

2016 Community Health Needs Assessment

MERCY HEALTH — FAIRFIELD HOSPITAL, FAIRFIELD, OHIO



Mercy Health, formerly Catholic Health Partners, has been committed to the communities it serves for more than 150 years. This long-standing commitment has evolved intentionally, based on our communities' most pressing health needs.

Every three years we evaluate those needs through a comprehensive Community Health Needs Assessment (CHNA) for each of our hospitals. The most recent assessments, completed by Mercy Health and community leaders, include quantitative and qualitative data that guide both our community benefit and strategic planning.

The following document is a detailed CHNA for Mercy Health — Fairfield Hospital. For more than 30 years, Mercy Health – Fairfield Hospital has provided award-winning, compassionate clinical care to the residents of Butler County and northern Cincinnati that focuses on an unmatched patient experience. Offering more top-of-the-line services than any other hospital in Butler County, Fairfield Hospital provides personalized care for the full spectrum of healthcare needs. Some of our advanced services include nationally-ranked comprehensive heart care from EKGs to open heart surgery, robotic-assisted and minimally invasive surgery, nationally-accredited maternity care and high-risk fetal medicine, nationally-accredited acute inpatient rehabilitation, an award-winning emergency department and a Bariatric Surgery Center of

Excellence®, among others. Also located on the hospital's campus are doctors' offices and the Fairfield HealthPlex, a full-service health and fitness facility.

Mercy Health has responded to community health needs as part of a five-year strategic plan that concludes in 2018. In recent years, Mercy Health has invested in building and renovating hospitals and ambulatory facilities to serve patients and communities in Ohio and Kentucky. Our ministry continues to invest in our CarePATH electronic health record to ensure seamless and integrated care, no matter the provider or the setting. We also operate health and fitness centers, hospice facilities, outpatient clinics and senior living facilities ... all to improve the health of our communities.

Mercy Health contributes about \$1 million per day in community benefit services as we carry out our Mission of extending care to the poor and under-served.

Fairfield Hospital strives to meet the health needs of its community. Please read the document's introduction below to better understand the health needs that have been identified.

Written comments regarding the health needs that have been identified in the current CHNA should be directed to <https://www.mercy.com/global/about-us/contact-us>.

Mercy Health has identified the greatest needs among each of our hospital's communities. This ensures our resources for outreach, prevention, education and wellness are directed toward opportunities where the greatest impact can be realized.

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Introduction

COMMUNITY SERVED BY HOSPITAL

T.R. §1.501(r)-3(b)(1)(i) and (3)

Mercy Health — Fairfield Hospital is dedicated to continuing the healing ministry of Jesus Christ. For more than 30 years, Fairfield Hospital has been steadfast in its mission of caring for the poor, the elderly and the vulnerable members of the community, and to improving the health of the many communities it serves.

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.

Fairfield Hospital aims to serve our patients and each other in ways that reflect its core values of Compassion, Excellence, Human Dignity, Justice, Sacredness of Life and Service. Our Mission is to extend the healing ministry of Jesus by improving the health of our communities with emphasis on people who are poor and under-served. We're grateful for our staff members, physicians, volunteers, board members and other community leaders who bring this Mission to life.

INFORMATION AND DATA CONSIDERED IN IDENTIFYING POTENTIAL NEED

T.R. §1.501(r)-3(b)(1)(ii) and (5)

Information and data sources: federal, state or local health or other departments or agencies; community input

Public health departments (T.R. §1.501(r)-3(b)(5)(i)(a))	Date of data/information
Butler County Health Department	June 2015
City of Hamilton Health Department	June 2015
Hamilton County Health Department	June 2015
Middletown City Health Department	June 2015

At-risk populations (T.R. §1.501(r)-3(b)(5)(i)(b))	Date of data/information
Butler Behavioral Health Services	July 2015
Butler County Families and Children First Council	July 2015
Butler County Coalition/Mental Health and Addiction Recovery Services	July 2015
Community First Solutions	July 2015
Coalition for a Healthy, Safe and Drug-Free Greater Hamilton	July 2015
Primary Health Solutions	July 2015
YWCA Hamilton	July 2015

Additional sources of input (T.R. §1.501(r)-3(b)(5)(ii))	Date of data/information
Meeting with Latinos in the Community	2015

Process and methods

PROCESS FOR GATHERING AND ANALYZING DATA/INFORMATION

T.R. §1.501(r)-3(b)(6)(ii)

Process and methods to conduct the community health needs assessment:

T.R. §1.501(r)-3(b)(6)(ii)

Mercy Health — Fairfield Hospital participated in a regional Community Health Needs Assessment (CHNA) process coordinated by The Health Collaborative. 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.

Under the leadership of The Health Collaborative, primary data was obtained through the following methods:

From June 23- July 30, 2015, 156 representatives of community organizations and/or members of medically under-served and vulnerable populations attended 11 community meetings to identify needs and barriers (financial and non-financial), prioritize issues, and name resources to address health and health related needs. Each attendee received three different colored "dots" to apply next to issues they deemed most serious or important, based on discussion at the meeting and their own knowledge.

An online consumer survey regarding community health needs was advertised on Mercy Health's website, Facebook and Twitter sites. From June 15-Aug.3, 2015, 329 individuals and 55 health-related agencies and organizations in the service area were surveyed and answered a series of questions. Of the individuals and agencies that participated, 303 people and 49 agencies answered the question "What are the most serious health issues facing your community?" The responses mentioned 555 health and/or health-related issues of particular concern to them.

From June 15-Aug.3, 2015, interviews or surveys were conducted with 24 out of the 25 city, county or district health departments in the 23-county region to identify critical health needs and identify community resources to meet those needs. Only one health department did not respond.

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.

External sources

- Behavioral Risk Factor Surveillance System
- Bureau of Labor Statistics
- Business Analyst - ESRI (aka Environmental Systems Research Institute)
- Centers for Disease Control (CDC) - Diabetes Interactive Atlas and WONDER Mortality Database
- Centers for Medicare and Medicaid Services (CMS) - National Provider Identification File
- County Business Patterns
- County Health Rankings
- Dartmouth Atlas of Health Care
- Data.gov
- Delorme Map Data
- Dignity Health and Truven Health Analytics
- Environmental Protection Agency
- Enroll America and Civic Health
- Federal Bureau of Investigation (FBI) - Uniform Crime Reporting
- Feeding America - Map the Meal Gap
- Greater Cincinnati Community Health Status Survey
- Health Indicators Warehouse
- Health Resources and Services Administration (HRSA) - Area Health Resource File/
American Medical Association
- Health Resources and Services Administration - Area Health Resource File/National Provider Identification File

- Indiana Cancer Consortium
- Indiana State Health Department
- Kentucky Cancer Registry
- Kentucky Department of Public Health
- National Center for Education Statistics
- National Center for Health Statistics
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention
- National Highway Traffic Safety Administration (NHTSA) - Fatality Analysis Reporting System
- Ohio Department of Health
- Ohio Department of Mental Health
- PreventionFIRST!
- United States Census – American Community Survey
- United States Census – Population Estimates
- United States Census – Small Area Income and Poverty Estimates
- United States Census – TIGER/Line Files
- United States Department of Agriculture (USDA) – Food Environment Atlas

Collaborating partners

The hospital collaborated with the following organizations as part of the process of conducting the needs assessment.

- Butler County Health Commissioner
- Cincinnati Health Department Commissioner
- Hamilton County Public Health Commissioner
- The Health Collaborative

Community input

T.R. §1.501(r)-3(b)(6)(iii)

No written comments were received on the previously completed CHNA.

The CHNA relied heavily on input from local residents and health-related organizations:

- Attendees of the community meetings identified serious issues and financial and non-financial barriers to care, and provided input for assessing current needs, prioritizing issues and locating resources for health-related issues.
- Consumers who responded to the online survey mentioned a total of 555 health and/or health-related issues of particular concern to them.
- Representatives from 55 agencies also completed online surveys.
- Local and county health commissioners (or their delegates) identified critical health needs and community resources to meet these needs.

Organizations providing input

Organization providing input	Nature and extent of input	Medically underserved, low-income or minority populations represented by organization
Clermont County Mental Health & Recovery Board	Completed agency survey identifying issues, opportunities and top priorities.	Low income, racial minorities, people with disabilities, children and rural populations.
Childhood Food Solutions	Completed agency survey identifying issues, opportunities and top priorities.	Low income, racial minorities, ethnic minorities, and children.
Children's Advocacy Center of Southeastern Indiana	Completed agency survey identifying issues, opportunities and top priorities. Sent representation to community meetings.	Low income, racial minorities, ethnic minorities, people with disabilities, children, rural populations and those with alleged abuse.
Churches Active In Northside - CAIN	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, racial minorities, people with disabilities, elderly, children and homeless women.
Cincinnati Children's	Completed agency survey identifying issues, opportunities and top priorities. Sent representation to community meetings.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Children and Rural populations.
Community Mental Health Center, Inc.	Completed agency survey identifying issues, opportunities and top priorities. Sent representation to community meetings.	Low-income, People with disabilities, Elderly, Children, Rural, and those with serious mental illness and substance abuse.
Erlanger-Elsmere Schools	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Children, GLBT youth (or children and youth living in GLBT families), Families who meet the Federal definition of homeless, Children or youth who are exposed to substance abuse.
Family Connections	Completed agency survey identifying issues, opportunities and top priorities. Sent representation to community meetings.	Low-income, Racial minorities, Ethnic minorities, Children, Rural populations, Pregnant women.
Family Career and Community Leaders of America	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, Children and Rural populations.
Freestore Foodbank	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Elderly, Children and Rural populations.

Organizations providing input ...continued

Organization providing input	Nature and extent of input	Medically underserved, low-income or minority populations represented by organization
Good Samaritan Free Health Center	Completed agency survey identifying issues, opportunities and top priorities. Sent representation to community meetings.	Low-income, Racial minorities, Ethnic minorities, Elderly and Rural populations.
HealthPath Foundation of Ohio	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Elderly, Children, Rural populations and LGBT.
Ivy Tech Community College	Completed agency survey identifying issues, opportunities and top priorities. Sent representation to community meetings.	Low-income, Racial minorities, Ethnic minorities and People with disabilities.
National Library of Medicine	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, Racial minorities, Ethnic minorities, Elderly, Rural.
NKY Health Services	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, Ethnic minorities and Children.
Northern Kentucky Health Department	Completed agency survey identifying issues, opportunities and top priorities. Sent representation to community meetings.	Low-income, Racial minorities, People with disabilities, Children, Rural populations, Under insured and Uninsured.
One Community One Family	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Children and Rural populations.
Primary Health Solutions	Completed agency survey identifying issues, opportunities and top priorities. Sent representation to community meetings.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Elderly, Children and Suburban without public transportation.
Purdue Extension Services	Completed agency survey identifying issues, opportunities and top priorities. Sent representation to community meetings.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Elderly, Children and Rural populations.
Santa Maria Community Services	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Elderly and Children.
SC Ministry Foundation	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Elderly, Children, and Severely challenged children and young adults.

Organizations providing input ...continued

Organization providing input	Nature and extent of input	Medically underserved, low-income or minority populations represented by organization
Southeastern Indiana Economic Opportunity Corporation	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, People with disabilities, Children and Rural populations.
St. Elizabeth Healthcare	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Elderly, Children and Rural populations.
Talbert House	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, Racial minorities, People with disabilities, Children and Homeless.
The Greater Cincinnati Foundation	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Elderly, Children and Rural populations.
The Health Collaborative	Completed agency survey identifying issues, opportunities and top priorities. Sent representation to community meetings.	Many populations
The HealthCare Connection	Completed agency survey identifying issues, opportunities and top priorities. Sent representation to community meetings.	Low-income, Racial minorities, Ethnic minorities, Elderly and Children.
Tri-State Eating Disorder Resource Team	Completed agency survey identifying issues, opportunities and top priorities.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Elderly, Children, and Rural populations.
United Way	Completed agency survey identifying issues, opportunities and top priorities. Sent representation to community meetings.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Elderly, Children and Rural populations.
YWCA	Completed agency survey identifying issues, opportunities and top priorities. Sent representation to community meetings.	Low-income, Racial minorities, Ethnic minorities, People with disabilities, Children, Rural populations, People with disabilities and LEP.

Executive summary

Significant health needs

T.R. §1.501(r)-3(b)(4)

SUBSTANCE ABUSE

Capacity and adequacy of service levels

- In Hamilton County, heroin overdose deaths are more than twice the state rate (17.9 per 100,000 versus 8.5). In addition, overall drug poisoning deaths are higher than the state rate (17 per 100,000 versus 15).
- Heroin overdose deaths also are almost twice the state rate in Butler County (15.9 per 100,000 versus 8.5). Overall drug poisoning deaths also are higher than the state rate (19.3 per 100,000 versus 15).
- While outpatient services are available throughout Hamilton and Butler counties, including both voluntary and court-mandated services, there is no organized, voluntary inpatient (hospital-based) detoxification program.
- Wait times for services can range from two weeks to 50 days, indicating that local services are overtaxed and not capable of meeting the vast community need.

Current service providers

Mercy Health hospitals have Screening, Brief Intervention, and Referral to Treatment (SBIRT) technicians in our emergency departments to identify substance use problems and refer them to local resources. Other service providers include Mercy Health — Clermont Hospital, Talbert House, the Central Community Health Board of Greater Cincinnati, BrightView, Greater Cincinnati Behavioral Health Services, Central Clinic, Center for Addiction Treatment, and Addiction Services Council.

MENTAL HEALTH

Capacity and adequacy of service levels

- In Hamilton County, the suicide rate is higher than the state rate (13.3 per 100,000 versus 12.9). In Butler County, the suicide rate is slightly lower than the state rate (11.7 per 100,000 versus 12.9).
- In Hamilton County, the mental health provider ratio is 458:1. In Butler County, the ratio is 859:1. 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.

Current service providers

Mercy Health provides inpatient and outpatient mental health services. Other providers include Talbert House, Central Community Health Board of Greater Cincinnati, Greater Cincinnati Behavioral Health Services, Central Clinic, Child Focus, Inc., and LifePoint Solutions.

ACCESS TO CARE

Capacity and adequacy of service levels

- According to 2015 county health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, 17% of adults in Hamilton and Butler counties are uninsured.
- In Hamilton County, 17.6% of the population (144,813 people) and 26% of children live in poverty. In Butler County, the rate is 14.4% (52,000 people) of the population and 17% of children.
- In Hamilton County, 12% of the population could not see a doctor due to cost. Cost prevented 11% of the population in Butler County from seeing a doctor.

Current service providers

The OB/GYN Clinics provided at Anderson Hospital, Fairfield Hospital, and West Hospital provide free or low-cost care to low-income and uninsured patients. In addition, advocates in our emergency department connect patients without primary care physicians to a medical home. The Mercy Health Partnership Program links the uninsured working poor with physicians in private practice who agree to treat patients for a modest co-pay. The Mercy Health Partnership Program also provides insurance counseling, medical homes and medication assistance for those without physician connections. Mercy Health also provides school-based clinics, counseling services and behavioral health initiatives that improve residents' access to care. Other resources include HealthCare Connection and 49 local federally qualified health centers (FQHCs).

DIABETES

Capacity and adequacy of service levels

- In Hamilton and Butler counties, 12% of residents have diabetes.
- The death rate due to diabetes in Hamilton County is 26.7 per 100,000.

Current service providers

Mercy Health provides diabetes education and counseling for patients and the general public. Prevention programs also are provided by local YMCAs and YEP! Fitness locations.

OBESITY

Capacity and adequacy of service levels

- In Hamilton and Butler counties, 29% of residents are obese.
- According to a local survey by Interact for Health, residents who rated their health status as “fair” or “good” were almost 50% more likely to be overweight or obese than those who rated their health as “very good” or “excellent.”

- The CDC has identified that people who are obese have an increased risk for health disorders and/or death.
- Emergency room costs for overweight patients presenting with chest pain were 22% higher than the cost for patients with a normal weight. Costs were 28% greater for obese patients, and 41% greater for severely obese patients.

Current service providers

Mercy Health Weight Management Solutions offers surgical and nonsurgical weight loss options, nutritional and behavioral counseling, support group programs, cooking classes and fitness programs at three of its Cincinnati hospitals. In addition, Mercy Health's four Cincinnati HealthPlexes offer several fitness and nutrition programs. Other obesity initiatives focusing on diet, exercise, and healthy choices include “WeTHRIVE!” from the Hamilton County Public Health Department, “Gen H” from The Health Collaborative, “Creating Healthy Communities” from the City of Cincinnati and pre-diabetes programs from YMCA.

LUNG CANCER

Capacity and adequacy of service levels

- 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 in Butler County. This results in an estimated 418 deaths per year in Hamilton County and 245 deaths per year in Butler County.

Current service providers

All Mercy Health hospitals provide lung cancer screening, diagnosis and treatment. Radiation therapy and education services are provided at numerous locations throughout the region. Mercy Health has smoking cessation initiatives in three of its five Cincinnati hospitals, as well as community outreach programs.

INFANT MORTALITY

Capacity and adequacy of service levels

- State-wide sleep related deaths accounted for 13.8% of newborn deaths between 2011 and 2015.
- 28 initiatives driven by partners throughout Ohio resulted in a decline in sleep related deaths in 2014. In 2015, agencies invested less in Safe Sleep messages and initiatives, resulting in an increase in sleep related deaths. The number of sudden infant death syndrome (SIDS) deaths in Ohio in 2015 was 71. The number in Hamilton County was 6.

Current service providers

Mercy Health – Fairfield Hospital OB Clinic and labor and delivery department work with Healthy Moms and Babies, Cradle Cincinnati, the Ohio Department of Health, and other local agencies to educate patients on safe sleep practices and provide safe sleep surfaces.

SMOKING

Capacity and adequacy of service levels

- In Hamilton County, 19% of adults smoke compared to 18% in the US. In Butler County, the rate is 22%.
- Local hospitals, physician practices, and service agencies offer smoking cessation classes and counseling, prescription nicotine replacements, and education services.

Current service providers

Mercy Health has smoking cessation initiatives in three of its five Cincinnati hospitals. Mercy Health also provides robust education outreach to the community.

HEALTHY BEHAVIORS

Capacity and adequacy of service levels

- According to the 2014 Gallup Well-Being Index, residents of the state of Ohio rank 42nd in the nation for overall health. Kentucky residents rank 49th.
- In 2011, the local community spent \$13 billion dollars on health and healthcare.
- The Collective Impact on Health initiative has identified healthy behaviors as a focus for the region. The initiative brings together diverse stakeholders to invest in strategies that encourage healthy eating, active living, healthy coping and smoking cessation.

Current service providers

Mercy Health invests in strategies and initiatives that encourage healthy behaviors. Other resources available to address healthy behaviors are The Health Collaborative, United Way of Greater Cincinnati, YMCA, Place Matters Communities – ACDC, The Center for Great Neighborhoods, MCURC, Price Hill Will, Santa Maria Community Services, Walnut Hills Redevelopment Corporation, Seven Hills Neighborhood Houses, Interact for Health, TriHealth, St. Elizabeth, The Christ Hospital, and University of Cincinnati.

Prioritization of health 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 identified but did not rank within the top three was assigned a medium priority and 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
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.

Prioritized health needs

Based on all of the above information and processes, the prioritized health needs of the community served by the hospital are listed below.

SMOKING CESSATION AND PATIENT EDUCATION/SELF-CARE

Tobacco use is the single greatest cause of disease and premature death in America today. Cigarette smoking causes around 90% of lung cancers, and despite recent declines in smoking, 19% of adult Americans were smokers in 2011. This makes smoking cessation interventions an 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.

CANCER (LUNG)

Early detection of lung cancer helps increase survival rates and prevent deaths. For example, screening CT scans can prevent 1 in 5 deaths from lung cancer. The hospital has identified a need to screen high risk individuals for lung cancer and breast cancer at discounted rates. The hospital intends to develop a lung screening program to detect small lung abnormalities that a normal chest x-ray would not identify and to systematically reach out to at-risk populations through the use of mammography vans.

INFANT MORTALITY

To reduce low birth weights and sudden infant death syndrome (SIDS), the Mercy Health — Fairfield Hospital OB Clinic is working with Healthy Moms and Babes. Initiatives include smoking cessation services, care navigation for low-income patients and parent education regarding safe sleeping.

SUBSTANCE ABUSE

The epidemic of opioid abuse has become the major cause of accidental death in Southwest Ohio. Patients are more likely to enter rehabilitation following appropriate withdrawal in a monitored setting. An evidence-based

opiate withdrawal protocol for patients admitted with medical illness could link them to internal and external medication-assisted therapy. This is key to success and lasting sobriety. Mercy Health partners with BrightView, which is an outpatient addiction medicine practice based on clinical best practices and outcome measures.

Resources available

The existing healthcare facilities and other resources within the community that are available to meet the prioritized needs are listed below for each need:

SMOKING CESSATION AND PATIENT EDUCATION/SELF-CARE

Resources available to address the smoking cessation needs and patient education and self-care of the community include Mercy Health hospitals, American Cancer Society, quit.com, CDC.gov/tobacco/quit_smoking, tobacco-cessation.org, American Lung Association, American Heart Association and smokefree.gov.

CANCER

Resources available to address the cancer needs of the community include Mercy Health — Fairfield Hospital Cancer Family Care, and American Cancer Society.

INFANT MORTALITY

Resources available to address the infant mortality needs of the community include Cradle Cincinnati, Every Child Succeeds, Healthy Moms and Babes, March of Dimes, Healthy Beginnings, Health Gap, Head Start and Cincinnati Children's Medical Center.

SUBSTANCE ABUSE

Resources available to address the substance abuse needs of the community 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. and Crossroads Health Center.

Progress on Health Priorities Identified in the 2013 Health Needs Assessment

MENTAL/BEHAVIORAL HEALTH

Initiatives	Impact
Integration of primary care and behavioral health services	Psychiatrists now provide direct patient care in the primary care setting in the form of psychiatric evaluation and medication management. Behavioral Health Consultants (BHCs) are now integrated into offices already supported by integrated psychiatrists. Both the integrated BHCs and psychiatrists consult with primary care providers before and after patient encounters, thereby aligning treatment plans, interventions, and overall care delivery. The BHCs and psychiatrists provide formal and informal training and consultation to primary care providers, thereby improving PCPs' comfort and competence to address behavioral health concerns directly. Direct access is now available between the PCPs and the behaviorists, thereby multiplying the impact to patients. In 2015, 767 patients were served by the psychiatrists in the primary care setting.
Mercy Health Partnership Program (MHPP)	Launched in 2015, the MHPP is staffed by licensed social workers who serve Mercy Health Physician practices in the Cincinnati region, providing valuable social assistance to uninsured, under-served and low-income patients. Many of the patients come to the program with anxiety, depression and other mental health concerns and have limited means to treat their diagnoses. During 2015, the MHPP team followed 66 patients, tracking PCP office visits kept, prescription medications filled and PCP notes. Providing access to the PCP and potential prescription interventions made a huge difference for many of these patients.

HEART DISEASE

Initiatives	Impact
Community outreach and education	Mercy Health offered numerous community outreach and education services, including the following: <ul style="list-style-type: none"> • Mobile screening services, including blood pressure and cholesterol, provided by Mercy Health — The Heart Institute and HealthFair • Community health fairs offering blood pressure and cholesterol screenings • Mercy Health physician lecture series • Continued promotion of healthy lifestyles, wellness and fitness through the Fairfield HealthPlex
Cardiac rehabilitation program	Our outpatient cardiac rehabilitation program for heart surgery patients includes a free, limited time membership at the conclusion of the program to our HealthPlex facilities for an assisted transition to a healthier lifestyle and continued socialization and support with their former rehabilitation classmates. In 2015, 15,373 people participated in this rehab.
Sponsorship	Mercy Health is a corporate sponsor of the American Heart Association's Heart Mini-Marathon which raises community awareness of heart disease and stroke. Heart Mini-Marathon: Mercy Health raised over \$306,080 and had 3,345 employees participate. Forest Hills 5K: Anderson Hospital co-sponsored the run with TQL for \$10,000. Certified athletic trainers and physicians, as well as ice towels for about 2,000 runners, were provided. In addition, we hosted a booth with blood pressure checks and a smoking cessation nurse was available to register people for classes and discuss lung cancer screening.

Progress on Health Priorities Identified in the 2013 Health Needs Assessment

ACCESS TO CARE

Initiatives	Impact
Mercy Health Partnership Program (MHPP)	The MHPP works to provide access to Mercy Health Physicians primary care offices by maintaining strong relationships with providers and supporting patients. During 2015, the MHPP team provided 924 encounters with patients. Services include prescription drug support, low-cost care for uninsured patients, financial aid and insurance enrollment assistance and case management.
Pharmacy Medication Access Program	This program provides assistance to patients in the community, as well as patients being discharged who cannot afford needed prescriptions. In 2015, medications in the amount of \$75,957 were provided.
St. Raphael clinic and case management	St. Raphael Clinic and financial assistance for social stabilization provides a food pantry, clothing, temporary housing, prescription assistance, and a clinic for low income patients. In 2015, 24,767 received social assistance. Fairfield Hospital also offers case management services through St. Raphael to coordinate inpatient-outpatient transitions and target interventions for high risk and mental health patients. In 2015, 9,675 received assistance.
Fairfield Hospital OB/GYN Clinic	Social workers and an obstetrics and gynecology physician provide services for indigent mothers. The clinic recently was expanded to provide follow-up gynecology care. In 2015, the clinic provided gynecology services, including pre-natal care, transportation and interpretation services, in connection with 246 births.
Sponsorship	Fairfield Hospital continues its sponsorship of several programs to support access to care, including: <ul style="list-style-type: none"> • Healthy Moms & Babies — Mercy annually budgets \$140,000 to support this program, whose mission is to increase infant survival and foster the health of women, children and families. In 2015, 3,007 women received care. • Cincy Smiles — promotes dental health
Emergency department medical home advocacy	Fairfield Hospital provided emergency department medical home advocacy to find primary care physicians for those without medical care. In 2015, we were able to find medical homes for 49 patients.

OBESITY

Initiatives	Impact
Mercy HealthPlex	To help address obesity, we offered the use of the Mercy HealthPlex located at the Fairfield Hospital campus. We also offered the Wellness Discovery Program that is provided at the Fairfield HealthPlex. The program is a five-week beginner wellness program that introduces safe and effective movement, nutrition and stress management. Mercy Health Weight Management solutions served 562 people.
Sponsorship	Fairfield Hospital sponsors an athletic trainer for Fairfield High School to support school athletic programs.

Progress on Health Priorities Identified in the 2013 Health Needs Assessment

DIABETES

Initiatives	Impact
Fairfield Hospital pre-diabetes classes	Registered dietitians teach people with higher than normal blood sugar levels how to reduce their risk of developing diabetes, through food choices, exercise and blood sugar control and monitoring. There were 58 participants in 2015.
Community outreach and education	Mercy Health — Fairfield Hospital employs an in-patient nurse available for diabetic education. In 2015, education services were provided to 991 people.
Fairfield Hospital Wellness Discovery Program (WDP)	This medical fitness program was created as part of Mercy Health’s population health management strategy. During the three-month program, medical fitness specialists at each HealthPlex location work with referring physicians and other care team members to positively influence patient outcomes in the areas of therapeutic movement, nutrition and stress relief. The goal is long-term adherence to healthier lifestyle choices and sustained outcomes. The program has helped patients lose weight, improve mobility, manage their stress response more effectively, decrease pain, improve their nutrition and decrease their reliance on medications. The program had 7 participants in 2015.

CANCER

Initiatives	Impact
Regional collaboration	Fairfield Hospital continued its collaboration with regional oncology groups to develop screening programs for cancer. Three working groups were identified: <ul style="list-style-type: none"> • Lung cancer (chest CT & follow-up via nurse navigator) includes radiology, pulmonary, pathology and thoracic surgery groups and oncology physician partners • GI (colonoscopy) — includes regional GI physician group, pathology, radiology, surgeons, and oncologists • Breast (mammography) — physician partners include radiology, pathology, surgeons and oncologists
Fairfield Hospital oncology unit	Fairfield Hospital recently completed a dedicated oncology unit, including a fully operational infusion center.
Community outreach and education	Presented by Mercy Health and Oncology Hematology Consultants (OHC), free community based learning and screening services were provided to 2,617 people in 2015 to educate the community about cancer prevention, diagnosis and treatments. <ul style="list-style-type: none"> • Mobile mammography vans served 1,009 women in 2015. • Support services include nutritional support, spiritual support, rehabilitation, palliative care, educational programs for our patients and the community, information on access to clinical trials and cancer support groups and programs, many of which are provided through participation with the American Cancer Society. • Cancer Committee annually reviews Mercy Health services, performing patient care studies and setting annual goals to improve and enhance our services.