

COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

June 2022

PROJECT SUMMARY

For the fourth time, a collaborative Community Health Needs Assessment (CHNA) was conducted by The Health Collaborative in Cincinnati, Ohio in partnership with the Greater Dayton Area Hospital Association. To carry out and complete this project, The Health Collaborative convened 36 hospitals, 22 health departments across 26 counties in the Greater Cincinnati and Greater Dayton areas, southeast Indiana and Northern Kentucky to engage in the development of the CHNA. The 2021 CHNA offers a robust portrait of the Southwest Ohio region. The collaborative CHNA for 2021 shares data for the whole region as well as detailed county-level data. Input on health needs and disparities was obtained using a structured online and paper survey, multiple focus groups, individual interviews, and secondary data analysis. Stakeholder groups included consumers, organizations and health departments. Secondary data was compared to stakeholder input to establish priorities and the most serious health-related issues. The Regional CHNA attempts to align with the State Health Improvement Plan where applicable.

PROJECT PARTICIPANTS

The Health Collaborative coordinated and facilitated this project, including inviting and securing funding from hospital participants. The hospitals assisted with efforts to invite participants from agencies as well as consumers. The organizations that participated or otherwise provided support for this CHNA are listed in Attachment I of this document.

METHODOLOGY

Design of the process to be used for the CHNA was based on five key attributes as follows:

- Collaborative – The design and execution of the CHNA was directed by the hospital, health departments and Interact for Health project partners.
- Inclusive – The Health Collaborative and project hospitals cast the net widely to include vulnerable populations and agencies serving them. Consideration was given to meeting locations, available transportation, welcoming environment and access.
- Participatory – Forty-five minutes to an hour of each community meeting was devoted to hearing from the invited participants.
- Reproducible – The same questions were asked at each meeting and on the surveys.
- Transparent – Secondary information was summarized and shared with meeting participants. Many times, this information was informative but previously unknown to the participants. Access to the final CHNA report was also provided to meeting participants.

Counties included in the CHNA consist of those listed in Attachment II of this document.

PRIMARY RESEARCH

Data collection, analysis and synthesis was conducted by Measurement Resources Company (MRC) and subcontractor Scale Strategic Solutions. A comprehensive, inclusive and balanced mixed-method approach, and best practices in community engagement, were used in data collection to ensure a representative sample of community members, specifically the voices of marginalized populations and the inclusion of providers across health and social service sectors.

The entire process was overseen by an Advisory Committee of 41 members of the community representing hospitals, public health departments, federally qualified health centers, community-based organizations, public health professional associations, funders and hospital associations.

The data collection included:

- 8,321 online community survey respondents
- 859 health and social service provider survey respondents
- 38 interviews with system leaders
- 51 targeted focus groups with 234 people
- Extensive review of current literature and existing community data.

CHNA RESULTS

Data was analyzed and collated into a report made available to the organizations which supported the CHNA under the leadership of the Health Collaborative and others at the discretion of the Health Collaborative. The report included the following:

- Descriptions of the collaborating project partners and counties studied
- Detail regarding the CHNA project process and methods used
- Regional results of aggregate as well as specific population (Latino, Child, etc.) health needs
- County-specific profiles
- List of community resources
- Conclusions and
- Supporting documentation.

Seven health issues achieved consensus as the most prevalent health conditions by the participants in the surveys and meetings conducted to collect the data.

1. Cardiovascular conditions (Hypertension)
2. Mental Health (Depression and Anxiety)
3. Arthritis
4. Lung/Respiratory Health
5. Dental
6. Maternal Health concerns
7. Prevention- related health needs

The following seven health conditions were identified as the most untreated.

1. Vision
2. Dental
3. Allergy
4. Mental Health (Depression and Anxiety)
5. Arthritis
6. Cardiovascular Conditions (Hypertension)
7. Maternal Health concerns

The study prioritized health needs as follows:

- Increase access to services to improve equitable outcomes for the region's top health needs: behavioral health, cardiovascular disease, dental and vision.

- Address access to and use of resources for food security and housing with a focus on the development and strengthening of partnerships between providers and community-based organizations.
- Strengthen workforce pipeline and diversity, including cultural competence, within the healthcare ecosystem.

DATA ANALYSIS

Lindner Center of HOPE (LCOH) representatives reviewed the report and made a determination to address the results of the report which were applicable to the following six counties: Butler, Clermont, Clinton, Hamilton, Montgomery and Warren.

These counties were chosen because they represent the majority of the Lindner Center of HOPE's primary service area, defined as counties in which the greatest percentage of LCOH's total adult inpatient and outpatient volume resides. As a result of review of this data, it was determined that there were no information gaps that impacted LCOH's ability to assess the community health needs of the LCOH community.

Based on the LCOH mission, vision, organizational goals, available resources and organizational capabilities and competencies, certain of the priorities identified for these six counties were selected as LCOH areas of focus. The priorities that were not determined to be areas of focus for LCOH were excluded because of resource constraints, unavailability of effective interventions to address the need, and/or the fact that the need was better addressed/currently being addressed by other community organizations or entities.

The areas of focus to be addressed by LCOH as a result of the CHNA and the resulting LCOH analysis are as follows:

1. Mental Health (Depression and Anxiety)
2. Access to Care/Services/Resources
3. Strengthen workforce pipeline and diversity

IMPLEMENTATION PLAN

1. **Mental Health (Depression and Anxiety):** Over the past several years, increased attention has been paid nationally to the level of mental illness present in our society, partially due to the increased number of violent incidents in schools, places of entertainment and even places of worship. Since March 2020 and the emergence of the COVID pandemic, the need for mental health services has increased exponentially in all age groups. Recent data is showing a climb in suicide deaths as well. These factors have led to a decrease in the stigma related to mental health issues. However, the increase in demand has only magnified the access and reimbursement needs to provide appropriate and quality care.

LCOH will follow up on this area of focus as follows:

- LCOH recognizes that physicians, healthcare providers and first responders also experience mental health issues at least at the rate of 1 out of 5, yet their roles in our community are even more critical in their impact on others. LCOH has created special access programs to services for these groups to eliminate barriers to receiving treatment, in the hopes of positively impacting the lives of those our community depends upon. In addition, LCOH has benefited from donor funding to support first responders access to care.

- In 2021, LCOHPA went in network with the largest commercial payer in the region to expand access through insurance channels vs. self-pay for provider services to our community. LCOH continues to work with payers to secure reimbursement commensurate with the quality and services provided. LCOH also continues to investigate other channels to create programs to enhance services and access to patients.
 - In 2019, LCOH with support from the City of Mason and other sponsors, sponsored our third community-wide mental health education event which was intended to help decrease the stigma associated with mental health diagnosis. Over 400 community members attended the day-long series of education modules. The event has been a bi-annual event; however, it was not held in 2021 due to the pandemic. The plan is to hold the event in May 2022 dependent on the status of the pandemic.
2. **Access to Care/Services/Resources:** The 2021 CHNA data collection activities identified mental health as a key concern, specifically Depression and Anxiety. Both financial and nonfinancial barriers exist for most community members. The severity of this problem can be better understood knowing there is a national shortage of providers (see 3 below for discussion on workforce planning) and general lack of mental health parity in insurance plans.

LCOH will follow up on this area of focus as follows:

- LCOH will continue to participate in efforts to educate legislators about mental health needs and the importance of parity in health care coverage. LCOH is also looking to partner with employers and payers to continue the conversation to improve access to quality mental healthcare at reasonable rates.
- To provide care to patients during the pandemic, LCOH transitioned a significant portion of its outpatient practice to telehealth services. LCOH has invested in technology and other resources to enhance this treatment delivery method over the past two years. LCOH continues to evaluate technology, markets and program service offerings that provide appropriate care to mental health patients in a virtual setting. LCOH also continues to work with professional boards and State and Federal representatives on regulations surrounding the provision of telehealth services to allow for as much flexibility as required to appropriately care for such patients.
- Additionally, to address the shortage of providers and access issues, LCOH has a Rapid Access program for adults to quickly be seen by a psychiatrist and social worker with recommendations for next steps to be coordinated following the appointment. Appointments for this program significantly reduce the wait time for those looking for outpatient assessment.
- On a monthly basis, LCOH offers Grand Rounds presentations for LCOH providers as well as community-based healthcare providers. These sessions provide these providers with ongoing training and development in the areas of mental health diagnosis and treatment. In addition, at least four additional education and development opportunities are offered by LCOH on an annual basis to selected groups such as area

hospital staff, primary care providers and other defined groups. LCOH plans to continue to investigate additional opportunities to access in the development and education of local mental healthcare providers, as resources are available for this purpose.

- Like other organizations, LCOH has expanded its social media presence and routinely posts relevant information and short video clips from providers related to environmental issues that impact mental health. LCOH providers have also been active with several radio and television stations as well as speakers for interested groups and corporations.
- LCOH also continues its commitment to community outreach with clinicians presenting educational offerings through organizations such as NAMI, MHA and even some local school systems. LCOH also participates in some community health fairs. Additionally, LCOH offers an ongoing community education series and began a webcast continuing education series in 2018. It is expected that LCOH's growing focus on the need for and support of ongoing professional training and development will result in a higher level of state-of-the-art mental healthcare available to local residents as well as those who travel to receive care at LCOH. Community education will also remain a priority as long as adequate resources are available.
- LCOH more formally expanded efforts to area businesses in 2019 with the launch of Start the Conversation. This program uses educational videos, surveys, emails and web landing pages to increase awareness of employees of the businesses that engage with the effort. In addition, LCOH has commenced a CARES program whereby services such as Coaching/Advisory and Rapid Access are offered to employees on a priority status for employers who enroll. Over the next several years, LCOH expects to expand this offering to more area businesses.
- LCOH, as previously mentioned in the mental health section continues to make changes to provide access to more individuals in need, through program changes and other modifications.

It is expected that improved access to care will continue to be a major challenge for the foreseeable future. All mental healthcare providers should share responsibility for improving access to care as much as possible.

3. **Strengthen workforce pipeline and diversity:** Prior to the COVID pandemic and the increased need for mental health services there was a national shortage of providers, including nursing staff. The impact of the pandemic has only magnified such shortages due to both the increase in demand for services coupled with the "Great Resignation" and qualified personnel choosing to retire or leave the healthcare profession.

LCOH will follow up on this area of focus as follows:

- LCOH is continuing to evaluate its participation in training programs for all provider types, including nurses and allied health professionals. LCOH engages with higher learning organizations to partner for clinical rotations and other needs to be on the forefront of training healthcare providers of the future as well as creating a pipeline of talent.

LCOH serves as a clinical rotation site for various healthcare disciplines including but not limited to medical students and residents, nursing students, social work students, chefs who are in training and dietician students. Although there is a time commitment as well as a cost to LCOH associated with these efforts, the organization feels that each healthcare provider that has a commitment to continuation of high-quality healthcare services in the future has an obligation to support local students in their educational efforts.

- LCOH has focused on growing our clinician recruitment and retention endowment fund to assure resources for a good supply of mental healthcare providers for our patients. It is intended that the endowment fund will continue to be a major source of support for clinician recruitment and retention in future years
- LCOH also works to educate primary care providers in mental health and addiction diagnosis and treatment via training and educational articles in our newsletters, with the goal of helping them be better positioned to manage mental health concerns in their offices, as may be appropriate

As it relates to the remaining prioritized health needs identified in the CHNA, LCOH chose not to focus on improving access and equitable outcomes for cardiovascular disease, dental and vision as well as addressing access and use of resources for food security and housing as those are not areas of LCOH expertise nor is there internal funding available to support such initiatives.

MONITORING AND FOLLOW UP

Compliance with the implementation plan components and results will be monitored and reported periodically to the LCOH leadership team and Board of Directors.

Attachment I

Organizations that Provided Support for and/or Participated in the CHNA

- Adams County Health Department
- Adams County Job and Family Services
- Adams County Regional Medical Center
- Auglaize County Health Department
- Bon Secours Mercy Health
 - Mercy Health – Anderson Hospital
 - Mercy Health – Clermont Hospital
 - Mercy Health – Fairfield Hospital
 - The Jewish Hospital – Mercy Health
 - Mercy Health – West Hospital
- Brown County Health Department
- Butler County Health Department
- Champaign County Health Department
- Cincinnati Children’s Hospital Medical Center
 - Burnet Campus
 - College Hill Campus
 - Liberty Township Campus
- Cincinnati Health Department
- Clark County Health Department
- Clermont County Health Department
- Clinton County Health Department
- Darke County Health Department
- Dearborn County Health Department
- Fayette County Health Department
- Greene County Health Department
- Hamilton County Public Health Department
- Highland County Health Department
- Kettering
 - Kettering Medical Center
 - Sycamore Medical Center
 - Kettering Behavioral Medical Center
 - Grandview Medical Center
 - Southview Medical Center
 - Soin Medical Center
 - Greene Memorial Hospital
 - Fort Hamilton Hospital
- Lindner Center of HOPE
- Margaret Mary Health
- Mercy Health Springboro Regional Medical Center
- Mercy Health Urbana Hospital
- Miami County Health Department
- Norwood Health Department
- Piqua Health Department
- Preble County Health Department

- Premier Health
 - Atrium Medical Center
 - Miami Valley Hospital
 - Upper Valley Medical Center
 - Miami Valley Hospital North
 - Miami Valley Hospital South
- Shelby County Health Department
- Springdale Health Department
- The Christ Hospital Health Network
- The Health Collaborative
- TriHealth
 - Bethesda North Hospital
 - Bethesda Butler Hospital
 - Good Samaritan Hospital
 - TriHealth Evendale Hospital
 - TriHealth McCullough Hyde Hospital
- UC Health
 - Daniel Drake Center for Post-Acute Care
 - University of Cincinnati Medical Center
 - West Chester Hospital
- Warren County Health Department
- Wilson Memorial Health
- Wayne Healthcare

Attachment II
Counties Included in the 2021 CHNA

Ohio

- Adams
- Auglaize
- Brown
- Butler
- Champaign
- Clark
- Clermont
- Clinton
- Darke
- Greene
- Hamilton
- Highland
- Miami
- Montgomery
- Preble
- Shelby
- Warren

Indiana

- Dearborn
- Franklin
- Ohio
- Ripley
- Union

Kentucky

- Boone
- Campbell
- Grant
- Kenton

Attachment III

LCOH Primary Service Area Data Based on FY 21 Adult Inpatient and Outpatient Volumes

Top 10 Counties

	Inpatient Admits	Inpatient % to Total	Outpatient Visits	Outpatient % to Total
Hamilton	437	45%	1,725	37%
Butler	156	16%	811	17%
Warren	122	13%	1,137	24%
Clermont	91	9%	528	11%
Montgomery	52	5%	181	4%
Clinton	20	2%	46	1%
Greene	18	2%	45	1%
Highland	9	1%	19	1%
Franklin	8	1%	25	1%
Brown	7	1%	17	1%

Attachment IV

CHNA Specific Priorities and LCOH Consideration Comparison

	LCOH Mission, Vision, Values	LCOH Available Resources	LCOH Current Programs, Services, and Strategic Areas of Focus	LCOH Opportunities that Could Be Reasonably Implemented
Mental Health	X	X	X	X
Cardiovascular-related conditions				
Dental				
Vision				
Arthritis				
Lung/Respiratory Health				
Maternal Health Concerns				
Prevention-related Health Needs				
Allergy				
Access to Care/Services/Resources		X	X	X
Workforce Pipeline and Diversity		X	X	X
Health and wellness education	X		X	X