Implementation Strategy
FY 2017-19
Contents
Introduction ................................................................................................................................................. 3
   Forward ................................................................................................................................................. 3
   Executive Summary ................................................................................................................................. 3
   Organization Description ......................................................................................................................... 4
Community Served ......................................................................................................................................... 5
   Geographic Area ...................................................................................................................................... 5
   Populations ............................................................................................................................................. 5
   Target Populations for Implementation Strategies .................................................................................. 5
Significant Health Needs Identified in CHNA ............................................................................................ 6
   Criteria Used to Identify Priorities .......................................................................................................... 6
   Final Priority Health Needs .................................................................................................................... 7
   Significant Health Need(s) Not Addressed .............................................................................................. 8
   CHNA Infographic ................................................................................................................................... 9
Implementation Strategy Process ................................................................................................................ 10
   Development of Implementation Strategies ............................................................................................ 10
   New Features of 2017-19 Reports ........................................................................................................... 11
Strategies to Address Significant Health Needs ........................................................................................ 12
   Alcohol and Drug Use ............................................................................................................................. 12
   Tobacco Use ........................................................................................................................................... 13
   Community Safety .................................................................................................................................. 15
   Access to Care ........................................................................................................................................ 22
Graphic Representation of Implementation Strategies ................................................................................. 25
   Strategies According to Community Health Improvement Matrix: Alcohol and Drug Use ......... 26
   Strategies According to Community Health Improvement Matrix: Tobacco Use ............................. 27
   Strategies According to Community Health Improvement Matrix: Community Safety ............... 28
   Strategies According to Community Health Improvement Matrix: Diet and Exercise ................. 29
   Strategies According to Community Health Improvement Matrix: Access to Care ..................... 30
Next Steps .................................................................................................................................................... 31
Adoption/Approval ..................................................................................................................................... 31
References ................................................................................................................................................... 31
Introduction

Forward
During 2015-2016, University of Louisville Hospital (ULH) conducted its FY2017-19 community health needs assessment (CHNA) to support its mission to enhance the health of people in the communities it serves by identifying health needs in these communities and prioritizing the allocation of hospital resources to meet those needs. This Implementation Strategies document, developed from June-October 2016, serves as an accompaniment to that report by identifying the strategies which University of Louisville Hospital will employ from FY2017-19 to address the needs identified in the most recent CHNA. Additionally, the completion of this report and subsequent approval and adoption by the KentuckyOne Health Board of Directors complies with requirements mandated by the Patient Protection and Affordable Care Act of 2010 and federal tax-exemption requirements.

Executive Summary
The implementation strategies process involved the following steps:

- The KentuckyOne Health Healthy Communities department created an inventory of hospital-level and system-level strategies that were already in place to address the applicable health needs.
- University of Louisville Hospital leaders reviewed the inventory, evaluated continuation of current strategies, and added additional strategies where appropriate.
- The Healthy Communities department consulted with KentuckyOne Health system-level leaders to include in the inventory applicable strategies occurring on behalf of all KentuckyOne Health hospital communities, including that of University of Louisville Hospital.
- A final list of appropriate strategies was prepared.
- The goals for addressing each identified health need are listed below. The strategies applicable to each goal are detailed in the body of the Implementation Strategies report.

- Alcohol and Drug Use
  1. Address alcohol and drug use from a KentuckyOne Health system-wide approach, including working upstream to address the mental health issues that can underlie substance abuse.

- Tobacco Use
  1. Address tobacco use from a KentuckyOne Health system-wide approach.
  2. Improve tobacco cessation rates through community education and advocacy.

- Community Safety
  1. Address community safety from a KentuckyOne Health system-wide approach.
  2. Address built environment factors to promote safe communities.
  3. Focus strategies toward youth that encourage being a productive, engaged participant in a non-violent community.
  4. Route patients to services that can interrupt cycles of violence.
  5. Provide community education that promotes safety and decreases morbidity/mortality.

- Diet and Exercise
  1. Address diet and exercise from a KentuckyOne Health system-wide approach.
  2. Provide opportunities the community to be physically active.
• Access to Care
  1. Address access to care from a KentuckyOne Health system-wide approach.
  2. Support education in the healthcare professions.
  3. Facilitate health and healthcare education and provide outreach to those who might not otherwise access healthcare.
• This process for creating the Implementation Strategies was presented to the KentuckyOne Health Board of Directors for approval and adoption on October 26, 2016 as the active Implementation Strategies report through June 30, 2019 (FY 2017-19).
• This report was made public and widely-available on or before November 15, 2016.

Organization Description
University of Louisville Hospital is part of KentuckyOne Health, one of the largest health systems in Kentucky with more than 200 locations including hospitals, outpatient facilities and physician offices, and more than 3,100 licensed beds. This academic hospital is at the heart of the Louisville Metro area in downtown Louisville. The most recent developments from University Hospital— including a second-to-none cancer center, world-renowned trauma team and a uniquely streamlined, nationally accredited stroke center— are the latest innovations in a history of world-class care. University of Louisville Hospital also includes the James Graham Brown Cancer Center. The multidisciplinary teams here specialize in treating cancers of the central nervous system (brain and spine), breast, gastrointestinal and reproductive systems, head and neck, lungs, as well as skin. They also have a team focused on blood and marrow transplantation.

University of Louisville Hospital is the only Level I Trauma Center in the region. The Trauma Center admits more than 3,000 patients each year, including 1,500 patients a year who live outside Jefferson County and its surrounding counties— making it a resource not only for Louisville residents, but also for people in numerous Kentucky regions, Indiana and other states. Included within the trauma care provided at University Hospital is comprehensive burn coverage. With the only adult burn unit in the region, all of the Trauma Center surgeons and burn unit nurses are specially trained in treating burn injuries.

In February 2013, University of Louisville Hospital was named the first Joint Commission-certified Comprehensive Stroke Center in Kentucky and the 20th in the nation. This accreditation recognizes University of Louisville Hospital’s ability to provide the most comprehensive stroke treatments available.

An 18-member volunteer board of directors governs KentuckyOne Health, its facilities and operations, including University of Louisville Hospital, with this purpose:
• **Our Purpose:** To bring wellness, healing and hope to all, including the underserved.
• **Our Future:** To transform the health of communities, care delivery and health care professions so that individuals and families can enjoy the best of health and wellbeing.
• **Our Values:**
  o **Reverence:** Respecting those we serve and those who serve.
  o **Integrity:** Doing the right things in the right way for the right reason.
  o **Compassion:** Sharing in others’ joys and sorrows.
  o **Excellence:** Living up to the highest standards.
Community Served

Geographic Area
For the purposes of our CHNA and IS reports, the community served by University of Louisville Hospital is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. Inpatient discharge data for University of Louisville Hospital from July 1, 2014-June 30, 2015 (the latest fiscal year available as of data collection for this writing) shows that Jefferson County was the county of residence for the largest concentration of patients, with 56.13% of patients living in Jefferson County. Therefore, the service area for this community health needs assessment and accompanying implementation strategy is defined as Jefferson County.

Louisville is a major city—the largest in the state of Kentucky and the county seat of Jefferson County. The 2014 population estimate in Jefferson County was 760,026. The metro area includes Louisville-Jefferson County and 12 surrounding counties, eight in Kentucky and four in Southern Indiana. The Louisville metropolitan area is often referred to as Kentuckiana because it includes counties in Southern Indiana. Louisville is southeasterly situated along the border between Kentucky and Indiana, the Ohio River, in north-central Kentucky at the Falls of the Ohio.

Populations
Understanding the population demographics of the community served by University of Louisville Hospital helped the hospital team understand characteristics unique to their community and can impact the identification of health needs. Notable for Jefferson County in comparison to the Kentucky overall is more diversity in race and ethnicity among residents. Detailed community information, including community demographics, can be found in University of Louisville Hospital’s 2017-2019 CHNA.

Target Populations for Implementation Strategies
The target populations in the IS plan are described as applying to either the “Broader Community” or those “Living in Poverty” to correspond with federal community benefit reporting requirements. Additionally included is a “Vulnerable Populations” description for strategies targeting persons with disabilities; racial, cultural, and ethnic minorities; and the uninsured/underinsured. When only a certain age bracket is directly impacted by the strategy, we have specified teens, adults, children, infants, or seniors as the strategy’s target population. Each strategy has at least one descriptor of its target population.
Significant Health Needs Identified in CHNA

Criteria Used to Identify Priorities
To achieve consistency across the KentuckyOne Health system and to identify opportunities for cross-hospital collaboration, we chose to identify our priorities as named in the Robert Wood Johnson County Health Rankings health factors.

The vast majority of health outcomes—measured by both length of life and quality of life—are determined by the health factors in these categories: social and economic factors, health behaviors, clinical care and the physical environment. These health factors represent what is commonly referred to as social determinants of health. The Robert Wood Johnson Foundation’s County Health Rankings model illustrates the following:

- Social and economic factors account for 40% of a person’s health outcomes and include these health factors:
  - Education
  - Employment
  - Income
  - Family and Social Support
  - Community Safety
- Health behaviors account for 30% of health outcomes and include these health factors:
  - Tobacco Use
  - Diet and Exercise
  - Alcohol and Drug Use
  - Sexual Activity
- Clinical care accounts for 20% of health outcomes and includes these health factors:
  - Access to Care
  - Quality of Care
- The physical environment accounts for 10% of health outcomes and includes these health factors:
  - Air and Water Quality
  - Housing and Transit

Each of the 13 health factors listed above was assessed on eight prioritization factors: magnitude, impact on mortality, impact on morbidity, trends, community input, strategic alignment, comparison to peer communities and common identification. Each health factor received a score of zero to four, with a four indicating the greatest need possible for that particular factor. The total score was the sum of all prioritization factors for that particular health factor, and the possible total score is 32.

In our efforts to address the health needs that heavily influence health outcomes, we created a system for ranking community health needs using a weighted scale to account for the measure of influence. The measure of influence is the percentage of effect that this category of health factors has on health outcomes. The weighted score was created by multiplying the total score for each health measure by the percentage of their influence on overall health. For example, tobacco use is a health behavior. If all eight prioritization factors added up to a total score of 21, we then multiplied this total score by 30%—the measure of influence for a health behavior according the County Health Rankings model. This
Implementation Strategies

weighted score was compared against the other categories. The factors with the highest weighted scores were identified as community health needs for the community served.

This ranking system illustrates KentuckyOne’s commitment to bringing wellness, healing and hope to all as we recognize the disproportionately negative impact of these social determinants on the health of the poor, vulnerable and underserved in our communities.

Final Priority Health Needs

The leaders at KentuckyOne Health hospitals in Louisville made the decision to meet as one group to determine priorities together to allow for more synergy across hospitals serving the same community. This group included leaders from not only University of Louisville Hospital, but also Jewish Hospital, Our Lady of Peace, Sts. Mary and Elizabeth Hospital, and Frazier Rehab Institute, all of which determined their community served to be defined as Jefferson County based on inpatient county of residence data.

In March 2016, representatives from these leadership teams gathered to review the Jefferson County data and the aforementioned prioritization chart. This group discussed each of the health measures in the chart and where they believed the hospital had the greatest capacity to make the most marked improvement. The areas below were chosen as the FY2017-2019 community health needs assessment priority areas:

- **Alcohol and Drug Use**
  - The data in the health needs prioritization chart showed alcohol and drug use to have the both the highest total score and the highest weighted score of all health measures assessed. As this issue continues to have increasing impact in Jefferson County, the leadership team discussed the need to respond.

- **Tobacco Use**
  - The data in the health needs prioritization chart showed tobacco use to have the both the second highest total score and the second highest weighted score of all health measures assessed. The leadership teams concluded that this issue continues to present itself as a major concern in the community and that the hospital had the capacity to address this health need.

- **Diet and Exercise**
  - The data in the health needs prioritization chart showed diet and exercise to be in the top four highest weighted scores of all the measures assessed. The leadership teams concluded that there were many opportunities to address this health need at various levels in the community and in the hospitals.

- **Community Safety**
  - The data in the health needs prioritization chart showed community safety to have the third highest weighted score of all the health measures assessed. The leadership teams discussed this health need in relation to the violence prevention work in which University of Louisville Hospital will be involved with as increasing efforts in KentuckyOne Health’s Louisville market focus on violence prevention work. The leadership team decided that community safety should be an area of focus due to the current violence prevention initiatives already in place.

- **Access to Care**
The data in the health needs prioritization chart showed access to care to have the third highest total score of all health measures assessed, although its weighted score was lower. The leadership teams discussed the importance of using the CHNAs to guide work where the hospitals could impact community health in the most organic sense, so promoting access to care was determined to be a priority. Additionally, concerns about not receiving enough community feedback as related to access to care was a driving force in determining this as a priority.

**Significant Health Need(s) Not Addressed**

The data in the health needs prioritization chart showed income to be in the top three highest weighted scores of all the health measures assessed. The leadership team chose not to address this area specifically in the Implementation Strategies report due to the lack of feasible opportunities to make an impact on the overall community beyond employees of the hospital.
CHNA Infographic

This infographic was developed for use in explaining the CHNA process and final priority needs to community members, stakeholders, and hospital personnel. A PDF of this infographic can be found here: http://www.kentuckyonehealth.org/documents/CHNAs%20and%20Implementation%20 Strategies/ULH_CHNA_Infographic_8.5x11_TP.pdf.
Implementation Strategy Process

Development of Implementation Strategies

During the development of the CHNA, there were many conversations at the hospital-level and at the KentuckyOne Health system-level about recognizing the many strategies already in place to address community need. It was vital to develop a thorough understanding of current strategies and determine where additional strategies were needed to respond to community need. Therefore, the first step in the implementation strategies report was for the KentuckyOne Health Healthy Communities (Population Health) team to create an inventory of hospital-level strategies that were already in place to address the applicable health needs. This involved researching current strategies reported in CBISA (Community Benefit Inventory for Social Accountability—the community benefit reporting system used by KentuckyOne Health) and by garnering information from the hospital leadership team.

In August 2016, University of Louisville Hospital leaders met to review this inventory and evaluated it for their commitment to continuation of these strategies. Strategies that proved to be ineffective, inefficient, or did not demonstrate best practices were discussed to ensure resources were linked with proven strategies. Additional strategies were added per the leadership brainstorming session.

The next step in the implementation strategy process was reviewing system-level strategies that were occurring on behalf of University of Louisville Hospital. The KentuckyOne Health Healthy Communities team consulted with KentuckyOne Health system-level leaders to include in the inventory applicable strategies occurring on behalf of all KentuckyOne Health hospital communities, including that of University of Louisville Hospital. The system-level strategies were shared by leaders representing these KentuckyOne Health departments:

- Cancer Care
- Diversity and Inclusion
- Food and Nutrition Services
- KentuckyOne Health Foundations/KentuckyOne Health Grants Office
- Public Policy and Advocacy
- Strategy and Business Development
- WorkPlace Care

Related strategies from both the hospital-level and the system-level were grouped and overall goals were developed around the intended outcomes of the strategies. At least one goal is attached to each identified health need, with multiple strategies linked to each goal.

Each strategy is listed with a target population, action plan, committed resources, evaluation plan, and applicable external partners. The target population descriptors are listed earlier in this document. The action plan describes the goal of the strategy. The hospital resources detail what University of Louisville Hospital, and/or KentuckyOne Health on behalf of University of Louisville Hospital, will commit to the execution of the strategy. The evaluation plan is an outcomes-focused description of how the strategy will be evaluated for impact on the health need it addresses. Any external partners involved in the strategy are also listed.
A final list of appropriate strategies was prepared for final review by hospital leaders. The KentuckyOne Health Board of Directors reviewed the Implementation Strategies process on October 26, 2016. Adoption and approval details are described at the end of this document.

New Features of 2017-19 Reports
To respond to the final 501(r) rules around CHNA and the IS reports and to further the transparency in our response to our community’s health needs, we have descriptors included in the 2017-2019 reports additional to what was included in the 2013-2016 reports.

- We have included system-level initiatives that are a response to the community health needs, which has encouraged an increased alignment with strategy and with accreditation guidelines. This also demonstrates KentuckyOne Health’s unique position to respond to community health needs by leveraging our state-wide health system’s resources.
- We have listed more detailed and transparent resources committed to addressing the strategies in place.
- We have created evaluation metrics for determining the success of our strategies, including linking community benefit as a component of evaluation.
- We increased the rigor and validity of our chosen strategic objectives, measurements, and evaluation plans. Strategies and accompanying metrics were developed based on evidence-based gold standard practices identified through extensive literature review. Citations documenting studies supporting these evidence based, gold-standard strategic approaches are included to increase transparency and document the validity of these approaches.
- Finally, we have included a widely-used public health resource (the community health improvement matrix) to display how our strategies are designed to work together. This is discussed later in this document.
Strategies to Address Significant Health Needs

The charts below detail University of Louisville Hospital’s identified community needs, the goals it has set as a means of addressing those needs, and the strategies that will forward each goal.

Alcohol and Drug Use

Goal 1: Address alcohol and drug use from a KentuckyOne Health system-wide approach, including working upstream to address the mental health issues that can underlie substance abuse.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Target Population</th>
<th>Action Plan with Objective</th>
<th>Committed Resources</th>
<th>Evaluation Plan</th>
<th>External Partner(s)</th>
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<tbody>
<tr>
<td>1.1. Availability of Naloxone</td>
<td>Broader Community</td>
<td>Continue to support legislation allowing the Kentucky Harm Reduction Coalition to dispense Naloxone.</td>
<td>The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort on behalf of KentuckyOne Health hospitals.</td>
<td>Update progress in annual legislative priorities report</td>
<td>- Kentucky State Government</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Kentucky Harm Reduction Coalition</td>
</tr>
<tr>
<td>1.2. Increase access to mental health services.</td>
<td>Broader Community</td>
<td>Leverage expertise in mental health to increase access to mental health services via telehealth programs that allow KentuckyOne Health staff to operate programs in communities that do not have sufficient mental health services to serve need.</td>
<td>The KentuckyOne Health Strategy department is leading this effort with expertise from Our Lady of Peace.</td>
<td>Evaluate for progress on expanding access to mental health programs.</td>
<td>Potentially other health care organizations</td>
</tr>
<tr>
<td>1.3. Seek grant opportunities to address mental health needs.</td>
<td>Broader Community (Vulnerable Populations)</td>
<td>Pursue various private, state, and federal funding for programs to address mental health needs that can underlie substance abuse.</td>
<td>The KentuckyOne Health Grant Office is pursuing this funding on behalf of KentuckyOne Health hospitals.</td>
<td>Report funding in annual hospital Foundation reports.</td>
<td>Can Include:</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>- SAMHSA</td>
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<td>- Kentucky Dept. for Behavioral Health</td>
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</table>
### Tobacco Use

#### Goal 1: Address tobacco use from a KentuckyOne Health system-wide approach.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>1.1. State-wide smoke-free law</strong></td>
<td>Broader Community</td>
<td>Advocate for legislation that would prohibit smoking in indoor workplaces and public places, including restaurants, bars, and hotels.</td>
<td>The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort.</td>
<td>Update any progress towards this strategy in annual legislative priorities report.</td>
<td>Kentucky State Government</td>
</tr>
<tr>
<td><strong>1.2. Advocate for Increasing Cigarette Tax</strong></td>
<td>Broader Community</td>
<td>Include advocacy for increasing the cigarette tax on 2017 legislative priorities agenda.</td>
<td>The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort.</td>
<td>Update any progress towards this strategy in annual legislative priorities report.</td>
<td>Kentucky State Government</td>
</tr>
<tr>
<td><strong>1.3. Insurance Coverage for Tobacco Cessation</strong></td>
<td>Broader Community</td>
<td>Advocate requiring insurance companies to pay for evidence-based smoking cessation treatments.</td>
<td>The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort.</td>
<td>Update any progress towards this strategy in annual legislative priorities report.</td>
<td>Kentucky State Government</td>
</tr>
<tr>
<td><strong>1.4. Health in All Policies and Practices</strong></td>
<td>Broader Community</td>
<td>Create Health in All Policies and Practices (HiAPP) document for guidance on the health implications of organizational decisions in order to improve population health and health equity.</td>
<td>The KentuckyOne Health SVP of Population Health is drafting this document for the organization.</td>
<td>Improve accountability for health impacts at all levels of decision-making within the organization.</td>
<td>(Not Applicable)</td>
</tr>
</tbody>
</table>
Goal 2: Improve tobacco cessation rates through community education and advocacy.

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<tr>
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<tbody>
<tr>
<td>2.1. Smoke-Free Campus Policy</td>
<td>Broader Community</td>
<td>Enforce smoke-free policy on hospital grounds.</td>
<td>All hospital staff will be responsible for supporting policy.</td>
<td>Develop appropriate response/policy for those smoking on hospital grounds.</td>
<td>(Not Applicable)</td>
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</table>
## Community Safety

**Goal 1:** Address community safety from a KentuckyOne Health system-wide approach.

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</thead>
<tbody>
<tr>
<td>1.1. Address human trafficking.</td>
<td>Broader Community (Vulnerable Populations)</td>
<td>Improve response to victims of human trafficking by: 1. Improving recognition of signs of victims. 2. Providing referrals to victims identified in the hospital setting.</td>
<td>Efforts to address human trafficking are led by Mission department. Advocacy efforts will be led by the Advocacy and Public Policy Department.</td>
<td>Provide additional education to hospital and physician practice staff about identifying victims in our facilities.</td>
<td>Catholic Charities</td>
</tr>
<tr>
<td>1.2. Advocate for funding of state-wide trauma system.</td>
<td>Broader Community</td>
<td>Advocate for a funding for a staff-supported structure of the statewide trauma system, which currently operates on volunteers and donations.</td>
<td>The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort.</td>
<td>Update progress in annual legislative priorities report.</td>
<td>Kentucky State Government • Trauma Advisory Committee</td>
</tr>
<tr>
<td>1.3. Seek grant opportunities to promote community safety.</td>
<td>Broader Community</td>
<td>Pursue various private, state, and federal funding for programs to promote community safety.</td>
<td>The KentuckyOne Health Grant Office is pursuing this funding on behalf of KentuckyOne Health hospitals.</td>
<td>Report funding sources in annual hospital Foundation reports.</td>
<td>Can Include: • DOJ (Department of Justice) • Kentucky Cabinet for Health and Family Services</td>
</tr>
</tbody>
</table>
Goal 2: Address built environment factors to promote safe communities.

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</thead>
<tbody>
<tr>
<td>2.1. Safe Communities Designation</td>
<td>Broader Community</td>
<td>KentuckyOne Health will continue to participate on the steering committee for pursuing a Safe Communities designation for the city of Louisville by the National Safety Council.</td>
<td>The KentuckyOne Health Healthy Communities team will continue to participate on the steering committee.</td>
<td>Achieve Safe Communities designation for Louisville.</td>
<td>• Louisville Metro Emergency Services • National Safety Council</td>
</tr>
<tr>
<td>2.2. Safe and Affordable housing with Habitat for Humanity</td>
<td>Broader Community (Vulnerable Populations)</td>
<td>Partner with Habitat for Humanity to rebuild and revitalize neighborhoods by enabling Habitat to build new homes, including KentuckyOne employees volunteering to build one house each year.</td>
<td>The KentuckyOne Health Mission and Healthy Communities departments dedicate time to this initiative and hospital staff participates in on-site home building.</td>
<td>Track employee participation toward community benefit.</td>
<td>Habitat for Humanity</td>
</tr>
</tbody>
</table>
Goal 3: Focus strategies toward youth that encourage being a productive, engaged participant in a non-violent community.

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<tbody>
<tr>
<td>3.1. PACT in Action</td>
<td>Broader Community (Teens)</td>
<td>A teen-led violence prevention group focused on reducing the incidence of domestic violence in the Parkhill, Algonquin, and California neighborhoods (the 40210 zip code) by 10% by 2020.</td>
<td>The KentuckyOne Health Healthy Communities department leads this grant-funded program.</td>
<td>Reduce incidence of domestic violence in the 40210 zip code by 10% by 2020.</td>
<td>• Center for Women and Families • Catholic Health Initiatives</td>
</tr>
<tr>
<td>3.2. Bounce: Building Resilient Children and Families</td>
<td>Broader Community (Children and Adults)</td>
<td>Infuse trauma awareness, knowledge, and skills into the cultures, practices, and policies of the school system and out-of-school-time (OST) providers in order to support children and families through adverse childhood experiences (ACEs).</td>
<td>The KentuckyOne Health Healthy Communities department represents on the steering committee for this grant-funded program.</td>
<td>Review annual school climate survey for improvements in the schools of focus. In particular, review school's status of students indicating the presence of ACEs.</td>
<td>16 agencies including: • Jefferson County Public Schools • Seven Counties Services • YMCA • Louisville Metro Public Health and Wellness • Center for Women and Families</td>
</tr>
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</table>
Goal 4: Route patients to services that can interrupt cycles of violence.

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<tr>
<td>4.1. Arise to Safety</td>
<td>Broader Community</td>
<td>Screen all patients presenting in the Emergency Department for the presence of domestic violence (DV). Positive screening will allow for a link to an advocate with the Center for Women and Families to discuss services and resources available to that patient.</td>
<td>Hospital staff will be part of the screening process.</td>
<td>Measure for universal DV screenings, increase the number of people identified and referred for services, and ultimately decrease DV-related homicides in the community.</td>
<td>• Center for Women and Families • Mary Byron Project</td>
</tr>
<tr>
<td>4.2. Pivot to Peace</td>
<td>Broader Community</td>
<td>Hospital-based intervention linking patients who are recovering from violent injuries with community resources to help them “pivot” to a more positive life direction.</td>
<td>ULH staff will provide the initial place of contact for the program. Hospital staff will work with the Pivot team.</td>
<td>Review for one-year program completion rates and reductions in violent crime in neighborhoods of focus.</td>
<td>• Peace Ed • Mayor’s Office of Safe and Healthy Neighborhoods • Louisville Metro Department of Public Health and Wellness • Commonwealth Institute</td>
</tr>
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</table>
Goal 5: Provide community education that promotes safety and decreases morbidity/mortality.

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<tr>
<td>5.1. Trauma Center Education</td>
<td>Broader Community</td>
<td>Provide community education to improve community bystander response to traumatic injuries. Stop the Bleed is an example of this type of program. Provide additional outreach and education to justice-involved youth.</td>
<td>The Trauma Center team will provide this education in line with their Level 1 Trauma Center accreditation guidelines.</td>
<td>Track efforts here toward community benefit. Measure impact by capturing the number of community members educated.</td>
<td>Stop the Bleed</td>
</tr>
</tbody>
</table>
## Diet and Exercise

**Goal 1: Address community safety from a KentuckyOne Health system-wide approach.**

<table>
<thead>
<tr>
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<tr>
<td><strong>1.1. Kentucky Proud products</strong></td>
<td>Broader Community</td>
<td>Begin discussions with Commissioner of Agriculture to discuss feasibility of having hospitals participate in Kentucky Proud Program to have local food used in hospital foodservice and available for resale in hospitals.</td>
<td>The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort with guidance from Food and Nutrition Services.</td>
<td>Update progress on Kentucky Proud eligibility in annual legislative priorities report.</td>
<td>Kentucky State Department of Agriculture</td>
</tr>
<tr>
<td><strong>1.2. Encourage healthy lifestyles as a cost-control measure.</strong></td>
<td>Broader Community</td>
<td>Support legislation to provide tax and other incentives for the creation of wellness programs enabling businesses to educate and encourage employees to engage in healthy lifestyles and obtain preventative care.</td>
<td>The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort.</td>
<td>Update progress in annual legislative priorities report.</td>
<td>Kentucky State Government • Kentucky Chamber</td>
</tr>
<tr>
<td><strong>1.3. Keep Children Healthy</strong></td>
<td>Broader Community (Youth)</td>
<td>Advocate for initiatives that address the risk factors that lead to obesity and chronic diseases in children.</td>
<td>The KentuckyOne Health Advocacy and Public Policy department is committed to leading this effort.</td>
<td>Update progress in annual legislative priorities report.</td>
<td>Kentucky State Government</td>
</tr>
<tr>
<td><strong>1.4. CHI Healthy Food and Wellness Initiative</strong></td>
<td>Broader Community</td>
<td>Annually, identify a minimum of one opportunity to support and implement initiatives to support the CHI healthy food and wellness initiative.</td>
<td>Food and Nutrition Services (Amanda Goldman) is committed to leading this effort.</td>
<td>Annually, identify at least one effort undertaken.</td>
<td>Catholic Health Initiatives</td>
</tr>
</tbody>
</table>
**Goal 2: Provide opportunities the community to be physically active.**

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<td>2.1. Walk with a Doc</td>
<td>Broader Community</td>
<td>KentuckyOne Health will continue to host free monthly community walking groups that empower participants to improve their health by exercising with healthcare providers.</td>
<td>The KentuckyOne Health Healthy Communities department will organize this project. Providers from FRI will lead certain walking groups.</td>
<td>Support KentuckyOne Health hosting at least one WWAD event monthly. Count efforts toward community benefit.</td>
<td>• Walk with a Doc</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Louisville Metro Department of Public Health and Wellness</td>
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<td></td>
<td>• Louisville Metro Council</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Various community organizations and schools</td>
</tr>
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</table>
## Access to Care

**Goal 1:** Address access to care from a KentuckyOne Health system-wide approach.

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<tr>
<td>1.1. Culturally-Competent Care Education</td>
<td>Broader Community</td>
<td>With the understanding that providing culturally-competent care will encourage the community to be more comfortable accessing care, we will create mass education for employees on culturally-competent care to provide the foundation to address health care disparities.</td>
<td>The KentuckyOne Health Diversity and Inclusion department will create and disseminate the training for KentuckyOne Health employees at the manager level and above.</td>
<td>Use the education tool’s pre-test and post-test measures to demonstrate improvement to understanding of culturally-competent care.</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
| 1.2. Provide workplace healthcare services. | Broader Community | Provide access to workplace healthcare for the employees at various area companies. This includes providing a variety of preventative screenings and treatment on-site, with some sites having physician and nurse practitioner coverage on-site as well. | KentuckyOne Health’s Division Director of WorkPlace Care will lead this effort to provide continued workplace care services in this community in collaboration with the KentuckyOne Health Medical Group. | Measure program’s impact through a variety of biometric measures, including improved blood pressure, weight loss, and increased primary care provider use. Additional metrics for some sites can include improvement in treatment of work-related injuries. | • General Electric  
• Ford Motor Company  
• Packaging Unlimited  
• Nth/Works |
| 1.3. Support expanded Medicaid. | Living in Poverty | Advocate for Kentucky’s expanded Medicaid program for individuals with annual incomes up to 138% of the federal poverty level. | KentuckyOne Health Advocacy and Public Policy department will lead advocacy efforts on behalf of KentuckyOne Health hospitals. | Update progress in annual legislative priorities report. | Kentucky State Government |
| 1.4. Increase capacity for providing care. | Broader Community | Develop three-five year plan to increase capacity by optimizing bed utilization and using staff most efficiently. Includes developing plan for using advanced practitioners more extensively. | The KentuckyOne Health Strategy department is leading this effort. | Review metrics established by strategy team for these efforts. | Not Applicable |
Goal 2: Support education in the healthcare professions. This can increase access to care by increasing the number of health care providers in the community.

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<tr>
<td>2.1. Student Education</td>
<td>Broader Community</td>
<td>For higher education students pursuing careers in health care, provide opportunities to perform shadowing, observation, and clinical rotations. This includes, but is not limited to, students enrolled in these programs: nursing, social work, and pharmacy.</td>
<td>The Clinical Education department leads this initiative, with varying departments contributing staff time to supervise rotating students.</td>
<td>Continue to provide annual opportunities for students/schools and track toward community benefit.</td>
<td>• Varies, but can include: University of Louisville • Spalding University • Bellarmine University • Galen College • Jefferson Community and Technical College</td>
</tr>
<tr>
<td>2.2. Residency Positions</td>
<td>Broader Community</td>
<td>As a teaching hospital, ULH will have residency positions open in a variety of specialties for medical school graduates.</td>
<td>ULH is committed to continuing to provide residency positions.</td>
<td>Track efforts and residency salaries toward community benefit.</td>
<td>Various medical schools</td>
</tr>
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</table>
Goal 3: Facilitate health and healthcare education and provide outreach to those who might not otherwise access health care.

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<td>3.1. Health Insurance Enrollment</td>
<td>Broader Community (Patients)</td>
<td>Work with Conifer to enroll/counsel patients in health insurance, including spending time on education and assistance as it pertains to the Affordable Care Act and Medicaid Expansion plans.</td>
<td>Partner with Conifer to provide this education and enrollment opportunity.</td>
<td>Provide assistance as needed and track quarterly as community benefit.</td>
<td>Conifer</td>
</tr>
<tr>
<td>3.2. Outreach and Screenings</td>
<td>Broader Community</td>
<td>Provide outreach, as well as health screenings and follow-up referrals in the community. Can occur in conjunction with health fair participation.</td>
<td>Various departments participate and ULH donates supplies and covers the cost of materials.</td>
<td>Track participation and other applicable costs as community benefit.</td>
<td>Varies</td>
</tr>
<tr>
<td>3.3. Health Connections</td>
<td>Living in Poverty</td>
<td>Improve the health status of patients with a high risk of readmission; living in low socioeconomic zip codes; and who have Medicare, Medicaid, or no insurance by providing comprehensive in-home support.</td>
<td>The KentuckyOne Health Healthy Communities department leads this grant-funded program. Grant funding available through June 30, 2017. Explore feasibility of operationalizing program under KentuckyOne Health brand with other KOH hospitals.</td>
<td>Decrease hospital readmission rates for graduates of the program.</td>
<td>VNA Health at home</td>
</tr>
</tbody>
</table>
Graphic Representation of Implementation Strategies

The National Association of County & City Health Officials (NAACHO) provided the outline for a community health improvement matrix that allowed us to graphically represent the depth and breadth of the strategies we implemented to address the health needs identified. The matrix shows each strategy’s place on an intervention level and a prevention level. Per NAACHO, these levels are defined below.

- **Prevention Levels:** Prevention aims to minimize the occurrence of disease or its consequences. The levels include:
  - **Contextual:** Prevent the emergence of predisposing social and environmental conditions that can lead to causation of disease.
  - **Primary:** Reduce susceptibility or exposure to health threats.
  - **Secondary:** Detect and treat disease in early stages.
  - **Tertiary:** Alleviate the effects of disease and injury.

- **Intervention Levels:** Intervention levels are built on a socio-ecological model that recognizes different factors affecting health.
  - **Individual:** Characteristics of the individual such as knowledge, attitudes, behavior, self-concept, skills, etc. Includes the individual’s developmental history.
  - **Interpersonal:** Formal and informal social network and social support systems, including family, work group, and friendship networks.
  - **Organizational:** Social institutions with organizational characteristics and formal (and informal) rules and regulations for operation.
  - **Community:** Relationships among organizations, institutions, and informal networks within defined boundaries.
  - **Public Policy:** Local, state, and national laws and policies.

For more information about NAACHO’s community health improvement matrix, please see the “References” section of this document.
Implementation Strategies

Strategies According to Community Health Improvement Matrix: Alcohol and Drug Use

Objective: Address Alcohol and Drug Use

- Grant Opportunities to Address Mental Health Needs
- Availability of Naloxone
- Access to Mental Health Services

Prevention Level:
- Tertiary
- Secondary
- Primary
- Contextual

Intervention Level:
- Individual
- Interpersonal
- Organizational
- Community
- Public Policy
Objectives: Address Tobacco Use

- Tobacco-Free Campus Policy
- Health in All Policies and Practices
- State-Wide Smoke-Free Law
- Insurance Coverage for Tobacco Cessation
- Increasing Cigarette Tax

Prevention Levels:
- Tertiary
- Secondary
- Primary
- Contextual

Intervention Levels:
- Individual
- Interpersonal
- Organizational
- Community
- Public Policy
Strategies According to Community Health Improvement Matrix: Community Safety

Objective: Address Community Safety

- State-Wide Trauma System
- Safe and Affordable Housing (Habitat for Humanity)
- Safe Communities Designation
- Seek Grant Opportunities to Support Safety
- Address Human Trafficking
- Trauma Center Education
- Arise to Safety
- Pivot to Peace
- Bounce

Prevention Level
- Tertiary
- Secondary
- Primary
- Contextual

Intervention Level
- Individual
- Interpersonal
- Organizational
- Community
- Public Policy
Strategies According to Community Health Improvement Matrix: Diet and Exercise

Objective: Address Diet and Exercise

- Tertiary
- Secondary
- Primary
- Contextual

Prevention Level

- Individual
- Interpersonal
- Organizational
- Community
- Public Policy

Intervention Level

- Walk with a Doc
- CHI Healthy Food/Wellness Initiative
- Keep Children Healthy
- Healthy Lifestyles as Cost Control Measure
- Kentucky Proud Products

Implementation Strategies
Implementation Strategies

Strategies According to Community Health Improvement Matrix: Access to Care

Objective: Address Access to Care

- Health Insurance Enrollment
- Increase Capacity for Care
- Culturally-Competent Care
- WorkPlace Healthcare Services
- Outreach and Screenings
- Residency Positions
- Student Education
- Support Expanded Medicaid

Prevention Level:
- Tertiary
- Secondary
- Primary
- Contextual

Intervention Level:
- Individual
- Interpersonal
- Organizational
- Community
- Public Policy
Next Steps

University of Louisville Hospital’s Implementation Strategy report will outline the response to the community’s health needs through June 20, 2019. This document will be made public and widely available no later than November 15, 2016. University of Louisville Hospital is committed to conducting another community health needs assessment and implementation strategy within three years.

Adoption/Approval

KentuckyOne Health’s Board of Directors includes representation across the state and support the work that each facility completes to improve the health of their community. The Board of Directors approves University of Louisville Hospital’s Implementation Strategy that has been developed to address the priorities of the most recent Community Health Needs Assessment.

[Signatures and dates]

Chair, KentuckyOne Health Board of Directors

President & Chief Executive Officer, KentuckyOne Health
References


