MERCYHEALTH
Anderson Hospital

2017–2019 Community Health Needs Assessment
Implementation Plan

ADOPTED BY THE CINCINNATI REGIONAL BOARD OF TRUSTEES, OCTOBER 2016

MERCY HEALTH — ANDERSON HOSPITAL
7500 State Ave., Cincinnati, OH 45255

A Catholic healthcare ministry serving Ohio and Kentucky

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Introduction

Mercy Health — Anderson Hospital ("Anderson Hospital") is a 226-bed, full-service hospital providing inpatient, outpatient and ancillary health care services. Anderson Hospital, along with local health, education, social service, non-profit and governmental agencies participated in a Community Health Needs Assessment ("CHNA") conducted for Hamilton County, Clermont Counties and surrounding areas. The detailed process, participants and results are available in Cincinnati's Community Health Needs Assessment Report which is available at mercy.com.

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

Beyond the programs and strategies outlined in this plan, Anderson Hospital 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 2017 and 2019. However, we anticipate that some of the strategies, tactics and even the needs identified will evolve over that period. Our flexible approach to addressing the significant community needs will enable us to adapt to changes and collaboration with other community agencies.

COMMUNITY SERVED BY HOSPITAL

Anderson Hospital strives to ensure all residents of eastern Greater Cincinnati have access to advanced medical technology and quality care. We serve residents of ZIP code 45255 and contiguous ZIP code areas, which include portions of Hamilton County, Clermont County, and parts of Brown County. For the purposes of the CHNA, Anderson Hospital used Clermont and Hamilton Counties in Ohio as the main service area. Based on patient discharge data, 56.2% of patient discharges are residents of Clermont County, and 25.8% of discharges are in Hamilton County.

In 2015, Hamilton County had 804,520 residents with 23.3% being youth or adolescents under the age of 18, 62.8% being adults between the ages of 19 and 65, and the remaining 13.9% being adults over the age of 65. The majority of the residents were Caucasian (67%), followed by African-Americans (25.7%), and Hispanics (2.8%). The mean household income in Hamilton County is $48,565. In Hamilton County, 16% of all adults and 5% of children are uninsured, and 13% of all residents are in poor health.

In 2015, Clermont County had 200,218 residents with 24.5% being youth or adolescents under the age of 18, 62.1% being adults between the ages of 19 and 65, and the remaining 13.4% being adults over the age of 65. The majority of the residents were Caucasian (94.4%), followed by Hispanics (1.7%), African-Americans (1.3%), and Asians (1.1%). The mean household income in Clermont County is $61,398. In Clermont County, 15% of all adults and 5% of children are uninsured, and 16% of all residents are in poor health.

Executive summary

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's Mission and culture are expressed through the organizational 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

BACKGROUND AND PROCESS

Anderson Hospital participated in a regional Community Health Needs Assessment (CHNA) process coordinated by The Health Collaborative in 2015. The Health Collaborative assembled a team that included a consultant with past CHNA experience and two graduate student interns from Xavier University's Department of Health Services Administration. A senior vice president at The Health Collaborative provided executive oversight.

Primary data was obtained through community meetings and an online consumer survey. Additionally, there were 23 counties involved in this assessment. Commissioners from all 23 Health Departments were interviewed. In addition, experts on topics such as heroin addiction, environmental health and sexually transmitted diseases were consulted, and county data and Community Need Index maps were referenced. Meetings were also held with hospital representatives in February, May, June and August 2015. The Community Health Needs team compared the secondary data to the priorities and issues identified through the meetings, surveys and interviews.

Attention was given to gathering input from members of medically under-served, low-income, and minority populations in all counties. Focus groups were held in all counties for population to give input. There was a special Latino Focus groups held in Spanish.

Ninety-nine organization provided input in the counties serving Anderson Hospital. They included cancer focused groups, American Red Cross, local shelters, Catholic Charities of Southwest Ohio, health focused groups, hospitals from seven local systems, child focused agencies, senior citizen services, mental health services, community action agencies, all health departments, FQHC services, foodbanks, social service agencies, Veterans Service Commission, addiction service agencies, school systems, pregnancy and pre-natal service agencies, Urban League of Southwest Ohio, Women Helping Women, YWCA, and Council on Aging of Southwestern Ohio.

Identifying significant needs

As part of the Community Health Needs Assessment, and under the leadership of The Health Collaborative, participants were asked to identify unmet community needs. Health issues discussed during community meetings were prioritized by totaling the number of "dots" each issue received and dividing by the number of total votes. Community health issues noted in online and agency surveys were ranked according to the prevalence of key words and phrases. Rankings of the issues noted by local health department commissioners or their representatives were likewise tabulated and ranked based on prevalence.

The community convener, aggregator and evaluator then combined this data with external secondary data sources. The collective input was aggregated and ordered based on prevalence of response across all areas to produce the combined priorities for the region. The team found that:

- Substance abuse appears as a top priority across all five sources of input.
- Mental health and access to care each appear four times.
- Diabetes, obesity and smoking appear as priorities three times each.
- Cancer appears twice, once as lung cancer specifically.
- Healthy behaviors appear twice. However, if smoking and obesity were included, healthy behaviors would be reflected in eight out of the 31 priorities identified.
- Access to healthy foods/nutrition, communicable disease, dental health, injuries and social determinants each appear once as priorities.

In addition to the combined priorities for the region, infant mortality was identified as a community health need. Infant mortality ranks as one of the top priorities in the Ohio Department of Health's State Improvement Plan, and continues to be an ongoing challenge for both the state of Ohio and City of Cincinnati. Ohio ranks 44th out of 50 states for infant deaths per 1,000 live births.

A core team comprised of leadership from Mercy Health's Mission Department and the Population and Community Health Institute developed a methodology for weighting the data collected throughout the community health needs assessment and the areas of potential investment identified by Community Benefit Committees within each hospital.

There were four areas of regional input received through the CHNA (community meetings, consumer surveys, agency surveys, and health departments). Each area of regional input was assigned a weight of .05 and given a ranking of high, medium or low for a combined regional weight of .2. The team incorporated local feedback solicited at several county specific meetings into the prioritization process and intentionally weighted this domain higher than the other stakeholder views (.3) to encourage support for a local agenda.

For each area of regional input received and the local feedback solicited, the top three issues identified were assigned a high priority. Any issue that was explicitly mentioned but did not rank within the top three was assigned a medium priority. Issues that were not identified were assigned a low priority.

Finally, hospital leaders held Community Benefit Committee meetings and reviewed the community priorities alongside their current service offerings. They determined the areas in which they had the opportunity for the greatest impact. The community health needs were assigned a high, medium or low ranking based on their confidence and capacity to produce measureable outcomes. The hospital input was weighted the highest (.5) to ensure meaningful investments were made within the areas of identified community need.

The weighted averages for regional, local, and hospital input were totaled to identify the top five health priorities as:

Identified Health Need	Regional Weighted Average	Local Weighted Average	Hospital Weighted Average	Total
Substance Abuse	0.6	0.9	1.5	3.0
Access to Care	0.5	0.9	1.5	2.9
Mental Health	0.45	0.9	1.5	2.85
Smoking	0.4	0.3	1.5	2.2
Infant Mortality	0.2	0.3	1.5	2.0

Implementation Plan

While Anderson Hospital is committed to addressing the health needs of the community through the strategies and tactics described in this implementation plan, Anderson Hospital is continuing to work with other county agencies on a countywide County Community Health Improvement Plan (CHIP).

PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS

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

Prioritized significant community health need	Addressed by hospital
Substance abuse	Yes
Mental health	Yes
Access to behavioral health services	Yes
Smoking cessation (including lung cancer)	Yes
Infant mortality	Yes

IMPLEMENTATION STRATEGIES TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS

In 2015, Anderson Hospital provided over $10.2 M in Charity Care and Medicaid supplements alongside significant investments in health education and health promotion. The organization will continue its commitment to these core Community Benefit practices and will also introduce several targeted strategies that deliberately address community health needs identified through the CHNA. Namely, Anderson Hospital will introduce programs and partnerships that enhance the accessibility and coordination of primary and preventative health services (i.e., education and supplies for safe sleep practices to reduce infant mortality, smoking cessation programs, and lung cancer screenings for community members, behavioral health programs for general population with depression, alcohol use, drug use, as well as mental health providers in physician practices.)

The proposed partnerships and programs represent an additional $1,104,000 in Community Benefit investments that will supplement the already existing Charity Care and Community Benefit practices of Anderson Hospital.

SUBSTANCE ABUSE

Description
As detailed in Anderson Hospital's Community Health Needs Assessment Report:

Opiate addiction has become a public health issue in recent years, and the drug overdose crises has hit epidemic levels in Ohio with the average annual death rate in Ohio being twice that of the U.S. drug overdose rate (27.7 per 100,000 vs. 14.7 per 100,000).

Goal
Create an evidence based opiate withdrawal protocol based on the 11 parameter clinical opiate withdrawal scale appropriately use for patients admitted with medical illness, link to internal and external medication assisted therapy for opiate use disorder and rehabilitation.

Expected impact
Augment identification of behavioral conditions prior to onset of chronicity, when problems are typically more severe and difficult to treat

Targeted populations
Admitted patients with opiate use disorder and withdrawal

Strategies

1. Train physicians and nurses on medically assisted therapy for opiate withdrawal.
2. Seek out grant funding and opportunities/ comprehensive staffing.
3. Provide marketing and outreach materials to educate patients/families and providers in physician practices.

Strategic measures

1. Number of clinicians trained of opiate withdrawal orderset.
2. Education to patients and families on abuse disorders
3. Education to physicians
4. Number of patients enrolled in medically assisted treatments
5. Number of patients enrolled in medically-assisted treatments after 3 months.

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

- Community Behavioral Health Center
- Sojourner Recovery Services
- Clermont Recovery Center
- Clermont County Opiate Task Force
- Addiction Services Council
- Health Care for the Homeless
- PreventionFIRST!
- Talbert House
- Urban Minority Alcoholism Drug Abuse Outreach Program (UMADAOP) of Cincinnati, Inc.

MENTAL HEALTH

Description
As detailed in Anderson Hospital's Community Health Needs Assessment Report:

In Hamilton County, the suicide rate is higher than the state rate (13.3 per 100,000 versus 12.9). In Clermont County, the suicide rate is notably higher than the state rate (18 per 100,000 versus 12.9). In Hamilton County, the mental health provider ratio is 458:1. In Clermont County, the ratio is 2,356:1. These numbers are a bit misleading as access to services relies heavily on a patient's insurance coverage and ability to pay out-of-pocket. Many private practitioners do not accept any insurance and only accept direct payment. Wait times for psychotherapy or counseling average one to two months. Wait times for psychiatric services average three to six months. The wait is longer for specialized populations such as children and adolescents, averaging six months or more for outpatient mental health care.

Goal
Augment identification of behavioral conditions prior to onset of chronicity, when problems are typically more severe and difficulty to treat (for patients, organizations and providers).

Expected impact
Identification of behavioral health concerns/issues in the general patient population (specifically, depression, alcohol use, and drug use) using the Screening, Brief Intervention, and Referral to Treatment protocol (SBIRT).

Targeted populations
Population who presents at Emergency Departments (ED) and give evidence of mental health issues

Strategies

1. Educate technicians, ED staff and providers on SBIRT protocol.
2. Seek out grant funding opportunities for community partnerships.
3. Provide marketing and outreach materials, and education to patients and families.

Strategic measures

1. Number of Brief interventions
2. Number of Referrals to Treatment at other levels of care, special services, etc.

Community collaborations and resources available

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

- Talbert House
- Central Community Health Board of Greater Cincinnati
- Central Clinic
- Mercy Health Behavioral Health Institute
- Child Focus
- Greater Cincinnati Behavioral Healthcare (Lifepoint Solutions)
- Catholic Charities Southwestern Ohio
- Community Behavioral Health Center
- Talbert House
- Crossroads Health Center
- HealthCare Connection
- LifeSpring Counseling Ministry
- Mental Health Access Point
- Greater Cincinnati Behavioral Health Services and Central Clinic

ACCESS TO BEHAVIORAL HEALTH SERVICES

Description

As detailed in Anderson Hospital's Community Health Needs Assessment Report:

Mental health access was a significant health gap and therefore a priority need by the focus group meetings, consumers, health agencies, health departments and secondary data. We have identified the need to improve patient access to behavioral health services and support a population health model of healthcare delivery.

Goal

Augment access to behavioral healthcare (mental health and population health) by embedding behaviorists into the primary care setting. Anderson Hospital will seek to increase the number and patient visits for behavioral health consultants embedded in primary care, and increase the number and patient visits for psychiatrists embedded in primary care.

Expected impact

To improve patient access to behavioral health services and to further support a population health model of health care delivery, Mercy Health has invested considerable effort into developing a cohesive, integrated primary care model. This model allows patients and primary care providers to have rapid access to onsite behavioral health consultants and psychiatrists at the point of care, in the primary care setting. These behaviorists help to address psychosocial and/or behavioral health issues. Psychiatrists provide direct patient care in the primary care setting in the form of psychiatric evaluation and medication management.

Targeted populations

Identification of full scope of potential "behavioral health" needs in patient population

Strategies

1. Educate patients to insurance and co-pays as well as advocacy to payers
2. Education and outreach to primary care providers [formal/informal]
3. Education and outreach to patients, families and the communities

Strategic measures

1. Total visit count for behavioral health consultants embedded in primary care
2. Total visit count for psychiatrists embedded in primary care

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

- Talbert House
- Central Community Health Board
- Central Clinic
- Child Focus
- Greater Cincinnati Behavioral Healthcare (Lifepoint Solutions)
- Anderson Clinic
- Anderson OB/GYN Clinic
- Anderson Hospital emergency department advocates
- Mercy Health Partnership Program
- school-based Mercy Health programs
- HealthCare Connection
- 49 local federally qualified health centers (FQHCs)

SMOKING CESSATION (INCLUDING LUNG CANCER)

Description
As detailed in Anderson Hospital's Community Health Needs Assessment Report:

Tobacco use is the single greatest cause of disease and premature death in America today. Cigarette smoking causes around 90% of lung cancers. Despite recent declines in smoking, 19% of adult Americans were current smokers in 2011, making smoking cessation interventions another important strategy for decreasing lung cancer mortality. Smoking cessation is one of the best public health strategies because it is cost-effective and a safe way to help people reduce tobacco use.

There are 648 new cases of lung cancer in Hamilton County and 178 in Clermont County per year. In Hamilton County, lung cancer is the second highest cause of death and first in Clermont County. The scope of lung cancer in Hamilton County is 52 cases per 100,000 with an estimated 418 deaths; in Clermont County it is 56.2 per 100,000 with an estimated 115 deaths.

Due to the correlation between smoking cessation and lung cancer, Anderson Hospital has included strategies to address both smoking cessation and lung cancer.

Goal
Improve the tobacco quit rate at end of smoking cessation program:

- Goal for 2016: initially – 50%; 3 months after quit date – 30%
- Goal for 2017: initially – 52%; 3 month after quite date – 32%
- Goal for 2018: initially – 55%; 3 month after quite date – 35%

Increase the number of lung screens completed by 5% each year.

Expected impact
Improve the tobacco quit rate at end of smoking cessation program.
Reduce the number of lung cancer cases in Hamilton and Clermont counties.

Targeted populations
Smoking cessation: Individuals with history of smoking
Lung cancer: Age 55 – 80, 30 pack-year history of smoking; no symptoms

Strategies
Smoking Cessation:

1. Offer daytime classes and/or one-on-one counseling for cessation.
2. Provide OTC aids and/or provision of prescription nicotine replacement.
3. Provide physician education and develop materials for distribution.

Lung Cancer:

1. Offer predetermined self-pay rate.
2. Identify eligible participants who meet screening criteria. (See target population.)
3. Provide physician education
4. Develop marketing and outreach program to population.

Strategic measures

Smoking cessation: Number of participants who quit by their quit date and number who remain tobacco free three months after quit date.

Lung cancer: Total number of lung screenings in population meeting screening criteria, and number of PCP referrals.

Community collaborations and resources available

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

- Anderson Hospital and other Mercy Health locations
- Clermont Coalition for Activity and Nutrition
- LifePoint Solutions
- American Cancer Society
- Websites including quit.com, tobacco-cessation.org, and smokefree.gov
- American Lung Association
- American Heart Association

INFANT MORTALITY

Description

As detailed in Anderson Hospital's Community Health Needs Assessment Report:

In 2013, 1,024 infants died in the state of Ohio, which is a rate of 7.4 infant deaths per 1,000 live births. This rate is 23% higher than the national average, with African-American infant death rate at 13.8% per live births. According to Cradle Cincinnati, the number of sleep related deaths show 14 fewer in 2014-2015 compared to 2011-2012. Sleep related deaths fell sharply in 2014 coinciding with 28 aligned initiatives led by dozens of partners. In 2015 agencies invested less in the Safe Sleep message and the number of sleep-related deaths rose to previous levels. "ABC" strategy is poised to make significant reduction in SIDS related deaths.

Goal

Reduce infant mortality by educating mothers with knowledge for ABC Sleep Compliance. Provide each new born with a sleep sack.

Expected impact

Reduce SIDS related deaths in Hamilton and Clermont counties.

Targeted populations

All mothers who present to OB Department or OB Clinic.

Strategies

1. Promote A (alone), B (back), and C (crib) program. Provide families with identified needs, "ABC" sleep compliance equipment and supplies.
2. Have clinical social workers help patients navigate the system, enroll in insurance, financial planning and access to health care.
3. Meet with PCPs and OB/GYNs to inform about ABC Sleep Education.
4. Ensure 100% of OB nurses obtain CE's regarding safe sleep practices.

Strategic measures

1. Document the total number of successful sleep practice education.
2. Track the encounters of social worker.
3. Track the compliance of OB nurses.

Community collaborations and resources available

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

- Cradle I Cincinnati
- Healthy Moms and Babes
- Cincinnati Children's Hospital Medical Center
- Win-Med Health Services.
- Every Child Succeed
- March of Dimes
- Healthy Beginnings
- Health Gap
- Head Start