Addendum:

2016 Greater Cincinnati CHNA

# Daniel Drake Center for Post-Acute Care

##### Prioritization of Community Health Needs

#### Introduction

In 2015 the Daniel Drake Center for Post-Acute Care participated, as part of UC Health, in the collaborative development of a Community Health Needs Assessment (CHNA) for Greater Cincinnati, which incorporated considerable community input. This addendum will be published with the CHNA Report in 2016. 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

A hospital committee scored the community health needs identified in the CHNA by considering the following criteria:

* Cause of many hospital visits (based on hospital utilization data from the Ohio Hospital Association)
* Clear disparities/inequities (by geographic areas of disparity measured by Community Need Index score and/or health issues identified in 2011 and 2013 CDC reports)
* Collective Impact priority (Collective Impact is a regional multidisciplinary approach to health improvement.)
* Community prioritized it highly (based on consensus on priorities in CHNA)
* Consequences if not addressed (professional judgment)
* Effective/feasible intervention exists (per The Community Guide; CDC recommendations; and/or recommendations from hospital physicians and/or leaders)
* Impact on other health outcomes (based on risk factors associated with issue)
* Issue worse over time (based on up to 5 years’ trend data collected for CHNA)
* Measurable outcome exist (based on CHNA’s data sources)
* Proportion of population impacted (per incidence rate of new cases; prevalence rate; mortality rate; and/or top cause of death)
* Unique approach to address problem (per recommendations from hospital physicians and/or leaders)

One criterion was weighted more heavily than the other criteria – ‘Community prioritized it highly’ – in order to retain an emphasis on what the community deemed most significant.

#### Process

There were two meetings held: one on December 17, 2015 to discuss and determine the prioritization process, and one on January 14, 2016 to conduct the scoring of priorities.

The Daniel Drake Center for Post-Acute Care adapted UC Health’s Strategic Project Assessment Form, used to determine priorities for health system initiatives, which has a scoring scale of 1 to 5. For the CHNA prioritization process, a score of ‘1’ denoted ‘not a priority,’ and a score of ‘5’ meant ‘strong priority.’ A blank scoring sheet is provided on page 4.

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. In the CHNA cancer and obesity were mentioned individually as well as mentioned within the broader category of chronic disease. During the prioritization process, these scores were reflected separately and combined together.

#### Participants

The people who scored the community health needs for the Daniel Drake Center for Post-Acute Care were:

1. Abby Alford, Manager, Financial Services
2. Jody Chrowl, Senior Occupational Therapist
3. Pamela Clinkenbeard, Manager, Occupational Therapy
4. Don Peak, CPA, Director of Operations Finance, UC Health
5. Lucretia White, Manager, Ambulatory Services

#### Consideration of community input

The Daniel Drake Center for Post-Acute Care committee 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. The issues were:

* Access to care/services
* Cancer
* Chronic diseases
* Diabetes
* Infant mortality
* Mental health
* Obesity
* Health education
* Substance abuse
* Systemic socioeconomic factors

#### Additional needs considered

The Daniel Drake Center committee reviewed hospital utilization data, which confirmed that obesity, mental health, and substance abuse were significant issues among its patient population, consistent with the CHNA findings.

#### Top three priorities

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

* Chronic diseases (score = 910)
* Mental health & substance abuse (score = 675)
* Access to care (score = 338)

The list of priorities and their scores is provided below.

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| **SIGNIFICANT ISSUE** | **SCORE BY ISSUE** | **TOP SCORES** |
| **Chronic diseases combined** |  | **910.00** |
| **Mental health & substance abuse combined** |  | **675.00** |
| **Access to care (weight x 2)** | 338.00 | **338.00** |
| Mental health (weight x 2) | 424.00 |  |
| Substance abuse | 251.00 |  |
| Diabetes | 240.00 |  |
| Chronic disease, general | 234.00 |  |
| Obesity | 227.00 |  |
| Cancer | 209.00 |  |
| Systemic socioeconomic factors | 180.00 |  |
| Health education | 178.00 |  |
| Infant mortality | 69.00 |  |



##### Evaluation of Impact of 2013 Implementation Plan





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| --- | --- | --- | --- | --- | --- |
| Community Health Need | Initiative | Performance Metric(s) | Action Steps | Action Step Completion Date | Status / Notes |
| Healthy Lifestyle / Prevention | Sponsor Community Health & Wellness Programs and increase participation to assist community in achieving lifestyle goals and promote life-long wellness. | Increase patient participation by 3-5% annually in Wellness Programs. | 1. Continue to offer Aquatic Exercise programs, Land Exercise programs, Open Swim at Aquatic Center, and Personal Trainer; promote and raise awareness of program by increasing distribution of biannual flyer / schedule and including in new NeuroRecovery Program Communications Plan. | Ongoing |  |
| 2. Continue to offer employee access to Wellness Center; continue to promote internally at Drake through employee newsletter; and raise awareness via increased internal communication. | Ongoing |  |
| 3. Continue to offer NextStep Fitness Program for outpatients who want to continue a Fitness Program (provides access to equipment designed for specific deficits that other fitness clubs/programs don't offer); promote and raise awareness of program by increasing distribution of biannual flyer / schedule and including in new NeuroRecovery Program Communications Plan. | Ongoing |  |

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| Community Health Need | Initiative | Performance Metric(s) | Action Steps | Action Step Completion Date | Status / Notes |
| Healthy Lifestyle / Prevention, continued | Sponsor Community Health & Wellness Programs and increase participation to assist community in achieving lifestyle goals and promote life-long wellness. | Increase patient participation by 3-5% annually in Wellness Programs. | 4. Continue to support Drake's Support Groups including Stroke, Traumatic Brain Injury and Spinal Cord Injury; raise awareness by including in Communications Plan for new NeuroRecovery Program. | Ongoing |  |
| 5. Continue to offer fun wellness activities for both employees and community including: 'Biggest Loser' competitions, ‘Start Walking Day' and annual American Heart Association Mini-Marathon; raise awareness via increased internal communication. | June 2016 (Estimated) |  |
| 6. Continue offering Bariatric Wellness Program (in collaboration with UC Physicians Bariatric Surgery). Pre-surgery assessments, exercise program and bariatric wellness classes at Drake Rehab West Chester. Promote the program by developing a Fact Sheet to provide to UC Health Weight Loss Center, Medical Director, and team. | June 2016 (Estimated) |  |

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

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*Date approved by UC Health Board of Directors*