2024 Community Health Needs Assessment

Addendum: Daniel Drake Center for Post-Acute Care

Our Purpose

To advance healing and reduce suffering.

Our Mission

We are committed to advancing medicine and improving the health of all people – regardless of race, ethnicity, geography or ability to pay by fostering groundbreaking medical research and education, delivering outstanding primary and specialty care services, and building a diverse workforce.

Our Vision

To use the power of academic medicine to advance the science of discovery and transform the delivery of care.

Our Values

- People first
- Respect
- Integrity
- Inclusion
- Discovery
- Empathy

The Facility: Daniel Drake Center for Post-Acute Care

The Community We Serve

The Daniel Drake Center for Post-Acute Care is located in ZIP code 45216 in Hamilton County, Ohio. This hospital provides services to patients across the Greater Cincinnati region, with focus on Hamilton, Butler, Clermont, and Warren Counties. The larger 18-County geographic area covered by the Regional Community Health Needs Assessment includes the Primary Service Area of UCMC.

2024 Community Health Needs Assessment

Every three years, our health system completes a Community Health Needs Assessment (CHNA) to identify the most significant health needs of our region through comprehensive data review, engagement with community partners, and collective prioritization. In 2024, the Daniel Drake Center for Post-Acute Care participated, as part of UC Health, in the collaborative development of a Regional CHNA for Greater Cincinnati.

This process, led by the Health Collaborative, incorporated considerable community input. The 2024 Regional CHNA Advisory Committee, along with the Public Health and Special Populations Task Forces, had 45 participating organizations representing diverse populations including medically underserved people, Black and African American residents, immigrants and refugees, mothers and babies, Hispanic/Latino residents, people experiencing homelessness, people experiencing mental health challenges, people experiencing food insecurity, people with disabilities, and other marginalized populations.

This addendum will be published with the CHNA Report in 2025. The addendum identifies significant regional health needs, and it also updates the status of the prior Implementation Plan.

The Daniel Drake Center for Post-Acute Care has aligned with the region's top priorities as identified in the Regional CHNA, which can be found either on The Health Collaborative's website (https://healthcollab.org/community-health-needs-assessment/) or the UC Health Community Benefit page (https://www.uchealth.com/about/community-benefit/). More details on the CHNA process, methodology, data sources, collaborating partners, and significant health needs of the Greater Cincinnati region can be found in the Regional CHNA document.

Prioritized CHNA Needs

Priorities

The top priorities for the The Daniel Drake Center for Post-Acute Care are:

1. Mental health treatment and prevention.

2. Assessing for and addressing social drivers of health.

3. Heart disease and stroke prevention and treatment.

Written comments or questions about the CHNA or prioritized needs should be submitted to our feedback from here: CHNA Feedback Form

Updates on 2022 Implementation Strategies

Priority/Priorities Targeted	Strategy	Project Name	Overview of Project	Status Update
Access to Services – Cardiovascular Disease	Equip the community with tools to respond to and reduce harm during a cardiac event.	*Stop the Bleed and Take10 CPR*	• To train more people in basic bleeding control techniques in case of emergency • To train people in compression-only CPR in case of emergency	• In FY24, the project shifted focus to training high school juniors and seniors through Cincinnati Public Schools. • In 2024 and 2025, these programs were also offered in partnership with the Hamilton County 513 Relief Bus to meet community members in the neighborhoods where they work, live and play. • Additional partnerships include business safety councils and the Superseeds youth program. • In FY25, Stop the Bleed completed 141 training days, with more than 300 classes and 5000 participants trained. This was an improvement on the 130 training days completed in FY24. • In FY25, Take10 CPR trained 545 individuals in 20 classes, which is an improvement on the 100 trainees in 39 classes in FY24.
		Pulse Point Dispatch Center		• The team's goal for 2024 and 2025 was to spread awareness about the initiative and

		• Improve response time to cardiac events taking place in the community • Increase bystander CPR rates and improve bystander response times	increase the number of monthly active users through partnership with the marketing team. • In FY25, there were 2,060 active users on the app, with 873 signed up for CPR alerts. • In FY25, the app resulted in 67 activated events where CPR was initiated following an alert to a trained community member.
		Cardiopulmonary Education and Support	• Increase knowledge of cardiopulmonary support services provided at UC Health • Increase utilization of cardiopulmonary support services provided at UC Health • Reduce hospital readmissions	• The team met their goal for enrollment in the pulmonary rehabilitation program after referral in 2024. • The team created marketing materials and are leveraging different communication pathways to increase general awareness of the program and services offered. • The Clifton location struggled with staffing for support services, such as dieticians, but can use the success of the West Chester supports as a model. • The team saw a dramatic decrease in time between referral and first exercise session due to improved work queue processes, resulting in improvement of 4 fewer days than the team's established goal.

				• The program has continued to see growth in patient volumes, which has resulted in several unexpected barriers such as space constraints and staff time allotted to each patient.
Social Determinants of Health	Improve coordination between healthcare systems and social service agencies by establishing a shared mechanism to screen, refer, and follow-up on a patients' health-related social needs.	*Standardization of Social Determinants of Health Screening and Referrals to Resources*	• Increase standardized screening across all patient care settings • Build community resources in EPIC	• The system SDOH Task Force launched in early 2024, including individuals from the Daniel Drake Center. • The Task Force established data tracking by site for regular review of both screening and positivity rates for each SDOH domain. • The Daniel Drake Center care management team completed PDSA testing to improve screening rates for their inpatient process. • Members from the Daniel Drake Center were key participants of the Community Resources Committee, which worked to update the Epic Community Resource Guide and create alignment on referral processes for the system. • In March of 2025, UC Health entered into a partnership with Unite Us, which is an Epic-integrated platform that will allow our system to have closed-loop referrals with community partners. The

				Daniel Drake Center will join the phased Unite Us roll out later in 2025.
Workforce Pipeline	Collaborate with community-based organizations to connect diverse residents from high-poverty neighborhoods to available frontline positions, and then intentionally to internal career development and advancement opportunities.	*CityLink*	• To develop a diverse workforce to meet the healthcare needs of the community. • Increase PCA workforce pipeline	• The partnership has expanded from being focused on the Drake Center only to being a system-wide initiative in 2024. • CityLink provides transportation, daycare, financial planning, and food onsite while training participants. • UC Health retained 60% of the patient care assistants trained in FY24 and 12 employees fro 85% retention in FY25.
		Project LIFE	• To provide students with developmental disabilities the opportunity to develop job skills and increase their independence. • To support staff in selected Drake departments with additional student resources • To develop a pipeline for entry-level employment opportunities with students who are participating as Project LIFE interns	• Within the CHIP timeframe, over 1,800 volunteer hours were completed by Project LIFE participants. • Participant volunteer efforts impacted the following processes: admitting and registration, Bridgeway Point activities, clerical duties, environmental sciences, food and nutrition services, and materials distribution. • The Daniel Drake Center experienced a shift in leadership during the CHIP cycle, but participation in this initiative was not impacted.

	Implement and increase diversity, cultural competency, and empathy training of workforce professionals and leadership within health systems.	*Diversity, Equity and Inclusion Roadmap to Cultural Competency*	• Increase staff cultural competency • Create common DE&I language across health system	• The training that was developed for the DEI roadmap was rolled out across all UC Health staff and then integrated into onboarding workflows. • DDC had a training completion rate of 54% when department restructuring paused the project at the end of FY24.

Accountability

Date approved by Audit and Compliance Committee of UC Health Board of Directors: 4/18/2025.