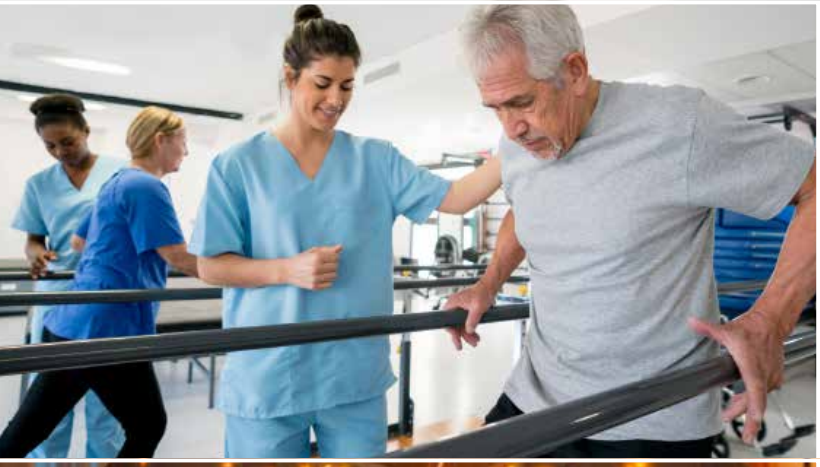
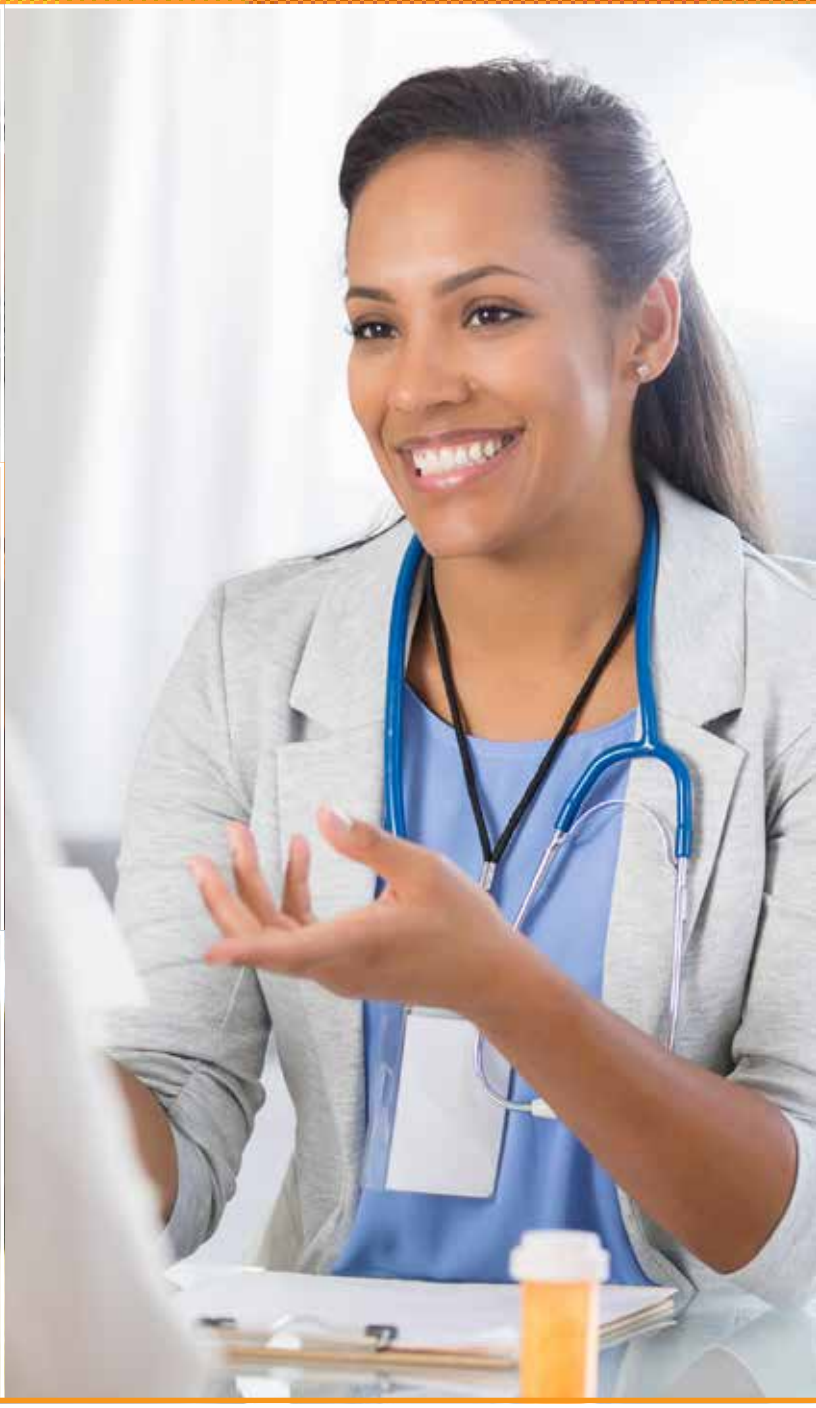
Community Health Needs Assessment
2022





The Christ Hospital™ Health Network

WHO WE ARE
AND OUR COMMITMENT TO THE COMMUNITY

In 1888, a group of local citizens led by James Gamble – whose soap business eventually became the Procter & Gamble company – invited Isabella Thoburn, a teacher, nurse and missionary, to come to Cincinnati to start a program to train deaconesses and missionaries to carry on religious, educational and philanthropic work in order to alleviate the appalling poverty that existed in the city. Now, more than a century later, they could not have imagined the impact that invitation would have on the city.

Soon after her arrival, Thoburn's work expanded beyond ministering. In 1889 she opened a 10-bed hospital named Christ's Hospital in the West end, at 46 York Street. In 1893 the facility was moved to Mount Auburn and subsequently opened a nursing school in 1902. In 1904 it was renamed to what we know today, The Christ Hospital.

The Christ Hospital and Subsidiaries' ("The Christ Hospital") is a network of physicians and staff, working together in more than 100 locations throughout the Ohio, Kentucky, and Indiana Tristate area. The Christ Hospital, doing business as The Christ Hospital Health Network, includes The Christ Hospital main campus in Mt. Auburn ("the Hospital"), as well as outpatient centers and physician practices. The Network consists of an accredited staff of more than 1,000 physicians, and offers advanced services and technologies through executive leadership of six key service lines: cardiovascular care, orthopaedic and spine treatment, women's health, oncology, special surgery, and comprehensive medicine

The Christ Hospital's mission for the last 125 years has been to improve the health of our community and to be a regional exemplar in creating patient value through exceptional outcomes and patient experience, ensuring access to all members of the communities we serve without regard to financial status or other factors such as race, ethnicity, beliefs or gender.

In fiscal year 2020, as disclosed in Schedule H of the 990 Report, The Christ Hospital provided a total of $60.7 million to the community, including charity care and care provided under governmental assistance programs, medical education for research and innovation, and community health improvement, which all led to better community outcomes. In addition, state regulations require that every three years a comprehensive assessment of the impact we had on community health needs be completed. The rest of this report is dedicated to explaining that impact.

We recognize that community health needs are broad and comprehensive, and while we bring our expertise and leadership to addressing select needs, we also understand that one entity's expertise cannot be broad enough to be the sole answer. Because of this, collaborations and partnerships are key to meeting those needs, and we partner with community organizations that complement our resources. Through these relationships, we increase our effectiveness in providing exceptional care and improved clinical outcomes to the community. For example, The Christ Hospital partners with organizations by means of cash and in-kind donations. Some of the organizations benefiting from such donations include the Center for Respite, the Center for Closing the Health Gap, the American Heart Association, Cradle Cincinnati, the March of Dimes and St. Vincent de Paul Charitable Pharmacy.

Christ Hospital employees also invest hours volunteering with organizations that help to serve the needs of, and improve, the well-being of those in Greater Cincinnati and throughout the region. Some of these organizations include the American Heart Association, American Diabetes Association, American Cancer Society, the March of Dimes and Melanoma No More.

The Christ Hospital also opens its doors to several community-based organizations to show support of their individual missions. For instance, Cincinnati Works, Hoxworth Blood Center, Mt. Auburn Garden Collaborative and Initiative, Mended Hearts, etc. Although some of this work was paused because of the COVID-19 pandemic, it is our intent to welcome our partners back to campus as soon as possible.

The Christ Hospital's leadership continues to be very engaged in community building activities and economic development. Many hold board positions on the Mt. Auburn Chamber of Commerce, the American Heart Association, the United Way, LifeCenter, the Greater Cincinnati Health Council and many other local, non-profit organizations.

In addition to our volunteer work, The Christ Hospital also invests heavily in a multitude of programs and initiatives that support the community needs. These efforts will be highlighted throughout this document.

The activities mentioned above offer only a glimpse of how we touch and improve the health and the lives of people throughout our community. It's a testament to the commitment and leadership of our medical staff, Board of Directors, executive team, employees, volunteers and community partners, whose dedication to community service touches many lives and makes our community a better place.

The 2022 Christ Hospital Community Health Needs Assessment report is comprised of five sections:

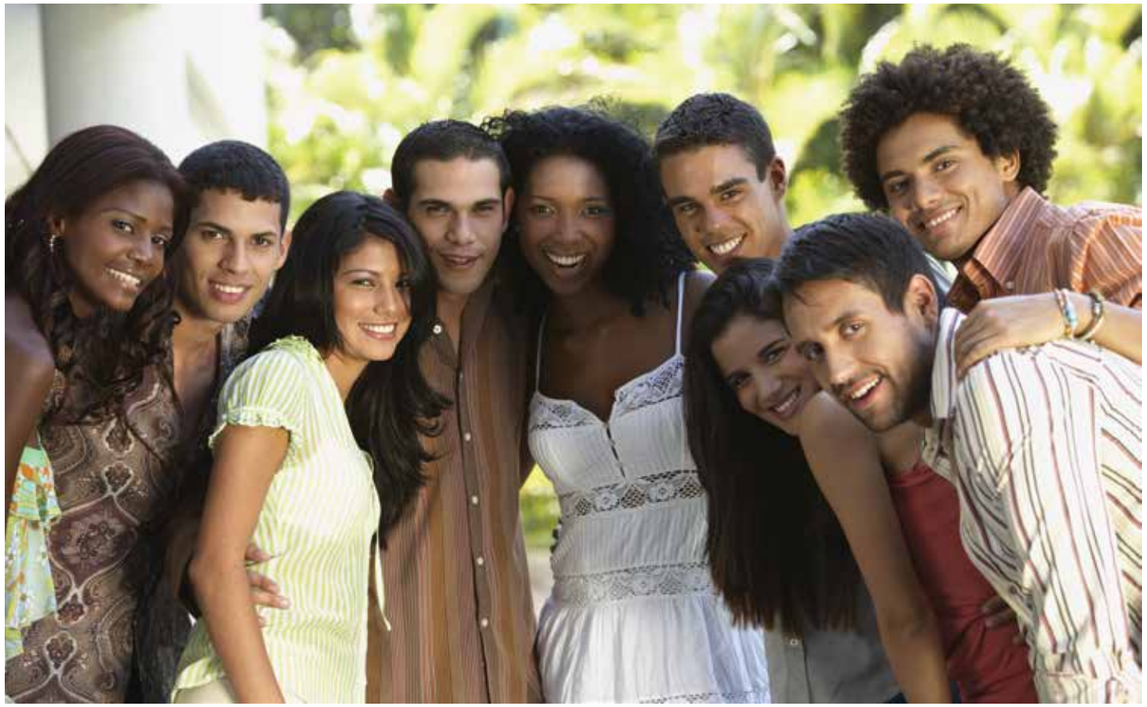
1. The definition of the community we serve and a description of how the community was determined.
2. A description of the process and methods used to conduct our community health needs assessment, including how the Hospital gathered input from people who represent the broad interests of the community.
3. A prioritized description of the significant health needs that were identified.
4. A description of the resources potentially available to address the significant health needs.
5. An evaluation of the impact of the Hospital's 2019 Community Health Needs Assessment.

DEFINING OUR COMMUNITY

Our first step in conducting our 2022 Community Health Needs Assessment was to define the community we serve. To do so 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.

Currently, The Christ Hospital provides services and resources to 14 counties within a three-state area. The 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.

Further analysis to confirm our focus determined that Hamilton County had the largest population within the hospital's service area. With more than 800,000 residents with the highest at-risk populations, including, African Americans, Hispanics, and the disabled. 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.



ASSESSING OUR COMMUNITY HEALTH NEEDS

After defining our Community, we assessed the health needs by engaging The Health Collaborative (THC) to conduct a comprehensive and collaborative Community Health Needs Assessment. This collaboration was facilitated by THC in partnership with the Greater Dayton Area Hospital Association (GDAHA) and includes partnership with 36 hospitals, 22 health departments, across 26 counties in Greater Cincinnati and the Greater Dayton Area, southeast Indiana, and northern Kentucky. The success of this CHNA is a result of the collaboration from local community champions, and strategic partners throughout the region who helped with community engagement and data collection efforts

The Executive Summary of the Collaborative CHNA is attached herein as Appendix A. The Collaborative Report provides a comprehensive and detailed description of (1) how the Collaborative CHNA Team solicited and took into account input received from persons who represent the broad interests of the community, including those with special knowledge of, or expertise in, public health, (2) how and over what period of time such input was provided, (3) the names of organizations providing input and the nature and extent of the organizations input, (4) descriptions of the medically underserved, low income or minority populations being represented by organizations or individuals that provided input. 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 Community Health Needs Assessment 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.

IDENTIFYING AND PRIORITIZING SIGNIFICANT HEALTH NEEDS OF THE TCH COMMUNITY

The three needs were identified and prioritized for The Christ Hospital's defined Community, Hamilton County. The needs identified are Access to Care and Services in order to improve equitable outcomes for the region's top health needs: behavioral health and cardiovascular disease. Health Related Social Needs to 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. Lastly, strengthen Workforce Pipeline and Diversity, including cultural competence within the healthcare ecosystem.

Table 1, Region: Combined Top Priorities

CHNA Priorities	Hamilton Priorities	Hamilton Priorities
Access to Services • Mental Health • CV Disease • Dental/Vision	**Access to Services** • Mental Health • CV Disease • Cancer • Infant Mortality • Childhood Mortality	**Access to Services** • CV Disease • CV CLinic • Transplant • Women's Heart
HRSN • Food Security • Housing	**HRSN** • Food Security • Housing • Childhood Poverty	**Mental Health** • Expansion of Services • Substance Abuse Referrals
Workforce/Diversity • Cultural Competence	**Workforce/Diversity** • AA • Hispanic	**Infant/Childhood Mortality** • Mama Certified • Level 3 Nursery
		Upon completion of community task force work, consider additional HRSN and/or Workforce/Diversity initiatives

RESOURCES AVAILABLE TO ADDRESS OUR COMMUNITY'S SIGNIFICANT HEALTH NEEDS

With our Community and its significant health needs identified and prioritized, we will set forth an implementation plan that will drive our efforts to improve the health of our community in 2022 and for the next three years. The Implementation Plan will be completed and published for approval by October 31st, 2022 .

Significant Health Need	Resource Potentially Available
Cardiovascular Health	American Heart Association
Access to Healthcare	Center for Closing the Health Gap, United Way, St. Vincent de Paul Pharmacy
Mental Health Services	Talbert House, Greater Cincinnati behavioral Health Services, Sun Behavioral Health
Substance Abuse	Talbert House, Greater Cincinnati behavioral Health Services, National Alliance on Mental Illness
Infant Mortality	Cradle Cincinnati, Queens Village
Health Related Social Needs	United Way, Center for Closing the Health Gap, La Soupe, Free Store Food Bank, St. Vincent De Paul
Workforce Pipeline & Diversity	Cincinnati Works, Urban League, City Link, City Gospel Mission, Cincinnati African American Chamber, Cincinnati Hispanic Chamber, Cincinnati Regional Chamber

[1] US Census Bureau, 2010 Census. [2] Observations from Hamilton County Health Assessment, 2011

2019 IMPLEMENTATION PLAN – WHAT WE ACCOMPLISHED

Our 2019 Implementation Plan yielded favorable results. Across most sectors progress was made to meet our goals even with the momentous challenges of COVID-19 pandemic. Specifically, our CPC+ Mental Health visits showed growth most quarters even when patients were hesitant to seek care during the pandemic. In the area of Healthy Behaviors, we met our goal of adding three (3) additional community garden sites to promote urban gardening and the importance of healthy eating.

Moreover, there has been a significant reduction in the number of opioid doses given at TCHHN. This is a direct result of our opiate task force and the monitoring of physician's prescribing opiates. Lastly, we continue to grow our partnership with The Center for Respite care to ensure our most economically and socially disadvantaged patients are able to continue care after discharge. Overall, we are pleased with the impact of the results of our implementation plan despite the global pandemic.

The Christ Hospital Health Network

CHNA Implementation Plan: Measures

Access to Care

Measure	Baseline	Status: FY 2019-2020				Status: FY 2020-2021				Status: FY 2021-2022				Goal
	FY '18-19	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	FY '22
Center for Respite Care (TCH Total Unduplicated Clients)	11	6	2	1	2	2	1	1	2	3	1			Increase client referrals
Center for Respite Care (Cost per average length of stay)	$11,585	$6,200	$6,450	$645	$6,880	$8,385	$21,715	$21,500	$9,138	$13,043	$15,696			Decrease cost

Chronic Disease (Heart Failure)

Measure	Baseline	Status: FY 2019-2020				Status: FY 2020-2021				Status: FY 2021-2022				Goal
	FY '18-19	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	FY '22
Readm O/E	0.74	0.99	0.82	0.83	0.82	0.87	0.89	0.61	0.85	0.92	0.94			
Readm (N)	172	62	43	52	44	48	43	28	56	48	55			
Readm %	14.75%	19.08%	15.25%	15.52%	16.67%	17.45%	16.93%	11.52%	16.87%	17.27%	17.63%			

Healthy Behaviors

Measure	Baseline	Status: FY 2019-2020				Status: FY 2020-2021				Status: FY 2021-2022				Goal
	FY '18-19	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	FY '22
Mt. Auburn Garden Initiative & Collaboration	2	2	2	2	4	4	4	4	4	4	5			# of sites to 5
Mt. Auburn Garden Initiative & Collaboration *Pilot	0*	0	0	0	184.5 lbs	100.5 lbs	20.5	0	40.0	60.5	0			lbs Harvested*
Center for Closing the Health Gap (increase partnership)	No	No	No	No	No	No	No	No	No	No	No			Yes

Mental/Behavioral Health

Measure	Baseline	Status: FY 2019-2020				Status: FY 2020-2021				Status: FY 2021-2022				Goal
	FY '18-19	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	FY '22
CPC+ Mental Health Visits	3,863	2,334	2,419	2,011	1,448	2,534	2,868	3,304	3,215	2,948	3,035			10%+ over 3 yrs
IP Psychiatry Unit Average Length of Stay	5.82	6.04	5.79	6.15	6.32	5.89	6.07	5.20	4.13	4.91				Reduce to 3 days or less
Behavioral Health Readmissions to the ED	16%	26%	22%	24%	19%	15%	17%	15%	15%	14%				Reduce to 25% or less

Substance Abuse

Measure	Baseline	Status: FY 2019-2020				Status: FY 2020-2021				Status: FY 2021-2022				Goal
	FY '18-19	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	Q1 July,Aug,Sept	Q2 Oct,Nov,Dec	Q3 Jan,Feb,Mar	Q4 Apr,May,June	FY '22
Opioid Doses Given at TCHHN	90,333	16,903	18,020	16,330	12,672	13,869	14,954	13,256	14,715	13,869	14,007			Overall reduction

i In addition to actively participating in the Collaborative CHNA, the Hospital convened an internal task force consisting of a cross section of the Hospital's executive leadership to analyze the regionally identified significant health needs in the Collaborative CHNA in the relation to our defined community. As a result of this analysis, the task force determined that a strong correlation existed between the significant health needs of the region and our community. By way of example, substance abuse was mentioned by all four groups of Hamilton County stakeholders. Access to care was a concern at the community meeting and for consumers and agencies responding by survey. Additionally, agencies and meeting attendees were concerned about mental health.

ii Based on comprehensive analysis and numerous Task Force suggestions, we adopted the above listed significant health needs identified in the Collaborative CHNA as the significant health needs facing our community.

iii The following is a nonexclusive list of resources potentially available to address the significant health needs identified through our 2022 Community Health Needs Assessment.

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