

The Jewish Hospital 



2016 Community Health Needs Assessment

THE JEWISH HOSPITAL — MERCY HEALTH, CINCINNATI, OH



Mercy Health, formerly Catholic Health Partners, has been committed to the communities it serves for more than 150 years. This longstanding 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 The Jewish Hospital — Mercy Health, a 209-bed, full-service hospital providing inpatient, outpatient and other healthcare services.

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.

The Jewish 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)

The Jewish Hospital — Mercy Health is dedicated to continuing the healing ministry of Jesus Christ. For almost 170 years The Jewish Hospital has been dedicated to improving the health of the community it serves.

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, 452111, 45174, 45207, 45208, 45209, 45212, 45213, 45215, 45216, 45217, 45227, 45229, 45236, 45237, 45241, 45243, and 45249.

The Jewish Hospital aims to serve our patients and each other in ways that reflect our 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.

Our contribution to the community comes from the commitment of the staff members, physicians, volunteers, board members and other community leaders who work on behalf of The Jewish Hospital. These are the people who bring our 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
City of Cincinnati Health Department	June 2015
Hamilton County Health Department	June 2015
Warren County Combined 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
Cincinnati Children’s Medical Center	July 2015
The Crossroads Health Center	July 2015
Mercy Neighborhood Ministries	July 2015
The Health Collaborative	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)

The Jewish Hospital participated in a regional Community Health Needs Assessment process coordinated by The Health Collaborative. The Health Collaborative assembled a team which 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 Trueven 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 - Tigerline 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.

- Cincinnati Health Department Commissioner
- Hamilton County Public Health Commissioner
- Warren County Health Commissioner

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, the rate of heroin overdose deaths is more than twice the state rate (17.9 vs. 8.5 per 100,000). The rate of overall drug poisoning deaths is also higher than the state rate (17 vs. 15 per 100,000).
- In Warren County, heroin overdose deaths are lower than the state rate (6.5 vs. 8.5 per 100,000). Overall drug poisoning deaths are also lower (14 vs. 15 per 100,000).
- In both Hamilton, Butler, and Warren counties, various service providers are available for outpatient services (detoxification, intensive outpatient services and standard outpatient chemical dependency services). These include voluntary services 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 while services are available, they are overtaxed and not capable of meeting the vast community need. Timeliness of treatment in substance use is critical to respond to a person's motivation to seek help. Long wait times hinder this response.

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 vs 12.9 suicides per 100,000).
- In Warren County, the suicide rate is lower than the state rate (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 the access to services 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.

Current service providers

Mercy Health provides inpatient and outpatient mental health services in Hamilton and Warren counties. 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 the 2015 county health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, 17% of the adult populations in both Hamilton and Butler counties is uninsured.
- In Hamilton County, 12 percent of the population could not see a doctor because of cost. In Butler County, this rate was 11 percent.
- In Hamilton County, 17.6 percent of the general population (144,813 people) and 26 percent of children live in poverty. In Warren County, 5.8 percent of the general population (13,150 people) and 9 percent of children live in poverty.

Current service providers

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. OB/GYN clinics at Mercy Health hospitals Anderson, Fairfield and West provide free or low-cost care to low-income and uninsured patients. Mercy Health also offers 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 County, 12 percent of the population have diabetes. The rate in Warren County is 9 percent.
- The death rate from diabetes in Hamilton County is 26.7 per 100,000.

Current service providers

Mercy Health offers education classes and counseling for inpatient diabetic patients and the community at large. The YMCA offers a diabetes prevention program.

OBESITY

Capacity and adequacy of service levels

- In Hamilton County, 29 percent of the population is obese. The rate in Warren County is 26 percent.
- 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 3 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 prediabetes programs from YMCA.

LUNG CANCER

Capacity and adequacy of service levels

- Each year, Hamilton County has 648 new cases of lung cancer. Warren County has 150 new cases per year.
- Lung cancer is the second most common cause of death in Hamilton County and the number 1 cause of death in Butler County.
- Hamilton County has 52 cases of lung cancer per 100,000, with an estimated 418 deaths. In Warren County, 57.5 per 100,000 have lung cancer, and an estimated 126 deaths per year.

Current service providers

All Mercy Health hospitals provide screenings and education for lung cancer. Mercy Health has smoking cessation initiatives in three of its five hospitals. Radiation therapy and education are available in many places. Mercy Health has robust outreach in education to the community.

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 OB Clinics and labor and delivery departments 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.

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 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:

Identified Health Need	Regional Weighted Average	Local Weighted Average	Hospital Weighted Average	Total
Access to Care	0.5	0.9	1.5	2.9
Cancer	0.25	0.3	1.5	2.05
Mental Health	0.45	0.6	1.0	2.05
Substance Abuse	0.6	0.9	0.5	2.0
Healthy Behaviors	0.35	0.6	1.0	1.95

Prioritized health needs

ACCESS TO CARE

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. The HealthCare Connection focuses on Access, and Clermont Health partnerships and the City of Cincinnati have made access to care a priority in a new master plan. The state, City of Cincinnati, and Hamilton County have identified a need to increase access to primary care providers. The Jewish Hospital - Mercy Health intends to establish a primary care provider at a FQHC in Bond Hill.

CANCER

Early detection of cancer, including lung and breast, 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.

MENTAL HEALTH

To help them receive the necessary care, there is a need to identify adult patients (18+ years) at risk for depression and alcohol or substance abuse. The Screening Brief Intervention and Referral to Treatment (SBIRT) program represents a population health-based approach that emphasizes prevention, early detection, education and treatment. Technicians in our emergency department utilize the protocol to identify at-risk patients and refer them to formal substance use and/or mental health treatment resources.

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 outcomes measures.

HEALTHY BEHAVIORS

Healthy Behaviors is a focus of the region's Collective Impact on Health agenda, bringing together diverse stakeholders to invest in strategies that encourage health eating, active living, healthy coping and smoking cessation.

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:

ACCESS TO CARE

Resources available to address the health care access needs of the community include Primary Health Solutions, Mercy Health - Fairfield OB Clinic, Mercy Health - West OB Clinic, Mercy Health - Anderson OB Clinic, Crossroads Health Center, and HealthCare Connection.

CANCER

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

MENTAL HEALTH

Resources available to address the mental health needs of the community include Mercy Health, 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, and Greater Cincinnati Behavioral Health Services and Central Clinic.

SUBSTANCE ABUSE

Resources available to address the substance abuse needs of the community 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 and Urban Minority Alcoholism Drug Abuse Outreach Program (UMADAOP) of Cincinnati, Inc.

HEALTHY BEHAVIORS

Resources available to address the healthy behaviors of the community 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, and University of Cincinnati.

Progress on Health Priorities Identified in the 2013 Health Needs Assessment

MENTAL/BEHAVIORAL HEALTH

Initiatives	Impact
Integration of primary care and behavioral health services	<p>A collaborative care model was implemented to treat a range of behavioral health conditions in the primary care setting. This was chosen over the initially proposed IMPACT model because it offered a broader approach than depression care and also addresses chronic and acute “physical” medical issues. Psychiatrists also 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 psychiatrics.</p> <p>To date, several full-time psychiatrists and BHC clinicians have been embedded directly with over 50 PCPs. In 2015, 276 people visited psychologists in the Central Market. Volumes have increased steadily and are indicative of the high unmet demand in our communities. Patients appear to take a common-sense approach to the care model, indicating that a “one-stop shop” is a sensible solution to a longstanding problem. In addition, PCPs and their staff clearly value the presence of experts in human behavior and professionals trained in the use of psychotropic medications in the primary care setting, as evidenced by written survey, verbal report and anecdotal praise.</p>
Mercy Health Partnership Program (MHPP)	<p>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.</p>

HEART DISEASE

Initiatives	Impact
Cardiac Rehabilitation Program	<p>The cardiac rehabilitation program at The Jewish Hospital — Mercy Health helps cardiac patients lead better, healthier lives through education and exercise. The cardiac rehab program helps patients recovering from coronary bypass surgery, angina (chest pain), angioplasty and heart attacks. Phase IV cardiac rehab emphasizes long-term lifestyle changes to lower the risk of future heart problems. We had 936 visits to cardiac phase IV rehab in 2015.</p>
Sponsorship	<p>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: Anderson Hospital generated \$41,000 and had 480 participants.</p>

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. The Jewish Hospital also served our community with 4227 visits at our outpatient clinic.
Hospital Eligibility Link Program (HELP)	HELP is a free referral service from Mercy Health. If a patient cannot afford to pay some or all of their hospital expenses, Mercy Health will help obtain medical benefits through federal, state and hospital programs. In 2015, 4,094 people received benefits worth over \$200,000.
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 \$365,000 were provided by The Jewish Hospital.

DIABETES

Initiatives	Impact
The Jewish 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 49 participants in 2015.
The Jewish Hospital Outpatient Clinic	The Jewish Hospital Outpatient Clinic gives people routine and preventive care. In 2015, the clinic screened and advised 4,515 people about their diabetes.
Optifast Weight Loss Program	The Optifast Weight Loss Program offered by The Jewish Hospital helps people whose diabetes can be managed by weight loss. In 2015, we performed 109 bariatric surgeries.

CANCER

Initiatives	Impact
Gamma Knife Treatment	Jewish Hospital is a leader in use of Gamma Knife treatment, a new, non-invasive treatment for brain cancer and neurovascular disorders. In 2015, 173 people had this procedure here.
Community outreach and education	<ul style="list-style-type: none"> • Outreach and community events related to cancer are a big part of our contribution to community health. • Mobile mammography vans: Served 483 women in 2015. • Light the Night event: 40 team members raised over \$11,000 and facilitated “Be the Match” for 18 bone marrow donors. • Brake for Breakfast: 426 participants received counseling and brochures. • Smoking cessation programs: Assisted 10 participants in 2015. • Healthy Happy Hours” provided education to 45 participants and registered 10 Be the Match donors.