Community Health Needs Assessment: Implementation Strategies 2020 – 2022

Contents

Mission & Vision

Our Purpose is:
To advance healing and reduce suffering.

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

Communities Served

Butler, Clermont, Hamilton, and Warren Counties in Ohio

Prioritized CHNA Needs

Priorities
The priorities for the University of Cincinnati Medical Center are the top community health needs identified in the CHNA:
1. Substance abuse and mental health
2. Access to care and/or services (including Infant mortality)
3. Chronic disease
4. Healthy behaviors

Significant Health Needs to be Addressed
Implementation Strategies, listed on the following pages, address all of the above prioritized health needs.

Significant Health Needs Not Addressed
Not applicable.

Process for Strategy Development

Christie Kuhns, Chief of Staff, Vice President of Operations & Community Relations assembled a CHNA Team to guide and oversee the development of strategies. The Community Relations Team (CR Team) met with both internal and community stakeholders to identify strategies. The CR Team includes Ms. Kuhns, Kristy Davis, Manager of Special Projects and Communications, and Dan Maxwell, Manager, Community Relations. Their activities included:

- Inventory of current strategies worthy of continuation
- Inventory of current activities that might address the targeted needs
- Meeting with public health agencies to identify more opportunities to collaborate
- Participation in Interact for Health's Regional Implementation Plan Group to discover opportunities for shared strategies
- Meeting with community-based organizations and other external stakeholders
- Meeting with UC Health experts and key internal stakeholders to identify and develop responses for the priority areas identified from the Community Health Needs Assessment

CHNA Team:

- Pete Gilbert, Executive Vice President and Chief Operating Officer, UC Health
- Evie Alessandrini, MD, Senior Vice President and Chief Medical Officer, UC Health
- Nita Walker, MD, Senior Vice President, Ambulatory Services, UC Health
- Ann Smith, Senior Vice President, Inpatient Services, Interim Chief Administrative Officer, UC Medical Center
- Christie Kuhns, Chief of Staff, Vice President of Operations & Community Relations, UC Health
- Tom Daskalakis, Vice President and Chief Administrative Officer, West Chester Hospital
- Lafe Bauer, Vice President and Chief Administrative Officer, Daniel Drake Center for Post-Acute Care
- Jenny Dusso, Vice President, Chief Administrative Officer, Ambulatory Services, UC Health
- Amy Chima, Senior Director, Performance Improvement, UC Health
- Kristy Davis, Manager of Special Projects and Communications, UC Health
- Dan Maxwell, Manager, Community Relations, UC Health
- Gwen Finegan, Consultant

Ms. Kuhns presented an overview of the CHNA Implementation Strategies process at a meeting of the Chief Operating Officers and Chief Medical Officers on June 10, 2019. Members of the CHNA Team met on August 12, 2019 to review the draft strategies.

Stakeholder meetings included:

External

May 28 – Avondale Development Corporation

Russell Hairston, Executive Director

July 12 - Hamilton County Public Health Advisory Council

Community Relations Team attended Hamilton County Public Health Advisory Council Meeting.

June 27 – Seven Hills Neighborhood House

Dr. Melinda Butsch Kovacic
Sheila Nared
Alexis Kidd

July 2 – The Health Gap

Renee Mahaffey-Harris, CEO, The Health Gap
Rhyanne McDade, Community Health Program Director, The Health Gap

Internal

June 10 – CCO/CMO Meeting

Nita Walker, MD, Senior Vice President, Ambulatory Services
Ann Smith, Interim Chief Administrative Officer, UC Medical Center, Senior Vice President, Inpatient Services, UC Health
Christie Kuhns, Chief of Staff, Vice President of Operations & Community Relations
Bev Bokovitz, Vice President, Nursing Services, UCMC
Rob Portwood, Assistant Vice President, Hospital Operations, UC Medical Center
Lafe Bauer, Chief Administrative Officer, Daniel Drake Center for Post-Acute Care
Tom Daskalakis, Chief Administrative Officer, West Chester Hospital
Ron Rohlfing, Vice President Operations, West Chester Hospital
Kathy Hays, Vice President, Chief Nursing Officer, West Chester Hospital
Bob Feldbauer, Vice President, Facilities, UC Health
Jenny Dusso, Vice President, Chief Administrative Officer, Ambulatory Services, UC Health
Jasmine Arfa, Vice President, Chief Patient Experience Officer, UC Health
Candace Sabers, Vice President, Government Relations, UC Health
Amy Chima, Senior Director, Performance Improvement, UC Health
Rita Stockman, Assistant Vice President, Accreditation, Regulatory & Policy
Francisco Fernandez, MD, Director, Emergency Medicine Simulation Medicine
Tyler French, Director, Transformation, UC Health
Dan Maxwell, Manager, Community Relations, UC Health
Gwen Finegan, Consultant

June 24 – ED Medication-Assisted Treatment Program

Richard Ryan, MD, Professor and Vice Chairman, Department of Emergency Medicine

June 24 - CenteringPregnancy

Tiffiny Diers, Program Director, Internal Medicine Residency Program

Dena Fisher, Executive Administrative Director, Women's Health Program, Women's Center

June 25 – Stop the Bleed

Gina Menninger, Trauma Prevention and Outreach Coordinator, Trauma Center, UCMC

June 25 – Food is Medicine Food Pantry

Catherine Heneghan, Director, Clinical Services, Ambulatory Services

July 1 – Take 10 CPR / Pulse Point Dispatch Center

Dustin Calhoun, MD, Medical Director for Emergency Management

July 11 – Ambulatory Services

Jenny Dusso, Vice President, Chief Administrative Officer, Ambulatory Services

July 11 – Infant Mortality

Elizabeth Kelly, MD, Vice Chairman, Department of OB/GYN

July 12 – Rapid Access

Charles Collins, MD, Senior Vice Chair and Director of Clinical Operations, Psychiatry & Behavioral Neuroscience

Peter Fox, Administrative Director, Department of Psychiatry

July 18 – UC/UC Health Opioid Task Force

Melissa Delbello, MD, Dr. Stanley and Mickey Kaplan Professor and Chair of Psychiatry & Behavioral Neuroscience, Co-Medical Director, Mood Disorders Center

July 23 – Outcome Measurement

Amy Chima, Senior Director, Performance Improvement, UC Health

Ms. Kuhns also gave an overview of the draft strategies to UC Health's Community Advisory Council at its July 30, 2019 meeting. Members attending were:

- Bishop Bobby Hilton, President, Greater Cincinnati National Action Network (NAN)
- Chara Fisher Jackson, Executive Director, Urban League of Greater Southwestern Ohio
- David N. Kirk, President & CEO, DNK Architects, Inc.
- Kathy Wright, Principal, Hughes STEM High School
- Luz Elena Schemmel, Director, Santa Maria Community Services' Immigrant, Wellness Services and International Welcome Center
- Melba Moore, Health Commissioner, Cincinnati Health Department
- Pastor Ennis Tait, President, Faith Community Alliance of Greater Cincinnati
- Renee Mahaffey-Harris, Executive Director, Center for Closing the Health Gap
- Rick Williams, President & CEO, Brodwill LLC

Also in attendance were Domonic Hopson, MPH, Assistant Health Commissioner, Cincinnati Health Department and Jeff Beam, Director of Development at The Community Builders.

IMPLEMENTATION STRATEGIES

Strategy: Avondale Federally-Qualified Health Center

Overview:
With the opening of the Ambrose H. Clement Health Center located in the Avondale Town Center, Avondale will no longer be considered a "Primary Care Desert." Historically, Avondale has experienced some of the greatest health disparities in Cincinnati and experienced some of the worst health outcomes. A number of residents experience numerous barriers to care, including a lack of access to health and mental health providers that accept Medicaid and a lack of transportation to reach available healthcare services outside of their community. The Cincinnati Health Department will open a Federally-Qualified Health Center (FQHC) with financial and clinical support from UC Health. Services offered will include Primary Care, OB/GYN and Behavioral Health Services.

Goal: To provide primary care in an adjacent neighborhood with low income levels and poor health outcomes

Priority/Priorities Targeted: Access to care/services, Chronic disease, Mental health

Program/Initiative	Avondale FQHC
Objectives	- To provide patient-centered Primary Care, OB/GYN and Behavioral Healthcare Services to patients living in the Avondale community. - To increase access to health services in the Avondale community. - To improve health outcomes and care coordination for low-income patients.
Activities	- Form a partnership with community agencies that serve Avondale residents - Provide conveniently located care for underserved patients, encouraging primary and preventative care rather than ED usage - Create a patient-centered environment that is welcoming for Avondale residents
Partners	Cincinnati Health Department
Resources	Financial contribution: Up to $250,000 annually
Evaluation Activities	- Approximately 16,000 expected patients annually - Improved overall wellbeing as evidenced by below metrics: Annual Depression Screening > 80% Diabetic Care: A1C less than 8% Lead Screening Rates Developmental Screening Rates Immunization Compliance

Points of Contact/ Persons Accountable	Nita Walker, MD, Senior Vice President, Ambulatory Services; Christie Kuhns, Chief of Staff, Vice President of Operations & Community Relations; and Kristin Fontaine, Administrative Director, Adjunctive Programs

Strategy: Food Is Medicine

Overview:
UC Health will collaborate with The Freestore Foodbank to create a food pantry on-site at the Hoxworth General Medicine Primary Care Clinic. All patients will be screened for food insecurity and those who screen positive will be eligible to utilize the on-site food pantry. Staff will distribute vouchers for Fresh Vegetables & Fruit Mobile Unit, provide health education, and connect patients to other food banks and resources if appropriate. Space will be allocated for Foodbank staff to enroll patients in SNAP benefits. Specific health data will be tracked at multiple set intervals of the intervention.

Goals: To reduce food insecurity for patients at the Hoxworth General Medicine Primary Care Clinic.

Priority/Priorities Targeted: Access to care/services, Chronic disease, Healthy behaviors

Program/Initiative	Food Is Medicine
Objectives	- To identify and address food insecurity in patient populations - To build partnership with the Freestore Foodbank - To reduce barriers for patients to access food assistance - To connect patients to benefits and resources to reduce food insecurity
Activities	- Screen for food insecurity the patients visiting the General Internal Resident Clinic and General Internal Faculty Practice. - Rescreen at intervals & end of project. - Implement on-site food distribution for up to 500 patients (about 14% of all screened). - Distribute vouchers for Fresh Vegetables and Fruit Mobile Unit - Provide nutrition education and resources. - Connect patients to short- and long-term nutrition assistance programs. - Provide on-site space for Foodbank staff to enroll patients in SNAP.
Partner	Freestore Foodbank
Resources	Financial contribution: $25,000 annually for three years to sustain operations when initial grant ends in February 2020.
Evaluation Activities	# of people screened # of people receiving food - Pre- and post-surveys - ZIP Code collection - Change in food security status (based on repeat screenings) - Track medical data points: B/P, Hemoglobin A1C, BMI – analysis of data at end of project
Points of Contact/ Persons Accountable	Catherine Heneghan Director, Clinical Services, Ambulatory Services and Melissa Martin, Clinical Manager

Strategy: Infant Mortality: CenteringPregnancy

Overview:
Cradle Cincinnati is a network of partners working across sectors to measurably improve preconception health, pregnancy health and infant health in order to reduce preterm birth and infant mortality in Hamilton County. CenteringPregnancy is a model of prenatal care that is group focused and empowers women to make healthy choices through discussion and dialogue. An OB provider facilitates the discussion, but moms and families guide the dialogue. Patients are grouped due to fetal gestational age and/or other factors such as language or neighborhood. Individual care, such as belly checks, blood pressure, etc. takes place during each session, so patients receive the same evidence-based care as they would in a regular office visit. Through focusing on risk assessment, education and support, women are empowered to take control of their health during pregnancy and beyond. Data show Centering is effective in reducing premature birth and racial disparities in preterm birth by more than 35%. By expanding the offering of CenteringPregnancy at UC Health, there is greater opportunity to reduce poor birth outcomes which lead to infant mortality.

Goal: To reduce the number of pre-term births and deliver all babies at healthy weight and gestational ages.

Priority/Priorities Targeted: Access to care/services and Infant mortality

Program/Initiative	Centering Pregnancy
Objectives	● To engage diverse, low-income pregnant women in prenatal care. ● To reduce pre-term birth and poor health outcomes. ● To empower women to take control of their health during pregnancy and beyond.
Activities	● Allocate clinical and project management resources ● Determine space and logistics for additional groups ● Educate pregnant women on the availability and benefits of Centering
Partners	Cradle Cincinnati
Resources	Financial contribution: Up to $250,000 annually for Cradle Cincinnati partnership.
Evaluation Activities	Increase number of Centering groups Reduce disparities for outcomes related to infant mortality: ● Preterm birth ● Low birth weight ● Breastfeeding ● Sleep-related deaths
Point of Contact/ Person Accountable	Elizabeth Kelly, M.D., Vice Chairman, Dept. of OB/GYN

Strategy: ED Medication-Assisted Treatment Program

Overview:
The opioid epidemic is affecting the greater Cincinnati region in remarkable and never before seen ways. There have been over 6,200 emergency department (ED) visits to Hamilton County emergency departments in the two-year period of December 2016 - November 2018. Ohio has the second highest age-adjusted drug overdose death rate in the USA, behind only West Virginia. According to Ohio Hospital Association 2016 data, 25 of the 233 acute care hospitals saw more than 50% of the opiate overdoses, and UCMC is one of them. According to the Ohio Department of Health (ODH), overdose deaths increased from 3,050 in 2015 to 4,050 last year, and fentanyl and related drugs were involved in 58.2% of them.

This epidemic has touched many elements of the community served by UC Health. As the urban, academic medical center, UCMC is poised to provide clinical expertise to manage both the primary disease of addiction along with the secondary associated complications. UCMC will develop a pilot care plan for the Emergency Department patients who are afflicted with addiction, especially the population afflicted with opioid use disorder (OUD).

Goal: To develop a medication assisted treatment (MAT) pathway within the UCMC Emergency Department involving Early Intervention Program (EIP) identification, assessment, and linkage to continuing outpatient care within 24 hours from the initial ED visit.

Priority/Priorities Targeted: Substance abuse and mental health

Program/Initiative	ED MAT Program
Objectives	● To provide screening, MAT (buprenorphine), addiction counseling, and peer navigation to seamlessly link patients to comprehensive longitudinal care by utilizing the EIP. ● To help ensure early/next day entrance and continuous early recovery at UC Health addiction sciences division or other community resource. ● Compile programmatic and health system outcomes reports.
Activities	● Early detection of patients with substance use disorders in the ED setting (opioid emphasis) ● Begin early MAT treatment at the Center for Emergency Care ● Provide motivational influence to engage in care, augmented by peer-volunteer support ● Promote physician-level intervention implementation, monitoring, and real-time awareness of patient eligibility in ED ● Formal assessment, counseling intervention, and referral to care while in the ED
Partners	● University of Cincinnati Addiction Sciences ● Brightview ● Talbert House ● Center for Addiction Treatment

Resources	• New 2.0 FTE Addiction Counselors and 2.0 Community Health Workers are being hired.
Evaluation Activities	● Increase the number of patients screened, intervened, and linked to long-term addiction treatment by initiating an EIP opioid concentrated program along with evidence-based treatment (MAT=buprenorphine) while in the ED. ● Increase the number of ED discharged patients linked to long-term care within 24 hours.
Point of Contact/ Person Accountable	Richard J. Ryan, M.D., Professor and Vice Chairman, Department of Emergency Medicine

Strategy: Pulse Point Dispatch Center

Overview:
This project would fund expanded access to the Pulse Point app that has been developed for the purpose of notifying trained users and first responders of a cardiac arrest event so that those certified in CPR/AED can respond quickly. The app also shows the location of the nearest AED, so responders can quickly access this life-saving tool. Research indicates that mobile-phone positioning systems that dispatch CPR-trained volunteers are associated with significantly increased rates of bystander-initiated CPR among persons with out-of-hospital cardiac arrest (*New England Journal of Medicine,* 2015).

Goal: To reduce the response time for assisting patients suffering from cardiac arrest

Priority/Priorities Targeted: Access to care/services

Program/Initiative	Pulse Point
Objectives	● To alert users immediately of a cardiac arrest event ● To increase the number of app users and number of AEDs registered in the app
Activities	● Launch and press conference with Cincinnati Fire Department ● Partner with TAKE10 Cincinnati
Partners	● Cincinnati Fire Department ● Pulse Point ● TAKE10 Cincinnati
Resources	Annual contribution is $18,000.
Evaluation Activities	● Increase registry numbers of AEDs ● Increase number of app registrants
Points of Contact/ Persons Accountable	Dustin Calhoun, MD, Medical Director for Emergency Management and Andrew Browning, Marketing Manager

Accountability

The Senior Vice Presidents of Ambulatory Services and Inpatient Services will be responsible for ensuring progress on the measures described to evaluate the impact of each strategy. The Community Relations team will convene meetings twice annually with hospital team(s) to track achievements for each strategy.

_____9_ / __11_ / __2019_____

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