

ADDENDUM:

2016 GREATER DAYTON CHNA

Grandview Medical Center

PRIORITIZATION OF COMMUNITY HEALTH NEEDS

Introduction

In 2015 Grandview 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, Grandview Medical Center leaders scored the health issues according to criteria determined by consensus at the April meetings.

In order to determine the most significant priorities among all the CHNA issues, Grandview 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 Grandview Medical Center were:

- Kelly Fackel, Vice President, Foundation, Grandview Medical Center
- Linda McCall, Director, Inpatient Pharmacy, Kettering Health Network
- Richard Manchur, Vice President, Cardiac, Grandview Medical Center
- Daniel Tryon, Director, Business Development, Grandview Medical Center
- Mark Rita, Vice President, Outpatient Services, Grandview Medical Center
- Russ Wetherell, President, Grandview Medical Center
- Lynn Wright, Practice Administrator II, Cassano Health Center

Consideration of community input

The Grandview Medical Center committee received detailed information about the health issues identified in Greene, Montgomery, and Preble 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 Grandview Medical Center were:

- Heart disease (score = 358.0)
- Diabetes (score = 338.5)
- Mental health/Substance abuse (score = 337.0)

The list of prioritized health issues, and their scores, is provided below.

SIGNIFICANT ISSUE	Score by Issue	Average Score
Access to care/services	311.0	44.43
Cancer	330.0	47.14
Chronic disease (2 people abstained)	182.0	36.40
Diabetes	338.5	48.36
Heart disease	358.0	51.14
Infant mortality	301.0	43.00
Mental health/Substance abuse	337.0	48.14
Obesity	319.5	45.64

Sample Scoring Sheet

Priorities

Criteria	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	Purchase digital mammography imaging equipment to provide modern mammography screening services.	1) Increase mammography screenings among women in the service area; and 2) Increase physician involvement in cancer care.	Digital mammography equipment was purchased in July 2014. An open house for the community occurred in October 2014. There were 415 exams in 2014, and 819 exams in 2015. The projected number of exams for 2016 is 806 (as of 7/26/16). In addition, five nationally certified oncology RNs developed a presentation on "Myths & Misconceptions about Breast Cancer," and it was delivered on 10/27/15 for 38 people.
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 Grandview's Community Outreach.	1) Increase diabetes education and outreach; and 2) Increase access to diabetes care via the Kettering Health Network and community partners.	Diabetes screenings increased by 443.7% from 2013 to 2014 and by 308.7% from 2013 to 2015. There were 2,240 screenings performed in 2014; 1,684 in 2015; and 663 in the first 7 months of 2016, for a total of 4,587 from 1/1/2014 through 7/31/2016. Grandview Medical Center had 13 screening/ education events in 2015, attracting 1,152 attendees. There were also 40 occasions when an educational display or booth was visited in 2015, for a total of 4,363 contacts. In the first half of 2016, the hospital has had 9 screening/education events, which attracted 488 people. There were 22 educational displays/ booths in the first half of 2016, for a total of 1,196 contacts.

11 / 3 / 2016

Date adopted by Board of Directors of Kettering Health Network