



*A tradition of caring. A new vision of health.*

## 2013 Community Health Needs Assessment

McCullough-Hyde Memorial Hospital's (MHMH) long standing commitment to the Oxford and surrounding communities (Preble County and Butler County of Ohio, and Franklin and Union Counties of Indiana) spans more than 56 years. MHMH has grown along with our community, and continually assesses the needs of our communities as we develop new programs and services. Over the last year, we have completed a comprehensive Community Health Needs Assessment (CHNA). Our CHNA included input from a wide variety of sources, including, but not limited to: customers, community leaders, physicians, county health departments and a paid external consultant.

Through our CHNA, MHMH has identified the greatest health needs in our MHMH communities, which will allow MHMH to direct our resources appropriately toward education, prevention programs, and wellness opportunities.

The following document is a detailed CHNA for McCullough-Hyde Memorial Hospital. McCullough-Hyde, a community hospital located in Oxford, Ohio, opened its doors in 1957. The facility's main campus has grown over the years, the last major expansion/renovation occurred in 2003. MHMH main campus offers 45 acute inpatient beds, including intensive care, medical-surgical and obstetrics. McCullough-Hyde also offers an array of outpatient medical and surgical services, including emergency 24/7, outpatient surgery, oncology, physical therapy and diagnostic services which include laboratory and imaging services. McCullough-Hyde houses numerous specialists to care for a multitude of needs. McCullough-Hyde offers services at our regional campuses located in Hamilton, Ross and Camden, Ohio and Brookville, Indiana.

McCullough-Hyde has a strong health and wellness commitment to our communities, which we have demonstrated over the years. McCullough-Hyde Memorial Hospital contributes almost 6 million dollars annually providing Financial Assistance (charity care) and other community benefits to our communities.

## Introduction

This report identifies and assesses community health needs in the areas served by McCullough-Hyde Hospital in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act, 2010.

While McCullough-Hyde Hospital recognizes that a community health needs assessment (CHNA) is required to meet current government regulations and this assessment is intended to fulfill this purpose, we also recognize the importance of this assessment in helping to meet the needs of our communities.

The CHNA was completed in 2013. The CHNA has identified the needs, but does not address whether those needs are being addressed by one or more community benefit programs already in existence. Rather, this assessment will serve as a foundation for developing an implementation strategy to address those needs that (a) the hospital determines it is able to meet in whole or in part; (b) are otherwise part of its mission; (c) are not met (or are not adequately met) by other program and services in the service area.

The MHMH CHNA is the foundation for an implementation strategy as required by the applicable regulations. MHMH is taking a leadership role in both the CHNA and the implementation strategies.

CHNA's seek to identify priority health status and access issues for particular geographic areas and populations. We focused on the following questions when developing our CHNA:

- ④ Who in the community is most vulnerable in terms of health status or access to care?
- ④ What are the unique health status and/or access needs for this population?
- ④ Where do these people live in the community?
- ④ Why are these problems present?

The question of how the hospital can best use its limited resources to assist communities in need will be the subject of the hospital's implementation strategy.

To answer these questions, this assessment considered multiple data sources including secondary data (regarding demographics, health status indicators, and measures of health care access), assessments prepared by other organizations in recent years, and primary data derived from interviews with persons who represent the broad interest of the community.

The following topics and data have been assessed:

- ④ Demographics
- ④ Economic issues, e.g. poverty and unemployment
- ④ Health status indicators, e.g. morbidity rates for various diseases and conditions, and mortality rates for leading causes of death
- ④ Community issues, e.g. availability of healthcare facilities and recourses and environmental concerns
- ④ Health access indicators, e.g. uninsured, use of the emergency room for non-emergent conditions.

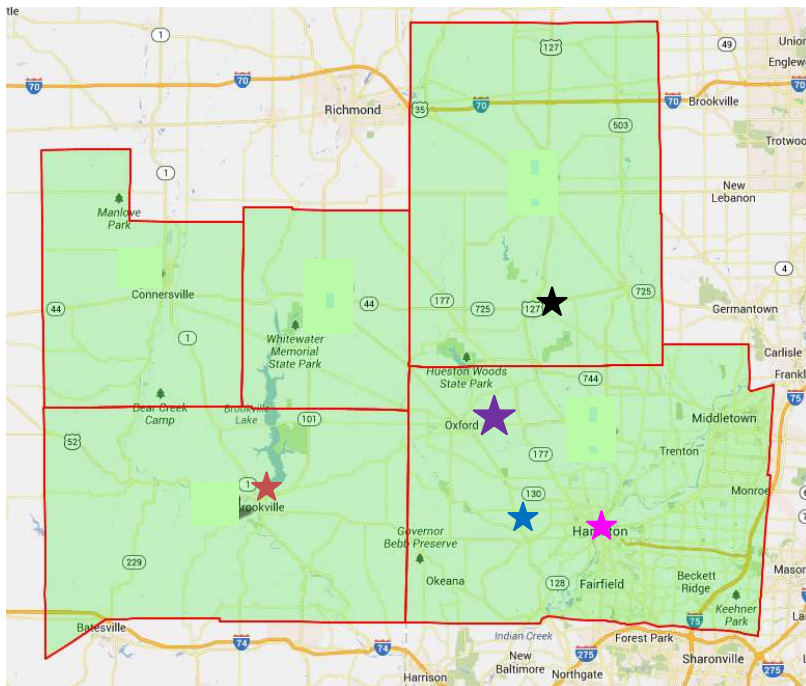
## Population Served

McCullough-Hyde Memorial Hospital identifies its “community served” as the residents of 5 counties: In Ohio: Butler and Preble and In Indiana Fayette, Franklin and Union. The breakdown by zip codes by counties is as follows:

Zip Codes: The following zip codes make up MHMH inpatient and ED visits.

- **Butler County: 40.8%**
  - 45056 (Oxford): 26.8%
  - 45011 and 45013 (Hamilton): 7.7%
  - Other Butler County zips in Service Area: 6.3%
- **Preble County: 22.8%**
  - 45311 (Camden): 10.4%
  - 45320 (Eaton): 5.8%
  - Other Preble County zips in Service Area: 6.6%
- **Franklin County: 14.9%**
  - 47012 (Brookville): 12.7%
  - Other Franklin County zips in our service area: 2.2%
- **Union County: 12.2%**
  - 47353 (Liberty): 7.4%
  - Other Union County zips in our service area: 4.8%
- **Fayette County: 3.5%**
- **Miscellaneous– outside service area 5.8%**

## Map of MHMH Service area



- ★ MHMH main campus
- ★ Ross Campus
- ★ Brookville Campus
- ★ Camden Campus
- ★ Hamilton Campus

### **Information and Data Considered in Identifying Potential Need:**

*Information and Data sources: Federal, State or Local or other departments or agencies.*

McCullough-Hyde Memorial Hospital participated in a regional Community Health Needs Assessment process coordinated by the Greater Cincinnati Health Council. It contracted with a local nonprofit organization, Health Care Access Now (HCAN), to prepare **A Community Health Needs Assessment for Southwest Ohio and Southeast Indiana**. HCAN is dedicated to helping establish a high performing, integrated, health care delivery network able to provide access to care for all residents of nine counties of Greater Cincinnati, including Hamilton, Butler, Clermont, Adams, Brown, and Warren in Southwest Ohio and Dearborn and Ripley in Southeast Indiana. As part of its preparation, HCAN performed the following activities:

#### **1. Primary Data Collections Sources:**

- ④ **Stakeholder Interviews:** The stakeholders selected in each county consisted of one person in the following categories: county health commissioner, county mental health board, United Way, Community Action Agencies, community foundation, and colleges/universities. Stakeholders chosen to represent each of these categories were determined through a combination of personal references, and online search. A few stakeholders had some overlap, in that they represented multiple counties included in the study. Refer to the Community Input Section of this report for individuals who participated and the date of the interview.
  
- ④ **Direct Service Provider Focus Groups using Group Level Assessment (GLA) method:** Invitations were distributed to target direct service providers/advocacy groups from the county in the following categories: non-English speaking, Federally Qualified Health Center (FQHC), free clinics, Visiting Nurses Associations, ex-offenders, seniors, transportation, Chambers of Commerce, school systems, inter-faith, legal aid, area planning, county extension, behavioral health, developmental disabilities, dental care and primary care. The total number of service providers participating at the county GLA events ranged from a few as nine to as many as 30 people. Overall, approximately 200 service providers across the 9 Ohio counties participated. Refer to the Community Input Section of this report for individuals who participated and the date of the focus group participation.
  
- ④ **End-User Surveys:** The University of Cincinnati Action Research Center surveyed populations in the greater Cincinnati region who are more often underserved with a particular focus on health care consumers who are uninsured, underinsured, low socioeconomic status, minority, 65+, or who experience mental health issues. Surveys were administered to more than 1,000 community residents across the nine Ohio counties with oversampling of vulnerable groups such as persons over 18 years of age who have a behavioral health disorder; seniors; Hispanic/Latinos; and African immigrants, particularly West African immigrants.

#### **2. Secondary Data Collection Sources:**

- A. A Data Committee led by HCAN's partner, Health Landscape, collected data from local, state and national sources, for the years of 2005-2011, via online search in order to compile the Community Health Needs Assessment database
  - ④ Regional: Greater Cincinnati Community Health Status Survey, Greater Cincinnati Health Council.
  - ④ State: Ohio Department of Health, Ohio Family Health Survey

- ④ National: 2010 Census, Annie E. Casey Foundation, Centers for Disease Control, Homeless Management Information Systems, Small Area Income and Poverty Estimates, Food Environment Atlas

**3. Other Data Collection Sources:**

**A. Local:**

- ④ The Coalition for a Healthy Community – Oxford conducted a Community Needs Assessment in 2012.
- ④ McCullough-Hyde Memorial Hospital conducted focus group assessments in 2013
- ④ Reviewed reports from Union county Indiana, Preble County Ohio and Miami University

## Process and Methods:

### *Process for Gathering and Analyzing Data Information*

(IRS Notice 2011-52 Section 3.03(2))

1. **Primary Data Collections and Analysis Process:** Process and methods used (including participants involved and also the duration and number of meetings) to identify sources of data/information and the time period over which this occurred:

Ⓜ **Stakeholder Interviews:** Letters were mailed to 50 stakeholder interview candidates inviting them to participate in a 45-60 minute face-to-face interview. Thirty-two interviews were conducted in-person by the Community Health Needs Assessment Project Manager, Stephanie Marshall. Three out of six requests to complete an available online survey-monkey version were fulfilled. Three individuals declined, and eight individuals were unable to be scheduled due to lack of response. The interview questions were drafted with input from the Community Health Needs Assessment Leadership Team and the University of Cincinnati Action Research Center. They were subsequently narrowed down to a total of 17 questions in five different categories. The interviews were tape recorded with consent and the interviewer took high level notes for each question during the interview process. The invitations, question design and interviews occurred from July-December 2011.

Ⓜ **Direct Service Provider Focus Group Level Assessment:** The University of Cincinnati Action Research Center team conducted one Group Level Assessment (GLA) in each of the nine counties. Group Level Assessment is a participatory large group approach in which qualitative 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. 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 recording their responses, participants were instructed to walk around the room and look at other written responses. Participants then divided into smaller groups and were each given 5-7 flip chart pages. Small groups were instructed to discuss the responses on the charts and to identify 3-5 common themes across the charts. After each small group identified salient themes from their flip charts, the larger group reconvened and each small group reported their 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 healthcare in their county. If time permitted, the larger group discussed possible next steps for their county. Meetings lasted approximately 90 minutes to two hours. GLA planning, designing and hosting occurred between September-November 2011.

Ⓜ **End-Users surveys:** The University of Cincinnati Action Research Center developed a seven page survey instrument using convenience and purposive sampling techniques. The sample size was based on 2010 Census data. Thus, counties with a population up to 50,000 people received 60 surveys. Other counties received a greater number of surveys in relation to increments of ~200,000 people. Most questions tested between a 4th and

6th grade reading level. Pre-testing was conducted with the target population and revealed that there were no significant readability issues. The survey took between 11 and 22 minutes to complete with most completing in less than 15 minutes. A \$5 gift card incentive was provided. This survey was designed to answer questions focused on barriers to care. The survey instrument was a slightly modified Barriers to Care Questionnaire (developed by Michael Seid, 2009) that was originally designed to measure patient reports of difficulties with accessing or using healthcare. The Barriers to Care Questionnaire has a total scale and five subscales: 1) pragmatics--logistical and cost barriers that might prevent or delay appropriate utilization; 2) skills--acquired or learned strategies to navigate through, manipulate, or function competently within the health care system; 3) expectations of receiving poor quality care; 4) marginalization-- the internalization and personalization of negative experiences within the health care system; 5) knowledge and beliefs-- lay or popular ideas about the nature and treatment of illness, which may differ from those of mainstream allopathic medicine. The survey includes validated measures including the initial barriers question. Surveys were administered between August-November 2011.

2. **Secondary Data Collection Process:** HCAN convened a Data Committee with volunteer representatives from the United Way of Greater Cincinnati, Cincinnati Children's Hospital Medical Center, Hamilton County Public Health Department, Mental Health Board, Health Care Access Now, Greater Cincinnati Health Council, and the Butler County Educational Services Center. The committee included people with database management and survey experience, planning experience and knowledge of special population groups. The data committee collected over 300 health-related indicators from secondary data sources via online search and exported available data into one spreadsheet. The secondary data collection occurred over a nine month period. The Data Committee met monthly from March 2011-November 2011. The following informational gaps have been identified:

- ④ Indiana county and state -level data
- ④ Rural Ohio counties (Highland and Adams in particular) county-level data
- ④ Some state-level benchmark data for Indiana and Ohio
- ④ Zip-code or neighborhood level data for all counties except for selected indicators as noted in the Assessment report

3. **Other Data Collection Processes:**

- ④ **The Coalition for a Healthy Community – Oxford Area.** The Coalition developed a Community Needs Assessment. This assessment had input from Oxford and its surrounding area's social service agencies. Each agency provided 3-4 questions that would help them determine community needs and if those needs were being met. Questionnaires were provided to these social services agencies to get input from end users and providers. Surveys were administered between February –April 2012
- ④ **McCullough-Hyde Memorial Hospital** conducted focus group assessments. At the local level: Invitations were sent to local stakeholders (MHMH Medical Executive Committee, Coalition for a Healthy Community Leadership team , key community leaders, pediatric group, Union County Health Department, Franklin County Health Department and Preble County Health Department ) inviting them to participate in a face to face interview. 5 group interviews were conducted by the McCullough-Hyde Memorial Hospital's Community Health Needs Assessment Workgroup Chair, Sharon Klein. The interview questions were drafted with input from the MHMH Community Health Needs Assessment Workgroup. The questions were:



- Ⓧ Who in the community is most vulnerable in terms of health status or access to care?
- Ⓧ What are the unique health status and/or access needs for this population?
- Ⓧ Where do these people live in the community?
- Ⓧ Why are these problems present?

Members of the MHMH Community Health Needs Assessment Workgroup took detailed notes at each session, for each question asked. The interviews occurred during the months of January – March 2013.

- Ⓧ Review of county reports from Preble, Union and Franklin Counties. We also had input from Miami University’s Department of International Studies, since we have such a large number of international students at Miami University.

### Analysis methods used:

1. **Primary and Secondary Data:** Data analysis of primary sources was conducted by the Action Research Center and by HCAN’s Project Manager. The analysis occurred in November and December 2011 and included the following methods:
  - a. *Quantitative Analyses.* Team members from the Action Research Center entered and checked survey data in Excel. To analyze and summarize the survey data, they 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, pie charts, bar charts, and tables.
  - b. *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 distilled and summarized themes from the flip charts and prioritized needs for their county during the actual GLA. In the Community Health Needs Assessment 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.
  - c. As part of the GLA summary, the Action Research Center presented a *ROWS analysis*. ROWS analysis has been used within the organizational counseling, community consulting, health promotion and 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. The 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 healthcare in each of the nine counties.
  - d. For the key informant stakeholder interviews, Stephanie Marshall, Health Care Access Now’s Community Health Needs Assessment Project Manager, recorded each stakeholder’s comments in an Excel spreadsheet. *Salient themes* were summarized for each question within counties and across all nine counties. The stakeholder interview data was used to support quantitative data findings and assist in the definition of gaps and trends in healthcare in each county and for the region.
  - e. A *“Triangulation Summary and Recommendations”* report was presented for each of the nine counties which incorporates and “triangulates” results from both the GLAs and the surveys. Triangulation is an approach that ensures that results are consistent across the GLAs and surveys and allows for identification of areas in which there are differences. The Action Research Center also presented “Overall Recommendations” which combines recommendations across GLAs, surveys, and vulnerable populations.
  - f. All data analyses occurred in the months of November-December 2011.



## 2. Other Data

- ❶ The Coalition for a Healthy Community – Oxford Area Community Needs Assessment: The Coalition looked for trends of needs and service gaps. They held a town meeting in the spring of 2012 to discuss conclusions and further actions needed.
- ❷ The MHMH Community Assessment team used an assessment grid to set priority of need. Key criteria for scoring included: population affected, ability to evaluate outcomes, current community capacity to address the health care need, severity of the health need. Weights were assigned to each category allowing for more meaningful ranking among the healthcare needs.

### **Butler County Summary of findings:**

#### *Summary from HCAN's A Community Health Needs Assessment for Southwest Ohio and Southeast Indiana*

In Butler County, 137 residents completed the CHNA Community Health Survey, and 12 service providers participated in the CHNA Group Level Assessment. Butler County CHNA Community Health Survey respondents had the most racial and ethnic diversity of the counties in the CHNA region, with 56 percent of respondents being white, 43 percent Latino and 12 percent African American. In addition, the Butler County survey had the highest rate of primary Spanish speakers (41 percent). Most survey respondents were female (80 percent), not employed full-time (74 percent) and parents of children under the age of 18 (69 percent). About 89 percent of respondents reported a household income below \$40,000 per year, which is lower than the US Census's report of median income in the county. Respondent age was skewed younger than Butler County as a whole, with 93 percent of respondents being ages 49 or younger.

#### *Health Care Utilization*

When asked where they most often went for health care for themselves, only 49 percent of respondents reported going to private doctors and 39 percent to private dentists. These frequencies are somewhat lower than the total CHNA sample, where 62 percent reported going to private doctors and 56 percent to private dentists. Fifty-three percent of Butler County respondents said they had received a routine check-up in the last year. Average annual number of physician visits was 5.1. Service providers in the county cited health care accessibility as one of the most important and challenging issues in the county, particularly for vulnerable populations like Spanish speakers and people who are homeless.

#### *Health Behaviors and Beliefs*

Although about 22 percent of respondents have used natural products to treat medical conditions, most Butler County respondents were not regular users of complementary and alternative medicine practices. Like the total CHNA survey sample, respondents believed health professionals, changes in behavior and prayer and/or God are the most important factors in good health. Service providers believed the "culture of poverty" and generational poverty issues have a significant impact on the health behavior of many Butler County residents. Specifically, service providers believe that cultural factors related to chronic poverty are associated with lack of health empowerment, poor health literacy, high emergency department use, high "no show" rates and lack of follow-up on health care issues.

#### *Sources of Health-Related Information*

Survey respondents reported most often turning to health care providers, television and the Internet to find information about staying healthy. They turn to their health care provider, friends and coworkers or family members for information about health care and health insurance. Of all hospital-sponsored events, participants most often reported taking advantage of flu shots (23 percent), health fairs (19 percent) and immunizations (15 percent), but less than 10 percent reported using any other hospital-sponsored service. Service providers identified several resources for information in Butler County, but

they believed lack of care coordination and integration and difficulties navigating the system are major barriers to connecting consumers to these resources.

### *Barriers to Care*

Survey respondents were mostly likely to cite logistical and cost barriers to care. Seventy-seven percent of respondents reported that transportation did not prevent them from seeing a health care professional, and the majority did not have to travel more than 10 miles to reach the various health care services they needed. Interestingly, the most commonly answered distance for mental health service was “don’t know,” which was similar to service providers’ feedback, who described a disconnect between consumer and mental health services. In general, survey results were different from those of service providers, who described transportation and lack of providers as two of the biggest barriers to health in Butler County.

### *Conclusions*

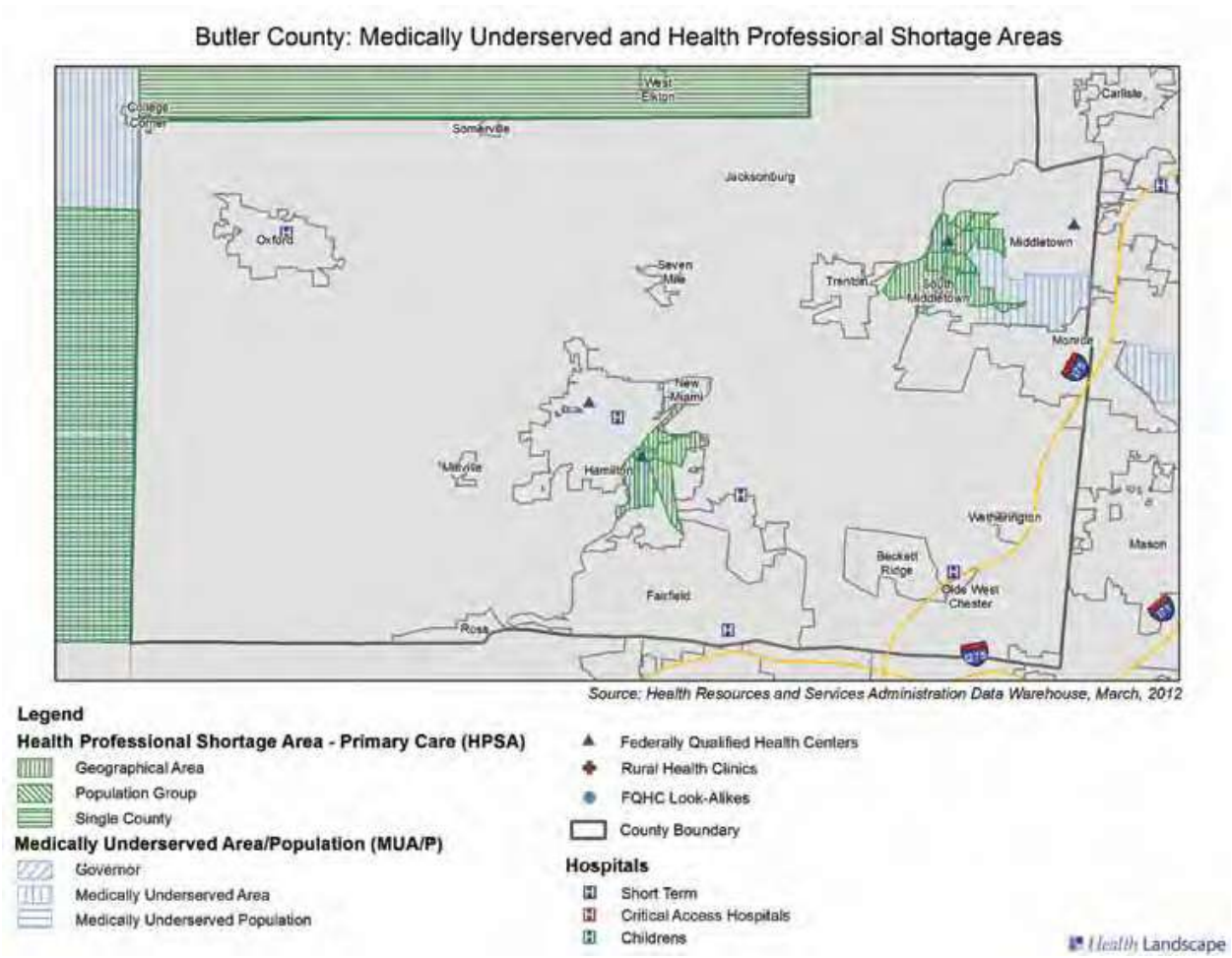
Butler County has several unique populations that are particularly vulnerable, including a large population of people who are homeless and a concentration of native Spanish speaking immigrants. Butler County also has 13.5 percent of the population living below the poverty level, and service providers described several employers in the area that have recently laid off large numbers of workers. Taken together, the lack of centralized resources, the high numbers of poor and working poor and the needs of diverse vulnerable populations create a particularly complex health care scenario in Butler County.

### *Recommendations*

Service providers identified “Unify the County” as a rallying cry for agencies to help improve coordination of care and access to services. Service providers emphasized the need for coordination of care and centralized services. Butler County would benefit from a funded collaborative body with representatives from the various health-related organizations and agencies around Butler County that can facilitate communication and the development of a system of coordinated care. This collaborative body could include various levels of the community and corporate leaders, as well as direct service providers to consumers.

1. The need for resources specifically targeting people who are homeless was emphasized in Butler County more than any other county. People who are homeless are particularly vulnerable to coordination of care issues and systemic problems in accessing and following up on care. Preventive care is typically ignored by this group to deal with more pressing concerns. Future efforts should partner with Butler County agencies already serving the homeless population to increase care coordination and improve access to services.
2. Butler County has high rates of poverty (13.5 percent) and unemployment (9.6 percent); service providers describe significant difficulty serving the working poor who often do not qualify for Head Start or Healthy Families due to income limits. Working poor families often have no access to health care services because insurance premiums, deductibles or co-pays are too high. As such, the working poor are identified as a particularly vulnerable population in Butler County and are a prioritized target for future resource development.
3. Access to mental health and substance abuse services for all demographic groups was cited as a significant problem in Butler County, particularly for those geographically distant from Hamilton and Middletown. Service providers report a particular need for inpatient detox units and services to address the extended effects of drug abuse on families and communities. Increased access to mental health and substance abuse services is a priority for Butler County.

4. Access to dental health professionals, particularly for the underinsured and uninsured, was identified as a major concern of service providers in Butler County. Outside of the more populated area surrounding Hamilton and Middletown, service providers report that dental professionals are scarce.
5. Hispanics/Latinos have different health beliefs that may or may not be aligned with Western allopathic medicine. As Latinos and other immigrant populations increase in places like Butler County, hospitals and health care agencies must offer services that appeal to an increasingly broader range of consumers, and staff must be trained to practice in a culturally competent manner.



*This Butler County map shows that the MHMH services area does not have large populations of medically underserved nor have health care professional shortages compared to other areas in the district.*

## Oxford Community Data Summary

	Medical Executive Committee	Coalition for a Healthy Community and other community leaders	Oxford Pediatrics	Union County Health Dept	Franklin County Health Dept.
Who are the most Vulnerable in our Community?	<ul style="list-style-type: none"> <li>• Young children</li> <li>• Late teens/young adults with chronic untreated medical problems</li> <li>• Unemployed middle age adults</li> <li>• Elderly</li> </ul>	<ul style="list-style-type: none"> <li>• Those living in poverty, uninsured or under insured or those who lack insurance coverage for current needs</li> <li>• The chronically ill</li> <li>• The unemployed</li> <li>• Mental Health – older adults and care givers</li> <li>• Alcohol and other drug dependant older adults and youth</li> <li>• Rural areas with lack of transportation</li> <li>• Non English speaking individuals</li> <li>• Homeless – growing concern in Oxford</li> </ul>	<ul style="list-style-type: none"> <li>• Low income families</li> <li>• Parents and grandparents of those kids (they have not assistance).</li> </ul>	<ul style="list-style-type: none"> <li>• The uninsured population- these community members lack the funds and education to access health care.</li> <li>• Those who do not care- lack of interest in their health</li> </ul>	<ul style="list-style-type: none"> <li>• Low income/ working poor</li> <li>• Unemployed</li> <li>• Those without healthcare insurance</li> </ul>
What are the biggest health Concerns of this population?	<ul style="list-style-type: none"> <li>• Loss of insurance – inability to access/pay for healthcare</li> <li>• Mental Health (#2 problem at Free Clinic).</li> <li>• Drug and Alcohol abuse</li> <li>• Obesity/Malnutrition</li> <li>• Dental care for adults who do not have access to private dentist.</li> <li>• Domestic Abuse</li> <li>• Tobacco use: has been a problem for a long time with little success in change of behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Can't afford medications and preventive care</li> <li>• Lack of mental health services</li> <li>• Lack of Alcohol and other drug treatment</li> <li>• Lack of general psychiatrist</li> <li>• Lack of healthcare facilities for children without insurance</li> <li>• Lack of geriatric psychiatric services</li> <li>• Obesity leading to diabetes and cardiac problems</li> <li>• Hypertension</li> <li>• Transportation to access services outside Oxford</li> <li>• Lack of dental health for adults and children outside Talawanda school district</li> <li>• Lack of assistance for hearing aids</li> <li>• Lack of dermatologist</li> <li>• Lack of pregnancy planning/women's health needs</li> <li>• Tobacco Use</li> </ul>	<ul style="list-style-type: none"> <li>• Dental care</li> <li>• Mental health care – including psychiatrist for both adults and kids</li> <li>• Obesity: No facilities for families with low income. We need programming to meet these needs.</li> <li>• Transportation to care</li> <li>• Limited access to medical home for kids with no insurance or Medicaid</li> <li>• Parenting classes</li> <li>• Sick child day care / back up day care – parents cannot afford to take off, but nowhere to take kids</li> </ul>	<ul style="list-style-type: none"> <li>• Finding affordable healthcare/primary care to accept them</li> <li>• Finding low cost health insurance</li> <li>• Dental care and Eye care</li> <li>• OB- access to prenatal care</li> <li>• Mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Drug and Alcohol use. This is a huge problem!</li> <li>• Mental Health</li> <li>• No emergent care close</li> <li>•</li> </ul>
Where do these people live?	In rural areas of Butler, Preble Counties Ohio and Franklin, Fayette and Union Counties, Indiana	<ul style="list-style-type: none"> <li>• Everywhere – due to job loss and unemployment</li> <li>• Middleclass neighborhoods</li> <li>• College Students and Seniors with RX abuse</li> <li>• College Students with alcohol abuse – sexual assaults</li> </ul>	All over our area – not one place	Liberty, Brownsville, College Corner	Throughout our county
Why are these problems present?	Poverty, Ignorance, gluttony, Avarice, greed, envy, pride	<ul style="list-style-type: none"> <li>• Loss of Planned Parenthood or similar services in our area</li> <li>• Obesity- Healthy food cost is higher, lack of education on health choice, or lack of knowledge of current programs available</li> <li>• Need care for all ages with acute health concerns – now only Emergency Department care available – Need urgent care in Oxford</li> <li>• Bullying</li> <li>• Lack of physical activity for youth</li> <li>• Medication Services – high cost, many cannot afford</li> <li>• No tobacco cessation education</li> <li>• High use of alcohol and drugs by certain population</li> <li>• Due to changes in services at CCCC</li> </ul>	<ul style="list-style-type: none"> <li>• Need social workers to help with concerns</li> <li>• Access to Emergent Care- Solid in our community – needs have been met in this area.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of specialist in our area or who will work with uninsured</li> <li>• Lack of resources that include, transportation, medication assistance, diagnostic services</li> </ul>	<ul style="list-style-type: none"> <li>• No resources in our county or close to use for mental health or drug/alcohol rehab</li> <li>• Transportation big issue</li> </ul>

**COMMUNITY INPUT (IRS Notice 2011-52 Section 3.06)**

Resources used to gather community input: **must** include 1) federal, regional, state or local health officials, departments or agencies including individuals with current data or information relevant to the health needs of the community served by the Hospital and 2) individuals with “special knowledge of or expertise in public health including the individuals’ affiliation and description of their expertise):

Individuals contacted:

Regional Level Stakeholder Interviews					
Name:	Organization:	Title:	Area of Expertise	County:	Date:
Judy Bennington	Adams County Health Department	Administrator	Public Health	Adams	9/14/2011
Mary Ann Miars-Peercy	United Way of Scioto County	Executive Director	Community/Charity	Adams	10/4/2011
Alvin Norris	Adams-Brown Counties Economic Opportunities Inc.	Executive Director	Community Assistance	Adams, Brown	8/29/2011
Harold Vermillion	Brown County Health Department	Health Commissioner	Public Health	Brown	8/29/2011
Colleen Chamberlain	Brown County Alcohol, Drug Addiction, Mental Health Services Board	Associate Director	Behavioral Health	Brown	9/7/2011
Debra Gordon	United Way of Greater Cincinnati	Area Director	Community/Charity	Brown, Clermont	9/19/2011
Jackie Phillips	Middletown City Health Department	Health Commissioner	Public Health	Butler	9/23/2011
Mike Sanders	Middletown Area United Way	Executive Director	Community/Charity	Butler	9/7/2011
Jeffery Diver	Butler County Supports to Encourage Low-Income Families	Executive Director	Community Assistance	Butler	9/13/2011
John Guidugli	Hamilton Community Foundation	President and Chief Executive Officer	Community/Charity	Butler	9/13/2011
Duane Gordon	Middletown Community Foundation	Executive Director	Community/Charity	Butler	10/10/2011
Karen Scherra	Clermont County Mental Health and Recovery Board	Chief Operating Officer	Behavioral Health	Clermont	9/27/2011
Billie Kuntz	Clermont County Community Services	Executive Director	Community Assistance	Clermont	9/19/2011
Lisa Jackson	HealthSource of Ohio	VP Marketing, Development	Health Center	All	12/5/2011
Tim Ingram	Hamilton County Public Health	Health Commissioner	Public Health	Hamilton	9/29/2011
Erik Stewart	Hamilton County Mental Health and Recovery Services Board	Vice President of System Performance	Behavioral Health	Hamilton	9/19/2011
Barbara Terry	United Way of Greater Cincinnati	Vice President Community Impact	Community/Charity	Hamilton	9/8/2011
Will Parr	Cincinnati/Hamilton Community Action Agency	Director	Community Assistance	Hamilton	10/3/2011
Shiloh Turner	Greater Cincinnati Foundation	Vice President of Programs	Community/Charity	All	9/15/2011
H.A. Musser	Santa Maria Community Services	President and Chief Executive Officer	Community Assistance	Hamilton	12/6/2011
Dr. Jim Vanzant	Highland County Health Department	Health Commissioner	Public Health	Highland	9/12/2011
Juni Frey	Paint Valley Alcohol, Drug Addiction, Mental Health Services Board	Executive Director	Behavioral Health	Highland	9/22/2011
Duane Stansbury	Warren County Combined Health District	Health Commissioner	Public Health	Warren	9/12/2011
Brent Lawyer	Mental Health and Retardation Services of Warren and Clinton Counties	Executive Director	Behavioral Health	Warren	9/7/2011
Karen Hill	Warren County Community Services Inc.	Director, Aging Services	Community Assistance	Warren	9/13/2011
Julia Rupp	Community Mental Health Center	Chief Operating Officer	Behavioral Health	Dearborn, Ripley	8/30/2011
Karen Snyder	Dearborn County United Way	Director	Community/Charity	Dearborn	9/6/2011
Mark Neff	Dearborn County Community Foundation	Coordinator, EcO15 (Economic Opportunities 2015)	Community/Charity	Dearborn	9/9/2011
David Welsh, M.D.	Ripley County Health Department	County Health Officer	Public Health	Ripley	9/27/2011

Name:	Organization:	Title:	Area of Expertise	County:	Date:
Sally Morris	Ripley County Community Foundation	Executive Director	Community/Charity	Ripley	8/30/2011
John Joy	Southern State Community College	Dean	Higher Education	Academic, All	9/22/2011
Eric Rademacher, PhD	University of Cincinnati, Institute for Policy Research	Co-Director	Higher Education/Research	Academic, All	10/20/2011
John Tafaro	Chatfield College	President	Higher Education	Academic, All	8/29/2011

Regional Direct Service Provider Group Level Assessments					
Name:	Organization:	Title:	Area of Expertise:	County:	Date:
Becky Basford	Adams County Regional Medical Center (ACRMC)	Certified Nurse Practitioner	Hospital	Adams	10/26/2011
Krys Hess	Adams County Ohio Valley School District (ACOVSD)	Food Service Supervisor	School	Adams	10/26/2011
Carol Motza	Health Department	Board Member	Public Health	Adams	10/26/2011
Brian McCord	Adams County Regional Medical Center (ACRMC)	Sports Medicine Manager	Hospital	Adams	10/26/2011
Will West	Walmart	N/A	Other	Adams	10/26/2011
Farrah Jaquez	University of Cincinnati (UC)	Assistant Professor	Higher Education/Research	Adams	10/26/2011
Shay Beighle	North Adams High School	Teacher	School	Adams	10/26/2011
Holly Johnson	Adams County Economic Development Council (ACEDC)	Director	Community Assistance	Adams	10/26/2011
Mike Clinton	N/A	N/A	N/A	Adams	10/26/2011
Karen Ballengee	Manchester Local School District (MLSD)	Treasurer	School	Adams	10/26/2011
Alvis George	Manchester Local School District (MLSD)	N/A	School	Adams	10/26/2011
Dane Clark	General Electric (GE)/Adams County Regional Medical Center	Assembly and Test Manager/Board of Trustees	Other/Hospital	Adams	10/26/2011
Joyce Porter	Adams County Regional Medical Center (ACRMC)	Director of Human Resources and Risk Management	Hospital	Adams	10/26/2011
Charlie Bess	Adams County Regional Medical Center (ACRMC)/Adams County/Ohio Valley School District (ACOVSD)	Volun"teen" Coordinator/ Board Member	Hospital/School	Adams	10/26/2011
Delora Blymail	Workforce Connections of Adams and Brown Counties	N/A	Community Assistance	Adams, Brown	10/25/2011
Steve Dunkin	Brown County Alcohol, Drug Addiction, Mental Health Board	Executive Director	Behavioral Health	Brown	10/25/2011
Mary Francis	Assistance for Substance Abuse Prevention Center	Director	Behavioral Health	Brown	10/25/2011
Erin Holsted	Western Brown School Based Health Center	MSW, Licensed Social Worker	School Health	Brown	10/25/2011
Joan Phillips	Brown County Hospital	Chief Executive Office	Hospital	Brown	10/25/2011
Venita Milburn	Brown County Hospital	N/A	Hospital	Brown	10/25/2011
Sue Basta	HEALTH-UC/University of Cincinnati Area Health Education Center	PhD, RN; Continuing Education Health Promotion Programs	Higher Education/Health Education	Brown	10/25/2011
Ramona Applegate	Adams Brown Early Head Start/Adams/Brown County Economic Opportunities, Inc.	N/A	Community Assistance	Brown	10/25/2011
Bonita Haas	Adams Brown High School/Early Head Start/Help Me Grow/Adams/Brown County Economic Opportunities, Inc.	BSW, Licensed Social Worker; Assistant Director	School/Early Education/ Community Improvement	Brown	10/25/2011
Joan Garrett	Brown County Educational Service Center	Pre-K Director, Board Member	Education	Brown	10/25/2011
Dayne Michael	Brown County Educational Service Center	Supervisor	Education	Brown	10/25/2011
Margaret Clark	Probate Juvenile Court	Judge	Legal/Policy	Brown	10/25/2011
Randy Allman	Brown County Recovery Services (Talbert House)	Director Regional Services	Community Assistance	Brown	10/25/2011
David Sharp	Brown County Recovery Services	Director of Job/Family Services	Community Assistance	Brown	10/25/2011
Tammie Keller	Brown County Board of Developmental Disabilities	Business Manager	Public Health/Disabilities	Brown	10/25/2011
Linda Ondre	Family Children First Council	Coordinator	Community Assistance	Brown	10/25/2011
Angie Devilbliss	Southern State Community College	Faculty Secretary	Higher Education	Brown	10/25/2011
Heather Wells	Butler County Family Children First Council	MSW, Licensed Social Worker/ Coordinator	Community Assistance	Butler	10/21/2011



<b>Name:</b>	<b>Organization:</b>	<b>Title:</b>	<b>Area of Expertise:</b>	<b>County:</b>	<b>Date:</b>
Bill Staler	Lifespan	Chief Executive Officer	Community Assistance	Butler	10/21/2011
Marc Bellijario	Primary Health Solutions	Chief Executive Officer	Health Center	Butler	10/21/2011
Yvette Dorsey-Benson	Middletown Health Department	Project Director	Public Health	Butler	10/21/2011
Carrie Coreen	Butler 211	N/A	Community Assistance	Butler	10/21/2011
Angie Duncan	Butler County Success	Director	School	Butler	10/21/2011
David Foster	Fairfield City Schools	Support Services Director	School	Butler	10/21/2011
Nina Rose	Fairfield City Schools	Senior High Students Against Drunk Driving Sponsor	School	Butler	10/21/2011
Susie Sheridan	Primary Health Solutions	Practice Manager	Health Center	Butler	10/21/2011
<b>Name:</b>	<b>Organization:</b>	<b>Title:</b>	<b>Area of Expertise:</b>	<b>County:</b>	<b>Date:</b>
Stephanie Johnson	Talawanda School District, Board, Butler County Health Department and Oxford College Corner Free Clinic	School Nurse	School/Public Health	Butler	10/21/2011
Linda Kimble	Serve City	Executive Director	Community Assistance	Butler	10/21/2011
Cari Wynne	Educational Service Center - Success	Supervisor	Education	Butler	10/21/2011
Carla Grossman	Mercy Clermont	Mental Health Counselor	Hospital	Clermont	11/3/2011
Billie Elliot	LifePoint Solutions	N/A	Behavioral Health	Clermont	11/3/2011
Deb Spradlin	Sisters of Mercy Clermont	Director of Behavioral Health Services	Hospital	Clermont	11/3/2011
Marty Lambert	Clermont County Health District	Health Commissioner	Public Health	Clermont	11/3/2011
Julianne Nesbit	Clermont County Health District	Assistant Health Commissioner	Public Health	Clermont	11/3/2011
Karen Balon	Child Focus, Inc.	LPN; Health Manager	Range of youth services	Clermont	11/3/2011
Peggy Haley	Mercy Clermont Outreach	Director	Community Outreach	Clermont	11/3/2011
Laura Metzler	American Cancer Society	Director of Community/Volunteer Improvement	Community/Charity	Clermont	11/3/2011
Marty Grove	Mercy Clermont	Director of Nursing Clinical Services – Education	Hospital	Clermont	11/3/2011
Charlotte Goering	Mercy Clermont	N/A	Hospital	Clermont	11/3/2011
Ann Lane	Mercy Clermont	Office Manager Emergency Room	Hospital	Clermont	11/3/2011
Irene Behling	Mercy Clermont	Director of Mission Integration	Hospital	Clermont	11/3/2011
Carol Muhlenkamp	Nursing – Dearborn County Hospital (DCH)	Director of Patient Care Services	Hospital	Dearborn	11/2/2011
Stephanie Craig	Education/Risk Assessment Dearborn County Hospital	Director of Education and Risk Management	Hospital/Community Outreach	Dearborn	11/2/2011
Mayor Donnie Hastings	City of Aurora	Mayor	Legal/Policy	Dearborn	11/2/2011
Tom Talbot	Community Mental Health Center, Inc	Chief Executive Office	Behavioral Health	Dearborn	11/2/2011
Bill Cunningham	Mayor of Lawrenceburg	Mayor	Legal/Policy	Dearborn	11/2/2011
Karl Galey	Lawrenceburg Schools	Superintendent	School	Dearborn	11/2/2011
Cecelia Scudder	Dearborn County Hospital	Nursing Administration	Hospital	Dearborn	11/2/2011
Arn Edwards	Lifetime Resources	N/A	Community Assistance	Dearborn	11/2/2011
Lois Franklin	Dearborn County Health Department (DCHD)	Public Health Nurse	Public Health	Dearborn	11/2/2011
Debbie Fehling	Dearborn County Health Department (DCHD)	RN, Health Educator	Public Health	Dearborn	11/2/2011
Brenda Coleman	Health Care Access Now	Vice Chairperson on Board	Community Assistance/Partnerships	Hamilton	11/14/2011
Nancy Carter	Cincinnati Health Department	RDH, MPH Assistant Dental Director	Public Health	Hamilton	11/14/2011
Sally Stewart	Crossroad Health Center	Chief Executive Officer	Health Center	Hamilton	11/14/2011
Bill Ebelhar	Centerpoint Health	Director of Outpatient Counseling	Behavioral Health	Hamilton	11/14/2011
Randy Allman	Talbert House	Program Director	Community Assistance	Hamilton	11/14/2011
Sean Kelley	The Health Collaborative	Director of External Relations	Community Assistance/Partnerships	Hamilton	11/14/2011
Mary Day	Pro Seniors, Inc	Managing LTC Ombudsman	Legal/Long-term care solutions for seniors	Hamilton	11/14/2011
Shana Trent	The Healthcare Connection	Practice Manager	Health Center	Hamilton	11/14/2011
Saundra Regan	University of Cincinnati Family Residency	PhD, Research Scientist	Higher Education/Hospital	Hamilton	11/14/2011



<b>Name:</b>	<b>Organization:</b>	<b>Title:</b>	<b>Area of Expertise:</b>	<b>County:</b>	<b>Date:</b>
Judith Warren	Health Care Access Now	Executive Director	Community Assistance/Partnerships	Hamilton	11/14/2011
Ann Barnum	Health Foundation of Greater Cincinnati	Senior Program Officer-Substance Use Disorders	Community/Charity	Hamilton	11/14/2011
Stephanie Marshall	Health Care Access Now	Project Manager	Community Assistance/Partnerships	Hamilton	11/14/2011
Tim Ingram	Hamilton County Public Health	Health Commissioner	Public Health	Hamilton	11/14/2011
Terresa Adams	Cincinnati Children's Hospital Medical Center	Community Specialist	Hospital	Hamilton	11/14/2011
Dolores Lindsay	The Healthcare Connection	Chief Executive Officer	Health Center	Hamilton	11/14/2011
Abda Tall	The Healthcare Connection Lincoln Heights	Interpreter/Patient Advocate	Health Center	Hamilton	11/14/2011
Yolanda Mayweather	The Healthcare Connection	Interpreter/Patient Advocate	Health Center	Hamilton	11/14/2011
Joe Curry	Everybody Rides Metro	Executive Director	Transportation	Hamilton	11/14/2011
<b>Name:</b>	<b>Organization:</b>	<b>Title:</b>	<b>Area of Expertise:</b>	<b>County:</b>	<b>Date:</b>
Kim Sullivan	Sincere Home Health Care	Chief Executive Officer/President	Home Health	Hamilton	11/14/2011
Tim Sullivan	Sincere Home Health Care	N/A	Home Health	Hamilton	11/14/2011
Ray Watson	The Greater Cincinnati Foundation	Community Investment Program Officer	Community/Charity	Hamilton	11/14/2011
Michelle Duff	Big Brothers Big Sisters	Caseworker	Youth Development	Highland	10/13/2011
Karen McDonald-Myers	Big Brothers Big Sisters	Executive Director	Youth Development	Highland	10/13/2011
Rita Easday	Hillsboro City Schools	Superintendent	School	Highland	10/13/2011
Tony Long	Southern Ohio Educational Services Center	Superintendent	Education	Highland	10/13/2011
Danielle Ratcliff	Family and Children First	FCFC Coordinator	Community Assistance	Highland	10/13/2011
Juni Frey	Paint Valley Alcohol, Drug Addiction, Mental Health	Executive Director	Behavioral Health	Highland	10/13/2011
Dana Berryman	Parent Representative	N/A	Other	Highland	10/13/2011
Bonnie Cumberland	Parent Representative	N/A	Other	Highland	10/13/2011
Heather Gibson	Help Me Grow	Project Director	Early Education	Highland	10/13/2011
Shena Weade	Highland County Community Action Organization/HeadStart/Early Head Start	Director of Early Childhood Programs	Community Assistance/ Early Education	Highland	10/13/2011
Amanda Robbins	Help Me Grow	Parent Representative	Early Education	Highland	10/13/2011
Melody Elliott,	FRS Transportation	Director	Transportation	Highland	10/13/2011
Jehona Preza	Molina Healthcare	Community Outreach	Health Insurance	Highland	10/13/2011
Susan Roades	Highland County Job and Family Services	Case Manager/Social Service Supervisor	Community Assistance	Highland	10/13/2011
Lisa Higley	Highland County Job and Family Services	Health Check/Pregnancy Related Services	Community Assistance	Highland	10/13/2011
Amy Watson	Jac-Cen-Del Nurse	Nurse	School Nurse	Ripley	10/19/2011
Tonya George	Health Centered Chiropractic	Office Manager	Private Healthcare Business	Ripley	10/19/2011
Pat Thomas	Ripley County Health Department	Health Department Director	Public Health	Ripley	10/19/2011
Vicky Powell	Ripley County Health Department	Public Health Nurse	Public Health	Ripley	10/19/2011
Gayla Vonderheide	Batesville Community School	Director of Health Services	School Health	Ripley	10/19/2011
Appie Thompson	Milan Community Schools	RN	School Health	Ripley	10/19/2011
Tony Czack	Anytime Fitness	Manager	Health and Fitness	Ripley	10/19/2011
Geralyn Litzinger	Margaret Mary Community Hospital	Manager of Occupational Health Services	Hospital	Ripley	10/19/2011
Cindy Blessing	City of Batesville	Wellness Coordinator/Choices Director	Health and Fitness	Ripley	10/19/2011
Brenda Wetzler	Osgood Community Foundation	Board Secretary	Community/Charity	Ripley	10/19/2011
Laura Rolf	Big Brothers/Big Sisters of Greater Cincinnati	Community Development Director	Youth Development	Ripley	10/19/2011
Trish Hunter	Margaret Mary Community Hospital	Director of Support Services	Hospital	Ripley	10/19/2011
Kathy Cooley	Margaret Mary Community Hospital	RD, Dietitian	Hospital	Ripley	10/19/2011
Bonnie Ploeger	Margaret Mary Community Hospital	Director of Inpatient Care	Hospital	Ripley	10/19/2011
Kathy Newell	Margaret Mary Community Hospital	Cardiology Director	Hospital	Ripley	10/19/2011
Kevin Knekelen	Neace Luken	N/A	Insurance	Ripley	10/19/2011

<b>Name:</b>	<b>Organization:</b>	<b>Title:</b>	<b>Area of Expertise:</b>	<b>County:</b>	<b>Date:</b>
Angela Hurley	Southern Indiana YMCA	Wellness Director	Health and Fitness	Ripley	10/19/2011
Amy Ertel	Saint Louis School	School Nurse	School Health	Ripley	10/19/2011
Angie Johnson	Southern Indiana YMCA	Executive Director	Health and Fitness	Ripley	10/19/2011
Linda Tuttle	Margaret Mary Community Hospital	Manager of Social Services Department	Hospital	Ripley	10/19/2011
Della Menchhofer	Osgood Community Foundation	N/A	Community/Charity	Ripley	10/19/2011
Denise Roark	Milan Elementary	School Nurse	School Health	Ripley	10/19/2011
Debbie Blank	The Herald-Tribune	Reporter	News reporter	Ripley	10/19/2011
Jean Dorgan	Abuse Rape Crisis Shelter	N/A		Warren	11/2/2011
Jerri Langworthy	Warren County United Way	Volunteer Resource Center Director/Community Building	Community/Charity	Warren	11/2/2011
Kathy Michelich	Ohio State University Extension	County Educator and Director	Higher Education/ Community Outreach	Warren	11/2/2011
Sue Miller	Warren County Community Services	Family Services Director	Community Assistance	Warren	11/2/2011
Sharon Moeller	Warren County Career Center	School Nurse/Safety Officer	Community Assistance	Warren	11/2/2011
Marilyn Singleton	TriHealth	Site Manager	Hospital	Warren	11/2/2011
Sandy Smoot	Family & Children First Council	Coordinator	Community Assistance	Warren	11/2/2011
Duane Stansbury	Health District (Health Department)	Health Commissioner	Public Health	Warren	11/2/2011
Judy Webb	Warren County Community Services	Director, Elderly Services Program	Community Assistance	Warren	11/2/2011

<b>MHMH Service area: Local Focus Group participants</b>			
<b>Name:</b>	<b>Organization:</b>	<b>Title:</b>	<b>Date:</b>
Kip Alishio	Miami University	Director of Student Counseling Services	1/7/2013
Pamela Collins	McCullough-Hyde Memorial Hospital	Patient Care Services Vice President, Community Needs Assessment Workgroup member	1/7/2013
Logan Dysart	Faith Lutheran Church	Pastor/ Coalition for a Healthy Community Leadership team /representing the faith community	1/7/2013
Doug Elliott	City of Oxford	City Manager	1/7/2013
Bryan Hehemann	McCullough-Hyde Memorial Hospital	CEO, Community Needs Assessment Workgroup member	1/7/2013
Ann Kamphaus	McCullough-Hyde Memorial Hospital	Risk Manager, Community Needs Assessment Workgroup member	1/7/2013
Maureen Kranbuhl	Oxford United Way	Executive Director	1/7/2013
Amy Macechko	Talawanda School District	Wellness Director/ Coalition for a Healthy Community Leadership team	1/7/2013
MariAnn Marconi	Talawanda School District	Director of Counseling/ Coalition for a Healthy Community Leadership team	1/7/2013
Leslie Haxby McNeill	Miami University	Assistant Director Health Education/ Coalition for a Healthy Community Leadership team	1/7/2013
Diane Ruther-Vierling	Oxford Family Resources center	Executive Director	1/7/2013
Marilyn Sasser	Oxford Free Clinic	Executive Director	1/7/2013
Kelly Spivey	Talawanda School District	Superintendent	1/7/2013
Joan Potter-Summer	Oxford Senior Center	Director	1/7/2013
Randy Thomas	Miami University	Institutional Relationships/ Coalition for a Healthy Community Leadership team	1/7/2013
Dr. Daniel Stein	Medical Executive Committee	Chief of Staff- Obstetrician	1/4/2013
Dr. Hillary Evans	Medical Executive Committee	Vice Chief of Staff - Radiologist	1/4/2013
Dr. Joseph Sanchez	Medical Executive Committee	Medical Director/Chair Emergency Department	1/4/2013
Dr. Rolf Bruckhorst	Medical Executive Committee	Chair, Department of Surgery- Surgeon	1/4/2013
Dr. John Harlan	Medical Executive Committee	Co – Chair Department of Obstetrics/Pediatric - Obstetrician	1/4/2013
Dr. Terry Hunt	Medical Executive Committee	Chair, Department of Medicine- Internal Medicine	1/4/2013
Dr. John Svirbely	Medical Executive Committee	Member at large- Pathologist	1/4/2013
Linda Jones	McCullough-Hyde Hospital	Director of Physician Services	1/4/2013
Dr. James Davis	Pediatric Group	Pediatrician	2/18/2013
Jill Mock	Pediatric Group	Pediatric Nurse Practitioner	2/18/2013
Dr. Helen Grace	Pediatric Group	Pediatrician	2/18/2013
Dr. Ellen Buerk	Pediatric Group	Pediatrician	2/18/2013
Dr. William Logeman	Pediatric Group	Pediatrician	2/18/2013
Sandy Simpson	Pediatric Group	Pediatric Nurse Practitioner	2/18/2013
Kim Klein	Union county Health Department	Director of Nursing	2/19/2013
Diann Timerman	Union county Health Department	Office Manager	2/19/2013
Candy Guenther	Union county Health Department	LPN	2/19/2013
Diane Turney	Franklin County Health Department	RN/Supervisor	2/22/2013
Angie Ruther	Franklin County Health Department	Staff RN	2/22/2013
David Keitges	Miami University	Director of International Education	12/6/2012

## Community Forums

*Description prepared on July 2, 2012 by Action Research Center team members and HCAN staff & consultants* In order to disseminate results of the community health needs assessment (CHNA) and begin the conversation about next steps, five community forums were organized by HCAN and the University of Cincinnati Action Research Center. The forums were held at accessible sites across the nine county regions.

### *Forum 1: Adams, Brown, and Highland Counties, June 11, 2012*

Location: Brown County Fairgrounds in Georgetown, OH

16 Attendees: Jim Settles, Ripley; Rose Merkowitz, Wilmington; Jim Merkowitz, Washington Court House; Steve Dunkin, Georgetown; Denise Neu, Georgetown; Sharon Ashley, Blue Creek; Sandra Stevens, West Union; Sherry Stout, Winchester; Elizabeth Pendell, Peebles; Nancy Darby, West Union; Kathy Jelley, Georgetown; Penny Condo, Georgetown; Amy Habig, Hillsboro; Cheryl Williams, Georgetown; Brian Peck, Georgetown; and Mary Bailey, Georgetown.

### *Forum 2: Dearborn and Ripley Counties, June 12, 2012*

Location: Southeast Indiana YMCA in Batesville, IN

24 Attendees: Vicky Powell, Batesville; Tom Talbot, Greendale; Kim Inscho, MMCH; Frank Goodpaster, Osgood; Paula Goodpaster, Versailles; Kim Linkel, Batesville; Luree Ketcham, Lawrenceburg; Ruth Wright, Lawrenceburg; Jennifer Mehlon, Batesville; Diane Raver, Batesville; Ashley Morris, Batesville; Geralyn Litzinger, Batesville; Stephanie Craig, Lawrenceburg; Angie Johnson, Batesville; Connie DeBurger, Versailles; Rae Lynn DeAngelis, Lawrenceburg; Paula Bruner, Lawrenceburg; Jane Yorn, Batesville; Lisa Werner, Batesville; Laura Rolf, Lawrenceburg; Kathy Newell, Batesville; Rick Fledderman, Ripley; Kathy Cooley, Ripley; and Rhonda Savage, Batesville.

### *Forum 3: Butler and Warren Counties, June 25, 2012*

Location: Miami University Voice of America Learning Center in West Chester, OH

18 Attendees: Jennifer Kruger, City of Hamilton; Terry Purdue, Hamilton; Joyce Kachelries, Hamilton; Jane Barnes, Hamilton; Mike Oberdoesk, Cincinnati; Sherry Schilling, Oxford; Dawn Fahner, Oxford; Susan Lipnickey, Oxford; Marc Bellisaro, Hamilton; Heather Wells, Hamilton; Karen Hill, Lebanon; Judy Webb, Lebanon; Sandy Smoot, Lebanon; Sharon Klein, Oxford; Pat Van Ofen, Fairfield; Lynn Oswald, Mason; Brad Farr, West Chester; and Brent Lawyer, Lebanon.

### *Forum 4: Clermont and Hamilton Counties,*

*June 26, 2012*

Location: Union Township Civic Center in Eastgate area

7 Attendees: Sue Motz, Mercy Health; Heidi Nykolayko Woods, Recovery Center; Gwen Finegan, Mercy Health; Wendy Hess, TriHealth; Irene Behling, Mercy Health; Gyasi C. Chisley, Mercy Health; and Ruchi Bawa, UC-Clermont.

### *Forum 5: Hamilton County, June 28, 2012*

Location: Health Foundation in Cincinnati, OH

20 Attendees: Col Owens, Legal Aid Society; Donna Marsh, Marsh Media Group; Ashaki Warren; Monica Roberts, Healing Center Cincinnati; Tony Savicki; Melissa May; Josh Kaufmann, Project Access; Tonda Francis, Greater Cincinnati Health Council; Lee Ann Liska, Mercy Health; Rick Stumpf, University of Cincinnati; Don Rohling, Mercy Health; Mary Beth Meyer, Center for Respite Care; Jeff Armada, Mercy Health; Kathy Lordo, Hamilton County Public Health; Tim Ingram, Hamilton County Health Commissioner; Yousuf Ahmad, Mercy Health; Jill Gorley, Alzheimer's Association; LiAnne Howard, City of Cincinnati; Tori Ames, Cincinnati Children's Hospital Medical Center; Leslie Applegate, University of Cincinnati.

Although these forums were initially designed to include community residents, service providers, and hospital representatives, the majority of attendees were service providers and hospital representatives. Each forum was held for 1.5 hours. At each forum, the same agenda was followed.

- 1 Welcome and Introduction
- 2 Key CHNA Findings and Recommendations (Across Nine Counties and County Specific)
- 3 “Imagining the Future” Exercise (small group county specific discussions about report recommendations)
- 4 Wrap Up and Next Steps

Overall, the attendees were interested in hearing the results — both nine-county and county-specific. They were engaged in discussing next steps. Attendees offered specific suggestions about how best to move forward. Based on the discussions and interest expressed by attendees, there appears to be a high level of willingness among attendees to partner with hospitals and other county stakeholders for the development of practical community health improvement initiatives. The attendees were rather passionate and ready to mobilize for action planning and execution. Attendees were invited to indicate if they would be interested in follow-up for future meetings, action planning and information. The majority of attendees did consent for future follow-up. Therefore, the hospitals would have a core group of county residents and providers to work with in developing their respective community health improvement plans.

### **General Overall Themes from the Regional County Group Discussions**

All counties agreed with and identified the need to establish a collaborative health advisory board that includes consumers. Adams County was the only county who felt they already had such a board with their Health and Wellness Coalition. Some of the counties described coalitions and boards already in existence that could be examined and possibly condensed or expanded to better meet communication and resource needs. All counties identified the need to make sure that county and community resources are not only identified, but shared widely so community members know what is available. Coordination of services (beyond medical health services) was stressed in all forums. Several GLAs and forums were venues of discovery, as participants became aware of services in their county. All county groups noted the importance of assessing the resources available (and whom they serve), as well as collaborating in spreading awareness of those resources. The groups also agreed that it made sense to coordinate efforts to ensure that the people of their counties would have access to needed services. Participants at the community forums were anxious to network and work collaboratively. They often represented the service providers that are already stretched thin in their respective roles. As the Warren County group put it, “Who will take the lead in coordinating these efforts?” In terms of next steps, several county groups felt that further assessment of needs of vulnerable populations was warranted. For example, Butler County attendees identified that more information on mental health issues was needed. Other county groups also voiced that continued in-depth needs assessments were important to determine needs and prioritization. One group, however, said that it’s time to take action, rather than continuing to conduct more assessments. Access to care discussions raised issues of transportation with some suggestions for mobile health care (Ripley), access to transportation (Dearborn) and revised hours or walk in clinics, In the Warren County small group discussion, attendees reiterated that transportation is a challenge within their county. They stated that they must take action to address transportation since they have known it’s a problem and continues to be a problem according to the results of this CHNA. The lack of specific types of providers was noted in many counties, especially outside the I-275 loop. Primary care, dental, mental health and substance abuse practitioners are lacking in several of the counties. Some suggestions were made for incentivizing practitioners to not only work in outlying areas (Clermont), but to agree to care for the underinsured and uninsured (Hamilton). Participants were aware that funding is part of the equation. Some suggested that loan forgiveness and internships might be incentives for recruitment. Partnering with business and community leaders was brought up both in direct collaboration and in grants/ funding for needed programs.

### McCullough-Hyde Primary Service area Community Needs:

Based on all the above information and processes, the major health needs of the community served by the McCullough-Hyde Memorial Hospital are as follows:

#### **Access to care:**

- ❖ Poverty Level: All counties served by MHMH have a high level of poverty:
    - ❖ Butler County Ohio: 13.5% live below poverty level
    - ❖ Preble County Ohio: 10.3% live below poverty level
    - ❖ Franklin County Indiana: 12.4% live below poverty level
    - ❖ Union County Indiana: 12.3% live below poverty level
    - ❖ Fayette County Indiana: 22.1% live below poverty level
- Butler County: N=370,589*  
*Preble County: N= 41,886*  
*Franklin County: N = 22,969*  
*Union County: N=7,362*  
*Fayette County: N=24,029*
- ❖ Uninsured levels: Our counties have high uninsured population
    - ❖ Butler County Ohio: 17.6% are uninsured (41,958 people)
    - ❖ Preble County Ohio: 15.2% are uninsured (5,404) people
    - ❖ Franklin County Indiana: 16.0% are uninsured (3,139 people)
    - ❖ Union County Indiana: 17.2% are uninsured (1,105 people)
    - ❖ Fayette County Indiana: 17.4% are uninsured (3,513 people)
  - ❖ Transportation:
    - ❖ 23% of Butler County residents reported that transportation was a barrier to receive care
    - ❖ Both Union and Franklin County reported that transportation is a significant issue in access to care
  - ❖ Lack of Resources
    - ❖ Union and Franklin Counties stated that lack of resources, especially primary care, mental health and drug/alcohol were major issues
    - ❖ In the CHNA Community Health Survey , 21% of the overall sample and 30% of adults in families at risk responded that they used the Emergency Department as their regular sources of health care
    - ❖ All MHMH focus groups voiced concern over access to healthcare for both adults and children based on poverty and uninsured in our area and the inability of local practitioners to care for this growing number.

#### **Dental Health:**

- ❖ 30.4% of Butler County residents are without dental coverage.
- ❖ Only about 61% of adults 18-64 and 58% of adults age 65 and over saw a dentist in last 12 months. 78% of children under the age of 18 saw the dentist in the last 12 months.
- ❖ Union county reported that access to dental health was one of their biggest problems

#### **Mental Health:**

- ❖ 20 % of those who responded to the CHNA Community Health Survey reported that they had been diagnosed with mental illness.
- ❖ The Butler County Community forum identified mental health as a major health issue, along with access to care barriers
- ❖ All MHMH focus groups (Medical Executive Committee, Coalition for a Healthy Community, Oxford Leaders, Pediatric practitioners, Union and Franklin Counties in Indiana) stated that mental health is major issue.

#### **Substance Abuse - Alcohol and other drug use:**

- ❖ 29.3% in the greater Cincinnati region report that they are current smokers. 29% in Butler County reported that they are current smokers.

- ❖ The Oxford Coalition and Oxford community leaders identified alcohol, especially underage drinking as a major health concern.
- ❖ The Oxford Coalition, Oxford community leaders, Medical Executive Committee identified drug /substance abuse as a major issue and Franklin County Indiana reported that drug and alcohol abuse and treatment is one of the largest health issues in the county.

***Obesity (and related health issues- i.e. diabetes, heart disease, etc.):***

- ❖ 64% of the Greater Cincinnati region adults are overweight
- ❖ 33% of the Greater Cincinnati region adults are obese
- ❖ The CHNA GLAs, the biggest physical health issue across the 9 counties was obesity/healthy eating/physical activity.
- ❖ In Butler County 40.1% of third graders are overweight or obese
- ❖ The rate of obesity is steadily growing
- ❖ All the Oxford Area focus groups noted that obesity is a growing, major health concern

The following methodology was used to prioritize the health care needs identified in the assessment. This approach provides a bridge from the assessment findings to the development of the implementation plan.

**Community Needs:**

This process involves the scoring of each identified health need based on selected key criteria. Each criterion will also be assigned a weight based on its relative importance in relation to the other key criteria. This scoring method creates a rank order among the identified health needs.

The key criteria and scoring method are outlined below.

***1. Key Criteria and Scoring Definitions***

Key criteria are those measures that best assess the breadth and depth of the impact of the identified health need on the community. These should be limited to the vital few (3 or 4). Key criteria would be scored on a scale of 1 to 5. Key criteria and scoring definitions are as follows:

❖ *Size of population affected*

Based on the total population and/or that of an identified cohort in the defined service area for the health needs survey, assess what percent of the community is affected by the identified need.

- 5 = 20% of the population is affected
- 4 = 15% to 19%
- 3 = 10% to 14%
- 2 = 5% to 9%
- 1 = < 5%

❖ *Severity of the health need identified*

Degree to which the need causes long-term illness; produces an above average mortality rate; an above average hospitalization rate; has public health implications (These are the ideal measures of severity, but comparable data was not available for all conditions.)

- 5 = Very serious — direct connection to long-term illness and/or other co-morbidity; high mortality; presents a public health issue
- 4 = Serious — indirect link to serious conditions
- 3 = Somewhat serious — can become widespread if not arrested, e.g., lack of vaccinations among children
- 2 = Not very serious — causes illness but no long-term or widespread impact
- 1 = Not a serious health condition



**TV** *Ability to evaluate outcomes*

For any intervention appropriate to the health need, what is the ability to evaluate outcomes? Data availability, benchmarks, tracking of trends, service counts, etc., would be part of the appraisal.

- 5 = Excellent ability
- 4 = Good ability — baseline available with some on-going evaluations
- 3 = Some ability — baseline available
- 2 = Little ability — mostly qualitative/primarily perceptions/anecdotal
- 1 = No ability

**TV** *Current community capacity to address the health care need*

The number of agencies, groups, associations, etc., that offer services for the identified health need. Scoring scale would be reversed as the “highest” score would be assigned to the condition where there is no capacity to address the health care need. The fewer the number of groups, etc. the higher the number.

- 5 = Not currently addressed
- 4 = Need is addressed by efforts outside the community
- 3 = A few independent efforts address the need
- 2 = Community efforts address the need — mostly uncoordinated
- 1 = Community has a well-coordinated approach in place

**2. Weights**

Although all the criteria are important, not all criteria are of equal importance, e.g., size of the population affected is more important than ability to evaluate outcomes. Assigning weights to each criterion in the evaluative set allows for a more meaningful ranking among the health needs. The MHMH Community Needs Assessment workgroup assigned weights for each of the selected key criteria based on input from the GCHC Community needs group. Weights are determined by a forced ranking based on the number of items in the data set.

- Size of population weight = 4
- Severity of health need = 3
- Outcomes data = 2
- Community capacity = 1

**3. Priority Scores**

Each MHMH Community Needs Assessment workgroup member individually scored identified healthcare needs listed above and gave a score to each need. The chart below shows how a single workgroup evaluation would be computed

*Example:*

Health Need	Size of Population Affected	Severity of Problem	Ability to evaluate outcomes	Community capacity to address	Total Score
Access to Care	3	5	5	2	15
Obesity	5	4	4	3	16

For each of the needs ranked, the scores assigned by each individual will be aggregated into a composite score on each criterion. All scores from the workgroup would be computed before the weights are applied. The chart following provides an example of how the final priority score would be calculated based on 10 evaluations with mixed scores (Assumes half the group scored the variable like the above illustration and the other half was one rating lower):

Health Need	Size of Population Affected (Wt = 4)	Severity of Problem (Wt = 3)	Ability to evaluate outcomes (Wt = 2)	Community capacity to address (Wt= 1)	Priority Score
Access to Care	25 x 4= 100	45 x 3 = 135	45 x 2 = 90	15 x 1 = 15	340
Obesity	45 x 4 = 180	35 x 3 = 105	35 x 2 = 70	25 x 1 = 25	380

Based on the weights, MHMH's top 2 healthcare needs are: Obesity and Mental Health. Access to Care and Dental Health tied for 3<sup>rd</sup> highest health concern.

*MHMH Results of Scoring Session*

Health Need	Size of Population Affected	Severity of Problem	Ability to evaluate outcomes	Community capacity to address	Priority Score
Access to Care	19 x 4 = 76	18 x 3 = 54	17 x 2 = 34	15 x 1 = 15	179
Dental Health	21 x 4 = 84	15 x 3 = 45	17 x 2 = 34	16 x 1 = 16	179
Mental Health	21 x 4 = 84	20 x 3 = 60	18 x 3 = 36	17 x 1 = 17	197
Substance/ Tobacco Abuse	21 x 4 = 84	17 x 3 = 51	16 x 2 = 32	9 x 1 = 9	176
Obesity	25 x 4 = 100	25 x 3 = 75	16 x 2 = 32	17 x 1 = 17	224

The hospital's Implementation Plan will detail the specific responses, resources, partners, and timetables (starting in 2014) to address the prioritized needs.

**Collaborating Partners:**

*(IRS Notice 2011-52 Section 3.03 (2))*

The Hospital collaborated with the following partners/funders as part of the process of conducting the needs assessment: \*Non-funding partners identified with an asterisk

Greater Cincinnati Health Council  
# 100 2100 Sherman Ave, Cincinnati, OH 45212-2775

The Cincinnati USA Regional Chamber\*  
441 Vine Street, Suite 300, Carew Tower  
Cincinnati, OH 45202

United Way of Greater Cincinnati  
2400 Reading Road, Cincinnati, OH 45202-1478

Health Care Access Now  
8790 Governor's Hill Drive, Suite 200  
Cincinnati, OH 45249

Greater Cincinnati Foundation  
200 West Fourth Street, Cincinnati, OH 45202-2775

Health Foundation of Greater Cincinnati\*  
3805 Edwards Road, Suite 500, Cincinnati, OH 45209-1948

Hamilton County Public Health  
250 William Howard Taft, 2nd Floor, Cincinnati, OH 45219

HealthLandscape\*  
3805 Edwards Road, Suite 500, Cincinnati, OH 45209

Middletown Health Department  
One Donham Plaza, Middletown, OH 45042-1901

Lindner Center of HOPE  
4075 Old Western Row Road, Mason, OH 45040

Highland County Health Department  
1487 North High Street # 400, Hillsboro, OH 45133-8496

Margaret Mary Community Hospital  
206 State Road 129 South, Batesville, IN 47006-7694

Adams County Regional Medical Center  
19262 Ohio 136, Winchester, OH 45697

Mercy Health  
4600 McAuley Place, Cincinnati, OH 45242

Atrium Medical Center  
One Medical Center Drive, Middletown, OH 45005

TriHealth  
619 Oak Street, Cincinnati, OH 45206

Cincinnati Children's Hospital Medical Center  
Innovations\*  
629 Oak Street, Suite 200, MLC 8700  
Cincinnati, OH 45206

UC Health  
3200 Burnet Avenue, Cincinnati, OH 45229

Dearborn County Hospital  
600 Wilson Creek Road, Lawrenceburg, IN 47025

United Way of Northern Kentucky\*  
11 Shelby Street, Florence, KY 41042

Fort Hamilton Hospital  
630 Eaton Avenue, Hamilton, OH 45013

University of Cincinnati Action Research Center\*  
College of Education, Criminal Justice, and Human  
Services, 51 Goodman Drive, Suite 530  
Cincinnati, OH 45221

**The Hospital contracted with the following third party to assist it in conducting the needs assessment:**

Health Care Access Now  
7162 Reading Road, Suite 1120, Cincinnati, OH 45237

A nonprofit organization formed in 2008 to build partnerships among the Greater Cincinnati health care and social service providers that will increase access to care and improve the overall health status of area residents in a cost-effective way.