King’s Daughters’ Health

2017 – 2019 Implementation Strategy
Responding to the 2016 Community Health Needs Assessment

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www.kdhmadison.org

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Introduction

The implementation strategy describes how King's Daughters' Health plans to address significant health needs identified in the 2016 Community Health Needs Assessment (CHNA). The document describes how the hospital plans to address identified needs in calendar (tax) years 2017 through 2019.

The 2016 CHNA and the 2017 - 2019 implementation strategy were undertaken by the hospital to understand and address community health needs, and in accordance with the Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

The implementation strategy addresses the significant community health needs described in the CHNA that the hospital plans to address in whole or in part. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address certain community health needs, and the hospital may amend its strategies and refocus on other identified significant health needs. Beyond the initiatives and programs described, the hospital is addressing some of these needs simply by providing health care to the community, regardless of ability to pay.

King's Daughters' Health welcomes comments from the public on the 2016 Community Health Needs Assessment and 2017 – 2019 implementation strategy. Written comments can be submitted:

- By emailing the King's Daughters' Health Wellness department at foyh@kdhmadison.org;
- Through the mail to 1373 E. SR 62, P.O. Box 447 Madison, IN 47250;
- In-person at the KDH Community Relations Department, 600 West St. Madison, IN 47250.

About King's Daughters' Health

King's Daughters' Health (KDH) is a not-for-profit health network providing inpatient care in Madison, IN and offering physician offices in Jefferson, Ripley, and Switzerland Counties in Indiana and Trimble and Carroll Counties in Kentucky.

The mission of King's Daughters' Health is to improve the health of our patients through care, service, and education.

- In 2016, King's Daughters' Health invested over $9.4 million in Medicaid Unreimbursed Costs. In addition in 2016, KDH offered over $546,000 in Charity Care Costs to patients who could not afford to pay. King's Daughters' is the only inpatient health care facility available in Jefferson and Switzerland Counties in Indiana and Trimble County in Kentucky, providing services to insured and under/uninsured patients 365 days a year.

- In 2015 King's Daughters' Health opened a state-of-the-art Cancer Treatment Center at our main hospital campus. This center provides vital cancer services to patients in a five-county area, where access to local cancer care is limited.

- King's Daughters' Health continues to provide Emergency Medical Services for Jefferson County, Indiana. This valuable service is essential for local residents and has saved county tax payers more than 1.5 million dollars since 1998, when KDH offered to provide this service without financial support from local city and county government. In addition, KDH EMS routinely provides coverage for local sporting events and youth safety education programs in schools.

- King's Daughters' Health continues to support a full time Wellness Coordinator on staff. This individual is instrumental in offering additional programming, not featured in this document, to improve the health of the community. Programming such as a large women's health event, men's health event, weekly speaking engagements for schools, civic groups, and businesses, safety and self-defense workshops, special events like 5Ks that are hosted by KDH, and employee

Wellness efforts are part of the Wellness Coordinator's duties. In addition, this position coordinates a Girls on the Run council, which is national 12-week program that uses the power of running to teach health lessons and build confidence and self-esteem for girls in grades 3-5.

- The timing of this 2017-2019 Implementation Strategy is ideal for a brand new initiative led by King's Daughters' Health. Based on results from the CHNA, KDH is taking a lead role and pledged a commitment to create a Healthy Communities Initiative for Jefferson County. The idea to form a Healthy Communities Coalition was created from a county-wide vision plan titled Envision Jefferson County. KDH invested funding to pay for a part-time coordinator to lead the efforts in developing and supervising the Healthy Community Initiative. Key hospital leaders and community support staff created three HCI teams to set goals and implement programs, many that are found in this working document. Formal HCI efforts did not start until February 2017, so many program ideas and initiatives are currently in an infancy stage.

Every three years, King's Daughters' Health coordinates a Community Health Needs Assessment, which identifies local health care priorities and guides our community health programs. The assessments help ensure that we invest our community benefit dollars in a way that targets and address real community needs.

For more facts and information about King's Daughter's Health, visit www.kdhmadison.org

2016 Community Health Needs Assessment Summary

The full 2016 Community Health Needs Assessment (CHNA) and a Summary conducted by King's Daughters' Health is available at www.kdhmadison.org. King's Daughters' Health contracted with an independent marking consultant to complete the CHNA. The study included the following components:

- Analysis of secondary data to develop county profiles compared to state and national data.
- In-person interviews with lead KDH staff.
- In-depth telephone interviews with community leaders.
- Comments from community leaders in attendance at a Healthy Communities Initiative meeting.
- In-person written surveys with low income individuals.
- In-person written surveys with senior citizens.
- Web-based survey open to the general public.

Definition of the Community Served by the Hospital

King's Daughter's Health provides health care services to five counties in southern Indiana and northern Kentucky. The 2016 KDH CHNA 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 Carroll in Kentucky) have multiple health care facilities that currently conduct a CHNA. To avoid duplication, the three primary counties described were included in the 2016 KDH CHNA. A few descriptive demographic highlights for these three counties include:

Jefferson County, Indiana

Total population – 32,428, median age 40.9 (above state average of 37.0)
Racial/ethnic composition – 95.4% Caucasian
Percent poverty – 16.2% (above the state average of 15.2%)
Percent uninsured – 14% adults under 65 have no insurance (13.8% state average)
Unemployment rate – 6.0% (same as state average)
Education level – 15% of adults 25+ have less than a high school diploma (state average 12%)

Switzerland County, Indiana

Total population – 10,613
Racial/ethnic composition – 97.7% Caucasian
Percent poverty – 28%
Percent uninsured – 15.7% adults under 65 have no insurance
Unemployment rate – 4.9%
Education level – 18% of adults 25+ have less than a high school diploma

Trimble County, Kentucky

Total population – 8,769
Racial/ethnic composition – 94% Caucasian
Percent poverty – 17.4% (below state average of 18.9%)
Percent uninsured – 9.6% adults under 65 have no insurance (9.8% state average)
Unemployment rate – 7.2% (above the state average of 6.5%)
Education level – 15.8% of adults 25+ have less than a high school diploma (same state average)

Significant Health Needs Identified in the 2016 CHNA

The following significant health needs were identified in the 2016 CHNA:

1. SUBSTANCE ABUSE / ADDICTIONS
2. OVERWEIGHT AND OBESITY
3. TOBACCO USE
4. LACK OF PHYSICAL ACTIVITY
5. CHRONIC DISEASE
6. MENTAL HEALTH / SUICIDE

2017 – 2019 Implementation Strategy

The implementation strategy describes how King's Daughters' Health plans to address significant health needs identified in the 2016 Community Health Needs Assessment and is aligned with the hospital's charitable mission. The strategy describes:

- Actions the hospital intends to take, including programs and resources it plans to commit;
- Anticipated impact of these actions and a plan to evaluate impact; and
- Any planned collaboration between the hospital and other organizations in the community to address the significant health needs identified in the 2016 CHNA.

The prioritized significant health needs the hospital will address are:

1. SUBSTANCE ABUSE / ADDICTIONS
2. OVERWEIGHT AND OBESITY AND LACK OF PHYSICAL ACTIVITY (COMBINED)
3. TOBACCO USE
4. CHRONIC DISEASE
5. MENTAL HEALTH / SUICIDE

SUBSTANCE ABUSE / ADDICTIONS

Name of program/activity/initiative	**Safe Drug Drop Off Program**
Description	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.
Anticipated Outcomes	To reduce the number of available prescription narcotics that are in the community. The stockpiles of medications that are in homes are known to be the first place where many children start their addictive behavior. Elderly individuals are also targeted by theft of narcotics in their own homes. Any medications disposed of improperly in toilets or trash cans eventually end up in water ways. Thus, safe collection and disposal of medications can lead to a cleaner environment.
Plan to Evaluate	Health Department and law enforcement tracking. KDH marketing department will also support by advertising these events and tracking methods of promotion.
Metrics Used to Evaluate the program/activity/initiative	The Health Department will evaluate the number of special 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.

Name of program/activity/initiative	**Healthy Communities Initiative (HCI) – Substance Abuse Team, Faith Based Volunteer Driver Program**
Description	The newly formed Substance Abuse Team will work with the faith-based community to develop a program where volunteer drivers will transport individuals to detox and substance abuse treatment programs.
Goals	Research similar programs in neighboring counties to develop a structured program. Work with local churches to educate congregations about the need, training, and work to create a pool of available drivers. Research and obtain any funding needed to cover mileage and additional expenses.
Anticipated Outcomes	More individuals will have reliable transportation to needed treatment sessions. Positive adult role models will also be in place for users who need support.
Plan to Evaluate	Substance abuse team will work with staff in the Adult Treatment Train/Community Corrections to obtain need, get referrals, and evaluate usage rates. Team will also work with volunteer drivers to evaluate usage.
Metrics Used to Evaluate the program/activity/initiative	Track number of individuals using the service. In addition, volunteer hours can be tracked and percent of individuals completing a treatment program.

Name of program/activity/initiative	**HCI – Substance Abuse Team, Drug Addicted Babies Faith Based Volunteer Program**

Description	Due to the startling percentage of drug addicted babies in the county, a new program will be in place to provide support for these victims and their families. The first six months of a baby's life is crucial. Many babies go home to an unsafe and unsupportive environment. This program will offer mothers and babies to have a foster volunteer to help teach parenting skills and make referrals for resources.
Goals	Research similar programs and develop a structured program. Work with the faith-based community to recruit and train volunteers.
Anticipated Outcomes	Improve health and development for infants born to drug-addicted mothers and offer needed support to mothers.
Plan to Evaluate	Substance abuse team will work with OB and PEDS staff to seek referrals. Team will also work with volunteers to obtain feedback.
Metrics Used to Evaluate the program/activity/initiative	Number of mothers/babies paired with a volunteer will be tracked. Education components for teaching healthy parenting will be measured. Local child neglect statistics will also be gathered and updated.

OVERWEIGHT AND OBESITY AND LACK OF PHYSICAL ACTIVITY

Name of program/activity/initiative	**Fit Kids**
Description	Fit Kids is a curriculum-based health education program 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.

Name of program/activity/initiative	**Healthy Communities Initiative (HCI) – 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.

Name of program/activity/initiative	**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 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 number of class series offered, number of participants, and attendance. Offer pre and post body weight checks and measure any weight change.

TOBACCO USE

Name of program/activity/initiative	**Outreach through WIC and OB/GYM providers**
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, counseling, etc.

Name of program/activity/initiative	**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 IN 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.

Name of program/activity/initiative	**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, IN 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.

Name of program/activity/initiative	**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 IN 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.

CHRONIC DISEASE

Name of program/activity/initiative	**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.
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).

Name of program/activity/initiative	**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 details 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 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 Medisolve. 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.

Name of program/activity/initiative	**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. Multi-disciplinary 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 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 Medisolve. Follow up patient phone calls are documents 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.

MENTAL HEALTH / SUICIDE

Name of program/activity/initiative	**Healthy Communities Initiative (HCI) – 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. 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 personal. 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.

Name of program/activity/initiative	**Healthy Communities Initiative (HCI) – 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.
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.

Name of program/activity/initiative	**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 secure that donations are being used on a 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.

Plans not to address the following needs:

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 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 IN 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 activities like the Walk to Remember.

Approval by Governing Board

The implementation strategy was approved by the Board of Managers of King's Daughters' Health on

(insert day, month, year) _____

Board Chair Signature _____