

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			437,977.		437,977.	.36%
b Medicaid (from Worksheet 3, column a)			23396130.	13814528.	9581602.	7.79%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			23834107.	13814528.	10019579.	8.15%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			189,137.	53,612.	135,525.	.11%
f Health professions education (from Worksheet 5)			174,945.	49,425.	125,520.	.10%
g Subsidized health services (from Worksheet 6)			2417592.	1781941.	635,651.	.52%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			11,705.		11,705.	.01%
j Total. Other Benefits			2793379.	1884978.	908,401.	.74%
k Total. Add lines 7d and 7j			26627486.	15699506.	10927980.	8.89%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.KDHMADISON.ORG/ABOUT-US/COMMUNITY-HEA</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTPS://WWW.KDHMADISON.ORG/ABOUT-US/COMMUNITY-HEALTH</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.			

Part V Facility Information (continued)

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

KING'S DAUGHTERS' HEALTH:

PART V, SECTION B, LINE 3J: THE NEEDS ASSESSMENT PERFORMED BY THE HOSPITAL ALSO EXPLORED KEY ISSUES SUCH AS: CANCER, DIABETES, HEART DISEASE & STROKE, INJURY & VIOLENCE, MENTAL HEALTH, NUTRITION, PHYSICAL ACTIVITY, WEIGHT, RESPIRATORY DISEASES, SUBSTANCE ABUSE, TOBACCO USE, FAMILY PLANNING, INFANT/CHILD HEALTH, DEMENTIA/ALZHEIMER'S DISEASE, SEXUALLY TRANSMITTED DISEASES, ARTHRITIS/OSTEOPOROSIS/BACK CONDITIONS, ORAL HEALTH/DENTAL CARE, HIV/AIDS, IMMUNIZATION/INFECTIOUS DISEASES, AND HEARING & VISION PROBLEMS.

KING'S DAUGHTERS' HEALTH:

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

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

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

Part V Facility Information (continued)

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

KING'S DAUGHTERS' HEALTH:

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

KING'S DAUGHTERS' HEALTH:

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

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

Part V Facility Information *(continued)*

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

SPECIFIC TOPICS SUGGESTED TO DEVELOP PROGRAMS AND APPLY FOR GRANTS TO
IMPROVE HEALTH IN THE COMMUNITIES IT SERVES.

IMPLEMENTATION STRATEGY 2020-2022

PRIORITY AREA 1 - SUBSTANCE ABUSE - 2020, YEAR 1 UPDATE

STRATEGY: KDH WILL TAKE A LEAD ROLE FOR THE HEALTHY COMMUNITIES

INITIATIVE (HCI) SUBSTANCE ABUSE TEAM.

OUTCOME: KDH EMPLOYS A PAID HCI COORDINATOR WHO OVERSEES THE HCI SUBSTANCE
ABUSE TEAM, SCHEDULING MEETINGS AND SPEAKERS.

ADDITIONAL INFORMATION: KDH HAS 12 EMPLOYEES WHO RECEIVE MINUTES FROM THE
HCI SUBSTANCE ABUSE TEAM MEETINGS. HALF OF THESE INDIVIDUALS ACTIVELY
ATTEND MEETINGS AND BRING INFORMATION BACK TO THEIR WORKPLACE.

STRATEGY: KDH WILL HAVE STAFF REPRESENTATIVES ACTIVELY SERVING ON THE
FOLLOWING COUNTY SUBSTANCE ABUSE COALITIONS:

- JCJTAP JEFFERSON COUNTY JUSTICE TREATMENT AND PREVENTION COALITION
- SWITZERLAND COUNTY AWARENESS NETWORK AND/OR SIMILAR DRUG COALITION

OUTCOME: KDH HAS 3 EMPLOYEES WHO ACTIVELY SERVE ON THE JCJTAP COALITION.
DESPITE COVID, THE GROUP MET VIA ZOOM DURING 2020.

ADDITIONAL INFORMATION: IN ADDITION, THE HCI COORDINATOR IS AN OFFICER,
SERVING AS SECRETARY FOR THE JCJTAP COALITION.

STRATEGY: KDH WILL CREATE AND MAINTAIN AN EDUCATION AND COMMUNITY
RESOURCE/REFERRAL BULLETIN BOARD FOR THE HOSPITAL EMERGENCY ROOM.

OUTCOME: A SUBSTANCE ABUSE RESOURCE BULLETIN BOARD WAS PUT IN PLACE APRIL
15TH. THE BOARD WAS ON DISPLAY IN THE ER WAITING ROOM WHERE PATIENTS AND
VISITORS COULD VIEW.

Part V Facility Information (continued)

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

ADDITIONAL INFORMATION: THE BOARD INCLUDES TOBACCO QUITLINE INFORMATION AND LOCAL RESOURCES FOR AA/NA MEETINGS. *PLANS ARE BEING MADE IN EARLY 2021 TO ADD A SUBSTANCE ABUSE BULLETIN BOARD TO THE CONVENIENT CARE CENTER LOBBY.

PRIORITY AREA 2 MENTAL HEALTH 2020, YEAR 1 UPDATE

STRATEGY: KDH WILL TAKE A LEAD ROLE FOR THE HEALTHY COMMUNITIES INITIATIVE MENTAL HEALTH/ZERO SUICIDE TEAM.

OUTCOME: KDH EMPLOYS A PAID COORDINATOR WHO OVERSEES THE HCI PROGRAM.

WHILE THE GENERAL MENTAL HEALTH/SUICIDE TEAM DID NOT MEET IN 2020, A SUBCOMMITTEE WAS FORMED TO BEGIN WORKING ON THE ACE INITIATIVE.

ADDITIONAL INFORMATION: SPECIAL RECOGNITION TOOK PLACE FOR MENTAL HEALTH AWARENESS MONTH AND SUICIDE AWARENESS MONTH. A LIST OF LOCAL MENTAL HEALTH RESOURCES WAS CREATED AT THE BEGINNING OF THE COVID-19 CRISIS.

STRATEGY: KDH STAFF WILL HELP LEAD HCI'S EFFORT TO BECOME A TRAUMA INFORMED COMMUNITY.

OUTCOME: WORKING WITH THE LOCAL COMMUNITY FOUNDATION, KDH/HCI APPLIED FOR AND RECEIVED A PLANNING GRANT TO BEGIN WORK TO BECOME A TRAUMA INFORMED COMMUNITY. THIS FOCUSED ON THE ACE INITIATIVE (ADVERSE CHILDHOOD EXPERIENCES) KDH HOSTED TWO WORKSHOPS WITH COMMUNITY LEADERS TO BEGIN PLANNING EFFORTS.

ADDITIONAL INFORMATION: FOLLOWING THE INITIAL PLANNING, KDH/HCI AND THE LOCAL COMMUNITY FOUNDATION APPLIED FOR AND RECEIVED A GRANT TO FUND A COMPREHENSIVE ACES PLAN WHICH WILL BE CALLED RESILIENT JEFFERSON COUNTY. A STEERING COMMITTEE WAS FORMED IN LATE 2020 TO MOVE FORWARD WITH THIS PLAN.

Part V Facility Information (continued)

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

STRATEGY: SCREENING TOOLS WILL BE UTILIZED AT KDH. THIS INCLUDES THE USE OF:

- ANNUAL DEPRESSION SCREENING TOOL USED IN THE OUTPATIENT PHYSICIAN OFFICES.

- EVERY EMERGENCY ROOM PATIENT RECEIVES A SUICIDAL SCREENING TOOL TO ASSESS FOR SUICIDAL RISK

OUTCOME: THE PHQ-9 DEPRESSION SCREENING TOOL WAS UTILIZED IN 2020 IN THE KDH OUTPATIENT PROVIDER OFFICES. THE KDH EMERGENCY ROOM COMPLETED THE C-SSRS ASSESSMENT TOOL FOR ALL PATIENTS (EXCEPTION INFANT/TODDLERS). THE CSSRS DEPRESSION SCREENING TOOL IS A NATIONALLY RECOGNIZED PSYCH ASSESSMENT WITH 6 SIMPLE QUESTIONS. IF A PATIENT ANSWERS YES TO ANY QUESTIONS, ADDITIONAL STEPS ARE MADE FOR APPROPRIATE MENTAL HEALTH REFERRALS

ADDITIONAL INFORMATION: IN 2020, 58% OF PATIENTS AGE 12 AND OLDER RECEIVED THE PHQ-9 SCREENING TOOL IN THE OUTPATIENT PROVIDER OFFICES. A FORMER KDH STAFF MEMBERS DID A THESIS PROJECT ON THIS VERY SUBJECT WHICH HELPED TO IMPROVE THIS PROCESS FOR ALL CSSRS SCREENINGS. REPORTS ARE CREATED FOR PATIENTS WHO HAVE A BEHAVIORAL HEALTH REPORT AND CAN TRACK REOCCURRING ER VISITS.

PRIORITY AREA 3 TOBACCO USE - 2020, YEAR 1 UPDATE

STRATEGY: TOBACCO AWARENESS EDUCATION, INCLUDING PREVENTION AND CESSATION FOCUSED INFORMATION PROVIDED TO YOUTH OF JEFFERSON COUNTY.

OUTCOME: COMPLETED THE STANDARDIZED TOBACCO ASSESSMENT FOR RETAIL SETTINGS (STARS) SURVEYS AT ALL 39 TOBACCO RETAILERS IN JEFFERSON COUNTY. PROVIDED SECONDHAND-SMOKE EDUCATION AT YOUTH "MOVIE IN THE PARK" EVENT. YOUTH TOBACCO CESSATION RESOURCES WERE GIVEN TO JEFFERSON COUNTY MIDDLE AND HIGH SCHOOL COUNSELORS.

Part V Facility Information (continued)

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

ADDITIONAL INFORMATION: STARS SURVEY DATA IS UTILIZED TO PRESENT POINT-OF-SALE INFORMATION AND HOW TOBACCO PRODUCTS ARE MARKETED TO YOUTH.

STRATEGY: TOBACCO AWARENESS EDUCATION AND CESSATION RESOURCES PROVIDED TO EXPECTING MOTHERS IN JEFFERSON COUNTY.

OUTCOME: WIC CLIENTS REFERRED TO THE INDIANA TOBACCO QUITLINE IN 2020 84.

NUMBER OF OB/GYN PATIENTS REFERRED TO THE TOBACCO QUITLINE IN 2020 44.

CESSATION LITERATURE IS PROVIDED TO TOBACCO USING PREGNANT WOMEN AT

PERINATAL EDUCATION APPOINTMENT (LITERATURE IS PREPARED BY TOBACCO

COORDINATOR AND GIVEN TO MOTHERS BY PERINATAL EDUCATOR). PARTICIPANTS

ENROLLED IN BABY & ME TOBACCO FREE PROGRAM IN 2020 8.

STRATEGY: MEASURE AND WORK TO INCREASE REFERRALS TO THE INDIANA STATE TOBACCO QUITLINE.

OUTCOME: TOBACCO QUITLINE REFERRALS MADE BY KDH PROVIDERS 1,032 (INCREASE

FROM 237 REFERRALS IN 2019). MONTHLY REFERRAL REPORTS SENT TO ALL KDH

PHYSICIANS AND NURSES WITH QUITLINE/TOBACCO CESSATION EDUCATIONAL

INFORMATION. TOBACCO QUITLINE FAX REFERRAL METHOD IMPLEMENTED IN THE KDH

CANCER CENTER.

PRIORITY AREA 4 NUTRITION, PHYSICAL ACTIVITY, WEIGHT - 2020, YEAR 1

UPDATE

STRATEGY: KDH WILL TAKE A LEAD ROLE FOR THE HEALTHY COMMUNITIES INITIATIVE

HEALTHY LIFESTYLES TEAM. THIS TEAM INCLUDES WORK FOCUSING ON DISEASE

PREVENTION, HEALTHY NUTRITION, PHYSICAL ACTIVITY, OBESITY, AND TOBACCO.

OUTCOME: THE KDH WELLNESS COORDINATOR SERVED AS THE CHAIR FOR THE HEALTHY

LIFESTYLES TEAM. THREE KDH EMPLOYEES PARTICIPATE ON THIS TEAM, INCLUDING

Part V Facility Information *(continued)*

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

THE FULL-TIME KDH TOBACCO PREVENTION & CESSATION COORDINATOR.

ADDITIONAL INFORMATION: ANY MEETING SUPPLIES, SPECIAL EVENTS MATERIALS,
AND ADVERTISING FOR ACTIVITIES WERE SUPPLIED BY KDH AND/OR THE KDH
FOUNDATION.

STRATEGY: TARGET AREA YOUTH WITH PROGRAMMING AIMED AT INCREASING PHYSICAL
ACTIVITY AND TEACHING HEALTHY NUTRITION HABITS AT A YOUNG AGE.

OUTCOME: THE KDH FIT KIDS PROGRAM WAS TAUGHT IN JEFFERSON COUNTY 5TH GRADE
CLASSROOMS. THIS 7-LESSON EDUCATION PROGRAM TARGETS CHILDHOOD OBESITY BY
TEACHING AGE-APPROPRIATE HEALTH, NUTRITION, AND EXERCISE EDUCATION AND
OFFERS WEEKLY TAKE HOME CHALLENGES FOR STUDENTS AND THEIR FAMILIES. THE
HEALTH LIFESTYLES TEAM HOSTED A YOUTH HEALTH EVENT DURING A LOCAL MOVIE IN
THE PARK EVENT. HEALTH EDUCATION AND COMMUNITY RESOURCE MATERIALS WERE
PROVIDED TO YOUTH AND THEIR FAMILIES. TWO OF THE EVENT BOOTHS WERE
SPECIFIC TO HEALTHY NUTRITION AND PHYSICAL ACTIVITY FOR YOUTH.

ADDITIONAL INFORMATION: DUE TO COVID, NOT ALL SCHOOLS RECEIVED THE PROGRAM
DURING THE 2019-2020 SCHOOL YEAR. A TOTAL OF 3 SCHOOLS, INCLUDING 6
CLASSROOMS AND 151 STUDENTS AND TEACHERS RECEIVED THE FIT KIDS PROGRAM. IN
ADDITION, THE KDH WELLNESS COORDINATOR AND HEALTHY LIFESTYLES TEAM HOSTED
A MONTH-LONG PARK HOP FOR AREA YOUTH. THIS EVENT PROMOTED THE VALUE OF
PHYSICAL ACTIVITY AND INCENTIVIZED YOUTH AND THEIR FAMILIES TO VISIT AREA
PARKS AND TRAILS.

CONTINUED

KING'S DAUGHTERS' HEALTH

Part V Facility Information *(continued)*

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

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.KDHMADISON.ORG/PATIENTS-VISITORS/PATIENTS/FINANCIAL-ASSISTANCE/](https://www.kdhmadison.org/patients-visitors/patients/financial-assistance/)

KING'S DAUGHTERS' HEALTH

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.KDHMADISON.ORG/FORMS/FINANCIAL-ASSISTANCE-APPLICATION/](https://www.kdhmadison.org/forms/financial-assistance-application/)

KING'S DAUGHTERS' HEALTH

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

[HTTPS://WWW.KDHMADISON.ORG/PATIENTS-VISITORS/PATIENTS/FINANCIAL-ASSISTANCE/](https://www.kdhmadison.org/patients-visitors/patients/financial-assistance/)

KING'S DAUGHTERS' HEALTH:

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

Part V Facility Information (continued)

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

KING'S DAUGHTERS' HEALTH:

PART V, SECTION B, LINE 20E: AT THE TIME OF REGISTRATION, THE PATIENT IS OFFERED A PAMPHLET REGARDING THE POLICY, ELIGIBILITY REQUIREMENTS AND THE ASSOCIATED APPLICATION PROCESS. THE PATIENT MUST SIGN A FORM INDICATING THAT HE/SHE RECEIVED THIS INFORMATION. THE HOSPITAL ALSO HAS A REPRESENTATIVE ON SITE TO ASSIST PATIENTS WITH THE FINANCIAL AID APPLICATION PROCESS. PATIENTS ARE REMINDED TO CONTACT CUSTOMER SERVICE REGARDING FINANCIAL AID AND FEDERAL/STATE ASSISTANCE DIRECTLY ON THE PATIENT BILL ITSELF. THE HOSPITAL'S WEBSITE HAS A LINK TO THE FINANCIAL AID APPLICATION. IN ADDITION TO THE ACTIONS PREVIOUSLY LISTED, A FINANCIAL AID COUNSELOR WILL ATTEMPT TO MEET (DURING NORMAL BUSINESS HOURS) WITH ANY UNINSURED INPATIENT PRIOR TO DISCHARGE TO DISCUSS THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

PART V, SECTION B, LINE 11 CONTINUED

PRIORITY AREA 4 NUTRITION, PHYSICAL ACTIVITY, WEIGHT -CONTINUED

STRATEGY: KDH WELLNESS WILL HOST TWO COMMUNITY 5K RUN/WALK EVENTS TO ENCOURAGE PHYSICAL ACTIVITY.

OUTCOME: DESPITE THE PANDEMIC, THE KDH RUN THE FALLS COMMUNITY 5K RUN/WALK TOOK PLACE IN SEPTEMBER WITH SPECIAL COVID PRECAUTIONS IN PLACE. 179 PARTICIPANTS FINISHED THE OUTDOOR EVENT AND A TOTAL OF 36 STAFF WORKED THE EVENT.

ADDITIONAL INFORMATION: DUE TO COVID AND THE CANCELLATION OF THE FALL GIRLS ON THE RUN SEASON, THE GOTR 5K EVENT WAS NOT HELD.

Part V Facility Information (continued)

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

PRIORITY AREA 5 DIABETES - 2020, YEAR 1 UPDATE

STRATEGY: EMPLOYEE A FULL TIME DIABETES COORDINATOR AT KDH TO PROVIDE SERVICES FOR BOTH INPATIENTS AND OUTPATIENTS.

OUTCOME: KDH HIRED A FULL-TIME COORDINATOR IN NOV. 2019, AND SHE BEGAN PROVIDING SERVICES FOR INPATIENTS AND OUTPATIENTS 12/2020.

ADDITIONAL INFORMATION: PATIENTS ARE REFERRED TO THE DIABETES EDUCATOR WHEN THEY HAVE A NEW DIAGNOSIS, COMPLICATIONS, A CHANGE IN THERAPY, AN A1C >9%, HAVE GESTATIONAL DIABETES, OR IF A PATIENT REQUESTS DIABETES EDUCATION. THE EDUCATOR ALSO PERFORMS CONTINUOUS GLUCOSE MONITORING STUDIES ON PATIENTS.

THE DIABETES COORDINATOR SAW APPROXIMATELY 250 PATIENTS IN 2020.

STRATEGY: PROVIDE DIABETIC CONSULTS THROUGH POPULATION HEALTH PROGRAM, WORKING TO DECREASE A1C RATES AND INCREASE REFERRALS.

OUTCOME: THE DIABETES EDUCATOR IN THE KDH QUALITY DEPARTMENT AND WORKS DIRECTLY WITH THE POPULATION HEALTH NURSING STAFF.

ADDITIONAL INFORMATION: THE AVERAGE A1C RATE IN 2019 WAS 33.53%. WE WERE ABLE TO DECREASE THIS TO 27.7% IN 2020 (LOWER RATES INDICATE BETTER QUALITY).

STRATEGY: PROVIDE COMMUNITY EDUCATION AND OUTREACH FOCUSING ON THE PREVENTION OF DIABETES, EARLY DETECTION, AND MANAGEMENT.

OUTCOME: DUE TO COVID, THE DIABETES COORDINATOR DID NOT PROVIDE ANY COMMUNITY OUTREACH ACTIVITIES IN 2020.

PRIORITY AREA 6 HEART DISEASE & STROKE 2020, YEAR 1 UPDATE

Part V Facility Information (continued)

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

STRATEGY: OFFER A STRUCTURED POPULATION HEALTH PROGRAM, WHICH PROVIDES ANNUAL WELLNESS VISITS FOR AT-RISK INDIVIDUALS WITH A GOAL OF INCREASING PREVENTATIVE TESTING.

OUTCOME: 907 ANNUAL WELLNESS VISITS WERE PROVIDED TO MEDICARE PATIENTS IN 2020. THIS NUMBER WOULD HAVE BEEN HIGHER, BUT THE POPULATION HEALTH PROGRAM DID NOT SEE PATIENTS FOR 3 MONTHS DUE TO THE PANDEMIC.

ADDITIONAL INFORMATION: THESE VISITS RESULTED IN 21 DIFFERENT SCREENING TOOLS BEING ORDERED FOR PATIENTS DURING WELLNESS VISITS.

STRATEGY: PROVIDE COMMUNITY AND/OR CORPORATE BLOOD PRESSURE CHECKS AT AREA HEALTH FAIRS AND SCREENS.

OUTCOME: DUE TO COVID, COMMUNITY OUTREACH ACTIVITIES WERE VERY LIMITED. NO FORMAL COMMUNITY OR CORPORATE CVD SCREENS WERE HELD IN 2020.

ADDITIONAL INFORMATION: NOTE, KDH TRAINED A TOTAL OF 1,061 PEOPLE IN 2020 IN AHA CLASSES (COMBINATION OF BLS, PALS, ACLS).

STRATEGY: PROVIDE COMMUNITY EDUCATION AND OUTREACH FOCUSING ON THE PREVENTION AND WARNING SIGNS FOR HEART DISEASE AND STROKE.

OUTCOME: CVD EDUCATION WAS PROVIDED TO THE COMMUNITY IN 2020 THROUGH THE "TO YOUR HEALTH" RADIO/PODCAST SHOW. IN ADDITION, THE WELLNESS COORDINATOR HAD 3 COMMUNITY PRESENTATIONS RELATED TO HEART DISEASE PREVENTION.

ADDITIONAL INFORMATION: KDH STAFF RECEIVED CVD EDUCATION THROUGHOUT THE YEAR WITH VARIOUS WELLNESS INCENTIVE PROGRAMS. THIS INCLUDED PARTICIPATION IN THE GO RED CAMPAIGN.

IN ADDITION, A SOCIAL MEDIA "SHELTER IN PLACE HEALTH TIPS" CAMPAIGN

Part V Facility Information (continued)

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

TOOK PLACE DURING THE PANDEMIC, OFFERING HEALTHY LIFESTYLE TIPS INCLUDING HEART DISEASE PREVENTION.

PRIORITY AREA 7 CANCER 2020, YEAR 1 UPDATE

STRATEGY: OFFER A MINIMUM OF ONE CANCER-SPECIFIC SCREENING EVENT.

OUTCOME: TAKE-HOME COLOR-RECTAL SCREENING KITS WERE DISTRIBUTED IN THE MONTH OF MARCH THROUGH PROVIDER OFFICES. A TOTAL OF 44 KITS WERE SUCCESSFULLY RETURNED TO THE LAB FOR PROCESSING. PATIENT FOLLOW-UP WAS PROVIDED FOR 7 POSITIVE TESTS.

ADDITIONAL INFORMATION: DUE TO COVID, PLANS FOR A SKIN-CANCER SCREEN DID NOT TAKE PLACE.

STRATEGY: OFFER A SUPPORT GROUP FOR CANCER SURVIVORS.

OUTCOME: ONE WOMEN & CANCER SUPPORT GROUP WAS HELD AT KDH IN FEB. 2020. THE REMAINDER OF THE SCHEDULED SUPPORT GROUPS WERE CANCELLED DUE TO COVID.

ADDITIONAL INFORMATION: THE CANCER TREATMENT CENTER IS PLANNING TO RESUME SUPPORT GROUP MEETINGS IN THE SPRING OF 2021 IF COVID-RELATED MEETING RESTRICTIONS ARE LIFTED.

STRATEGY: PROVIDE COMMUNITY EDUCATION AND OUTREACH FOCUSING ON THE PREVENTION OF VARIOUS FORMS OF CANCER.

OUTCOME: DESPITE SOME OUTREACH BEING CANCELLED DUE TO THE PANDEMIC, CANCER AWARENESS AND EDUCATION TOOK PLACE THROUGH THE "TO YOUR HEALTH" RADIO / PODCAST SHOW AND THE "SHELTER IN PLACE HEALTH TIPS" SOCIAL MEDIA CAMPAIGN.

Part V Facility Information *(continued)*

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

ADDITIONAL INFORMATION: KDH STAFF RECEIVED CANCER PREVENTION AND
AWARENESS EDUCATION THROUGHOUT THE YEAR WITH VARIOUS WELLNESS INCENTIVE
PROGRAMS. STAFF WERE ALSO GIVEN FREE SUNSCREEN WITH SKIN CANCER
PREVENTION EDUCATION IN 2020.

Multiple horizontal lines for supplemental information.

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (describe)
1 REHABILITATION CENTER AND HOME CARE 2670 N MICHIGAN ROAD MADISON, IN 47250	OUTPATIENT REHABILITATION CENTER AND HOME CARE SERVICES
2 CONVENIENT CARE CENTER 445 CLIFTY DRIVE MADISON, IN 47250	CONVENIENT CARE CENTER
3 VERSAILLES MEDICAL OFFICE BLDG-TYSON S 206 W TYSON STREET VERSAILLES, IN 47042	PHYSICIAN MEDICAL OFFICE
4 TRIMBLE COUNTY MEDICAL OFFICE BLDG 10235 US HIGHWAY 421 MILTON, KY 40045	PHYSICIAN MEDICAL OFFICE
5 CARROLLTON MEDICAL OFFICE BLDG 205 MARWILL DRIVE CARROLLTON, KY 41008	PHYSICIAN MEDICAL OFFICE
6 SWITZERLAND CNTY MEDICAL OFFICE BLDG 1190 WEST MAIN STREET VEVAY, IN 47043	PHYSICIAN MEDICAL OFFICE
7 HANOVER MEDICAL OFFICE BLDG 36 MEDICAL PLAZA HANOVER, IN 47243	PHYSICIAN MEDICAL OFFICE
8 DOWNTOWN MEDICAL OFFICE BLDG 630 NORTH BROADWAY MADISON, IN 47250	PHYSICIAN MEDICAL OFFICE AND HOSPITAL STAFF

Part VI Supplemental Information

Provide the following information.

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

PART II, COMMUNITY BUILDING ACTIVITIES:

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

- ASSISTING COMMUNITY MEMBERS WITH MEDICAID PROGRAM ENROLLMENT VIA A FORMAL MEDICAID ENROLLMENT ASSISTANCE PROGRAM OFFERED BY THE HOSPITAL. THIS PROGRAM HELPS COMMUNITY MEMBERS ENROLL TO RECEIVE ALL TYPES OF MEDICAID ASSISTANCE (FOOD, HEALTHCARE, ETC.).

PART III, LINE 2:

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

Part VI Supplemental Information (Continuation)

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

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

PART III, LINE 3:

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

Part VI Supplemental Information (Continuation)

PART III, LINE 4:

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

PLEASE REFER TO THE ATTACHED AUDITED FINANCIAL STATEMENTS -

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

PAGES 29-32 "NET PATIENT SERVICE REVENUE"

PART III, LINE 8:

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

PART III, LINE 9B:

ALL UNINSURED PATIENTS RECEIVED AN AUTOMATIC 30% DISCOUNT FROM GROSS CHARGES. AT REGISTRATION, PATIENTS ARE NOTIFIED OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. THEY ARE OFFERED PAMPHLETS DETAILING THE PROGRAM. IF THE PATIENT IS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE AND IS APPROVED FOR FINANCIAL ASSISTANCE, THE PATIENT WILL RECEIVE A DISCOUNT OF UP TO 100% ON THE OUTSTANDING ACCOUNT BALANCE. THE HOSPITAL WILL

Part VI Supplemental Information (Continuation)

ATTEMPT TO COLLECT ANY BALANCE REMAINING ON THE UNINSURED ACCOUNT AFTER ALL FINANCIAL ASSISTANCE DISCOUNTS HAVE BEEN APPLIED USING A SERIES OF STATEMENTS, LETTERS, AND TELEPHONE CALLS. THE HOSPITAL WILL ALSO OFFER PATIENTS INTEREST-FREE EXTENDED PAYMENT PLANS. IF THE ACCOUNT REMAINS UNPAID, THE ACCOUNT MAY BE TURNED OVER TO A COLLECTION AGENCY.

PART VI, LINE 2:

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

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

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

BASED ON THE INFORMATION GATHERED THROUGH THIS COMMUNITY HEALTH NEEDS

Part VI Supplemental Information (Continuation)

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

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

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

Part VI Supplemental Information (Continuation)

10. ACCESS TO HEALTHCARE SERVICES

PART VI, LINE 3:

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

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

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

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

PART VI, LINE 4:

KDH PROVIDES HEALTH CARE SERVICES TO FIVE COUNTIES IN SOUTHERN INDIANA AND NORTHERN KENTUCKY. THE 2019 KDH COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDED ITS PRIMARY SERVICE AREAS OF JEFFERSON AND SWITZERLAND COUNTIES IN INDIANA AND TRIMBLE COUNTY IN KENTUCKY. THE ADDITIONAL TWO COUNTIES (RIPLEY IN INDIANA AND CARROL IN KENTUCKY) HAVE MULTIPLE HEALTH CARE FACILITIES THAT CURRENTLY CONDUCT A CHNA. TO AVOID DUPLICATION, THE THREE PRIMARY COUNTIES DESCRIBED WERE INCLUDED IN THE 2019 KDH CHNA. A FEW DESCRIPTIVE DEMOGRAPHIC HIGHLIGHTS FOR THE THREE COUNTIES DEFINED AS THE "PRIMARY SERVICE AREA" INCLUDE:

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

- URBAN VS. RURAL CLASSIFICATION: 35.2% URBAN AND 64.8% RURAL

Part VI Supplemental Information (Continuation)

- AGE GROUP PERCENT: AGE 0-17 WAS 22.0%, AGE 18-64 WAS 61.4%, AGE+65 WAS 16.6%

- MEDIAN AGE: JEFFERSON CO= 40.6, SWITZERLAND CO= 40.0, TRIMBLE CO= 41.9

- RACE: 95.9% WHITE, 1.5% BLACK, 1.2% OTHER RACE, 1.4% MULTIPLE RACES

- PERCENT POVERTY: 15.2%

- EDUCATION LEVEL: 13.4% OF POPULATION AGE 25+ WITHOUT A HIGH SCHOOL DIPLOMA OR EQUIVALENT

UNEMPLOYMENT RATE: 4.0%

PART VI, LINE 5:

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

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

2020 KING'S DAUGHTERS' HEALTH

Part VI Supplemental Information (Continuation)

OVERVIEW OF COMMUNITY BENEFIT ACTIVITIES

1. HEALTH SCREENS/HEALTH FAIRS:

A. COMMUNITY HEALTH SCREENS / FAIRS:

HOSTED A LUNG CANCER SCREENING EVENT FOR LOW INCOME PARTICIPANTS.

*COVID NOTE ALL COMMUNITY AND CORPORATE HEALTH SCREENS AND FAIRS WERE CANCELLED IN 2020 DUE TO COVID.

B. CORPORATE FLU SHOTS:

1 CORPORATE FLU SHOT CLINIC HELD WITH 10 EMPLOYEE RECEIVING THEIR FLU VACCINE.

C. 4-H FAIR PARTICIPATION:

BOTH JEFFERSON AND RIPLEY COUNTY INDIANA FAIRS WERE CANCELLED DUE TO COVID.

D. FREE TAKE-HOME COLOR CANCER SCREENING KITS:

44 KITS WERE RETURNED FOR PROCESSING. THE NUMBER OF KITS DISTRIBUTED WAS NOT DOCUMENTED. PATIENT FOLLOW-UP WAS PROVIDED FOR ALL POSITIVE TEST RESULTS (7 OF 44).

2. COMMUNITY EDUCATION OPPORTUNITIES/CLASSES/SPECIAL EVENTS:

A. WELLNESS DEPARTMENT 8 SPEAKING ENGAGEMENTS

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

DUE TO COVID, NOT ALL JEFFERSON COUNTY SCHOOLS RECEIVED THE FIT KIDS PROGRAM. WERE ABLE TO OFFER THE PROGRAM TO 3 SCHOOL SYSTEMS / 6 CLASSROOMS / 151 KIDS + TEACHERS.

C. TOBACCO CESSATION & EDUCATION:

-KING'S DAUGHTERS' HEALTH EMPLOYS A FULL TIME STATE GRANT FUNDED TOBACCO COORDINATOR. KDH DOCUMENTED 1,049 ELECTRONIC PATIENT REFERRALS TO THE INDIANA QUITLINE.

Part VI Supplemental Information (Continuation)

-CONTRIBUTED TO WRITING THE INDIANA CANCER CONSORTIUM TOBACCO
PREVENTION AND CESSATION HEALTH SYSTEMS CHANGE PROJECT GRANT.

-ASSISTED IN CREATING AND IMPLEMENTING THE ICC TPC HEALTH SYSTEMS
CHANGE PROJECT IN THE KDH CANCER CENTER BY CREATING A TOBACCO
CESSATION PROGRAM.

-COLLABORATED WITH THE JEFFERSON COUNTY SCHOOLS TO EDUCATE SCHOOL
COUNSELORS ON TOBACCO CESSATION RESOURCES AVAILABLE TO YOUTH.

- DISTRIBUTED "NO SMOKING WITHIN 8 FEET" SIGNAGE TO LOCAL BUSINESSES
WITH THE HELP OF THE HCI OF JEFFERSON COUNTY HEALTHY LIFESTYLES TEAM.

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

- PARTNERED WITH THE JEFFERSON COUNTY HEALTH DEPARTMENT TO IMPLEMENT
TOBACCO CESSATION BILLBOARDS.

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

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

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

- HELD E-CIGARETTE EDUCATION EVENT FOR ADULTS TO LEARN MORE ABOUT
DANGERS OF VAPING, TRENDS IN SCHOOLS, WHAT PARENTS SHOULD LOOK FOR
AND HOW TO TALK TO TEENS ABOUT VAPING.

D. CPR AND FIRST AID CLASSES:

KDH SERVED AS AN AHA PROVIDER SITE HOSTING CPR/AED/FIRST AID
COMMUNITY CLASSES AND BLS, PALS, AND ACLS TRAININGS FOR KDH
EMPLOYEES AND AREA HEALTH CARE PROFESSIONALS. A TOTAL OF 1,061
PEOPLE RECEIVED TRAINING IN 2020. IN ADDITION, SEVERAL COMMUNITY
CLASSES WERE CANCELLED IN 2020 DUE TO COVID.

E. PRENATAL EDUCATION:

Part VI Supplemental Information (Continuation)

OB PREP PROGRAM 405 EXPECTING MOTHERS SERVED WITH
EDUCATIONAL PREP VISIT. IN ADDITION, 23 MOTHERS AND 21 SUPPORT
PEOPLE ATTENDED THE CHILDBIRTH CLASS SERIES OFFERED BY KDH. ONE
CLASS WAS CANCELLED DUE TO COVID. SERVED AS THE HOST SITE FOR LA
LECHE LEAGUE COMMUNITY MEETINGS. TWO MEETINGS WERE HELD,
WITH ADDITIONAL MEETINGS CANCELLED DUE TO COVID.

F. GIRLS ON THE RUN

NO FALL SEASON WAS HELD DUE TO COVID.

G. MONTHLY "TO YOUR HEALTH" RADIO SHOW:

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

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

180 PEOPLE PARTICIPATED

I. CANCER SUPPORT ACTIVITIES:

WOMEN AND CANCER SUPPORT GROUP, MET ONLY 1 TIME IN 2020
DUE TO COVID. NO ADDITIONAL CANCER-RELATED ACTIVITIES WERE
DOCUMENTED IN 2020 DUE TO COVID.

3. EMPLOYEE HEALTH OPPORTUNITIES FOR KDH STAFF:

WELLNESS NEWSLETTERS (ON-LINE AND PAPER VERSIONS AVAILABLE).
WELLNESS COLUMN IN THE MONTHLY MONITOR NEWSLETTER.
MONTHLY PADLET WELLNESS NEWSLETTER CREATED AND SENT TO ALL STAFF.
FREE LIPID BLOOD TEST OFFERED FOR ALL STAFF WITH INSURANCE PREMIUM
REDUCTION OPPORTUNITY.
MONTH LONG STRESS LESS CAMPAIGN.
2020 GOAL SHEETS OFFERED FOR STAFF WITH INCENTIVE.
HEART MONTH EDUCATION WITH PROMOTION OF GO RED CAMPAIGN.
5-A-DAY WELLNESS INCENTIVE NUTRITION CHALLENGE.

Part VI Supplemental Information (Continuation)

MONTH LONG HABIT TRACKING CAMPAIGN HELD.

FREE SUNSCREEN DISTRIBUTION FOR STAFF WITH SKIN CANCER PREVENTION
EDUCATION.

WALK-TOBER WALKING CAMPAIGN HELD.

PROVIDES FREE NICOTINE REPLACEMENT THERAPY PRODUCTS FOR STAFF
WHEN REQUESTED.

4. COMMUNITY SERVICE ACTIVITIES:

A. ACTIVE ATTENDANCE AND PARTICIPATION IN THE FOLLOWING
COMMUNITY COALITIONS/GROUPS:

JCJTAP JEFFERSON COUNTY JUSTICE TREATMENT AND PREVENTION
COALITION

MADISON CONSOLIDATED SCHOOLS WELLNESS COMMITTEE

PURDUE EXTENSION HEALTH AND HUMAN SERVICES BOARD

PERINATAL COMMUNITY TASK FORCE (JUST 1 MEETING IN 2020)

B. EMS STAND-BY AT ALL COMMUNITY ACTIVITIES:

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

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

D. SUPPORT TO VARIOUS AREA SCHOOLS WITH INTERNSHIPS:

SUPPORT MANY LOCAL AND AREA HIGH SCHOOLS AND COLLEGES WITH
INTERNSHIPS AND JOB SHADOW EXPERIENCES: INCLUDES NURSING
AND MEDICAL STUDENTS AMONG OTHERS.

5. HEALTHY COMMUNITIES INITIATIVE (HCI):

EFFORTS ARE LED BY KING'S DAUGHTERS' HEALTH WHICH INCLUDE A
PAID COORDINATOR FUNDED BY THE KDH FOUNDATION. HCI IS
COMPRISED OF THREE TEAMS WHICH INCLUDES KDH STAFF AND

Part VI Supplemental Information (Continuation)

COMMUNITY MEMBERS.

2020 HCI TEAM ACCOMPLISHMENTS:

SUBSTANCE ABUSE TEAM:

WORKED WITH THE KDH TOBACCO COORDINATOR TO CREATE A "HIDDEN IN PLAIN SIGHT BACKPACK" DEMONSTRATION (VIDEO ALSO AVAILABLE) WHICH PROVIDES ABOUT WAYS YOUTH CAN HIDE TOBACCO AND OTHER DRUGS IN MATERIALS IN THEIR BACKPACK. RECEIVED A \$500 GRANT TO PURCHASE MATERIALS TO PROMOTE RED RIBBON WEEK AND TO ENCOURAGE YOUTH TO REMAIN DRUG FREE. RECEIVED A \$3,400 GRANT TO PURCHASE DRUG DISPOSAL POUCHES TO PROVIDE AN ENVIRONMENTALLY SAFE WAY FOR PERSONS TO DISPOSE OF UNUSED OR UNWANTED DRUGS IN THEIR HOUSEHOLD.

MENTAL HEALTH/ZERO SUICIDE TEAM:

RECOGNIZED MENTAL HEALTH AWARENESS MONTH AND SUICIDE AWARENESS MONTH. DEVELOPED A SET OF MENTAL HEALTH RESOURCES FOR COMMUNITY USE AT THE START OF THE PANDEMIC. WORKED WITH THE LOCAL COMMUNITY FOUNDATION TO RAISE AWARENESS OF ADVERSE CHILDHOOD EXPERIENCES (ACES) AND TO DEVELOP A PLAN TO COMBAT ACES. APPLIED FOR AND RECEIVED A GRANT FROM THE LILLY ENDOWMENT TO FUND A COMPREHENSIVE ACES PLAN CALLED RESILIENT JEFFERSON COUNTY WHICH WILL BEGIN IN 2021. A VIDEO WAS ALSO CREATED TO

PROMOTE AWARENESS OF ACES. HEALTHY LIFESTYLES TEAM:

(OVERWEIGHT/OBESITY, TOBACCO, CHRONIC DISEASE) PARTNERED WITH A LOCAL AGENCY TO OFFER A SPRING PARK HOP EVENT WHICH ENCOURAGED YOUTH AND THEIR FAMILIES TO EXPLORE AND USE PARKS IN JEFFERSON COUNTY. HELD A COMMUNITY CHALLENGE TITLED "47250" WHICH ENCOURAGED PARTICIPANTS TO MAKE DAILY HEALTHY CHOICES IN 5 CATEGORIES, EARNING POINTS FOR AN OPPORTUNITY TO WIN PRIZES.

Part VI Supplemental Information (Continuation)

HOSTED A COMMUNITY WALKING HEALTHY SCAVENGER HUNT. HOSTED
A HEALTH-FOCUSED YOUTH EVENT IN PARTNERSHIP WITH THE CITY OF MADISON
MOVIE IN THE PARKS. THIS WAS HELD IN PLACE OF THE YOUTH TAILGATE
PARTY WHICH WAS CANCELLED DUE TO COVID. ASSISTED THE TOBACCO
COORDINATOR WITH THE STARS SURVEY PROJECT AND THE DISTRIBUTION OF
REQUIRED BUSINESS TOBACCO SIGNAGE.

PART VI, LINE 6:

NA

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

IN