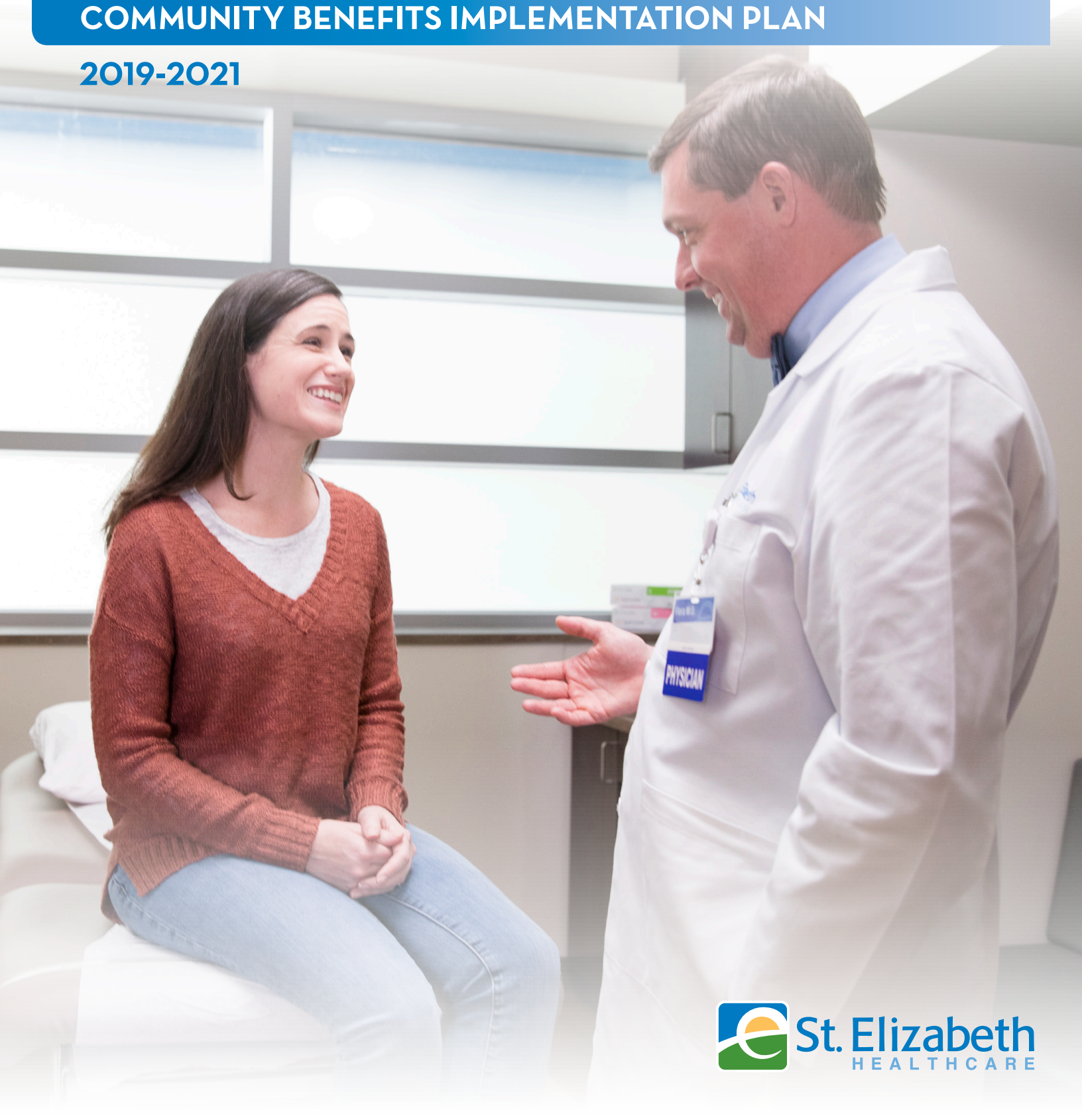
ST. ELIZABETH FLORENCE

COMMUNITY HEALTH NEEDS ASSESSMENT & COMMUNITY BENEFITS IMPLEMENTATION PLAN

2019-2021



St. Elizabeth HEALTHCARE

ST. ELIZABETH FLORENCE

COMMUNITY HEALTH NEEDS ASSESSMENT & COMMUNITY BENEFITS IMPLEMENTATION PLAN

NOVEMBER 28, 2018

Conducted on behalf of:

St. Elizabeth Healthcare

For:

St. Elizabeth Edgewood

St. Elizabeth Florence

St. Elizabeth Ft. Thomas

St. Elizabeth Grant

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St. Elizabeth's Community Benefits Steering Committee

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EXECUTIVE SUMMARY

Since 1861, St. Elizabeth Healthcare has been dedicated to strengthening the health of the community it serves. Every three years, St. Elizabeth Healthcare conducts a comprehensive community health needs assessment (CHNA). The process incorporates a systematic approach to identifying and analyzing the community health needs, prioritizing those needs, and developing an action plan to address the prioritized needs. This assessment meets the IRS Requirements governing charitable 501(c)(3) hospitals as defined by the Patient Protection and Affordable Care Act (the ACA).

St. Elizabeth Healthcare conducted a CHNA in 2018 that included a combination of quantitative and qualitative information based on available national, state, regional and local health data. Incorporated in the assessment was input from public health agencies, social service agencies, educational institutions, healthcare providers and civic services. Statistics from the St. Elizabeth Healthcare system were also reviewed in the assessment.

The service area considered for this assessment was determined by identifying where 90% of the St. Elizabeth Healthcare patient population originates. The data revealed that 93% of the patient population resides in the eight counties that comprise the Northern Kentucky Area Development District (NKADD). The NKADD encompasses the counties of Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton, with a population over 454,782 residents. All hospitals in the St. Elizabeth Healthcare system are located in this same geographical region.

The health needs identified by the community and health reporting resources were summarized and tabulated into a prioritized list. This list was reviewed by the Community Benefits Steering Committee (CBSC), composed of St. Elizabeth Healthcare executive leaders, who engaged in additional dialogue taking into consideration what resources are available, that when redirected, would have the greatest positive impact on health outcomes. The CBSC then, by vote, narrowed the list to the top priorities.

A community benefits implementation plan (CBIP) was then developed to address the top prioritized health needs. The top priorities, along with the CBIP were first reviewed and approved by the Strategic Planning Committee of the Board of Trustees, then by the Board of Trustees for final review and approval. The Board of Trustees approved the plan on November 5, 2018. Progress toward achieving the goals identified in the CBIP will be monitored and reported to the Board of Trustees on a regular basis. The CHNA will be made widely available to the public.

Top priorities identified that will be addressed for years 2019, 2020 and 2021:

1. Substance Use Disorders
2. Mental Health
3. Cancer
4. Heart Disease

Acknowledgments

Conducting a large-scale CHNA would not be possible without the contributions of many members of our community. The CBSC wishes to express its gratitude for the contributions made by those who participated in the development of this assessment.

ORGANIZATION DESCRIPTION

ST. ELIZABETH HEALTHCARE

St. Elizabeth Healthcare operates four hospital facilities throughout Northern Kentucky: St. Elizabeth Edgewood, St. Elizabeth Florence, St. Elizabeth Ft. Thomas, and St. Elizabeth Grant, for a combined total of 1,047 patient beds. In addition, St. Elizabeth Healthcare operates an Ambulatory Care Center, Hospice Center, three freestanding imaging centers, and is in partnership with St. Elizabeth Physicians (SEP). SEP is a multi-specialty physician organization of St. Elizabeth Healthcare, with more than 390 physicians, 180 advanced practice providers, and nearly 1,300 non-provider associates. SEP delivers care to residents of Northern Kentucky, Southwest Ohio and Southeast Indiana, with a network of 117 physician offices located in Kentucky, Indiana and Ohio.

St. Elizabeth Healthcare provides a broad range of programs and services to address the needs identified by its patients and community to improve the health of Northern Kentucky. When and where appropriate, "Centers of Excellence" have been developed at specific facilities that are best suited to provide those services, thereby reducing the duplication and costs in providing services.

St. Elizabeth Healthcare is sponsored by the Diocese of Covington and in 2017 provided more than $117 million in uncompensated care and benefit to the community. For more information, please visit www.stelizabeth.com.

Mission | Vision | Values

OUR MISSION

As a Catholic healthcare ministry, we provide comprehensive and compassionate care that improves the health of the people we serve.

OUR VISION

St. Elizabeth will lead Northern Kentucky to become one of the healthiest communities in America.

OUR VALUES

I — INNOVATION

I seek better ways to Perform my work, find creative solutions and embrace change.

C — COLLABORATION

I understand that mutual respect and teamwork are critical to accomplishing goals. I work with others to achieve the best individual and collective outcomes.

A — ACCOUNTABILITY

I use resources efficiently, Respond to others promptly, face challenges in a timely manner, and accept responsibility for my actions and decisions.

R — RESPECT

I respect the dignity and diversity of our associates, physicians, patients and community members. I promote trust, fairness and inclusiveness through honest and open communication.

E — EXCELLENCE

I believe in serving others by pursuing excellence in healthcare. I compassionately care for the mind, body and spirit of each patient.

Ethical & Religious Directives

As a Catholic health system, St. Elizabeth Healthcare strictly follows the national Ethical and Religious Directives for Catholic Health Care Services.

For more information, please view the directives published by the United States Conference of Catholic Bishops:

http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

COMMUNITY HEALTH NEEDS ASSESSMENT PURPOSE

A community health needs assessment (CHNA) serves an essential role in supporting hospitals, practitioners and policy-makers in identifying the greatest health needs in their communities. Recognizing that most needs are complex and require collaboration and various solutions, needs assessments establish the essential foundation for planning that can focus healthcare and community benefits resources to address healthcare disparities and enhance community health.

The CHNA evaluates existing health needs of the community, resources currently in place to meet those needs, and then identifies any major gaps between the two. A prioritization process reveals the top health needs. Data collected in the process informs development of an implementation plan to bridge the gap and better meet the identified health needs of the community.

COMMUNITY HEALTH NEEDS ASSESSMENT REQUIREMENTS

As part of the federal requirements included in the Patient Protection and Affordable Care Act (the ACA), nonprofit hospital organizations under 501(c)(3) status are required to conduct a CHNA every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA.

Section 501(r)(3)(B) provides that the CHNA must:

- Consider 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, and
- Be made widely available to the public.

Per the IRS, a hospital facility must document its CHNA in a report that is adopted by an authorized body of the hospital facility. The CHNA report must include the following items:

- A definition of the community served by the hospital facility and a description of how the community was determined.
- A description of the process and methods used to conduct the CHNA.
- A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
- A prioritized description of the significant health needs of the community identified through the CHNA. This includes a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.
- A description of resources potentially available to address the significant health needs identified through the CHNA.
- An evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA,

IMPLEMENTATION STRATEGY REQUIREMENTS

Per the IRS, a hospital facility's implementation strategy must be a written plan (herein identified as the community benefits implementation plan, or CBIP) that, for each significant health need identified, either:

- Describes how the hospital facility plans to address the health need, or
- Identifies the health need as one that the hospital facility does not intend to address and explains why it does not intend to address the health need.

For more information, please visit https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3.

ST. ELIZABETH FLORENCE

This document is the Community Health Needs Assessment and Strategic Implementation Plan for St. Elizabeth Florence, located in Florence, Kentucky.

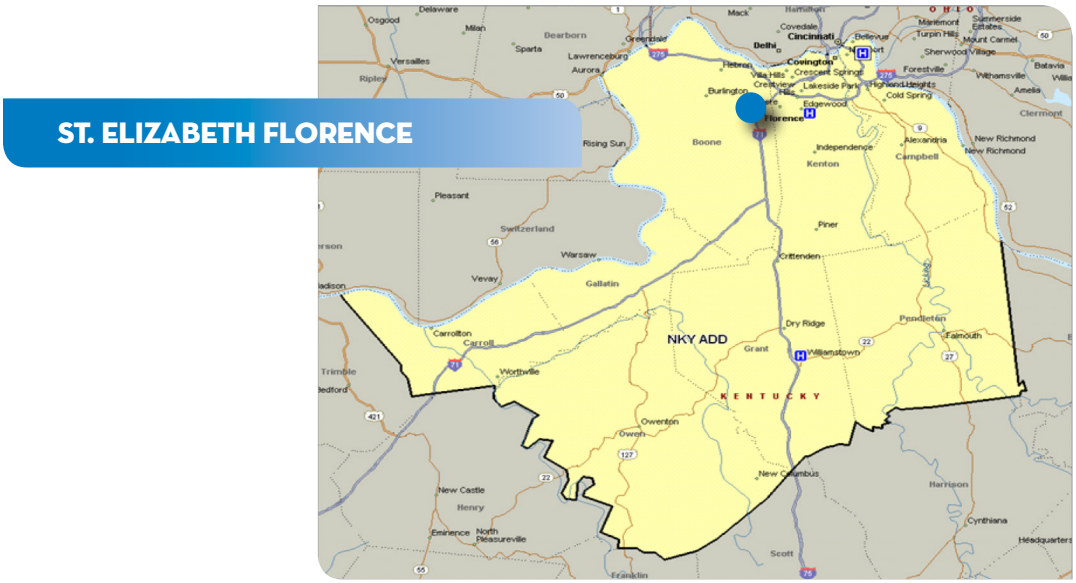
St. Elizabeth Florence is a 147-bed full-service hospital featuring 24/7 emergency care, cardiac diagnostic catheterization, Weight Management Center, Spine Center, and Cardiac Prevention and Wellness program. This facility receives patients from throughout the Northern Kentucky Area Development District (NKADD), which is being used as the defined service area.

St. Elizabeth Florence

4900 Houston Road, Florence,
Boone County, Kentucky 41042

2017 OPERATING STATISTICS	
Licensed Beds	147
Inpatient Discharges	9,997
Patients Days	44,580
Births	-
Outpatient Registrations	83,713
Emergency Room Visits	44,281

Northern Kentucky Area Development District Map



COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

COMMUNITY BENEFITS STEERING COMMITTEE

The Community Benefits Steering Committee (CBSC) is an internal multi-disciplinary team that oversees the CHNA, development of the CBIP, monitors the systems' activities to ensure it is achieving the objectives identified in the CBIP, and provides periodic reports to the Strategic Planning Committee of the Board. The CBSC makes initial recommendations to the Strategic Planning Committee of the Board of Trustees, which then recommends to the Board of Trustees. The Board of Trustees provides the final CHNA approval.

The CBSC also has oversight of Community Benefits reporting to ensure that St. Elizabeth Healthcare is fulfilling its mission to improve the health of the community and assure that the programs are compliant with IRS 990 H requirements (see Appendix 1).

DEFINING THE SERVICE AREA

St. Elizabeth Healthcare's primary service areas considered in this assessment were determined by identifying where 90% of its patient population originates. This approach ensures that the assessment was not limited to a certain geographical area, but included the majority of the population served. The data revealed that 93% of the patient population resides in the counties that comprise the Northern Kentucky Area Development District (NKADD). The NKADD encompasses the counties of Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton, and represents more than 454,780 residents. All hospitals in the St. Elizabeth Healthcare system are located in this region. This also simplifies the acquisition and standardization of data since the state of Kentucky and other resources report their data at the NKADD level (see map on previous page).

ST. ELIZABETH HEALTHCARE - TOTAL DISCHARGES 2017				
County	**Inpatients**	**Outpatients**	**Total**	**% of Grand Total**
Kenton	17,556	307,431	324,987	33.7%
Boone	12,477	247,690	260,167	27.0%
Campbell	8,801	166,330	175,131	18.2%
Grant	3,394	72,105	75,499	7.8%
Pendleton	1,568	28,409	29,977	3.1%
Gallatin	925	13,345	14,270	1.5%
Owen	492	9,572	10,064	1.0%
Carroll	324	3,037	3,361	0.3%
NKYADD Total	45,537	847,919	893,456	92.8%
Other Counties	3,849	65,704	69,553	7.2%
Grand Total	**49,386**	**913,623**	**963,009**	**100.0%**

COLLECTING AND ANALYZING DATA

The CHNA process and CBIP development were conducted over a course of 10 months (January to October). St. Elizabeth Healthcare's five hospitals worked collaboratively on this CHNA since they are located in the same geographical region and have established cross coverage of services.

PRIOR CHNA & CBIP

The assessment began with reviewing the existing CHNA for years 2016 through 2018 for any pertinent information that may impact the current assessment. The previous areas of concentration included: mental health, substance use disorders and heart disease.

Over the course of nearly three years, all areas were actively working toward their intended goals. For example:

- **Mental Health:**
  - Partnered with SUN Behavioral Health to build and open a 197-bed comprehensive facility.
  - Provided four community forums addressing separate mental illness topics.
  - Added telemedicine therapy for an SEP office.
  - Developed a plan to provide physician coverage for SUN Behavioral Health.
  - Added Behavioral Health providers to three SEP offices.
- **Substance Use Disorders (SUD):**
  - Built and opened Journey Recovery Center, a dedicated outpatient facility.
  - Implemented policy governing the prescribing and management of controlled substances.
  - Presented educational information at community events.
  - Hired additional providers focused on treating SUD.
- **Heart Disease:**
  - Increased the number of vascular screenings.
  - Increased the number of physician-led educational events.
  - Participated in new hospital-based research studies.
  - Provided educational programs to the community and area schools.

SECONDARY DATA COLLECTION

Multiple secondary data sources were used to gather data on population demographics, including:

- U.S. Census Bureau QuickFacts for Kentucky, https://www.census.gov/quickfacts/ky (see Appendix 3).
- Health status indicators, social and behavioral indicators; health outcomes; prevalence of chronic diseases; access to care; and maternal and child health, http://kentuckyhealthfacts.org/.
- County Health Rankings, http://www.countyhealthrankings.org/app/kentucky/2018/overview.
- America's Health Rankings for Kentucky, http://www.americashealthrankings.org/KY.
- Interact for Health's 2016 Kentucky Health Issues Poll, released September 2017 https://www.healthy-ky.org/res/images/resources/2017KHIP_NKY_FINAL_HiRes.pdf.
- Centers for Disease Control and Prevention, U.S. Cancer Statistics.
- See Appendix 4 for additional data sources.

Secondary data were summarized and tabulated in order of importance. The last column in the below chart illustrates the top health issues identified by the reporting sources.

Timeliness of the source data was a consideration in the prioritization process, as dated information may not accurately reflect current healthcare needs that are reported in the Primary Data.

2018 CHNA LISTING OF SECONDARY DATA PRIORITIZED

America's Health Rankings for KY 2017	KY Health Issues Poll 2016 (Northern KY)	Health Collaborative 2016 (Northern KY Counties)	Overall Ranking
Cancer Deaths	Cancer	Substance Use Disorders	Cancer
Preventable Hospitalizations	Heart Disease	Obesity	Substance Use Disorders
Smoking	Health Care Coverage	Health Care Access	Smoking
Drug Deaths	Obesity	Cancer	Obesity
Heart Attack		Health Care Coverage	Health Care Coverage
Poor Mental Health Days		Smoking	Mental Health
High Cholesterol		Treatment Non-compliance	Heart Disease
Heart Disease			Lack of Healthy Eating/ Exercise
Stroke			Preventable Hospitalizations
High Blood Pressure			Health Care Access
Obesity			High Cholesterol
			Treatment Non-compliance
			Stroke
			High Blood Pressure

PRIMARY DATA COLLECTION - GATHERING COMMUNITY INPUT

Primary data was collected from persons who represent the broad interests of the community, including those with expertise in public health. Representation included area health departments, local governmental/civic agencies, other healthcare providers, community-based social service agencies and area school districts (see Appendix 5 for full listing).

The methodology used to collect the data included presentations to groups, phone calls and an online survey. The process included an explanation of the CHNA requirements and how the data garnered would be used to develop the CBIP. Participants were then asked to list in order from most important to least important what they believed were the top five community health needs that should be addressed and/or considered in the assessment (see Appendix 6 for full survey).

Concentrating on social service agencies, school districts and civic services ensured that the CHNA identified and received data on the most pressing health needs within the community served.

Summary of Primary Data

Primary data were summarized and tabulated in order of importance. The last column in the below chart illustrates the top health issues identified by the reporting sources.

2018 CHNA LISTING OF PRIMARY DATA PRIORITIZED					
General Public	**Civic Services**	**Health Dept**	**SEH (Mgmt, Medical Staff, Board of Directors)**	**SEP (Physicians and Office Managers)**	**Overall Ranking**
Substance Use Disorders	**Substance Use Disorders**	**Substance Use Disorders**	**Substance Use Disorders**	**Substance Use Disorders**	**Substance Use Disorders**
Affordability of Health Care	Mental Health	Obesity	Obesity	Mental Health	Mental Health
Health Care Access	Tobacco	Mental Health	Heart Disease	Obesity	Obesity
Mental Health	Obesity	Tobacco	Tobacco	Tobacco	Tobacco
Geriatrics	Nutrition	Health Care Coverage	Cancer	Diabetes	Affordability of Health Care
Obesity	Dental	Evidence-Based Health Policies	Mental Health	Affordability of Health Care	Cancer
Cancer	Geriatrics		Diabetes	Transportation	Heart Disease
Health Care Coverage	Health Education		Health Education	Heart Disease	Health Care Access
Nutrition			Health Care Access	Cancer	Geriatrics
Heart Disease			Affordability of Health Care	Health Care Coverage	Health Care Coverage
					Diabetes
					Nutrition
					Health Education

PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Findings from the Primary and Secondary data sources were presented to the CBSC for review and thorough discussion. The committee was tasked with ranking the community's most important health needs and providing suggestions for hospital priorities. A vote was taken to determine which of the needs identified should be addressed in the new CHNA. The top needs identified were: substance use disorder, mental health, cancer and heart disease (see below chart).

COMMUNITY BENEFITS STEERING COMMITTEE (CBSC)		
Primary Data Ranking	**Secondary Data Ranking**	**CBSC Final Ranking**
Substance Use Disorders	Cancer	Substance Use Disorders
Mental Health	Substance Use Disorders	Mental Health
Obesity	Smoking	Cancer
Tobacco	Obesity	Heart Disease
Affordability of Health Care	Health Care Coverage	
Cancer	Mental Health	
Heart Disease	Heart Disease	
Health Care Access	Lack of Healthy Eating/ Exercise	
Geriatrics	Preventable Hospitalizations	
Health Care Coverage	Health Care Access	
Diabetes	High Cholesterol	
Nutrition	Treatment Non-compliance	
Health Education	Stroke	
	High Blood Pressure	

COMMUNITY BENEFITS IMPLEMENTATION PLAN (CBIP), 2019-2021

Once the top health needs were identified, the CBIP was developed, identifying strategies, action items and targets. The CBIP was developed in collaboration with St. Elizabeth associates who have expertise in the prioritized health needs. The top priorities, along with the CBIP, were first reviewed and approved by the Strategic Planning Committee of the Board of Trustees, then by the Board of Trustees for final review and approval. The Board of Trustees approved the plan on November 5, 2018.

The following is a summary of strategies from the CBIP to address the prioritized needs identified in the CHNA for 2019 through 2021 (see Appendix 7 for more detail).

Mental Health

Goal:

- Continue collaboration with community partners to integrate programs/services to diagnose, educate and treat persons with mental health issues.
- Increase access and bring a full continuum of high-quality services to the community.

Measure:

Reduce number of Poor Mental Health Days for Northern Kentucky residents from 4.2 days/month (2016 average as reported by the County Health Rankings for all eight counties in the Northern Kentucky Area Development District (NKADD)) to 4.0 days/month, or less.

Strategies/Tactics:

- Improve access in our community using technology and alternative care delivery processes.
- Ensure SEP patients have access to mental health providers.
- Provide suicide and depression awareness to the community.

Already in Progress:

To adequately meet the needs of the community, SUN Behavioral Health in partnership with St. Elizabeth Healthcare opened a 197-bed freestanding Behavior Health (BH) hospital mid-2018. Services include specialized inpatient and partial hospitalization services across a spectrum of behavioral disorders and substance use dependencies, including a BH Emergency Department for non-medical BH patients. The dedicated BH facility serves both adolescents and adults.

Substance Use Disorders

Goal:

Offer programs and services to prevent, treat and support patients and their families with substance use disorder issues.

Measure:

Decrease substance use disorder visits to the St. Elizabeth Emergency Departments by 2%; visits inclusive of withdrawal, suicidal, abscess, request detox/treatment and other medical related issues.

Strategies/Tactics:

- Develop a feasibility plan for possible creation of mobile addiction treatment.
- Implement an SEP-wide opioid-prescribing policy and surveillance plan.
- Expand the Medication-Assisted Treatment (MAT) practice to a non-SEP entity.
- In conjunction with our fellow Kentucky Opioid Response Effort (KORE) grant recipients, develop outcome measures that are meaningful and impactful on the treatment of substance use disorder.
- Implement strategies in the Northern Kentucky Regional Strategic Plan to address substance use disorders as appropriate.
- Develop a tele-addiction/tele-therapy option for the treatment of substance use disorder.
- Implement strategies in the Regional Strategic Plan in the continuum of care model for pregnant women with substance use disorder.

Already in Progress:

- St. Elizabeth maintained connection to Northern Kentucky's regional response to the opioid epidemic by assisting with the development, vetting and release of the 2019-2024 Northern Kentucky Regional Strategic Plan to address substance use disorders. Using the regional plan's goals and objectives, St. Elizabeth has created an internal strategic plan that is congruent with the region's desired outcomes, focusing on health/mental promotion, disease management and recovery, and preventing related infectious disease and premature death.
- As the first healthcare organization in the United States to partner with the Hazelden Betty Ford Foundation to address the nationwide heroin and prescription painkiller crisis, St. Elizabeth staff were trained again in COR-12, a model that combines 12-step recovery methods with Medication-Assisted Treatment (MAT). St. Elizabeth opened Journey Recovery Center in October 2017 to provide COR-12 services and MAT.
- As this service line continues to grow, St. Elizabeth Physicians has hired new addictionologists and case managers to facilitate a clear path to recovery for patients with substance use disorders from any point of entry into the St. Elizabeth Healthcare system.
- The joint venture with SUN Behavioral Health has added additional resources within the region to address mental health and substance use disorders.
- An internal task force continues to meet to strategize for effective implementation and achievement of desired outcomes, including: reaching and engaging pregnant women with substance use disorders early in pregnancy; facilitating mother/infant bonding for babies born exposed to opiates; partnering with Northern Kentucky Health Department to expand syringe access exchange program (SAEP) access; creating a clear pathway to treatment for patients who enter the Emergency Departments with a related substance use disorder issue, including the initiation of MAT and connection to peer support; maintaining naloxone distribution to parents, patients and first responders; and establishing medical outreach sites to reach patients with substance use disorders where they are.
- To combat compassion fatigue, a support group for staff was formed and meets routinely.
- More than $7 million has been invested in our strategic efforts to address this issue.

Cancer

Goal:

Identify cancer earlier through increased screenings for lung, colon and breast cancers.

Measures:

- Increase lung cancer screenings by 10%.
- Achieve 80% colon screening rate for target population.
- Achieve 80% breast screening rate for target population.

Strategies/Tactics:

- Build a Community Academic Cancer Center that optimizes the delivery network for access and experience.
- Develop regional centers of excellence in specific disease sites.
- Provide cancer education and awareness to the community.
- Optimize outpatient delivery network throughout Northern Kentucky by identifying space and creating operational plan for Florence infusion services.

Already in Progress:

- To adequately meet the needs of the community, St. Elizabeth's cancer team is in the process of designing and building a $140 million freestanding cancer center designed to offer local access to cutting edge clinical trials and cancer specialists.
- Physicians are building a program of multidisciplinary subspecialists in cancer, designing "disease management teams" to address cancers of lung, colon, breast, prostate and gynecologic origin.
- St. Elizabeth is leveraging the expertise of these teams to promote an aggressive program of early screening and cancer detection through the new St. Elizabeth Center for Precision Medicine and Genomic Health, including a lung cancer screening program that has screened over 6,000 smokers for signs of early (and hopefully curable) lung cancer, and are finding lung cancer in about 1 of 80 computerized tomography (CT) scans.
- St. Elizabeth is expanding the reach of the Clinical Research Institute, rapidly growing available cancer clinical trial menu so that patients in our community can get access to newer, less toxic anti-cancer therapies to battle their disease without the need to travel long distances from home.

Heart Disease

Goal:

Work with the community to reduce the incidence of heart-related deaths by 25% in the Northern Kentucky region by 2025.

Measure:

Reduce heart-related deaths by 25% in Northern Kentucky by 2025.

Strategies/Tactics:

- Provide prevention and wellness services to the community with the goal of detecting heart and vascular disease early, or preventing it all together.
- Grow participation in nicotine cessation programs.
- St. Elizabeth Heart & Vascular Institute to serve as a resource for our community.
- Provide treatment and support to patients after weight-loss surgery.

Already in Progress:

- St. Elizabeth employed an onsite Heart Failure Specialist in October 2018, increasing clinic availability and inpatient rounding at the hospital.
- Achieved American Heart Association Cardiovascular Center of Excellence Accreditation in September 2018.
- Transcatheter aortic valve replacement (TAVR) program continues to increase in volume; TAVR is a cardiac catheterization procedure that treats severe aortic stenosis. For those who qualify, TAVR offers a treatment for people who can't have open surgery, or for whom surgery presents moderate risk.
- The Watchman program began in 2017, this device can help patients with AFib that is not caused by a heart valve problem who cannot tolerate long-term drug therapy, by blocking the source of blood clots that can cause strokes.
- Partnered with American Heart Association to install a blood pressure kiosk in main lobby at Edgewood campus to increase awareness of blood pressure/hypertension.

COMMUNITY HEALTHCARE RESOURCES

To address the needs identified in the CHNA, St. Elizabeth Healthcare continues to work collaboratively with various healthcare resources accessible to the residents of Northern Kentucky.

HEALTHCARE RESOURCES IN THE NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT:			
Name	**County**	**Type**	**# Beds**
Carroll County Memorial Hospital	Carroll	Critical Access	25
Gateway Rehabilitation Hospital	Boone	Physical Rehabilitation	40
HealthSouth Northern KY Rehabilitation	Kenton	Physical Rehabilitation	40
NorthKey Community Care Intensive Services	Kenton	Acute Care Psychiatric	6 51
New Horizons Medical Center	Owen	Critical Access	25
St. Elizabeth Edgewood	Kenton	Acute Care General Psychiatric Neonatal II Neonatal III	515 52 18 12
St. Elizabeth Falmouth	Pendleton	Chemical Dependency	28
St. Elizabeth Ft. Thomas	Campbell	Acute Care	284
St. Elizabeth Florence	Boone	Acute Care Psychiatric	139 22
St. Elizabeth Grant	Grant	Acute Critical Access	25

Source: Kentucky Cabinet for Health and Family Services, Inventory of Health Facilities and Services; October 2018

Health Departments

- Northern Kentucky Health Department:
  - Serves Boone, Campbell, Grant and Kenton Counties http://www.nkyhealth.org
- Three Rivers District Health Department:
  - Serves Carroll, Gallatin, Owen and Pendleton Counties http://www.trdhd.com

OTHER HEALTH NEEDS IDENTIFIED BY THE ASSESSMENT

Healthcare needs identified in the assessment that were not chosen as top priorities are currently being addressed by St. Elizabeth Healthcare through existing programs and services, or other providers (see Appendix 8).

APPENDIX 1

COMMUNITY BENEFITS STEERING COMMITTEE

The Community Benefits Steering Committee (CBSC) is a multi-disciplinary team to oversee the community health needs assessment (CHNA), the development of the community benefits implementation plan (CBIP), and monitor the system's activities to ensure it is achieving the objectives identified in the CBIP and provide periodic reports to the Strategic Planning Committee of the Board of Trustees and the community. The CBSC makes recommendations to the Strategic Planning Committee, who recommend to the Board of Trustees, who serve as the approving body.

CBSC Composition

The committee consists of the following representatives who meet annually, or as needed:

- Sarah Giolando, Senior Vice President and Chief Strategy Officer
- Vera Hall, Senior Vice President and Chief Nursing Executive
- Rosanne Nields, Vice President, Planning and Government Relations
- Pam Deeter, Vice President, Finance
- Matt Hollenkamp, Vice President, Marketing and Public Relations
- Kelly Shackelford, System Controller
- David Bailey, Director, Community Benefits and Inclusion Reporting
- Sara Hamilton, Director, Planning and Program Development
- David Meier, Manager, Tax
- Chad Bowman, Accounting Manager, St. Elizabeth Physicians
- Mark Wilson, Analyst, Planning and Program Development

Tasks of the Committee

The following tasks/decisions are their primary functions:

- Review the existing 2016-2018 CBIP regularly and report the progress toward its goals to the Board of Trustees.
- Oversee implementation of the CHNA and update the CBIP accordingly every three years (required by the ACA). The next assessment and plan update will need to be completed in 2021.
- Review the Community Benefits activities and annual report to ensure compliance with IRS 990 H requirements. Make recommendations regarding communication efforts and public reporting.

APPENDIX 2

ST. ELIZABETH HEALTHCARE COMMUNITY HEALTH NEEDS ASSESSMENT 2016 - 2018 UPDATE FOR 4TH QTR 2018

MENTAL HEALTH

Collaborate with community partners to develop integrated programs/services to diagnosis, educate, treat persons with mental health issues, especially children. Increase access and bring a full continuum of high quality services to the community.

Strategies/Tactics	Measures/Action Plans	Target	Status				
			1st	2nd	3rd	4th	YTD
Develop a comprehensive provider staffing model for inpatient coverage at the SUN Hospital	Provide a plan to the SEP, SEHC and SUN senior leadership providing coverage for SUN through the expected average daily as reported by SUN for 2018. Due by February 1, 2018.	1 Model	1	0	0	0	1
Develop one Telemedicine project for our BH Therapy service line	Develop a telemedicine therapy project to service an outlining SEP Medical Practice.	1	0	0	1	0	1
Develop a feasibility plan with a non-BH provider that will provide therapy services in addition to our providers	Review options with BH a therapy outsource service to increase access for our therapy patients. This service will be referred to by the SEP BH Intake Team by July 1, 2018.	1	0	1	0	0	1
Increase the number of BH providers currently located in SEP PCP and Specialty practices	Develop relationships with PCP and Specialty practices to add BH providers to serve their patients on a regular scheduled basis and crisis if necessary.	3 Sites	0	0	2	1	3

Legend: Meeting/ exceeding goal | On track to meet goal | Forecasted to miss goal

APPENDIX 2

DRUG ADDICTION/TREATMENT

Offer programs and services to treat and support patients and their families with substance abuse issues. Reduce drug-induced deaths. (Baseline 41 deaths per 100,000 NKY ADD)

Overall Progress of Strategy: In 2016, there were 208 drug-related deaths in NKY.

Strategies/Tactics	Measures/Action Plans	Target	Status				
			1st	2nd	3rd	4th	YTD
Provide a source to the community, state and national for education on the Substance Use Disorder (SUD) programming and SEP\ SEHC updates on our efforts	Provide educational opportunities from personal interviews, seminar presentations, webinars and site visit coordination to interested parties on how they can develop, improve and implement a SUD service line.	2 Present-ations	2	0	1	1	4
Develop an SEP prescribing policy for prescribing and management of controlled substance	Receive approval for a policy governing the prescribing and management of controlled substances by June 1, 2018.	1 Policy	1	0	0	0	1
Increase the availability of SEP providers to treat patients with addiction and create a clinic for increased access	Continue to meet with the medical staff of St. Elizabeth Physicians for opportunities to recruit more prescribers.	2 FTEs	1	1	2	2	6
Develop inpatient rounding team be end of June 2018	Develop a system of inpatient rounding providers at all three SEHC Hospitals. These providers will be able to provide services to addicted patients with existing medical conditions.	1 Service Team	0	0	0	0	0
Create the business plan for a second MAT Office	Receive approval of a business plan for a MAT office by Sept 1, 2018.	1 Plan	0	0	0	0	0
Create an Intensive Outpatient Program (IOP) by June 1, 2018	Provide the necessary infrastructure and approval process to establish a IOP program by June 1, 2018.	1 Program	0	0	0	1	1

Legend: Meeting/ exceeding goal; On track to meet goal; Forecasted to miss goal

APPENDIX 2

HEART DISEASE

Objective for the Heart & Vascular Institute is to work with the community to reduce the incidence of heart-related deaths by 25 percent in the Northern Kentucky region by 2025. (Baseline 193.8 per 100,000)

Overall Progress of Strategy: 6.09% cumulative reduction as of 2016 (results through 2017 available mid-2019)

Strategies/Tactics	Measures/Action Plans	Target	Status				
			1st	2nd	3rd	4th	YTD
Provide prevention and wellness services to the community with the goal of catching heart and vascular disease early or preventing it all together	Maintain the number of cardiovascular screening dates through the CVMHU.	220	51	62	60	53	226
	Maintain the number of individuals reached through prevention education by the CVMHU department (excluding MHR and TTFYH).	1350	1345	913	948	1013	4,219
	Maintain the number of My Heart Rocks (MHR) events held at local elementary schools	20	7	3	4	6	20
	Maintain the number of participants in the Take Time for your Heart (TTFYH) prevention and wellness class.	200	41	55	50	23	169
Support ongoing research for the community	Evaluate at least 6 new HVI research studies.	6	0	2	2	1	5
Heart & Vascular Institute as a resource for community	Maintain a heart attack mortality rate below the national benchmark by improving information received from EMS prior to arrival and increasing community education on heart attack symptoms/911.	<5.96%	1.714	2.89	2.13	2.0	2.0
	Maintain the number of individuals reached through community education on hands only CPR.	1500	67	925	248	296	1536

Legend: Meeting/ exceeding goal; On track to meet goal; Forecasted to miss goal

APPENDIX 3

NORTHERN KENTUCKY POPULATION DEMOGRAPHICS

Population Demographics (US Census 2017 Estimates)**										
	Population Totals 2013 Estimates	White alone, not Hispanic or Latino	Black or African American	Hispanic or Latino	American Indian & Alaska Native	Asian	Native Hawaiian & other Pacific Islander	Two or More Races	Persons Below Poverty Level, Percent 2009-2013 All Ages	Uninsured ++
USA	325 Mil	62.5%								
Kentucky	4,454,189	88.0%	8.3%	3.5%	0.3%	1.5%	0.1%	1.9%	18.5%	6.0%
Counties										
Boone	128,536	91.8%	3.3%	4.2%	2.0%	2.7%	1.0%	1.9%	7.6%	5.1%
Campbell	92,211	93.9%	3.0%	1.9%	2.0%	1.1%	Z	1.8%	12.5%	5.7%
Carroll	10,679	95.0%	1.9%	6.7%	3.0%	7.0%	Z	2.0%	20.8%	8.3%
Gallatin	8,609	95.6%	1.4%	5.4%	3.0%	6.0%	1.0%	2.0%	14.5%	7.7%
Grant	24,923	96.9%	1.0%	2.8%	3.0%	5.0%	2.0%	1.2%	15.6%	7.0%
Kenton	164,945	91.3%	4.9%	3.1%	2.0%	1.3%	2.0%	2.0%	12.6%	6.2%
Owen	10,642	97.0%	1.1%	2.6%	4.0%	20.0%	Z	1.2%	18.2%	6.5%
Pendleton	14,560	97.7%	7.0%	1.2%	3.0%	2.0%	Z	1.2%	14.4%	6.3%

** Source: Quick Facts from US Census Bureau; quickfacts.census.gov Jan 16, 2018

Z: Value greater than zero but less than half unit of measure shown

++County Health Rankings 2018 countyhealthrankings.org

Age Groups	State	Counties								USA
As Percent of 2016 Totals	Kentucy	Boone	Campbell	Carrol	Gallatin	Grant	Kenton	Owen	Pendleton	
Persons Under 5 Years	6.3%	7.1%	6.2%	8.3%	6.5%	7.5%	7.1%	5.3%	5.3%	6.3%
Persons Under 18 Years	23.1%	27.6%	22.4%	25.7%	25.9%	27.6%	24.6%	23.4%	23.4%	23.3%
Persons 65 Years and Over	14.4%	10.7%	13.5%	14.2%	12.3%	12.1%	12.3%	16.0%	16.0%	14.1%
Source: Quick Facts from US Census Bureau; census.gov/quickfacts/ky Jan 19, 2018										

APPENDIX 4

SECONDARY DATA SOURCES AND ADDITIONAL INFORMATION

America's Health Rankings: Kentucky, 2017 https://www.americashealthrankings.org/explore/annual/measure/Overall/state/KY				
Kentucky's overall health ranking in 2017 was 42 out of 50, and continues to rank at the bottom in most health measures:				
Measure Name	**2017 Rank**	**2016 Rank**	**2015 Rank**	**Source**
Cancer Deaths	50	50	50	CDC, WONDER Mortality Files
Drug Deaths	49	48	48	
Heart Attack	49	49	49	CDC, Behavioral Risk Factor Surveillance System
Smoking	49	50	49	
Frequent Mental Distress	48	44	47	
Frequent Physical Distress	48	48	49	
Heart Disease	48	49	47	
High Cholesterol	48	48	49	
Diabetes	46	47	45	
Obesity	44	46	39	
Cardiovascular Deaths	44	43	43	CDC, WONDER Mortality Files
Kentucky Overall	42	45	44	

Interact for Health's 2016 Kentucky Health Issues Poll (KHIP)

https://www.healthy-ky.org/res/images/resources/2017KHIP_NKY_FINAL_HiRes.pdf

This year's KHIP asked Kentucky adults to identify the most important healthcare issue facing Kentucky's men, women and children. Respondents could provide any answer. 1 in 4 Kentucky adults (25%) named obesity as the most important health issue facing children in Kentucky. Cancer and heart disease were cited as the top two important health issues for both Kentucky's men and women. The next most frequently reported issue, for adults and children alike, were problems with healthcare or health insurance, cited by about 1 in 10 respondents. Like adults throughout Kentucky, Northern Kentucky respondents named cancer and heart disease as the state's most important healthcare issues. In addition, about 1 in 10 Northern Kentucky adults stated obesity was an important health issue for both men and women.

The Health Collaborative, Community Health Needs Assessment:

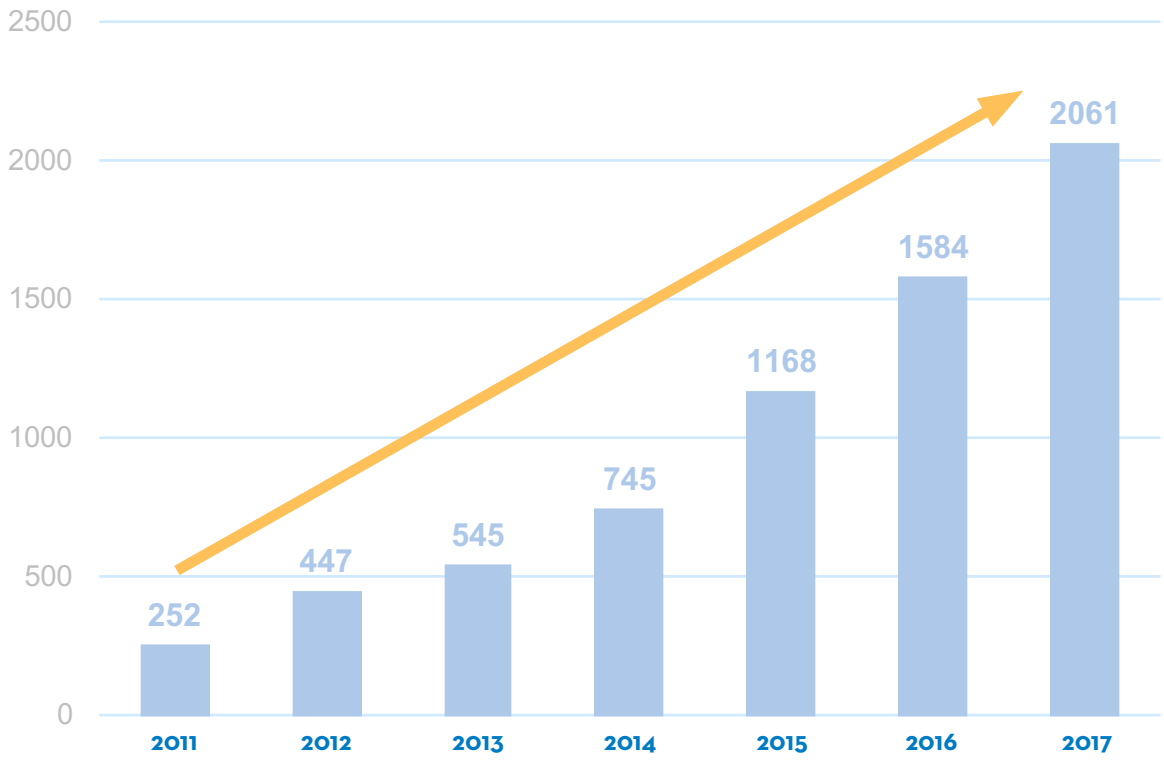
http://healthcollab.org/wp-content/uploads/2016/02/Cincinnati-CHNA-Report-2016-FINAL.pdf

Kentucky Office of Drug Control Policy, Commonwealth of Kentucky Justice & Public Safety Cabinet's 2016 Overdose Fatality Report:

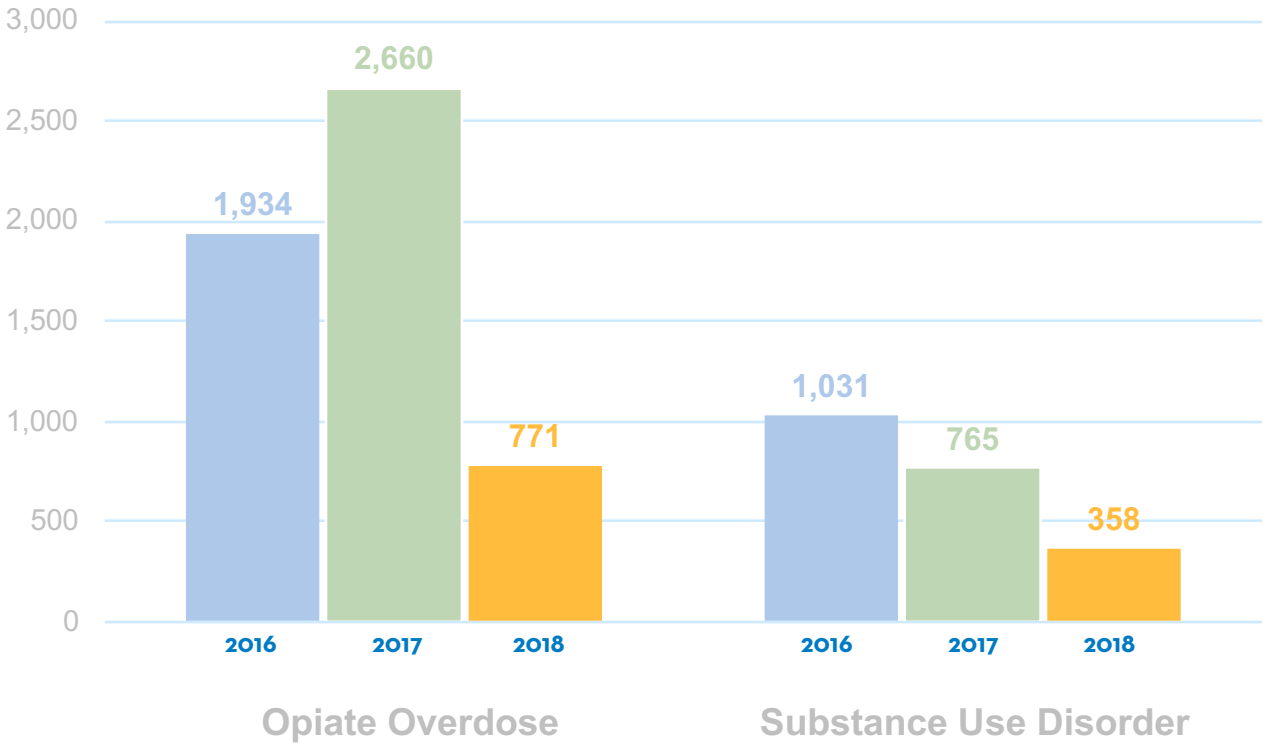
https://odcp.ky.gov/Documents/2016%20ODCP%20Overdose%20Fatality%20Report%20Final.pdf

APPENDIX 4

Heroin Overdoses All St. Elizabeth Emergency Departments

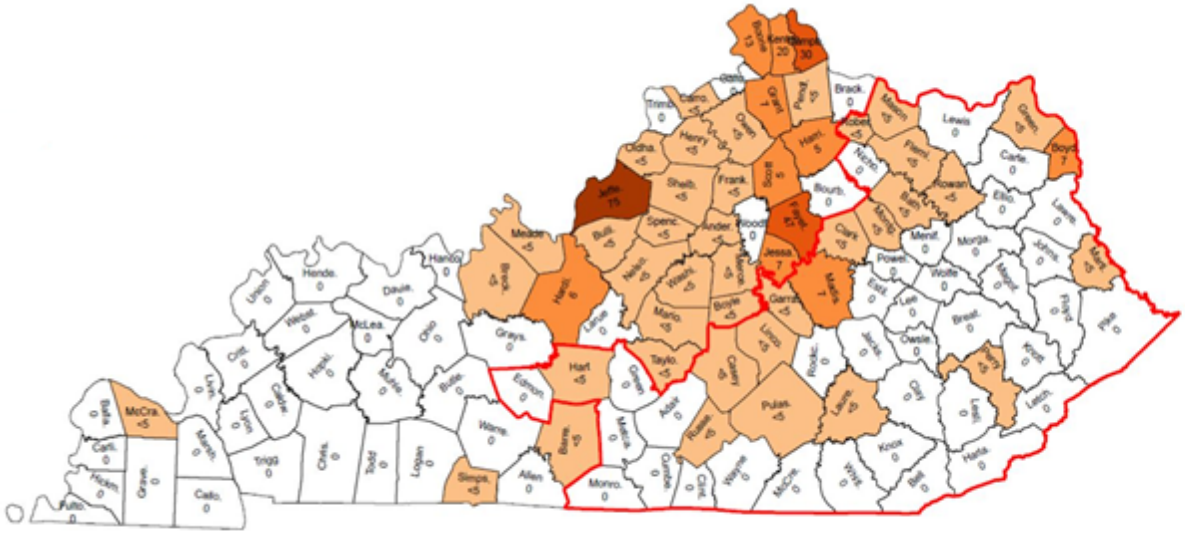


Data source: Ashel Kruetzkamp, MSN, RN St. Elizabeth Healthcare



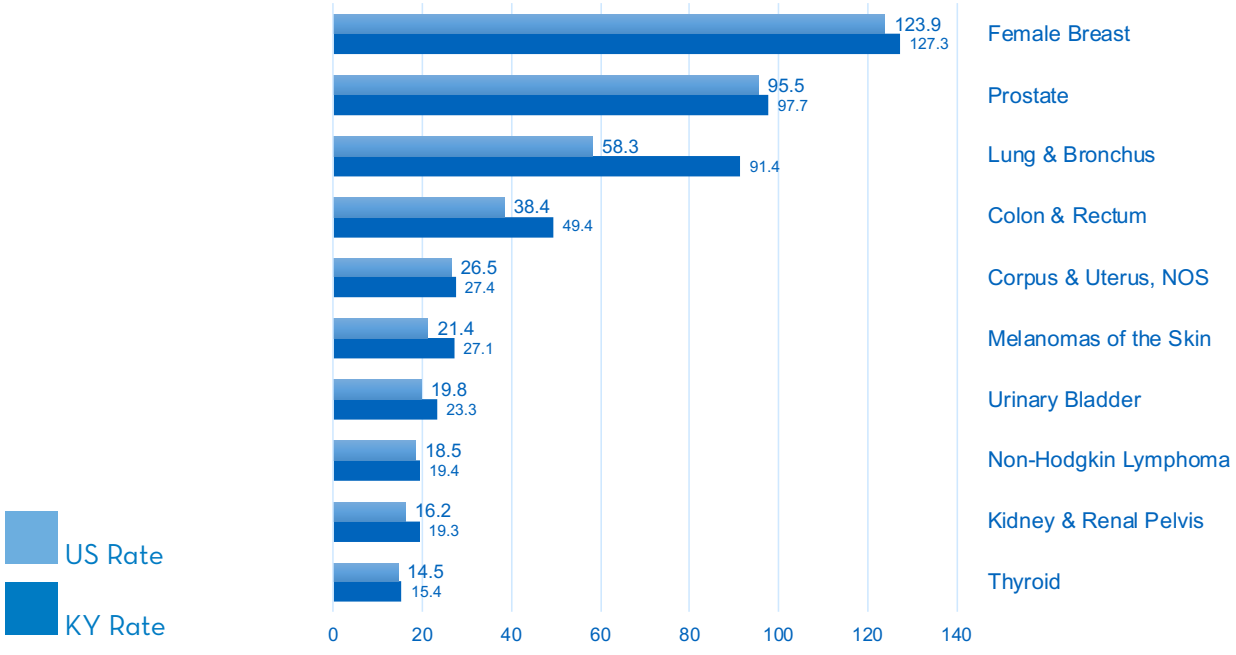
APPENDIX 4

Kentucky Heroin Related Drug Overdose Deaths Among Residents In 2016



Data source: Kentucky Office of Vital Statistics
Map produced by Kentucky Injury Prevention and Research Center

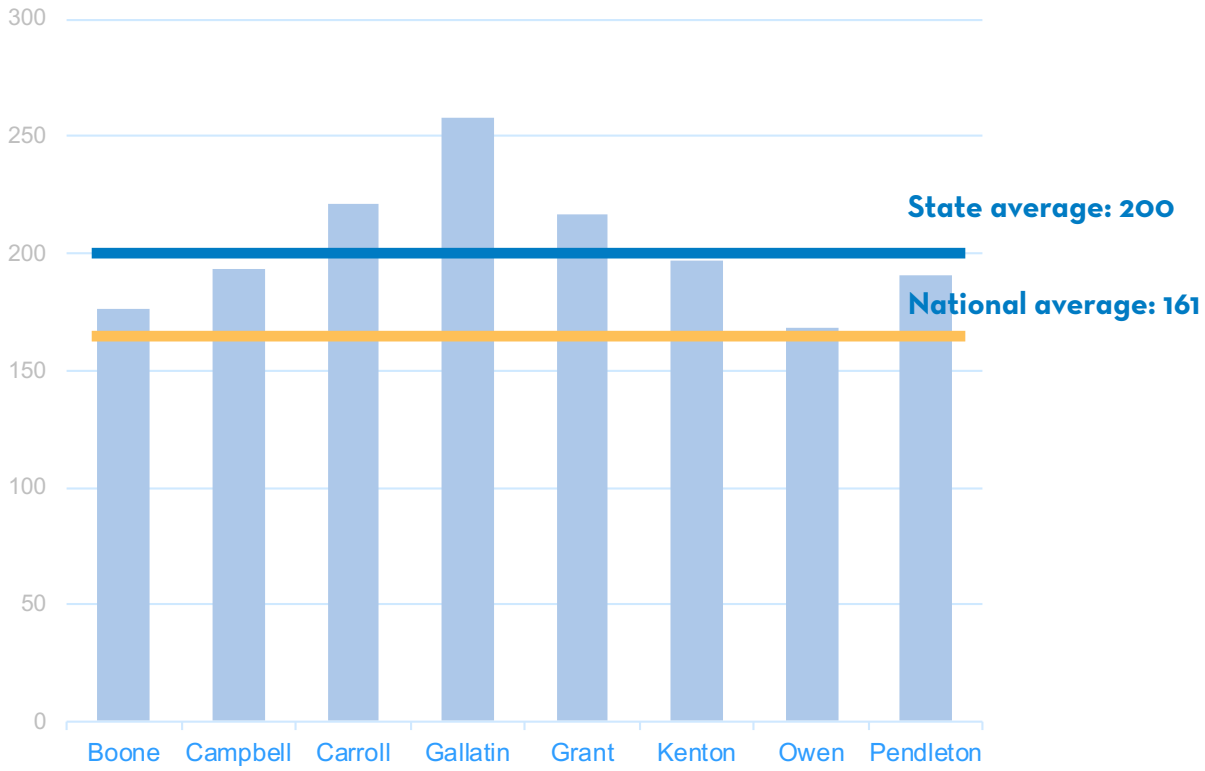
2014 Cancer Incidence Rates
Kentucky vs. United States



Data source: Centers for Disease Control and Prevention

APPENDIX 4

2010-2014 Cancer Death Rates in our PSA



Data source: Kentucky Health Facts and Kentucky Cancer Registry

APPENDIX 5

COMMUNITY PARTICIPANTS IN SURVEY

Organization	Contact Person
Social Service Agencies	
Brighton Center	Mary Decker, Director
Catholic Charities	Shannon Braun
Children's Home of NKY	Rick Wurth, CEO
Children's Law Center	John Vissman
Covington Partners	Stacie Strotman, Exec Director
Faith Community Pharmacy	Tara Leen, Executive Director
Henry Hosea House	Kim Rechtin, Director of Operations
Interact for Health	Susan Sprigg, Research Officer
Life Learning Center	Mitch Haralson, Director of Care Continuum
NKU NACU	Roxanne Gall
Butler Foundation (Corporex)	Barbara Schaefer, Exec Director
NKY Community Action Commission	Margie Meehan, Assc Director Community Svcs
Schools	
Kenton County Schools	Paula Rust, District Hlth Coordinator
Notre Dame Academy	Kathy Hildreth, counselor
Beechwood Schools	Amy Thomas, Hlth Coordinator
Erlanger-Elsmere Schools	Mary Burch, Hlth Coordinator
Covington Schools	Jennifer Fowee, Director Health Svcs
Fort Thomas Schools	Mandy Cowans, Nurse
Newport Schools	Kim Weaver, Director
Southgate School	Sharyl Iden, nurse
Health Depts	
NKY Health Dept	Lynne Sadler, MD, MPH, District Director of Health
Three Rivers District Health Dept	Lindsey Tirey, Accreditation/Quality Mgr
Civic Services	
Grant County Fiscal Court	Peggy Updike
Pendleton County Fiscal Court	David Fields, Judge Executive
Gallatin County Fiscal Court	Jennifer Brown, Sr Business Coordinator

APPENDIX 5

Organization	Contact Person
Cities	
Alexandria	Bill Rachford, Mayor
Butler	Greg McElfresh, Mayor
Crittenden	Megan Simpson, Clerk
First Responders	
Campbell Co Fire District #1	
Dry Ridge Fire/EMS	Kevin Stave, Director of EMS
Petersburg Fire District	William Birkle, Fire Chief
Ludlow Fire Dept	Heather Ladanyi, Captain EMS
Newport Fire/EMS	Adam Peddicord, Captain
Pendleton County EMS	Darren Graham, Captain
Owen County EMS	Dan Brenyo, Administrator
Union Fire District	
Burlington Fire/EMS	Rob Butcher, Asst Chief
Central Campbell Co Fire District	
Southgate/Wilder EMS	Anthony T Kramer, Administrator
Erlanger Fire/EMS	Rhonda Wolfe, Deputy Chief EMS
St. Elizabeth	
St. Elizabeth Healthcare	81 respondents
St. Elizabeth Physicians	63 respondents

APPENDIX 6

EXPLANATION AND DATA GATHERING DOCUMENT

CHNA SURVEY 2018

The purpose of this assessment is to evaluate the current health needs of the community, to review the resources currently in place to meet those needs, and to identify major gaps between the tow, Date from this assessment will be used to develop an implementation plan to bridge the gap and better meet the health needs of the community.

1. **Please tell us about your organization:**

Organization Name	
Department	
City	
State	
Your Name (optional)	
Your Title (optional)	

The goal is to identify the top five most pressing health needs in the area.

2. **Please list the top community health needs that should be addressed and/or considered in this assessment, in order of most to least importance:**

1.	
2.	
3.	
4.	

3. **Please share any comments for consideration:**

APPENDIX 7

ADDITIONAL INFORMATION FOR PRIORITIZED HEALTH NEEDS

Mental Health:

- Mental Health was the 2nd overall need based on community survey results.
- Nearly 1 in 5 Kentucky adults (19%) report being told by a healthcare provider that they have a form of depression.[1]
- In Kentucky, as with the nation, fewer than half (47%) of adults with a mental illness receive treatment or counseling.[2]
- Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5% (10.2 million adults) had a co-occurring mental illness.[3]

1. Source: Centers for Disease Control via Kentucky Health Issues Poll
2. Source: Substance Abuse and Mental Health Services Administration's Behavioral Health Barometer: Kentucky 2015 via Kentucky Health Issues Poll
3. Source: National Alliance on Mental Illness (NAMI)

Substance Use Disorders:

- Substance Use Disorder was the top overall need based on community survey results.
- Kentucky ranked 49th in drug-related deaths in 2017.[1]
- Boone, Campbell and Kenton counties ranked top five counties in overdose deaths in Kentucky.[2]
- In 2015, Northern Kentucky acute Hepatitis C rates were more than 11 times the U.S. rate and more than three times the entire state of Kentucky.[3]
- Northern Kentucky experienced an HIV cluster outbreak in 2017.
- At St. Elizabeth Emergency Departments, 2017 overdoses increased 30% over 2016 and 700% over 2011.

1. Source: America's Health Rankings for Kentucky
2. Source: Commonwealth of Kentucky, Justice & Public Safety Cabinet, 2016 Overdose Fatality Report
3. Source: Northern Kentucky Health Department, Hepatitis C Epidemiologic Profile for Northern Kentucky 2011-2015.

APPENDIX 7

Heart Disease:

- Heart Disease was the 7th overall need based on survey results.
- Obesity and Tobacco, significant contributors to heart health, were 3rd and 4th respectively.
- Heart Disease is the 2nd leading cause of death in Northern Kentucky.[1]
- 2017 deaths in Northern Kentucky from cardiovascular diseases (including heart disease and stroke) were 296.4 per 100,000, compared to a national average of 254.6[3].
- 2017 national obesity rate was 29.9%, Kentucky was above that rate at 34.2%, all Northern Kentucky counties either at or above national rate (Grant 36%, Boone 33%).[3,4]
- In 2017, St. Elizabeth treated over 6,300 Inpatients and nearly 5,400 Outpatients[2]; this was a small increase over 2016 volume.

1. Source: Northern Kentucky Health Department, Health in Northern Kentucky report via Kentucky Cancer Registry
2. Assumes the following Service Lines: Cardiac Services, Cardiology, Vascular and Vascular Services
3. Source: America's Health Rankings for Kentucky
4. Source: County Health Rankings via CDC Diabetes Interactive Atlas

Cancer:

- Cancer was the 6th overall need based on survey results.
- Tobacco, a significant contributor to cancer, was 4th.
- Cancer has been the leading cause of death in Northern Kentucky since 2006.[1]
- In 2017, St. Elizabeth treated over 960 Inpatients and nearly 9,800 Outpatients.[2]
- 2010-2014 Cancer deaths (age-adjusted per 100,000) in Northern Kentucky were 186.8; most Northern Kentucky counties even higher: Grant 216.5, Kenton 196.5, Campbell 193.1, Boone was our only county driving down the rate at 176.1.[1,3]
- 2017 national smoking rate was 17.1%, Kentucky was above that rate at 24.5%, majority Northern Kentucky counties either at or above national rate (Grant 23%, Kenton 20%).[4,5]

1. Source: Northern Kentucky Health Department, Health in Northern Kentucky report via Kentucky Cancer Registry
2. Assumes the following Service Lines: Oncology and Oncology/Hematology (Medical)
3. Source: Kentucky Cancer Registry
4. Source: America's Health Rankings for Kentucky
5. Source: County Health Rankings via CDC's Behavioral Risk Factor Surveillance System (BRFSS)

APPENDIX 8

HEALTH NEEDS IDENTIFIED, BUT NOT SELECTED AS A TOP PRIORITY

The following items ranked in the top 10 of the Primary data and/or Secondary data. While they were not chosen as a top priority, St. Elizabeth Healthcare will continue providing services to support these important community health needs. The following is a summary of the many programs and community partners that are already providing services for each of the identified issues.

Access to Care:

- St. Elizabeth Healthcare operates five hospitals geographically distributed across its service area.
- St. Elizabeth Healthcare partners with St. Elizabeth Physicians, which operates 117 primary care and specialty office locations in Kentucky, Indiana and Ohio.
- eVisits and online scheduling are also available through St. Elizabeth Physicians.

Affordability:

The St. Elizabeth Financial Assistance Program (FAP) is available for uninsured patients and patients with self-pay balances after insurance. FAP is a charity program based on the patient's family income. Patients with family incomes at or below 200% of the Federal Poverty Guidelines (FPG) are eligible for 100% charity or "free" care. Individuals with an income level from 201% to 300% FPG are eligible for a 50% adjustment and individuals with an income level from 301% to 400% FPG are eligible for a 25% adjustment. Patients with family income exceeding 400% of the Federal Poverty Guidelines may still be eligible for hardship financial assistance or catastrophic discount on an individual basis. For those uninsured patients who do not qualify for any of the aforementioned discounts, we extend an automatic discount to their hospital bills.

Diabetes:

St. Elizabeth Physicians Regional Diabetes Center is the only comprehensive center of its kind in Greater Cincinnati, offering patients access to many diabetes and endocrinology services in one location.

Disease Management:

Chronic diseases and conditions, such as heart disease, stroke, cancer, diabetes, obesity and arthritis, are among the most common, costly and preventable of all health problems. St. Elizabeth Physicians offers a complete spectrum of healthcare services, including primary care and specialty care services to address these issues.

Geriatrics:

St. Elizabeth Healthcare created a Geriatrics service line, responsible for assisting patients 65+ years old navigate our system into post-acute care options to improve their health outcomes. Goals of this service line include:

Actively engaging and educating this population and their family members of the benefits of staying as active and healthy as possible for as long as possible; their options and choices for accessing care in various settings; the options and choices for end-of-life decisions; and resources available to assist in the decision-making processes.

Creating interaction and collaboration of internal and external partners in the Greater Cincinnati/Northern Kentucky region resulting in a quality patient care experience.

Create multiple patient access points for education and the provision of healthcare services that are delivered according to patient's wishes and assist patients through the various access points, healthcare settings, facilities and providers in the Greater Cincinnati/Northern Kentucky Health Care community.

Coordinating the delivery of Acute Care, Post-Acute Care, and Home Care services with the goal of providing care and "aging in-place" as much as possible.

St. Elizabeth Healthcare offers the PrimeWise membership program (age 50+) with 36,500 members.

APPENDIX 8

Healthcare Coverage:

St. Elizabeth Healthcare's Finance Department has financial counselors to assist patients with finding eligible coverage. The focus of the financial counselor is to secure Federal and State funding (i.e. Social Security, Disability, Medicaid, Kentucky DSH) for uninsured patients. The financial counselor utilizes a social services approach to help uninsured patients secure such funding. These efforts include face-to-face interviews with patients (even visiting patients at their homes to assist them with the application process), filing necessary paperwork on their behalf, and acting as a patient advocate.

Health Education/Prevention:

- St. Elizabeth Healthcare provides and/or supports many community health education events which can be found at http://www.stelizabeth.com/community-outreach/support-groups.
- Financial, technical, legal and clinical support for the BUILD Health Challenge's Covington, KY collaborative, which extends innovative new smoking cessation approaches targeted at neighborhoods with a high rate of tobacco use in Covington and Gallatin County.
- Emerging cross-region collaboration on the issue of suicide prevention and mental health awareness.
- Many of the hundreds of events St. Elizabeth Healthcare sponsors include a health activity or education tie-in.
- In conjunction with the American Heart Association, our Heart & Vascular Institute hosts many Hands-Only CPR training programs throughout the year.

Nutrition:

- Nutrition screening is completed for all Inpatients where Registered Dietitians assess and determine individual care needs.
- **Participate in community outreach programs, such as:**
  - LiveSTRONG® program at R.C. Durr YMCA.
  - Greater Cincinnati Go Red Girl Scout Patch Program; St. Elizabeth Healthcare, Citi and the American Heart Association, Go Red For Women®, partnered with the Girl Scouts to educate young girls about their hearts and the importance of keeping them healthy.
  - Channel 12's Ask The Expert, hosted by Liz Bonis, nutrition segments and a first-time Facebook live session.
- **Offer educational programs focused on nutrition, such as:**
  - Nutrition education videos provided for inpatients via GetWellNetwork.
  - **Cardiac Rehab Program, which includes:**
    - Three exercise sessions each week, led by a rehab therapist who will guide you through exercise and monitor your heart while you work out.
    - Weekly education sessions that cover stress management, nutrition, medicine and other factors that affect your risk of disease. We schedule these around your exercise sessions so it's convenient for you.
    - One-on-one counseling to help you modify your heart disease risk factors.
    - A personalized exercise plan that you can follow long term.
    - For more information, please visit http://www.stelizabeth.com/medical-services/heart-vascular/other-services/cardiac-rehabilitation.

- **"Take Time for Your Heart" series:**
  - The St. Elizabeth Heart & Vascular Institute offers an 8-week course to improve your health through better nutrition and regular exercise. The classes are based on the book, "Mayo Clinic Healthy Heart for Life!".. As a program participant, you receive a copy of the book.
  - For more information, please visit http://www.stelizabeth.com/medical-services/heart-vascular/prevention-and-wellness/take-time-for-your-heart.
- Outpatient Oncology/Hematology nutrition services.

Obesity:

Obesity is being addressed as a contributor to Heart Disease, one of the top four priorities.

Tobacco:

Tobacco Use is being addressed as a contributor to Cancer and Heart Disease, two of the top four priorities.


St. Elizabeth
HEALTHCARE