

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

b If "Yes," was it a written policy?

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.

Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities
 Generally tailored to individual hospital facilities

2 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:

100% 150% 200% Other _____ %

b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:

200% 250% 300% 350% 400% Other _____ %

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"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

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?

b If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b		X
5c		
6a	X	
6b	X	

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

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			515,761.	0.	515,761.	.42%
b Medicaid (from Worksheet 3, column a)			21754714.	13536368.	8218346.	6.68%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			22270475.	13536368.	8734107.	7.10%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			174,385.	50,228.	124,157.	.10%
f Health professions education (from Worksheet 5)			160,947.	45,325.	115,622.	.09%
g Subsidized health services (from Worksheet 6)			4016564.	3564379.	452,185.	.37%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			127,161.	0.	127,161.	.10%
j Total. Other Benefits			4479057.	3659932.	819,125.	.66%
k Total. Add lines 7d and 7j			26749532.	17196300.	9553232.	7.76%

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Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			149,568.	0.	149,568.	.12%
8 Workforce development			269.	0.	269.	.00%
9 Other						
10 Total			149,837.		149,837.	.12%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	12,305,614.
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0.
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	.....	5	23,581,358.
6	Enter Medicare allowable costs of care relating to payments on line 5	.....	6	23,057,469.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	.....	7	523,889.
8	Enter the amount of Medicare payments received from the Health Resources and Services Administration (HRSA) for the period covered by the statement	.....	8	0.

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.

Also describe in Part VI the costing methodology.

Check the box that describes the method used:

Cost accounting system Cost-to-charge ratio Other

Cost accounting system

Section C. Collection Practices		9a	X
9a	Did the organization have a written debt collection policy during the tax year?	9a	X
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X

Part IV Management Companies and Joint Ventures

(c) Name of entity (b) Description of primary (c) Organization's (d) Officers, direct (e) Physicians

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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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?	1	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	2	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	3	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: <u>20 16</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	5	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	6a	X
6b 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	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.KDHMADISON.ORG/ABOUT-US/COMMUNITY-NEE</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>HTTPS://WWW.KDHMADISON.ORG/ABOUT-US/COMMUNITY-NEEDS-</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? <u>\$</u>		

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Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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?

If "Yes," indicate the eligibility criteria explained in the FAP:

a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 % and FPG family income limit for eligibility for discounted care of 250 %

b Income level other than FPG (describe in Section C)

c Asset level

d Medical indigency

e Insurance status

f Underinsurance status

g Residency

h Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

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 Described the information the hospital facility may require an individual to provide as part of his or her application

b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

e Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

a The FAP was widely available on a website (list url): SEE PART V, PAGE 8

b The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8

c A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8

d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

f 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 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 Notified members of the community who are most likely to require financial assistance about availability of the FAP

i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations

j Other (describe in Section C)

		Yes	No
13	X		
14	X		
15	X		
16	X		

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Part V Facility Information (continued)

Billing and Collections

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

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?

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 Reporting to credit agency(ies)
b Selling an individual's debt to another party
c 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 Actions that require a legal or judicial process
e Other similar actions (describe in Section C)
f 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?

If "Yes," check all actions in which the hospital facility or a third party engaged:

a Reporting to credit agency(ies)
b Selling an individual's debt to another party
c 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 Actions that require a legal or judicial process
e 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 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
b Made a reasonable effort to orally notify individuals about the FAP and FAP application process
c Processed incomplete and complete FAP applications
d Made presumptive eligibility determinations
e Other (describe in Section C)
f 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?

If "No," indicate why:

a The hospital facility did not provide care for any emergency medical conditions
b The hospital facility's policy was not in writing
c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
d Other (describe in Section C)

	Yes	No
17	X	
19	X	

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group KING'S DAUGHTERS' HEALTH

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** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** 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** 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** 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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		X
24		X

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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, 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: PHYSICAL ACTIVITY, OVERWEIGHT AND OBESITY, TOBACCO USE, SUBSTANCE ABUSE/GAMBLING/ADDICTIONS, RESPONSIBLE SEXUAL BEHAVIOR, MENTAL HEALTH, INJURY AND VIOLENCE (INCLUDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT), ENVIRONMENTAL QUALITY, IMMUNIZATION, ACCESS TO HEALTH CARE FOR THE INSURED AND UNINSURED, MATERNAL AND CHILD HEALTH, INFECTIOUS DISEASE, OCCUPATIONAL AND SAFETY HEALTH, SPECIAL NEEDS/DISABLED/IMPAIRED, AND CHRONIC DISEASE.

KING'S DAUGHTERS' HEALTH:

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

- ANALYSIS OF SECONDARY DATA TO DEVELOP A PROFILE OF THE RESIDENTS OF EACH COUNTY AND TO INDICATE, WHERE POSSIBLE FUTURE TRENDS AND TO SHOW COMPARISONS WITH STATE AND NATIONAL DATA;
- IN-PERSON INTERVIEWS WITH 30 KEY LEADERS WITHIN KDH INCLUDING BOARD, STAFF AND MEDICAL STAFF;
- IN-DEPTH-INTERVIEWS BY TELEPHONE OR IN-PERSON WITH 44 COMMUNITY LEADERS INCLUDING GOVERNMENT, MEDICAL, EDUCATION, AND OTHER COMMUNITY LEADERSHIP POSITIONS IN ALL FIVE COUNTIES;
- IN-PERSON SURVEYS OF 72 INDIVIDUALS IN LOW INCOME LOCATIONS;
- IN-PERSON DISCUSSIONS WITH 19 SENIOR CITIZENS;
- A WEB-BASED SURVEY OPEN TO THE GENERAL PUBLIC WHICH RESULTED IN 184 COMPLETED INTERVIEWS.

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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, 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.

THIS ASSESSMENT ALLOWED ALL INDIVIDUALS TO PROVIDE RESPONSES ON ANY COMMUNITY NEEDS NOT LISTED IN THE QUESTIONS AND ALLOWED INDIVIDUALS TO MAKE COMMENTS ON COMMUNITY HEALTH ISSUES ON WHICH KDH COULD HAVE AN IMPACT.

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: AFTER REVIEW OF THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN 2016, A SMALL COMMITTEE OF INTERESTED INDIVIDUALS WAS INVITED TO PARTICIPATE IN MEETINGS TO DETERMINE WAYS WE CAN WORK TOGETHER TO BETTER MEET THE NEEDS OF THE COMMUNITIES WE SERVE. THIS SMALL GROUP INCLUDED PARTICIPATION FROM THE JEFFERSON COUNTY HEALTH DEPARTMENT, OUR STATE GRANT FOR TOBACCO PREVENTION AND OUR KDH COMMUNITY RELATIONS PARTICIPANTS. AMONG THIS GROUP WAS INPUT FROM OTHER PARTIES, AND AN INTERESTED VOLUNTEER MEDICAL STUDENT. THE NEEDS ASSESSMENT FINDINGS, AND THE IMPLEMENTATION STRATEGY, WERE SHARED WITH THE BOARD OF MANAGERS AND ALL ACTION PLAN ITEMS WILL BE INCORPORATED INTO THE WORKING STRATEGIC PLAN FOR THE ORGANIZATION.

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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, 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.

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

IMPLEMENTATION STRATEGY 2013-2016

OBESITY, LACK OF PHYSICAL ACTIVITY AND SMOKING LEADING TO CHRONIC DISEASE: SEVERAL OF THE TOP MAJOR COMMUNITY HEALTH CONCERN INVOLVE ADDRESSING THE FREQUENTLY INTER-RELATED ISSUES OF OBESITY, LACK OF PHYSICAL ACTIVITY, AND SMOKING. THESE HEALTH ISSUES LEAD TO CHRONIC DISEASE, SUCH AS STROKE WHERE THE DEATH RATE IN JEFFERSON COUNTY IS NEARLY DOUBLE THE NATION'S DEATH RATE, AND HAVE AN IMPACT ON PATIENTS SERVED BY KDH FACILITIES. THE MAJORITY OF COMMUNITY LEADERS EXPECT KDH TO TAKE A LEADERSHIP ROLE IN ADDRESSING OVERWEIGHT AND OBESITY AND TOBACCO USE. THOSE IN OUTLYING COUNTIES HAVE ASKED THAT KDH PROGRAMS AVAILABLE IN JEFFERSON COUNTY BE OFFERED IN THEIR OWN COUNTIES OR AT A MINIMUM THAT THE JEFFERSON COUNTY PROGRAMS BE PROMOTED TO CITIZENS IN THESE OTHER COUNTIES FOR THEIR POTENTIAL ATTENDANCE.

ACTION PLAN: LEADERSHIP ROLE
OFFER ONSITE AND COMMUNITY BASED OUTREACH EVENTS TO IMPROVE PATIENT AND COMMUNITY EDUCATION ON PREVENTION AND MANAGEMENT OF CHRONIC DISEASES.

TARGET: AT RISK POPULATIONS BASED ON LIFESTYLE, AND THOSE WITH

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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, 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.

CHRONIC DISEASES.

EVALUATION: NUMBER OF EVENTS OFFERED, NUMBER OF PARTICIPANTS. NUMBER OF OUTREACH EFFORTS IN OUTLYING COUNTIES AND / OR PROMOTION OF SUCH EFFORTS.

2016 UPDATE

IN 2016 KDH PARTICIPATED IN NINE COMMUNITY HEALTH FAIRS AND SCREENS WHERE EDUCATION INFORMATION ABOUT A HEALTHY LIFESTYLE WERE DISTRIBUTED.

EDUCATION INCLUDED TOOLS ON EXERCISE, HEALTHY EATING, HEALTHY WEIGHT LOSS, AND DISEASE PREVENTION INCLUDING TOBACCO CESSATION. THE WELLNESS

COORDINATOR AND TOBACCO EDUCATOR PROVIDED A COMBINED 22 SPEAKING ENGAGEMENTS TO COMMUNITY GROUPS IN 2016 WITH HEALTH EDUCATION MESSAGES. IN

ADDITION THE TOBACCO EDUCATOR PROVIDED OUTREACH SERVICES TO AREA BUSINESSES, SCHOOLS, AND PHYSICIAN OFFICES. TO LOWER SMOKING RATES, FREE NICOTINE REPLACEMENT PRODUCTS AND CESSATION COUNSELING WERE ALSO AVAILABLE TO COMMUNITY MEMBERS WHEN REQUESTED. THE 7-WEEK 2016 KDH FIT KIDS PROGRAM REACHED 271 STUDENTS IN SIX AREA SCHOOLS. THIS 5TH GRADE PROGRAM, WHICH

CENTERS ON CHILDHOOD OBESITY, OFFERS LESSONS ON HEALTHY EATING AND PHYSICAL ACTIVITY. IN ADDITION, KDH SERVES AS A GIRLS ON THE RUN COUNCIL.

THIS IS A 10-WEEK CHARACTER-DEVELOPMENT PROGRAM THAT USES THE POWER OF RUNNING FOR 3RD-5TH GRADE GIRLS TO PROMOTE EXERCISE AND TEACH HEALTHY LIFESTYLE CONCEPTS. KDH HOLDS A COMMUNITY GIRLS ON THE RUN 5K EVENT AND A COMMUNITY RUN THE FALLS 5K RUN/WALK. THESE TWO FITNESS OPPORTUNITIES BROUGHT IN OVER 450 PARTICIPANTS IN 2016. THE 2016 SPEAKING OF WOMEN'S

HEALTH PROGRAM OFFERED THREE BREAKOUT SESSIONS TARGETING HEALTHY EATING AND EXERCISE TOPICS AND FOUR OF THE TWELVE HOUSE OF HEALTH EVENTS PROVIDED EDUCATION ON THESE HEALTH TOPICS. THE STRIVE FOR FIVE 5-WEEK WEIGHT LOSS

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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, 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.

EDUCATION CLASS WAS ALSO OFFERED TO THE COMMUNITY WITH 18 PARTICIPANTS. A

NEW HEALTH EDUCATION PROGRAM, TITLED MAN UP, WAS OFFERED IN 2016. THIS

MEN'S HEALTH EVENT OFFERED FREE BMI CHECKS, TOBACCO CESSATION INFORMATION,

AS WELL AS NUTRITION AND WEIGHT LOSS INFORMATION. THE KDH WELLNESS

COORDINATOR SERVED ON THE NEWLY FORMED CITY OF MADISON ACTIVE LIVING TEAM

AND HELPED TO PLAN A COMMUNITY-WIDE STEP CHALLENGE TITLED MADISON MOVES.

EMPLOYEE WELLNESS:

KDH SHOULD CONSIDER WAYS IN WHICH IT CAN SET AN EXAMPLE AT ITS OWN

FACILITIES FOR THE COMMUNITY; AN EXPANDED AND ENFORCED TOBACCO-FREE

CAMPUS, HEALTHY FOOD OFFERINGS IN ITS CAFETERIA AND VENDING MACHINES, A

WELLNESS PROGRAM WHICH FOCUSES ON ALL EMPLOYEES INCLUDING THOSE AT

SATELLITE OFFICES.

ACTION PLAN: LEADERSHIP ROLE

IMPROVE OPPORTUNITIES FOR OUR OWN STAFF TO ACCESS HEALTHY ACTIVITIES AND

OFFERINGS. OFFER INSURANCE-BASED INCENTIVES FOR A VARIETY OF HEALTHY

CHOICES. (EX: NON SMOKING FAMILY PLANS) EXPAND AND IMPROVE HEALTHY EATING

OPTIONS IN THE HOSPITAL CAFE.

TARGET: KDH EMPLOYEES.

EVALUATION: NUMBER OF EVENTS / OPTIONS OFFERED, NUMBER OF EMPLOYEES

PARTICIPATING.

2016 UPDATE

THE KDH EMPLOYEE WELLNESS PROGRAM CONTINUED IN 2016. A FREE BIOMETRIC

HEALTH SCREEN, WHICH INCLUDES A FINANCIAL INCENTIVE FOR ACHIEVING SET

BIOMETRIC PARAMETERS, WAS OFFERED FOR ALL EMPLOYEES. A FREE SKIN CANCER

SCREEN WAS ALSO AVAILABLE TO EMPLOYEES THROUGH THE CANCER TREATMENT

CENTER. STAFF SUBMITTED HEALTHY RESOLUTION GOAL SHEETS FOR 2016. EMPLOYEES

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HAD THE CHANCE TO TURN IN A PHYSICAL ACTIVITY LOG SHEET FOR NATIONAL WALKING DAY AND A 30-DAY HEALTHY BEVERAGE NUTRITION CHALLENGE. A TON OF FUN 8-WEEK EMPLOYEE WEIGHT LOSS CHALLENGE WAS ALSO HELD FOR STAFF. AN IMPRESSIVE 442 LBS. WEIGHT LOSS WAS RECORDED. EMPLOYEES WERE ENCOURAGED TO PARTICIPATE IN TWO COMMUNITY-WIDE EVENTS; RIDE YOUR BIKE TO WORK DAY AND THE MADISON MOVES STEP CHALLENGE.

STRESS MANAGEMENT INFORMATION WAS AVAILABLE TO STAFF THROUGH THE EAP PROGRAM AND SEATED CHAIR MASSAGE SESSIONS WERE OFFERED TO STAFF OVER THE HOLIDAYS. HEALTHY EMAILS AND NEWSLETTERS WERE ALSO SENT TO ALL EMPLOYEES THROUGHOUT THE YEAR. IN ADDITION, TOBACCO FREE EMPLOYEES HAVE AN OPPORTUNITY FOR A REDUCED HEALTH INSURANCE PREMIUM AND CESSATION ASSISTANCE IS AVAILABLE FOR ALL STAFF AND THEIR FAMILY MEMBERS. KDH SUPPORTS A TOBACCO FREE CAMPUS POLICY FOR ALL FACILITIES. THE EMPLOYEE CAFETERIA CONTINUES TO INTRODUCE NEW HEALTHY FOOD AND BEVERAGE OPTIONS FOR EMPLOYEES IN THE CAFETERIA. VENDING MACHINES CONTINUE TO MEET HEART HEALTHY OPTION STANDARDS.

SUBSTANCE ABUSE:

SUBSTANCE ABUSE - PARTICULARLY NARCOTIC (PRIMARILY HEROIN), METHAMPHETAMINE, AND PRESCRIPTION DRUGS, WAS ONE OF THE TOP MAJOR HEALTH NEEDS CITED BY ALL GROUPS INTERVIEWED. IT IS PREVALENT IN ALL COUNTIES SERVED BY KDH.

- THE LACK OF SUBSTANCE TREATMENT CENTERS AND MENTAL CARE FACILITIES TO REFER THESE TYPES OF PATIENTS TO IS A MAJOR CONCERN.
- MANY INTERVIEWED FELT THE PUBLIC NEEDS TO BE AWARE OF HOW MUCH OF AN ISSUE SUBSTANCE ABUSE IS IN THE COMMUNITY I.E. AMOUNT OF BABIES BORN ADDICTED TO METH/HEROIN AND THE DETOXIFICATION REQUIRED.

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- THE NEED FOR FURTHER DRUG EDUCATION IN THE SCHOOLS FROM ELEMENTARY ON UP WAS MENTIONED NUMEROUS TIMES

- BETTER COMMUNICATION BETWEEN KDH AND THE LOCAL LEGAL SYSTEM IS NEEDED. DOCUMENTATION OF OVERDOSE CASES IN THE ER WITH STATISTICS OF THE TYPES OF DRUGS CAUSING THE OVERDOSE (STREET VERSUS PRESCRIPTION) IS THE TYPE OF INFORMATION HELPFUL TO THE LEGAL SYSTEM. KDH PHYSICIANS MENTIONED THAT THEY WOULD LIKE TO KNOW FROM THE LEGAL SYSTEM WHEN ONE OF THE DRUGS THEY PRESCRIBED IS INVOLVED IN A CASE.

- THERE IS A NEED FOR A QUARTERLY PRESCRIPTION DRUG DISPOSAL PROGRAM WHERE SUCH DRUGS CAN BE DISPOSED WITH NO QUESTIONS ASKED.

KING'S DAUGHTERS' HEALTH

PART V, LINE 16A, FAP WEBSITE:

HTTP://WWW.KDHMADISON.ORG/PATIENTS_FINANCIAL.ASPX

KING'S DAUGHTERS' HEALTH

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTP://WWW.KDHMADISON.ORG/PATIENTS_FINANCIAL.ASPX

KING'S DAUGHTERS' HEALTH

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

HTTP://WWW.KDHMADISON.ORG/PATIENTS_FINANCIAL.ASPX

KING'S DAUGHTERS' HEALTH:

PART V, SECTION B, LINE 16J: AT THE TIME OF REGISTRATION, THE PATIENT IS

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

KING'S DAUGHTERS' HEALTH:

PART V, SECTION B, LINE 20E: AT THE TIME OF REGISTRATION, THE PATIENT IS OFFERED A PAMPHLET REGARDING THE POLICY, ELIGIBILITY REQUIREMENTS AND THE ASSOCIATED APPLICATION PROCESS. THE PATIENT MUST SIGN A FORM INDICATING 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.

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PART V, SECTION B, LINE 11 CONTINUED

ACTION PLAN: SUPPORTIVE ROLE

CONTINUE TO WORK CLOSELY WITH LOCAL COALITIONS AGAINST SUBSTANCE ABUSE
AND THE HEALTH DEPARTMENT TO IMPLEMENT WORKABLE SOLUTIONS TO THE ABOVE
MENTIONED PROBLEMS. DEVELOP AND ASSIST IN IMPLEMENTING A PLAN OF
ACTION. ALSO, CONTINUE TO INTERVENE WITH PREGNANT WOMEN DURING
PREGNANCY AND DELIVERY.

TARGET: CASA IN JEFFERSON COUNTY AND SCAT IN SWITZERLAND COUNTY.
WORK WITH THE HEALTH DEPARTMENT TO GET PHYSICIANS AND LAW ENFORCEMENT
IN THE SAME ROOM TO DEVELOP AN ACTION PLAN.

EVALUATION: NUMBER OF MEETINGS ATTENDED / NUMBER OF ACTION PLANS
DEVELOPED WITH THESE ORGANIZATIONS. NUMBER OF DOCUMENTED SUBSTANCE
ABUSE CASES ON OB/GYN.

2016 UPDATE

KDH STAYED INVOLVED WITH THE LOCAL LCC AGENCIES IN 2016 (JEFFERSON
COUNTY -COUNTY COALITIONS AGAINST SUBSTANCE ABUSE (CASA), AND
SWITZERLAND COUNTY SWITZERLAND COUNTY AWARENESS TEAM (SCAT)). THE KDH
GRANT-FUNDED TOBACCO EDUCATOR SERVED AS THE CASA COORDINATOR IN 2016 TO
INCREASE INVOLVEMENT IN COMMUNITY SUBSTANCE ABUSE ACTIVITIES. THE OB
OFFICES ADDRESS THE PROBLEM WITH THEIR PRENATAL CARE. MOTHERS ARE BEING
TESTED AT THEIR FIRST PRENATAL VISIT AND SIGN A CONTRACT AND ARE
OFFERED SUBSTANCE ABUSE EDUCATION AND REFERRALS. IF DRUG EXPOSURE IS
IDENTIFIED, MOTHERS ARE STILL BEING REFERRED TO THE NORTON INPATIENT
DETOX PROGRAM. WHEN DRUG EXPOSED BABIES ARE BORN AT KDH, MANY STAY FOR
AN EXTENDED PERIOD OF TIME ON MORPHINE. IN SUPPORT, THE KDH FOUNDATION
PURCHASED SEVERAL MAMAROOS UNITS THAT WERE IN USE IN 2016. THESE

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SPECIAL INFANT SEATS, USED IN OBSTETRICS, ARE DESIGNED TO SOOTH BABIES
BORN WITH NARCOTIC ADDICTIONS.

KDH CONTINUES TO WORK CLOSELY WITH DCS AND OTHER COMMUNITY AGENCIES FOR
MOTHER/CHILD REFERRALS.

SUPPORTIVE NUMBERS PREVIOUSLY REPORTED FOR ER ADMISSIONS FOR DRUG
ABUSE/ DRUG DEPENDENCY/ DRUG OVERDOSE AND NEONATAL ABSTINENCE SYNDROME
BIRTHS: UNFORTUNATELY SOME OF THESE NUMBERS ARE NO LONGER TRACKABLE DUE
TO CHANGES IN ICD9 TO ICD10 CODING. WE ARE WORKING ON WAYS TO CAPTURE
THIS INFORMATION IN THE FUTURE. WE CAN REPORT THAT 19% OF BABIES BORN
AT KDH IN 2016 WERE REPORTED AS DRUG ADDICTED.

MENTAL HEALTH ISSUES:

WHILE KDH MAY NOT BE EXPECTED TO TAKE A LEADERSHIP ROLE IN ADDRESSING
MENTAL HEALTH ISSUES, IT CANNOT IGNORE THE NEED FOR MENTAL HEALTH
SERVICES IN ALL THE COUNTIES IT SERVES. MANY INTERVIEWED MENTIONED THE
NEED FOR EXPANDING TELEMED AS A MENTAL HEALTH RESOURCE, RECRUITING AN
ON-STAFF PSYCHIATRIST OR AN IMPROVED REFERRAL PROGRAM FOR THOSE WITH
MENTAL ILLNESS. KDH LEADERS INTERVIEWED STRESSED THE HOURS OF STAFF
TIME THAT IS CURRENTLY SPENT FINDING FACILITIES TO REFER PATIENTS TO
WITH OPEN BEDS. THIS ISSUE IS WORTH FURTHER STUDY BY KDH TO DETERMINE
WHAT SUPPORTING ROLE IT CAN PROVIDE TO THE COMMUNITY IN THIS AREA.

ACTION PLAN: SUPPORTIVE ROLE

KDH WILL CONTINUE TO EXPLORE WAYS TO COLLABORATE WITH LOCAL AGENCIES TO
IMPROVE ACCESS TO MENTAL HEALTH RESOURCES. IMPROVEMENT IN OTHER RISK
FACTOR AREAS, SUCH AS LACK OF PHYSICAL ACTIVITY WILL AFFECT MENTAL

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HEALTH AS WELL AS OTHER RISK FACTORS.

TARGET: KDH PATIENTS IN NEED OF MENTAL HEALTH SERVICES.

EVALUATION: NUMBER OF REFERRALS FOR MENTAL HEALTH SERVICES/NUMBER OF PROVIDERS KDH IS ABLE TO ACCESS.

2016 UPDATE

IN THE YEAR 2016, KDH MADE A TOTAL OF 105 MENTAL HEALTH REFERRALS. IT SHOULD BE NOTED THAT THE REFERRAL COUNT FOR 2015 SHOULD HAVE READ 160 NOT 1604. WE ADMIT AN ERROR FOR THE 2015 UPDATE. THE QUALITY AND RESOURCE MANAGEMENT TEAM STATES THAT THE DROP IN REFERRALS FROM 2014-2015 IS DUE TO THE INCREASE USE OF THE TELEASSESSMENT SYSTEM. THIS TELE-ASSESSMENT SYSTEM WAS IN USE FOR THE DURATION OF 2016 AND IS MANAGED FROM THE EMERGENCY ROOM. IN ADDITION TO THE 105 REFERRALS, AN ADDITIONAL 12 REFERRALS FOR MENTAL HEALTH SERVICES WERE MADE SPECIFICALLY FROM THE PEDIATRIC SOCIAL WORKER FOR PEDIATRIC PATIENTS.

KDH USES 30 BEHAVIORAL HEALTH AND 3 DETOX PROVIDERS FOR REFERRALS.

TRANSPORTATION:

THE LACK OF TRANSPORTATION WAS CITED NUMEROUS TIMES AS A HEALTH ISSUE PARTICULARLY FOR THOSE OF LOWER INCOME. CATCH-A-RIDE AND MEDI-CAB ARE WELL UTILIZED IN THE KDH SERVICE AREA, BUT THEY DO NOT OPERATE AFTER 5 P.M. NOR DO THEY RUN ON WEEKENDS. FOR SOME, THE FEE ASSOCIATED FOR THE SERVICE IS COST-PROHIBITIVE. KDH MAY WANT TO CONSIDER OFFERING ALTERNATIVE TRANSPORTATION AND/OR EXPLORE OFFERING PREVENTATIVE HEALTH SCREENINGS SUCH AS BLOOD PRESSURE, GLUCOSE ETC. AT EVENTS WHERE THOSE OF LOWER INCOME MAY GATHER SUCH AS THE SALVATION ARMY END OF THE MONTH MEAL, THE DISTRIBUTION AT THE HOUSE OF HOPE FOOD PANTRY, ETC.

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ACTION PLAN: SUPPORTIVE ROLE

DEVELOP A SERIES OF CLASSES AND SCREENS TO BE OFFERED IN LOW INCOME AREAS. TO TAKE SERVICES TO THOSE IN NEED, WHO ARE UNABLE TO COME TO KDH.

TARGET: LOW INCOME POPULATIONS AS IDENTIFIED THROUGH THE HOUSE OF HOPE AND / OR THE SALVATION ARMY.

EVALUATION: NUMBER OF CLASSES AND SCREENS HELD / NUMBER OF INDIVIDUALS PARTICIPATING.

2016 UPDATE

THE HOUSE OF HEALTH PROGRAM CONTINUED DURING THE 2016 YEAR. THIS PROGRAM, HELD AT THE JEFFERSON COUNTY CLEARINGHOUSE HOUSE OF HOPE FOOD PANTRY, TARGETS A LOW-INCOME POPULATION AND OFFERS FREE SCREENS AND HEALTH INFORMATION AT A CONVENIENT LOCATION WHICH ELIMINATES TRANSPORTATION CONCERNS FOR ATTENDEES. ATTENDANCE RANGED FROM 35-80 PARTICIPANTS EACH MONTH.

AWARENESS OF SERVICES AND PROGRAMS:

SOME INDIVIDUALS ALSO EXPRESSED THE IDEA THAT RESIDENTS IN THE COMMUNITY SERVED BY KDH MAY NOT BE AWARE OF THE EXISTING PROGRAMS AND SERVICES OFFERED AND MAY NOT BE AWARE OF THE LEVEL OF EXPERTISE OF THE STAFF. THESE ARE IDEAS THAT COULD BE ADDRESSED IN A STRATEGIC, WELL-PLANNED, LONG-TERM PUBLIC RELATIONS CAMPAIGN.

ACTION PLAN: LEADERSHIP ROLE

DEVELOP AND IMPLEMENT A PUBLIC RELATIONS CAMPAIGN TO LET PEOPLE KNOW OF SERVICES AND OUTREACH THROUGH KDH.

TARGET: INDIVIDUALS IN THE KDH PRIMARY MARKET.

EVALUATION: NUMBER OF PROMOTIONAL PIECES AND MARKETING ACTIVITIES

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GEARED TOWARD THE COMMUNITY TO IMPROVE KNOWLEDGE AND EDUCATION OF
OUTREACH SCREENS / CLASSES / PROGRAMS.

2016 UPDATE

ORTHOPEDIC / JOINT REPLACEMENT CAMPAIGNS - NOW IN ITS THIRD YEAR, THE
2016 ORTHOPEDIC CAMPAIGN FEATURED TESTIMONIAL ADVERTISEMENTS AND
POSTERS DISTRIBUTED AND POSTED THROUGHOUT OUR PRIMARY AND SECONDARY
SERVICES AREAS. PRINT ADS WERE PLACED IN MADISON, VERSAILLES, VEVAY,
CARROLLTON, TRIMBLE COUNTY, SCOTT COUNTY (SCOTTSBURG), AND INTO
PORTIONS OF NORTHEASTERN CLARK COUNTY. THE CAMPAIGN ALSO INCLUDED RADIO
SPOTS FEATURING PROVIDERS - RUNNING ON WORX, WIKI (LOCAL), AS WELL AS
WKID (VEVAY) AND WMPI (SCOTTSBURG). WE ALSO COMPLETED SEVERAL NEW
VIDEOS FEATURING OUR PROVIDERS DISCUSSING VARIOUS ORTHOPEDIC ISSUES,
INCLUDING JOINT REPLACEMENT, SPORTS MEDICINE, AND PEDIATRIC CARE. THESE
WERE POSTED ON OUR WEBSITE AND SOCIAL MEDIA OUTLETS DURING THE YEAR. IN
OCTOBER, WE HELD A FREE JOINT REPLACEMENT SCREENING IN VERSAILLES. AS
NOTED BELOW (SEO), OUR CAMPAIGN TO INCLUDE PAID SEARCHES THROUGH GOOGLE
HAS RESULTED IN SIGNIFICANT LEADS INTO OUR JOINT REPLACEMENT AND
ORTHOPEDIC PROGRAMS.

NEW PROVIDERS / PHYSICIANS - NEW PROVIDER CAMPAIGNS INCLUDED DR.
RUSSELL GORNICHEC (GENERAL SURGERY), DR. THOMAS BARLEY (INTERNAL
MEDICINE - HANOVER), DR. RICK CHAMBERLAIN (FAMILY MEDICINE -
VERSAILLES), NATALIE HILL, APN (OB/GYN), SUSAN BURNS, APN (PEDIATRICS),
HANNAH LAIR, APN (FAMILY PRACTICE).

CONTINUATION OF SEO- SINCE WE BEGAN WORKING WITH LINK MEDIA 360 IN
MARCH OF 2015, WE'VE SEEN SIGNIFICANT GROWTH IN OUR SEARCH ENGINE
OPTIMIZATION (SEO) EFFORTS. IN MAY 2016, WE ALSO INTRODUCED OUR FIRST

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PAY-PER-CLICK CAMPAIGN WITH ORTHOPEDICS. WE BEGAN COMPETING FOR KEYWORDS AND AD-WORDS USED BY PEOPLE IN OUR SERVICE AREA TO IMPROVE OUR LISTINGS AND LIKELIHOOD OF PEOPLE LINKING TO OUR SERVICES VIA GOOGLE SEARCHES. WE SAW IMMEDIATE RETURNS AND CONTINUE TO RECEIVE 15-20 LEADS PER MONTH THROUGH THIS CAMPAIGN. OVERALL, OUR SEO CONTINUES TO BENEFIT BOTH ORGANIC AND PAID SEARCH RESULTS.

PROMOTION OF SCREENINGS/EVENTS - THESE INCLUDED OUR LUNG CANCER SCREENING AND, RUN THE FALLS 5K, DIRECT ACCESS TESTING, SPEAKING OF WOMEN'S HEALTH, HEALTH INSURANCE EXCHANGE PROGRAMS/NAVIGATORS (BUSINESS OFFICE FOR INSURANCE SET UP), DOCTOR'S DAY, JOINT REPLACEMENT, PARTICIPATION IN HOUSE OF HEALTH, ALONG WITH VARIOUS HEALTH AND WELLNESS SPEAKING ENGAGEMENTS.

MYKDH PORTAL - THROUGH BOTH INTERNAL AND EXTERNAL CHANNELS, WE CONTINUE TO BUILD OUR NETWORK OF PARTICIPATION IN THE MY KDH PATIENT. IT STAFF, REGISTRATION STAFF, ETC. HAVE WORKED WITH PATIENTS TO ENROLL THEM WHEN THEY'RE HERE FOR TESTING, TREATMENT, OR A HOSPITAL STAY. WE ALSO CONTINUE TO PROMOTE THE VALUE OF SECURE MESSAGING AND APPOINTMENT REQUEST OPTIONS THROUGH THE PORTAL.

PART V, SECTION B, LINE 11 CONTINUED

CANCER TREATMENT CENTER - PROMOTION OF QUALITY RELATED TO BEING NAMED A GOLD STANDARD FACILITY "OUTSTANDING ACHIEVEMENT AWARD" BY THE AMERICAN COLLEGE OF SURGEONS (2015). OUR FOCUS CONTINUED TO BE THE DELIVERY OF HIGH QUALITY CANCER SERVICES CLOSE TO HOME. THIS RECOGNITION/ACHIEVEMENT WAS MARKETED THROUGH PRINT (NEWSPAPER, MAGAZINE) AND RADIO MEDIA DURING THE YEAR.

FOUNDATION - IN 2016, THE KDH FOUNDATION HOSTED ITS ANNUAL GOLF BENEFIT

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(JUNE) AND GALA (NOVEMBER). COMBINED, THESE EVENTS RAISED OVER \$60,000 FOR THE KDH FOUNDATION, WHICH SUPPORTS THE MISSION OF THE HOSPITAL. WE ARE WORKING TO IMPROVE THE VISIBILITY OF THE FOUNDATION BY USING ITS NAME AND LOGO WHENEVER THE FOUNDATION IS INVOLVED WITH SUPPORT OF AN EVENT OR PROGRAM. FURTHER, THE FOUNDATION IS FEATURED EVERY YEAR (QUICK REPORT) IN THE VITAL SIGNS MAGAZINE THAT IS SENT TO ROUND 21,000 HOUSEHOLDS IN OUR SERVICE AREA.

VITAL SIGNS MAGAZINE - THIS EIGHT-PAGE, FULL COLOR MAGAZINE IS DISTRIBUTED QUARTERLY IN THE MONTHS OF MARCH, JUNE, SEPTEMBER, AND DECEMBER. THE MAGAZINE PROVIDES HEALTH INFORMATION, WELLNESS IDEAS, A HEALTHY RECIPE, ALONG WITH PROMOTION OF KDH SERVICES THROUGH PERSONAL STORIES, PHYSICIAN INPUT, AND DETAILS ABOUT PROGRAMS AND EVENTS.

NEWS RELEASES - GIRLS ON THE RUN REGISTRATION, ART OF HEALING RECEPTIONS, HEALTH INSURANCE ENROLLMENT, HIP 2.0 INFORMATION, COLON CANCER KITS/AWARENESS MONTH, QUIT LINE AND TOBACCO CESSATION PROGRAMS, DR. RUSSELL GORNICHEC, MEDICAL EXPLORERS, NATALIE HILL, APN, SUSAN BURNS, APN, DR. THOMAS BARLEY, RUN THE FALLS 5K,), HOUSE OF HEALTH EVENTS, BE STRONG EXERCISE CLASSES, OUTSTANDING ACHIEVEMENT AWARD - CANCER CENTER, HANNA LAIR, APN, LUNG CANCER SCREENING PROGRAM.

MEDICAL SERVICES AND PROVIDERS:

GAPS IN THE CURRENT MEDICAL SERVICE LINES AND THE MEDICAL SPECIALTIES DESIRED ARE WORTH EXPLORING.

ACTION PLAN: LEADERSHIP ROLE
CONTINUE TO IDENTIFY AREAS WHERE MEDICAL SERVICES ARE LACKING, AND TO RECRUIT MEDICAL PROVIDERS TO MEET THE NEEDS OF THE COMMUNITY.

TARGET: PRIMARY SERVICE AREA.

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EVALUATION: NUMBER OF PROVIDERS (PRIMARY AND SECONDARY) PLACED IN
PRACTICES IN OUR PRIMARY SERVICE AREA.

2016 UPDATE

THE FOLLOWING SERVICES / PROVIDERS WERE ADDED IN 2016 TO SERVE OUR
AREA:

DR. RUSSELL GORNICHEC, GENERAL SURGERY

HANNAH LAIR, APN, FAMILY MEDICINE

NATALIE HILL, APN, OB/GYN

SUSAN BURNS, APN, PEDIATRICS

DR. THOMAS BARELY, INTERNAL MEDICINE

DR. RICK CHAMBERLAIN, FAMILY MEDICINE

HEATH PERKINS, CRNA, ANESTHESIA

DR. JOHN BRUMFIELD, ANESTHESIA

PART V, SECTION B, LINE 16I

THE HOSPITAL EVALUATED THE SIZE OF THE LIMITED ENGLISH PROFICIENCY
POPULATIONS OF THE COMMUNITY. NO GROUP CONTAINED 1,000 INDIVIDUALS OR
REPRESENTED AT LEAST 5 PERCENT OF THE COMMUNITY SERVED. THEREFORE, NO
TRANSLATIONS OF THE FAP, FAP APPLICATION FORM OR PLAIN LANGUAGE SUMMARY
OF THE FAP WERE REQUIRED.

THE BETHANY CIRCLE OF KING'S DAUGHTERS'
OF MADISON, INDIANA, INC.

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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? 9

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 CLIFTY DR. MED OFFICE BLDG & CONV. CA 445 CLIFTY DRIVE MADISON, IN 47250	PHYSICIAN MEDICAL OFFICE & CONVENIENT CARE CENTER
3 VERSAILLES MEDICAL OFFICE BLDG-MAIN 128 NORTH MAIN STREET VERSAILLES, IN 47042	PHYSICIAN MEDICAL OFFICE
4 VERSAILLES MEDICAL OFFICE BLDG-TYSON 206 W TYSON STREET VERSAILLES, IN 47042	PHYSICIAN MEDICAL OFFICE
5 TRIMBLE COUNTY MEDICAL OFFICE BLDG 10235 US HIGHWAY 421 MILTON, KY 40045	PHYSICIAN MEDICAL OFFICE
6 CARROLLTON MEDICAL OFFICE BLDG 205 MARWILL DRIVE CARROLLTON, KY 41008	PHYSICIAN MEDICAL OFFICE
7 SWITZERLAND CNTY MEDICAL OFFICE BLDG 1190 WEST MAIN STREET VEVAY, IN 47043	PHYSICIAN MEDICAL OFFICE
8 HANOVER MEDICAL OFFICE BLDG 36 MEDICAL PLAZA HANOVER, IN 47243	PHYSICIAN MEDICAL OFFICE
10 DOWNTOWN MEDICAL OFFICE BLDG 630 NORTH BROADWAY MADISON, IN 47250	PHYSICIAN MEDICAL OFFICE AND HOSPITAL STAFF

Schedule H (Form 990) 2016

THE BETHANY CIRCLE OF KING'S DAUGHTERS'
OF MADISON, INDIANA, INC.

Schedule H (Form 990) 2016

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Part VI Supplemental Information

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- 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:

- PROMOTING HEALTHCARE CAREERS TO POTENTIAL "FUTURE EMPLOYEES" THROUGH JOB FAIRS AT THE LOCAL COMMUNITY COLLEGE

- 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:

AS REPORTED ON THE ATTACHED FINANCIAL STATEMENTS, PAGE 4, "CONSOLIDATED STATEMENTS OF OPERATIONS YEARS ENDED DECEMBER 31, 2016 AND 2015".

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

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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 III, LINE 4:

SEE PAGES 8-10 ON THE ATTACHED FINANCIAL STATEMENTS.

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 100% ON THE OUTSTANDING ACCOUNT BALANCE. THE HOSPITAL WILL ATTEMPT TO
COLLECT ANY BALANCE REMAINING ON THE UNINSURED ACCOUNT AFTER ALL FINANCIAL
ASSISTANCE DISCOUNTS HAVE BEEN APPLIED USING A SERIES OF STATEMENTS,

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LETTERS, AND TELEPHONE CALLS. THE HOSPITAL WILL ALSO OFFER PATIENTS
INTERESTFREE 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 A NEEDS ASSESSMENT IN 2013 WHOSE IMPLEMENTATION
STRATEGY WAS ADOPTED IN JANUARY 2014. THE HOSPITAL CONDUCTED A NEEDS
ASSESSMENT IN 2016 WHOSE IMPLEMENTATION STRATEGY WAS ADOPTED IN APRIL
2017. THIS ADOPTION DATE MET IRS FILING REQUIREMENTS WHICH STATE
"SPECIFICALLY REQUIRING AN AUTHORIZED BODY OF THE HOSPITAL FACILITY TO
ADOPT AN IMPLEMENTATION STRATEGY TO MEET THE HEALTH NEEDS IDENTIFIED
THROUGH A CHNA ON OR BEFORE THE 15TH DAY OF THE FIFTH MONTH AFTER THE END
OF THE TAXABLE YEAR IN WHICH THE HOSPITAL FACILITY FINISHES CONDUCTING THE
CHNA."

- THE FOCUS OF THIS ASSESSMENT WAS ON THE HEALTH NEEDS THAT COULD BE
ADDRESSED BY KDH AND CAN BE USED BY KDH IN PLANNING FUTURE SERVICES,
APPLYING FOR GRANTS AND PLANNING OUTREACH EFFORTS.

- THE STUDY INCLUDED THE FOLLOWING COMPONENTS:

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- ANALYSIS OF SECONDARY DATA TO DEVELOP A PROFILE OF THE RESIDENTS OF EACH COUNTY AND TO INDICATE, WHERE POSSIBLE FUTURE TRENDS AND TO SHOW COMPARISONS WITH STATE AND NATIONAL DATA;

- IN-PERSON INTERVIEWS WITH 30 KEY LEADERS WITHIN KDH INCLUDING BOARD, STAFF AND MEDICAL STAFF;

- IN-DEPTH-INTERVIEWS BY TELEPHONE OR IN-PERSON WITH 44 COMMUNITY LEADERS INCLUDING GOVERNMENT, MEDICAL, EDUCATION, AND OTHER COMMUNITY LEADERSHIP POSITIONS IN ALL FIVE COUNTIES;

- IN-PERSON SURVEYS OF 72 INDIVIDUALS IN LOW INCOME LOCATIONS;

- IN-PERSON DISCUSSIONS WITH 19 SENIOR CITIZENS;

- A WEB-BASED SURVEY WAS OPEN TO THE GENERAL PUBLIC WHICH RESULTED IN 184 COMPLETED INTERVIEWS.

- THIS ASSESSMENT ALLOWED ALL INDIVIDUALS TO PROVIDE RESPONSES ON ANY COMMUNITY NEEDS NOT LISTED IN THE QUESTIONS AND ALLOWED INDIVIDUALS TO MAKE COMMENTS ON COMMUNITY HEALTH ISSUES ON WHICH KDH COULD HAVE AN IMPACT.

- KEY HEALTH ISSUES EXPLORED WERE THE FOLLOWING:

- PHYSICAL ACTIVITY

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- OVERWEIGHT AND OBESITY

- TOBACCO USE

- SUBSTANCE ABUSE/GAMBLING/ADDICTIONS

- RESPONSIBLE SEXUAL BEHAVIOR

- MENTAL HEALTH

- INJURY AND VIOLENCE (INCLUDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT)

- ENVIRONMENTAL QUALITY

- IMMUNIZATION

- ACCESS TO HEALTH CARE FOR THE INSURED AND UNINSURED

- MATERNAL AND CHILD HEALTH

- INFECTIOUS DISEASE

- OCCUPATIONAL AND SAFETY HEALTH

- SPECIAL NEEDS/DISABLED/IMPAIRED

- CHRONIC DISEASE

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, VITAL SIGNS, AND IS ALSO AVAILABLE ON OUR WEB SITE.

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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:

JEFFERSON COUNTY

- JEFFERSON COUNTY IS EXPERIENCING A SLOW GROWTH IN TOTAL POPULATION,

CURRENTLY AT 32,554. BY 2020, THE POPULATION IS EXPECTED TO BE ABOUT

38,811. IT HAS A MEDIAN AGE OF 37.1, NEARLY IDENTICAL TO THE STATE AVERAGE

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OF 37.0. THE UNEMPLOYMENT RATE OF 8.4% IS SLIGHTLY ABOVE THE INDIANA RATE

OF 8.2%.

- THE POPULATION IS FAIRLY HOMOGENEOUS WITH A LARGECAUCASIAN

POPULATION, 96%.

- THE MEDIAN AVERAGE HOUSEHOLD INCOME, OF \$40,386, IS LOWER THAN THAT FOR

INDIANA AND THE NATION. IN JEFFERSON COUNTY, ABOUT 14.3% OF THE

INDIVIDUALS, OR ABOUT 4,326, LIVE BELOW THE POVERTY LEVEL, BELOW THE 15.8%

POVERTY RATE OF INDIVIDUALS IN INDIANA AND THE 15.9% RATE FOR THE ENTIRE

U.S.

- 35% OF ALL FAMILIES IN JEFFERSON COUNTY ARE SINGLE PARENT FAMILIES WITH

28.3% OF THESE FAMILIES IN POVERTY. IN INDIANA, 32.9% OF ALL FAMILIES ARE

SINGLE PARENT FAMILIES WITH 27.4% OF THESE FAMILIES IN POVERTY.

- JEFFERSON COUNTY RANKS FIRST IN INDIANA IN TERMS OF THE NUMBER OF ACRES

DEVOTED TO TOBACCO WITH TOBACCO CROP SALES OF \$1.6 MILLION IN 2007. 28% OF

ADULTS IN JEFFERSON COUNTY USE TOBACCO COMPARED TO 24% OF ADULTS LIVING IN

THE STATE OF INDIANA.

- ACCORDING TO THE INDIANA STATE DEPARTMENT OF HEALTH 2012 REPORT,

JEFFERSON COUNTY WAS NOT LISTED AS A COUNTY THAT HAD A SHORTAGE OF

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HEALTHCARE PROFESSIONALS OR OF MENTAL HEALTH PROFESSIONALS. HOWEVER, THE 2012 REPORT LISTS MILTON, SHELBY AND SMYRNA TOWNSHIPS AS MEDICALLY UNDERSERVED.

- THE RATE OF ALL CANCER INCIDENCE IS HIGHER IN JEFFERSON COUNTY, AT 502 FOR 100,000 POPULATION, THAN FOR INDIANA, AT 476 FOR 100,000 POPULATION.

THE RATE OF LUNG CANCER IS HIGHER IN JEFFERSON, AT 96 PER 100,000 POPULATION THAN FOR INDIANA AT 80 PER 100,000. THE RATE OF PROSTATE CANCER IS HIGHER IN JEFFERSON, AT 152 PER 100,000 POPULATION THAN FOR INDIANA AT 136 PER 100,000. THE RATE OF BREAST CANCER IN JEFFERSON IS SLIGHTLY LOWER, AT 115 PER 100,000 POPULATION THAN FOR INDIANA AT 116 PER 100,000

POPULATION. THE RATE OF COLORECTAL CANCER IS LOWER IN JEFFERSON, AT 48 PER 100,000, THAN THE RATE FOR INDIANA, AT 51 PER 100,000.

- THE RATE OF ADULT ASTHMA IN JEFFERSON COUNTY, AT 7.3%, IS SLIGHTLY HIGHER THAN THE RATE FOR INDIANA, AT 7.2%, AS IS THE RATE OF CHRONIC BRONCHITIS (3.4% FOR JEFFERSON; 3.3% FOR INDIANA) AND FOR EMPHYSEMA (1.6% FOR JEFFERSON; 1.4% FOR INDIANA.)

- THE PERCENT OF MOTHERS WHO SMOKED DURING PREGNANCY IN JEFFERSON COUNTY IS 25.8% SIGNIFICANTLY HIGHER THAN THE STATE OF INDIANA AVERAGE OF 17.1%.

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IN 2010, THE PERCENT OF LOWWEIGHT BIRTHS FOR JEFFERSON COUNTY WAS 9.6%,

ABOVE THE 8.0% FOR INDIANA.

- THE NUMBER OF TEEN PREGNANCIES AMONG WOMEN 15 TO 19 YEARS OLD HAS

SLIGHTLY DECREASED IN JEFFERSON COUNTY FROM 2007 TO THE MOST RECENT

MEASUREMENT IN 2010. IN JEFFERSON COUNTY, THERE WERE 46 TEEN PREGNANCIES

IN 2007 AND 44 TEEN PREGNANCIES IN 2010. IN INDIANA, A SIGNIFICANT

DECREASE TOOK PLACE - THERE WERE 11,683 TEEN PREGNANCIES IN 2007 AND 8,654

IN 2010.

- JEFFERSON COUNTY REPORTED 97 NEWLY DIAGNOSED CASES OF CHLAMYDIA IN 2011,

AN INCREASE FROM THE 82 REPORTED IN 2009. THERE WERE 12 CASES OF GONORRHEA

IN 2011 AND INCREASE FROM THE LESS THAN FIVE REPORTED IN JEFFERSON COUNTY

IN 2009.

- THE MOST RECENT INFORMATION FROM THE INDIANA FAMILY AND SOCIAL SERVICE

ADMINISTRATION IN 2008 SHOWS 1,324 ADULTS IN JEFFERSON COUNTY WITH SERIOUS

MENTAL ILLNESS AND 247 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN.

- THE RATE OF DEATHS RELATED TO MAJOR CARDIO VASCULAR DISEASES IN

JEFFERSON COUNTY INCREASED FROM 2008 - 249.8 PER 100,000 POPULATION TO

2010 - 372.1 PER 100,000 POPULATION. THE OPPOSITE TREND OCCURRED IN

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INDIANA WITH 214.3 PER 100,000 DEATHS RECORDED IN 2008 FALLING TO 206.5

PER 100,000 IN 2010.

- THE STROKE DEATH RATE IN JEFFERSON, AT 79.4 PER 100,000 POPULATION IN 2010, WAS SIGNIFICANTLY HIGHER THAN THE 47.5 PER 100,000 POPULATION FOR INDIANA AND THE 41.9 PER 100,000 FOR THE NATION.

- THE INCIDENCE OF CANCER RATE (ALL SITES) WAS HIGHER IN JEFFERSON COUNTY - 502 PER 100,000 POPULATION COMPARED TO INDIANA'S RATE OF 476 PER 100,000.

RIPLEY COUNTY

- RIPLEY COUNTY HAS A CURRENT POPULATION OF 28,583. THERE IS A NET OUTWARD MIGRATION. BY THE YEAR 2020, THE POPULATION WILL BE ABOUT 30,754.

- THE POPULATION IS 97.8% CAUCASIAN.

- THE MEDIAN HOUSEHOLD INCOME IN RIPLEY IS \$47,900 - LOWER THAN THE NATIONAL AVERAGE OF \$50,502, BUT HIGHER THAN THE INDIANA AVERAGE OF \$46,438.

- THE PERCENT OF FAMILIES BELOW POVERTY IN RIPLEY IS 15.4%, LOWER THAN THE INDIANA AVERAGE OF 20.6% AND THE NATIONAL AVERAGE OF 20.8%.

- 29.8% OF ALL FAMILIES IN RIPLEY COUNTY ARE SINGLE PARENT FAMILIES WITH

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27% OF THESE FAMILIES IN POVERTY. IN INDIANA, 32.9% OF ALL FAMILIES ARE SINGLE PARENT FAMILIES WITH 27.4% OF THESE FAMILIES IN POVERTY.

- THE PERCENT OF MOTHERS IN RIPLEY COUNTY WHO SMOKE DURING PREGNANCY IS 22.8%, COMPARED TO 17.1% IN INDIANA. THE PERCENT OF LOW BIRTH WEIGHT IN RIPLEY COUNTY IS 7%, COMPARED TO 8% IN INDIANA.

- THE MOST RECENT INFORMATION FROM THE INDIANA FAMILY AND SOCIAL SERVICE ADMINISTRATION IN 2008 SHOWS 1,071 ADULTS IN RIPLEY COUNTY WITH SERIOUS MENTAL ILLNESS AND 250 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN.

- RIPLEY COUNTY DOES NOT HAVE A SHORTAGE OF HEALTH CARE PROFESSIONALS. THE TOWNSHIPS OF DELAWARE, CENTER AND BROWN ARE CONSIDERED MEDICALLY UNDERSERVED. RIPLEY HAS A SHORTAGE OF MENTAL HEALTH PROFESSIONALS.

- THE RATE OF INDIVIDUALS WITH PROSTATE CANCER IN RIPLEY WAS 146 PER 100,000 POPULATIONS COMPARED TO 136 FOR INDIANA IN 2008.

- THE DEATH RATE FROM MAJOR CARDIOVASCULAR DISEASE WAS 246.6 PER 100,000 POPULATION FOR RIPLEY COUNTY IN 2010. THIS IS HIGHER THAN INDIANA'S 206.5 AND THE NATION'S 193.6 PER 100,000 DURING THE SAME PERIOD.

- THE INCIDENCE OF CANCER RATE (ALL SITES) WAS HIGHER IN RIPLEY COUNTY - 518 PER 100,000 POPULATION COMPARED TO INDIANA'S RATE OF 476 PER 100,000.

Part VI Supplemental Information

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SWITZERLAND COUNTY

- SWITZERLAND COUNTY HAS A POPULATION OF 10,424 AND HAS A SLOW GROWTH RATE OF 0.5 WHICH MIRRORS THAT FOR INDIANA. THERE IS A NET MIGRATION INTO THE COUNTY. BY 2020, THE POPULATION WILL BE 11,950.

- THE ETHNICITY IS 98.1% WHITE.

- THE UNEMPLOYMENT RATE IS 6.9% IN SWITZERLAND COUNTY, LOWER THAN THE INDIANA RATE OF 8.4%.

- THE MEDIAN HOUSEHOLD INCOME IS \$42,285, COMPARED TO \$46,438 FOR INDIANA AND \$50,502 FOR THE NATION. IN SWITZERLAND, 28% OF THE FAMILIES ARE BELOW THE POVERTY LEVEL, COMPARED TO 20.6% OF INDIANA FAMILIES, AND 20.8% OF FAMILIES IN THE NATION. 29.4% OF THE CHILDREN IN SWITZERLAND COUNTY ARE BELOW THE POVERTY LEVEL.

- IN 2010, 22.5% OF ALL ADULTS AGE 25+ HAD LESS THAN A HIGH SCHOOL DIPLOMA.

- THE TEEN BIRTH RATE FOR SWITZERLAND COUNTY IN 2009 WAS 37.8 PER 1,000 FEMALES AGE 15-17. THIS IS SIGNIFICANTLY HIGHER THAN THE RATE FOR INDIANA OF 20.8 PER 1,000.

- THE RATE OF MOTHERS SMOKING DURING PREGNANCY IS 27.3% IN SWITZERLAND

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COUNTY, COMPARED TO 17.1% IN INDIANA. IN SWITZERLAND, THERE IS A 6.8% LOW BIRTH WEIGHT, COMPARED TO 8.0% IN INDIANA.

- SWITZERLAND COUNTY HAS A SHORTAGE OF HEALTH CARE PROFESSIONALS. ALL AREAS OF SWITZERLAND COUNTY ARE CONSIDERED MEDICALLY UNDERSERVED.

SWITZERLAND COUNTY ALSO HAS A SHORTAGE OF MENTAL HEALTH PROFESSIONALS.

- THE RATE OF CHRONIC BRONCHITIS IN SWITZERLAND COUNTY AND IN INDIANA IS 3.0%. THE RATE OF EMPHYSEMA IN SWITZERLAND IS 1.5%, SLIGHTLY HIGHER THAN THE INDIANA RATE OF 1.4%.

- THERE ARE 379 ADULTS WITH SERIOUS MENTAL ILLNESS IN SWITZERLAND COUNTY AND 78 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN.

- THE DEATH RATE FROM MAJOR CARDIOVASCULAR DISEASE WAS 347.0 PER 100,000 POPULATION FOR SWITZERLAND COUNTY IN 2010. THIS IS SIGNIFICANTLY HIGHER THAN INDIANA'S 206.5 AND THE NATION'S 193.6 PER 100,000 DURING THE SAME PERIOD.

- THE INCIDENCE OF CANCER RATE (ALL SITES) WAS HIGHER IN SWITZERLAND COUNTY - 562 PER 100,000 POPULATION COMPARED TO INDIANA'S RATE OF 476 PER 100,000. THE ONLY TYPE OF CANCER IN WHICH SWITZERLAND COUNTY RECORDED AN INCIDENCE RATE LOWER THAN INDIANA WAS BREAST CANCER - SWITZERLAND COUNTY

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82 PER 100,000 VERSUS INDIANA'S 116 PER 100,000 POPULATION.

CARROLL COUNTY, KENTUCKY

- CARROLL COUNTY KENTUCKY CURRENTLY HAS A POPULATION OF 11,013 WITH A TOTAL OF 4,195 HOUSEHOLDS. THE POPULATION IS PROJECTED TO BE ABOUT 11,440 BY 2020.

- THE POPULATION IS 95.1% CAUCASIAN.

- THE AVERAGE MEDIAN HOUSEHOLD INCOME IN 2011 WAS \$40,685 - LOWER THAN THE \$41,141 FOR KENTUCKY AND LOWER THAN THE \$50,512 FOR THE NATION.

- THE AVERAGE PERCENT OF MOTHERS WHO SMOKE DURING PREGNANCY FOR CARROLL COUNTY IS 30%, COMPARED TO 24% FOR KENTUCKY.

- AS FAR AS SMOKING PREVALENCE IS CONCERNED, 30% OF THE ADULTS IN CARROLL SMOKE, COMPARED TO 29% OF KENTUCKY AND 21% OF THE NATION. THE PERCENT OF HIGH SCHOOL STUDENTS IN CARROLL WHO SMOKE IS 31%, COMPARED TO 25% FOR KENTUCKY AND 19% FOR THE NATION.

- CARROLL COUNTY KENTUCKY HAS 25% OF THE POPULATION OBESE, COMPARED TO 29% OF KENTUCKY AND 24% OF THE NATION.

- IN CARROLL, 43% OF THE POPULATION LACK PHYSICAL ACTIVITY, COMPARED TO 32% IN KENTUCKY AND 24% IN THE NATION.

THE BETHANY CIRCLE OF KING'S DAUGHTERS'
OF MADISON, INDIANA, INC.

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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 SEVERAL STATE AND FEDERAL 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.

THE BETHANY CIRCLE OF KING'S DAUGHTERS'
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2016 KING'S DAUGHTERS' HEALTH

OVERVIEW OF COMMUNITY BENEFIT ACTIVITIES

1. HEALTH SCREENS:

A. CORPORATE HEALTH SCREENS / FAIRS

CLIFTY ENGINEERING SCREEN: 15

BELTERRA HEALTH FAIR PARTICIPATION (NO SCREENINGS PROVIDED)

IVY TECH HEALTH FAIR PARTICIPATION

B. COLON CANCER SCREENING KITS:

34 RETURNS.

C. CORPORATE FLU SHOTS: (122 TOTAL)

AGS LAW OFFICE: 12

110 SOLD TO IVY TECH FOR SELFADMINISTRATION

2. COMMUNITY HEALTH FAIRS: (PARTICIPATED BY OFFERING A BOOTH WITH HEALTH EDUCATION)

A. RIPLEY COUNTY 4H FAIR

B. JEFFERSON COUNTY 4H FAIR

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C. REMC HEALTH FAIR IN VERSAILLES

D. RIVER TERRACE COMMUNITY SENIOR CITIZENS HEALTH FAIR

E. CELEBRATE SOUTHWESTERN COMMUNITY FAIR, HANOVER

F. STAND DOWN VETERANS COMMUNITY FAIR

3. COMMUNITY EDUCATION OPPORTUNITIES/CLASSES/SPECIAL EVENTS:

A. SPEAKERS BUREAU:

WELLNESS: 12 SPEAKING ENGAGEMENTS

TOBACCO: 15 SPEAKING ENGAGEMENTS

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

6 SCHOOLS / 11 CLASSROOMS / 272 KIDS + TEACHERS

C. TOBACCO CESSATION & EDUCATION:

PROVIDED OUTREACH TO:

14 SCHOOL VISITS

30 KDH PHYSICIAN OFFICES

D. CPR AND FIRST AID CLASSES:

COMMUNITY CLASSES HELD WITH 633 GRADUATES

SCHOOL-BASED CLASSES HELD WITH 36 STUDENTS PARTICIPATING

THE BETHANY CIRCLE OF KING'S DAUGHTERS'
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E. STRIVE FOR 5 PROGRAM:

COMMUNITY 5-WEEK WEIGHT LOSS EDUCATION PROGRAM

TWO CLASSES HELD IN 2016, 18 TOTAL PARTICIPANTS

F. PRENATAL EDUCATION:

OB PREP PROGRAM - 408 PEOPLE SERVED

PREPARED CHILDCARE ESSENTIAL CLASSES - 32 PEOPLE SERVED

SIBLING CLASSES - 3 PEOPLE SERVED

G. GIRLS ON THE RUN

FALL SEASON: 81 GIRLS / 6 SITES / 25 TRAINED COACHES / 10 WEEK

PROGRAM

FALL 5K: 203 PARTICIPANTS AND 52 VOLUNTEERS

H. HOUSE OF HEALTH:

MONTHLY EDUCATION OPPORTUNITY PROVIDED AT THE HOUSE OF HOPE FOOD

PANTRY.

APPROXIMATELY 25-70 PEOPLE ATTEND EACH MONTH.

10 TOPICS FOR 2016 INCLUDE: HEALTH INSURANCE, SAFE MEDICATION DISPOSAL, HEART HEALTH, CAR SEAT SAFETY, SUN SAFETY, CHOLESTEROL, HEALTHY KIDS, DEALING WITH EMERGENCIES, FOOD SAFETY, TOBACCO.

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I. SPEAKING OF WOMEN'S HEALTH

277 WOMEN IN ATTENDANCE. KDH PROVIDED:

STEERING COMMITTEE SUPPORT

FINANCIAL SPONSORSHIP AND IN-KIND SUPPORT

FREE CHOLESTEROL TESTING FOR ALL PARTICIPANTS

66% OF ALL BREAKOUT SESSIONS SPEAKERS WERE IN-KIND KDH STAFF

GIFT FOR PARTICIPANT GIFT BAG

J. MAN UP, MEN'S HEALTH EVENT

NEW EVENT FOR 2016. FREE HEALTH SCREENINGS AND HEALTH EDUCATION

OPPORTUNITY FOR ALL PARTICIPANTS.

76 TOTAL PARTICIPANTS.

K. MONTHLY "TO YOUR HEALTH" RADIO SHOW

30 MINUTE HEALTH EDUCATION PROGRAM WITH VARIOUS TOPICS OFFERED

EACH MONTH.

L. WOMEN'S SAFETY AND SELF-DEFENSE WORKSHOP

FREE WORKSHOP OFFERED TO WOMEN.

30 TOTAL PARTICIPANTS.

M. RISING LEADERS

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PARTNERSHIPS WITH LOCAL SCHOOLS. THIS EVENT HOSTED APX. 100

STUDENTS IN 9TH & 10TH GRADE FOR A LEADERSHIP DAY. STUDENTS COULD APPLY

**FOR "SEED FUNDING" FOR START-UP PROJECTS TO "PAY IT FORWARD" AND IMPLEMENT
A PROJECT LOCALLY, NATIONALLY, OR INTERNATIONALLY.**

4. EMPLOYEE HEALTH OPPORTUNITIES FOR KDH STAFF:

WELLNESS NEWSLETTERS (ON-LINE AND PAPER VERSIONS AVAILABLE)

WELLNESS COLUMN IN THE MONTHLY MONITOR NEWSLETTER

WELLNESS CALENDAR DISTRIBUTION TO ALL STAFF

EMPLOYEE SKIN CANCER SCREEN HELD

EMPLOYEE HEALTH SCREEN AVAILABLE FOR ALL STAFF WITH INSURANCE

PREMIUM

REDUCTION INCENTIVE PROGRAM AVAILABLE FOR EMPLOYEES WITH HEALTH

INSURANCE.

PARTICIPATION IN BIKE TO WORK DAY

SEATED CHAIR MASSAGE SESSIONS

2016 GOAL SHEETS WITH INCENTIVE OFFERED

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4 WELLNESS CHALLENGES:

BEVERAGE BINGO

30-DAY AHA EXERCISE CAMPAIGN

TON OF FUN WEIGHT LOSS CONTEST

PARTICIPATION IN COMMUNITY-WIDE MADISON MOVES CHALLENGE

5. COMMUNITY SERVICE ACTIVITIES:

A. SUPPORT GROUPS:

WOMEN AND CANCER SUPPORT GROUP

B. ACTIVE ATTENDANCE AND PARTICIPATION IN:

CASA (COALITION AGAINST SUBSTANCE ABUSE, JEFFERSON COUNTY) THE

**GROUP WAS RENAMED JC-JTP IN 2016-JEFFERSON COUNTY JUSTICE, TREATMENT,
PREVENTION.**

SCAT (SWITZERLAND COUNTY AWARENESS TEAM)

**TPCC AND JEFFERSON COUNTY TOBACCO COALITION (STATE & LOCAL
TOBACCO EFFORTS)**

**ACTIVE LIVING COMMITTEE/CITY OF MADISON BIKE & PEDESTRIAN
MASTER PLAN COMMITTEE ENVISION JEFFERSON COUNTY**

MADISON CONSOLIDATED SCHOOLS WELLNESS POLICY COMMITTEE

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MASHER (AREA CORPORATE HEALTH AND SAFETY GROUP)

C. KDH RUN THE FALLS 5K WALK/RUN HELD AT CLIFTY FALLS STATE PARK

217 PEOPLE PARTICIPATED

D. EMS STANDBY AT ALL COMMUNITY ACTIVITIES:

EMS PROVIDES STANDBY COVERAGE AT ALL JEFFERSON COUNTY

ACTIVITIES.

E. 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.

6. SUCCESSFUL GRANT ACTIVITY:

A. TPCC: TOBACCO PREVENTION AND CESSATION COMMISSION:

**FUNDING TO HIRE FULL TIME COORDINATOR, STARTING IN 2009,
CONTINUES FOR JEFFERSON CO.**

B. CASA / SCAT GRANTS:

**TO FUND NICOTINE REPLACEMENT THERAPY FOR INDIVIDUALS WISHING
TO QUIT TOBACCO.**

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PART VI, LINE 6:

NA

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

IN

PART VI, LINE 4 CONTINUED

CARROLL COUNTY, KENTUCKY (CONTINUED)

- THE UNEMPLOYMENT RATE IN CARROLL COUNTY IS 9.6%, HIGHER THAN BOTH KENTUCKY'S 8.2% AND THE NATION'S 8.1%.

- THE DEATH RATE FROM HEART DISEASE IN CARROLL COUNTY IS 299.8 PER 100,000 COMPARED TO 205.6 PER 100,000 FOR KENTUCKY AND 173.7 PER 100,000 FOR THE NATION.

- THE DEATH RATE PER 100,000 DUE TO CHRONIC RESPIRATORY DISEASE IN 2011 WAS 112.1 FOR CARROLL COUNTY COMPARED TO 63.1 PER 100,000 FOR KENTUCKY AND 42.7 PER 100,000 FOR THE NATION.

- IN 2011, CARROLL COUNTY HAD NEARLY TWO AND HALF TIMES THE NUMBER OF

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.

DRUG ARRESTS PER 100,000 IN COMPARISON TO KENTUCKY: 2,162 VERSUS 870.

TRIMBLE COUNTY, KENTUCKY

- TRIMBLE COUNTY, KENTUCKY, HAS A POPULATION OF 8,725 AND A DECLINING GROWTH RATE OF -1.0 PER 1,000 POPULATION, COMPARED TO 0.6% INCREASED GROWTH FOR KENTUCKY. BY 2020, THE POPULATION WILL BE 9,514.

- THE POPULATION IS 97.2% WHITE.

- THE AVERAGE MEDIAN HOUSEHOLD INCOME IN TRIMBLE COUNTY IS \$44,141 COMPARED TO \$43,677 IN KENTUCKY AND \$50,502 IN THE NATION. THE UNEMPLOYMENT RATE IS 8.2%, COMPARED TO 8.2% FOR KENTUCKY AND 8.1% FOR THE NATION.

- THE RATE OF SMOKING DURING PREGNANCY IN TRIMBLE COUNTY IS 44%, COMPARED TO 24% IN KENTUCKY. THE LOW BIRTH WEIGHT RATE IN TRIMBLE COUNTY IS 6% WHICH IS BELOW KENTUCKY'S 9%.

- IN TRIMBLE COUNTY, 30% OF ADULTS SMOKE, WHICH IS HIGHER THAN THE 29% FOR KENTUCKY AND THE 19% FOR THE NATION. IN TRIMBLE COUNTY, 25% OF HIGH SCHOOL STUDENTS SMOKE, THE SAME AS IN KENTUCKY, BUT HIGHER THAN THE 23% IN THE NATION.

- IN TRIMBLE COUNTY, 29% OF THE ADULTS ARE OBESE, THE SAME AS FOR

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KENTUCKY, BUT HIGHER THAN THE 24% FOR THE NATION. IN TRIMBLE, 14% LACK

PHYSICAL ACTIVITY, COMPARED TO 32% IN KENTUCKY AND 24% IN THE NATION.

- IN TRIMBLE COUNTY, THERE IS AN 9% RATE OF ADULT DIABETES, COMPARED TO

8% IN KENTUCKY AND 10% FOR THE NATION. THE DEATH RATE PER 100,000 DUE

TO DIABETES WAS 55.4 FOR TRIMBLE COUNTY, COMPARED TO 28.0 FOR KENTUCKY

AND 25.3 FOR THE NATION.

- DEATHS DUE TO BREAST CANCER WERE 15 PER 100,000 FOR TRIMBLE COUNTY

COMPARED TO 14 PER 100,000 FOR KENTUCKY. DEATHS DUE TO PROSTATE CANCER

WERE 23 PER 100,000 FOR TRIMBLE COUNTY AND 18 PER 100,000 FOR KENTUCKY.