# MERCYHEALTH
## Fairfield Hospital

# 2017–2019 Community Health Needs Assessment
# Implementation Plan

**ADOPTED BY THE CINCINNATI REGIONAL BOARD OF TRUSTEES, OCTOBER 2016**

**MERCY HEALTH — FAIRFIELD HOSPITAL**
3000 Mack Rd., Fairfield, OH 45014
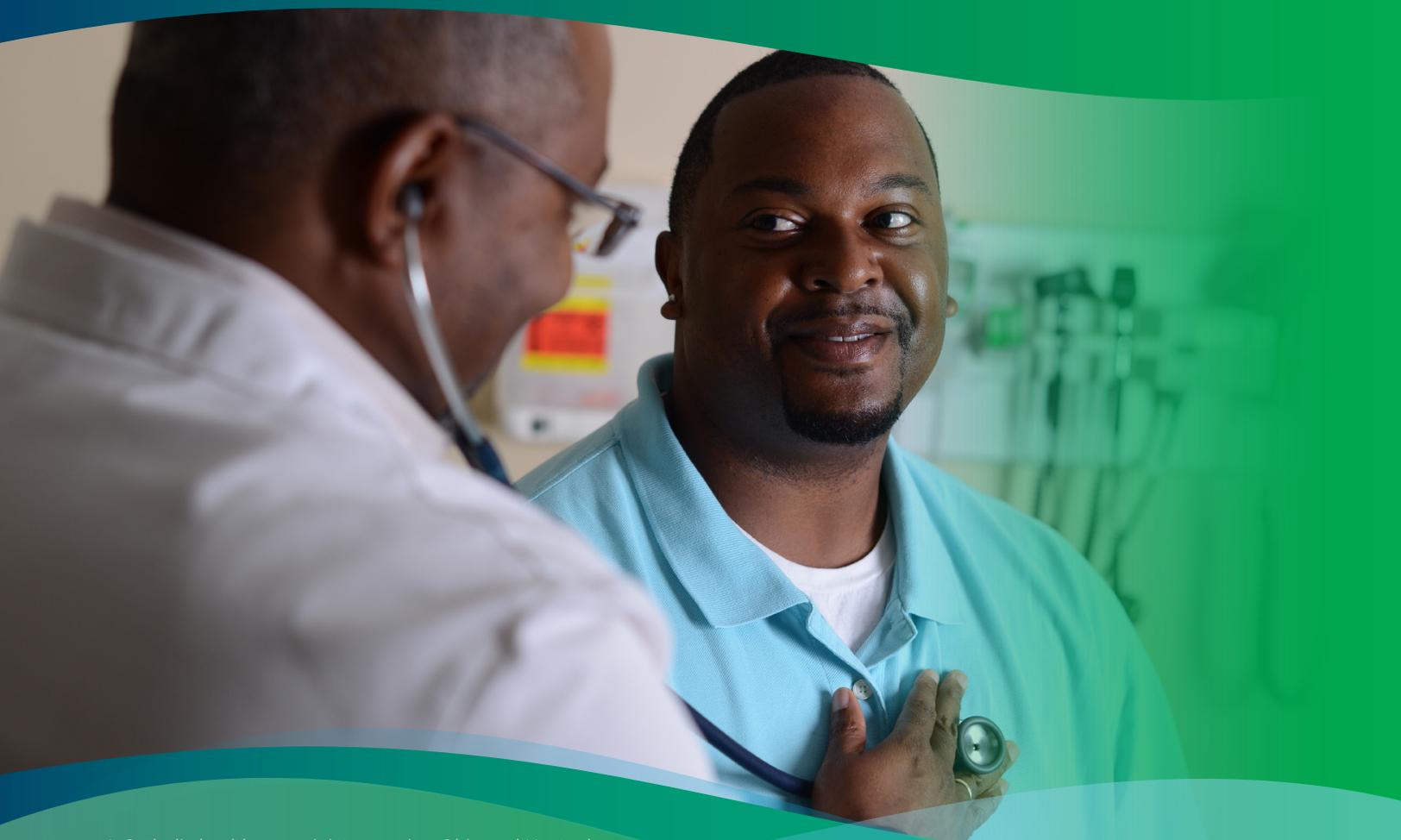
A Catholic healthcare ministry serving Ohio and Kentucky

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# Introduction

Mercy Health — Fairfield Hospital ("Fairfield Hospital") is a 211-bed, full-service hospital providing inpatient, outpatient and ancillary healthcare services. Fairfield Hospital, along with local health, education, social service, nonprofit and governmental agencies, participated in a Community Health Needs Assessment ("CHNA") conducted for Hamilton and Butler counties and surrounding areas. The detailed process, participants and results are available in the Fairfield Hospital 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 Fairfield Hospital will address and how, as well as which needs Fairfield Hospital won't address and why.

Beyond the programs and strategies outlined in this plan, Fairfield Hospital will address the healthcare 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, Fairfield Hospital anticipates that some of the strategies, tactics and even the needs identified will evolve over that period. Our flexible approach to addressing significant community needs will enable us to adapt to changes in collaboration with other community agencies.

## COMMUNITY SERVED BY HOSPITAL

Fairfield Hospital strives to ensure all residents of the community it serves have access to advanced medical technology and quality care. We serve residents of ZIP Code 45014 and contiguous ZIP Code areas, which include portions of Butler and Hamilton counties. Contiguous ZIP Codes include 45011, 45013, 45014, 45015, 45053, 45056, 45064, 45067, 45069, 45218, 45240 and 45246.

For the purposes of the CHNA, Fairfield Hospital used Hamilton and Butler counties in Ohio as the main service area. Patient discharge data indicates 55% of patients are residents of Butler County and 38% of patients are residents of Hamilton County. The remaining 7% are residents of Warren, Clermont and other surrounding counties.

In 2015, Hamilton County has 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 American (25.7%) and Hispanic (2.8%). The mean household income in Hamilton County is $48,565. In Hamilton County, 16% of adults and 5% of children are uninsured, and 13% of all residents are in poor health.

In 2015, Butler County has 371,272 residents with 24.4% being youth or adolescents under the age of 18, 62.8% being adults between the ages of 19 and 65, and the remaining 12.8% being adults over the age of 65. The majority of the residents were Caucasian (83.2%), followed by African Americans (7.6%), Hispanic (4.3%) and Asian (2.7%). The mean household income is $55,992. In Butler County, 17% of adults and 6% of children are uninsured, and 16% of all residents are considered 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

Fairfield 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 county 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 community members to give input. Latino focus groups were held in Spanish.

There were 99 organizations who contributed input in the counties serving Fairfield Hospital. In summary, they included cancer-focused groups, the 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, food banks, social service agencies, the Veterans Service Commission, addiction service agencies, school systems, pregnancy and prenatal service agencies, Urban League of Southwest Ohio, Women Helping Women, the YWCA and the 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.

• Cancer appears twice (once as lung cancer).

• Healthy behaviors appear twice. If smoking and obesity were included, healthy behaviors would be reflected in eight of the 31 priorities identified.

• Access to healthy foods/nutrition, communicable disease, dental health, injuries and social determinants each appear once as priorities.

Infant mortality was also 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 the 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 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 |
|---|---|---|---|---|
| Smoking | 0.4 | 0.3 | 1.5 | 2.2 |
| Patient Education and Self-Care | 0.2 | 0.9 | 1.0 | 2.1 |
| Cancer | 0.25 | 0.3 | 1.5 | 2.05 |
| Infant Mortality | 0.2 | 0.3 | 1.5 | 2.0 |
| Substance Abuse | 0.6 | 0.9 | 0.5 | 2.0 |

Patient education and self-care relate to smoking cessation and have been combined as one health need.

# Implementation Plan

Fairfield Hospital 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, Fairfield Hospital is committed to addressing the health needs of the community through the strategies and tactics described in this implementation plan, which aligns 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 Fairfield Hospital will address.

| Prioritized significant community health need | Addressed by hospital |
| --- | --- |
| Smoking cessation | Yes |
| Patient education and self-care for smoking cessation | Yes |
| Lung cancer | Yes |
| Infant mortality | Yes |
| Substance abuse | No |

## IMPLEMENTATION STRATEGIES TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS

In 2015, Fairfield Hospital provided nearly $11.5 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. Fairfield Hospital will introduce programs and partnerships that enhance the accessibility and coordination of primary and preventative health services (such as education and supplies for safe sleep practices to reduce infant mortality, smoking cessation programs and lung cancer screenings for community members).

The proposed partnerships and programs represent an additional $58,000 in community benefit investments that will supplement the already existing charity care and community benefit practices of Fairfield Hospital.

## SMOKING CESSATION AND PATIENT EDUCATION/SELF-CARE

**Description**
As detailed in Fairfield 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. 19% of Hamilton County adults smoke and 22% of Butler County adults smoke, compared to 18% of adults in the US. This makes smoking cessation interventions an important strategy for decreasing lung cancer mortality.

**Goal**
Improve the quit rate at the end of the smoking cessation program.

**Expected impact**
Reduce lung cancer deaths.

**Targeted populations**
People who are heavy smokers.

**Strategies**

1. Offer daytime classes and/or one-on-one counseling
2. Provide OTC aids and, possibly, prescription nicotine replacement therapy
3. Educate physicians and create materials for distribution

**Strategic measures**

1. Number of participants who quit by their quit date and the number who remain tobacco free three months after their quit date

**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:

- Mercy Health — Fairfield Hospital Cancer Family Care
- American Cancer Society
- Mercy Health hospitals
- Websites including quit.com, CDC.gov/tobacco/quit_smoking, tobacco-cessation.org and smokefree.gov
- American Lung Association
- American Heart Association

## LUNG CANCER

**Description**

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

Lung cancer is the 2nd highest cause of death in Hamilton County and the leading cause of death in Butler County. There are 52 cases per 100,000 residents in Hamilton County, and 66.2 cases per 100,000 residents in Butler County. This results in an estimated 418 deaths per year in Hamilton County and 245 deaths per year in Butler County. The early detection of lung cancer helps increase survival rates and prevent deaths.

**Goal**

Increase the number of lung cancer screenings by 5% each year.

**Expected impact**

Early detection will dramatically decrease cancer deaths.

**Targeted populations**

Adults between the ages of 55–80 with a 30 pack-year history of smoking and no symptoms.

**Strategies**

1. Offer predetermined self-pay rate
2. Educate physicians and create an internal marketing plan; track the numbers of PCPs who refer
3. Educate the population

**Strategic measures**

1. Track the number of screenings

**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:

- Mercy Health — Fairfield Hospital Cancer Family Care
- American Cancer Society

## INFANT MORTALITY

**Description**

As detailed in Fairfield 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. 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. The A (alone), B (back), and C (crib) program is positioned to help lower SIDS-related deaths.

**Goal**

Reduce infant mortality by educating mothers with knowledge for ABC Sleep Compliance and provide each newborn with a sleep sack.

**Expected impact**

Reduce SIDS-related deaths.

**Targeted populations**

All mothers who present to OB Department or OB Clinic.

**Strategies**

1. Promote ABC program. Provide families with identified needs, sleep compliance equipment and supplies.

2. Clinical social worker will 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. 100% of OB nurses will obtain CEs regarding safe sleep practices.

**Strategic measures**

1. Total number of successful sleep practice education document.

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 Cincinnati

• Healthy Moms and Babes

• Cincinnati Children's Hospital Medical Center

• Win-Med Health Services

• Every Child Succeeds

• March of Dimes

• Healthy Beginnings

• Health Gap

• Head Start

## SUBSTANCE ABUSE

**Description**

As detailed in Fairfield 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**

Fairfield Hospital conducted a thoughtful review of the community health needs and decided to focus on smoking, patient education, cancer and infant mortality as they represented the biggest opportunity for immediate and meaningful impact. While substance is not a direct focus of this CHIP, Fairfield Hospital will support other local organization specifically designed and better prepared in both resource and experience to respond to this need. Additionally, Fairfield Hospital will participate in Mercy Health's system-wide efforts to address the opiate epidemic and continue to enlist population health strategies to provide excellent clinical care and better serve patients with substance abuse challenges.

**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

• Addiction Services Council

• Health Care for the Homeless

• PreventionFIRST!

• Talbert House

• Urban Minority Alcoholism Drug Abuse Outreach Program (UMADAOP) of Cincinnati, Inc.

• Crossroads Health Center