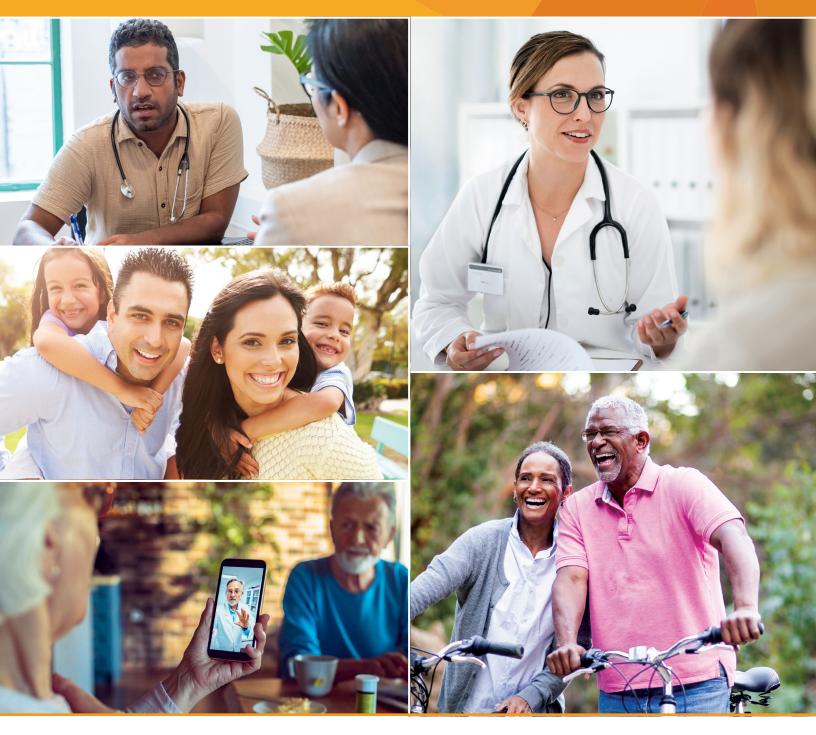
Community Health Needs Assessment Implementation Plan

2022





EXECUTIVE SUMMARY

As part of the Patient Protection and Affordable Care Act (PPACA), tax-exempt hospitals, like The Christ Hospital, are required to conduct a Community Health Needs Assessment (CHNA) and develop an implementation plan to address community health needs every three years. Developing a broad assessment helps fulfill the State of Ohio's requirement mandating that health departments and hospitals align their assessments starting in 2020.

The Christ Hospital conducted a CHNA in Fiscal Year 2022 (July 1, 2021 – June 30, 2022) and sought input from a variety of community partners to gain valuable insight into the overall health and well-being of the community we serve.

One of our primary partners in this endeavor was The Health Collaborative, a nonprofit organization that works with its member hospitals on healthcare improvement projects and shares best practices. The Health Collaborative brought local hospitals together and led the effort to better understand the health needs of the community. Their community report shares data for the Southwest Ohio region (including Greater Dayton and Greater Cincinnati, which include Norther Kentucky and Southeastern Indiana). Service areas of hospitals vary,

so this approach provides the most thorough picture of health needs locally and regionally.

Along with the data produced by The Health Collaborative, The Christ Hospital analyzed a variety of data sources including public health data, health risk factor surveys, socioeconomic needs assessments, environmental standards and existing programs developed for residents in the Greater Cincinnati region. In addition, The Christ Hospital also sought to review any written comments received regarding community health needs in the previous assessment.

In order to properly design our Implementation Plan, we considered a number of relevant facts and circumstances, including the geographic area we serve, the target populations we serve, and our principal functions as a hospital, which include our service lines. In defining the community we serve, we specifically included the medically underserved, low income and the minority populations who live in the geographic area from which we draw patients. In addition, we included all patients without regard to whether (or how much) they or their insurers pay for care received or whether they are eligible for assistance under our financial assistance policy.



WHO WE ARE AND OUR COMMITMENT TO THE COMMUNITY (continued)

Currently, The Christ Hospital provides services and resources to 14 counties within a three-state area. TCHHN Implementation Committee reviewed this complete geographic primary service area and determined that, for the sake of the Community Health Needs Assessment, it would focus on Hamilton County, Ohio, where the majority of the hospital's charity care and HCAP usage takes place. Roughly 72 percent of all patient encounters at The Christ Hospital take place in Hamilton County, thus making it a priority for this assessment. Additionally, a significant portion of the services offered by The Christ Hospital Health Network are offered within Hamilton County, most notably the subsidized clinics where the utilization rate is 89 percent Hamilton County residents.

Collectively, 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. Over 8,320 online community survey respondents, 859 health and social service provider respondents, in concert with over 50 targeted focused groups, provided a comprehensive, inclusive, and balanced data results.

The 2021 CHNA revealed the most prevalent health conditions in our community and conditions for which people most commonly did not receive treatment in past year, the social determinants of health (SDOH) that impact these poor health outcomes, and the systemic barriers that influence health disparities and inequities for our community members. Because physical, environmental, and behavioral factors greatly impact health conditions, this CHNA focused on the SDOH and the underlying structural barriers influencing the SDOH that impact the health of community members.

The priorities were determined by the number of votes in the community meetings, the number of mentions on surveys, and areas where data demonstrated performance worse than state or national benchmarks or trending in the wrong direction. The prevalent health concerns identified in the Hamilton County area through this needs assessment include:

- Access to Care and Services
- · Health Related Social Needs
- Workforce Pipeline and Diversity

Through a collaborative and meticulous process, The Christ Hospital and its community partners reviewed the most prevalent health concerns in Hamilton County and established a course of action as outlined in the following pages. This Implementation Plan focuses on programs, research, and education geared to target the prevalent health concerns facing the residents of Hamilton County. It is The Christ Hospital's goal to make a measurable impact on the health of our community. We recognize that community health needs are broad and comprehensive. While we bring our expertise and leadership to addressing these needs, we also understand that one entity's expertise cannot be broad enough to be the sole answer. Collaborations and partnerships are key to meeting those needs, and we partner with community organizations that complement our resources. The Implementation Plan was approved by The Christ Hospital Board of Directors on 10/19/2022.



ACCESS TO CARE & SERVICES

Access to Care and Services was highlighted as one of the top needs in Hamilton County. Although Substance Abuse Disorder is a mental health diagnosis, the volume of responses indicated that substance abuse needs to remain a separate category due to the current epidemic in the community. This priority relates to the use and abuse of illegal drugs, prescription drugs, alcohol, and addiction in general. Due to the complexity of substance abuse, the approach to addressing this will be through a partnership and supportive role, which will also include exploration into the underlying problems leading to addiction in order gather insights for prevention and quality treatment.

To that end, we envision a community where everyone in the region has access to healthcare when they need it, including services for behavioral health, heart disease and maternal health.

Goals

- Decrease preventable emergency department visits for mental health, and heart disease issues.
- Increase access to behavioral health, heart disease, and maternal health
- Establish a hospital-based Outpatient Behavioral Health Program, to include substance abuse treatment.
- Eliminate barriers to access and increase use of preventative services for behavioral health, heart disease and maternal health.

Actions

- Stand up a community cardiovascular clinic in partnership with St. Vincent DePaul to reduce the number of recurring heart related appointments and relatedly reduce the number of deaths from heart disease in the community.
- Access to treatment and prevention through the hospital behavioral and mental health Outpatient program.
- Become "Mama Certified" so that we continue to address Infant and Maternal mortality within our community.

Resources

Financial

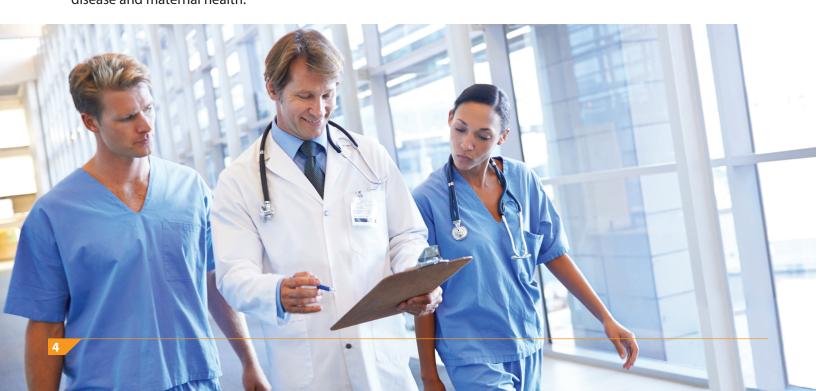
 Participation in the efforts brought forth by the community Cardiovascular Clinic and Mama Certified may require a financial investment.

Manpower

• Providers, staff and leadership participation to implement and monitor actions.

Collaboration

• The Christ Hospital's partnership with the St. Vincent DePaul will provide a facility as well as access to their clients to provide free cardio care to our most vulnerable population.



HEALTH RELATED SOCIAL NEEDS

Health Related Social Needs addresses 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. We envision a community where everyone in the region has access to food and stable housing.

Goals

- Increase coordination between healthcare systems and social service agencies to screen, refer, and follow up on patients' health-related social needs.
- Decrease hospital readmissions for health-related social needs.
- Improve coordination between healthcare systems and social service agencies by establishing a shared mechanism to screen, refer, and follow-up on patients' health-related social needs (i.e., housing, food insecurity).
- Increase patient screenings in primary care offices to understand a patients Social Determinants of Health (SDOH).

Actions

- Stand up a formal SDOH screening program in partnership with Aunt Bertha to increase capture of SDOH for primary care patients.
- Expanded access to and referrals to Community-Based Organizations to help stabilize a patient's socially determined circumstances.
- Prioritize the people and places experiencing significant health disparities and inequities (Minority Community Members (black, Asian American, Indian Native), Military (active and veteran), LGBTQ+ individuals, Under insured and uninsured

Resources

Financial

 Participation in the efforts brought forth by a formal SDOH screening program requires financial responsibility investment to support technical platform, Aunt Bertha.

Manpower

• Providers, staff and leadership participation to implement and monitor actions.

Collaboration

- The Christ Hospital's engagement with Aunt Bertha and other local Community-Based Organization is essential providing holistic, equitable health care to our most vulnerable patients.
- The expansion of care coordination agencies will ensure patients' needs and preferences are known and communicated at the right time to the right people, resulting in high-quality, high-value health care. This information is sharing guides safe, appropriate and effective care delivery.



WORKFORCE PIPELINE AND DIVERSITY

Workforce Pipeline and Diversity addresses the healthcare education pipeline and encourages a workforce that is strong, reflects the diversity of our region, and delivers equitable care to everyone. We envision a community where everyone in the region has the possibility, potential and access to stable health care jobs.

Goals

- Increase the size of the healthcare education pipeline.
- Increase the number of racially and ethnically diverse students in the healthcare education pipeline.
- Reduce vacancy rates for key healthcare positions (i.e., physicians, nurses, clinical staff, management).
- Increase healthcare workforce diversity for key positions.

Actions

- Stand up formal training program and pipeline with an established with a Community Based Organization to reduce vacancy rates for key entry level roles (i.e., Medical Assistants and Phlebotomists)
- Establish a formal interviewing process that includes a diverse candidate pool and panel interview for management and above roles
- Provide incumbent worker training program opportunities, apprenticeships, and scholarships to assist employees in advancing education and careers in healthcare.
- Career exploration and work-based learning can include training experiences like an internship required for a credential or entry into an occupation, a clinical experience, or other paid or non-paid work experience.

Resources

Financial

- Participation in the efforts brought forth by any partnership with a Community-Based organization will require a financial investment.
- Incumbent worker training and upskilling will require financial investment for the certification process.

Manpower

• Providers, staff and leadership participation to implement and monitor actions.

Collaboration

- The Christ Hospital's partnership with Community-Based Organization is essential to the diversity of talent pipeline and the reduction of vacancy rates for healthcare positions
- The expansion of incumbent worker training and upskilling programs will have a direct impact on the financial stability of the employee, their family and dependents, and overall, the community.









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