

# ADDENDUM:

## 2016 GREATER DAYTON CHNA

### Kettering Medical Center

#### PRIORITIZATION OF COMMUNITY HEALTH NEEDS

##### Introduction

In 2015 Kettering 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, Kettering 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, Kettering 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 Kettering Medical Center were:

- Nate Brandstater, College President, Kettering College
- Terry Burns, Chief Financial Officer, Kettering Medical Center
- Miriam Cartmell, Executive Director, Women's Services, Kettering Health Network
- Kelli Davis, Community Outreach, Kettering Health Network
- Larry Kositsin, Chaplain, Kettering Medical Center
- Aric Merrill, Administrative Director, Fort Hamilton Hospital
- Rae Norrod, Manager, Cancer Support, Kettering Medical Center
- Chrissie Richards, Director, Volunteers, Kettering Medical Center
- Robert Smith, MD, Chief Medical Officer, Kettering Medical Center and Sycamore Medical Center
- Jayne Testa, Director, Cardiac, Kettering Medical Center

## Consideration of community input

The Kettering Medical Center committee received detailed information about the health issues identified in Greene and Montgomery 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 four priorities

The top priorities for Kettering Medical Center were:

- Diabetes (average score = 50.0)
- Heart disease (average score = 48.9)
- Mental health/Substance abuse (average score = 48.0)
- Cancer (average score = 47.7)

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       | 362                   | 45.2                 |
| Cancer                        | 402                   | 47.7                 |
| Chronic disease               | 390                   | 47.3                 |
| Diabetes                      | 423                   | 50.0                 |
| Heart disease                 | 413                   | 48.9                 |
| Infant mortality              | 351                   | 41.0                 |
| Mental health/Substance abuse | 387                   | 48.0                 |
| Obesity                       | 367                   | 43.8                 |

# 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  | 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. | 1) Promote breast health education, awareness and preventive screening for all women living within the service area;<br>2) Ensure breast cancer patients are quickly connected with regional treatment and survivorship training; and<br>3) Continue Foundation support of breast health education and community collaboration. | There were 23,191 screenings in 2014, and 22,307 screenings in 2015. The number of screenings for 2016, as of June 30, was 10,492.<br><br>In addition, five nationally certified oncology RNs developed a presentation on "Myths & Misconceptions about Breast Cancer," and it was delivered on 5/7/15 for 20 people. |

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| Priority Issue | Objective  | Strategies   | Status  |
|----------------|--|--|---|
| Heart Disease  | From 2014-2016, successfully screen blood pressure for 70% of adults attending community outreach "heart health" events. Refer to follow-up care 100% of people determined to be hypertensive. | <ol style="list-style-type: none"> <li>1) Increase health outreach and education;</li> <li>2) Increase identification of individuals at risk for Cardiovascular Disease; and</li> <li>3) Increase access to care to improve heart health;</li> <li>4) Target Foundation resources to fund less invasive equipment, staff education, preventive screenings, and greater community education.</li> </ol> | <p>Preventive clinical services, including cardiovascular disease detection and risk reduction education, were provided in outpatient and community settings. From 2014 through the first half of 2016, there were performed: 563 Lipid Screens; 1,777 Coronary Artery Calcium Scoring CTs; 728 Vascular Ultrasounds; and 400 Heart Print EKGs, for a total of 3,468 screenings. 1,319, or 38%, of screenings revealed a high risk.</p> <p>From 1/1/14 through 6/30/16, 141 people participated in a group heart class at Benjamin &amp; Marian Schuster Heart Hospital (BMSHH) or Kettering Medical Center; 681 received counseling about Cardiovascular Disease in outpatient and two community settings; 1,300 attended a heart health display in 7 community settings and Kettering Medical Center; 168 attended a presentation in 4 community settings, Benjamin and Marian Schuster Heart Hospital (BMSHH), or Kettering outpatient setting. 48 people received other heart education in 2015 at the BMSHH.</p> |

11 / 3 / 2016

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