ST. ELIZABETH DEARBORN 2025–2027

COMMUNITY HEALTH NEEDS ASSESSMENT & COMMUNITY BENEFITS IMPLEMENTATION PLAN

St. Elizabeth HEALTHCARE

ST. ELIZABETH DEARBORN

COMMUNITY HEALTH NEEDS ASSESSMENT & COMMUNITY BENEFITS IMPLEMENTATION PLAN

NOVEMBER 29, 2024

Conducted on behalf of:
St. Elizabeth Healthcare

For:
St. Elizabeth Dearborn
St. Elizabeth Edgewood
St. Elizabeth Florence
St. Elizabeth Ft. Thomas
St. Elizabeth Grant

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St. Elizabeth's Community Benefits Steering Committee

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EXECUTIVE SUMMARY

For more than 160 years, St. Elizabeth Healthcare has been committed to providing the highest level of care and best experience to those who come to us. Our vision is to lead the communities we serve to be among the healthiest in the nation. The needs of our communities guide our work, which we evaluate every three years through a comprehensive community health needs assessment* (CHNA).

St. Elizabeth Healthcare conducted our latest CHNA in 2024. Through this process, we identified, analyzed and prioritized community health needs and developed a three-year (2025–2027) action plan to address top priorities.

Top priorities identified that will be addressed for years 2025, 2026, and 2027:

1. **Equitable Access to Preventative Care**
2. **Health Promotion & Wellness**
3. **Behavioral Health**

Plans to address these priorities include, but are not limited to, focused efforts around reducing care gaps between identified health equity groups for various cancer screenings, expanding opportunities with community partners providing care to uninsured/underinsured populations, increasing public health education, particularly around healthy weight management, physical activity and tobacco and vaping-free living, and expanding assistance with both substance abuse and mental health.

The health needs identified by the community and health reporting resources were summarized and tabulated into a prioritized list. The Community Benefits Steering Committee (CBSC), which includes St. Elizabeth Healthcare executive leaders, reviewed this list. This committee engaged in additional communication and considered available resources that, when redirected, would have the most significant positive impact on health outcomes.

A community benefits implementation plan (CBIP) was then developed to address these top priority health needs.

Our Inclusive Methodology

St. Elizabeth Healthcare's 2024 CHNA relied on a combination of qualitative and quantitative information based on available national, state, regional and local health data. Also included in the assessment was input from public health agencies, social service agencies, educational institutions, healthcare providers and civic services. Statistics from the St. Elizabeth Healthcare system was also reviewed within the assessment.

The service area for this assessment was determined by identifying the geographical area in which at least 90% of St. Elizabeth Healthcare patients live. The data revealed that over 94% of our patients reside within the eight counties comprising the Northern Kentucky Area Development District (NKADD) and five counties in Southeast Indiana. The NKADD includes Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton counties. Southeast Indiana includes Dearborn, Franklin, Ohio, Ripley and Switzerland counties. The 2023 estimated population of these combined areas was over 597,000. All hospitals in the St. Elizabeth Healthcare system are located in the NKADD and Southeast Indiana geographical regions.

Review, Approval and Next Steps

The top St. Elizabeth Healthcare CHNA priorities, along with the CBIP, were first reviewed and approved by the Strategic Planning Committee of the St. Elizabeth Healthcare Board of Trustees. The full Board of Trustees was responsible for the final review and approval of the plan, which they gave on November 4th, 2024.

Progress toward achieving the goals identified in the CBIP will be monitored and reported to the St. Elizabeth Healthcare Board of Trustees regularly. The CHNA will be made widely available to the public.

Acknowledgments

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

* St. Elizabeth Healthcare's CHNA meets IRS Requirements governing charitable 501(c)(3) hospitals as defined by the Patient Protection and Affordable Care Act (the ACA).

ORGANIZATION DESCRIPTION

ST. ELIZABETH HEALTHCARE

St. Elizabeth Healthcare operates five hospital facilities throughout Northern Kentucky and Southeast Indiana: St. Elizabeth Dearborn, St. Elizabeth Edgewood, St. Elizabeth Florence, St. Elizabeth Ft. Thomas, and St. Elizabeth Grant, for a combined total of 1,199 patient beds. In addition, St. Elizabeth Healthcare operates an Ambulatory Care Center, Hospice Center, three freestanding imaging centers, and is in partnership with St. Elizabeth Physicians (SEP). SEP is the multi-specialty physician organization of St. Elizabeth Healthcare, with more than 531 physicians, 326 advanced practice providers, and nearly 1,700 non-provider associates. SEP delivers care to residents of Northern Kentucky, Southwest Ohio and Southeast Indiana, with a network of 190 physician offices located in Kentucky and Indiana.

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

St. Elizabeth Healthcare is sponsored by the Diocese of Covington and contributed more than $106 million toward Community Benefits Programs and Uncompensated Care in 2022. For more information, please visit www.stelizabeth.com.

Ethical & Religious Directives

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

For more information, please view the directives published by the United States Conference of Catholic Bishops: http://www.usccb.org/

OUR MISSION

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

OUR VISION

We will lead the communities we serve to be among the healthiest in the nation.

OUR VALUES

I — INNOVATION
I seek better ways to perform my work, find creative solutions, and embrace change.

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

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

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

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

COMMUNITY HEALTH ASSESSMENT NEEDS PROCESS

COMMUNITY HEALTH NEEDS ASSESSMENT PURPOSE

Our diverse community has unique and complex health needs — and we believe it's our responsibility to understand those needs and address them.

Our triennial community health needs assessment (CHNA) is an essential first step in our short- and long-term planning process. Information we gather from our CHNA process is foundational to our understanding of healthcare disparities and the many ways we can collaborate with others to enhance community health.

Our CHNA also reveals resources currently in place and, equally importantly, exposes gaps that exist. This information helps us develop action plans and processes that support those we serve and the hospitals, practitioners and policymakers working directly with them or on their behalf.

COMMUNITY HEALTH NEEDS ASSESSMENT REQUIREMENTS

St. Elizabeth Healthcare's commitment to the community is strengthened by our CHNA process.

Guided by Section 501(r)(3) the U.S. Patient Protection and Affordable Care Act (the ACA), St. Elizabeth Healthcare — considered a nonprofit hospital organization under 501(c)(3) status — is required to conduct a CHNA every three years and to adopt an implementation strategy to meet the community health needs identified through our CHNA.

ACA Section 501(r)(3)(B) says CHNAs must:

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

DOCUMENTATION REQUIREMENTS

Per the IRS, which enforces Section 501(r)(3) of the ACA, a hospital facility must document its CHNA in a report that is adopted by an authorized body of the hospital facility.

The CHNA report must include the following items:

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

IMPLEMENTATION STRATEGY REQUIREMENTS

Per the IRS, a hospital facility's implementation strategy must be a written plan (referred to by St. Elizabeth Healthcare as our community benefits implementation plan, or CBIP) that, for each significant health need identified, either:

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

For more detailed information, please visit the IRS page on ACA Section 501(r)(3).

ST. ELIZABETH DEARBORN

This document is the Community Health Needs Assessment and Strategic Implementation Plan for St. Elizabeth Dearborn, located in Lawrenceburg, Indiana.

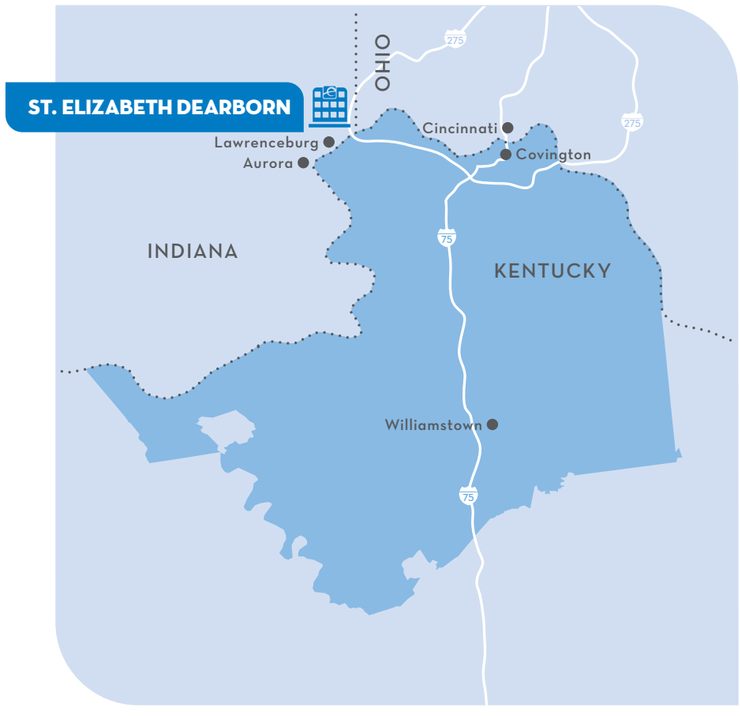
St. Elizabeth Dearborn is a 144-bed full-service hospital featuring 24/7 emergency care, birthing center, breast center, wound and vascular center, cardiac diagnostic catheterization, and cardiac and pulmonary rehabilitation services. This facility primarily receives patients from Southeast Indiana, which is being used as the defined service area.

2023 OPERATING STATISTICS	
Licensed Beds	144
Inpatient Discharges	3,510
Patients Days	12,744
Births	274
Outpatient Registrations	57,659
Emergency Room Visits	22,053

St. Elizabeth Dearborn

600 Wilson Creek Rd., Lawrenceburg
Dearborn County, IN 47025

Southeast Indiana



COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

COMMUNITY BENEFITS STEERING COMMITTEE

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

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

DEFINING THE SERVICE AREA

St. Elizabeth Healthcare's primary service areas considered in this assessment were determined by identifying where at least 90% of its patient population originates. This approach ensures that the assessment was not limited to a certain geographical area, but included the majority of the population served. The data revealed that over 94% of the patient population resides in the eight counties that comprise the Northern Kentucky Area Development District (NKADD) and five counties of Southeast Indiana. The NKADD encompasses the counties of Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, and Pendleton. Southeast Indiana includes the counties of Dearborn, Franklin, Ohio, Ripley, and Switzerland. The 2023 estimated population of these combined areas was over 597,000. All hospitals in the St. Elizabeth Healthcare system are located in these two geographical regions.

ST. ELIZABETH HEALTHCARE — TOTAL DISCHARGES SEPT 2024 YTD

County	Inpatients	Outpatients	Total	% of Grand Total
Kenton	9,855	230,997	240,852	27.6%
Boone	8,467	231,186	239,653	27.4%
Campbell	5,042	143,244	148,286	17.0%
Grant	1,986	32,974	34,960	4.0%
Pendleton	1,034	23,328	24,362	2.8%
Gallatin	562	10,361	10,923	1.2%
Owen	313	3,899	4,212	0.5%
Carroll	123	2,244	2,367	0.3%
NKADD Total	27,382	678,233	705,615	80.7%
Dearborn	2,395	77,375	79,770	9.1%
Franklin	30	1,819	1,849	0.2%
Ohio	397	10,881	11,278	1.3%
Ripley	434	13,995	14,429	1.7%
Switzerland	304	9,889	10,193	1.2%
SE IN Total	3,560	113,959	117,519	13.4%
Other Counties	1,840	48,880	50,720	5.8%
Grand Total	**32,782**	**841,072**	**873,854**	**100.0%**

COLLECTING AND ANALYZING DATA

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

PRIOR CHNA & CBIP

The assessment began with reviewing the existing CHNA for years 2022 through 2024 for any pertinent information that may impact the current assessment. The previous areas of concentration included: mental health, substance use disorders, cancer care and heart disease.

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

Addressing Social Determinants of Health:

- Followed up with 576 (100%) of St. Elizabeth Physician patients who identified a food security need.
- Followed up with 100% of the 3,615 referrals received for transportation assistance.
- Funded scholarships with community partners to connect vulnerable households with postsecondary educational opportunities.

Providing Equitable Access to Care:

- Opened St. Elizabeth Physicians Student Health Center at Northern Kentucky University to provide primary care for students.
- Opened clinic at Emergency Shelter of Northern Kentucky to provide primary care for under/un-insured patients.
- Provided English and Spanish education events to minority populations around Lung/Colon/Breast/Diabetes screenings.

Enhancing/Educating for Healthy Behaviors:

- Hosted education events on the importance of exercise and nutrition to youth in schools.
- Offered Freedom from Smoking education sessions.
- Completed community education events on the dangers of vaping to youth in schools.

Managing/Reducing Chronic Diseases:

- Completed a community mental health summit.
- Decreased the percentage of Journey Recover Center (JRC) patients who reported using alcohol and illicit drugs 30 days post treatment.

SECONDARY DATA COLLECTION

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

- U.S. Census Bureau QuickFacts for Kentucky and Indiana, https://www.census.gov/quickfacts/ (see Appendix 3).
- Health status indicators, social and behavioral indicators; health outcomes; prevalence of chronic diseases; access to care; and maternal and child health, http://kentuckyhealthfacts.org/.
- County Health Rankings, https://www.countyhealthrankings.org/health-data/kentucky?year=2024
- America's Health Rankings for Kentucky and Indiana, http://www.americashealthrankings.org.
- Northern Kentucky Health Department's Community Health Assessment & Improvement Plan 2023 https://nkyhealth.org/
- American Cancer Society, Cancer Facts & Figures 2024, https://www.cancer.org.
- The Health Collaborative's Community Health Needs Assessment 2021 Report, https://healthcollab.org.
- See Appendix 4 for additional data sources.

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

The Health Collaborative 2021 CHNA Most Prevalent Health Conditions (Ranked)	**Kentucky State Health Improvement Plan**	**NKYHD 2023 CHIP**
Cardiovascular Conditions (Hypertension)	Substance Use	Mental Health/Substance Use
Mental Health (Depression & Anxiety)	Smoking	Obesity
Arthritis	Obesity	Heart Disease
Lung/Respiratory Health	Adverse Childhood Experiences	
Dental	Integration to Health Access	
Maternal health concerns		
Prevention-related needs		

Indiana State Health Assessment & Improvement Plan 2021	**America's Health Rankings: KY**		**America's Health Rankings: IN**	
Access to Care	Exercise - % of Adults	49	Physical Inactivity	43
Mental & Behavioral Health	Multiple Chronic Conditions - % of Adults	49	Mental Health Providers	43
Obesity	Frequent Physical Distress	48	Preventable Hospitalizations	42
Substance abuse disorders	Drug Deaths	47	Smoking - % of Adults	42
Nutrition & Physical Activity	Non-medical Drug Use	47	Dental Care Providers	41
Diabetes	Preventable Hospitalizations	47	Obesity	40
	Smoking - % of Adults	46	Frequent Mental Distress	40

Top U.S. Health Outcomes & Factors:	Total U.S.	Kentucky	Boone	Campbell	Grant	Kenton	Indiana	Dearborn
Premature death	**7,300**	**9,900**	6,700	8,200	11,800	9,000	**8,600**	7,800
Poor or fair health — % of adults	**12%**	**20%**	15%	15%	19%	16%	**15%**	14%
Poor mental health days	**4.4**	**5.5**	5.0	5.2	5.5	5.6	**4.9**	4.9
Adult smoking — % of adults	**16%**	**22%**	17%	18%	24%	20%	**20%**	21%
Adult obesity— % of adults	**32%**	**37%**	38%	38%	38%	35%	**37%**	36%
Physical inactivity — % of adults	**22%**	**29%**	29%	29%	29%	29%	**26%**	24%
Excessive drinking — % of adults	**19%**	**17%**	18%	20%	17%	20%	**18%**	19%
Mental health providers	**340:1**	**365:1**	739:1	596:1	1147:1	494:1	**529:1**	716:1

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

PRIMARY DATA COLLECTION: GATHERING COMMUNITY INPUT

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

The methodology used to collect the data included presentations and an online survey. The process included an explanation of the CHNA requirements and how the data garnered would be used to develop the CBIP. Participants were asked a variety of questions to determine the top health needs in our communities (see Appendix 6 for full survey).

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

SUMMARY OF PRIMARY DATA

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

Public	SEH / SEP	Agencies	Overall Ranking
Obesity	Mental Health	Mental Health	Mental Health
Mental Health	Obesity	Substance Use	Obesity
Substance Use	Substance Use	Equitable access to health care for underserved	Substance Use
Healthy Nutrition & Physical Activity	Equitable access to health care for underserved	Chronic Disease Prevention & Control	Vaping/Tobacco Use & Exposure
Vaping/Tobacco Use & Exposure	Healthy Nutrition & Physical Activity	Homelessness/ Affordable Housing	Healthy Nutrition & Physical Activity
Chronic Disease Prevention & Control	Vaping/Tobacco Use & Exposure	Education	Chronic Disease Prevention & Control
Education	Chronic Disease Prevention & Control	Vaping/Tobacco Use & Exposure	Equitable access to health care for underserved
Equitable access to health care for underserved	Homelessness/ Affordable Housing	Transportation	Education
Homelessness/ Affordable Housing	Education	Healthy Nutrition & Physical Activity	Homelessness/ Affordable Housing
Transportation	Transportation	Obesity	Transportation
Food Security	Food Security	Food Security	Food Security
Primary Care	Insurance Coverage	Insurance Coverage	Insurance Coverage
Insurance Coverage	Primary Care	Primary Care	Primary Care

COMMUNITY BENEFITS IMPLEMENTATION PLAN (CBIP), 2025–2027

PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Findings from the Primary and Secondary data sources were presented to the CBSC for review and thorough discussion. The committee was tasked with ranking the community's most important health needs and providing suggestions for hospital priorities. A vote was taken to determine which of the needs identified should be addressed in the new CHNA. Those needs were then grouped into three categories: Equitable Access to Preventative Care, Health Promotion & Wellness, and Behavioral Health (see below chart).

EQUITABLE ACCESS TO PREVENTATIVE CARE	HEALTH PROMOTION & WELLNESS	BEHAVIORAL HEALTH
Screenings for Heart Disease & Cancer	Healthy Weight Management	Substance Use
Primary Care Access	Physical Activity	Mental Health
Nutrition / Food Security	Tobacco & Vaping-Free Living	

FOSTERING HEALTH EQUITY FOR HOLISTIC COMMUNITY WELL-BEING

COMMUNITY BENEFITS IMPLEMENTATION PLAN, 2025–2027

Once the top health needs were identified, the CBIP was developed, identifying strategies, action items, and targets. The CBIP was developed in collaboration with St. Elizabeth associates who have expertise in the prioritized health needs. The top priorities, along with the CBIP, were first reviewed and approved by the Strategic Planning Committee of the Board of Trustees, then by the Board of Trustees for final review and approval. The Board of Trustees approved the plan on November 4, 2024.

The following is a summary of strategies from the CBIP to address the prioritized needs identified in the CHNA for 2025 through 2027 (see Appendix 7 for more detail).

EQUITABLE ACCESS TO PREVENTATIVE CARE

Focus Area	Goal	Target
Screenings for Heart Disease & Cancer	Reduce care gaps between identified health equity groups for lung, colon and breast cancer screenings	L: TBD C: TBD B: TBD
	Provide heart & vascular screenings for underserved communities	2
Primary Care Access	Create splash page in secondary patient languages for easier access to care	2 languages
	Expand volunteer opportunities with community partners providing free care to uninsured/underinsured populations by identifying primary care providers who have an interest in volunteering and where they may volunteer	Yes
Nutrition / Food Security	Follow up with SEP patients who identify a food security need	100%
	Increase number of patients served from the Nourish Cancer Center food pantry	25% YoY increase

COMMUNITY BENEFITS IMPLEMENTATION PLAN, 2025–2027

HEALTH PROMOTION & WELLNESS

Focus Area	Goal	Target
Healthy Weight Management	Host community education event on the importance of healthy weight management	4
Physical Activity	Host community education event on importance of exercise and nutrition to youth in schools	8
	Host community education event on heart-related issues	24
Tobacco & Vaping-Free Living	Host community education event on dangers of vaping to youth in schools	6
	Host community education event on tobacco cessation	6

BEHAVIORAL HEALTH

Focus Area	Goal	Target
Substance Abuse	Implement education activities to communicate with internal and external audiences about mental health and substance use disorder resources	4
Mental Health	Develop plan for leveraging Activating Hope website to expand access for immediate mental health needs	Yes

COMMUNITY HEALTHCARE RESOURCES

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

Healthcare Resources in the Northern Kentucky Area Development District

Name	County	Type	# Beds
Carroll County Memorial Hospital	Carroll	Acute Critical Access	25
Encompass Health Rehabilitation Hospital of Northern Kentucky	Kenton	Physical Rehabilitation	71
Gateway Rehabilitation Hospital	Boone	Physical Rehabilitation	60
St. Elizabeth Alexandria	Campbell	Acute Care	30
St. Elizabeth Edgewood	Kenton	Acute Care General Psychiatric Neonatal II Neonatal III	548 20 18 12
St. Elizabeth Florence	Boone	Acute Care	188
St. Elizabeth Ft. Thomas	Campbell	Acute Care	178
St. Elizabeth Grant	Grant	Acute Critical Access	25
SUN Behavioral Health	Kenton	General Psychiatric Chemical Dependency	149 48

Source: Kentucky Cabinet for Health and Family Services, Inventory of Health Facilities and Services; October 2024

COMMUNITY BENEFITS IMPLEMENTATION PLAN, 2025–2027

Healthcare Resources in Southeast Indiana

Name	County	# Staffed Inpatient Beds
Incompass Healthcare	Dearborn	16
St. Elizabeth Dearborn	Dearborn	64
Margaret Mary Health	Ripley	25

Health Departments

- Northern Kentucky Health Department: Serves Boone, Campbell, Grant, and Kenton Counties http://www.nkyhealth.org
- Three Rivers District Health Department: Serves Carroll, Gallatin, Owen, and Pendleton Counties http://www.trdhd.com
- Dearborn County Health Department, https://dchealthdepartment.org/
- Franklin County Health Department, http://www.franklincounty.in.gov/countyoffices/health-department
- Ohio County Health Department, https://ohiocountyhealthdept.com/
- Ripley County Health Department, https://www.ripleyhealth.com/
- Switzerland County Health Department, https://www.switzerland-county.com/health.html

OTHER HEALTH NEEDS IDENTIFIED BY THE ASSESSMENT

Healthcare needs identified in the assessment that were not chosen as top priorities are currently being addressed by St. Elizabeth Healthcare through existing programs and services, or other providers (see Appendix 7).

APPENDIX

APPENDIX 1

COMMUNITY BENEFITS STEERING COMMITTEE

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

CBSC Composition

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

- Sarah Giolando, Senior Vice President and Chief Strategy Officer
- Rosanne Nields, Vice President, Planning and Government Relations
- Pam Deeter, Vice President, Finance
- Dan Cole, AVP Operations, St. Elizabeth Physicians
- Andrew Anderson, AVP Operations, St. Elizabeth Physicians
- Laurie Conkright, Senior Vice President and Chief Nursing Officer – Edgewood, Covington, Grant
- Dave Johnson, Senior Vice President, Mission
- Matt Hollenkamp, Vice President, Marketing and Public Relations
- Sandra Broerman, System Director, Treasury and Tax
- Jeremy Hart, Clinical Medical Director, Laboratory
- Sara Hamilton, Director, Planning and Program Development
- Brent Harvey, Manger, Consumer and Market Knowledge
- Scott Sedmak, Director, Community Relations
- Chad Bowman, Assistant Controller, St. Elizabeth Physicians
- Jordan Fischer, Analyst, Planning and Program Development
- Marsha Ladenburger, St. Elizabeth Healthcare Board of Trustees
- Bob Stevens, St. Elizabeth Healthcare Board of Trustees

Tasks of the Committee

The following tasks/decisions are their primary functions:

- Review the existing 2022–2024 CBIP regularly and report the progress toward its goals to the Board of Trustees.
- Oversee implementation of the CHNA and update the CBIP accordingly every three years (required by the ACA). The next assessment and plan update will need to be completed in 2027.
- Review the Community Benefits activities and annual report to ensure compliance with IRS 990 H requirements. Make recommendations regarding communication efforts and public reporting.

APPENDIX 2

COMMUNITY HEALTH NEEDS ASSESSMENT 2022 TO 2024: 3RD QUARTER 2024 UPDATE

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

Focus Area	Goal	Target	Status				
			1st	2nd	3rd	4th	YTD
Food Security	Assist in establishing a well-structured organizational Community Convenor infrastructure to evaluate SDOH opportunities (e.g., Food As Medicine)	1		1			1
	SEP OP - Follow up with 100% of patients who identify a Food Security need	100%	100%	100%	100%		
Homelessness/Affordable Housing	Work with Volunteers of America and Life Learning Center to implement a treatment housing program for pregnant women with SUD and their children	1					
Transportation	Follow up with 100% of referrals received for transportation assistance	100%	100%	100%	100%		
Education	Partner with schools in underserved areas and establish a process to connect associates to be mentors/ readers	1		1			1
	Seek new engagements with schools in our region to connect more students and staff with resources & opportunities such as "Mental Health First Aid" or similar programs	2		1	1		2
Economic Deprivation	Achieve Lift-Up reentry goal each year	350	199	347	487		487

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

APPENDIX 2

PROVIDING EQUITABLE ACCESS TO CARE

Focus Area	Goal	Target	Status				
			1st	2nd	3rd	4th	YTD
Primary Care	Provide primary care for under/un-insured at the Emergency Shelter	1	1				1
Insurance Coverage	Convert 50% of self-pay patients to Federal/State coverage	50%	50.18%	53.34%	38.89%		
Community-Based Care	Provide education to vulnerable/minority populations around Lung/Colon/ Breast/Diabetes screenings in English and Spanish	6 (3 English, 3 Spanish)		E:1 S:1	E:1 S:1		E:1 S:2
	Increase access to virtual health services through a variety of modalities and reimbursement methodologies, including expansion of remote patient monitoring	Implement 2 virtual / telehealth services		1			1
Public Health Issues	Activate campaign to get at least two more cities to pass a smoke-free ordinance	2					

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

APPENDIX 2

ENHANCING/EDUCATING FOR HEALTHY BEHAVIORS

Focus Area	Goal	Target	Status				
			1st	2nd	3rd	4th	YTD
Exercise/ Nutrition	Host a community education event quarterly on importance of exercise and nutrition to youth in schools	4	6	2	5		13
Tobacco/ Vaping	Host a community education event quarterly on danger of vaping to youth in schools	4	4	2	1		7
	Offer tobacco cessation education program quarterly	4	10	2	2		14

MANAGING/REDUCING CHRONIC DISEASES

Focus Area	Goal	Target	Status				
			1st	2nd	3rd	4th	YTD
Heart Disease	Decrease heart-related deaths by 25% by 2025	19.03%	TBD	TBD	TBD		
	Host 2 heart-related education events per month in the community	24	11	8	9		28
Cancer	Identify cancer earlier through increased screenings for Lung (45% of targeted population), Colon (80% of target patient population), and Breast (79% of target patient population)	L: 45% C: 80% B: 79%	L: 16.18% C: 66.02% B: 16.18%	L: 29.29% C: 68.30% B: 69.52%	L:40.91% C:70.82% B:73.43%		
Mental Health	Initiate work group with community partners to create logistics and goals	3	3				3
Substance Use	Decrease the percent of JRC patients who report using alcohol or illicit drugs at 30 days post treatment initiation. (Baseline 23% (alcohol) and 14% (drugs) respectively)	Alc: 20% Drug: 12%	Alc: 23% Drug: 17%	Alc: 22% Drug: 17%	Alc: 22% Drug: 17%		

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

APPENDIX 3

NORTHERN KENTUCKY & SOUTHEAST INDIANA POPULATION DEMOGRAPHICS

Population Demographics (US Census 2023)												
	Population Estimates, July 1, 2023	Hispanic or Latino	White alone, not Hispanic or Latino	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Two or More Races	Persons under 5 years	Persons under 18 years	Persons 65 years and over	Persons in poverty
USA	334,914,895	19.5%	58.4%	13.7%	1.3%	6.4%	0.3%	3.1%	5.5%	21.7%	17.7%	11.1%
Kentucky	**4,526,154**	**5.0%**	**82.4%**	**8.8%**	**0.3%**	**1.8%**	**0.1%**	**2.3%**	**5.8%**	**22.5%**	**17.8%**	**16.4%**
Counties												
Boone	140,496	6.0%	83.6%	5.5%	0.3%	2.7%	0.3%	2.4%	6.3%	25.2%	15.3%	7.4%
Campbell	93,702	2.6%	91.3%	3.1%	0.2%	1.2%	0.1%	1.9%	5.3%	20.3%	18.2%	9.5%
Carroll	10,987	7.4%	87.7%	2.3%	0.6%	0.6%	0.1%	2.5%	7.0%	27.0%	16.7%	16.3%
Gallatin	8,792	5.2%	90.0%	1.9%	0.5%	0.6%	0.2%	2.5%	6.1%	23.5%	16.1%	13.3%
Grant	25,619	3.4%	93.4%	1.2%	0.3%	0.5%	0.2%	1.4%	7.0%	26.4%	14.8%	13.0%
Kenton	171,321	4.7%	86.4%	5.2%	0.2%	1.5%	0.2%	2.5%	6.2%	23.0%	16.3%	10.8%
Owen	11,313	2.6%	94.5%	1.4%	0.4%	0.2%	0.0%	1.1%	4.8%	20.7%	20.9%	14.6%
Pendleton	14,810	1.8%	95.2%	1.1%	0.4%	0.3%	0.1%	1.4%	6.0%	23.1%	18.1%	14.4%
Indiana	**6,862,199**	**8.8%**	**76.0%**	**10.4%**	**0.5%**	**2.9%**	**0.1%**	**2.5%**	**5.9%**	**23.1%**	**17.2%**	**12.3%**
Counties												
Dearborn	51,215	1.6%	95.5%	0.9%	0.3%	0.5%	0.1%	1.4%	5.0%	21.4%	19.6%	10.6%
Franklin	23,096	1.3%	96.5%	0.5%	0.3%	0.8%	Z	0.9%	5.4%	22.2%	20.5%	9.1%
Ohio	6,004	1.6%	95.7%	0.9%	0.3%	0.3%	Z	1.3%	4.6%	19.9%	23.8%	9.1%
Ripley	29,227	2.1%	95.2%	0.6%	0.4%	0.7%	Z	1.3%	6.2%	23.8%	18.8%	12.0%
Switzerland	10,019	1.6%	95.4%	1.2%	0.4%	0.4%	Z	1.1%	5.9%	23.6%	19.8%	13.6%

Source: QuickFacts from US Census Bureau; https://www.census.gov/quickfacts November 12, 2024

APPENDIX 4

SECONDARY DATA SOURCES AND ADDITIONAL INFORMATION

America's Health Rankings analysis of America's Health Rankings composite measure, United Health Foundation, AmericasHealthRankings.org, Accessed 2024

https://www.americashealthrankings.org/explore/annual/measure/Overall/state/KY

Kentucky's overall health ranking in 2023 was 41 out of 50, and continues to rank at the bottom in most traditional health measures:

Measure Name	2023 Rank
Exercise - % of Adults	49
Multiple Chronic Conditions - % of Adults	49
Frequent Physical Distress	48
Drug Deaths	47
Non-medical Drug Use	47
Preventable Hospitalizations	47
Smoking - % of Adults	46
KENTUCKY OVERALL	**41**

Indiana's overall health ranking in 2023 was 35 out of 50, and c ontinues to rank at the bottom in most traditional health measures:

Measure Name	2023 Rank
Physical Inactivity	43
Mental Health Providers	43
Preventable Hospitalizations	42
Smoking - % of Adults	42
Dental Care Providers	41
Obesity	40
Frequent Mental Distress	40
INDIANA OVERALL	**35**

APPENDIX 4

The Health Collaborative's Community Health Needs Assessment 2021 Report

https://healthcollab.org/wp-content/uploads/2024/03/CHNA-Final-no-appendices-05-20-22.pdf

Kentucky State Health Improvement Plan 2017-2022:

https://www.chfs.ky.gov/agencies/dph/Documents/SHIP.pdf

Northern Kentucky Health Department's Community Health Assessment & Improvement Plan 2023:

https://nkyhealth.org/health-data-plans-reports/

Indiana State Health Assessment and Improvement Plan 2018–2021:

https://www.in.gov/health/files/18_SHA-SHIP-FINAL-DOC_v5.pdf

Interact for Health's 2022 Community Health Status Survey:

https://www.interactforhealth.org/chss-2022-archive/

Kentucky 2022 Overdose Fatality Report

https://odcp.ky.gov/Reports/2022%20Overdose%20Fatality%20Report.pdf

American Cancer Society Cancer Facts & Figures, 2024

https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2024/2024-cancer-facts-and-figures-acs.pdf

APPENDIX 5

COMMUNITY PARTICIPANTS ASKED TO TAKE SURVEY

Organization	Contact Person
Social Service Agencies	
Batesville Food Pantry	Anne Baran
Brighton Center	Jennifer Wiley
Butler Foundation (Corporex)	Barbara Schaefer
Catholic Charities	Alan Pickett
Center for Great Neighborhoods	Tom DiBello
Children's Home of NKY	Rick Wurth
Clearinghouse	Karry Hollan
Community Foundation of Switzerland County	Pam Acton
Community Mental Health Center	Kevin Kennedy
Dearborn Community Foundation	Fred McCarter
Faith Community Pharmacy	Aaron Broomall
Franklin County Community Foundation	Shelly Lunsford
Henry Hosea House	Bruce Stelzer
Hispanic Community Advisory Committee	Mark Stenger
Ida Spence Mission	Regina Cornelius
Life Learning Center	Alecia Dawn Webb-Edgington
LifeTime Resources	Amber Walker
New Horizons Rehabilitation, Inc.	Marie Dausch
NKU NACU	Jennifer Hunter
NKY Community Action Commission	Rhonda Chisenhall
Pregnancy Care Center	Karla Raab
Rosedale Green	Londa Knollman
Transitions	Jim Beiting
United Way Greater Cincinnati Southeast Indiana	Karen Snyder
Businesses	
Absolute Web Design	Bebe Kinnett
African American Chamber of Commerce	Eric H Kearney
Covington Business Council	Pat Frew
Maxwell Construction Company	Randy Maxwell
NKY Chamber of Commerce	Kristin Baldwin
Northern Kentucky Area Development District	Anne Wildman

APPENDIX 5

Organization	Contact Person
Schools	
Batesville Community Schools	Gayla Vonderheide
Bishop Brossart	Dan Ridder
Campbell County Schools	David Rust
Community Christian Academy	Tara Bates
Covington Schools	Jennifer Fowee
Erlanger-Elsmere Schools	Melanie Dowdy
Franklin County Schools	Tammy Chavis
Grant County Schools	Matt Morgan
Jac-Cen-Del Community Schools	Ryan Middleton
Kenton County Schools	Paula Rust
Ludlow Schools	Mike Borchers
Milan Community Schools	Jane Rogers
Rising Sun - Ohio County Schools	Brenden Roeder
South Dearborn Community Schools	Jessica Peak
South Ripley Community Schools	Rob Moorhead
St. Lawrence Catholic School	Robert Detzel
St. Nicholas School	Sherri Kirschner
Sunman Dearborn Schools	Kelly Roth
Switzerland County Schools	Rodney Hite
Walton Verona Schools	Matt Baker
Health Depts	
Dearborn County Health Dept	Mary Calhoun
NKY Health Dept	Stephanie Vogel
Ripley County Health Dept	Lois Franklin
Switzerland County Health Dept	Mark Reed
Three Rivers District Health Dept	Christina Perkins
Civic Services	
Boone County Detention Center	Jason Maydak
Campbell County Detention Center	James A Daley
Campbell County Fiscal Court	Matt Elberfeld
Dearborn Circuit Clerk	Gayle Pennington
Dearborn County Commissioner	Rick Probst
Kenton County Detention Center	Marc Fields
NKY Area Development District	Anne Wildman
Pendleton County Fiscal Court	David Fields

APPENDIX 5

Organization	Contact Person
Cities	
Batesville	Mike Bettice, Mayor
Bellevue	Charles Cleves
Covington	David Johnston
Crestview Hills	Paul Meier
Dillsboro	Doug Rump, Town Mgr
Edgewood	Brian Dehner
Fort Wright	Jill Bailey
Greendale	Alan Weiss, Mayor
Southgate	Jim Hamberg
Union	Melissa Hinkle
Williamstown	Rick Skinner
First Responders	
Alexandria	Natalie Selby
Batesville Fire	Todd Schutte, Chief
Bellevue/Dayton Fire	William Brent Schafer
Brookville Fire	Aaron Leffingwell, Chief
Covington Fire	David J Geiger
Dillsboro Police	Josh Cady, Chief
Dry Ridge Fire	Kevin Stave
Edgewood	Brian Zurborg
Erlanger Fire/EMS	Rhonda Wolfe
Florence	Tom Grau
Florence Fire	Chris Miller
Franklin County Sheriff	Peter Cates, Sheriff
Gallatin Fire	Bud Webster
Grant County Sheriff	Brian Maines
Greendale Police	Shane Slack, Chief
Independence	Tony Lucas
Kentucky State Police	Isaiah Hill
Kentucky State Police	Cory Elliott
Kentucky State Police	Evan Guilfoyle
Lawrenceburg Police	David Schneider, Chief
Ludlow Fire	David Hodge
Pendleton County Fire	Jody Dunhoft
Switzerland County Sheriff	Brian Morton, Sheriff
Villa Hills	Bryan Allen
Walton Fire	Steve Maselli
Wilder	Chad Martin

EXPLANATION AND DATA GATHERING DOCUMENT

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

1. Please tell us about your organization:

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

2. Which county do you currently reside?

3. For each health area listed below, please indicate if you feel it is a need in your community:

	Not a Need	Slight Need	Moderate Need	Major Need	Unsure
Chronic Disease Prevention & Control					
Equitable access to health care for underserved communities					
Education					
Food Security					
Healthy Nutrition & Physical Activity					
Homelessness/Affordable Housing					
Insurance Coverage					
Mental Health					
Obesity					
Primary Care					
Substance Use					
Transportation					
Vaping/Tobacco Use & Exposure					

4. Choose 3 Areas either from the list on the previous question, or one not previously listed, that you perceive are the biggest needs in your community and please comment why.

Health Area 1:	
Health Area 2:	
Health Area 3:	

APPENDIX 6

5. What are the greatest strengths in your county in relation to community health? (Check all that apply)

- [ ] Education
- [ ] Employment
- [ ] Medical Care
- [ ] Healthy Eating Options
- [ ] Parks & Green Space
- [ ] Affordable Housing
- [ ] Community Safety
- [ ] Public Safety
- [ ] Public Transportation
- [ ] Community Resources
- [ ] Substance Abuse Treatment Access
- [ ] Mental Health Treatment Access
- [ ] Other (Please specify)

6. We know that many important issues in other areas of our lives also impact our health. Which of the factors below contribute most to your top community health concerns? (Check all that apply)

- [ ] Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- [ ] Access to mass media and emerging technologies (e.g., cell phones, Internet, and social media)
- [ ] Resources provided for multiple languages and literacy levels
- [ ] Socioeconomic conditions (e.g., concentrated poverty and stressful conditions that accompany it)
- [ ] Social support
- [ ] Transportation options
- [ ] Public safety
- [ ] Opportunities for recreation and leisure
- [ ] Access to educational, economic, and job opportunities
- [ ] Access to health care services
- [ ] Quality of education and job training
- [ ] Other (please specify)

APPENDIX 6

7. Age:

8. Gender:

9. Race (Check all that apply)

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black/African American
- ☐ White

10. Ethnicity

- ☐ Hispanic Origin
- ☐ Not of Hispanic Origin

APPENDIX 7

HEALTH NEEDS IDENTIFIED, BUT NOT SELECTED AS A TOP PRIORITY

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

Affordability/Insurance Coverage:

Consistent with its mission to provide comprehensive and compassionate care that improves the health of the people we serve, St. Elizabeth Healthcare is committed to providing Financial Assistance to every person in need of medically necessary treatment even if that person is uninsured, underinsured, ineligible for other government programs, or unable to pay based on their individual financial situation.

In order to provide the level of aid necessary to the greatest number of patients in need, and protect the resources needed to do so, the following guidelines apply:

- Services are provided under charity care only when deemed medically necessary and after patients are found to have met all financial criteria based on the disclosure of proper information and documentation.
- The Hospital Sponsored Financial Assistance Program (FAP) is available for uninsured patients and patients with self-pay balances after insurance.
- FAP is a charity program based on the patient's family income. Patients with family incomes at or below 200% of the Federal Poverty Guidelines (FPG) are eligible for 100% charity or free care.
- Individuals with an income level from 201% to 300% FPG are eligible for a 50% adjustment and individuals with an income level from 301% to 400% FPG are eligible for a 25% adjustment.
- The Patient's expenses and liabilities may also be considered in the evaluation of their eligibility for approval.
- Patients are expected to contribute payment for care based on their individual financial situation; therefore, each case will be reviewed separately.
- Charity care is not considered an alternative option to payment and patients may be assisted in finding other means of payment or financial assistance before approval for charity care.

A Catastrophic Discount Program is also available to provide substantial financial assistance to those uninsured patients who experience costly and extended episodes of care due to serious sickness or injury. Under this program, we may limit the uninsured patient's financial obligation to 20% of the patient's annual family income.

For those uninsured patients who do not qualify for any of the aforementioned discounts, we extend an automatic discount to their hospital bills.

Diabetes

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

Disease Management

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

Geriatrics

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

- Actively engaging and educating this population and their family members of the benefits of staying as active and healthy as possible for as long as possible; their options and choices for accessing care in various settings; the options and choices for end-of-life decisions; and resources available to assist in the decision-making processes.
- Creating interaction and collaboration of internal and external partners in the Greater Cincinnati/Northern Kentucky region resulting in a quality patient care experience.
- Create multiple patient access points for education and the provision of healthcare services that are delivered according to patient's wishes and assist patients through the various access points, healthcare settings, facilities and providers in the Greater Cincinnati/ Northern Kentucky Health Care community.
- Coordinating the delivery of Acute Care, Post-Acute Care, and Home Care services with the goal of providing care and "aging in-place" as much as possible.
- St. Elizabeth Healthcare offers the PrimeWise membership program (age 50+) with over 32,000 members.

Healthcare Coverage

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

COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE IN THE REGION.

St. Elizabeth HEALTHCARE