2021 Community Health Needs Assessment

Addendum: University of Cincinnati Medical Center

In 2021 the University of Cincinnati Medical Center participated, as part of UC Health, in the collaborative development of a Regional Community Health Needs Assessment (CHNA) for Greater Cincinnati and Greater Dayton. This process, led by the Health Collaborative, incorporated considerable community input, including both community and provider surveys, focus groups, and stakeholder interviews. This addendum will be published with the CHNA Report in 2022. The addendum identifies significant regional health needs, and it also updates the status of the prior Implementation Plan.

UC Medical Center has adopted the region's top priorities as identified in the Regional CHNA. In addition to the region's top priorities, UC Medical Center included maternal/infant health as a CHNA priority due to its prevelance as an unmet health need in the population served by UC Health.

Prioritized CHNA Needs

Priorities

The top priorities for the University of Cincinnati Medical Center are:

1. Increase access to services in order to improve equitable outcomes for the region's top health care needs: behavioral health, cardiovascular disease, dental, vision and maternal/infant health.

2. Address access to and use of resources for food and housing, with a focus on the development and strengthening of partnerships between providers and community-based organizations.

3. Strengthen workforce pipeline and diversity, including cultural competence within the healthcare ecosystem.

Final Update of 2019 Plan

Priority/Priorities Targeted	Strategy	Overview of Project	Final Status
Access to care/services, Chronic disease, Mental health	Avondale Federally-Qualified Health Center	To provide patient-centered Primary Care, OB/GYN and Behavioral Healthcare Services to patients living in the Avondale Community and to improve health outcomes and care coordination for low-income patients.	Ambrose H. Clement Health Center opened Oct. 2019. Services include adult medicine, pediatrics, obstetrics/gynecology, mental health services, pharmacy, WIC and health insurance enrollment assistance, and laboratory services. FY 20 – 9,145 visits F21 – 8,966 visits FY 22 (through 1/31) 4,675 visits
Access to care/services, Chronic disease, Healthy behaviors	Food is Medicine	Collaboration with The Freestore Foodbank to create a food pantry on-site at Hoxworth General Medicine Primary Care Clinic. All patients screened for food insecurity and those who screen positive will be eligible to utilize on-site food pantry.	Pantry launched June 6, 2019 - Hoxworth Internal Medicine clinics screen patients utilizing a screening tool via epic, giving 2 days worth of food, providing $25 produce voucher to be used at mobile markets around the city. Goal of 500 patients served reached by September 2019. Anthem grant extended through May 2022, with plans to continue support.
Access to care/services and Infant mortality	Infant Mortality: Centering Pregnancy	To increase the number of Centering pregnancy groups to reduce the number of pre-term births and deliver all babies at healthy weight and gestational ages. Reduce disparities for outcomes related to infant mortality: preterm birth; low birth weight, breastfeeding, sleep related deaths.	In-Person Centering Visits (Jul19-Feb20): Pain -19; Diabetes- 36; Pregnancy – 101. 77% Black, 77% Medicaid. Centering Pregnancy placed on hold in March 2020 due to COVID-19 Pandemic.. April 2021 – Tammy Laine hired as Administrative Director of Integrative Medicine to lead Centering work. Feb. 2022 – Centering facilitator training – 13 managers and clinicians trained for re-launch.

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Substance abuse and mental health	ED Medication-Assisted Treatment Program	Increase the number of patients screened, intervened, and linked to long-term addiction treatment by initiating evidence-based MOUD while in ED. Increase the number of ED discharged patients linked to long-term care within 24 hours. Increase the number of X-waivered providers in the ED.	ED Protocol launched in ED in Dec. 2018 ED Substance Use Disorder team (Hired early 2020) consists of 2 certified addiction counselors, 1 health promotion advocate and a team manager. <u>FY20-FY22</u> -615 patients treated with MOUD -53% of all patients with opioid related chief complaint or discharge diagnosis treated with MOUD (63% in last 12m) -36% of those treat with MOUD admitted to UCMC as inpatient. -90 ED providers are X-waivered -49% referred to UC ASD for long-term treatment attend within 7-days
Access to care/services	Pulse Point Dispatch Center	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.	Contract with City of Cincinnati completed April 2020. Program placed on hold during the pandemic. Launched - May 2022.