

# ADDENDUM:

## 2016 GREATER DAYTON CHNA

### Sycamore Medical Center

#### PRIORITIZATION OF COMMUNITY HEALTH NEEDS

##### Introduction

In 2015 Sycamore Medical Center participated, as part of the Kettering Health Network, in the collaborative development of a Community Health Needs Assessment (CHNA) for Greater Dayton, which incorporated considerable community input. This addendum describes the prioritization process and its results to identify significant health needs, and the addendum also updates the status of the prior Implementation Plan. The addendum will be published with the CHNA Report in 2016.

##### Criteria

A hospital committee scored the community health needs identified in the CHNA by considering the following criteria:

- Cause of hospitalization/ED visits (based on hospital utilization data from the Ohio Hospital Association)
- Feasibility and effectiveness of interventions (per The Community Guide; CDC recommendations; and/or recommendations from hospital physicians and/or leaders)
- Hospital's ability to impact effectively (already positioned to make a difference; and/or addressing issue in strategic or community plan)
- Impact on other health outcomes (based on risk factors associated with issue)
- Importance placed by community (based on community priorities in CHNA report)
- Measurable outcome exists (based on CHNA's data sources)
- Opportunities for meaningful collaboration (with current or potential community partners)
- Severity and proportion of population impacted (per incidence rate of new cases; prevalence rate; mortality rate; and/or top cause of death)
- Significant health disparities (by geographic areas of disparity measured by Community Need Index score and/or health issues identified in 2011 and 2013 CDC reports)
- Societal burden (based on education, observation, and/or experience of person scoring)
- Trend: Issue worse over time (based on up to 5 years' trend data collected for CHNA)

## Process

There were three meetings held with professional facilitation by a consultant, Gwen Finegan. Kettering Health Network offered two meeting options, on April 18 and April 27, for hospital leaders to convene, discuss, and determine the prioritization process. At a meeting on June 13, 2016, Sycamore Medical Center leaders scored the health issues according to criteria determined by consensus at the April meetings. An additional scoring sheet was completed after the meeting.

In order to determine the most significant priorities among all the CHNA issues, Sycamore Medical Center used a grid with a scoring scale of 1 to 5. For the CHNA prioritization process, a low numerical score denoted that the criteria did not provide enough reasons to elevate an issue as a significant priority, while a high numerical score meant that the criteria gave evidence of an issue meriting 'high priority.' A blank scoring sheet is provided as an example.

Kettering Health Network's experience with both mental health and substance abuse also led their combination into one category, since mental health issues are a root cause for most substance abuse disorders. In the CHNA cancer, diabetes, heart disease, and obesity were mentioned individually as well as mentioned within the broader category of chronic disease. During the prioritization process, these were considered both together and separately.

## Participants

The people who scored the community health needs for Sycamore Medical Center were:

- Jason Brown, Manager, Business Development, Sycamore Medical Center
- Maren Bubnick Director of Nursing Sycamore Medical Center
- Kelli Davis, Community Outreach Coordinator, Kettering Health Network
- Lauren Day, Mission Coordinator, Kettering Health Network
- Rob Flowers, Director, Sycamore Glen Health Center, Sycamore Medical Center
- Wally Sackett President, Sycamore Medical Center
- Robert Smith MD, Chief Medical Officer, Kettering Medical Center and Sycamore Medical Center
- Toby Taubenheim, Director, Behavioral Health, Kettering Behavioral Medicine Center

### Consideration of community input

The Sycamore Medical Center committee received detailed information about the health issues identified in Montgomery and Warren Counties by Health Commissioners, individual consumers, nonprofit agencies serving vulnerable populations, and focus group participants. The issues mentioned most often during the CHNA process were:

- Access to care/services
- Cancer
- Chronic disease
- Diabetes
- Heart disease
- Infant mortality
- Mental health
- Obesity
- Substance abuse

### Top three priorities

The top priorities for Sycamore Medical Center were:

- Diabetes (average score = 55.3)
- Obesity (average score = 54.7)
- Mental health/Substance abuse (average score = 53.3)

The list of prioritized health issues, and their scores, is provided below. One voter only gave his average scores, and so his actual raw scores are not included in the totals for each issue.

<b>SIGNIFICANT ISSUE</b>	<b>Score by Issue</b>	<b>Average Score</b>
Access to care/services	247	46.2
Cancer	266	47.3
Chronic disease	259	47.2
Diabetes	308	55.3
Heart disease	291	51.5
Infant mortality	265	45.2
Mental health/Substance abuse	290	53.3
Obesity	304	54.7

# Sample Scoring Sheet

## Priorities

Criteria	Priorities							
	Access to care/services	Cancer	Chronic disease	Diabetes	Heart disease	Infant mortality	Mental health/ Substance abuse	Obesity
Feasibility and Effectiveness of Interventions								
Cause of Hospitalization/ED Visits								
Impact on Other Health Outcomes								
Importance Placed by Community								
Hospital's Ability to Impact Effectively								
Measurable Outcomes								
Opportunities for Meaningful Collaboration								
Severity & Proportion of Population Affected								
Significant Disparities								
Societal Burden								
Trends: Issue Getting Worse over Time								
TOTAL								

Low				High
1	2	3	4	5
Not a Priority	Low Priority	Mild Priority	Moderate Priority	High Priority

## EVALUATION OF IMPACT OF 2014-2016 IMPLEMENTATION STRATEGIES

Priority Issue	Objective	Strategies	Status
Breast Cancer	From 2014-2016, increase by 2% annually the number of women ages 40-69 years obtaining a screening mammogram, as a result of education and outreach to the community.	<ol style="list-style-type: none"> <li>1) Promote breast health education, awareness and preventive screening for all women living within the service area;</li> <li>2) Increase mammography screenings among the uninsured and underinsured population; and</li> <li>3) Increase detection of high-risk patients to improve patient outcomes.</li> </ol>	There were 17,722 screenings performed from 1/1/2014 through 6/30/2015.
Diabetes	From 2014-2016, increase by 2% annually the number of diabetes screenings provided to adults ages 18+ who attend education and outreach initiatives implemented by a partnership between the Joslin Diabetes Center and Sycamore's Community Outreach.	<ol style="list-style-type: none"> <li>1) Increase diabetes outreach and education;</li> <li>2) Promote early detection of diabetes; and</li> <li>3) Standardize diabetic care.</li> </ol>	<p>There were 661 screenings performed in 2014 and 1,239 in 2015, an increase of 87.44%.</p> <p>Sycamore Medical Center had 26 screening/ education events in 2015, attracting 2,252 attendees. There were also 52 occasions when an educational display or booth was visited in 2015, for a total of 6,930 contacts.</p> <p>In the first half of 2016, there were 3 screening/ education events, which attracted 198 people. There were 32 educational displays/booths in the first half of 2016, for a total of 3,528 contacts. Community outreach included Kettering Medical Center.</p>

11 / 3 / 2016

*Date adopted by Board of Directors of Kettering Health Network*