COMMUNITY MENTAL HEALTH CENTER, INC.

COMMUNITY HEALTH NEEDS ASSESSMENT

I. Executive Summary

The local CHNA project, A.I.M. For Better Health, was a multi-stakeholder partnership which served as a cost-effective way for key healthcare providers to gather critical data needed to effectively analyze community health care needs. Community Mental Health Center, Inc. (CMHC) was a key participant in the local Indiana assessment and it's following feedback dialogue.

This report will describe and reference key provisions of the A.I.M. For Better Health report, including, a description of the community served, how the community was determined, the assessment methodology and process, and the identified community health needs. Most importantly, this report will outline the CMHC implementation plan as to how CMHC will address unmet health needs and community concerns, themes, challenges, and opportunities. CMHC looks forward to being a community leader in facilitating a collaborative approach to addressing the areas unmet health needs, appropriate to its mission and capabilities. CMHC is currently a key provider which is addressing many of the needs identified in this report. Opportunities exist for further collaborative and stand-alone health care provision.

II. Description of the Community Served/Service Area and Population

Community Mental Health Center, Inc. (CMHC) is a provider of comprehensive mental health services, offering inpatient, outpatient, home-based, school, and community-based programs to individuals and families in Dearborn, Franklin, Ohio, Ripley and Switzerland counties in Southeastern Indiana. CMHC offers services at facilities located in the communities of Lawrenceburg, Rising Sun, Vevay, Batesville, Brookville, St. Leon. About 3% to 4% of the residents of the approximately 116,000 residents of service area utilize the services of CMHC, Inc., each year.

For the purposes of developing this Community Health Needs Assessment, CMHC was a participating organization in a collaborative known as A.I.M. (Ask. Inform. Make A Difference.) For Better Health, a Community Health Needs Assessment for Greater Cincinnati. This report will reference numerous pages from the final A.I.M. For Better Health report.

The Indiana counties of Dearborn and Ripley are the only counties included in the A.I.M. For Better Health report. These counties are the only counties out of the five counties which have hospitals (Dearborn County Hospital and Margaret Mary Hospital) serving the general area which CMHC covers.

Southeastern Indiana is considered to be a rural culture. Great variation exists within the region. Dearborn County is primarily considered a suburb of Cincinnati, Ohio. Franklin and Ripley Counties are also mixed suburban and rural communities based on their proximity to Interstate 74. Switzerland County is extremely rural.

See Table 3-1 for an overview of General Population Demographics for Dearborn and Ripley Counties; reference page 16. Please also see reference pages 17 -20 for further demographic data.

III. How the Community Was Determined

The A.I.M. For Better Health Community Health Needs Assessment for Greater Cincinnati is a collaborative assessment which is the product of extensive primary and secondary research, which included the input from citizens, organizations, and stakeholders across nine counties in southwest Ohio and southeast Indiana.

See reference page 6 for a more detailed explanation on how this collaborative was developed.

See reference page167 which reflects CMHC's participation in (Appendix 5) Stakeholder Interview Participating Organizations and on reference page 168 (Appendix 6) Group Level Assessment Participating Organizations. These pages also list other participating organizations in the assessment process.

IV. Community Health Needs Assessment Methodology and Process

See reference page 7 for a description of the methodology and data analysis utilized in developing the A.I.M. For Better Health report. Also please see Appendix 1: Methodology, reference pages 162–164.

See reference page 91, Appendix A Sources from the A.I.M. For Better Health report for sources of data utilized.

Lack of or poor Indiana data led to information gaps that impacted CMHC to more fully assess community needs. The reflections of the participating stakeholders was felt to adequately provide sufficient "data" to produce a viable product.

V. Community Health Needs Identified in Assessment

The A.I.M. For Better Health report in it's entirety can be found on CMHC, Inc. web-site at www.cmhcinc.org . CMHC's implementation strategies in response to the CHNA are also available at this web-site.

The A.I.M. For Better Health report identifies health status and health needs of the 9 county CHNA region. The key areas of Environmental Health; Access to Food; Access to Care; Healthy Lifestyle & Preventive Care; and Health Conditions/Diseases are addressed in the report. Please see reference pages 9 – 12 for the Executive Summary of the A.I.M. For Better Health report.

The health needs that were acknowledged by the Community Health Needs Assessment have been integrated into the design of the CMHC three-year implementation plan. After reviewing current community collaborations and partnerships, and internal resources, CMHC has identified it's strategies on how CMHC can participate in activities that lead to population health improvement. By stewarding existing resources, strengthening partnerships, and creating innovative programs both on our CMHC campus' and within the community, CMHC hopes to make a positive impact on these identified needs.

A. Needs that CMHC, Inc. Will Directly Address:

COMMUNITY MENTAL HEALTH CENTER, INC. 2013 LOGIC MODEL and IMPLEMENTATION PLAN			
PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
ENVIRONMENTAL HEALTH			
A. Elevated blood lead levels	Childhood exposure to lead from paint in older homes	Be a collaborative partner with local Health Departments	CMHC staff provide community-based services; will train staff to be aware of lead exposure issues
			CMHC staff will work with families to educate them of potential lead exposure and rectifying steps that can be taken
		CMHC Child/Adol Programs will consider environmental (lead) Exposure impact in diagnostic formulation	CMHC will train physician and therapy staff about lead exposure signs & symptoms; intervention
ACCESS TO FOOD			
A. Need for Supplemental Nutrition Assistance Program (food stamps), # authorized stores	High unemployment and poverty	CMHC will be a resource site for enrollment	CMHC will facilitate enrollment to entitlements for the behavioral health population it serves

COMMUNITY MENTAL HEALTH CENTER, INC. 2013 LOGIC MODEL and IMPLEMENTATION PLAN			
PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
			CMHC will work collaboratively to establish a community infrastructure to plan, organize, market, advocate, communicate health planning and promotion activities
ACCESS TO CARE			
A. Adults do not have a usual source of care	Poverty. Few providers accept Medicaid/ Medicare clients	CMHC will remain a resource for behavioral healthcare provision to Medicaid/ Medicare recipients	CMHC will be an active participant in the adoption of health care reform, working with all vehicles of Indiana Medicaid expansion & insurance exchanges
			CMHC will explore opportunities to fill a Navigator role in an effort to explain and sign individuals up for health care coverage
			CMHC will continue to provide a continuum of behavioral healthcare
			CMHC will provide Primary Care to the behavioral health population it serves

COMMUNITY MENTAL HEALTH CENTER, INC. 2013 LOGIC MODEL and IMPLEMENTATION PLAN			
PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
			CMHC will explore the potential to provide integrated care in a variety of community settings, potentially serving all citizens
			CMHC will work with clients who are high utilizers in seeking treatment in Emergency Departments sites with Illness Management & Recovery strategies; seek appropriate Primary Care
B. Provider Supply: 1. Limited supply of Primary Care and Mental Health providers; especially in rural areas	Health care economics	CMHC will remain a resource for behavioral healthcare provision to Medicaid/ Medicare recipients; support efforts to increase # providers	CMHC will remain a resource for behavioral healthcare provision to Medicaid/ Medicare recipients
			CMHC will provide Primary Care to the behavioral health population served
			CMHC will support efforts of East Indiana Area Health Education Center, supporting students to enter health professions; support continuing education for existing providers; support internships

COMMUNITY MENTAL HEALTH CENTER, INC. 2013 LOGIC MODEL and IMPLEMENTATION PLAN			
PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
			CMHC will work collaboratively to establish a community infrastructure to plan, organize, market, advocate, communicate health planning and promotion activities
C. Health Insurance Fewer adults in the region are covered by health insurance	High unemployment and poverty	CMHC will remain a resource for behavioral healthcare provision to Medicaid/ Medicare recipients	CMHC will be an active participant in the adoption of health care reform, working with all vehicles of Indiana Medicaid expansion & insurance exchanges
			CMHC will explore opportunities to fill a Navigator role in an effort to explain and sign individuals up for health care coverage
			CMHC will continue to provide a continuum of behavioral healthcare
			CMHC will provide Primary Care to the behavioral health population it serves

COMMUNITY MENTAL HEALTH CENTER, INC. 2013 LOGIC MODEL and IMPLEMENTATION PLAN			
PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
			CMHC will explore the potential to provide integrated care in a variety of community settings, potentially serving all citizens
D. Poor Prescription Coverage	Fewer adults in the region are covered by health insurance; High unemployment and poverty	CMHC will remain a resource for behavioral healthcare provision to Medicaid/ Medicare recipients; uninsured	CMHC will be an active participant in the adoption of health care reform, working with all vehicles of Indiana Medicaid expansion & insurance exchanges
E. Barriers to Care 1. Logistics/Costs are biggest barriers to care for most vulnerable groups	Fewer adults in the region are covered by health insurance; High unemployment and poverty Very limited public transportation	CMHC will remain a resource for behavioral healthcare provision to Medicaid/ Medicare recipients; uninsured	CMHC will be an active participant in the adoption of health care reform, working with all vehicles of Indiana Medicaid expansion & insurance exchanges
2. The health care system is least likely to work well for Hispanic/Latinos immigrants	Cultural/Linguistic issues; stigma; fear of repercussions if access as CMHC viewed as a quasi governmental agency, which it is not	CMHC will strive to provide culturally/linguistically sensitive care while serving this population	CMHC will continue to sponsor and participate in the regional Hispanic Committee, planning ways to engage the Hispanic community/ people
			CMHC will co-sponsor health fairs for this specific population

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PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
			CMHC will continue to train staff in cultural & linguistic appropriate care
3. Lack of Public Transportation	Limited funding to support public transportation	CMHC helps behavioral health client's knowledge on how to access public transportation	CMHC case managers & therapists teach clients on how to access public transportation to assist with access to care
F. Caregivers: 1 in 4 adults provide care to a chronically ill or disabled family member	High incidence of chronic illness; disability	CMHC will continue to provide care and support to family members	CMHC will continue to support local support & peer run group addressing family member needs in dealing with chronic illness, disability, i.e. NAMI, ALANON
HEALTHY LIFESTYLE & PREVENTIVE CARE			
A. Physical Activity			
1. Only 50% of adults meet CDC guidelines for physical activity	Lack of interest and lack of facilities in some communities	CMHC will be a facilitator and leader of Health Promotion, including physical activity	CMHC will work collaboratively to establish a community infrastructure to plan, organize, market, advocate, communicate health planning and promotion activities
			CMHC will apply for grants with the Health Foundation of Greater Cinti to focus on Health Promotion

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PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
			CMHC will promote health & Wellness activities for CMHC staff and clients served
			CMHC will continue to publish a weekly wellness tip to all staff
B. Immunizations and Screenings			
1. Lack of attention to prevention & preventive health services is a primary health concern of health providers	Lack of knowledge; access to providers	CMHC will continue to address immunization & screenings opportunities for behavioral health clients; staff	CMHC will promote health & Wellness activities for CMHC staff and clients served focusing on flu shots, immunization
			CMHC will continue to support bi-annual health fairs via Harmony Health Clinic where health screening is a major focus
			CMHC will co-sponsor health fairs for the Hispanic/Latino population
			CMHC will continue to sponsor screening for Depression, suicide, gambling addiction, and substance abuse in providing care to behavioral health clients; TB screening on IPU

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PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
HEALTH CONDITIONS & DISEASES			
A. Chronic Conditions: % Charity care and self –pay patients yields an annual loss of approximately $2 million	CMHC provides care to a high proportion of charity care and self-pay clients with behavioral healthcare issues; this population typically has limited income	CMHC will continue to provide care to this population regardless of their ability to pay	CMHC will utilize block grant dollars to support charity and self – pay (essentially bad debt) care provision
			CMHC will utilize County property tax appropriation % for Medicaid match dollars
			CMHC will continue to seek financial support via local government, local grant opportunities
B. Ambulatory Sensitive Emergency Visits			
1. % of self-pay and Medicaid patients tends to be higher for ambulatory sensitive conditions	Limited # of providers who will accept Medicaid or self-pay clients; adaptive culture to finding care via ED	CMHC will work with its client base to have more effective illness management and provide primary care to reduce ED visits	CMHC will work collaboratively to establish a community infrastructure to plan, organize, market, advocate, communicate health planning and promotion activities
			CMHC will be an active participant in the adoption of health care reform, working with all vehicles of Indiana Medicaid expansion & insur. exchanges

COMMUNITY MENTAL HEALTH CENTER, INC. 2013 LOGIC MODEL and IMPLEMENTATION PLAN			
PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
			CMHC will continue to provide a continuum of behavioral healthcare
			CMHC will provide Primary Care to the behavioral health population it serves
C. Mental Illness			
1. Dearborn and Ripley Counties have the lowest hospital admission rates among the CHNA region overall. Diagnostic rates are the same in the CHNA region	Mental health morbidity rates remain fairly constant over time. CMHC continues to work to keep clients in their community setting, providing care there versus in the hospital	CMHC will continue to be the primary provider addressing mental health issues and illnesses. CMHC will continue to provide a continuum of care which ranges from inpatient to community based care	CMHC will continue to provide a continuum of behavioral healthcare
			CMHC will provide Primary Care to the behavioral health population it serves
			CMHC will continue to provide health promotion activities, early childhood detection and intervention services to address

COMMUNITY MENTAL HEALTH CENTER, INC. 2013 LOGIC MODEL and IMPLEMENTATION PLAN			
PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
			Mental illness
2. Stakeholders identified lack of access to mental health care as a significant issue (reported from entire CHNA region)	Lack of knowledge on the part of the stakeholders if this was from Dearborn or Ripley County	Provide a good ongoing communication plan about CMHC and its services Continue to provide services	CMHC will work collaboratively to establish a community infrastructure to plan, organize, market, advocate, communicate health planning and promotion activities
			CMHC will be an active participant in the adoption of health care reform, working with all vehicles of Indiana Medicaid expansion & insur. exchanges
			CMHC will continue to provide a continuum of behavioral healthcare
			CMHC will continue to place timely articles in the local newspapers, local radio stations about services provided and how to access them; will look for opportunities to enhance this communication

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PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
D. Substance Abuse			
1. Smoking rates throughout the CHNA region are high	Culture	Health promotion activities Provide smoking cessation classes	CMHC will work collaboratively to establish a community infrastructure to plan, organize, market, advocate, communicate health planning and promotion activities
			CMHC will be an active participant in the adoption of health care reform, working with all vehicles of Indiana Medicaid expansion & insur. exchanges
			CMHC will continue to provide a continuum of behavioral healthcare
			CMHC will provide Primary Care to the behavioral health population it serves
			CMHC will continue to support bi-annual health fairs via Harmony Health Clinic where health screening is a major focus

COMMUNITY MENTAL HEALTH CENTER, INC. 2013 LOGIC MODEL and IMPLEMENTATION PLAN			
PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
			CMHC will continue to provide smoking cessation classes
2. Substance abuse is a serious health concern on the rise throughout the region	Culture, poverty Heroin is at an epidemic level Cost of drugs are low Access to drugs is high	Provide prevention, treatment services Work collaboratively with other key stakeholders to address issue	CMHC will work collaboratively to establish a community infrastructure to plan, organize, market, advocate, communicate health planning and promotion activities
			CMHC will be an active participant in the adoption of health care reform, working with all vehicles of Indiana Medicaid expansion & insur. exchanges
			CMHC will continue to provide a continuum of behavioral healthcare
			CMHC will provide Primary Care to the behavioral health population it serves
			CMHC will apply for grants with the Health Foundation of Greater Cinti to focus on Health Promotion

COMMUNITY MENTAL HEALTH CENTER, INC. 2013 LOGIC MODEL and IMPLEMENTATION PLAN			
PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
			CMHC will continue to work collaboratively with the Drug Free Batesville Coalition, participate in the Southeast Regional Community Corrections Advisory Board, participate with the local LCCs to address substance abuse issues
			CMHC provides for health related topic education in all local schools, including about substance abuse
E . Obesity			
High rate of obesity exists and is on the increase; is identified as a significant health issue	Culture, poverty	An issue for CMHC's clients and for the general population; will strive to combat with health promotion, physical activity orientation; appropriate behavioral healthcare related to psych meds	CMHC will work collaboratively to establish a community infrastructure to plan, organize, market, advocate, communicate health planning and promotion activities
			CMHC will apply for grants with the Health Foundation of Greater Cinti to focus on Health Promotion
			CMHC will promote health & Wellness activities for CMHC staff and clients

COMMUNITY MENTAL HEALTH CENTER, INC. 2013 LOGIC MODEL and IMPLEMENTATION PLAN			
PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
			CMHC will continue to publish a weekly wellness tip to all staff
			CMHC will provide Primary Care to the behavioral health population it serves
			CMHC will monitor client BMI and adjust medications as appropriate
F . Sexually Transmitted Diseases			
Significant problem with all types of STDs	Culture, poverty High rate of substance abuse	Health promotion and education Provide for primary care treatment	CMHC will work collaboratively to establish a community infrastructure to plan, organize, market, advocate, communicate health planning and promotion activities
			CMHC will apply for grants with the Health Foundation of Greater Cinti to focus on Health Promotion
			CMHC will promote health & Wellness activities for CMHC staff and clients
			CMHC will provide Primary Care to the behavioral health population it serves

COMMUNITY MENTAL HEALTH CENTER, INC. 2013 LOGIC MODEL and IMPLEMENTATION PLAN			
PROBLEM STATEMENT		CMHC STRATEGIES	CMHC ACTIVITIES
PROBLEM	WHY?	HOW?	HOW, SPECIFICALLY?
G . Infectious Diseases			
High rate of Tuberculosis	Culture, poverty High rate of substance abuse Poor access to primary care	Screen clients and staff as appropriate	CMHC will provide Primary Care to the behavioral health population it serves; Provide TB screening to clients, staff
			CMHC will provide education regarding TB with substance abuse treatment
H . Oral health			
High % of individuals with increasingly poor dental hygiene	Culture, poverty High rate of substance abuse Poor access to dental care, lack of providers accepting Medicaid	Focus on dental health for CMHC clients Behavioral health clients tend to have poor dental hygiene	CMHC staff will work with clients to obtain dental care
			CMHC will promote health & Wellness activities for CMHC staff and clients, including a focus on dental hygiene

B. Needs that CMHC, Inc. Will Not Directly Address:

Although CMHC recognizes the importance of all the needs identified by the CHNA, many of the needs identified fall outside the responsibility or capability of CMHC to address. These needs are:

ENVIRONMENTAL HEALTH: Air Quality, Fluoride Deficiency in the Water

ACCESS TO FOOD: % of Students Eligible for Free or Reduced Lunch, Limited Stores with Selection of Fresh Fruits & Vegetables

ACCESS TO CARE: Dental Coverage & provider Supply, Vision Coverage

HEALTHY LIFESTYLE & PREVENTIVE CARE: # of Recreation & Fitness Facilities, eye exams, dental care, complementary and alternative medicine provision

HEALTH CONDITIONS & DISEASES: Heart disease, dental sealants, maternal health

The A.I.M. For Better Health report provides for a summary of the findings and recommendations for the counties that CMHC serves, Dearborn and Ripley Counties. There is a great overlap with the identified health status and health needs of the 9 county CHNA region. Please see reference pages 151 – 155 for Dearborn County and reference pages 156 – 160 for Ripley County. These specific county summaries identify major themes/challenges/opportunities.

Dearborn County

The major themes/challenges/opportunities identified were:

Lack of integration among health care providers and services
Lack of means for consumers to pay for health care
Lack of providers' acceptance of Medicaid and Medicare patients
Lack of dental, primary, and psychiatric care
Lack of prevention efforts by consumers
An information gap with consumers regarding health education and service availability
Need for a stronger referral process and system
Poor information management
Lack of public transportation

CMHC Implementation Strategy to Address the above themes/challenges/opportunities

- CMHC will work with key stakeholders (One Community, One Family (System of Care), Dearborn County Hospital, Dearborn County Health Department, local school districts, recreational activity providers, local faith groups, local service organizations, local Chambers of Commerce, local government, other advocacy and health care providers) to establish an infrastructure to plan, organize, market, communicate health planning and promotion activities in Dearborn County.
- CMHC will be an active participant in the adoption of health care reform, working with all vehicles of Indiana Medicaid expansion/insurance options
    - CMHC will explore opportunities to fill a Navigator role in an effort to explain and sign individuals up for health care coverage
- CMHC will continue to provide a continuum of services which address the behavioral health needs of the local communities; will continue to provide such services regardless of the individual's ability to pay for services
- CMHC will explore opportunities to provide Primary Care to it's client base of psychiatric clients
- CMHC will explore opportunities to provide Primary Care services to all citizens

- CMHC will explore opportunities to provide integrated care
- CMHC will establish a process to enhance contact between psychiatrist and other provider groups, enhancing communication and consultation, developing and enhanced referral patterns
- CMHC will work with the health Foundation of greater Cincinnati to facilitate health promotion in the local community via health fairs, health promotion activities, health education initiatives
- CMHC will continue to provide Smoking Cessation classes
- CMHC will continue to use its staff to facilitate transportation of it's client base of psychiatric clients to primary care/specialty appointments
- CMHC will explore opportunities to expand dental coverage for it's client base of psychiatric clients
- CMHC will work with the local SERCC group (an interagency group) to address addiction issues
- CMHC will work with the local Dearborn County Citizens Against Substance Abuse to address addiction issues

Ripley County

The major themes/challenges/opportunities identified were:

Lack of integration among health care providers and services
Lack of access to care due to lack of means for consumers to pay for health care
Lack of providers' acceptance of Medicaid and Medicare patients
Lack of mental health providers
Lack of recreation opportunities
High prevalence of alcohol/drug abuse
Communication barriers with consumers
Consumer reluctance to get care due to cost, fear, and a privacy mentality

CMHC Implementation Strategy to Address the above themes/challenges/opportunities

- CMHC will work with key stakeholders (One Community, One Family (System of Care), Margaret Mary Community Hospital, Ripley County Health Department, local school districts, recreational activity providers, local faith groups, local service organizations, local Chambers of Commerce, local government, other advocacy and health care providers) to establish an infrastructure to plan, organize, market, communicate health planning and promotion activities in Ripley County.
- CMHC will be an active participant in the adoption of health care reform, working with all vehicles of Indiana Medicaid expansion/insurance options
    - CMHC will explore opportunities to fill a Navigator role in an effort to explain and sign individuals up for health care coverage

- CMHC will continue to provide a continuum of services which address the behavioral health needs of the local communities; will continue to provide such services regardless of the individual's ability to pay for services
- CMHC will explore opportunities to provide Primary Care to it's client base of psychiatric clients
- CMHC will explore opportunities to provide Primary Care services to all citizens
- CMHC will explore opportunities to provide integrated care
- CMHC will establish a process to enhance contact between psychiatrist and other provider groups, enhancing communication and consultation, developing and enhanced referral patterns
- CMHC will work with the health Foundation of greater Cincinnati to facilitate health promotion in the local community via health fairs, health promotion activities, health education initiatives
- CMHC will continue to provide Smoking Cessation classes
- CMHC will continue to use its staff to facilitate transportation of it's client base of psychiatric clients to primary care/specialty appointments
- CMHC will explore opportunities to expand dental coverage for it's client base of psychiatric clients
- CMHC will explore opportunities to participate with the Southeast Indiana Health Center, Batesville, to provide a behavioral health component of care. This organization will serve the uninsured.
- CMHC will continue to actively participate in the Coalition for a Drug Free Batesville group, a coalition to address addiction issues
- CMHC will facilitate communication/educational activities to address stigma

Table 3-1: General Population Demographics Community Health Needs Assessment Counties 2010									
	OHIO							INDIANA	
	Adams	Brown	Butler	Clermont	Hamilton	Highland	Warren	Dearborn	Ripley
Population	28,550	44,846	368,130	197,363	802,374	43,589	212,693	50,047	28,818
Median Age	39.6	39.9	36.0	38.5	37.1	39.2	37.8	40.0	39.2
Average Household Size	2.53	2.6	2.63	2.61	2.34	2.58	2.7	2.64	2.63
Average Family Size	3.01	3.02	3.1	3.06	3.04	3.04	3.14	3.07	3.08
Median Income	$33,549	$41,892	$54,359	$56,628	$46,359	$38,643	$67,172	$55,817	$45,951
% of adults age 25+ who are high school graduates	75%	80%	86%	87%	87%	80%	91%	88%	85%
Hispanic/Latino	1%	1%	4%	3%	3%	1%	2%	1%	2%
White	98%	98%	86%	96%	69%	96%	90%	98%	98%
African American	0%	1%	7%	1%	26%	1%	3%	1%	0%
Asian	0%	0%	2%	1%	2%	0%	4%	0%	0%
Other*	2%	1%	4%	2.0%	3.5%	1.9%	2.4%	2%	2%

Source: US Census Bureau, 2010 Census. Income data from Small Area Income and Poverty Estimates (SAIPE) 2010.High school graduation data from US Census Bureau, American Family Survey 2006-2010

**Includes American Indian, Alaska Native, Native Hawaiian and Other Pacific Islander, two or more races and other one race.*

Table 3-2: Percentage of White Appalachian Population Living in Area		
Area	**2005**	**2010**
Hamilton County Suburbs	17%	16%
City of Cincinnati	6%	7%
Butler, Clinton*, Warren Counties	26%	29%
Adams, Brown, Clermont, Highland Counties (designated Appalachian)	30%	31%
Boone, Campbell, Grant, Kenton Counties*	16%	12%
Bracken, Carroll, Gallatin, Owen, Pendleton Counties*	2%	2%
Dearborn, Franklin*, Ohio*, Ripley, Switzerland* Counties	2%	4%

Source: The Health Foundation of Greater Cincinnati (2012). Health of Appalachians in Greater Cincinnati

**These counties are not part of the CHNA region*

Chart 3-1: Population 2010
CHNA Area Counties

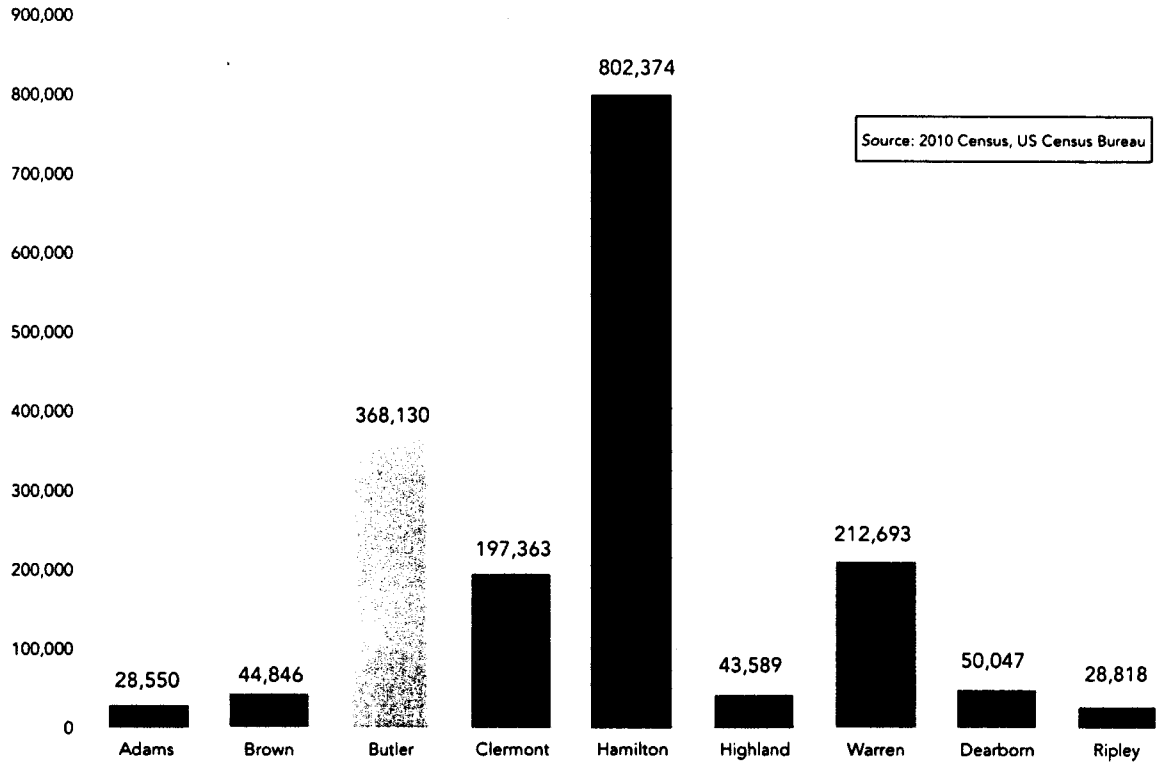


Chart 3-2: Racial-Ethnic Summary 2010
CHNA Counties and Vulnerable Populations

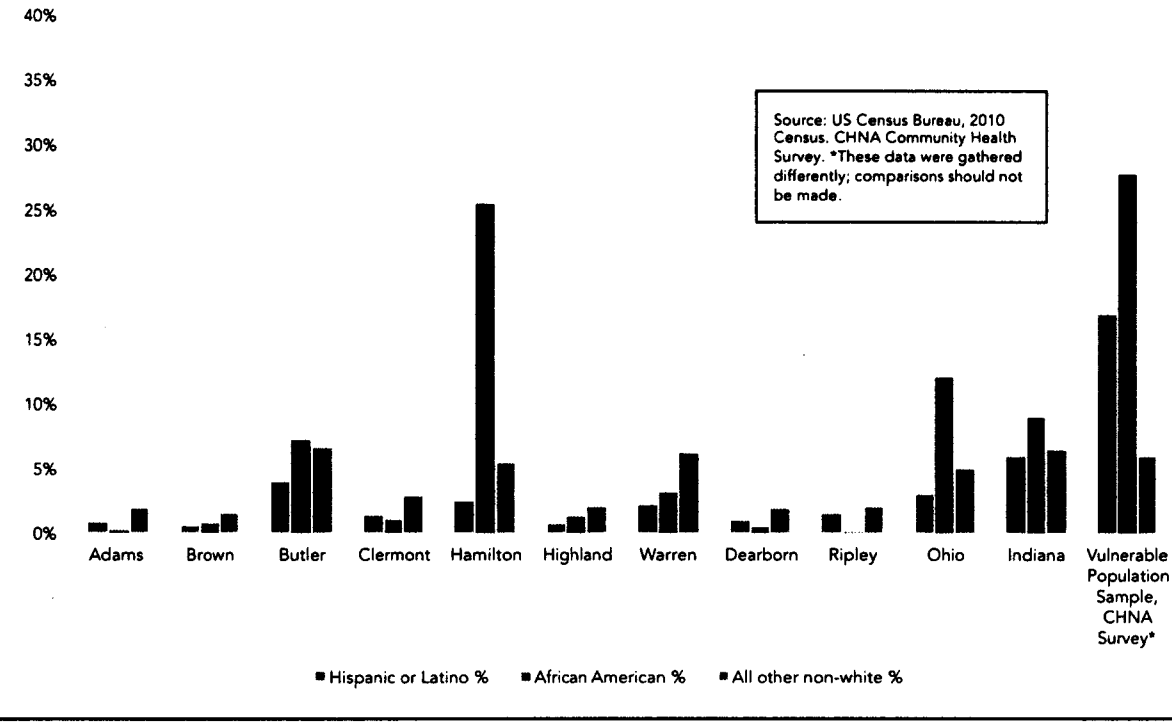


Chart 3-3: Percent of Hispanic/Latino Population

CHNA Region 2000 and 2010

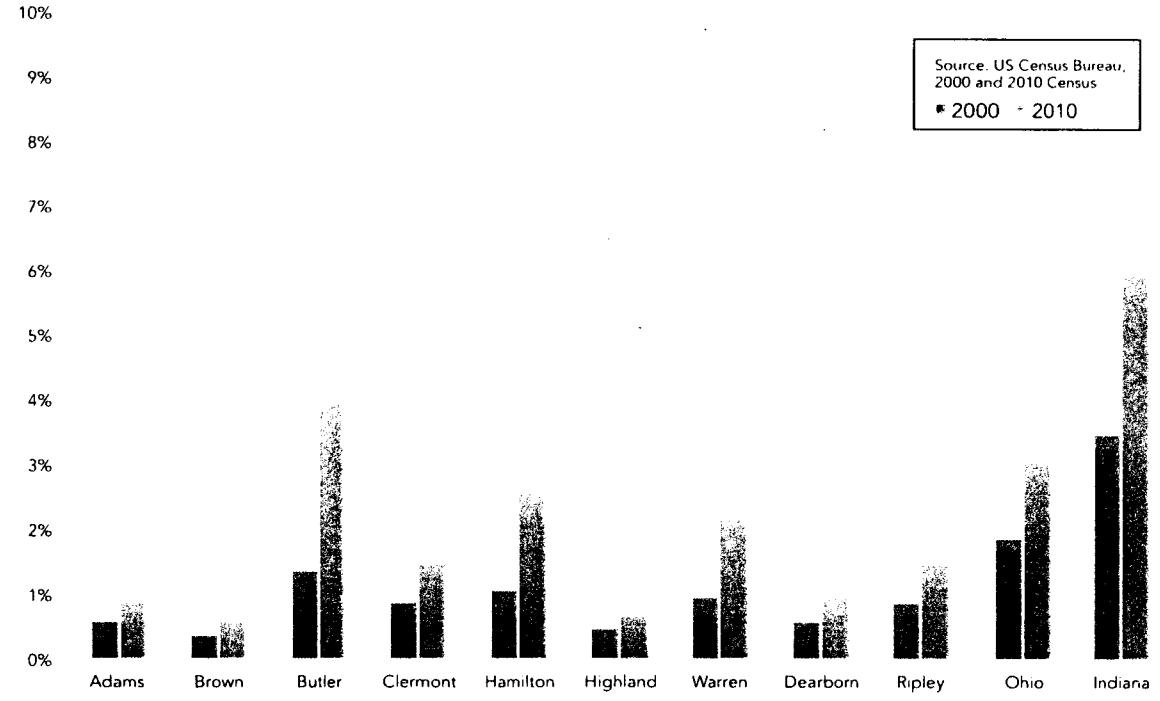


Chart 3-4: Percentage of Population with Disabilities

CHNA Region

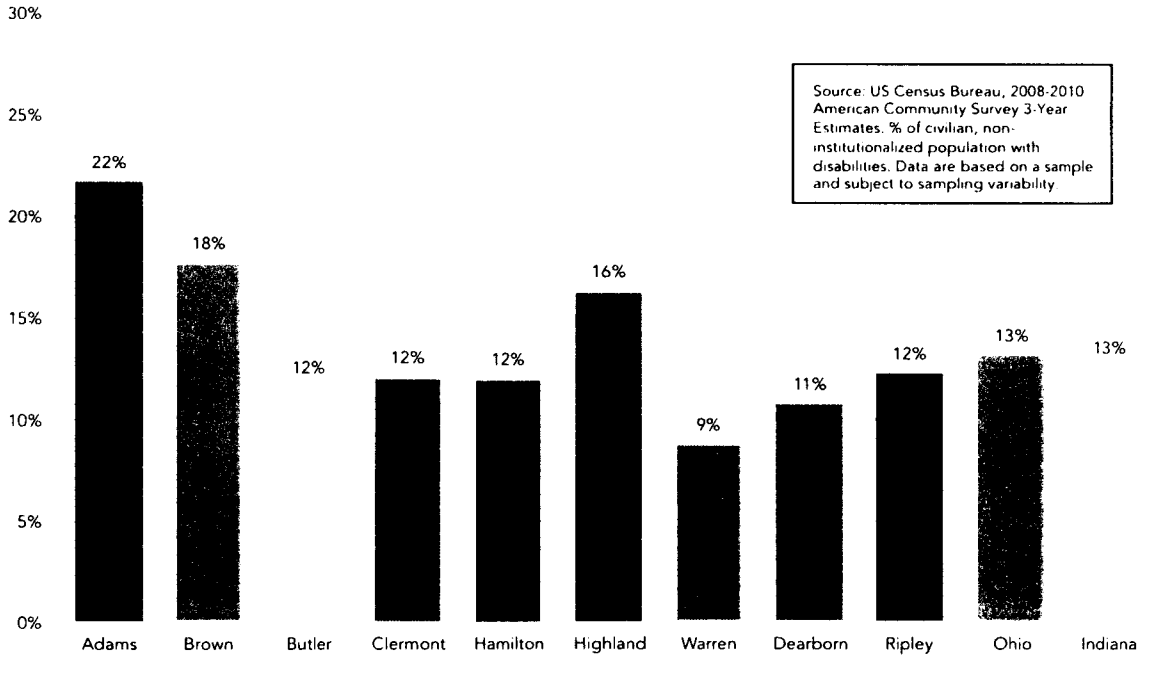
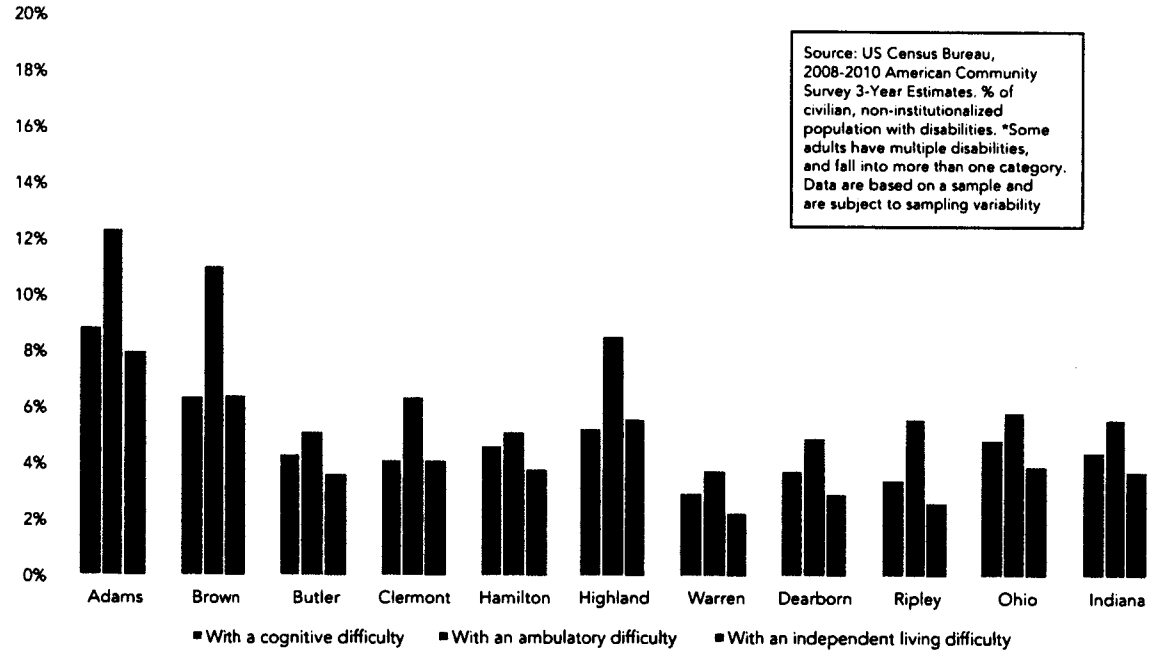
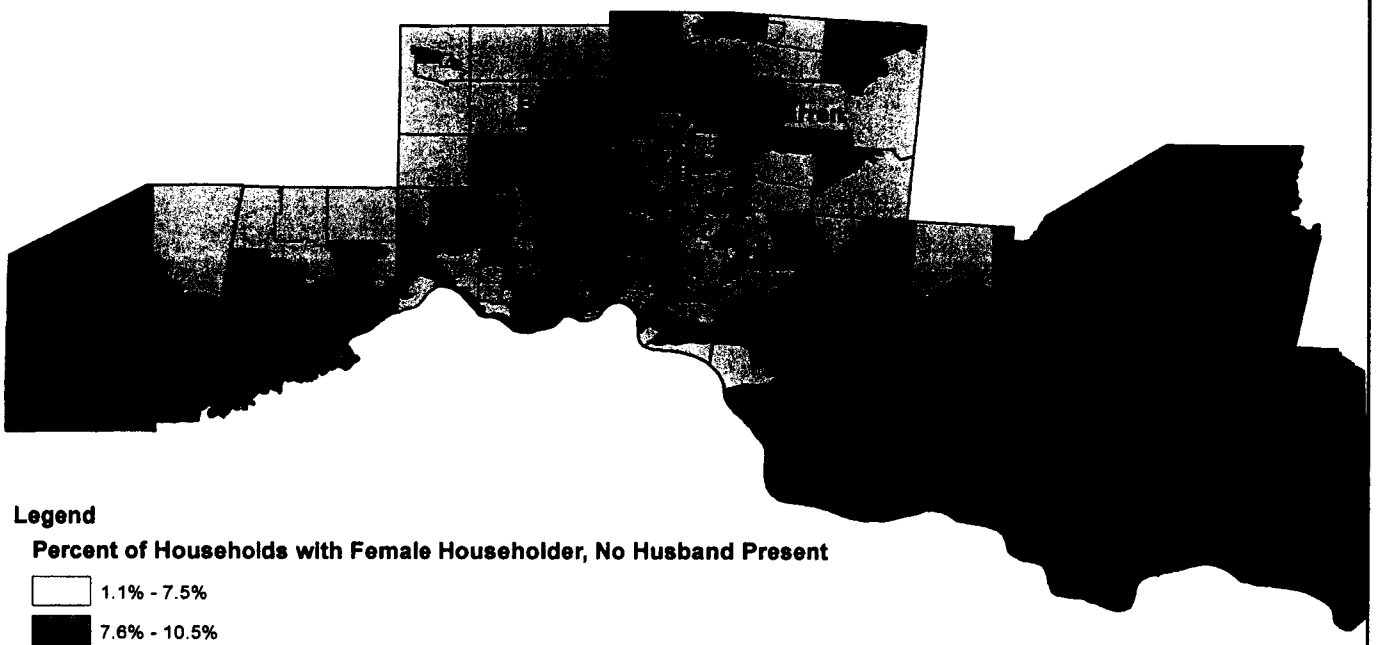


Chart 3-5: Most Common Disabilities*
Adults 18-64
CHNA Ohio Counties



Map 3-1: Households Headed by Females Only by Census Tract, 2010



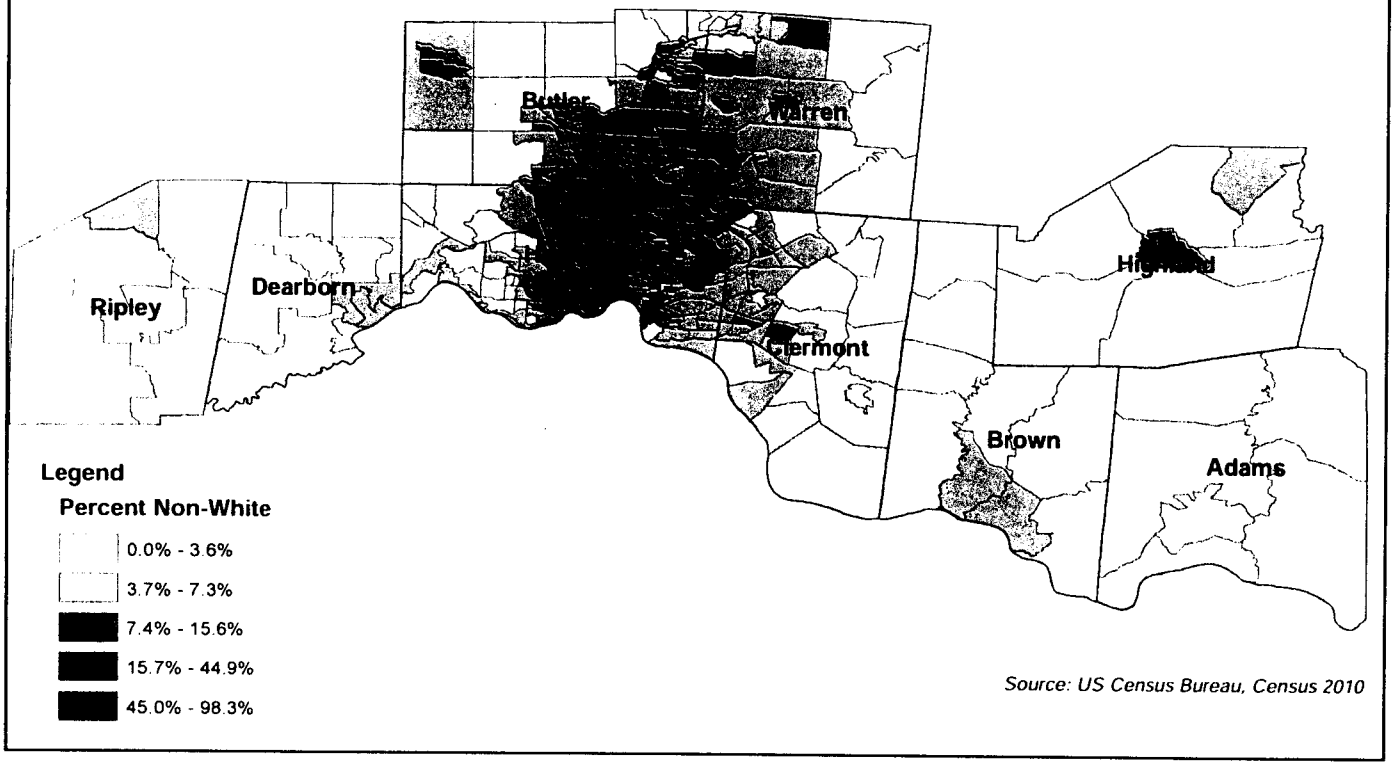
Legend

Percent of Households with Female Householder, No Husband Present

- 1.1% - 7.5%
- 7.6% - 10.5%
- 10.6% - 14.3%
- 14.4% - 20.4%
- 20.5% - 70.0%

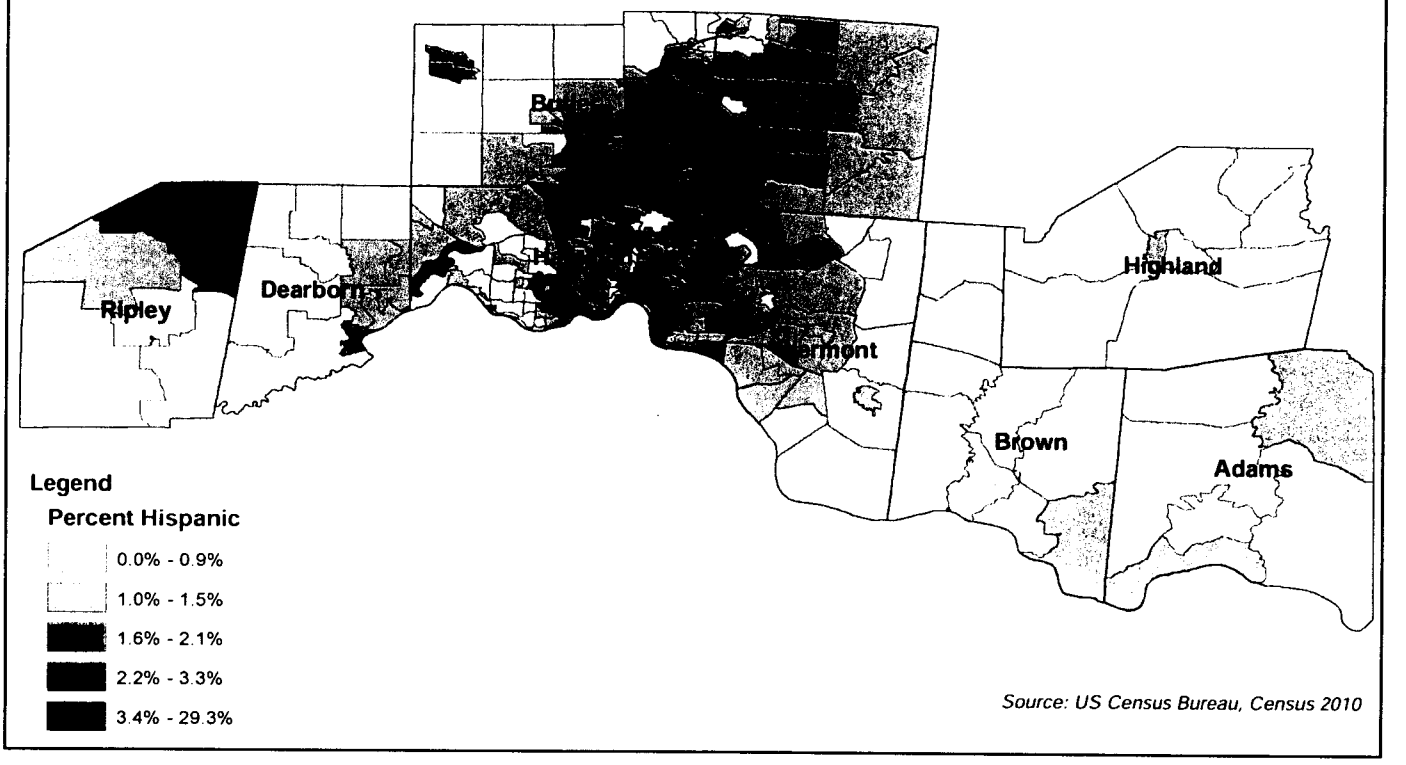
Source: US Census Bureau, Census 2010

Map 3-2: Non-White Population by Census Tract, 2010



Source: US Census Bureau, Census 2010

Map 3-3: Hispanic Population by Census Tract, 2010



Source: US Census Bureau, Census 2010

Welcome to the first collaborative A.I.M. for Better Health Community Health Needs Assessment (CHNA) for Greater Cincinnati. This assessment is the product of extensive primary and secondary research, which included input from citizens, organizations and stakeholders across nine counties in Southwest Ohio and Southeast Indiana. Local hospitals, public health departments and community investors provided the funding for the project (see the "Acknowledgments" section below).

A.I.M. means "Ask. Inform. Make a Difference." A.I.M. for Better Health represents a network of public and private organizations that stand for a shared voice and vision of improving population health and wellness in the Greater Cincinnati region. Our vision is to improve population health in the region by eliminating the gaps that prevent access to quality, integrated health care and by improving access to resources that support a healthy lifestyle.

In addition to satisfying regulatory requirements of federal and state agencies and local funders, the CHNA represents an unprecedented effort and key opportunity to bring together hospital data, mapping technology, and community member input to provide a more detailed and complete profile of community health needs. The long-term goal is to achieve regional collaboration that will serve as an opportunity for optimal leverage of resources and complementary expertise among diverse stakeholders.

This report serves as a baseline of the health status of the nine counties identified by the funders as the geography of focus: Adams, Brown, Butler, Clermont, Hamilton, Highland and Warren in Southwest Ohio, and Dearborn and Ripley in Southeast Indiana. The hospitals in Northern Kentucky had recently participated in a community needs assessment and chose not to repeat it at this time. Northern Kentucky data are available online at http://www.nkyhealth.org/docs/DDH/MAPPReport_final.pdf.

CHNA data were compiled from the most up-to-date publicly available resources and primary research with stakeholders, providers and targeted populations who face more challenges in getting health care and maintaining optimum health and well-being. The next opportunity for citizen participation will be community forums to share the findings across the nine counties.

The CHNA findings document that health status and access to care across the nine counties are in need of improvement in many areas. The nine-county area falls short of Healthy People 2020 goals in multiple areas, and is worse than state and national statistics in many others. Disparities in access and preventive care demonstrate the need for concerted action in order to achieve health equity and overall health improvement for the entire population.

Health disparities are differences in health outcomes between groups that reflect social inequalities. According to the Centers for Disease Control's (CDC) 2011 Health Disparities and Inequalities Report, "Since the 1980s, our nation has made substantial progress in improving residents' health and reducing health disparities, but ongoing racial/ethnic, economic and other social disparities in health are both unacceptable and correctable."[1]

Throughout this report, we will highlight health disparities in the CHNA region.

Acknowledgments

Health Care Access Now (HCAN) managed the assessment, which included fundraising and securing the technical and research resources to complete the project. HCAN is a regional nonprofit that builds partnerships to deliver service pathways that will result in better health for well-defined populations in Greater Cincinnati.

HCAN is grateful to the following organizations, who provided funding for the CHNA:

- Adams County Regional Medical Center
- Atrium Medical Center
- Dearborn County Hospital
- Fort Hamilton Hospital
- Greater Cincinnati Foundation
- Greater Cincinnati Health Council
- Hamilton County Public Health
- Highland County Health Department
- Lindner Center of HOPE
- Margaret Mary Community Hospital
- McCullough-Hyde Memorial Hospital
- Mercy Health
- Middletown Health Department
- TriHealth
- UC Health
- United Way of Greater Cincinnati

1 *CDC Health Disparities and Inequalities Report–United States 2011, Supplement to Morbidity and Mortality Weekly Report, January 14, 2011.*

Obesity: Having a BMI of over 30.0.

OPTIONS (Ohio Partnership to Improve Oral health through access to Needed Services): A program jointly sponsored by the Ohio Department of Health and the Ohio Dental Association. OPTIONS serves low-income Ohioans (family incomes at or below 200 percent of poverty) without any form of dental insurance or Medicaid.

Overweight: Having a BMI of 25 to 29.9. BMI is calculated by dividing a person's weight in pounds by their height in inches squared, and then multiplying that result by 703. The GCCHSS asked for height and weight during the survey, and BMI was calculated for each respondent.

Persons per household, or average household size: Obtained by dividing the dividing the number of persons in households by the number of households (or householders).

Point-in-Time Count: A one-night count of sheltered and unsheltered homeless persons; reported in the population and subpopulation charts of the CoC (Continuum of Care) application. The purpose of the count is to understand the number and characteristics of people sleeping in shelters and on the street, or in other places not meant for human habitation.

Self Pay: Patient paid out of pocket.

SNAP (Supplemental Nutrition Assistance Program): A federal nutrition assistance program that provides support to families and individuals in need.

Very Low Birth Weight: A baby with very low birth weight weighs less than 1,500 grams (3 lbs., 5 ozs.) at birth.

WIC (Women, Infants and Children): A government program to ensure proper nutrition for poor mothers and their children.

APPENDIX 5: STAKEHOLDER INTERVIEW PARTICIPATING ORGANIZATIONS

All Counties
- Chatfield College
- Greater Cincinnati Foundation
- HealthSource of Ohio
- Southern State Community College
- University of Cincinnati, Institute for Policy Research

Adams County
- Adams-Brown Counties Economic Opportunities Inc.
- Adams County Health Department
- United Way of Scioto County

Brown County
- Adams-Brown Counties Economic Opportunities Inc.
- Brown County Alcohol, Drug Addiction, Mental Health Services Board
- Brown County Health Department
- United Way of Greater Cincinnati

Butler County
- Butler County Supports to Encourage Low-Income Families
- Hamilton Community Foundation
- Middletown Area United Way
- Middletown City Health Department
- Middletown Community Foundation

Clermont County
- Clermont County Community Services
- Clermont County Mental Health and Recovery Board
- United Way of Greater Cincinnati

Hamilton County
- Cincinnati/Hamilton Community Action Agency
- Hamilton County Mental Health and Recovery Services Board
- Hamilton County Public Health
- Santa Maria Community Services
- United Way of Greater Cincinnati

Highland County
- Highland County Health Department
- Paint Valley Alcohol, Drug Addiction, Mental Health Services Board

Warren County
- Mental Health and Retardation Services of Warren and Clinton Counties
- Warren County Combined Health District
- Warren County Community Services Inc.

Dearborn County
- Community Mental Health Center
- Dearborn County Community Foundation
- Dearborn County United Way

Ripley County
- Community Mental Health Center
- Ripley County Community Foundation
- Ripley County Health Department

APPENDIX 6: GROUP LEVEL ASSESSMENT PARTICIPATING ORGANIZATIONS

Adams County
- Adams County Economic Development Council (ACEDC)
- Adams County Ohio Valley School District (ACOVSD)
- Adams County Regional Medical Center (ACRMC)/Adams County/Ohio Valley School District (ACOVSD)
- General Electric (GE)/Adams County Regional Medical Center
- Health Department
- Manchester Local School District (MLSD)
- North Adams High School
- University of Cincinnati
- Wal-Mart
- Workforce Connections of Adams and Brown Counties

Brown County
- Adams Brown Early Head Start/Adams/Brown County Economic Opportunities, Inc.
- Adams Brown High School/Early Head Start/Help Me Grow/Adams/Brown County Economic Opportunities, Inc.
- Assistance for Substance Abuse Prevention Center
- Brown County Alcohol, Drug Addiction, Mental Health Board
- Brown County Board of Developmental Disabilities
- Brown County Educational Service Center
- Brown County Hospital
- Brown County Recovery Services (Talbert House)
- Family Children First Council
- HEALTH-UC/University of Cincinnati Area Health Education Center
- Probate Juvenile Court
- Southern State Community College
- Western Brown School Based Health Center
- Workforce Connections of Adams and Brown Counties

Butler County
- Butler 211
- Butler County Family Children First Council
- Butler County Success
- Educational Service Center - Success
- Fairfield City Schools
- Lifespan
- Middletown Health Department
- Primary Health Solutions
- Serve City
- Talawanda School District, Board, Butler County Health Department and Oxford College Corner Free Clinic

Clermont County
- American Cancer Society
- Child Focus, Inc.
- Clermont County Health District
- LifePoint Solutions
- Mercy Clermont
- Mercy Clermont Outreach
- Sisters of Mercy Clermont

Hamilton County
- Centerpoint Health
- Cincinnati Children's Hospital Medical Center
- Cincinnati Health Department
- Crossroad Health Center
- Everybody Rides Metro
- Hamilton County Public Health
- Health Care Access Now
- Pro Seniors, Inc
- Sincere Home Health Care
- Sincere Home Health Care
- Talbert House
- The Greater Cincinnati Foundation
- The Health Foundation of Greater Cincinnati
- The Health Collaborative
- The Healthcare Connection
- The Healthcare Connection Lincoln Heights
- University of Cincinnati Family Residency

Highland County
- Big Brothers Big Sisters
- Family and Children First
- FRS Transportation
- Help Me Grow
- Highland County Community Action Organization/ HeadStart/Early Head Start
- Highland County Job and Family Services
- Hillsboro City Schools
- Molina Healthcare
- Paint Valley Alcohol, Drug Addiction, Mental Health
- Parent Representative
- Southern Ohio Educational Services Center

Warren County
- Abuse Rape Crisis Shelter
- Family & Children First Council
- Health District (Health Department)
- Ohio State University Extension
- TriHealth
- Warren County Career Center
- Warren County Community Services
- Warren County United Way

Dearborn County
- City of Aurora
- City of Lawrenceburg
- Community Mental Health Center, Inc.
- Dearborn County Health Department (DCHD)
- Dearborn County Hospital
- Education/Risk Assessment Dearborn County Hospital
- Lawrenceburg Schools
- Lifetime Resources
- Nursing – Dearborn County Hospital (DCH)

Ripley County
- Anytime Fitness
- Batesville Community School
- Big Brothers/Big Sisters of Greater Cincinnati
- City of Batesville
- Health Centered Chiropractic
- Jac-Cen-Del Nurse
- Margaret Mary Community Hospital
- Milan Community Schools
- Milan Elementary
- Neace Luken
- Osgood Community Foundation
- Ripley County Health Department
- Saint Louis School
- Southern Indiana YMCA
- The Herald-Tribune

Appendix 7: Hospital Admissions for Priority Indicators (2010) by Diagnosis and ZIP Code

This appendix provides maps of 2010 hospital admissions for selected chronic conditions in the Community Health Needs Assessment region at the ZIP code level. For a discussion of chronic conditions data, see Chapter 8.

For a complete list of participating organizations and individuals who contributed technical input to this assessment, please see **Appendix 2: Acknowledgments.**

Methodology

Primary Research

CHNA Group Level Assessments: The Group Level Assessments (GLAs) were conducted in each of the nine counties by the University of Cincinnati's Action Research Center. GLAs are a participatory large group approach (similar to focus groups) in which qualitative data are generated about an issue of importance through an interactive and collaborative process. The approach allows for the identification of needs and priorities among participants who have the knowledge and expertise to inform the research. For complete details, see ***Appendix 1: Methodology.***

CHNA Community Health Survey: The CHNA Community Health Survey was developed and administered to a broad and varied range of residents living in the targeted nine-county region. The survey contained questions regarding barriers to health care, use of health care, health care needs and demographic information. Barriers to health care were measured by the Barriers to Care Questionnaire (BCQ),[2] originally designed to measure parent reports of difficulties with accessing or using health care. The original BCQ has been shown to have adequate reliability and validity. For the CHNA, the BCQ was modified for use with adults regarding their barriers to care. For complete details, see ***Appendix 1: Methodology for Primary Research***

CHNA Stakeholder Interviews: A stakeholder list was created by HCAN from online research, referrals from the A.I.M. for Better Health Leadership Team and hospital partners. The goal was to recruit representatives from a targeted group of leaders across the nine counties. The final list of interviewees consisted of representatives from the following categories: county health commissioners, county mental health boards, United Way, community action agencies, community foundations and colleges and universities. A few stakeholders represented multiple counties. Some stakeholder slots could not be filled due to lack of an identified representative for that county. ***See Appendix 4: Stakeholder Interview Participating Organizations*** for a complete list of organizations that participated.

Secondary Research

Secondary research consisted of gathering publicly available health-related data for the nine counties. Because the targeted region spanned two states, consistent data were not always available, and not all data were available for the entire region. Whenever possible, data were collected at the county level. Sub-county level data were not a focus of this research but are provided where available. In addition, because data exist for the City of Cincinnati separate from Hamilton County, Hamilton County data were incorporated at the sub-county level where applicable. Data sources are cited throughout the report, and a complete list is provided in ***Appendix 3: Secondary Data Sources*** Sub-county data for Hamilton County are available in ***Appendix 8: Hamilton County Public Health Report,*** produced by HCAN as the first phase of this assessment project.

Geography

The CHNA includes the counties of Adams, Brown, Butler, Clermont, Hamilton, Highland and Warren in Southwest Ohio, and the counties of Dearborn and Ripley in Southeast Indiana.

Priority Indicators

The A.I.M for Better Health Data Committee and hospital partners compiled a list of priority health indicators. These indicators were the focus of data retrieval and include the following categories:

Socioeconomic Indicators

- Access to food
- Crime
- Economics
- Homelessness
- Housing statistics
- Population demographics
- Poverty
- Vital statistics (mortality rates, fertility rates)

Health-Related Indicators

- Chronic disease conditions
- Dental health
- Health economics
- Health status (physically and mentally unhealthy days)
- Healthy lifestyle
- Infectious disease
- Maternal health
- Mental health
- Nutrition
- Substance abuse

2 *BCQ; Seid et al., 2009*

APPENDIX 1: METHODOLOGY FOR PRIMARY RESEARCH

Health Care Access Now (HCAN) partnered with the University of Cincinnati (UC) Action Research Center as a consultant on the Community Health Needs Assessment. The mission of the ARC is to promote social justice and strengthen communities, locally and globally, by advancing research, education and action through participatory and reflective practices.

For the purposes of the Community Health Needs Assessment (CHNA) a project team was assembled through the Action Research Center under the leadership of Dr. Mary Brydon-Miller, Dr. Lisa Vaughn and Dr. Deborah Dole. The team included a project manager, a data manager, a statistician and several student research assistants and Greater Cincinnati community members.

Sources

CHNA Community Health Survey: Using a convenience and purposive sampling strategy, Action Research Center surveyed populations in the greater Cincinnati region that are more often underserved with a particular focus on health care consumers who are uninsured, underinsured, low socioeconomic status, minority, age 65 plus or who have been diagnosed with mental illness. Surveys were administered to more than 1,000 community residents across the nine counties with oversampling of vulnerable groups including:

- Mental illness: Respondents who reported being diagnosed with or having experience with mental illness (214 respondents)
- Seniors: Those 65 years of age or older (126 respondents)
- Hispanic/Latinos: Those of Latin American origin (154 respondents)
- African immigrants: West African and Central African immigrants to the Cincinnati area (48 respondents)
- Low income: Respondents reporting combined household income of $24,999 or less (472 respondents)
- Families at risk: Families with children under the age of 18 living in the house reporting a combined household income of $24,999 or less(257 respondents)
- Note: Because respondents often fall into multiple categories, the total adds up to more than 1,000.
- CHNA Group Level Assessments: Action Research Center facilitated large group community discussions (Group Level Assessments) with service providers in each of the nine counties.

CHNA Stakeholder Interviews: Health Care Access Now conducted key informant stakeholder interviews with county leaders.

Data Collection Methods

CHNA Community Health Survey: Surveys were administered to a broad and varied range of community residents living in the nine country region surrounding Greater Cincinnati. The surveys contained questions regarding barriers to health care, usage of health care, health care needs and demographic information. Barriers to health care were measured by the Barriers to Care Questionnaire (BCQ; Seid et al., 2009), originally designed to measure parent reports of difficulties with accessing or

Community Health Needs Assessment Region

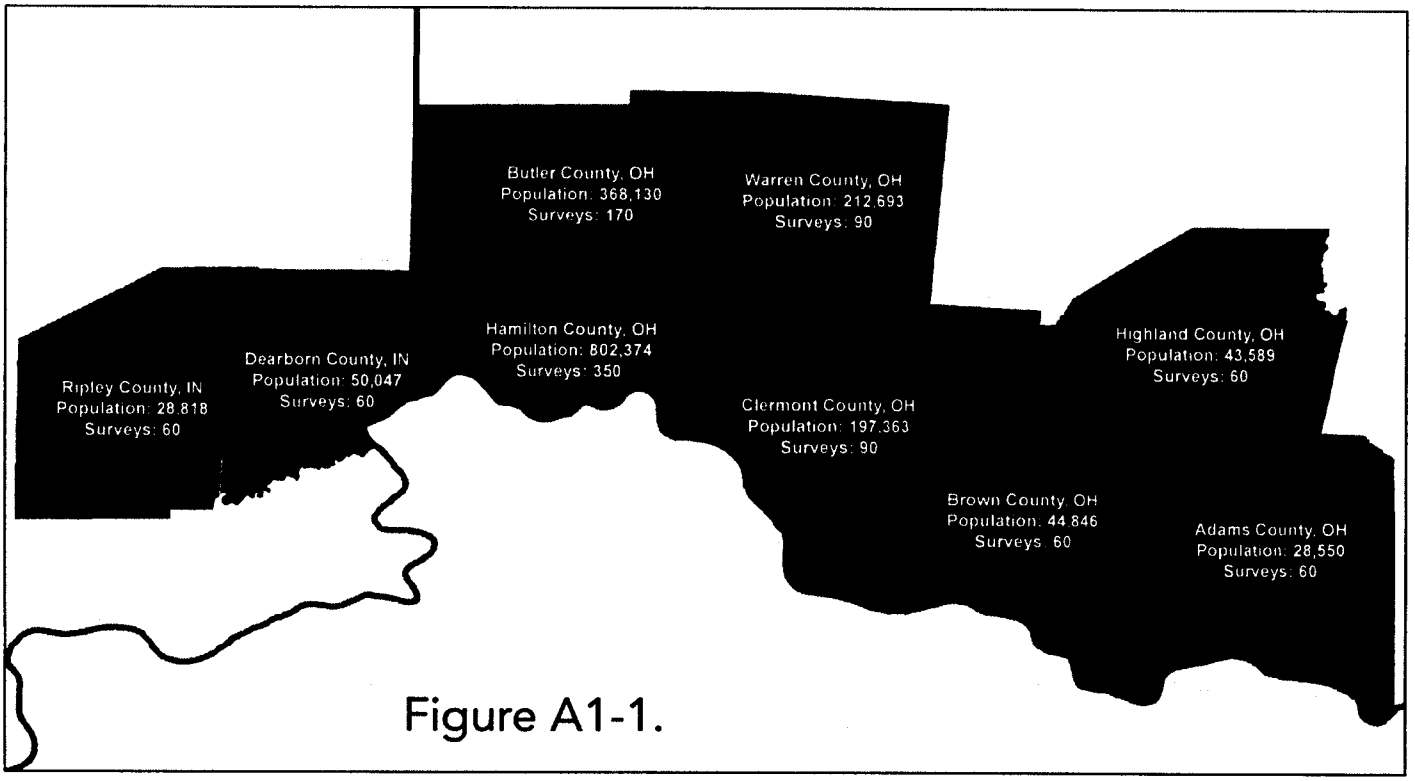


Figure A1-1.

using health care. The original BCQ has been shown to have adequate reliability and validity. For the current health needs assessment, the BCQ was modified for use with adults regarding their barriers to care.

Surveys were administered by ARC team members through a variety of service providers including Head Start, Early Head Start, Early Intervention Services, the Council on Aging, health centers and hospitals. Community contacts and partnering with various faith-based health ministries provided access to senior centers, community and school events in known underserved neighborhoods. Specific populations targeted for oversampling were accessed through cultural events such as the annual Cincinnati Hispanic Festival to reach the area Hispanic/Latino population, and through community "gatekeepers" to reach the African immigrant population. The sample was distributed across the nine counties in proportion to 2010 Census populations. Thus, counties with 50,000 people or fewer received 60 surveys. Other counties received a greater number of surveys in relation to increments of about 200,000 people. See Figure A1-1. In order to better understand the needs of the emerging immigrant populations (Latino/Hispanic and West African) in the region, the survey was translated into Spanish and French.

CHNA Group Level Assessments with County Service Providers: In each of the nine counties, the ARC team conducted a Group Level Assessment (GLA), a participatory large group approach in which valid data is generated about an issue of importance through an interactive and collaborative process (Vaughn et al., 1998). The GLA allows for the identification of needs and priorities within a large group setting where the participants have the knowledge and expertise to inform the research. The GLA proceeds through the following steps:

Climate Setting: Overview of session, warm-up

- Generating: Group works at responding to prompts written on flip charts placed on walls around the room. Participants are given markers and asked to simultaneously walk around the room responding to each heading in any order with pictures, words, or phrases.
- Appreciating: Mill around and look at data written on the wall charts
- Reflecting: Spend time alone thinking about what the data means
- Understanding: Subgroups discuss specific data items and report out
- Selecting: Group discusses and prioritizes data
- Action: Group considers possible next steps based on priorities

Using the GLA with county service providers who have different backgrounds and training, compared to traditional methods such as focus groups, works well because the GLA process allows for active involvement of all participants in generating and synthesizing data.

Total number of service providers at the county GLAs ranged from as few as nine people to as many as 30 people. Overall, approximately 200 service providers across the nine counties participated in the GLAs. In each of the nine counties, service providers met with the ARC research team in large conference rooms at local community sites. Approximately 30 pieces of flip chart paper hung on the walls. Each flip chart contained one or more prompts/questions. Example prompts included:

- "The most pressing health care need in our county is..."
- "If you could change one thing about the health care system in our county...." "Health care would be more accessible in our county if..."

As a large group, service providers were instructed to provide responses to each prompt in any order they preferred. After they finished responding, they were instructed to walk around the room and look at what others had written. Participants then divided into smaller groups and were given 5-7 flip charts each. Small groups were instructed to discuss responses on the charts and to identify 3-5 common themes across the charts. After each small group identified salient themes from the flip charts, the larger group reunited. Each small group reported its findings in a "round-robin" fashion with each group presenting one theme at a time. The primary facilitator recorded the major themes on a flip chart for the larger group to see. Then, participants as a large group discussed overall themes, distilled themes through consensus and chose the most important priorities regarding health and health care in their county. If time permitted, the larger group discussed possible next steps for their county.

CHNA Stakeholder Interviews with County Leaders: A stakeholder list was created by HCAN from online research, referrals from the A.I.M. for Better Health Leadership Team and hospital partners. The goal was to recruit representatives from a targeted group of leaders across the nine counties. The final list of interviewees consisted of representatives from the following categories: county health commissioners, county mental health boards, United Way, community action agencies, community foundations and colleges and universities. A few stakeholders represented multiple counties. Some stakeholder slots could not be filled due to lack of an identified representative for that county. See Appendix 5: Stakeholder Interview Participating Organizations for a complete list of organizations that participated.

Letters were mailed to 47 stakeholder interview candidates inviting them to participate in a 45 to 60 minute face-to-face interview. The letter also provided details about Health Care Access Now and the CHNA. It also offered an online option for completing the interview. Three rounds of follow up phone calls were conducted to schedule in-person interviews. Thirty interviews were conducted in person; three out of six requests to complete the online version were fulfilled; three individuals declined; and eight individuals were unable to be scheduled due to lack of response.

The interview questions were drafted and narrowed to a total of 17 questions in five categories including defining health and concerns, organizational operations pertaining to community improvement, collaboration and assistance, measurement and closing questions.

Before beginning each stakeholder interview, the interviewees were provided a brief introduction to the CHNA and were asked if they had questions. Participants

were then asked to complete a consent document, which included consent to be recorded and a choice to have their comments used in general context or to have their comments associated with their name and/or organization. Participants were informed that they could make statements off the record, during which the interviewer would ensure that the voice recorder was stopped. The interview proceeded with the asking of each of 17, mostly open-ended, questions. The interviewer took high level notes for each question's response during the interview process. Participants were invited to make any additional comments for the record before ending the interview.

Data Analysis

Quantitative Analysis. Team members from the Action Research Center entered and checked survey data in Excel. To analyze and summarize the survey data, Action Research Center used SPSS statistical software for descriptive statistics such as percentages and averages. Quantitative survey results are presented in a variety of formats including written summary, charts and tables.

Qualitative Analyses. Individual-level qualitative data were generated by each service provider in response to the different prompts during each county GLA. Because the GLA is a participatory process, the participants themselves distilled and summarized themes from the flip charts and prioritized needs for their county during the GLA. In this report, GLA data is presented both by the individual county and as an aggregate across all nine counties to detect similarities and overlap of priorities.

As part of the GLA summary, Action Research Center presented a ROWS analysis. ROWS analysis has been used within the counseling/organizational and community consulting/health promotion/education fields to describe Risks and Opportunities as they pertain to the environment and Weaknesses and Strengths as they pertain to the person (Prilleltensky & Prilleltensky, 2006). ROWS is very similar to SWOT analyses typically used in business to evaluate strengths, weaknesses, opportunities and threats to a project. Action Research Center used a modification of ROWS in this project to describe the Risks, Opportunities, Weaknesses and Strengths as they pertain to health and health care in each of the nine counties. These are included in the county summaries.

For the key informant stakeholder interviews, Health Care Access Now recorded each stakeholder's comments into an Excel spreadsheet. Salient themes were summarized for each question within counties and across all nine counties. The stakeholder interview data were used to support quantitative data findings and assist in the definition of gaps and trends in health care in each county and for the region.

References

Prilleltensky, I. & Prilleltensky, O. (2006). Promoting Well-Being: Linking Personal, Organizational, and Community Change. New York: John Wiley & Sons.

Vaughn, LM, Lohmueller, M, Using the Group Level Assessment in a support group setting. Org Dev J. 1998;16(1):99-105.

APPENDIX 2: ACKNOWLEDGMENTS

We wish to acknowledge the following organizations and individuals who partnered with Health Care Access Now in the preparation of this Community Health Needs Assessment report:

Funding Partner Organizations:

- Adams County Regional Medical Center
- Atrium Medical Center
- Dearborn County Hospital
- Fort Hamilton Hospital
- Greater Cincinnati Foundation
- Greater Cincinnati Health Council
- Hamilton County Public Health
- Highland County Health Department
- Lindner Center of HOPE
- Margaret Mary Community Hospital
- McCullough-Hyde Memorial Hospital
- Mercy Health
- Middletown Health Department
- TriHealth
- UC Health
- United Way of Greater Cincinnati

Service Partner Organizations/Individuals:

- Kevin Barnett, DrPH, MCP, Public Health Institute
- Cincinnati Children's Hospital Medical Center Innovations
- Greater Cincinnati Chamber of Commerce
- Mark Hawkins, Financial Transformations, Inc.
- The Health Foundation of Greater Cincinnati
- HealthLandscape
- Michael Maloney, Michael Maloney and Associates
- Gail Myers, APR, Gail Myers Public Relations, LLC
- University of Cincinnati Action Research Center

We also thank all other organizations and individuals who provided time and thoughtful input in the primary data collection process and review of the report; including the stakeholders who participated in interviews, the Community Health Needs Assessment Group Level Assessment attendees, and residents of the nine counties who participated in the CHNA Community Health Survey.

APPENDIX 3: SECONDARY DATA SOURCES

Following are sources by chapter for secondary data used in this report.

Chapter 1

- CDC Health Disparities and Inequalities Report – United States 2011, Supplement to Morbidity and Mortality Weekly Report, January 14, 2011.
- Chapter 3
- Coalition on Homelessness and Housing in Ohio, Point-in-Time Counts 2008-2011
- Grants Help Family Stability and Prevention, Greater Cincinnati Foundation website, www.gcfdn.org
- Health Foundation of Greater Cincinnati, The. (2012). Health of Appalachians in Greater Cincinnati. Cincinnati, OH: Author
- Health Policy Institute of Ohio
- Indiana State Department of Health, Epidemiology

Appendix A: Sources

2008 Ohio Family Health Survey

Centers for Disease Control and Prevention: National Diabetes Surveillance System

Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System

Congenital Syphilis Statistical Summaries, Ohio Department of Health

Federal Bureau of Investigation: Uniform Crime Reports

Greater Cincinnati Health Council Member Data

Hamilton County Department of Job and Family Services

Hamilton County Public Health District

Health Foundation of Greater Cincinnati: Greater Cincinnati Community Health Status Survey

Ohio Department of Health

Ohio Disease Reporting System, Ohio Department of Health

Ohio Family Violence Prevention Program

Ohio Oral Health Surveillance System

U.S. Census Bureau

U.S. Census Bureau: Small Area Income and Poverty Estimates

U.S. Department of Agriculture Food Atlas

U.S. Department of Health & Human Services: Health Resources and Services Administration

U.S. Department of Housing and Urban Development: Homeless Management Information Systems

U.S. Department of Labor: Bureau of Labor Statistics

CHAPTER 2:

Executive Summary

This summary highlights key findings from the A.I.M. for Better Health Community Health Needs Assessment (CHNA). The assessment was prepared by Health Care Access Now (HCAN) on behalf of multiple community partners. It is intended to help health service providers and the community understand the health status and health needs of the nine-county CHNA region: Adams, Brown, Butler, Clermont, Hamilton, Highland and Warren in Southwest Ohio, and Dearborn and Ripley in Southeast Indiana. It will also serve as a springboard for developing programs and ongoing monitoring of policies that lead to population health improvement.

Below are some of the key findings from the report.

Population Overview

Demographics

- Over the past 10 years, Hamilton County's population decreased by 5 percent. It was the only county in the CHNA region to lose population.
- Warren County's population grew by nearly a third between 2000 and 2010.
- About 12 percent of residents (200,000 people) of the CHNA region are disabled. A larger percentage of residents are disabled in Adams (22 percent), Brown (18 percent) and Highland (16 percent) counties than in other counties of the CHNA region.
- Hamilton County has the largest number of disabled residents at more than 95,000. This represents 12 percent of the county's population.
- The CHNA region's largest African American population in both size (205,952 people) and percentage (25 percent) is in Hamilton County.
- The Hispanic/Latino population in the region more than doubled between 2000 and 2010. The largest percentage growth was in Butler County, which saw an increase from 1.4 percent to 4 percent of the population.

Economics

- Nearly 1 in 4 residents of Adams County (6,509 people) live in poverty.
- Nearly 1 in 5 residents of Hamilton County (148,439 people) and Highland County (8,108 people) live in poverty.
- Unemployment is highest in the CHNA region in Highland and Adams counties and lowest in Warren County.

Housing

- Hamilton County has the highest percentage of renters in the nine-county CHNA region.
- Adams and Highland counties have the highest rates of vacant housing; Warren County has the lowest rate.

Crime

- Adams County has the highest rate of adult protective service orders, both including and excluding self-neglect, in the CHNA region.
- The rate of homicide deaths in Adams County is steadily increasing, and is second only to Hamilton County in the CHNA counties for which data are available.
- Butler County has a disproportionately high number of arrests for intimate partner violence, with about 1,000 arrests in 2007, the most recent year for which data are available.

Vital Statistics

- Heart disease and cancer have the highest mortality rates throughout the CHNA region.
- Cancer has the highest mortality rate in five of the six Ohio counties in the CHNA region. In the state of Ohio and the nation as a whole, heart disease ranks number one.
- Alzheimer's disease is the fourth leading cause of death in Warren County and the fifth leading cause of death in Dearborn County. It does not fall within the top five causes of death for any other county in the CHNA region.

Environmental Health

- Adams County, though high in unemployment and poverty rates, has the best air quality among CHNA counties reporting air quality data.
- Screenings for elevated blood lead levels in children decreased between 2008 and 2009 in Butler, Hamilton, Warren, Dearborn and Ripley counties.
- The rate of children with elevated blood lead levels more than tripled between 2008 and 2009 in Ripley County.
- Warren County has the highest water fluoride deficiency rate at more than 25 percent.

Access To Food

- The percent of the population receiving aid through the Supplemental Nutrition Assistance Program (SNAP; formerly called food stamps) has increased; the number of SNAP-authorized stores has not.
- The percentage of students eligible for free or reduced-price lunches increased in every county in the region between 2006 and 2008.
- The most common type of store carrying groceries throughout the region is a neighborhood convenience store. These stores have limited selection, especially of fresh fruits and vegetables.

Access To Care

Usual Place for Care

- The region falls short of Healthy People 2020 goals for adults having a usual source of care.
- A disproportionate percentage of people in vulnerable populations who responded to the CHNA Community Health Survey use inappropriate sources (emergency departments or urgent care centers) as their regular health care provider. (See details and chart in Chapter 6.)

Provider Supply

- Primary care providers are concentrated within and around the I-275 loop; few are available in outlying counties.
- Participants in the CHNA Group Level Assessments and Stakeholder Interviews cited a lack of providers who would accept Medicaid and a lack of mental health providers as serious issues.

Health Insurance

- Fewer adults in the region are covered by health insurance now than in 2005. The percentage that is covered falls far short of the Healthy People 2020 goal.
- Adults who are poor, less educated, African American or young (ages 18-29) are least likely to be insured.
- Medicaid recipients are disproportionately African American throughout the Ohio counties in the CHNA region.

Dental Coverage and Provider Supply

- In 2008, rates of adults without dental insurance in Ohio ranged from 27 percent in Warren County to 60 percent in Adams County.
- In 2008, rates of children without dental insurance in Ohio ranged from about 11 percent in Highland County to 23 percent in Clermont County.
- Hamilton County has the highest proportion of dentists to population (0.6 per 1,000 residents) and dentists to low-income (1.26 per 1,000 low-income residents) and Medicaid populations (1.05 per 1,000 Medicaid recipients) in the CHNA Ohio counties.

Vision and Prescription Coverage

- In 2008, rates of adults without vision coverage ranged from 33 percent in Warren County to 61 percent in Adams County. Rates of adults without prescription coverage ranged from 15 percent in Butler County to 52 percent in Adams County.
- In 2008, rates of children without vision coverage ranged from 12 percent in Highland County to 28 percent in Clermont County. Rates of children without prescription coverage ranged from 4 percent in Butler County to 14 percent in Adams County.

Barriers to Care

- Logistics/Costs was the biggest barrier to care for most vulnerable groups responding to the CHNA Community Health Survey.
- The health care system was least likely to work well for Hispanics/Latinos and African immigrants who responded to the CHNA Community Health Survey.
- Lack of transportation was a barrier for 1 in 4 people in several of the vulnerable populations who responded to the CHNA Community Health Survey.

Caregivers

- About 1 in 4 adults in the Cincinnati area provide care to a chronically ill or disabled family member.

Healthy Lifestyle & Preventive Care

Physical Activity

- Only about half of adults in the CHNA region meet CDC guidelines for physical activity.
- The number of recreation and fitness facilities decreased in seven of the nine CHNA counties between 2007 and 2008; one county (Adams) has no recreation/fitness facilities.
- Ripley County and Highland County stakeholders identified exercise as a top solution to improving health care in their counties.

Immunizations and Screenings

- Most of the CHNA region meets or exceeds the Healthy People 2020 target for eye exams.
- Adults in the CHNA's Ohio counties fall short of the Healthy People 2020 target for dental visits.
- The vulnerable populations who responded to the CHNA Community Health Survey reported that they were most likely to attend flu shot clinics or health fairs among other hospital events.
- The majority of county health service providers in the CHNA Group Level Assessments mentioned that a lack of attention to prevention and preventive health services was a primary health concern.

Complementary and Alternative Medicine

- Natural products, massage and meditation are the most common complementary and alternative medicine practices among the vulnerable populations who responded to the CHNA Community Health Survey.

Health Conditions And Diseases

Chronic Conditions

- Heart disease accounts for nearly half of hospital admissions and charges for chronic conditions.
- Medicare is the payor for more than half of admissions for chronic conditions.
- Charity care accounts for less than 2 percent of admissions for chronic conditions.
- Self-pay patients (those who pay out-of-pocket) account for 14 percent of admissions for chronic conditions in Highland County.

Ambulatory Sensitive Emergency Visits

- There was a very large increase in the proportion of emergency department (ED) visits for ambulatory sensitive conditions in Warren County between 2008 and 2009.
- The percentage of self-pay patients is significantly higher for ED visits than for inpatient chronic conditions, especially for ambulatory sensitive conditions.
- The percentage of Medicaid and self-pay patients tends to be higher for ambulatory sensitive cases and charges than overall ED cases and charges.

Mental Illness

- Dearborn and Ripley counties have the lowest hospital admission rates for mental health issues among the CHNA counties, though diagnosis rates are the same as the CHNA region overall.
- Stakeholders in multiple counties identified lack of access to mental health care as a significant issue.

Substance Abuse

- Smoking rates throughout the CHNA region are higher than the nation and significantly higher than Healthy People 2020 goals.
- Substance abuse was identified as a serious health concern on the rise by CHNA Group Level Assessment participants throughout the region.

Obesity

- Almost 2 of every 3 adults in the CHNA region are overweight or obese.
- The rate of obesity in the region is steadily increasing.
- The CHNA Group Level Assessments identified obesity as a significant health issue.

Sexually Transmitted Diseases

- Hamilton County has a significant problem with sexually transmitted diseases. It consistently has among the highest rates of gonorrhea, syphilis and chlamydia in the state of Ohio.

Infectious Diseases

- The rate of tuberculosis is high in Adams, Butler and Hamilton counties, with a rate more than double the Healthy People 2020 goal.

Oral Health

- The percentage of adults who report their mouth and teeth are in fair or poor condition is increasing in the region.
- Those in poverty, the uninsured and those insured by Medicaid are most likely to report their mouth and teeth are in fair or poor condition.
- All Ohio counties in the CHNA region exceed the Healthy People 2020 goal for dental sealants for third graders.

Maternal Health

- Although there does not seem to be a lack of providers or prenatal care for pregnant women, the rate of women entering into prenatal care in the first trimester of pregnancy has declined steadily for the past four years.
- The CHNA region results on a number of maternal-child health indicators are worse than Healthy People 2020 goals for infant mortality, preterm births and low birth weight babies.

The CHNA project, with its multi-stakeholder partnership, has served as a cost-effective way for hospitals to gather the critical data needed to effectively analyze community health care needs. Hospitals will use learnings from this regional health assessment to guide the development of their strategic programs and long-term visions aimed at addressing unmet health needs. This will also help hospitals make even better use of charitable dollars for community health improvement.

Moving forward, hospitals will review the report internally to evaluate what they are currently doing to address the needs identified and how this new information may guide future community benefit work. In addition, the Health Council will convene the hospitals to discuss the assessment findings and to determine what other outside programs exist that are targeted at meeting the identified needs and how hospitals can assist, compliment or enhance this work. Throughout the summer, the Health Council and its hospitals will connect with Health Care Access Now, public health and other community organizations to identify where there are opportunities to tackle new initiatives collaboratively on a regional level. There is a shared recognition that this approach will deliver greater impact than if hospitals were tackling these issues alone. We look forward to being strong partners in meeting the region's unmet health care needs.

– Colleen K. O'Toole, Ph.D., President
Greater Cincinnati Health Council