MERCYHEALTH

2020-2022 Community Health Needs Assessment — Implementation Plan

Adopted by the Cincinnati Board of Trustees, January 21, 2020

Mercy Health — Cincinnati (Includes The Jewish Hospital,
Mercy Health – Anderson Hospital, Mercy Health – Clermont Hospital,
Mercy Health – Fairfield Hospital, and Mercy Health – West Hospital
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Introduction

The detailed process, participants and results are available in Mercy Health Cincinnati, including The Jewish Hospital, Mercy Health – Anderson Hospital, Mercy Health – Clermont Hospital, Mercy Health – Fairfield Hospital, and Mercy Health – West Hospital, Community Health Needs Assessment Report which is available at mercy.com. Mercy Health Cincinnati, including The Jewish Hospital, Mercy Health – Anderson Hospital, Mercy Health – Clermont Hospital, Mercy Health – Fairfield Hospital, and Mercy Health – West Hospital, are collectively referred to as the "Cincinnati market" or "Mercy Health Cincinnati."

This Community Health Needs Assessment Implementation Plan will address the significant community needs identified through the CHNA. The Plan indicates which needs the Cincinnati market will address and how, as well as which needs the Cincinnati market won't address and why.

Beyond the programs and strategies outlined in this plan, the Cincinnati market will address the health care needs of the community by continuing to operate in accordance with its mission to extend the healing ministry of Jesus by improving the health of its communities with emphasis on the poor and under-served. This includes providing care for all individuals regardless of their ability to pay.

The strategies and tactics of this Implementation Plan will provide the foundation for addressing the community's significant needs between 2020 and 2022. However, the Cincinnati market anticipates that some of the strategies, tactics and even the needs identified will evolve over that period. The Cincinnati market plans a flexible approach to addressing the significant community needs that will allow for adaption to changes and collaboration with other community agencies.

**COMMUNITY SERVED BY HOSPITAL**
Mercy Health Cincinnati participated alongside regional health partners and hospitals to develop the 2019 Community Health Needs Assessment (CHNA). Hospital members of the Health Collaborative and Greater Dayton Area Hospital Association (GDAHA) joined the collaboration which resulted in a robust portrait of the larger Southwest Ohio region. The report covers Greater Dayton and Greater Cincinnati, which includes Northern Kentucky and Southeastern Indiana.

Mercy Health Cincinnati services the Greater Cincinnati area though its five hospitals with an emphasis on communities immediately surrounding its care sites. It strives to ensure all
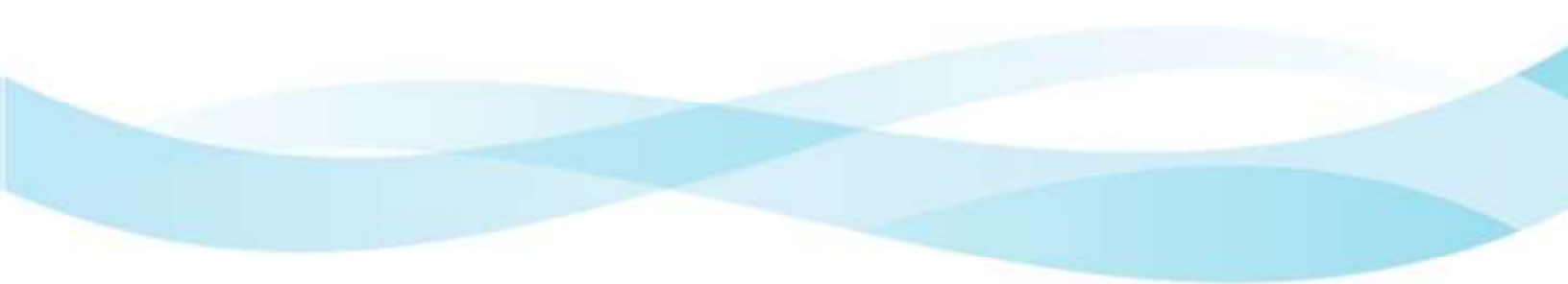
community residents have access to the care they need, when they need it, regardless of financial capacity and social circumstance.

- The Jewish Hospital predominantly serves residents of ZIP code 45236 and contiguous ZIP code areas, which include portions of Hamilton and Warren counties, and parts of Butler and Clermont counties.

- Anderson Hospital predominantly serves residents of ZIP code 45255 and contiguous ZIP code areas, which include portions of Hamilton and Clermont counties, as well as parts of Brown County.

- Clermont Hospital proudly serves Hamilton, Clermont, Adams, Brown and Highland County and surrounding areas. The vast majority of patients reside in ZIP code 45103 and contiguous ZIP code areas.

- Fairfield Hospital serves residents of ZIP code 45014 and contiguous ZIP code areas, which include portions of Butler and Hamilton counties.

- West Hospital primarily serves Hamilton County and those with in the 45211 ZIP Code and its surrounding area.
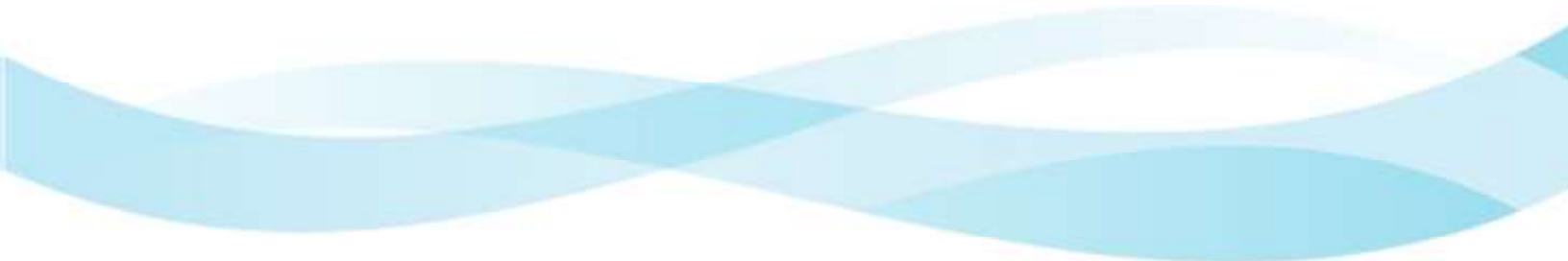
MISSION
We extend the healing ministry of Jesus by improving the health of our communities with emphasis on people who are poor and under-served.

Mercy Health's Mission and culture are expressed through the organization's core values:

Compassion
Our commitment to serve with mercy and tenderness
Excellence
Our commitment to be the best in the quality of our services and the stewardship of our resources
Human Dignity
Our commitment to value the diversity of all persons and to be respectful and inclusive of everyone
Justice
Our commitment to act with integrity, honesty and truthfulness
Sacredness of Life
*Our commitment to reverence all life and creation*
Service
Our commitment to respond to those in need

Executive Summary

BACKGROUND AND PROCESS
Mercy Health Cincinnati collaborated with 35 hospitals across Greater Cincinnati/Dayton, 28 local health departments serving Mercy Health Cincinnati's communities in which it serves, more than 1400 healthcare consumers, and organizations and non-profits serving the needs of residents across 25 counties in the Greater Cincinnati/Dayton area. The collaborative process was managed through entities working closely together: The Health Collaborative (lead agency); the Greater Dayton Area Hospital Association; and Public Health - Dayton & Montgomery County (secondary data collection for Ohio counties).

Numerous qualitative and quantitative data methods were leveraged to identify, collect, interpret, and analyze data. CHNA Consultants sought data that reflected recent as well as emerging issues by people who lived in the hospitals' service areas, with attention to vulnerable populations and social determinants of health.
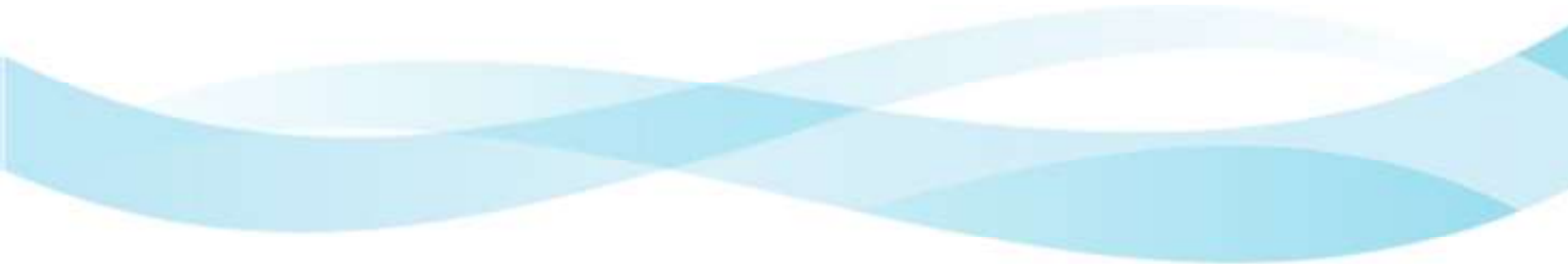
Primary data from meetings and surveys was collected from April through July of 2018. The technique of discourse analysis was used to categorize comments, sort and count them, and calculate how often ideas were repeated. Secondary data started with the resources of County Health Rankings with additional data from reputable national and state sources in Indiana, Kentucky, and Ohio.

The process included an oversampling of vulnerable populations including African Americans; Elderly residents; Latino residents; LBGTQ+ residents; refugees from Rwanda; and urban residents. Community Need Index scores were utilized to identify the likelihood of healthcare disparities at the ZIP Code level for all ZIP Codes in 25 counties.

In addition to the input and data collected through the Regional Community Health Needs Assessment, Mercy Health Cincinnati incorporated relevant findings from the State Health Needs Assessment and State Health Improvement Plan planning process and County collective impact initiatives focused on known need areas, specifically the annual report and five-year strategic plan for Cradle Cincinnati, Hamilton County's infant mortality reduction task force.

Identifying significant needs

Regional priorities were determined by consensus ranking between the primary data responses and the supporting statistics. The prioritized health needs were collectively convened and approached by theme. Priority is determined by ranking, which is reflective of the average. For primary data, the number of votes in community meetings and the number of mentions on surveys were tabulated. For secondary data, a set of criteria were applied to determine which health and health-related issues were regional priorities. These criteria included:
- Regional rates lagging state and/or national rates
- Worsening trend
- Risk factor for serious disease
- Local rates not meeting national targets of Healthy People 2020
- Measure is a state priority

The five issues that appear as the region's top priorities overall are those with consensus across all five sources of input (four primary sources plus the secondary data). The five identified priorities ranked in the top 8 for all primary and secondary data sources (meetings and survey from consumers, health departments, and agencies). These priorities are key findings of the CHNA report because they show the areas of agreement between secondary data and all sources of primary data for the region. In addition, infant mortality

reinforced as pressing community health need and key area of continued focus for Mercy Health and its collaborative partners. Infant mortality ranks as one of the top priorities in the Ohio Department of Health's State Improvement Plan and is shared by City and County Health Departments in Mercy Health's Service area. Despite significant progress, it continues to be an ongoing challenge for both the state of Ohio and City of Cincinnati with Ohio currently ranking 43rd out of 50 states for infant deaths per 1,000 live births.

Implementation Plan

The Cincinnati market is continuing to work with other county agencies and is committed to developing a county-wide Community Health Improvement Plan. While that plan is still being finalized, the Cincinnati market is committed to addressing the health needs of the community through the strategies and tactics described in this Implementation Plan, which will be in alignment with the overall Community Health Improvement Plan.
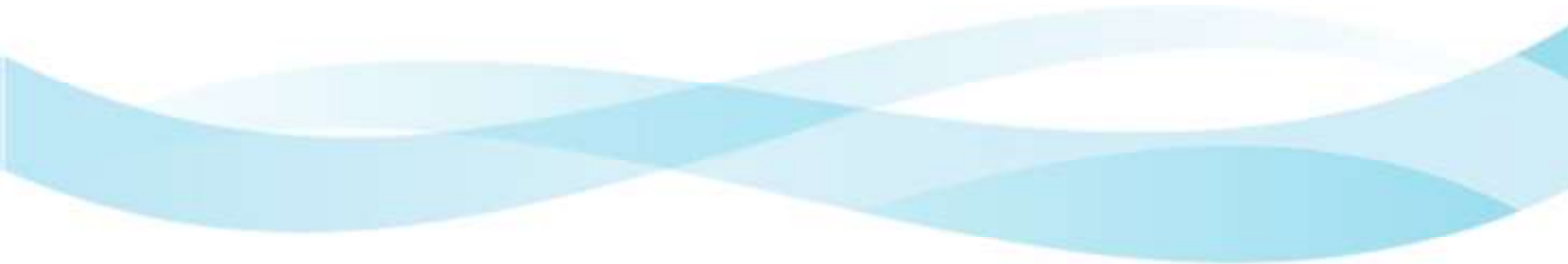
PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS

The table below lists the significant community needs that were identified through the CHNA and specifies which needs the Cincinnati market will address.

PRIORITIZED SIGNIFICANT NEEDS ADDRESSED BY CINCINNATI MARKET HOSPITALS

Community Health Need	Hospital Addressing Need (Y/N)				
	Anderson	Clermont	Fairfield	Jewish	West
Substance Abuse	Y	Y	Y	Y	Y
Mental Health	Y	Y	Y	Y	Y
Access to Care	Y	Y	Y	Y	Y
Chronic Disease	Y	Y	Y	Y	Y
Healthy Behaviors	Y	Y	Y	Y	Y
Infant Mortality	Y	Y	Y	Y	Y

The Cincinnati market will address each need with regional strategies that have various activation dates throughout the three-year implementation life cycle. Some of the strategies will take place in communities that are geographically associated/tagged to a specific hospital.

IMPLEMENTATION STRATEGIES TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS

SUBSTANCE ABUSE

Description
As detailed in the hospital's Community Health Needs Assessment Report:
Although Substance Abuse Disorder is a mental health diagnosis, the volume of responses indicated that substance abuse remain a separate category related to the use and abuse of illegal drugs, prescription drugs, alcohol, and addiction in general. Comments about the impact of alcohol on society and families recurred in meetings and on surveys. Multiple people asked for less concentration on drug specific responses and more approaches that deal with the underlying problems leading to addiction of any kind. The vast majority of responses from surveys or in meetings were the general terms, 'substance abuse,' or 'drug abuse.' Heroin continues to be a source of grave concern throughout the region.

Secondary data supported substance abuse as a priority. Twenty-three counties out of 25 had high rates of drug poisoning deaths; only Ohio County in Indiana had a rate below the national rate of 14.6 deaths per 100,000. Eighteen counties had high rates of binge alcohol consumption, exceeding the national rate of 16.6%. The measure is based on the percentage of the population drinking 5 or more drinks in one sitting (4+ for women). Sixteen counties had high percentages of motor vehicle deaths involving alcohol, above the nation's rate of 30%.

Goal
Reduce unintentional drug overdose deaths.

Expected impact
A reduction in substance abuse.

Targeted populations
Targeted populations include the following zip codes: 45238,45211, 45205, 45239, 45231, 45230, 45215, 45237.

Strategies
Mercy Serves AmeriCorps Program: A unique, service-learning program preparing the next generation of healthcare leaders to think differently about healthcare by exposing them to patient care at its most challenging level. Participants work alongside Emergency Department staff to provide critical support to patients with opiate-use disorders. They
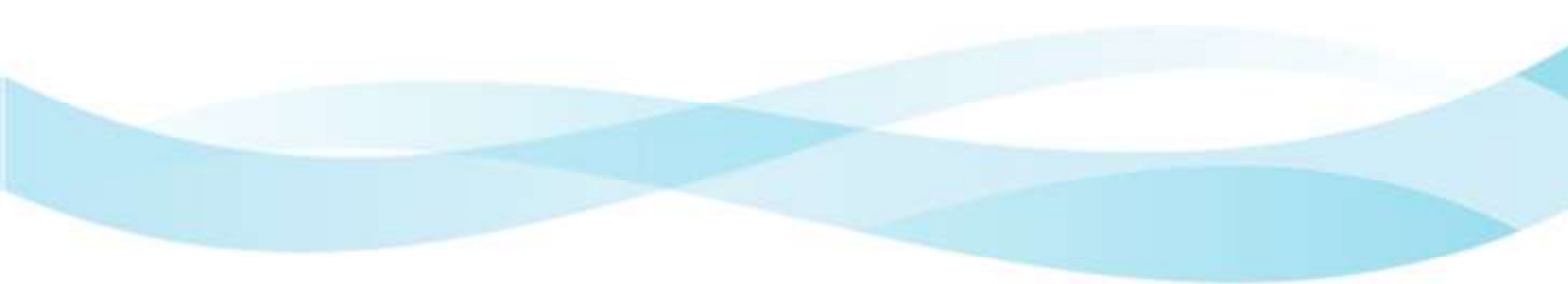
screen, provide brief interventions and referrals, and follow patients after discharge, serving as a supportive resource throughout the treatment process. More importantly, participants work for the patient - they advocate, listen and support any patient who is ready for treatment with the necessary resources and follow up throughout their recovery. Funding is resourced through a Federal grant (managed by Mercy Health Foundation), Mercy Health Foundation and Community Health- Cincinnati.

Strategic measures
Program measures include Mercy Serves members being placed, patients being served, and percentage of patients screening positive that identify actionable step toward treatment/recovery.

Community collaborations
Collaboration with AmeriCorps.

Community resources available
The existing healthcare facilities and other resources in the community that are available to meet the prioritized need include: Bethany House, Addiction Services Council, Life Point Solutions, Clermont County Mental Health and Recovery Board, and Child Focus INC.

MENTAL HEALTH

Description
As detailed in the hospital's Community Health Needs Assessment Report:
Generalized 'Mental health,' was the most common response from the agency surveys. For the first time 'child mental health' was frequently mentioned. Depression was cited most often, followed closely by anxiety. Suicide was openly discussed in several meetings, and it was a priority in both LGBTQ+ meetings. Next most commonly mentioned were mood disorders and ADD/ADHD. Self- harming came up several times, as did stigma. Trauma and specifically Adverse Childhood Experiences – both the impact of past experiences on adults and the impact on children living through them now. A disturbing trend was the increase in comments about the need for psychiatric hospital beds for children younger than 12.

Related issues included access to mental health providers in the community, insurance for behavioral health treatment, and providers who would accept Medicaid. Secondary data corroborates the lack of providers, and 24 of 25 counties do not have enough mental health providers. Only Hamilton County meets (and exceeds) the national ratio of 1 provider for
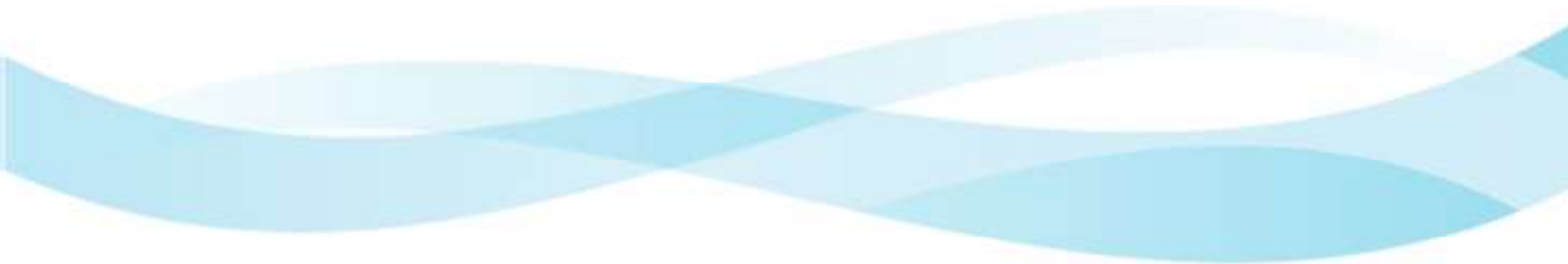
every 470 people. In Ohio, the ratio is 1 per 561; in Kentucky 1 per 525; and in Indiana 1 per 701.

Other related metrics include depression percentage, suicide rate, and average number of poor mental health days. Eighteen counties have people reporting more than 3.7 days, the national average. Sixteen counties have high suicide rates. The national rate in 2016 was 13.4 deaths per 100,000, and it has increased 28% from 1999 to 2016.2 Ohio's rate was 13.1; Indiana's rate 14.25; and Kentucky's 19.3. Depression rates in Ohio (18.5%), Kentucky (22%), and Indiana (24%) exceed the national rate of 17.1% of the population. Major depressive disorders were among the top 20 most common diagnoses of hospitalized patients in the region.

Goal
Improve coverage rates; reduce percentage of uninsured patients.
Decrease unnecessary ED utilization

Expected impact
Client self-sufficiency.

Targeted populations
Identified targeted populations include those who are economically disadvantaged, indicated by the 200% or below the federal poverty line; these are socially complex populations as well as the uninsured/underinsured.

Strategies
The Mercy Health Partnership Program provides supportive services for uninsured/underinsured patients or those at risk for losing their coverage. It helps individuals maintain their care through prescription benefits and co-pay support while providing case management and community connections to help move clients from a state of crisis to self-sufficiency. Three LSWs serve the Cincinnati Region and take referrals from ambulatory and acute providers. Mercy Health, Community Health- Cincinnati has committed and allocated funding in the annual budget to resource this program.

The Community Health Worker Program provides support for socially complex and medically underserved who struggle to get the support they need to get and stay healthy. The program addresses frequent and unnecessary utilization often attributed to social and financial circumstance and leverages evidence-based pathways to help patients navigate a complex matrix of services and find their way through to better health. Mercy Health
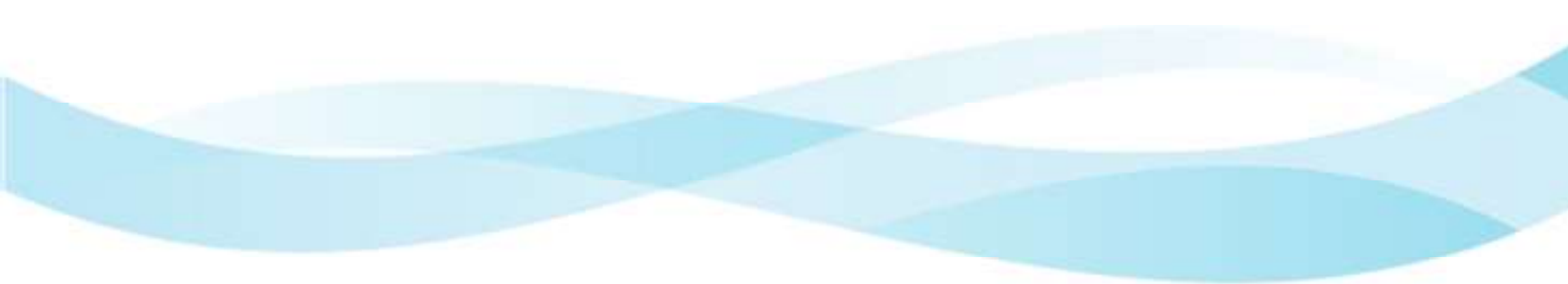
Cincinnati will work alongside partner, Healthcare Access Now (HCAN) for Community Health Worker (CHW) program development.

Strategic measures
Strategic program measures include client encounters and number of clients served, number of pathways completed, barriers resolved- percentage of clients with primary barrier addressed.

Community collaborations
Bethany House, and Clermont County Mental Health and Recovery Board.

Community resources available
The existing healthcare facilities and other resources in the community that are available to meet the prioritized need include:
Relevant service providers in the Hospitals' community include Bethany House, Addiction Services Council, Life Point Solutions, Clermont County Mental Health and Recovery Board, and Child Focus Inc.

**ACCESS TO CARE**

Description
As detailed in the hospital's Community Health Needs Assessment Report:
The lack of access to providers was mentioned most often. Including providers being out-of-network for insurance as well as providers located outside the geographic area; and too few specialists. Other barriers and gaps identified included no insurance; inadequate insurance coverage; high deductible plans; affordability of care (co-pay and/or out-of-pocket); cost of medication; can't take time off during working hours; no one to watch children; language barrier; and/or lack of local services (e.g., cancer treatment). Transportation was a total of 7% of all mentions within the Access category.

The secondary data reflects that many counties have provider shortages. Twenty counties have fewer dentists than their state ratios of one dentist per 1,660 (Ohio), 1,561 (Kentucky), or 1,852 (Indiana). Eighteen counties have fewer primary care physicians (PCP) than their state ratios of one PCP per 1,310 (Ohio), 1,507 (Kentucky), or 1,505 (Indiana).

Goal
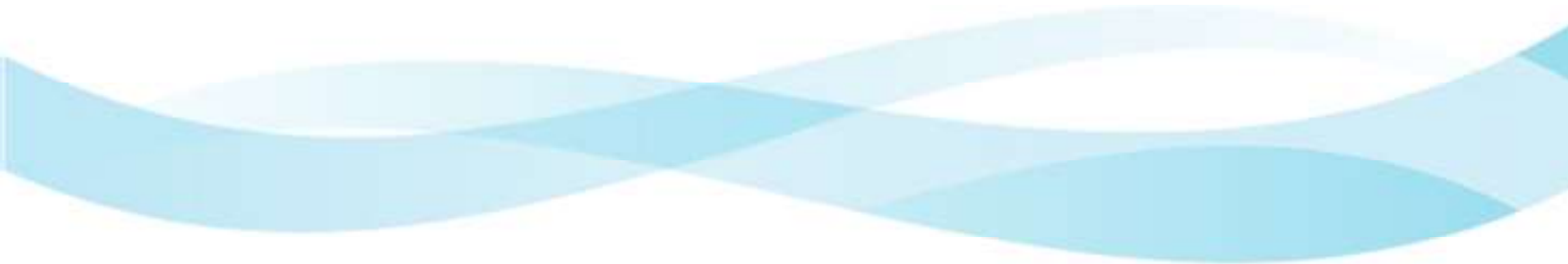
Reduce chronic absenteeism; Improve school performance; Reduce trauma/Adverse Childhood Experiences (ACE's); Reduce health disparities.
Reduce ED utilization
Early identification of cancer

Expected impact
Reduce barriers and increase access to healthcare services

Targeted populations
Identified targeted populations include African Americans and the economically disadvantaged. Those students that are receiving free and reduced lunches.

Strategies
Mercy Health's School-Based Health Centers provide critical healthcare access to students and their families by offering a location that is safe, convenient, and accessible. These health centers are strategically placed within medical deserts and open to the community to help support the broader primary care needs. 75% of those served have Medicaid coverage and another 4% have no insurance coverage at all. The school-based health team works alongside school leadership, community organizations and families to ensure children and adolescents have the resources they need to thrive in the classroom and beyond. Community Health- Cincinnati commits to funding the resources required for this body of work and will contract Prevention First for additional programing.

Mercy Health community clinics provide critical primary care access to uninsured and underinsured patients in underserved communities. These clinics are located at Mercy Care Clinic (Anderson/Clermont), Avondale Residency Clinic, and WinMed Residency Clinic (Bond Hill). Mercy Health Cincinnati has committed to serving and providing resources to communities of need.

The Mobile Mammography Program has two mobile units offering screening mammograms at various locations throughout the Greater Cincinnati region ensuring everyone has access to the preventative care they need for early cancer detection and intervention.

Strategic measures
Mercy Health's School-Based Health Centers: Well child checks, percent eligible up to date. Body mass index, percentage of patients in healthy range. Reduce chronic absenteeism identified as missing 10% or more of the school year for any reason.

Mercy Health community clinics: Number of patients and number of encounters
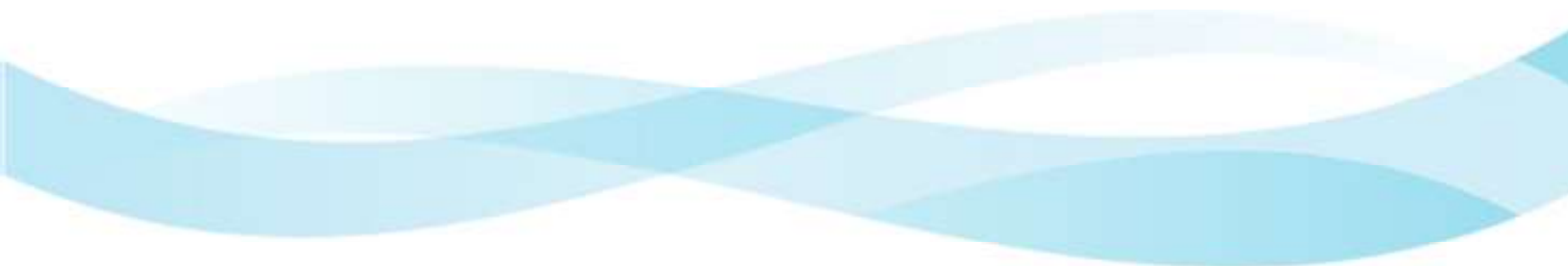
Mobile Mammography Program: Number of screenings and patient education materials

Community collaborations
Collaborations with the following schools Sayler Park, Silverton, Pleasant Hill, and Mount Washington.

Community resources available
Relevant service providers include Cincinnati Works, First Ladies Family Health, Health Care for the Homeless, Norwood Health Department, and People Working Cooperatively.

CHRONIC DISEASE AND HEALTHY BEHAVIORS

Description
As detailed in the hospital's Community Health Needs Assessment Report:
The most common chronic diseases cited were heart disease, cancer, and diabetes. Hypertension was commonly cited, and stroke, allergies, and arthritis were mentioned several times. According to the secondary data, lung cancer and Type 2 Diabetes significantly impact the region. Sixteen counties had high rates of chronic lower respiratory disease deaths for people aged 65 and older. Arthritis, cardiovascular, heart, and respiratory issues were among the top 20 most common diagnoses of hospitalized patients in the region.

The Healthy behaviors category captured recommendations on building healthy behaviors such as: healthy eating, increasing exercise, quitting unhealthy substances and losing weight. Secondary data supports the public perception of needing to address alcohol intake, physical inactivity, smoking, and/or weight. Twenty-two counties have higher percentages of adults who smoke, compared to the national percentage of sixteen percent. Nineteen counties have more residents who are physically inactive, compared to the national percentage of twenty-five percent Seventeen counties exceed the national percentage of adults who are obese, nearly thirty percent.

Goal
Reduce food insecurity, heart disease, diabetes, and health disparities.

Expected impact
Improve the health measures of the community through food consumption.
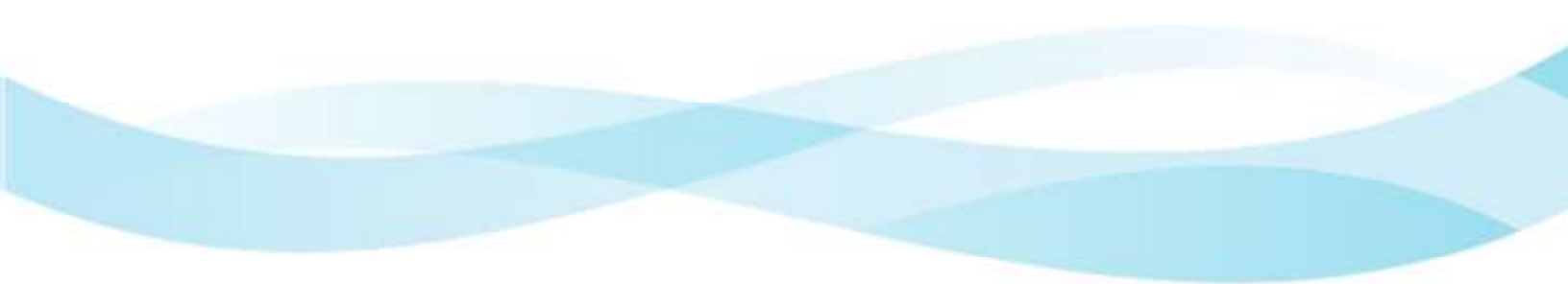
Targeted populations
Identified targeted populations include the economically disadvantaged, Medicaid/self-pay, TANF eligible families, and low income or low access tracts where a significant share of residents are more than 1 mile (urban) or 10 miles (rural) from the nearest grocery store.

Strategies
The Healthy Neighborhoods program addresses individual barriers and community conditions to address food insecurity and improve the health and wellness of underserved communities in the Greater Cincinnati Region. Includes robust assessment of the local food systems in neighborhoods surrounding our primary care offices and school-based health centers, especially those serving high numbers of Medicaid patients. It also provides healthy food vouchers, nutrition incentives and supportive programming to families seen by participating Mercy Health PCPs. Mercy Health Cincinnati secured the Bon Secours Mercy Health Impact grant to help fund and resource this program/strategy.

Strategic measures
Biometric indicators such as body mass index, weight, blood pressure and glucose, percent showing improvement. Increase in percentage of fruit and vegetable consumption in diet.

Community collaborations
Produce Perks

Community resources available
The existing healthcare facilities and other resources in the community that are available to meet the prioritized need include:

Relevant service providers include Community Action Agency, Center for Closing the Health Gap, Hamilton County Job and Family Services, Talbert House, and Women Helping Women.

INFANT MORTALITY

Description
As detailed in the hospital's Community Health Needs Assessment Report:
In Hamilton County, the infant mortality rate has consistently been worse than the U.S. average. Babies who are born alive but die (for any reason) before their first birthday, contribute to a community's infant mortality rate. Main contributors to Hamilton County
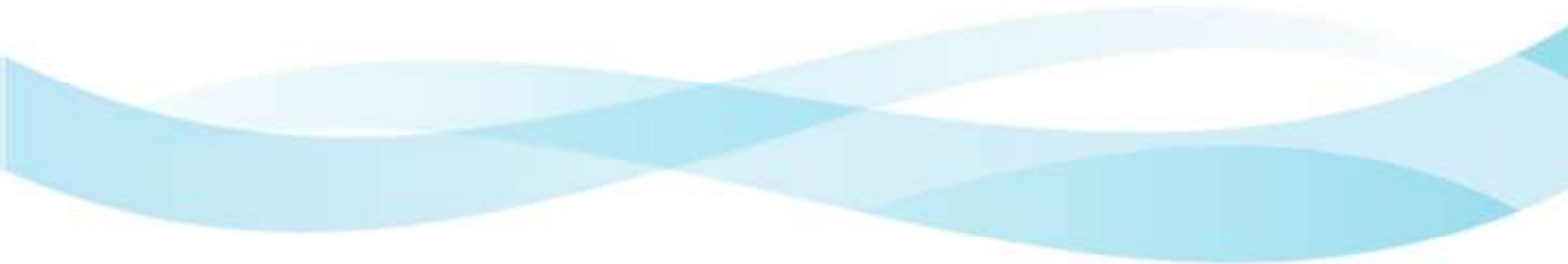
cause of infant death from 2014 to 2018 are 57% extreme preterm birth, 22% birth defects,13% sleep-related, and 8% other including homicides, infections accidents or other causes. In 2018, fewer babies died than ever in Hamilton County history. While this indicates progress, the reality remains that the total number of deaths still far exceeds the U.S. average. Moreover, the stubborn disparity between Black outcomes and White outcomes in Hamilton County has continued with black families experiencing infant mortality rates nearly three times that of white families. As such, Infant Mortality remains a prioritized health need and area of critical focus for health equity and disparity reduction.

There is black infant death crisis, evidenced by a more than three times rate of death for a black baby versus a white baby. Success in lowering infant mortality rates must address racial equity. In the U.S., there are 261 counties with populations greater than 250,000; in none of these communities is the Black infant mortality rate as low as the white rate. 66% of all sleep-related infant deaths in the past five years happened to black families (Hamilton County). Interventions and strategies to address infant mortality include imbedding community health workers, radical empathy toward racism through facilitated conversations, policy level change at the state and local level, place-based strategies at a neighborhood level, group prenatal care and reducing implicit bias in prenatal care.

Goal
Reduce the infant mortality rate (deaths/1,000 live births).

Expected impact
Provide barrier resolution, reduce pre-term births, low birth weights and racial disparity in infant deaths.

Targeted populations
African American women of childbearing years.

West Target Zip codes:
45225 Millvale (16.3 IMR)
45214 South Fairmount (14.1 IMR)
45233 Northside (13.7 IMR)

Fairfield Target Zip codes:
45240 Forest Park (17.7 IMR)
45231 Mount Healthy, Finneytown, North College Hill (10.4 IMR)

Other: Jewish

45237 Bond Hill, Roselawn (13.4 IMR)

Strategies
Perinatal Outreach Program encompasses external partnerships and internal programs aimed at addressing infant mortality, including financial support for Cradle Cincinnati, Healthy Moms and Babes and Mercy Health's perinatal outreach team that provides social and emotional support for high-risk moms throughout their pregnancy and beyond. Community Health- Cincinnati has committed funding in the annual budget to these partnering organizations to deploy this body of work.

Strategic measures
Number of clients served, number of pathways completed, number of group participants, number of clients enrolled in ongoing therapy and healthy birth outcomes.

Community collaborations
Cradle Cincinnati and Healthy Moms and Babes.

Community resources available
The existing healthcare facilities and other resources in the community that are available to meet the prioritized need include:

Cradle Cincinnati, Health Care Access Now, Healthy Moms and Babes, Cincinnati Children's Hospital Medical Center, federally qualified health centers, prenatal providers and birthing hospitals. While deaths are declining for everyone, the gap locally and nationally is growing in racial disparity in infant deaths.