BETHESDA BUTLER HOSPITAL
COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Established in 2000 as a physician owned, multi-specialty surgery center, Bethesda Butler Hospital ("Bethesda Butler") was acquired by Bethesda Hospital, Inc. and brought into the TriHealth system in March of 2012. In February 2013, a seventeen-bed, twenty-four hour emergency department was added to Bethesda Butler and it now comprises full hospital services including an inpatient unit, surgery, cardiology, imaging, physical therapy and laboratory. TriHealth, Inc. was formed in 1995 as a partnership of Bethesda Hospital, Inc. and Good Samaritan Hospital of Cincinnati, Ohio. This partnership has grown into a local health system with many sites and services. The mission of Bethesda Butler and TriHealth, Inc. is to improve the health status of the community through a full range of health related services—prevention, wellness and education. A core value, Response to Community Need, supports the growth in services provided to the Bethesda Butler community.

TriHealth, Inc. and nineteen other hospitals in the region sponsored and funded a comprehensive Community Health Needs Assessment Report for twenty-three (23) counties in the greater Cincinnati area (the "CHNA"). This Community Health Needs Assessment Report (the "CHNA Report" or "Report") (i) documents the CHNA as it applies to Butler County, the primary service area of Bethesda Butler, (ii) describes the means in which the assessment was taken and data formulated, (iii) describes the significant community health needs identified in the Bethesda Butler footprint, and (iv) describes the measures and resources available to meet the needs identified.
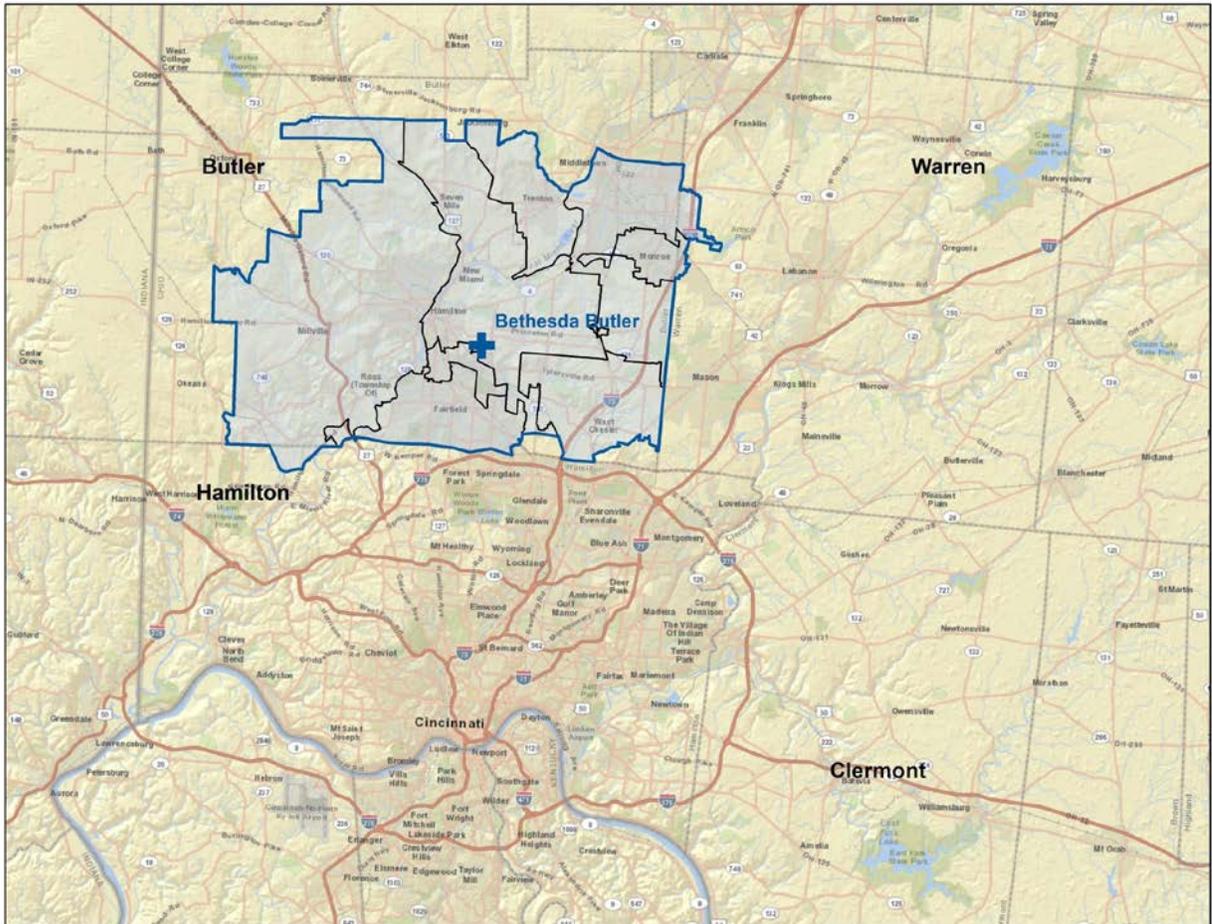
Whereas this report specifically addresses Bethesda Butler's community benefit activities, at the same time, it must be noted that several other parts of the TriHealth, Inc. health system provide community benefit programs that are not necessarily included in this report.

I. The Community Served

The primary community served by Bethesda Butler is Butler County, Ohio.

The serviced community was defined by evaluating the patient origin of Bethesda Butler's volume. As figure 1 below demonstrates, Bethesda Butler derives over 95% (virtually all) of its visits from the market comprising Butler County including the City of Hamilton.

Bethesda Butler Service Area

II.   The Process and Methods Used to Conduct the Assessment

    A. The data and Other Information

The CHNA incorporated the following types of data and information:

- Primary market research of underserved populations and the organizations providing services to such populations;
  - Research included interviews, public meetings/community focus groups, and surveys
- Secondary research compiling and analyzing data from a number of published and unpublished publicly available sources.

All research was conducted and data developed during the 2015 calendar year.

B. *The Methods of Collecting and Analyzing the Data and Other Information*

The following methods were utilized to produce the data in the CHNA:

<u>Primary Research</u>

CHNA Community Focus Groups/Public Meetings: The focus groups were conducted by an assigned facilitator and scribes. The facilitator introduced the attendees to the County Snapshot and the CNI map. After a period of questions and brainstorming, each attendee was asked to indicate which issues were most important. The attendees included members of the community and representatives of organizations serving the community, including community advocates and representatives from faith-based organizations, public health departments, and community-based health centers. The purpose of the meetings was to solicit public input. The results of the community focus groups were summarized by county. This document refers to the Community Health Needs Assessment Community Focus Groups as "<u>community focus groups</u>" or "<u>focus groups</u>".

CHNA Community Health Surveys: The survey was customized for three different respondents: consumers, agencies, and health departments. A Spanish language survey was also created with the help of community health workers. The survey contained questions about the health issues facing the community, if health issues were being addressed, and what barriers the community was experiencing. Some participants preferred to respond in-person or over the phone, these responses were transcribed into the survey tool. This document refers to the Community Health Needs Assessment Surveys as "surveys".

<u>Secondary Research</u>

Secondary research consisted of gathering available health-related data for a collection of twenty-three counties, including Butler County. Because the targeted region spanned three 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.

The County Health Rankings (CHR) formed the foundation for data collection with its county-level focus on health outcomes, health factors, health behaviors, quality of life, clinical care, physical environment, and socioeconomic factors. Data was verified and formatted consistently; supplemental data was also identified and collected. The interactive tool on the CNI (Community Need Index) was accessed to create county-level maps and ZIP code tables. The CHR

and CNI websites were monitored for periodic data updates and data worksheets were revised until September 2015.

Standards for researching and including the data were established and included the following characteristics: comparable, county-level, focused on health outcomes, reproducible, reputable, and trended.

The CHR served as a starting point but resources with more recent data and additional measures were also identified.

Additional Sources:
- County Health Rankings (2015 and preceding years – drawn from the following sources)
  - Behavioral Risk Factor Surveillance Survey (BRFSS)
  - Bureau of Labor Statistics
  - Business Analyst – ESRI (Environmental Systems Research Institute)
  - Centers for Disease Control (CDC) – Diabetes Interactive Atlas
  - Centers for Disease Control – WONDER mortality data
  - Centers for Medicare and Medicaid Services (CMS) – National Provider Identification File
  - County Business Patterns
  - Dartmouth Atlas of Health Care
  - Data.gov
  - Delorme Map Data
  - Federal Bureau of Investigation (FBI) – Uniform Crime Reporting
  - Feeding America – Map the Meal Gap
  - Health Indicators Warehouse (HIW)
  - Health Resources and Services Administration (HRSA) – Area Health Resource File/American Medical Association
  - Health Resources and Services Administration – Area Health Resource File/National Provider Identification File
  - National Center for Education Statistics
  - National Center for Health Statistics
  - National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention
  - National Highway Traffic Safety Administration (NHTSA) – Fatality Analysis Reporting System
  - United States Census – American Community Survey
  - United States Census – Population Estimates
  - United States Census – Small Area Income and Poverty Estimates
  - United States Census – Tigerline Files
  - United States Department of Agriculture (USDA) – Food Environment Atlas

- Supplemental to County Health Rankings

- Centers for Disease Control – WONDER Mortality Data – Cause of Death & Underlying Causes of Death
- Community Commons (mapping based on County Health Rankings, 2014)
- Community Need Index (maintained by Dignity Health and Truven Analytics)
- Environmental Protection Agency (EPA)
- Greater Cincinnati Community Health Status Survey (GCCHSS – regional, but excluding Pike, Preble, Scioto, and Union counties)
- Health Indicators Warehouse (HIW)
- Healthy Ohio – Ohio Department of Health (ODH)
- Indiana Cancer Consortium
- Indiana State Department of Health
- Kentucky Cancer Registry
- Kentucky Department of Public Health
- New York Times – Enroll America and Civis Analytics
- Ohio Department of Mental Health and Addiction
- Pride Student Drug Use Survey (administered in some local counties by PreventionFIRST!)

C. *Hospital Collaboration Partners*

TriHealth, Inc., on behalf of its hospitals, worked closely with various community members, including the Health Collaborative, who managed the assessment and raised funds and secured the technical and research resources to complete the project.

The following organizations provided funding, service or other assistance, along with TriHealth, Inc., in preparing and performing the CHNA:

- Adams County Regional Medical Center
- The Christ Hospital Health Network
- Cincinnati Children's Hospital Medical Center
- Dearborn County Hospital
- Lindner Center of Hope
- Margaret Mary Health
- McCullough-Hyde Memorial Hospital
- Mercy Health: Anderson Hospital, Clermont Hospital, Fairfield Hospital, The Jewish Hospital, West Hospital
- Premier Health: Atrium Medical Center
- UC Health: Daniel Drake Center for Post-Acute Care, University of Cincinnati Medical Center, West Chester Hospital
- City of Cincinnati Health Department
- Hamilton County Public Health Department
- Interact for Health

- Xavier University's Department of Health Services Administration

III.   Methods for Receipt of Input Representatives of the Community Served

A. *Input from a Broad Range of Representatives*

Input was received from individuals representing underserved populations using, primarily the two survey approaches described in the above Section II (B).   The combination of these methods provided a wide-range of data collection opportunities on which the CHNA could be based.

CHNA Community Focus Groups: A total of 156 individuals attended the 11 focus groups, 134 of the attendees represented an organization. The organizations represented by these attendees serve the following populations: children, elderly, homeless, low-income, medically underserved, minority, people with mental illness, and victims of domestic violence. Fifteen individuals, all representing organizations, attended the Butler County focus group on July 30, 2015.

CHNA Survey: In aggregate, 329 individuals, 55 agency representatives, 52 Latinos, and 24 health department representatives completed the CHNA survey. The CHNA Team, CHNA Committee, and partners helped distribute the survey. At community meetings, a handout provided the survey link, and the links were written on an easel pad at the front of the room. Throughout the region, 381 individual surveys and 55 agency surveys were completed.

In Butler County, respondents included three contacts from local health departments: the Butler County Health Department, City of Hamilton Health Department, and the Middletown City Health District.

Bethesda Butler's previous CHNA Report and Implementation Strategy were conducted in 2014 and made widely available to the public at that time and on the TriHealth website. Bethesda Butler did not receive any written comments regarding the previous CHNA Report or Implementation Strategy.

B. *Time Period and Means for Collection*

All research for the CHNA was conducted during the 2015 calendar year. Throughout this period, data were collected in Butler County, the primary service area of Bethesda Butler, using the following methodologies:

CHNA Community Focus Groups: The community meeting was held on July 30th 2015. All of the meetings were held between June 30th and July

30th, 2015. Responses to the brainstorming and prioritization sessions of the meetings were recorded and summarized. The attendees were asked to A) Identify the health status issues impacting them and B) prioritize the most important.

CHNA Surveys: An online survey platform, SurveyMonkey was used to collect responses from individuals and agencies. On occasion, when a health department representative preferred a phone call or in person interview, responses were entered into the SurveyMoney by staff.

Data Analysis
Quantitative Analysis. The primary data, from the surveys, was used to identify serious issues, identify barriers (financial and non-financial), give input for current needs assessment, prioritize issues, and identify resources to address health and health-related issues. The secondary data was assembled into worksheets and a total of 106 measures were identified for each county. The team applied the following criteria to determine the most significant health needs for each county:

- Top causes of death
- Worsening trend
- Lagging national and state rates
- Falling behind a Health People 2020 target
- County in the bottom quartile for a measure (compared to other counties in the state)

The analysis included identifying key data points to use as 'call-outs' to make it easy for people at the focus groups to see, at a glance, some of the large problems facing their community. The CHNA team collected and analyzed the secondary data in advance of the focus groups in order to share county-level data with people and agencies in the community.

The CHNA team also kept track of measures mentioned in the previous CHNA and priorities identified at the state level. After reviewing the data at the county level, the County Snapshots and the CNI maps helped the CHNA team to identify regional issues that affected multiple counties. HealthLandscape created maps for the data reflecting significant regional issues.

The survey responses were collected through SurveyMonkey. SurveyMonkey also tabulated the data, analyzed the results, and created categories to track key words and phrases.

Qualitative Analyses. Qualitative responses and discussions, based on the County Snapshots were identified at the focus groups. The community and community representatives were able to validate and prioritize the

community health needs that there identified through the analysis of secondary data.

C. *Organizations Providing Input and Summary of Input's Nature and Extent*

The organizations listed below provided input and assistance in obtaining the data utilized in the CHNA. Each of the organizations provided input regarding health concerns, organizational operations, available assistance and programs, and measurement analysis. The organizations also provided qualitative and/or anecdotal information that assisted in the identification of health needs prevalent in the populations served by the respective organization.

1. Service Partner Organizations/Individuals:
   - Dora Anim, MPA – The Health Collaborative
   - Gwen Finegan
   - Edmond A. Hooker, MD, DrPH – Xavier Univeristy
     o James Horne and Zachary Oglesby

2. Organizations who serve needy populations within Butler County, the primary service area of Bethesda Butler, and provided input for the CHNA with representation at the focus groups for primary research:

   Butler County Organizations and Representatives

   o Premier Health: Atrium Medical Center
   o Butler County Families and Children First Council
   o Primary Health Solutions
   o Butler County Commissioners
   o Butler Behavioral Health Services
   o YWCA Hamilton
   o City of Hamilton Health Department
   o Community First Solutions
   o Coalition for a Health, Safe, and Drug-Free Greater Hamilton
   o TriHealth
   o TriHealth Outreach Ministries
   o Mercy Health – Fairfield OB Clinic
   o Butler County Coalition/Mental Health and Addiction Recovery Services
   o Middletown City Health Department
   o McCullough-Hyde Memorial Hospital

3. Stakeholder interviews for the CHNA were conducted with representatives from the following organizations representing county leadership:

   All Counties
   o Chatfield College
   o Greater Cincinnati Foundation

    o HealthSource of Ohio
    o Southern State Community College
    o University of Cincinnati, Institute for Policy Research
Butler County Organizations and Representatives
    o Butler County Supports to Encourage Low-Income Families
    o Hamilton Community Foundation
    o Middletown Area United Way
    o Middletown City Health Department
    o Middletown Community Foundation

D. *Certain Represented Populations*

The CHNA includes a chapter dedicated to Butler County which lists statistical information regarding the populations in Butler County, the primary service area of Bethesda Butler. The data on health status was cross referenced with the low income and medically underserved population and their representatives, who prioritized the health needs as part of the community focus group activity. The organizations that participated in the focus groups and in the survey represented the following populations:

- Children
- Ethnic minorities
- Homeless
- Low-income
- Medically underserved
- People in recovery (drugs and alcohol)
- People with chronic disease
- People with mental illness
- Pregnant women
- Racial minorities
- Seniors
- Victims of domestic violence

The following health indicators are the quantitative factors that helped measure and identify issues facing the underserved, low-income, and minority communities:

- Health Outcomes
- Health Behaviors
- Substance Abuse/Mental Health
- Access to Care
- Socio-Economic/Demographic

IV.   Significant Community Health Needs Identified

Bethesda Butler carefully considered the health needs identified in the CHNA for the community served by Bethesda Butler and determined that an identified need was

significant if it either (i) was represented by the research as severe within a discrete portion of Bethesda Butler's community served, or (ii) was prevalent throughout Bethesda Butler's community served regardless of severity. The internal work team assembled by TriHealth used the criteria enumerated above, the rankings of health needs from the community focus groups and quantitative health indicators to identify the following health needs as significant for the Butler County population the primary service area of Bethesda Butler:

a. Substance abuse
b. Obesity
c. Infant mortality
d. Cancer, especially lung

In order to develop targeted strategies to alleviate problematic issues identified as needs recognized by the CHNA, Bethesda Butler assembled a TriHealth wide internal work group who represent the programs and services that touch the underserved in the community. This group took the data from the CHNA, the community–identified priority needs and their own experience with the underserved and previous programs, and prioritized the significant health needs using the following criteria:

a. The number of surveyed groups that identified the issue as a health need;
b. Whether the issue presented a discrepancy in the community served in relation to state standards and averages;
c. Whether the issue presented a discrepancy in the community served in relation to national standards and averages;
d. Whether the issue was identified as a top cause of death in the community served.

Based on the prioritization process described above, the significant health needs for Bethesda Butler's community served are prioritized as follows:

1. Substance abuse – indicated by all three surveyed groups, county rate of overdose deaths is higher than state rate
2. Obesity – indicated by all three surveyed groups, "health behaviors" was indicated as a priority during the focus groups
3. Infant mortality – indicated by two survey groups, county rate is higher than national rate
4. Cancer – indicated by a surveyed group, mortality rates are higher than state and national rates, top cause of death in Butler County is lung cancer

In light of the significant health needs listed in the CHNA impacting Butler County, Bethesda Butler implemented the following criteria to prioritize the significant health needs and to help determine the efficacy of any program aimed towards addressing such needs:

a. Does Bethesda Butler have the expertise or know where to get the expertise to make a change in the health of a population?
b. Can a Bethesda Butler program move the metric?
c. Are there other resources in the TriHealth, Inc. system working on or that could be brought in to address a specific health need or issue?
d. Are there benchmarks and are these quantifiable metrics to measure improvement for a particular health need?
e. Where can hospital programs have the largest impact?

- Size of relevant Bethesda Butler program target population
- Unmet need that Bethesda Butler program might seek to address
- Concentration and effectiveness: ability to utilize Bethesda Butler and TriHealth programs to target multiple health needs in one population rather than one condition across multiple populations
- Availability of collaborative network to assist Bethesda Butler in addressing significant needs throughout its footprint.

V. Measures and Resources Available to Meet the Significant Community Health Needs Identified

The following is a description of key programs offered by the TriHealth, Inc. system) as well as CHNA-identified resources in Butler County that may be available to address the significant health needs identified in Section IV above. Although it may not be practicable or possible for Bethesda Butler to implement all the below listed TriHealth system resources and measures in the Bethesda Butler service area, each represents an opportunity to begin to address the significant health needs identified.

1. Substance Abuse/Mental Health

Substance abuse and mental health services are available through the following: Cincinnati Children's Hospital Medical Center, Centerpoint Health, Greater Cincinnati Behavioral Health, and Talbert House. TriHealth, through the Good Samaritan Hospital, provides contributions to the Southwest Ohio chapter of the National Association of Mental Illness. TriHealth, Inc. provides the well-established Bethesda Alcohol and Drug program. Also, as part of the TriHealth system, Good Samaritan Hospital, provides two inpatient hospital units dedicated to geriatric behavioral health and adult behavioral health. TriHealth's Helping Opiate-addicted Pregnant women Evolve (HOPE) program, provides safe and non-judgmental care to chemically dependent women through case management, social work support, referrals to community services and treatment facilities, and referrals to Methadone Maintenance Treatment Facilities. TriHealth is also a partner with Healthy Moms & Babes, a community-based organization that offers drug screenings and other services to single mothers.

Other community resources available to address mental health and substance abuse outside of Bethesda Butler's and TriHealth's control include:

Butler County
- Catholic Charities of Southwest Ohio – mental health services
- Cincinnati Children's Hospital Medical Center – rehabilitation and mental health services
- Community Behavioral Health Center – mental health services in Middletown, outpatient chemical dependency, and Substance Abuse Mental Illness (SAMI)
- Sojourner Recovery Services – substance abuse treatment

2. Obesity

TriHealth, Inc., on behalf of its hospitals including Bethesda Butler, supports the following collaborative, multi-county initiatives that take various approaches to educating the population about exercise, nutrition and diet drivers of obesity: Hamilton County Public Health, We THRIVE!, Center for Closing the Health Gap, the Nutrition Council, Ohio State University Extension, Cincinnati Health Department: Healthy Communities, TriState Worksite Wellness Coalition, and Action for Healthy Kids. These organizations provide programs for low income adults and children to combat obesity.

Additionally, through the TriHealth system, Bethesda Butler participates in the TriHealth program for a healthy workforce in the Healthy Living program. The medical practices in the TriHealth system, and linked to Bethesda Butler, also address these health conditions in their patients, regardless of socioeconomic status. Other TriHealth system resources for obesity, tobacco use/smoking, diabetes and hypertension serve the low income population. At the time of the Community Health Needs Assessment, the TriHealth Outreach Ministries (formerly named Parish Nurses) did not extend to Butler County, which they do now out of Bethesda Hospital. The community outreach workers provide individuals with primary care services, including counseling and referrals for health behavior needs, in their homes, churches, and schools.

The Healthy Women Healthy Lives screening program offers an annual health screening event for minority women in Butler County that includes referrals to community partners and resources. TriHealth is a sponsor of Black Girls Run, a program targeting women at risk for obesity and the Freestore Food Bank's Power Pack Program, a program that provides healthy food packages for students to take home on the weekends. Closing the Health Gap provides blood pressure, glucose, cholesterol, body fat, and other screenings at its annual health expo.

Other community resources for obesity outside of Bethesda Butler and TriHealth's control within Butler County include:

- Booker T. Washington Community Center – fitness programs and nutritional programs

- Butler County Ohio State University Extension – food and nutrition programs and education and SNAP education
- Middletown Community Center – adult recreational sports leagues

3. <u>Infant Mortality</u>

TriHealth's Think First for Your Baby is an injury prevention program with a goal to reduce unintentional injuries in infants under the age of one year through prenatal education and post-partum follow-up. TriHealth also partners with several organizations that target infant mortality and child health concerns.

Cradle Cincinnati is an organization aimed at reducing infant mortality through education and awareness. Cradle Cincinnati's goals are to prevent premature births, reducing tobacco use and substance abuse, and promoting safe sleep for babies through three approaches: communications, medical, and community.

Another partner, Cribs for Kids is a national initiative active in Cincinnati that provides cribs to families in need.

Other community recourses for infant mortality and child health outside of Bethesda Butler and TriHealth's control within Butler County include:

- Butler County Education Service Center – family services for children ages prenatal through high school
- Butler County Ohio State University Extension – food and nutrition programs and education and SNAP education
- Cincinnati Children's Hospital Medical Center – integrated pediatric healthcare
- High Hopes – outreach for African-American pregnant women in Butler County
- Mercy Health – Fairfield OB Clinic – prenatal care for low-income women
- Premier Health: Atrium Medical Center – Child Health Center for self-pay and indigent

4. <u>Cancer, especially Lung Cancer</u>

TriHealth provides mobile mammography services to low income women through the Women's Health Van. Healthy Women, Healthy Lives provides breast cancer support. TriHealth also partners with Closing the Health Gap which provides over 4,000 health screenings at an annual Health Expo, including mammography and screenings for prostate cancer.

Other community resources for cancer outside Bethesda Butler and TriHealth's control within Butler County include:

- Lincoln Heights Health Center – Federally Qualified Health Center, makes referrals for Butler County residents
- Primary Health Solutions – Federally Qualified Health Center in Hamilton, OH

VI.   Evaluation of Impact of Actions Taken by Bethesda Butler Since Most Recent CHNA Report

In the two years since the last Community Health Needs Assessment:

1. Healthy Women/Healthy Lives has expanded its outreach services to Hamilton Ohio, in the heart of the underserved and Latino populations of the service area.

2. TriHealth's Community Outreach team has also added a nurse/team to Bethesda Butler Hospital/Bethesda North Hospital to build community partnerships and referral relationships for people in the community who cannot pay for healthcare with insurance.

These teams have completed 150 biometric screenings, education on chronic disease management, and obesity education. The women also received mammograms, and two were sent on to Bethesda North Hospital for breast cancer treatment. Due to the length of time it takes to move a Community Health Indicator metric in the aggregate, Bethesda Butler expects it will take some time to improve the longstanding high level of obesity in the service area. In addition, the Latino community is transient. Bethesda Butler will make every effort to address these health issues while the patients are in the community, but it will be difficult to track results over time in this community.

Conclusion

The CHNA provided a wealth of data identifying health needs throughout Butler County, the primary service area of Bethesda Butler. Overall, Bethesda Butler, in conjunction with TriHealth and other community partners, has an opportunity to address some of the most significant health needs in its region and to implement programs that will impact the health of the overall population in throughout the region it serves.

For access to the CHNA conducted by The Health Collaborative may be accessed at the following website address:. http://healthcollab.org/ Please note that Chapter 7 of the CHNA addresses each county in the report separately including Butler County, the community served by Bethesda Butler.