

**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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **THE BETHANY CIRCLE OF KING'S DAUGHTERS' OF MADISON, INDIANA, INC.** Employer identification number **35-0895832**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 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		
3 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.		
a 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c 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.		
4 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"/>	
5a 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 If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c 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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			674,126.		674,126.	.54%
b Medicaid (from Worksheet 3, column a)			22772504.	15952816.	6819688.	5.45%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			23446630.	15952816.	7493814.	5.99%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			225,326.	59,560.	165,766.	.13%
f Health professions education (from Worksheet 5)			185,565.	45,225.	140,340.	.11%
g Subsidized health services (from Worksheet 6)			2549093.	2184900.	364,193.	.29%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			29,110.		29,110.	.02%
j Total. Other Benefits			2989094.	2289685.	699,409.	.55%
k Total. Add lines 7d and 7j			26435724.	18242501.	8193223.	6.54%

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
Community Health Needs Assessment		
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?		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		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	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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</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	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		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		X
7 Did the hospital facility make its CHNA report widely available to the public?	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-US/COMMUNITY-NEE</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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTPS://WWW.KDHMADISON.ORG/ABOUT-US/COMMUNITY-NEEDS-</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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? \$		

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:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
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):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
<p>17 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 nonpayment?</p>	X	
<p>18 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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>19 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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 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):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input checked="" type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>21 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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

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

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

		Yes	No
<p>22 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.</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>			
<p>23 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?</p> <p>If "Yes," explain in Section C.</p>		23	X
<p>24 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?</p> <p>If "Yes," explain in Section C.</p>		24	X

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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: CANCER, DIABETES, HEART DISEASE & STROKE, INJURY & VIOLENCE, MENTAL HEALTH, NUTRITION, PHYSICAL ACTIVITY, WEIGHT, RESPIRATORY DISEASES, SUBSTANCE ABUSE, TOBACCO USE, FAMILY PLANNING, INFANT/CHILD HEALTH, DEMENTIA/ALZHEIMER'S DISEASE, SEXUALLY TRANSMITTED DISEASES, ARTHRITIS/OSTEOPOROSIS/BACK CONDITIONS, ORAL HEALTH/DENTAL CARE, HIV/AIDS, IMMUNIZATION/INFECTIOUS DISEASES, AND HEARING & VISION PROBLEMS.

KING'S DAUGHTERS' HEALTH:

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

TELEPHONE INTERVIEWS OF A RANDOM SAMPLE OF 200 INDIVIDUALS AGE 18 AND OLDER IN THE PRIMARY SERVICE AREA. NOTE THAT THE SAMPLE CONSISTED SOLELY OF AREA RESIDENTS AGE 18 AND OLDER. DATA ON CHILDREN WERE GIVEN BY PROXY BY THE PERSON MOST RESPONSIBLE FOR THAT CHILD'S HEALTHCARE NEEDS.

ON-LINE KEY INFORMANT SURVEY DIRECTED AT PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BY KING'S DAUGHTERS' BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS THE COMMUNITY OVERALL. THROUGH

THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICALLY

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

UNDERSERVED POPULATIONS.

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-US/COMMUNITY-NEEDS-ASSESSMENT.

KING'S DAUGHTERS' HEALTH:

PART V, SECTION B, LINE 11: THE HOSPITAL CONDUCTED A NEEDS ASSESSMENT IN 2019 WHOSE IMPLEMENTATION STRATEGY WAS ADOPTED IN MARCH 2020. THE IMPLEMENTATION STRATEGY ASSOCIATED WITH THE 2019 NEEDS ASSESSMENT INCLUDED THE FOLLOWING PRIORITY AREAS- SUBSTANCE ABUSE, MENTAL HEALTH, TOBACCO USE, NUTRITION/PHYSICAL ACTIVITY/WEIGHT, DIABETES, HEALTH DISEASE & STROKE, AND CANCER. THIS IMPLEMENTATION STRATEGY WILL GUIDE THE ACTIVITIES FOR THREE CONSECUTIVE YEARS FOLLOWING THE MOST RECENT NEEDS ASSESSMENT (AN UPDATE TO THIS STRATEGY PLAN WILL BE PROVIDED AT THE END OF EACH CALENDAR YEAR (2020, 2021, AND 2022).

DURING CALENDAR YEAR 2019, THE HOSPITAL CONTINUED ITS WORK ON THE IMPLEMENTATION STRATEGY ASSOCIATED WITH THE 2016 NEEDS ASSESSMENT. THE REMAINDER OF INFORMATION PRESENTED HERE IS RELATED TO THAT PARTICULAR NEEDS ASSESSMENT.

AFTER REVIEW OF THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN 2016, A SMALL COMMITTEE OF INTERESTED INDIVIDUALS WAS INVITED TO PARTICIPATE IN

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

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.

KDH GAPS: THERE DOES 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 2017-2019

SAFE DRUG DROP OFF PROGRAM: KING'S DAUGHTERS' HEALTH WILL SUPPORT THE JEFFERSON COUNTY HEALTH DEPARTMENT WITH MULTIPLE DRUG DROP OFF EVENTS EACH YEAR. MANY OF THESE EVENTS WILL BE HOSTED ON THE KDH CAMPUS. KDH WILL ADVERTISE ALL DROP OFF EVENTS TO MEDICAL PROVIDERS, INTERNALLY TO STAFF, AND THROUGH SOCIAL MEDIA EFFORTS.

GOALS: TO PROVIDE A SAFE ALTERNATIVE TO DISPOSING OF UNWANTED PRESCRIPTION MEDICATIONS. MEDICATIONS ARE INCINERATED BY LAW ENFORCEMENT AFTER COLLECTION.

EVALUATION: THE HEALTH DEPARTMENT WILL EVALUATE THE NUMBER OF SPECIAL

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

DROP OFF EVENTS EACH CALENDAR YEAR. THE NUMBER OF INDIVIDUALS DROPPING OFF DRUGS/MEDICINE WILL BE TRACKED AS WELL AS THE TOTAL POUNDS OF DRUGS COLLECTED. KDH WILL PROMOTE THE DRUG DROP OFF PROGRAM BY OFFERING A MINIMUM OF THREE DIFFERENT PROMOTIONAL METHODS FOR EACH SPECIAL EVENT.

YEAR 3 - 2019 UPDATE:

- NUMBER OF DRUG DROP OFF EVENTS IN 2019: 4 (ALL EVENTS WERE HELD AT THE KDH CAMPUS)

- NUMBER OF INDIVIDUALS DROPPING OFF DRUGS/MEDICINE: 94

- TOTAL POUNDS OF DRUGS COLLECTED: 306 LBS. (SIGNIFICANT INCREASE FROM 2018).

- TOTAL POUNDS OF SYRINGES COLLECTED: 75.2 LBS.

- CONTINUED TO SUPPORT THESE DRUG DROP OFF EVENTS THROUGH ALL KDH PROMOTION METHODS. IN ADDITION, THE HEALTHY COMMUNITIES INITIATIVE PROMOTED 2019 DRUG DROP OFF DATES TO ALL THREE TEAMS.

- KDH CONTINUES TO TAKE A LEAD ROLE WITH THE HCI SUBSTANCE ABUSE TEAM AND PARTICIPATES IN THE LOCAL COALITION. THE SUBSTANCE ABUSE TEAM HELPED TO PROMOTE A LOCAL PRESENTATION WITH 150 PEOPLE IN ATTENDANCE FOCUSING ON HOPE FOR SUBSTANCE ABUSE CONCERNS.

- KDH EMERGENCY DEPARTMENT AND SOCIAL SERVICES NOW PROVIDE CERT REFERRALS FOR PATIENTS. CERT OFFERS 24-HOUR ASSESSMENTS AND PROVIDES SUPPORT FOR PATIENTS AND FAMILIES IN A SUBSTANCE ABUSE OR MENTAL HEALTH CRISIS. TREATMENT PLACEMENT IS ALSO PROVIDED FOR THOSE WANTING SUBSTANCE ABUSE HELP.

OVERWEIGHT AND OBESITY AND LACK OF PHYSICAL ACTIVITY

FIT KIDS

DESCRIPTION: FIT KIDS IS A CURRICULUM-BASED HEALTH EDUCATION PROGRAM

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

OFFERED IN THE SCHOOL CLASSROOM SETTING. KDH STAFF VISIT 5TH GRADE SCHOOL CLASSROOMS FOR 7 WEEKS OFFERING LESSONS TARGETING THE SUBJECT OF CHILDHOOD OBESITY. AGE-APPROPRIATE EDUCATION AND WEEKLY TAKE-HOME CHALLENGES TO INVOLVE FAMILIES ARE OFFERED EACH LESSON. ALL HEALTH LESSONS FOCUS ON A SPECIFIC AREA OF NUTRITION AND PHYSICAL ACTIVITY.

GOALS: TO EXTEND THE FIT KIDS PROGRAM TO BOTH SWITZERLAND COUNTY, IN AND TRIMBLE COUNTY, KY ELEMENTARY SCHOOLS. IN ADDITION, THE PROGRAM WILL CONTINUE TO BE OFFERED TO ALL JEFFERSON COUNTY ELEMENTARY SCHOOLS.

ANTICIPATED OUTCOMES IMPROVED HEART HEALTH KNOWLEDGE, INCREASE PHYSICAL ACTIVITY FOR CHILDREN, AND IMPROVED NUTRITION CHOICES SUCH AS; INCREASE WATER INTAKE, DECREASE HIGH SUGARY BEVERAGES, INCREASE IN FRUIT AND VEGETABLE CONSUMPTION, CONTROLLED PORTION SIZES, AND INCREASE PERCENTAGE OF CHILDREN WHO CONSUME BREAKFAST EACH DAY.

PLAN TO EVALUATE: PRE/POST SURVEYS, WEEKLY TAKE HOME CHALLENGE PARTICIPATION.

METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE: A NEW PRE/POST SURVEY WILL BE DEVELOPED AND IMPLEMENTED FOR ALL PARTICIPATING STUDENTS. INSTRUCTORS WILL TRACK PERCENT OF STUDENTS WHO COMPLETE WEEKLY TAKE-HOME CHALLENGES.

YEAR 3 - 2019 UPDATE:

- THE PROGRAM WAS OFFERED AT FIVE SCHOOL SYSTEMS IN JEFFERSON COUNTY.
- SWITZERLAND COUNTY HAD A BUSY ACADEMIC CALENDAR AND CHOSE NOT TO INCLUDE THE FIT KIDS PROGRAM.
- A TOTAL OF 18 CLASSROOMS WERE REACHED. THIS INCLUDED 424 STUDENTS AND 18 TEACHERS. THIS WAS A RECORD HIGH FOR THE THREE-YEAR PERIOD.
- FOR THE SECOND YEAR IN A ROW, PROCEEDS FROM A KDH FOUNDATION FUNDRAISING EVENT WERE DESIGNATED TO THE FIT KIDS PROGRAM. THIS FUNDING PAID FOR A

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

HEALTHY SNACK DURING THE FINAL LESSON, WHICH INCLUDED FRESH PRODUCE.

HEALTHY LIFESTYLES TEAM, COMMUNITY-WIDE WELLNESS CHALLENGES

DESCRIPTION: THE NEWLY FORMED HEALTHY LIFESTYLES TEAM WILL CREATE AND IMPLEMENT A MINIMUM OF ONE COMMUNITY-WIDE WELLNESS CHALLENGE EACH CALENDAR YEAR. THESE CHALLENGES WILL BE INCENTIVE-BASED AND OPEN TO ALL COUNTY RESIDENTS.

GOALS: CREATE CREATIVE CHALLENGES THAT WILL MOTIVATE PARTICIPANTS TO IMPROVE THEIR HEALTH. THE TEAM WILL WORK TO GET AS MANY LOCAL RESIDENTS INVOLVED BY TARGETING PROMOTION AND SIGNUPS TO INDUSTRIES/BUSINESSES, SCHOOLS, CHURCHES, AND CIVIC GROUPS.

ANTICIPATED OUTCOMES: INCREASE PHYSICAL ACTIVITY, IMPROVE NUTRITIONAL HABITS, AND IMPROVE MISC. HEALTHY LIFESTYLE CHOICES LIKE STRESS MANAGEMENT AND QUALITY/QUANTITY OF SLEEP. THE ULTIMATE OUTCOME IS TO LOWER THE RATE OF OVERWEIGHT AND OBESE RESIDENTS IN THE COMMUNITY.

PLAN TO EVALUATE: THE HEALTHY LIFESTYLES TEAM, UNDER THE LEADERSHIP OF THE HCI COORDINATOR AND WELLNESS COORDINATOR WILL EVALUATE PARTICIPATION LEVELS AND ANY BIOMETRIC MEASUREMENTS THAT CAN BE CAPTURED. PARTICIPATION SURVEYS WILL BE OFFERED WHEN POSSIBLE.

METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE: NUMBER OF CHALLENGES EACH CALENDAR YEAR WILL BE DOCUMENTED ALONG WITH NUMBER OF INDIVIDUALS PARTICIPATING AND PERCENT OF PEOPLE WHO COMPLETE/FINISH THE CHALLENGE. CHALLENGE TRACKING TOOLS WILL BE MEASURED, DEPENDING ON THE THEME/FOCUS OF THE CHALLENGE; EXAMPLE- CALCULATING TOTAL STEPS, EXERCISE MINUTES, CHANGE IN BMI, SERVINGS OF FRUITS/VEGETABLES, ETC.

YEAR 3 - 2019 UPDATE:

- HEALTHY LIFESTYLES TEAM MET 12 TIMES IN 2019. THE TEAM HAS 64 MEMBERS.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

- FREQUENT UPDATES ARE MADE FOR THE HEALTHY LIFESTYLES RESOURCE GUIDE.

THIS JEFFERSON COUNTY GUIDE IS AVAILABLE ON-LINE AND IN PRINT.

- A 2019 LIGHTEN UP JEFFERSON COUNTY COMMUNITY WEIGHT LOSS CHALLENGE WAS HELD. 221 ADULTS PARTICIPATED WITH A RECORDED 749.9 LB. TOTAL WEIGHT LOSS.

- THE KDH WELLNESS COORDINATOR, WHO SERVES AS THE CHAIR OF THE HEALTHY LIFESTYLES TEAM, SERVED ON THE PLANNING TEAM FOR A NEW SPRING PARK HOP. THIS INCENTIVE PROGRAM ENCOURAGED AREA YOUTH AND THEIR FAMILIES TO VISIT ALL AREA PARKS WITH THE GOAL TO INCREASE PHYSICAL ACTIVITY AND PLAY TIME.

- A SUMMER COMMUNITY HEALTHY SCAVENGER HUNT WALK WAS HELD.

- THE TEAM ASSISTED THE TOBACCO COORDINATOR AND HELPED WITH A CIGARETTE BUTT CLEAN UP EVEN HELD AT A LOCAL PARK.

- A FALL 2019 HEALTHY YOUTH TAILGATE EVENT WAS HELD FOR THE THIRD YEAR IN A ROW WITH APPROXIMATELY 250 STUDENTS IN ATTENDANCE, 20 HEALTH EDUCATION BOOTHS, AND 50 VOLUNTEERS.

- A HEALTH MESSAGE WAS CREATED EACH MONTH WHICH FOCUSED ON VARIOUS HEALTH THEMES THROUGHOUT THE YEAR. THESE EDUCATION MESSAGES WERE PUBLISHED IN THE LOCAL NEWSPAPER, AIRED ON THE LOCAL RADIO STATION, SENT TO HUMAN RESOURCES PROFESSIONALS TO ENCOURAGE SHARES TO AREA EMPLOYERS GROUPS, AND ALSO BLASTED ON SOCIAL MEDIA OUTLETS.

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 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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

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:

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

KING'S DAUGHTERS' HEALTH:

PART V, SECTION B, LINE 16J: AT THE TIME OF REGISTRATION, THE PATIENT IS OFFERED 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 ATTEMPT TO MEET (DURING NORMAL BUSINESS HOURS) 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 PATIENT IS OFFERED A PAMPHLET REGARDING THE POLICY, ELIGIBILITY REQUIREMENTS AND THE ASSOCIATED APPLICATION PROCESS. THE PATIENT MUST SIGN A FORM INDICATING

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

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 ATTEMPT TO MEET (DURING NORMAL BUSINESS HOURS) WITH ANY UNINSURED INPATIENT PRIOR TO DISCHARGE TO DISCUSS THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

PART V, SECTION B, LINE 11 CONTINUED

STRIVE FOR 5 WEIGHT LOSS EDUCATION CLASS

DESCRIPTION: THIS 5-WEEK CLASS SERIES TEACHES BASIC WEIGHT LOSS CONCEPTS AND FOCUSES ON DIFFERENT ASPECTS OF HEALTHY NUTRITION AND EXERCISE EACH WEEK. CLASS PARTICIPANTS WEIGH IN DURING THE FIRST AND LAST CLASS. THE ONE-TIME CLASS FEE OF \$5 IS REFUNDED TO ANYONE WHO LOSES AT LEAST 5 POUNDS OF THEIR BODY WEIGHT.

GOALS: OFFER A MINIMUM OF THREE 5-WEEK CLASS SERIES EACH CALENDAR YEAR, WITH A MINIMUM OF 30 PARTICIPANTS. ACHIEVE A 50% RATE EACH CLASS SERIES FOR PARTICIPANTS WHO LOSE THE MINIMUM OF 5 POUNDS OF BODY WEIGHT DURING THE 5 WEEK CLASS SERIES.

ANTICIPATED OUTCOMES: IMPROVE NUTRITIONAL HABITS AND INCREASE PHYSICAL ACTIVITY FOR ALL CLASS PARTICIPANTS. MOTIVATE, EDUCATE, AND ASSIST CLASS PARTICIPANTS TO REDUCE BMI.

PLAN TO EVALUATE: STRIVE FOR 5 INSTRUCTOR CALCULATIONS.

METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE: TRACK

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

NUMBER OF CLASS SERIES OFFERED, NUMBER OF PARTICIPANTS, AND ATTENDANCE.

OFFER PRE AND POST BODY WEIGHT CHECKS AND MEASURE ANY WEIGHT CHANGE.

YEAR 3 - 2019 UPDATE:

- ONE 5-WEEK CLASS SERIES WAS HELD IN 2019 WITH 2 TOTAL PARTICIPANTS.

A SCHEDULING CONFLICT PERMITTED AN EVENING CLASS, WHICH TYPICALLY BRINGS IN MORE PARTICIPANTS. THIS WILL BE EVALUATED FOR FUTURE CLASSES.

- 100% OF PARTICIPANTS COMPLETED THE 5 WEEK PROGRAM.

- THESE CLASSES LOST A TOTAL OF 9.6 LBS. AND 100% OF PARTICIPANTS LOST WEIGHT. 50% OF PARTICIPANTS WHO COMPLETED THE CLASS LOST THE SUGGESTED 5+ LBS. DURING THE CLASS.

TOBACCO USE

DESCRIPTION: TOBACCO PREVENTION AND CESSATION COORDINATOR, EMPLOYED FULL TIME AT KDH, WILL PROVIDE EDUCATIONAL LITERATURE AND RESOURCES REGARDING THE HEALTH AND FINANCIAL EFFECTS OF SMOKING DURING PREGNANCY THROUGH WIC AND KDH OB/GYN PROVIDERS. THE COORDINATOR WILL MEET WITH WOMEN FACE TO FACE AS NECESSARY TO PROVIDE COUNSELING AND ADDITIONAL RESOURCES.

GOALS: DECREASE SMOKING RATE AMONG PREGNANT WOMEN.

ANTICIPATED OUTCOMES: THE MAIN ANTICIPATED OUTCOME IS A DECREASED SMOKING RATE AMONG PREGNANT WOMEN, WHICH WOULD ALSO LEAD TO DECREASED PRE-TERM BIRTHS, LOW BIRTH WEIGHT AND BIRTH DEFECTS DUE TO SMOKING.

PLAN TO EVALUATE: WIC AND OB/GYN PROVIDER TRACKING, INDIANA STATE DEPARTMENT OF HEALTH/CDC STATISTICS AND REPORTS.

METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE: NUMBER OF PREGNANT WOMEN WHO RECEIVE EDUCATIONAL MATERIALS, RESOURCES,

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

COUNSELING, ETC.

YEAR 3 - 2019 UPDATE:

- NUMBER OF OB/GYN PATIENTS REFERRED TO THE TOBACCO QUITLINE 38.

- EDUCATION/CESSATION LITERATURE CONTINUES TO BE PROVIDED TO EACH OB PATIENT.

- 2019 JEFFERSON COUNTY SMOKING WHILE PREGNANT RATE DECREASED TO 26.1%.

INDIANA TOBACCO QUITLINE

DESCRIPTION: KDH TOBACCO PREVENTION AND CESSATION COORDINATOR WILL PROMOTE THE INDIANA TOBACCO QUITLINE IN ORDER TO INCREASE THE NUMBER OF PEOPLE WHO UTILIZE OR ARE REFERRED TO THE QUITLINE VIA THEIR MEDICAL PROVIDER OR EMPLOYER. THE QUITLINE IS A FREE RESOURCE FOR ALL INDIANA RESIDENTS THAT CONNECTS THEM WITH A CESSATION COUNSELOR AND PROVIDES FREE NICOTINE REPLACEMENT PRODUCTS FOR THOSE ENROLLED IN MEDICARE, MEDICAID, OR ARE UNINSURED.

GOALS: DECREASE SMOKING RATE AMONG ADULTS.

ANTICIPATED OUTCOMES: THE MAIN ANTICIPATED OUTCOME IS A DECREASED SMOKING RATE AMONG ADULTS, WHICH WOULD ALSO LEAD TO A DECREASED INCIDENCE OF CHRONIC DISEASE AND ILLNESS DUE TO SMOKING.

PLAN TO EVALUATE: TOBACCO PREVENTION AND CESSATION TRACKING AND REPORTS.

METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE: NUMBER OF QUITLINE CALLS, NUMBER OF QUITLINE REFERRALS, NUMBER OF PATIENTS WHO ACCEPT QUITLINE SERVICES, DATA REGARDING HOW PATIENTS ARE HEARING ABOUT THE QUITLINE.

YEAR 3 - 2019 UPDATE:

- NUMBER OF 2019 QUITLINE REFERRALS 237.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

- NUMBER OF ACCEPTED SERVICES - 19. (DOES NOT INCLUDE MARCH REPORT)

- NUMBER OF DECLINED SERVICES - 61. (DOES NOT INCLUDE MARCH REPORT)

- THE OTHER 157 REFERRALS WERE PENDING OR NOT REACHABLE AT THE TIME OF THIS REPORT.

YOUTH OUTREACH THROUGH SCHOOLS AND YOUTH ORGANIZATIONS

DESCRIPTION: KDH TOBACCO PREVENTION AND CESSATION COORDINATOR WILL HOLD PRESENTATIONS AND ORGANIZE ACTIVITIES AT SCHOOLS AND YOUTH ORGANIZATIONS REGARDING HEALTH EFFECTS OF TOBACCO USE, AND THE MARKETING TACTICS OF BIG TOBACCO AND E-CIGARETTES.

GOALS: DECREASE CURRENT YOUTH SMOKING RATES AND DISCOURAGE YOUTH FROM SMOKING. EDUCATE YOUTH ABOUT MARKETING TACTICS OF BIG TOBACCO USED TO TARGET YOUNG PEOPLE.

ANTICIPATED OUTCOMES: THE MAIN ANTICIPATED OUTCOME IS A DECREASED SMOKING RATE AMONG YOUTH, AS WELL AS A MORE EDUCATED GROUP OF YOUTH WHO DO NOT DESIRE TO START SMOKING AND CAN ALSO RECOGNIZE THE TACTICS BIG TOBACCO USES TO TARGET YOUNG PEOPLE.

PLAN TO EVALUATE: SURVEYS, PRE AND POST TESTS, INDIANA STATE DEPARTMENT OF HEALTH AND CDC STATISTICS AND REPORTS.

METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE: NUMBER OF PRESENTATIONS, NUMBER OF STUDENTS REACHED, SURVEY AND TEST RESULTS.

YEAR 3 - 2019 UPDATE:

- KDH RECEIVED A GRANT IN 2019 TO BRING THE TRUTH INITIATIVE TO JEFFERSON COUNTY. GUEST SPEAKERS SPOKE AT EACH (THREE) HIGH SCHOOL ON THE HARMS OF E-CIGARETTE/TOBACCO USE. THE PRESENTATIONS REACHED AN ESTIMATED 1,038 STUDENTS.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

- TOBACCO COORDINATOR DID AN EDUCATION PRESENTATION FOR GIRLS INCORPORATED.

- TOBACCO COORDINATOR DID AN EDUCATION PRESENTATION FOR A LOCAL ELEMENTARY SCHOOL DURING RED RIBBON WEEK.

- TOBACCO COORDINATOR DID A TOBACCO MARKETING LESSON TO A TEAM OF GIRLS PARTICIPATING IN THE GIRLS ON THE RUN PROGRAM.

- KDH PARTICIPATED IN THE STARS TOBACCO RETAIL SURVEY IN JEFFERSON COUNTY. 42 LICENSED TOBACCO RETAILERS IN JEFFERSON COUNTY WERE LISTED AND SURVEYED.

OUTREACH THROUGH RESPIRATORY THERAPY DEPARTMENT

DESCRIPTION: KDH TOBACCO PREVENTION AND CESSATION COORDINATOR WILL PROVIDE FREE NICOTINE PATCHES FOR RESPIRATORY THERAPY PATIENTS AT KDH. PATIENTS WHO SMOKE AND SUFFER FROM COPD WILL BE OFFERED NICOTINE REPLACEMENT PRODUCTS AND EDUCATIONAL INFORMATION REGARDING THE HEALTH EFFECTS OF SMOKING, AS WELL AS INFORMATION ABOUT THE INDIANA TOBACCO QUITLINE. PATCHES WILL BE PURCHASED THROUGH A GRANT, FUNDED FROM THE JEFFERSON COUNTY JUSTICE, TREATMENT, AND PREVENTION COALITION.

GOALS: ASSIST RESPIRATORY PATIENTS WITH SMOKING CESSATION.

ANTICIPATED OUTCOMES: THE MAIN ANTICIPATED OUTCOME IS A DECREASED NUMBER OF RESPIRATORY PATIENTS THAT SMOKE, WHICH WOULD ALSO LEAD TO IMPROVED RESPIRATORY FUNCTION, AND POSSIBLY A DECREASED CHANCE OF HOSPITAL ADMISSIONS.

PLAN TO EVALUATE: RESPIRATORY DEPARTMENT TRACKING.

METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE: NUMBER OF PATCHES DISTRIBUTED, NUMBER OF PATIENTS SEEN IN RESPIRATORY DEPARTMENT, NUMBER OF COPD PATIENTS WHO SMOKE.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

YEAR 3 - 2019 UPDATE:

- NUMBER OF PATCHES GIVEN BY RESPIRATORY DEPARTMENT TO PATIENTS IN

2019: 3

PLANS ARE IN PLACE FOR THE TOBACCO EDUCATOR TO WORK WITH THE RESPIRATORY THERAPIST TO HELP PROVIDE NICOTINE PATCHES WHEN NEEDED FOR INPATIENTS.

- ALL IN-PATIENTS WHO ARE LABELED AS A TOBACCO USER ARE OFFERED CESSATION COUNSELING. QUITLINE REFERRALS ARE OFFERED AND CESSATION INFORMATION (BROCHURES, LITERATURE, ITEMS SUCH AS STRESS BALLS, ETC.) ARE GIVEN WHEN A PATIENT IS WILLING TO ACCEPT. IF THEY AGREE TO THE QUITLINE REFERRAL, THE QUITLINE OFFERS 2 WEEKS OF FREE NICOTINE REPLACEMENT THERAPY.

PART V, SECTION B, LINE 11 CONTINUED

CHRONIC DISEASE

HOUSE OF HEALTH

DESCRIPTION: THE KDH WELLNESS DEPARTMENT WILL OFFER A MONTHLY EDUCATION PROGRAM TARGETING CHRONIC DISEASE PREVENTION AND EARLY DETECTION AT THE HOUSE OF HEALTH FOOD PANTRY. THE HOUSE OF HEALTH PROGRAM IS THE LARGEST COMMUNITY FOOD PANTRY IN THE COUNTY. THE PROGRAM SERVES AN AVERAGE OF 400 LOW-INCOME FAMILIES PER MONTH.

GOALS: LOWER CHRONIC DISEASE RISK BY OFFERING VALUABLE HEALTH INFORMATION AND FREE SCREENS TO A LOW-INCOME POPULATION.

ANTICIPATED OUTCOMES: IMPROVE KNOWLEDGE AND HEALTH AWARENESS BY OFFERING INFORMATION ON SUCH TOPICS AS; HEART DISEASE, SKIN AND BREAST CANCER PREVENTION AND DETECTION, STD/HIV PREVENTION AND DETECTION, BASIC FIRST AID, ETC.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

PLAN TO EVALUATE: PERSONAL SUCCESS STORIES SHARED FROM PARTICIPANTS WILL BE DOCUMENTED.

METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE: NUMBER OF HOUSE OF HEALTH SESSIONS HELD. THE NUMBER OF PEOPLE IN ATTENDANCE WILL BE MEASURED. THE NUMBER OF PEOPLE PARTICIPATING IN FREE SCREENING SERVICES WILL BE MEASURED (EXAMPLE BLOOD PRESSURE, SKIN CANCER SCREEN).

YEAR 3 - 2019 UPDATE:
- ELEVEN PROGRAMS WERE HELD IN 2019.
- ATTENDANCE RANGED FROM 25-70 PEOPLE EACH MONTH.
- TOPICS INCLUDED: HEART HEALTH, NUTRITION, SEXUAL HEALTH, TOBACCO, MOSQUITOS, SKIN CANCER, IMMUNIZATIONS, DIABETES, BREAST CANCER, FOOD SAFETY, AND VAPING.
- THE ONLY BIOMETRIC SCREEN OFFERED IN 2019 WAS BLOOD PRESSURE. A TOTAL OF 20 PEOPLE WERE SCREENED.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) READMISSION PREVENTION PROGRAM

DESCRIPTION: A MULTI-DISCIPLINARY TEAM OF STAFF AT KDH WILL TARGET COPD PATIENTS AND THE PROBLEM OF READMISSION. READMISSION IS COSTLY TO THE PATIENT, THE HEALTH CARE ORGANIZATION, THE INSURANCE COMPANY, AND READMISSIONS INCREASE HEALTH CONCERNS FOR THE PATIENT. EMERGENCY MEDICATION KITS WILL BE PROVIDED TO COPD PATIENTS WITH DETAILED INSTRUCTIONS FOR USE AND SELF-HOME CARE. TAKE-HOME BINDERS WITH HEALTH EDUCATION ARE ALSO GIVEN TO ALL COPD PATIENTS.

GOALS: TO DECREASE READMISSION FOR COPD PATIENTS.

ANTICIPATED OUTCOMES: IMPROVE CHRONIC DISEASE MANAGEMENT SKILLS SO

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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 PATIENT CAN MANAGE PROBLEMS SAFELY AND EFFECTIVELY AT HOME, TO
AVOID A RETURN TO THE HOSPITAL FOR READMISSION.

PLAN TO EVALUATE: READMISSION RATES ARE MEASURED BY A PROGRAM
TITLED MEDISOLV. FOLLOW UP PATIENT PHONE CALLS ARE ALSO DOCUMENTED.

METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE: THE
NUMBER OF COPD PATIENTS WILL BE MEASURED. THE NUMBER OF COPD EMERGENCY
MED KITS AND THE NUMBER OF HEALTH EDUCATION BINDERS DISTRIBUTED WILL BE
DOCUMENTED.

YEAR 3 - 2019 UPDATE:

- # OF EMERGENCY MED KIDS DISTRIBUTED TO COPD PATIENTS: 169
- # OF HEALTH EDUCATION BINDERS DISTRIBUTED TO COPD PATIENTS: 95
- A TOTAL OF 110 DOCUMENTED FOLLOW-UP PHONE CALLS WERE MADE IN 2019 TO
COPD PATIENTS.

NOTE- READMISSION COPD RATE FOR 2019 WAS 15.4%.

DUE TO THE INCREASE IN READMISSION RATE, KDH IS ALREADY WORKING ON A
NEW PNEUMONIA EDUCATION PROGRAM THAT WILL BE IMPLEMENTED IN 2020.

CONGESTIVE HEART FAILURE (CHF) READMISSION PREVENTION PROGRAM

DESCRIPTION: HOME SCALES TO TRACK BODY WEIGHT WILL BE GIVEN TO CHF
PATIENTS IN NEED. CHF EDUCATION BINDERS WITH HEALTH INSTRUCTIONS FOR
HOME CARE WILL ALSO BE GIVEN TO ALL CHF DIAGNOSED PATIENTS. IN
ADDITION, THE ACO COORDINATOR WILL PROVIDE FOLLOW-UP WITH INDIVIDUALS
ON AN OUT-PATIENT LEVEL, PROVIDING REMINDERS OF APPOINTMENTS, ATTENDING
PHYSICIAN OFFICE VISITS IF NEEDED, AND WILL SERVE AS A RESOURCE TO HELP
PATIENTS MEET NEEDS.

GOALS: TO DECREASE READMISSION FOR CHF PATIENTS.

ANTICIPATED OUTCOMES: IMPROVE CHRONIC DISEASE MANAGEMENT SKILLS SO

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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 PATIENT CAN RECOGNIZE PROBLEMS SAFELY AND EFFECTIVELY AT HOME, TO
REDUCE RISK OF RETURNING TO THE HOSPITAL FOR A READMISSION.

PLAN TO EVALUATE: READMISSION RATES ARE MEASURED BY A PROGRAM
TITLED MEDISOLV. FOLLOW UP PATIENT PHONE CALLS ARE DOCUMENTED ONE WEEK
AFTER DISCHARGE.

METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE: THE
NUMBER OF CHF PATIENTS WILL BE MEASURED. THE NUMBER OF SCALES GIVEN
FOR HOME USE AND THE NUMBER OF HEALTH EDUCATION BINDERS DISTRIBUTED
WILL BE DOCUMENTED. THE NUMBER OF HOME PHONE CALLS WILL BE TRACKED AND
STATISTICS WILL BE GATHERED FROM THE ACO COORDINATOR.

YEAR 3 - 2019 UPDATE:

- # OF SCALES DISTRIBUTED TO CHF PATIENTS: 33
- # OF HEALTH EDUCATION BINDERS DISTRIBUTED TO COPD PATIENTS: 123
- ALL PATIENTS RECEIVED A FOLLOW UP PHONE CALL.

NOTE- READMISSION CHF RATE FOR 2019 WAS 17.4%.

MENTAL HEALTH / SUICIDE

MENTAL HEALTH/SUICIDE TEAM, RESOURCE GUIDE

DESCRIPTION: THE NEWLY FORMED MENTAL HEALTH/SUICIDE TEAM WILL
PROMOTE AVAILABLE TRAININGS DESIGNED TO TEACH PEOPLE HOW TO RECOGNIZE
INDIVIDUALS WHO ARE AT RISK FOR SUICIDE AND OFFER EARLY INTERVENTION TO
RESOURCES.

GOALS: INCREASE THE NUMBER OF INDIVIDUALS WHO ARE TRAINED IN A
STRUCTURED PROGRAM SUCH AS, BUT NOT LIMITED TO; QUESTION PERSUADE AND
REFER (QPR) OR APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST).
CREATE A RESOURCE GUIDE THAT HIGHLIGHTS ALL SUICIDE PREVENTION PERSONAL
AND ANY/ALL LOCAL MENTAL HEALTH/SUICIDE RESOURCES IN THE COMMUNITY.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

PROMOTE AND ADVERTISE THIS RESOURCE GUIDE COUNTY-WIDE. IN ADDITION,
KDH WILL INCREASE THE NUMBER OF KDH STAFF MEMBERS WHO ARE TRAINED IN
QPR OR ASIST.

ANTICIPATED OUTCOMES: BY INCREASING THE NUMBER OF PEOPLE TRAINED
IN SUICIDE SUPPORT, THE ULTIMATE OUTCOME IS TO REDUCE THE NUMBER OF
SUICIDE ATTEMPTS AND DEATHS.

PLAN TO EVALUATE: MENTAL HEALTH/SUICIDE TEAM TRACKING.

METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE: NUMBER
OF TRAINED SUICIDE PREVENTION PERSONNEL. WORK WITH KDH IT AND ER STAFF
AND THE COUNTY CORONER'S OFFICE TO OBTAIN NUMBER OF SUICIDE ATTEMPTS
AND NUMBER OF SUICIDE DEATHS EACH CALENDAR YEAR. NUMBER OF PROMOTIONAL
METHODS FOR THE RESOURCE GUIDE WILL BE TABULATED.

YEAR 3 - 2019 UPDATE:

- HELPED TO PROMOTE VARIOUS MENTAL HEALTH TRAININGS HELD IN 2019. A
TOTAL OF 75 PEOPLE RECEIVED SUICIDE-RELATED TRAINING IN JEFFERSON
COUNTY IN 2019.

MENTAL HEALTH/SUICIDE TEAM, SCHOOL BASED MENTAL HEALTH GRANT

DESCRIPTION: A LARGE GRANT, WHICH WILL SUPPORT A COMPREHENSIVE
MENTAL HEALTH/SUICIDE PREVENTION PROGRAM IN THE COUNTY'S LARGEST SCHOOL
SYSTEM, WILL BE RESEARCHED, WRITTEN, AND SUBMITTED. IF GRANT FUNDING
IS OBTAINED, THIS PROGRAM WILL BE BASED OUT OF THE MADISON CONSOLIDATED
SCHOOL SYSTEM'S SPECIAL SERVICES AND COUNSELING DEPARTMENTS. THE HCI
MENTAL HEALTH/SUICIDE TEAM WILL SUPPORT THE SCHOOL SYSTEM WITH ALL
PROGRAMMING IMPLEMENTED FROM GRANT FUNDING.

GOALS: OBTAIN GRANT TO BRING A COMPREHENSIVE MENTAL HEALTH /
SUICIDE PROGRAM TO THE MADISON CONSOLIDATED SCHOOL SYSTEM.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

ANTICIPATED OUTCOMES: AWARDING OF GRANT FUNDING. THE ULTIMATE OUTCOME IS TO REDUCE THE NUMBER OF SUICIDE ATTEMPTS AND DEATHS FROM SUICIDE. SECONDARY OUTCOMES INCLUDE; REDUCE BULLYING CONCERNS, IMPROVE SELF-WORTH IN STUDENTS, INCREASE SUPPORTIVE RESOURCES FOR STUDENTS, SCHOOL STAFF, AND FAMILIES, AND IMPROVE COUNSELING SERVICES.

PLAN TO EVALUATE: SEE BELOW, METRICS USED TO EVALUATE.

METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE: SINCE GRANT FUNDING IS NOT CONFIRMED AT THE TIME OF IMPLEMENTATION STRATEGY SUBMISSION, METRICS WILL CURRENTLY NOT BE DETERMINED. IF/WHEN FUNDING IS ESTABLISHED, THE SPECIAL SERVICES AND COUNSELING DEPARTMENTS OF MCS WILL WORK WITH THE MENTAL HEALTH/SUICIDE TEAM TO DETERMINE EVALUATION METHODS AND METRICS.

YEAR 3 - 2019 UPDATE:

- ZERO-SUICIDE GRANT DOLLARS WERE SPENT DOWN IN 2018.
- MCS-BASED LILLY GRANT PROGRAMMING WRAPPED UP FOR THE SCHOOL SYSTEM IN 2019. THIS WORK CONTINUED INDEPENDENTLY BUT THE MADISON SCHOOL COUNSELING STAFF SERVED ON THE HCI MENTAL HEALTH TEAM IN 2019.

PART V, SECTION B, LINE 11 CONTINUED

SUPPORT LOCAL SUICIDE SUPPORT GROUP(S) AND AREA AWARENESS ACTIVITIES

DESCRIPTION: KDH WILL SUPPORT THE LOCAL SUICIDE SUPPORT GROUP AND ANY SUICIDE PREVENTION COMMUNITY ACTIVITIES.

GOALS: PROMOTE SUICIDE SUPPORT GROUP TO ALL INTERNAL KDH STAFF AND PATIENTS. SUPPORT THE GROUP BY OFFERING MEETING SPACE IF NEEDED.

SUPPORT LOCAL OUT OF THE DARKNESS SUICIDE AWARENESS COMMUNITY EVENT.

PROMOTE THE EVENT TO STAFF, FORM A TEAM OF KDH EMPLOYEES, ENCOURAGE

FINANCIAL DONATIONS, AND ENSURE THAT DONATIONS ARE BEING USED ON A

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

LOCAL LEVEL.

ANTICIPATED OUTCOMES: INCREASE NUMBER OF ATTENDEES AT MONTHLY SUICIDE SUPPORT GROUP. INCREASE NUMBER OF PARTICIPANTS AND FUNDS RAISED FOR LOCAL SUICIDE AWARENESS WALK EVENT.

PLAN TO EVALUATE: SOCIAL SERVICES STAFF AT KDH WILL WORK WITH SUICIDE SUPPORT GROUP FACILITATOR.

METRICS USED TO EVALUATE THE PROGRAM/ACTIVITY/INITIATIVE: TRACK NUMBER OF PARTICIPANTS AT MONTHLY SUICIDE SUPPORT GROUP MEETINGS. REPORT NUMBER OF PARTICIPANTS AT COMMUNITY OUT OF THE DARKNESS AWARENESS EVENT, DOLLARS RAISED AT THE EVENT, AND % OF DOLLARS THAT WILL STAY LOCAL IN JEFFERSON COUNTY.

YEAR 3 - 2019 UPDATE:

- JEFFERSON COUNTY HELD ANOTHER SUCCESSFUL OUT OF THE DARKNESS SUICIDE AWARENESS WALK IN 2019. THE EVENT EXCEEDED THE GOAL AND RAISED OVER \$25,000. KDH SERVED AS A SPONSOR FOR THIS EVENT.

- A FORMAL SUICIDE SUPPORT GROUP DID NOT MEET IN 2019.

- NEW MENTAL HEALTH AWARENESS ACTIVITIES TOOK PLACE IN 2019 LED BY THE HCI MENTAL HEALTH TEAM:

THE MONTH OF MAY WAS RECOGNIZED AS MENTAL HEALTH AWARENESS MONTH.

THE MONTH OF SEPTEMBER WAS RECOGNIZED AS SUICIDE AWARENESS MONTH.

WORK STARTED IN 2019 TO MAKE JEFFERSON COUNTY A TRAUMA-INFORMED COMMUNITY.

A FACING SUICIDE BOOKLET, WHICH TELLS THE STORIES OF JEFFERSON COUNTY FAMILIES IMPACTED BY SUICIDE, WAS MADE AVAILABLE FOR VIEWING ON THE KDH WEBSITE IN 2019.

PLANS NOT TO ADDRESS THE FOLLOWING NEEDS:

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS
COMMUNITY. KING'S DAUGHTERS' HEALTH IS COMMITTED TO SERVING THE
COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND
CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN
CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE
IMPLEMENTATION STRATEGY DOES NOT INCLUDE SPECIFIC PLANS TO ADDRESS THE
FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016
COMMUNITY HEALTH NEEDS ASSESSMENT:

1. KDH WILL FOCUS STRATEGIES TARGETING SUBSTANCE ABUSE /
ADDICTIONS PRIMARILY TO RESIDENTS OF JEFFERSON COUNTY, INDIANA. KDH
WILL CONTINUE TO BE INVOLVED IN THE LOCAL COORDINATING COUNCIL IN
SWITZERLAND COUNTY, THE SWITZERLAND COUNTY AWARENESS TEAM (SCAT) TO
SUPPORT PROGRAMS FUNDED THROUGH SCAT DOLLARS. THESE PROGRAMS TARGET
SUBSTANCE ABUSE PREVENTION, TREATMENT, AND JUSTICE EFFORTS. KDH WILL
ENCOURAGE STAFF FROM THE SWITZERLAND COUNTY PHYSICIANS PRACTICE OFFICE
TO STAY INFORMED WITH SCAT EFFORTS AND ANY COUNTY PROGRAMMING TARGETING
SUBSTANCE ABUSE. KDH WILL NOT HAVE AN ACTIVE PRESENCE IN TRIMBLE
COUNTY KENTUCKY REGARDING SUBSTANCE ABUSE CONCERNS DUE TO LACK OF
STAFFING AND RESOURCES. RESIDENTS OF BOTH SWITZERLAND AND TRIMBLE
COUNTIES HAVE THE POTENTIAL TO INDIRECTLY BENEFIT FROM STRATEGIES IN
JEFFERSON COUNTY, AS MANY RESIDENTS IN THESE NEIGHBORING COUNTIES WORK,
SHOP, DINE, OR EVEN GO TO SCHOOL IN JEFFERSON COUNTY.

2. TWO OF THE THREE STRATEGIES TARGETING OVERWEIGHT / OBESITY AND
LACK OF PHYSICAL ACTIVITY HAVE THE POTENTIAL TO BENEFIT RESIDENTS IN
ALL THREE COUNTIES SURVEYED IN THE 2016 CHNA. RESIDENTS IN SWITZERLAND
AND TRIMBLE COUNTIES WILL HAVE THE ABILITY TO PARTICIPATE IN THE STRIVE
FOR 5 CLASSES, JUST LIKE JEFFERSON COUNTY RESIDENTS. THE FIT KIDS

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

PROGRAM WILL EXPAND TO ELEMENTARY SCHOOLS IN SWITZERLAND COUNTY AND POTENTIALLY TRIMBLE COUNTY AT A LATER DATE. THE HCI HEALTHY LIFESTYLES WELLNESS CHALLENGE WILL BE EXCLUSIVE TO JEFFERSON COUNTY RESIDENTS. THIS IS DUE TO HCI CURRENTLY FOCUSING EFFORTS IN JEFFERSON COUNTY. LACK OF STAFFING AND A NON-EXISTING COMMUNITY HEALTH INITIATIVE IN SWITZERLAND AND TRIMBLE COUNTIES AT THE PRESENT TIME LIMIT A SIMILAR PROGRAM TO HCI.

3. TOBACCO USE EFFORTS WILL PRIMARILY BE FOCUSED IN JEFFERSON COUNTY. CURRENT STATE FUNDING, SUPPORTED IN-KIND BY KDH, LIMITS PROGRAMMING TO JEFFERSON COUNTY RESIDENTS. SOME FLEXIBILITY APPLIES TO POSITIVELY IMPACT RESIDENTS OF SWITZERLAND COUNTY INDIANA. THESE INDIVIDUALS CAN STILL BENEFIT FROM THE INDIANA STATE QUITLINE SERVICES AND THE TOBACCO COORDINATOR CAN PROVIDE RESOURCES WHEN REQUESTED TO THE PHYSICIAN OFFICE IN SWITZERLAND COUNTY. RESIDENTS OF TRIMBLE COUNTY KENTUCKY WHO WORK, SHOP, AND DINE IN JEFFERSON COUNTY WILL BENEFIT FROM SMOKE-FREE AIR EFFORTS.

4. TWO OF THE THREE STRATEGIES TARGETING CHRONIC DISEASE ARE INCLUSIVE TO RESIDENTS IN BOTH SWITZERLAND AND TRIMBLE COUNTIES. INDIVIDUALS WHO ARE PATIENTS AT KING'S DAUGHTERS' HEALTH, REGARDLESS OF RESIDENCE, HAVE THE POTENTIAL TO PARTICIPATE IN BOTH THE CHF AND COPD READMISSION PROGRAMS. RESIDENTS IN THESE COUNTIES CANNOT PARTICIPATE IN THE HOUSE OF HEALTH PROGRAM, AS THE HOUSE OF HOPE FOOD PANTRY IS EXCLUSIVE FOR RESIDENTS OF JEFFERSON COUNTY.

5. THE MAJORITY OF STRATEGIES TARGETING MENTAL HEALTH / SUICIDE WILL BE EXCLUSIVE TO JEFFERSON COUNTY, DUE TO THE MCS AND HCI EFFORTS AND PARTNERSHIP. RESIDENTS OF NEIGHBORING COUNTIES ARE WELCOME TO ATTEND THE SUICIDE SUPPORT GROUP AND ADDITIONAL SUICIDE AWARENESS

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

ACTIVITIES LIKE THE WALK TO REMEMBER.

Multiple horizontal lines for providing supplemental information.

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? 8

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 CONVENIENT CARE CENTER 445 CLIFTY DRIVE MADISON, IN 47250	CONVENIENT CARE CENTER
3 VERSAILLES MEDICAL OFFICE BLDG-TYSON S 206 W TYSON STREET VERSAILLES, IN 47042	PHYSICIAN MEDICAL OFFICE
4 TRIMBLE COUNTY MEDICAL OFFICE BLDG 10235 US HIGHWAY 421 MILTON, KY 40045	PHYSICIAN MEDICAL OFFICE
5 CARROLLTON MEDICAL OFFICE BLDG 205 MARWILL DRIVE CARROLLTON, KY 41008	PHYSICIAN MEDICAL OFFICE
6 SWITZERLAND CNTY MEDICAL OFFICE BLDG 1190 WEST MAIN STREET VEVAY, IN 47043	PHYSICIAN MEDICAL OFFICE
7 HANOVER MEDICAL OFFICE BLDG 36 MEDICAL PLAZA HANOVER, IN 47243	PHYSICIAN MEDICAL OFFICE
8 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 II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY BUILDING ACTIVITIES PROMOTED THE HEALTH OF THE COMMUNITY IN THE FOLLOWING WAYS:

- 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:

IN 2018, THE HOSPITAL ADOPTED THE NEW REVENUE RECOGNITION ACCOUNTING STANDARD ISSUED BY FASB AND CODIFIED IN THE FASB ASC AS TOPIC 606 ("ASC 606"). AS A RESULT OF ADOPTING ASC 606, THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS PROVISION FOR BAD DEBTS IN THE AUDITED FINANCIAL STATEMENTS (STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS) IS NOW REFLECTED AS IMPLICIT PRICE CONCESSIONS (AS DEFINED BY ASC 606) AND THEREFORE INCLUDED AS A REDUCTION TO NET PATIENT SERVICE REVENUE.

Part VI Supplemental Information (Continuation)

UPON ADOPTION OF ASC 606, NET PATIENT SERVICE REVENUES ARE RECORDED AT THE TRANSACTION PRICE ESTIMATED BY THE HOSPITAL TO REFLECT THE TOTAL CONSIDERATION DUE FROM PATIENTS AND THIRD-PARTY PAYORS IN EXCHANGE FOR PROVIDING GOODS AND SERVICES IN PATIENT CARE. THE TRANSACTION PRICE, WHICH INVOLVES SIGNIFICANT ESTIMATES, IS DETERMINED BASED ON THE HOSPITAL'S STANDARD CHARGES FOR THE GOODS AND SERVICES PROVIDED, WITH A REDUCTION RECORDED FOR PRICE CONCESSIONS RELATED TO THIRD-PARTY CONTRACTUAL ARRANGEMENTS AS WELL AS PATIENT DISCOUNTS AND OTHER PATIENT PRICE CONCESSIONS. THE HOSPITAL DETERMINES ITS ESTIMATES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS, ITS DISCOUNT POLICIES, AND HISTORICAL EXPERIENCE. THE HOSPITAL DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THIS CLASS OF PATIENTS.

THE AMOUNT REPORTED ON LINE 2 IS "IMPLICIT PRICE CONCESSIONS" AS REFLECTED ON THE AUDITED, CONSOLIDATED TRIAL BALANCE FOR THE HOSPITAL. THE SPECIFIC AMOUNT OF IMPLICIT PRICE CONCESSIONS IS NOT REQUIRED TO BE DISCLOSED IN THE AUDITED FINANCIAL STATEMENTS.

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 VI Supplemental Information (Continuation)

PART III, LINE 4:

IN 2018, THE HOSPITAL ADOPTED THE NEW REVENUE RECOGNITION ACCOUNTING STANDARD ISSUED BY FASB AND CODIFIED IN THE FASB ASC AS TOPIC 606 ("ASC 606"). AS A RESULT OF ADOPTING ASC 606, THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS PROVISION FOR BAD DEBTS IN THE AUDITED FINANCIAL STATEMENTS (STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS) IS NOW REFLECTED AS IMPLICIT PRICE CONCESSIONS (AS DEFINED BY ASC 606) AND THEREFORE INCLUDED AS A REDUCTION TO NET PATIENT SERVICE REVENUE. THE SPECIFIC AMOUNT OF IMPLICIT PRICE CONCESSIONS IS NOT REQUIRED TO BE DISCLOSED IN THE AUDITED FINANCIAL STATEMENTS.

PLEASE REFER TO THE ATTACHED AUDITED FINANCIAL STATEMENTS -

PAGES 8-9 "PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE"

PAGES 30-33 "NET PATIENT SERVICE REVENUE"

PART III, LINE 8:

THE MEDICARE COST REPORT WAS THE SOURCE OF INFORMATION REPORTED ON PART III LINE 6.

PART III, LINE 9B:

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 OFFERED 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 UP TO 100% ON THE OUTSTANDING ACCOUNT BALANCE. THE HOSPITAL WILL

Part VI Supplemental Information (Continuation)

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:

THE HOSPITAL CONDUCTED ITS LATEST COMMUNITY HEALTH NEEDS ASSESSMENT IN 2019. THE COMMUNITY HEALTH NEEDS ASSESSMENT PROVIDES INFORMATION SO THAT THE COMMUNITY MAY IDENTIFY ISSUES OF GREATEST CONCERN AND DECIDE TO COMMIT RESOURCES TO THOSE AREAS, THEREBY MAKING THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS. THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS TOOK INTO ACCOUNT INPUT FROM PERSONS IN THE COMMUNITY BY UTILIZING THE FOLLOWING COMPONENTS:

TELEPHONE INTERVIEWS OF A RANDOM SAMPLE OF 200 INDIVIDUALS AGE 18 AND OLDER IN THE PRIMARY SERVICE AREA. NOTE THAT THE SAMPLE CONSISTED SOLELY OF AREA RESIDENTS AGE 18 AND OLDER. DATA ON CHILDREN WERE GIVEN BY PROXY BY THE PERSON MOST RESPONSIBLE FOR THAT CHILD'S HEALTHCARE NEEDS.

ON-LINE KEY INFORMANT SURVEY DIRECTED AT PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BY KING'S DAUGHTERS' BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS THE COMMUNITY OVERALL. THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICAL UNDERSERVED POPULATIONS.

BASED ON THE INFORMATION GATHERED THROUGH THIS COMMUNITY HEALTH NEEDS

Part VI Supplemental Information (Continuation)

ASSESSMENT, THE HOSPITAL WAS ABLE TO PUT TOGETHER A LIST OF "AREAS OF OPPORTUNITY" REPRESENTING SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY. THE AREAS OF OPPORTUNITY WERE DETERMINED AFTER CONSIDERATION OF VARIOUS CRITERIA, INCLUDING: STANDING IN COMPARISON WITH BENCHMARK DATA (PARTICULARLY NATIONAL DATA); THE PREPONDERANCE OF SIGNIFICANT FINDINGS WITHIN TOPIC AREAS; THE MAGNITUDE OF THE ISSUE IN TERMS OF THE NUMBER OF PERSONS AFFECTED; THE POTENTIAL HEALTH IMPACT OF A GIVEN ISSUE. THESE ALSO TAKE INTO ACCOUNT THOSE ISSUES OF GREATEST CONCERN TO THE COMMUNITY STAKEHOLDERS (KEY INFORMANTS) GIVING INPUT TO THIS PROCESS.

THE PRIORITIZATION OF THE HEALTH NEEDS IDENTIFIED IN THIS ASSESSMENT WAS DETERMINED BASED ON A PRIORITIZATION EXERCISE CONDUCTED AMONG COMMUNITY STAKEHOLDERS (REPRESENTING A CROSS-SECTION OF COMMUNITY-BASED AGENCIES AND ORGANIZATIONS) IN CONJUNCTION WITH THE ADMINISTRATION OF THE ONLINE KEY INFORMANT SURVEY. IN THIS PROCESS, THESE KEY INFORMANTS WERE ASKED TO RATE THE SEVERITY OF A VARIETY OF HEALTH ISSUES IN THE COMMUNITY. INSOFAR AS THESE HEALTH ISSUES WERE IDENTIFIED THROUGH THE DATA ABOVE AND/OR WERE IDENTIFIED AS TOP CONCERNS AMONG KEY INFORMANTS, THEIR RANKING OF THESE ISSUES INFORMED THE FOLLOWING PRIORITIES:

1. SUBSTANCE ABUSE
2. MENTAL HEALTH
3. TOBACCO USE
4. NUTRITION, PHYSICAL ACTIVITY & WEIGHT
5. DIABETES
6. HEART DISEASE & STROKE
7. CANCER
8. RESPIRATORY DISEASES
9. INJURY & VIOLENCE

Part VI Supplemental Information (Continuation)

10. ACCESS TO HEALTHCARE SERVICES

PART VI, LINE 3:

-AT THE TIME OF REGISTRATION, THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS DISCUSSED WITH EACH PATIENT. THE PATIENT IS OFFERED 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:

KDH PROVIDES HEALTH CARE SERVICES TO FIVE COUNTIES IN SOUTHERN INDIANA AND NORTHERN KENTUCKY. THE 2019

KDH COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDED ITS PRIMARY SERVICE AREAS OF JEFFERSON AND SWITZERLAND COUNTIES IN INDIANA AND TRIMBLE COUNTY IN KENTUCKY. THE ADDITIONAL TWO COUNTIES (RIPLEY IN INDIANA AND CARROL IN KENTUCKY) HAVE MULTIPLE HEALTH CARE FACILITIES THAT CURRENTLY CONDUCT A CHNA. TO AVOID DUPLICATION, THE THREE PRIMARY COUNTIES DESCRIBED WERE INCLUDED IN THE 2019 KDH CHNA. A FEW

DESCRIPTIVE DEMOGRAPHIC HIGHLIGHTS FOR THE THREE COUNTIES DEFINED AS THE "PRIMARY SERVICE AREA" INCLUDE:

- POPULATION: 51,607 (JEFFERSON CO= 32,293, SWITZERLAND CO= 10,617, TRIMBLE CO= 8,697)

Part VI Supplemental Information (Continuation)

- URBAN VS. RURAL CLASSIFICATION: 35.2% URBAN AND 64.8% RURAL
- AGE GROUP PERCENT: AGE 0-17 WAS 22.0%, AGE 18-64 WAS 61.4%, AGE+65 WAS 16.6%
- MEDIAN AGE: JEFFERSON CO= 40.6, SWITZERLAND CO= 40.0, TRIMBLE CO= 41.9
- RACE: 95.9% WHITE, 1.5% BLACK, 1.2% OTHER RACE, 1.4% MULTIPLE RACES
- PERCENT POVERTY: 15.2%
- EDUCATION LEVEL: 13.4% OF POPULATION AGE 25+ WITHOUT A HIGH SCHOOL DIPLOMA OR EQUIVALENT
- UNEMPLOYMENT RATE: 4.0%

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 VARIOUS 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.

Part VI Supplemental Information (Continuation)

2019 KING'S DAUGHTERS' HEALTH

OVERVIEW OF COMMUNITY BENEFIT ACTIVITIES

1. HEALTH SCREENS/HEALTH FAIRS:

A. COMMUNITY HEALTH SCREENS / FAIRS:

REMC HEALTH FAIR FOR RIPLEY AND DEARBORN COUNTIES IN INDIANA.

ANTHEM MEMBER HEALTH FAIR.

IVY TECH EMPLOYEE/STUDENT AND COMMUNITY HEALTH FAIR.

TRIMBLE CO. KY HIGH SCHOOL HEALTH FAIR.

SWISS VILLA HEALTH FAIR IN SWITZERLAND CO. IN INDIANA.

HOSTED A LUNG CANCER SCREENING EVENT FOR LOW INCOME PARTICIPANTS.

B. CORPORATE FLU SHOTS:

LAW FIRM 13 EMPLOYEES

C. 4-H FAIR PARTICIPATION:

JEFFERSON AND RIPLEY COUNTIES IN INDIANA

D. FREE TAKE-HOME COLOR CANCER SCREENING KITS:

79 KITS DISTRIBUTED THROUGH THE KDH LABORATORY

2. COMMUNITY EDUCATION OPPORTUNITIES/CLASSES/SPECIAL EVENTS:

A. WELLNESS DEPARTMENT 16 SPEAKING ENGAGEMENTS

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

5 SCHOOL SYSTEMS / 18 CLASSROOMS / 424 KIDS + TEACHERS

C. TOBACCO CESSATION & EDUCATION:

KING'S DAUGHTERS' HEALTH EMPLOYS A FULL TIME STATE GRANT FUNDED

TOBACCO COORDINATOR.

- KDH DOCUMENTED 265 ELECTRONIC PATIENT REFERRALS TO THE INDIANA

QUITLINE.

- COLLABORATED WITH THE JEFFERSON COUNTY SCHOOLS TO EDUCATE

Part VI Supplemental Information (Continuation)

STUDENTS ON THE HARMS OF TOBACCO/E-CIGARETTES AND OBTAINED GRANT FUNDING
TO BRING IN A TRUTH INITIATIVE SPEAKER FOR AREA SCHOOLS.

- TOBACCO COORDINATOR SPOKE AT GIRLS INC. OF JEFFERSON COUNTY.

- HELD A CIGARETTE BUTT CLEAN-UP EVENT.

- RECEIVED GRANT FUNDING TO PROVIDE FREE NICOTINE REPLACEMENT
THERAPY ALONG WITH CESSATION RESOURCES FOR COMMUNITY MEMBERS.

- PARTICIPATED IN STANDARDIZED TOBACCO ASSESSMENT OF RETAIL
SETTINGS (STARS) SURVEY.

- PARTICIPATED IN MULTI-UNIT HOUSING SURVEYS IN JEFFERSON
COUNTY.

- IMPLEMENTED BABY AND ME TOBACCO FREE PROGRAM AT KDH.

- PARTNERED WITH JEFFERSON COUNTY WIC TO PROVIDE TOBACCO
CESSATION RESOURCES TO TOBACCO USING MOTHERS.

- HOSTED A TOBACCO-FREE KIDDIE DAY AT THE SUMMER 4-H FAIR.

D. CPR AND FIRST AID CLASSES:

COMMUNITY CLASSES - 494 TOTAL GRADUATES.

BLS, PALS, ACLS, AND PEARS CLASSES HELD FOR KDH EMPLOYEES AND
AREA HEALTH CARE PROFESSIONALS 640 TOTAL PEOPLE TRAINED.

E. STRIVE FOR 5 PROGRAM:

COMMUNITY 5-WEEK WEIGHT LOSS EDUCATION PROGRAM. ONE CLASS
HELD.

F. PRENATAL EDUCATION:

OB PREP PROGRAM 422 EXPECTING MOTHERS SERVED.

IN ADDITION, 26 MOTHERS AND 24 SUPPORT PEOPLE ATTENDED THE
CHILDBIRTH CLASS SERIES OFFERED BY KDH.

G. GIRLS ON THE RUN

FALL SEASON: 105 GIRLS / 8 SITES / 28 TRAINED COACHES / 10 WEEK
PROGRAM

Part VI Supplemental Information (Continuation)

FALL 5K: 246 PARTICIPANTS AND 71 VOLUNTEERS

H. HOUSE OF HEALTH:

MONTHLY HEALTH EDUCATION OPPORTUNITY PROVIDED AT THE HOUSE OF HOPE FOOD PANTRY.

APPROXIMATELY 25-70 PEOPLE ATTEND EACH MONTH.

I. MONTHLY "TO YOUR HEALTH" RADIO SHOW:

30-MINUTE HEALTH EDUCATION PROGRAM WITH VARIOUS TOPICS OFFERED EACH MONTH.

J. WOMEN'S SAFETY & SELF-DEFENSE WORKSHOPS:

FREE COMMUNITY WORKSHOP OFFERED TO COMMUNITY. 8 PARTICIPANTS.

K. KDH RUN THE FALLS 5K WALK/RUN:

200 PEOPLE PARTICIPATED

L. CANCER SUPPORT ACTIVITIES:

WOMEN AND CANCER SUPPORT GROUP, MET 6 TIMES IN 2019

PARTICIPATION IN JEFFERSON CO. IN AND TRIMBLE CO. KY RELAY FOR LIFE EVENTS.

CANCER SURVIVOR'S DINNER HELD WITH 125 PARTICIPANTS.

HOSTED A "DINING WITH A DOC" EVENT TO PROVIDE EDUCATION ABOUT COLON CANCER PREVENTION.

3. EMPLOYEE HEALTH OPPORTUNITIES FOR KDH STAFF:

WELLNESS NEWSLETTERS (ON-LINE AND PAPER VERSIONS AVAILABLE).

WELLNESS COLUMN IN THE MONTHLY MONITOR NEWSLETTER.

MONTHLY PADLET WELLNESS NEWSLETTER CREATED AND SENT TO ALL STAFF.

FREE LIPID BLOOD TEST OFFERED FOR ALL STAFF WITH INSURANCE PREMIUM REDUCTION OPPORTUNITY.

MONTH LONG STRESS LESS CAMPAIGN HELD WHICH INCLUDED CHAIR

Part VI Supplemental Information (Continuation)

MASSAGES.

2019 GOAL SHEETS OFFERED FOR STAFF WITH INCENTIVE.

HEART MONTH EDUCATION WITH PROMOTION OF GO RED CAMPAIGN.

MONTH LONG EDUCATION CAMPAIGN FOR EMPLOYEE WELLBEING MONTH.

LUNCH & LEARN SESSION ON STAIR CLIMBING.

WELLNESS CHALLENGE FOCUSING ON PHYSICAL ACTIVITY FOR EMPLOYEES.

STAFF PARTICIPATION IN COMMUNITY-WIDE WEIGHT LOSS CONTEST.

PROVIDES FREE NICOTINE REPLACEMENT THERAPY PRODUCTS FOR STAFF
WHEN REQUESTED.

4. COMMUNITY SERVICE ACTIVITIES:

A. ACTIVE ATTENDANCE AND PARTICIPATION IN:

JCJTAP JEFFERSON COUNTY JUSTICE TREATMENT AND PREVENTION
COALITION

SCAN SWITZERLAND COUNTY AWARENESS NETWORK

MADISON CONSOLIDATED SCHOOLS WELLNESS COMMITTEE

MASHER (AREA CORPORATE SAFETY GROUP)

OVO HEAD START POLICY COUNCIL

PURDUE EXTENSION HEALTH AND HUMAN SERVICES BOARD

PERINATAL COMMUNITY TASK FORCE

PARTICIPATION IN INDIANA HEALTH ROADSHOW. PROVIDED SPEAKERS
AND SPONSORSHIP.

B. EMS STAND-BY AT ALL COMMUNITY ACTIVITIES:

EMS PROVIDES STAND-BY COVERAGE AT ALL JEFFERSON COUNTY
ACTIVITIES.

**C. ATHLETIC TRAINING/REHAB SERVICES PROVIDED FOR THREE JEFFERSON
COUNTY SCHOOLS.**

D. SUPPORT TO VARIOUS AREA SCHOOLS WITH INTERNSHIPS:

Part VI Supplemental Information (Continuation)

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

INCLUDES NURSING AND MEDICAL STUDENTS AMONG OTHERS.

5. HEALTHY COMMUNITIES INITIATIVE (HCI):

EFFORTS LED BY KING'S DAUGHTERS' HEALTH, PART-TIME COORDINATOR
FUNDED BY KDH FOUNDATION

HCI IS COMPRISED OF THREE TEAMS WHICH INCLUDES KDH STAFF AND
COMMUNITY REPRESENTATIVES:

MENTAL HEALTH/ZERO SUICIDE

SUBSTANCE ABUSE

HEALTHY LIFESTYLES (INCLUDES TOBACCO COALITION)

KDH HOSTS THE MAJORITY OF THE TEAMS' MEETINGS.

2019 HCI ACCOMPLISHMENTS:

SUBSTANCE ABUSE TEAM:

- HOSTED THE PRESENTATION OF AN EVENING TO DEAL HOPE,
NOT DOPE.

MENTAL HEALTH/ZERO SUICIDE TEAM:

- HOSTED AND/OR ATTENDED A VARIETY OF SUICIDE TRAININGS
INCLUDING ASIST, FAMILY TO FAMILY, MENTAL HEALTH FIRST AID, AND QPR.

- RECOGNIZED MENTAL HEALTH AWARENESS MONTH AND SUICIDE
AWARENESS MONTH.

- SPONSORED THE PRODUCTION OF A FACING SUICIDE BOOKLET.

- STARTED THE PROCESS OF MAKING JEFFERSON COUNTY A
TRAUMA INFORMED COMMUNITY.

- PARTICIPATED IN A CANDLELIGHT VIGIL FOR VICTIMS OF
SUICIDE FOR THE NATIONAL DAY OF PRAYER.

- HOSTED A TABLE AT THE LOCAL OUT OF THE DARKNESS WALK.

Part VI Supplemental Information (Continuation)

HEALTHY LIFESTYLES TEAM:

- OBTAINED GRANT FUNDING TO HOST FOUR COMMUNITY SPECIAL PROJECTS AND A MONTHLY HEALTH MESSAGE WITH DISEASE PREVENTION HEALTH INFORMATION WHICH WAS PUBLISHED IN ALL LOCAL MEDIA OUTLETS.

- HELD LIGHTEN UP JEFFERSON COUNTY WEIGHT LOSS CONTEST WITH 221 PARTICIPANTS AND A TOTAL WEIGHT LOSS OF 749.9 LBS.

- HELPED HOST A COMMUNITY PARK HOP CHALLENGE TO ENCOURAGE AREA PARK USAGE.

- OFFERED SUMMER COMMUNITY HEALTHY SCAVENGER HUNT.

- HELD HEALTHY YOUTH TAILGATE PARTY WITH OVER 250 PARTICIPANTS, 20 BOOTHS, AND 50 VOLUNTEERS.

PART VI, LINE 6:

NA

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

IN