAL STAFF

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
5 Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

THE HOSPITAL CHANGED ITS POLICIES REGARDING FREE AND DISCOUNTED CARE MID-YEAR 2015.

FREE CARE:

- FROM JANUARY TO MAY 2015, THE FPG FAMILY INCOME LIMIT FOR ELIGIBILITY FOR FREE CARE WAS 200%

- FROM JUNE TO DECEMBER 2015, THE FPG FAMILY INCOME LIMIT FOR ELIGIBILITY FOR FREE CARE WAS 150%

DISCOUNTED CARE:

- FROM JANUARY TO MAY 2015, ALL UNINSURED PATIENTS RECEIVED AN AUTOMATIC 20% DISCOUNT FROM GROSS CHARGES.

- FROM JUNE TO DECEMBER 2015, ALL UNINSURED PATIENTS RECEIVED AN AUTOMATIC 30% DISCOUNT FROM GROSS CHARGES. FOR THE OUTSTANDING BALANCE DUE AFTER APPLYING THE 30% DISCOUNT, THEY COULD FURTHER QUALIFY FOR ADDITIONAL DISCOUNTED CARE USING THE FPG FAMILY INCOME LIMIT FOR ELIGIBILITY OF 250%.

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY BUILDING ACTIVITIES PROMOTED THE HEALTH OF THE COMMUNITY IN THE

**Part VI** Supplemental Information (Continuation)

FOLLOWING WAYS:

- PROMOTING HEALTHCARE CAREERS TO POTENTIAL "FUTURE EMPLOYEES" THROUGH JOB FAIRS AT THE LOCAL COMMUNITY COLLEGE
- PARTICIPATION IN "WOMEN IN BUSINESS" EVENTS - SPEAKING ENGAGEMENTS TO PROMOTE LEADERSHIP DEVELOPMENT
- ASSISTING COMMUNITY MEMBERS WITH MEDICAID PROGRAM ENROLLMENT VIA A FORMAL MEDICAID ENROLLMENT ASSISTANCE PROGRAM OFFERED BY THE HOSPITAL. THIS PROGRAM HELPS COMMUNITY MEMBERS ENROLL TO RECEIVE ALL TYPES OF MEDICAID ASSISTANCE (FOOD, HEALTHCARE, ETC.)

PART III, LINE 2:

AS REPORTED ON THE ATTACHED FINANCIAL STATEMENTS, PAGE 4, "CONSOLIDATED STATEMENTS OF OPERATIONS YEARS ENDED DECEMBER 31, 2015 AND 2014".

PART III, LINE 3:

THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT TO PARTICIPATE IN CHARITY CARE CANDIDATES MUST COOPERATE FULLY. IN ADDITION THE HOSPITAL EDUCATES PATIENTS WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON THE ORGANIZATION BELIEVES THAT IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE.

PART III, LINE 4:

SEE PAGES 8-10 ON THE ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

**Part VI** Supplemental Information (Continuation)

THIS SHOULD BE TREATED AS COMMUNITY BENEFIT AS MORE SERVICES WERE PROVIDED TO THE ELDERLY POPULATION THAN WERE REIMBURSED. THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE YEAR ENDED 12/31/2015 REPORT: HOSPITAL STATEMENT OF REIMBURSABLE COST.

PART III, LINE 9B:

THE HOSPITAL CHANGED ITS POLICY MID-YEAR 2015. FROM JANUARY-MAY 2015, ALL UNINSURED PATIENTS RECEIVED AN AUTOMATIC 20% DISCOUNT FROM GROSS CHARGES. FROM JUNE-DECEMBER 2015, ALL UNINSURED PATIENTS RECEIVED AN AUTOMATIC 30% DISCOUNT FROM GROSS CHARGES. AT REGISTRATION, PATIENTS ARE NOTIFIED OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. THEY ARE PROVIDED PAMPHLETS DETAILING THE PROGRAM. IF THE PATIENT IS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE AND IS APPROVED FOR FINANCIAL ASSISTANCE, THE PATIENT WILL RECEIVE A DISCOUNT OF 100% ON THE OUTSTANDING ACCOUNT BALANCE. THE HOSPITAL WILL ATTEMPT TO COLLECT ANY BALANCE REMAINING ON THE UNINSURED ACCOUNT AFTER ALL FINANCIAL ASSISTANCE DISCOUNTS HAVE BEEN APPLIED USING A SERIES OF STATEMENTS, LETTERS, AND TELEPHONE CALLS. THE HOSPITAL WILL ALSO OFFER PATIENTS INTEREST-FREE EXTENDED PAYMENT PLANS. IF THE ACCOUNT REMAINS UNPAID, THE ACCOUNT MAY BE TURNED OVER TO A COLLECTION AGENCY.

PART VI, LINE 2:

KING'S DAUGHTERS' HEALTH, (KDH), CONDUCTED A COMMUNITY NEEDS ANALYSIS IN 2013 THAT INVOLVED BOTH ITS PRIMARY SERVICE AREA (JEFFERSON COUNTY, RIPLEY COUNTY, AND SWITZERLAND COUNTY, INDIANA) AND ITS SECONDARY SERVICE AREA

**Part VI** Supplemental Information (Continuation)

(TRIMBLE COUNTY AND CARROLL COUNTY, KENTUCKY). PRIOR TO THIS A COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED IN 2010.

- THE FOCUS OF THIS ASSESSMENT WAS ON THE HEALTH NEEDS THAT COULD BE ADDRESSED BY KDH AND CAN BE USED BY KDH IN PLANNING FUTURE SERVICES, APPLYING FOR GRANTS AND PLANNING OUTREACH EFFORTS.

- THE STUDY INCLUDED THE FOLLOWING COMPONENTS:

- ANALYSIS OF SECONDARY DATA TO DEVELOP A PROFILE OF THE RESIDENTS OF EACH COUNTY AND TO INDICATE, WHERE POSSIBLE FUTURE TRENDS AND TO SHOW COMPARISONS WITH STATE AND NATIONAL DATA;

- IN-PERSON INTERVIEWS WITH 30 KEY LEADERS WITHIN KDH INCLUDING BOARD, STAFF AND MEDICAL STAFF;

- IN-DEPTH-INTERVIEWS BY TELEPHONE OR IN-PERSON WITH 44 COMMUNITY LEADERS INCLUDING GOVERNMENT, MEDICAL, EDUCATION, AND OTHER COMMUNITY LEADERSHIP POSITIONS IN ALL FIVE COUNTIES;

- IN-PERSON SURVEYS OF 72 INDIVIDUALS IN LOW INCOME LOCATIONS;

- IN-PERSON DISCUSSIONS WITH 19 SENIOR CITIZENS;

- A WEB-BASED SURVEY WAS OPEN TO THE GENERAL PUBLIC WHICH RESULTED IN 184 COMPLETED INTERVIEWS.

- THIS ASSESSMENT ALLOWED ALL INDIVIDUALS TO PROVIDE RESPONSES ON ANY COMMUNITY NEEDS NOT LISTED IN THE QUESTIONS AND ALLOWED INDIVIDUALS TO MAKE COMMENTS ON COMMUNITY HEALTH ISSUES ON WHICH KDH COULD HAVE AN IMPACT.

- KEY HEALTH ISSUES EXPLORED WERE THE FOLLOWING:

- PHYSICAL ACTIVITY

- OVERWEIGHT AND OBESITY

- TOBACCO USE

- SUBSTANCE ABUSE/GAMBLING/ADDICTIONS

- RESPONSIBLE SEXUAL BEHAVIOR

**Part VI** Supplemental Information (Continuation)

- MENTAL HEALTH
- INJURY AND VIOLENCE (INCLUDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT)
- ENVIRONMENTAL QUALITY
- IMMUNIZATION
- ACCESS TO HEALTH CARE FOR THE INSURED AND UNINSURED
- MATERNAL AND CHILD HEALTH
- INFECTIOUS DISEASE
- OCCUPATIONAL AND SAFETY HEALTH
- SPECIAL NEEDS/DISABLED/IMPAIRED
- CHRONIC DISEASE

RESULTS OF THE NEEDS ASSESSMENT HAVE BEEN MADE AVAILABLE THROUGH A VARIETY OF SOURCES:

NEWSPAPER AND RADIO RELEASES, DISTRIBUTION OF INFORMATION IN THE COMMUNITY NEWSLETTER, VITAL SIGNS, AND IS ALSO AVAILABLE ON OUR WEB SITE.

PART VI, LINE 3:

-AT THE TIME OF REGISTRATION, THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS DISCUSSED WITH EACH PATIENT. THE PATIENT IS PROVIDED A PAMPHLET REGARDING THE POLICY, ELIGIBILITY REQUIREMENTS AND THE ASSOCIATED APPLICATION PROCESS. THE PATIENT MUST SIGN A FORM INDICATING THAT THEY RECEIVED THIS INFORMATION.

-THE HOSPITAL HAS A REPRESENTATIVE ON SITE TO ASSIST PATIENTS WITH THE FINANCIAL AID APPLICATION PROCESS.

-PATIENTS ARE REMINDED TO CONTACT CUSTOMER SERVICE REGARDING FINANCIAL AID AND FEDERAL/STATE ASSISTANCE DIRECTLY ON THE PATIENT BILL ITSELF.

-THE HOSPITAL'S WEBSITE HAS A LINK TO THE FINANCIAL AID APPLICATION.

PART VI, LINE 4:

**Part VI** Supplemental Information (Continuation)

## JEFFERSON COUNTY

- JEFFERSON COUNTY IS EXPERIENCING A SLOW GROWTH IN TOTAL POPULATION, CURRENTLY AT 32,554. BY 2020, THE POPULATION IS EXPECTED TO BE ABOUT 38,811. IT HAS A MEDIAN AGE OF 37.1, NEARLY IDENTICAL TO THE STATE AVERAGE OF 37.0. THE UNEMPLOYMENT RATE OF 8.4% IS SLIGHTLY ABOVE THE INDIANA RATE OF 8.2%.

- THE POPULATION IS FAIRLY HOMOGENEOUS WITH A LARGELY CAUCASIAN POPULATION, 96%

- THE MEDIAN AVERAGE HOUSEHOLD INCOME, OF \$40,386, IS LOWER THAN THAT FOR INDIANA AND THE NATION. IN JEFFERSON COUNTY, ABOUT 14.3% OF THE INDIVIDUALS, OR ABOUT 4,326, LIVE BELOW THE POVERTY LEVEL, BELOW THE 15.8% POVERTY RATE OF INDIVIDUALS IN INDIANA AND THE 15.9% RATE FOR THE ENTIRE U.S.

- 35% OF ALL FAMILIES IN JEFFERSON COUNTY ARE SINGLE PARENT FAMILIES WITH 28.3% OF THESE FAMILIES IN POVERTY. IN INDIANA, 32.9% OF ALL FAMILIES ARE SINGLE PARENT FAMILIES WITH 27.4% OF THESE FAMILIES IN POVERTY.

- JEFFERSON COUNTY RANKS FIRST IN INDIANA IN TERMS OF THE NUMBER OF ACRES DEVOTED TO TOBACCO WITH TOBACCO CROP SALES OF \$1.6 MILLION IN 2007. 28% OF ADULTS IN JEFFERSON COUNTY USE TOBACCO COMPARED TO 24% OF ADULTS LIVING IN THE STATE OF INDIANA.

- ACCORDING TO THE INDIANA STATE DEPARTMENT OF HEALTH 2012 REPORT, JEFFERSON COUNTY WAS NOT LISTED AS A COUNTY THAT HAD A SHORTAGE OF HEALTHCARE PROFESSIONALS OR OF MENTAL HEALTH PROFESSIONALS. HOWEVER, THE 2012 REPORT LISTS MILTON, SHELBY AND SMYRNA TOWNSHIPS AS MEDICALLY UNDERSERVED.

- THE RATE OF ALL CANCER INCIDENCE IS HIGHER IN JEFFERSON COUNTY, AT 502 FOR 100,000 POPULATION, THAN FOR INDIANA, AT 476 FOR 100,000 POPULATION. THE RATE OF LUNG CANCER IS HIGHER IN JEFFERSON, AT 96 PER 100,000

**Part VI** Supplemental Information (Continuation)

POPULATION THAN FOR INDIANA AT 80 PER 100,000. THE RATE OF PROSTATE CANCER IS HIGHER IN JEFFERSON, AT 152 PER 100,000 POPULATION THAN FOR INDIANA AT 136 PER 100,000. THE RATE OF BREAST CANCER IN JEFFERSON IS SLIGHTLY LOWER, AT 115 PER 100,000 POPULATION THAN FOR INDIANA AT 116 PER 100,000 POPULATION. THE RATE OF COLORECTAL CANCER IS LOWER IN JEFFERSON, AT 48 PER 100,000, THAN THE RATE FOR INDIANA, AT 51 PER 100,000.

- THE RATE OF ADULT ASTHMA IN JEFFERSON COUNTY, AT 7.3%, IS SLIGHTLY HIGHER THAN THE RATE FOR INDIANA, AT 7.2%, AS IS THE RATE OF CHRONIC BRONCHITIS (3.4% FOR JEFFERSON; 3.3% FOR INDIANA) AND FOR EMPHYSEMA (1.6% FOR JEFFERSON; 1.4% FOR INDIANA.)

- THE PERCENT OF MOTHERS WHO SMOKED DURING PREGNANCY IN JEFFERSON COUNTY IS 25.8% SIGNIFICANTLY HIGHER THAN THE STATE OF INDIANA AVERAGE OF 17.1%. IN 2010, THE PERCENT OF LOWWEIGHT BIRTHS FOR JEFFERSON COUNTY WAS 9.6%, ABOVE THE 8.0% FOR INDIANA.

- THE NUMBER OF TEEN PREGNANCIES AMONG WOMEN 15 TO 19 YEARS OLD HAS SLIGHTLY DECREASED IN JEFFERSON COUNTY FROM 2007 TO THE MOST RECENT MEASUREMENT IN 2010. IN JEFFERSON COUNTY, THERE WERE 46 TEEN PREGNANCIES IN 2007 AND 44 TEEN PREGNANCIES IN 2010. IN INDIANA, A SIGNIFICANT DECREASE TOOK PLACE - THERE WERE 11,683 TEEN PREGNANCIES IN 2007 AND 8,654 IN 2010.

- JEFFERSON COUNTY REPORTED 97 NEWLY DIAGNOSED CASES OF CHLAMYDIA IN 2011, AN INCREASE FROM THE 82 REPORTED IN 2009. THERE WERE 12 CASES OF GONORRHEA IN 2011 AND INCREASE FROM THE LESS THAN FIVE REPORTED IN JEFFERSON COUNTY IN 2009.

- THE MOST RECENT INFORMATION FROM THE INDIANA FAMILY AND SOCIAL SERVICE ADMINISTRATION IN 2008 SHOWS 1,324 ADULTS IN JEFFERSON COUNTY WITH SERIOUS MENTAL ILLNESS AND 247 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN.

- THE RATE OF DEATHS RELATED TO MAJOR CARDIO VASCULAR DISEASES IN

**Part VI** Supplemental Information (Continuation)

JEFFERSON COUNTY INCREASED FROM 2008 - 249.8 PER 100,000 POPULATION TO 2010 - 372.1 PER 100,000 POPULATION. THE OPPOSITE TREND OCCURRED IN INDIANA WITH 214.3 PER 100,000 DEATHS RECORDED IN 2008 FALLING TO 206.5 PER 100,000 IN 2010.

- THE STROKE DEATH RATE IN JEFFERSON, AT 79.4 PER 100,000 POPULATION IN 2010, WAS SIGNIFICANTLY HIGHER THAN THE 47.5 PER 100,000 POPULATION FOR INDIANA AND THE 41.9 PER 100,000 FOR THE NATION.

- THE INCIDENCE OF CANCER RATE (ALL SITES) WAS HIGHER IN JEFFERSON COUNTY - 502 PER 100,000 POPULATION COMPARED TO INDIANA'S RATE OF 476 PER 100,000.

## RIPLEY COUNTY

- RIPLEY COUNTY HAS A CURRENT POPULATION OF 28,583. THERE IS A NET OUTWARD MIGRATION. BY THE YEAR 2020, THE POPULATION WILL BE ABOUT 30,754.

- THE POPULATION IS 97.8% CAUCASIAN.

- THE MEDIAN HOUSEHOLD INCOME IN RIPLEY IS \$47,900 - LOWER THAN THE NATIONAL AVERAGE OF \$50,502, BUT HIGHER THAN THE INDIANA AVERAGE OF \$46,438.

- THE PERCENT OF FAMILIES BELOW POVERTY IN RIPLEY IS 15.4%, LOWER THAN THE INDIANA AVERAGE OF 20.6% AND THE NATIONAL AVERAGE OF 20.8%.

- 29.8% OF ALL FAMILIES IN RIPLEY COUNTY ARE SINGLE PARENT FAMILIES WITH 27% OF THESE FAMILIES IN POVERTY. IN INDIANA, 32.9% OF ALL FAMILIES ARE SINGLE PARENT FAMILIES WITH 27.4% OF THESE FAMILIES IN POVERTY.

- THE PERCENT OF MOTHERS IN RIPLEY COUNTY WHO SMOKE DURING PREGNANCY IS 22.8%, COMPARED TO 17.1% IN INDIANA. THE PERCENT OF LOW BIRTH WEIGHT IN RIPLEY COUNTY IS 7%, COMPARED TO 8% IN INDIANA.

- THE MOST RECENT INFORMATION FROM THE INDIANA FAMILY AND SOCIAL SERVICE ADMINISTRATION IN 2008 SHOWS 1,071 ADULTS IN RIPLEY COUNTY WITH SERIOUS MENTAL ILLNESS AND 250 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN.

**Part VI** Supplemental Information (Continuation)

- RIPLEY COUNTY DOES NOT HAVE A SHORTAGE OF HEALTH CARE PROFESSIONALS. THE TOWNSHIPS OF DELAWARE, CENTER AND BROWN ARE CONSIDERED MEDICALLY UNDERSERVED. RIPLEY HAS A SHORTAGE OF MENTAL HEALTH PROFESSIONALS.

- THE RATE OF INDIVIDUALS WITH PROSTATE CANCER IN RIPLEY WAS 146 PER 100,000 POPULATIONS COMPARED TO 136 FOR INDIANA IN 2008.

- THE DEATH RATE FROM MAJOR CARDIOVASCULAR DISEASE WAS 246.6 PER 100,000 POPULATION FOR RIPLEY COUNTY IN 2010. THIS IS HIGHER THAN INDIANA'S 206.5 AND THE NATION'S 193.6 PER 100,000 DURING THE SAME PERIOD.

- THE INCIDENCE OF CANCER RATE (ALL SITES) WAS HIGHER IN RIPLEY COUNTY - 518 PER 100,000 POPULATION COMPARED TO INDIANA'S RATE OF 476 PER 100,000.

## SWITZERLAND COUNTY

- SWITZERLAND COUNTY HAS A POPULATION OF 10,424 AND HAS A SLOW GROWTH RATE OF 0.5 WHICH MIRRORS THAT FOR INDIANA. THERE IS A NET MIGRATION INTO THE COUNTY. BY 2020, THE POPULATION WILL BE 11,950.

- THE ETHNICITY IS 98.1% WHITE.

- THE UNEMPLOYMENT RATE IS 6.9% IN SWITZERLAND COUNTY, LOWER THAN THE INDIANA RATE OF 8.4%.

- THE MEDIAN HOUSEHOLD INCOME IS \$42,285, COMPARED TO \$46,438 FOR INDIANA AND \$50,502 FOR THE NATION. IN SWITZERLAND, 28% OF THE FAMILIES ARE BELOW THE POVERTY LEVEL, COMPARED TO 20.6% OF INDIANA FAMILIES, AND 20.8% OF FAMILIES IN THE NATION. 29.4% OF THE CHILDREN IN SWITZERLAND COUNTY ARE BELOW THE POVERTY LEVEL.

- IN 2010, 22.5% OF ALL ADULTS AGE 25+ HAD LESS THAN A HIGH SCHOOL DIPLOMA.

- THE TEEN BIRTH RATE FOR SWITZERLAND COUNTY IN 2009 WAS 37.8 PER 1,000 FEMALES AGE 15-17. THIS IS SIGNIFICANTLY HIGHER THAN THE RATE FOR INDIANA OF 20.8 PER 1,000.

- THE RATE OF MOTHERS SMOKING DURING PREGNANCY IS 27.3% IN SWITZERLAND

**Part VI** Supplemental Information (Continuation)

COUNTY, COMPARED TO 17.1% IN INDIANA. IN SWITZERLAND, THERE IS A 6.8% LOW BIRTH WEIGHT, COMPARED TO 8.0% IN INDIANA.

- SWITZERLAND COUNTY HAS A SHORTAGE OF HEALTH CARE PROFESSIONALS. ALL AREAS OF SWITZERLAND COUNTY ARE CONSIDERED MEDICALLY UNDERSERVED.

SWITZERLAND COUNTY ALSO HAS A SHORTAGE OF MENTAL HEALTH PROFESSIONALS.

- THE RATE OF CHRONIC BRONCHITIS IN SWITZERLAND COUNTY AND IN INDIANA IS 3.0%. THE RATE OF EMPHYSEMA IN SWITZERLAND IS 1.5%, SLIGHTLY HIGHER THAN THE INDIANA RATE OF 1.4%.

- THERE ARE 379 ADULTS WITH SERIOUS MENTAL ILLNESS IN SWITZERLAND COUNTY AND 78 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN.

- THE DEATH RATE FROM MAJOR CARDIOVASCULAR DISEASE WAS 347.0 PER 100,000 POPULATION FOR SWITZERLAND COUNTY IN 2010. THIS IS SIGNIFICANTLY HIGHER THAN INDIANA'S 206.5 AND THE NATION'S 193.6 PER 100,000 DURING THE SAME PERIOD.

- THE INCIDENCE OF CANCER RATE (ALL SITES) WAS HIGHER IN SWITZERLAND COUNTY - 562 PER 100,000 POPULATION COMPARED TO INDIANA'S RATE OF 476 PER 100,000. THE ONLY TYPE OF CANCER IN WHICH SWITZERLAND COUNTY RECORDED AN INCIDENCE RATE LOWER THAN INDIANA WAS BREAST CANCER - SWITZERLAND COUNTY 82 PER 100,000 VERSUS INDIANA'S 116 PER 100,000 POPULATION.

**CARROLL COUNTY, KENTUCKY**

- CARROLL COUNTY KENTUCKY CURRENTLY HAS A POPULATION OF 11,013 WITH A TOTAL OF 4,195 HOUSEHOLDS. THE POPULATION IS PROJECTED TO BE ABOUT 11,440 BY 2020.

- THE POPULATION IS 95.1% CAUCASIAN.

- THE AVERAGE MEDIAN HOUSEHOLD INCOME IN 2011 WAS \$40,685 - HIGHER THAN THE \$41,141 FOR KENTUCKY, BUT LOWER THAN THE \$50,512 FOR THE NATION.

- THE AVERAGE PERCENT OF MOTHERS WHO SMOKE DURING PREGNANCY FOR CARROLL COUNTY IS 30%, COMPARED TO 24% FOR KENTUCKY.

**Part VI** Supplemental Information (Continuation)

- AS FAR AS SMOKING PREVALENCE IS CONCERNED, 30% OF THE ADULTS IN CARROLL SMOKE, COMPARED TO 29% OF KENTUCKY AND 21% OF THE NATION. THE PERCENT OF HIGH SCHOOL STUDENTS IN CARROLL WHO SMOKE IS 31%, COMPARED TO 25% FOR KENTUCKY AND 19% FOR THE NATION.

- CARROLL COUNTY KENTUCKY HAS 25% OF THE POPULATION OBESE, COMPARED TO 29% OF KENTUCKY AND 24% OF THE NATION.

- IN CARROLL, 43% OF THE POPULATION LACK PHYSICAL ACTIVITY, COMPARED TO 32% IN KENTUCKY AND 24% IN THE NATION.

PART VI, LINE 5:

THE MAJORITY OF KING'S DAUGHTERS' HEALTH BOARD OF MANAGERS IS COMPRISED OF INDIVIDUALS WHO LIVE AND WORK IN THE HOSPITAL SERVICES AREA. THE MAJORITY OF THESE INDIVIDUALS ARE NEITHER EMPLOYEES, NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS. THE ORGANIZATION ALSO APPLIES A PORTION OF SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE. HISTORICALLY, KDH HAS EMPLOYED A FULL TIME COMMUNITY WELLNESS COORDINATOR. THIS POSITION PROVIDES OUTREACH SERVICES IN AREAS OF NEED TO THE COMMUNITIES WE SERVE. IN ADDITION TO THESE SERVICES, KDH ALSO SERVES AS THE FISCAL AGENT FOR SEVERAL STATE AND FEDERAL GRANTS. ALL OF THESE SERVICES HELP US MEET THE IDENTIFIED NEEDS OF THE COMMUNITIES WE SERVE.

PARTICIPATION IN THE BELOW COMMUNITY ORGANIZATIONS IS PART OF THE HOSPITAL'S INDIANA STATE DEPARTMENT OF HEALTH COMMUNITY BENEFIT PLAN AND GOALS.

2015 KING'S DAUGHTERS' HEALTH

**Part VI** Supplemental Information (Continuation)

OVERVIEW OF COMMUNITY BENEFIT ACTIVITIES

1. HEALTH SCREENS:

A. CORPORATE HEALTH SCREENS / FAIRS

CLIFTY ENGINEERING SCREEN: 15

BELTERRA HEALTH FAIR PARTICIPATION (NO SCREENINGS PROVIDED)

B. COLON CANCER SCREENING KITS:

30 RETURNS.

C. CORPORATE FLU SHOTS: (172 TOTAL)

ANIMAL CLINIC: 6

AGS LAW OFFICE: 9

SET ENTERPRISES: 17

140 SOLD TO IVY TECH FOR SELF-ADMINISTRATION

2. COMMUNITY HEALTH FAIRS: (PARTICIPATED BY OFFERING A BOOTH WITH HEALTH EDUCATION)

A. RIPLEY COUNTY 4H FAIR

B. JEFFERSON COUNTY 4H FAIR

C. REMC HEALTH FAIR IN VERSAILLES

D. WAL-MART CANCER AWARENESS EVENT

E. HEALTHY KIDS DAY AT SWITZERLAND CO. YMCA

F. BACK TO SCHOOL HEALTH FAIR

G. COMMUNITY DAY/HEALTH FAIR AT LOCAL LOW-INCOME HOUSING COMPLEX

3. COMMUNITY EDUCATION OPPORTUNITIES/CLASSES/SPECIAL EVENTS:

A. SPEAKERS BUREAU:

HEATHER (WELLNESS): 12 SPEAKING ENGAGEMENTS

STEPHANIE (TOBACCO): 11 SPEAKING ENGAGEMENTS

B. FIT KIDS PROGRAM (7 WK PROGRAM FOR AREA 5TH GRADE CLASSROOMS)

**Part VI** Supplemental Information (Continuation)

6 SCHOOLS / 10 CLASSROOMS / 249 KIDS + TEACHERS

C. TOBACCO CESSATION & EDUCATION:

PROVIDED OUTREACH TO:

8 BUSINESSES

15 SCHOOL VISITS

KDH PHYSICIAN OFFICES

D. CPR AND FIRST AID CLASSES:

COMMUNITY CLASSES HELD WITH 672 GRADUATES

SCHOOL-BASED CLASSES HELD WITH 97 STUDENTS PARTICIPATING

E. STRIVE FOR 5 PROGRAM:

COMMUNITY 5-WEEK WEIGHT LOSS EDUCATION PROGRAM

ONE CLASS HELD IN 2015, 11 TOTAL PARTICIPANTS

F. PRENATAL EDUCATION:

OB PREP PROGRAM - 392 PEOPLE SERVED

PREPARED CHILDCARE ESSENTIAL CLASSES - 11 PEOPLE SERVED

LAMAZE CLASSES - 3 PEOPLE SERVED

SIBLING CLASSES - 5 PEOPLE SERVED

G. GIRLS ON THE RUN

FALL SEASON: 56 GIRLS / 5 SITES / 26 TRAINED COACHES / 10 WEEK

PROGRAM

FALL 5K: 200 PARTICIPANTS AND 50 VOLUNTEERS

H. HOUSE OF HEALTH:

MONTHLY EDUCATION OPPORTUNITY PROVIDED AT THE HOUSE OF HOPE FOOD

PANTRY.

APPROXIMATELY 25-70 PEOPLE ATTEND EACH MONTH.

12 TOPICS FOR 2015 INCLUDE: CPR FRIENDS & FAMILY, HEART HEALTH,  
NUTRITION, EMERGENCY PREPAREDNESS, CAR SEAT SAFETY, SUN SAFETY, TOBACCO,  
KIDS HEALTH, SAFE DRUG DROP OFF/HIV TESTING, BREAST CANCER, DIABETES, AND

**Part VI** Supplemental Information (Continuation)

HOLIDAY FOOD SAFETY.

I. SPEAKING OF WOMEN'S HEALTH

331 WOMEN IN ATTENDANCE. KDH PROVIDED:

STEERING COMMITTEE SUPPORT

FINANCIAL SPONSORSHIP AND IN-KIND SUPPORT

FREE CHOLESTEROL TESTING FOR ALL PARTICIPANTS

80% OF ALL BREAKOUT SESSIONS SPEAKERS WERE IN-KIND KDH STAFF

GIFT FOR PARTICIPANT GIFT BAG

J. MONTHLY "TO YOUR HEALTH" RADIO SHOW

30 MINUTE HEALTH EDUCATION PROGRAM WITH VARIOUS TOPICS OFFERED

EACH MONTH

4. EMPLOYEE HEALTH OPPORTUNITIES FOR KDH STAFF:

WELLNESS NEWSLETTERS (ON-LINE AND PAPER VERSIONS AVAILABLE)

WELLNESS COLUMN IN THE MONTHLY MONITOR NEWSLETTER

WELLNESS CALENDAR DISTRIBUTION TO ALL STAFF

EMPLOYEE HEALTH SCREEN AVAILABLE FOR ALL STAFF WITH INSURANCE

PREMIUM REDUCTION INCENTIVE PROGRAM AVAILABLE FOR EMPLOYEES WITH HEALTH INSURANCE.

3 WELLNESS CHALLENGES:

47250 HEALTHY HABIT CHALLENGE

30-DAY WALKING CAMPAIGN

2 ON-SITE EMPLOYEE WELLNESS CLASSES

HEART MONTH ACTIVITIES

WEAR RED DAY PARTICIPATION (HEART HEALTH EDUCATION)

TWO STRIVE FOR 5 WEIGHT LOSS CLASSES HELD (5 WEEK SERIES)

5. COMMUNITY SERVICE ACTIVITIES:

A. SUPPORT GROUPS:

BREAST CANCER SUPPORT GROUP

Part VI Supplemental Information (Continuation)

B. ACTIVE ATTENDANCE AND PARTICIPATION IN:

CASA (COALITION AGAINST SUBSTANCE ABUSE, JEFFERSON COUNTY)

SCAT (SWITZERLAND COUNTY AWARENESS TEAM)

TPCC AND JEFFERSON COUNTY TOBACCO COALITION (STATE & LOCAL TOBACCO EFFORTS)

ACTIVE LIVING COMMITTEE

ENVISION JEFFERSON COUNTY

MASHER (AREA CORPORATE HEALTH AND SAFETY GROUP)

C. KDH RUN THE FALLS 5K WALK/RUN HELD AT CLIFTY FALLS STATE PARK

202 PEOPLE PARTICIPATED

D. EMS STAND-BY AT ALL COMMUNITY ACTIVITIES:

EMS PROVIDES STAND-BY COVERAGE AT ALL JEFFERSON COUNTY

ACTIVITIES.

E. SUPPORT TO VARIOUS AREA SCHOOLS WITH INTERNSHIPS:

SUPPORT MANY LOCAL AND AREA HIGH SCHOOLS AND COLLEGES WITH INTERNSHIPS AND JOB SHADOW

EXPERIENCES: INCLUDES NURSING AND MEDICAL STUDENTS AMONG OTHERS.

6. SUCCESSFUL GRANT ACTIVITY:

A. TPCC: TOBACCO PREVENTION AND CESSATION COMMISSION:

FUNDING TO HIRE FULL TIME COORDINATOR, STARTING IN 2009, CONTINUES FOR JEFFERSON CO.

B. CASA / SCAT GRANTS:

TO FUND NICOTINE REPLACEMENT THERAPY FOR INDIVIDUALS WISHING TO QUIT TOBACCO.

PART VI, LINE 6:

NA

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

IN

PART VI, LINE 4 CONTINUED

CARROLL COUNTY, KENTUCKY (CONTINUED)

- THE UNEMPLOYMENT RATE IN CARROLL COUNTY IS 9.6%, HIGHER THAN BOTH KENTUCKY'S 8.2% AND THE NATION'S 8.1%.

- THE DEATH RATE FROM HEART DISEASE IN CARROLL COUNTY IS 299.8 PER 100,000 COMPARED TO 205.6 PER 100,000 FOR KENTUCKY AND 173.7 PER 100,000 FOR THE NATION.

- THE DEATH RATE PER 100,000 DUE TO CHRONIC RESPIRATORY DISEASE IN 2011 WAS 112.1 FOR CARROLL COUNTY COMPARED TO 63.1 PER 100,000 FOR KENTUCKY AND 42.7 PER 100,000 FOR THE NATION.

- IN 2011, CARROLL COUNTY HAD NEARLY TWO AND HALF TIMES THE NUMBER OF DRUG ARRESTS PER 100,000 IN COMPARISON TO KENTUCKY: 2,162 VERSUS 870.

TRIMBLE COUNTY, KENTUCKY

- TRIMBLE COUNTY, KENTUCKY, HAS A POPULATION OF 8,725 AND A DECLINING GROWTH RATE OF -1.0 PER 1,000 POPULATION, COMPARED TO 0.6% INCREASED GROWTH FOR KENTUCKY. BY 2020, THE POPULATION WILL BE 9,514.

- THE POPULATION IS 97.2% WHITE.

- THE AVERAGE MEDIAN HOUSEHOLD INCOME IN TRIMBLE COUNTY IS \$44,141 COMPARED TO \$43,677 IN KENTUCKY AND \$50,502 IN THE NATION. THE UNEMPLOYMENT RATE IS 8.2%, COMPARED TO 8.2% FOR KENTUCKY AND 8.1% FOR THE NATION.

- THE RATE OF SMOKING DURING PREGNANCY IN TRIMBLE COUNTY IS 44%, COMPARED TO 24% IN KENTUCKY. THE LOW BIRTH WEIGHT RATE IN TRIMBLE COUNTY IS 6% WHICH IS BELOW KENTUCKY'S 9%.

**Part VI** Supplemental Information (Continuation)

- IN TRIMBLE COUNTY, 30% OF ADULTS SMOKE, WHICH IS HIGHER THAN THE 29% FOR KENTUCKY AND THE 19% FOR THE NATION. IN TRIMBLE COUNTY, 25% OF HIGH SCHOOL STUDENTS SMOKE, THE SAME AS IN KENTUCKY, BUT HIGHER THAN THE 23% IN THE NATION.

- IN TRIMBLE COUNTY, 29% OF THE ADULTS ARE OBESE, THE SAME AS FOR KENTUCKY, BUT HIGHER THAN THE 24% FOR THE NATION. IN TRIMBLE, 14% LACK PHYSICAL ACTIVITY, COMPARED TO 32% IN KENTUCKY AND 24% IN THE NATION.

- IN TRIMBLE COUNTY, THERE IS AN 9% RATE OF ADULT DIABETES, COMPARED TO 8% IN KENTUCKY AND 10% FOR THE NATION. THE DEATH RATE PER 100,000 DUE TO DIABETES WAS 55.4 FOR TRIMBLE COUNTY, COMPARED TO 28.0 FOR KENTUCKY AND 25.3 FOR THE NATION.

- DEATHS DUE TO BREAST CANCER WERE 15 PER 100,000 FOR TRIMBLE COUNTY COMPARED TO 14 PER 100,000 FOR KENTUCKY. DEATHS DUE TO PROSTATE CANCER WERE 23 PER 100,000 FOR TRIMBLE COUNTY AND 18 PER 100,000 FOR KENTUCKY.