

ADDENDUM:

2019 COLLABORATIVE CHNA

West Chester Hospital

PRIORITIZATION OF COMMUNITY HEALTH NEEDS

Introduction

In 2018 the West Chester Hospital participated, as part of UC Health, in the collaborative development of a Community Health Needs Assessment (CHNA) for Greater Cincinnati and Greater Dayton, which incorporated considerable community input. This addendum will be published with the CHNA Report in 2019. The addendum describes the prioritization process and its results to identify significant health needs, and it also updates the status of the prior Implementation Plan.

Criteria

The CHNA considered the health and health-related issues according to the following criteria:

- Community prioritized the issue highly (based on consensus on priorities in CHNA)
- Public health departments prioritized the issue highly (based on consensus on priorities in CHNA)
- Nonprofit agencies, representing vulnerable populations, prioritized the issue highly (based on consensus on priorities in CHNA)
- Secondary data sources reflected that the issue was worse over time (based on up to 5 years' trend data collected for CHNA)
- Proportion of region impacted by worsening trends (based on CHNA data on the number of counties impacted by mortality rate; ratio of providers; and prevalence rate)

Process

UC Health Administration designated Christie Kuhns, Esq., in consultation with key stakeholders across the organization, to recommend priorities for the West Chester Hospital. In her role as Chief of Staff and Vice President of Operations & Community Relations, Ms. Kuhns is qualified to select and endorse the priorities from the CHNA report and to allocate resources for implementation strategies. The CHNA identified the following regional priorities:

1. Substance abuse
2. Mental health
3. Access to care/Services
4. Chronic disease
5. Healthy behaviors

Priorities were determined by the number of votes in community meetings; the number and percentage of mentions on surveys; and, for secondary data, data worse than state or national data, and trending in the wrong direction.

UC Health is committed to improving the physical and economic health our community and has prioritized Community Health as one of its Core Four Strategies. Therefore, the West Chester Hospital weighted one criterion more heavily than the other criteria – ‘Community prioritized it highly’ – in order to retain an emphasis on what the community deemed most significant.

In addition to increasing the weight of the criterion, ‘Community prioritized it highly,’ two health issues were also weighted. Access to care/services and mental health were both already identified at UC Health as top priorities during its strategic planning process in 2016. UC Health’s experience with both mental health and substance abuse also led their combination into one category, since mental health issues are a root cause for most substance abuse disorders.

Consideration of community input

Through the CHNA process, the West Chester Hospital received detailed information about the health issues identified in Butler, Clermont, Hamilton, and Warren Counties by Health Commissioners, individual consumers, nonprofit agencies serving vulnerable populations, and focus group participants.




Top priorities

The top priorities for the West Chester Hospital are:

1. Substance abuse and mental health
2. Access to care/Services
3. Chronic disease
4. Healthy behaviors

EVALUATION OF IMPACT OF 2016 IMPLEMENTATION PLAN

Community Health Need	Strategy	Evaluation of Impact	Status	
Access to care	Increase Training/Support on Stroke/Stemi/Sepsis to Local EMS/ Fire Departments.	Stemi Target % of EMS-Initiated Activations from The Field (Target 90 Minutes or Less from First Medical Contact)	Feedback to 100% of EMS-originated STEMI patients to achieve quality measures. Surpassed 90-min. target: CY17: 81 min.; CY18: 73 min. Facilitated educational opportunities at regular meetings of local EMS councils and conferences and Fire Chiefs on these topics: <ul style="list-style-type: none"> • Importance of STEMI Targets and communication/notification; • Sepsis - Pre Hospital recognition with prenotification; and • Strokes – Recognition and communication 	★
Access to care	Partner with community programs to improve wellness and healthy behaviors	# of new collaborations and any new programs/education initiated after the onset of this program	548 people attended 17 seminars in 2017 and 2018, with Senior Services. Health and wellness information was also provided to 40,000+ who attended Greater Cincinnati health events. Formed Community Advisory Committee in Dec. 2017. It meets quarterly to advise on issues of interest, with focus on access to high quality care and SDHs.	★
Access to care/ services	UC Health will participate in a joint collaboration to improve health in the region, with The Health Collaborative.	Identify shared regional priority.	As part of the Gen-H Initiative, The Health Collaborative has launched Accountable Health Communities (Aug 2018) in which UC Health is actively participating in addressing social determinants. Partnership with The Health Collaborative is ongoing to identify a shared priority.	★
Chronic disease	Utilize “Lungs on the Run” Walk & Run event to pass out certificates and provide education on lung cancer screening	# of certificates passed out for those attending event and receiving information about educational opportunities	“Lungs on the Run” no longer active in West Chester Community. Actively seeking alternative and relevant opportunities. 35-37% of UC Health referrals are sent to WCH. 331 lung cancer scans were completed at West Chester North YTD.	★

Chronic disease	Monthly education offered to the public in day and evening sessions with different topics each month and a chronic disease focus at least quarterly	Participation & # of New Seminars/Topics Offered	Monthly seminars were held twice (Saturday morning and weekday evening) in FY17, and they attracted 1,655 people. 7 seminars in FY18 attracted 852 people. New topics were: Household Emergencies, Back Pain, Brain Health/Stroke, Gynecologic & Breast Health, Sexual Health, Diabetes, Chronic Headaches & Migraines, Cardiovascular Health, Digestive Health, Male Urological Disorders, Elder Care for Caregivers, Healthy Aging, Female Pelvic Health, Reproductive Health, Joint Pain, and Healthy Aging for Women.	
Chronic disease: Cancer	Bring cancer support groups on campus in collaboration with Cancer Support Community with programs tailored for survivors and the newly diagnosed	# of attendees and # of events	Cancer Support Community plans & manages the Cancer Networking & Support group. It meets on 3rd Wednesdays 6:30-8:00 pm on West Chester Campus. It's open to cancer patients, family members, caregivers, and survivors. A licensed behavioral health professional hosts the sessions. American Cancer Society provides resource info.	
Chronic disease: Obesity	Create and/or host nutrition and exercise education that can be offered on the website and on tablets	Monthly talks open to the public & education targeted for obese people coming to ED with BMI > 33. # of events and # of attendees	4 seminars held annually for the general public. Diabetes educator covers topics related to diabetes management. Educational information is available online at https://uhealth.com/weightloss/about-obesity/ . Curvy Cardio program offered in 2017 & 2018 with community partner. BMI screening offered at Black Family Reunion and Cincy Cinco events.	
Mental health & Substance abuse	Improve referral process to increase number of people who follow-through and make connection. Create and maintain a robust resource network with community providers by inviting them to present to and engage with hospital staff and establishing how to do warm hand-offs and to make better referrals.	# of patients who, when presented with referral information, connect with referral organization. Develop "Warm Handoff Program"	Participates quarterly in the Butler County Health Improvement Plan to address mental health and suicide prevention for Butler County. UC Health Opioid Task formed Apr. 2017. Screening and referring patients to treatment per protocol (Feb. 2019). 16 patients have been referred system-wide in first 3 weeks.	In progress

3 / 13 / 2019

Date approved by Audit and Compliance Committee of UC Health Board of Directors