2017-2019 Community Health Needs Assessment Implementation Plan

ADOPTED BY THE CINCINNATI REGIONAL BOARD OF TRUSTEES, OCTOBER 2016

THE JEWISH HOSPITAL — MERCY HEALTH
4777 E Galbraith Rd., Cincinnati, OH 45236
Introduction

The Jewish Hospital – Mercy Health (“The Jewish Hospital”) is a 209-bed, full-service hospital providing inpatient, outpatient and ancillary health care services. The Jewish Hospital, along with local health, education, social service, nonprofit and governmental agencies participated in a Community Health Needs Assessment (“CHNA”) conducted for Hamilton and Warren Counties and surrounding areas. The detailed process, participants and results are available in The Jewish Hospital’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 The Jewish Hospital will address and how, as well as which needs The Jewish Hospital won’t address and why.

Beyond the programs and strategies outlined in this plan, The Jewish 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, The Jewish Hospital anticipates that some of the strategies, tactics and even the needs identified will evolve over that period. The Jewish Hospital plans a flexible approach to addressing the significant community needs that will allow for adaptation to changes and collaboration with other community agencies.

COMMUNITY SERVED BY HOSPITAL

The Jewish Hospital strives to ensure all community residents have access to advanced medical technology and quality care. We serve 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. Contiguous ZIP codes: 45039, 45040, 45140, 45211, 45174, 45207, 45208, 45209, 45212, 45213, 45215, 45216, 45217, 45227, 45229, 45236, 45237, 45241, 45243 and 45249.

For the purposes of the CHNA, The Jewish Hospital used Hamilton and Warren Counties in Ohio as the main service area. Based on patient discharge data, 71.8% of patient discharges are residents of Hamilton County, 9.1% of discharges are residents of Clermont County, 5.3% are residents of Butler County, and 4.3% of patient discharges are residents of Warren County. The remainder of patient discharges are from other nearby surrounding counties.

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 considered in poor health.

In 2015, Warren County has 219,169 residents with 26.3% being youth or adolescents under the age of 18, 61.2% are adults between the ages of 19 and 65, and the remaining 12.5% being adults over the age of 65. The majority of the residents were Caucasian (88.1%), followed by Asians (4.5%), African-Americans (3.4%), and Hispanics (2.5%). The mean household income in Warren County is $75,041. 12% of all adults and 5% of children are uninsured, and 11% 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
The Jewish 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 underserved, low-income and minority populations in all counties. Focus groups were held in all counties for the population to give input. A special Latino focus group was held in Spanish.

In the counties served by The Jewish Hospital, 99 organizations contributed input. In summary 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, food banks, social service agencies, Veterans Service Commission, addiction-service agencies, school systems, pregnancy and prenatal 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 CHNA, 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 is 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 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 measurable 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:

<table>
<thead>
<tr>
<th>Identified Health Need</th>
<th>Regional Weighted Average</th>
<th>Local Weighted Average</th>
<th>Hospital Weighted Average</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care</td>
<td>0.5</td>
<td>0.9</td>
<td>1.5</td>
<td>2.9</td>
</tr>
<tr>
<td>Cancer</td>
<td>0.25</td>
<td>0.3</td>
<td>1.5</td>
<td>2.05</td>
</tr>
<tr>
<td>Mental Health</td>
<td>0.45</td>
<td>0.6</td>
<td>1.0</td>
<td>2.05</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>0.6</td>
<td>0.9</td>
<td>0.5</td>
<td>2.0</td>
</tr>
<tr>
<td>Healthy Behaviors</td>
<td>0.35</td>
<td>0.6</td>
<td>1.0</td>
<td>1.95</td>
</tr>
</tbody>
</table>
Implementation Plan

The Jewish 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, The Jewish Hospital is committed to addressing the health needs of the community through the strategies and tactics described in this Implementation Plan. These strategies and tactics 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 Jewish Hospital will address.

<table>
<thead>
<tr>
<th>Prioritized significant community health need</th>
<th>Addressed by hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to care</td>
<td>Yes</td>
</tr>
<tr>
<td>Cancer (lung and breast)</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental health</td>
<td>No</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>No</td>
</tr>
<tr>
<td>Healthy behaviors</td>
<td>No</td>
</tr>
</tbody>
</table>

IMPLEMENTATION STRATEGIES TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS

In 2015, The Jewish Hospital provided nearly $8M 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, The Jewish Hospital will introduce programs and partnerships that enhance the accessibility and coordination of primary and preventive health services (for example, primary care providers, breast cancer screenings and lung cancer screenings for community members).

The proposed partnerships and programs represent an additional $166,000 in community-benefit investments that will supplement the already existing charity-care and community-benefit practices of The Jewish Hospital.

ACCESS TO CARE

Description

As detailed in The Jewish Hospital’s Community Health Needs Assessment Report:

In Hamilton County, 17.6% (or 144,813 people) live in poverty, including 26% of the children. In Warren County, 5.8% (or 13,150 people) live in poverty, including 9% of the children. There is no federally qualified health center (FQHC) for adults in the Bond Hill or Roselawn areas.

Goal

By the end of the project period, we will increase the number of patients establishing a relationship with a primary care physician by creating a PCP for adults at Win Med FQHC in Bond Hill.

Expected impact

Significantly decrease the number of people in Bond Hill and Roselawn who do not have a medical home.

Targeted populations

Adults in Bond Hill and Roselawn area who do not have a medical home.
Strategies
1. Create Bond Hill location of Win Med FQHC.
2. Establish primary care services for adults at this FQHC.
3. Demonstrate the value of additional resources for primary care in this population.

Strategic measures
1. Number of adult patients enrolled in WinMed Clinic
2. Number of visits by Mercy Providers
3. Number of Mercy PCPs collaborating with WinMed
4. Number of patients enrolled with pharmacy needs
5. Successful movement of FQHC clinic to level one

Community collaborations and resources available
Existing community collaborations, healthcare facilities and other resources in the community available to meet the prioritized need include:
• Center for Closing the Health Gap
• Cincinnati Health Department
• Council on Aging of Southwest Ohio
• Freestore Foodbank
• Gabriel’s Place
• Coalition for Activity and Nutrition
• Health Source Ohio
• Life Point Solutions
• Addiction Services Council
• Healthcare for the Homeless
• Prevention First
• Salvation Army
• St. Vincent de Paul
• Su Casa Hispanic Center
• Talbert House
• Urban League of Greater Southwestern Ohio
• Women Helping Women
• YWCA
• YMCA

CANCER (LUNG AND BREAST)

Description
As detailed in The Jewish Hospital’s Community Health Needs Assessment Report:
Early detection of cancer, including lung and breast, increase survival rates and prevent deaths. The hospital has identified a need to screen high-risk individuals for breast cancer at discounted rates. In Warren County, 23 per 100,000 have breast cancer, which is above the state rate of 22 and national rate of 21 per 100,000. Mammography screening in Warren County (61.8%) is significantly below the national average (72.4%).

In both Hamilton and Warren counties, lung cancer is the second highest cause of death. In Hamilton County, the rate of lung cancer is 52 per 100,000 as compared with national rate of 45. In Warren County, the rate is 66.1.

Goal
Increase the number of people screened for breast and lung cancer by 5% each year.

Expected impact
Reduce the rate of breast cancer in Warren County. Early detection of lung cancer will dramatically decrease cancer mortality rates.

Targeted populations
Women who have little or no access to mammography screening
People age 55–80, with a 30-pack-year history of smoking and no symptoms

Strategies
Breast cancer
1. Utilize all mammography vans in the county and create a marketing program.
2. Establish a clinical protocol and navigation pathway that are fully functional.
3. Launch an internal marketing plan to provide education for physicians.

Lung cancer
1. Offer a predetermined self-pay rate.
2. Educate physicians and develop an internal marketing plan. Track numbers of PCPs who refer patients.
3. Educate the population.
Strategic measures
Track the number of screenings for both breast and lung cancers.

Community collaborations and resources available
Existing community collaborations, healthcare facilities and other resources in the community available to meet the prioritized need include:
• Mercy Health — Fairfield Hospital Cancer Family Care
• American Cancer Society

MENTAL HEALTH

Description
As detailed in The Jewish Hospital’s Community Health Needs Assessment Report:
In Hamilton County, the suicide rate is higher than the state rate (13.3 vs 12.9 suicides per 100,000). In Warren County, the suicide rate is lower (10.4 vs. 12.9 suicides per 100,000). 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 out of pocket payment. Routine wait times for psychotherapy or counseling services average one to two months. Routine wait times for psychiatric care 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
The Jewish Hospital conducted a thoughtful review of the community health needs and decided to focus on access to care and cancer as they represented the biggest opportunity for immediate and meaningful impact. While mental health is not a direct focus of this CHIP, The Jewish Hospital will support other local organizations specifically designed and better prepared in both resource and experience to respond to this need. Additionally, The Jewish Hospital will participate in Mercy Health’s system-wide efforts to increase behavioral health access and continue to enlist population-health strategies to provide excellent clinical care and better serve patients with mental health challenges. Among other initiatives, Mercy Health hospitals have Screening, Brief Intervention, and Referral to Treatment (SBIRT) technicians in our emergency departments to identify mental health problems and refer them to local resources. Mercy Health provides inpatient and outpatient mental health services in Hamilton and Warren counties.

Community collaborations and resources available
Existing community collaborations, healthcare facilities and other resources in the community available to meet the prioritized need include:
• Mercy Health hospitals
• Catholic Charities Southwestern Ohio
• Community Behavioral Health Center
• Child Focus, Inc.
• LifePoint Solutions
• Talbert House
• Central Community Health Board of Greater Cincinnati
• Crossroads Health Center
• HealthCare Connection
• LifeSpring Counseling Ministry
• Mental Health Access Point
• Greater Cincinnati Behavioral Health Services
• Central Clinic

SUBSTANCE ABUSE

Description
As detailed in The Jewish 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
The Jewish Hospital conducted a thoughtful review of the community health needs and decided to focus on access to care and cancer as they represented the biggest opportunity for immediate and meaningful impact. While substance abuse is not a direct focus of this CHIP, The Jewish Hospital will support other local organizations specifically designed and better prepared in both resource and experience to respond to this need. Additionally, The Jewish 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. Among other initiatives, 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.

**Community collaborations and resources available**
Existing community collaborations, healthcare facilities and other resources in the community 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

**HEALTHY BEHAVIORS**

**Description**
As detailed in The Jewish Hospital’s Community Health Needs Assessment Report:

According to the 2014 Gallup Well-Being Index, residents of the state of Ohio rank 42nd in the nation for overall health, and Kentucky ranks 49th. 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.

**Goal**
The Jewish Hospital conducted a thoughtful review of the community health needs and decided to focus on access to care and cancer as this represented the biggest opportunity for immediate and meaningful impact. While healthy behaviors is not a direct focus of this CHIP, The Jewish Hospital will support other local organizations specifically designed and better prepared both through resources and experience to respond to this need.

The Collective Impact on Health initiative has identified healthy behaviors as a focus for the region. The broader Mercy Health system participates in this effort by providing both financial resources and advisory committee members. The Jewish Hospital will continue to be involved and enlist strategies that promote healthy eating, active living, healthy coping and smoking cessation as a matter of general clinical practice and good patient engagement.

**Community collaborations and resources available**
Existing community collaborations, healthcare facilities and other resources in the community available to meet the prioritized need include:
- 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
- Mercy Health
- TriHealth
- St. Elizabeth
- The Christ Hospital
- University of Cincinnati