### PREMIER HEALTH

# Community Health Improvement Plan

2014-2016

A comprehensive plan outlining the efforts of Premier Health to improve the health of those we serve.

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#### A Message from Premier Health

Dear Colleagues:

Healthcare is experiencing unprecedented changes that affect individuals and the entire community. In particular, the move to focus more fully on building healthier communities is a systemic change we have embraced for a long time at Premier Health and is part of our mission. We are committed to and are excited to support these initiatives that will positively impact so many of the people we serve.

An essential part of knowing how we can improve health in our community is to understand the unique health issues of our community. To that end, Premier Health was part of a collaboration in 2013 with the Greater Dayton Area Hospital Association and hospitals throughout Southwestern Ohio to conduct a regional Community Health Needs Assessment. This assessment assisted us in identifying areas of opportunity to improve community health.

This report shares our plan for improving population health in the identified priority areas in our region. As you will see, a task this large cannot be done alone. Premier Health collaborates with numerous organizations, coalitions and other groups to impact these important issues. Just as we strive to offer patient-centered care in our clinical facilities, the majority of activities you see in this plan are community-centered.

This plan is just the beginning. Every three years a Community Health Needs Assessment and subsequent Community Health Improvement Plan will be repeated to help us understand the impact of our strategies as it relates to improving health and to identify emerging issues.

We are pleased to present this Community Health Improvement Plan for your review. We consider it a privilege to serve the people of the greater Dayton region and continue our efforts to impact the health status of the community.

Sincerely,

James Pancoast President and CEO Premier Health

If you have questions or feedback about this report, contact: Premier Health 110 N. Main St.
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#### **Executive Summary**

This Community Health Improvement Plan comes from data gathered by a Community Health Needs Assessment conducted in 2013 on behalf of all the hospitals in the region by the Greater Dayton Area Hospital Association and Wright State University. This plan outlines all the objectives and strategizes for the hospitals in Premier Health.

The priority areas identified for health improvement are:

For all the hospitals in Premier Health:

Priority Area 1: Reduce the proportion of adults with hypertension.

For Miami Valley Hospital, Good Samaritan Hospital and Atrium Medical Center

Priority Area 2: Reduce the female breast cancer mortality rate.

Priority Area 3: To reduce the incidence of diabetes in our area and prevent complications in those who have diabetes.

For Upper Valley Medical Center:

Priority Area 4: Reduce melanoma incidence and mortality rates.

The markets for this report are:

- Miami Valley Hospital: Montgomery and Greene Counties
- Good Samaritan Hospital: Montgomery County
- Atrium Medical Center: Warren and Butler Counties
- Upper Valley Medical Center: Miami County

Some other areas were identified for improvement, but because of our involvement in community or statewide initiatives to address those issues, we are not addressing them separately in this report.

For detailed information about county demographics, social determents of health, accessibility of health care facilities and resources, behavior risk factors, maternal and infant health, clinical care indicators, some chronic disease indicators and leading causes of death, please consult the Community Health Needs Assessment.

#### Key to Hospital Initials Used in this Report

Name of Hospital	Initials Used
Miami Valley Hospital	MVH
Good Samaritan Hospital	GSH
Atrium Medical Center	AMC
Upper Valley Medical Center	UVMC

#### **Premier Health: Committed to Improving Community Health**

Premier Health, the largest healthcare system in southwestern Ohio. It is committed to improving the health of the communities it serves through a variety of prevention, health improvement and engagement programs. As part of its overall commitment to the community, Premier Health focuses on four areas of service:

- Investing in the community
- Prevention and wellness
- Commitment to the under-served
- Community engagement

Examples of how hospitals in Premier are improving the health of their communities:

#### **Miami Valley Hospital**

#### The Genesis Project & Litehouse Development Homes

The Genesis Project is a collaborative effort between the hospital, the University of Dayton, National City Bank, CityWide Development Corporation, County Corp and the City of Dayton. The mission is to revitalize the Fairgrounds neighborhood, an area near the hospital that had fallen on tough times.

The Genesis Project removed 41 deteriorating structures, rehabilitated 11 existing single-family homes and constructed 23 new houses. Potential buyers received mortgage credit counseling MVH offered homestead assistance to employees who wanted to move into the neighborhood.

MVH placed a social worker and two community-based police officers in the neighborhood and crime in the area has decreased by 19%.

The Genesis Project won the 2004 Audrey Nelson Community Development Achievement Award from the National Community Development Association for its effective use of a community block grant.

Litehouse Development Homes is following the Genesis Project, with up to 15 additional homes to be built.

#### Mahogany's Child

In June 2001, MVH began Mahogany's Child, a health program dedicated to improving the health of African American women. This program educates women on healthy behavior and the importance of early disease detection.

Mahogany's Child's mission is to educate, remove barriers, and provide resources to empower African American women to make informed health care decisions and create a healthier lifestyle for themselves and their families. Since the program's conception in 2001, more than 16,000 women have participated in the Mahogany's Child program.

#### **Good Samaritan Hospital**

#### The Phoenix Project

As part of GSH's commitment to give back to the Dayton community, the hospital partnered with the City of Dayton and CityWide Development Corporation for an initiative called the

Phoenix Project . Named after the legendary bird that regenerates itself, the Phoenix Project is a comprehensive plan to revitalize the Fairview and Mount Auburn neighborhoods surrounding Good Samaritan Hospital.

The goal is to spur ongoing development and investment to maintain the neighborhood as a safe and attractive urban community for residents and businesses. In an effort to improve homeownership in the area, the project offers low-interest home improvement loans to resident-owners and down-payment help for first-time home buyers. The Phoenix Project also offers a summer day camp for the youth and a training and employment program for teenagers to help them learn the necessary skills to find and keep a job.

The Phoenix Project removed more than 100 blighted properties, supported 33 new lease-to-purchase homes and \$1M in private home investment via DPA, Home Improvement Loans, Home Choice and Rebuilding Together.

#### **Health Ministries**

Health Ministries provides assistance to faith communities that want to develop and maintain a focused ministry of health and healing for their congregations. Health Ministries emphasizes the wholeness of body, mind and spirit. The Health Ministries program is available to any and all area faith communities interested or involved in this type of ministry.

#### Our Catholic Heritage

In 1932, Good Samaritan Hospital was founded by the Sisters of Charity. Today, it still holds sacred its Catholic heritage and culture. In 1996, Good Samaritan Hospital (GSH) became a part of Catholic Health Initiatives (CHI), one of the largest Catholic health systems in the country. CHI was formed to advance and strengthen the Catholic health ministry into the 21st century. Today, GSH shares CHI's core values with more than 125 organizations nationwide. These values inspire the personal relationships and scientific advances that are the spirit and substance of GSH.

#### **Atrium Medical Center**

#### Middletown Health and Family Fun Day

Working with many agencies throughout the region, health and activities for families are offered free of charge. Area residents can participate in multiple screenings, information booths, safety information and much more. Atrium Medical Center was a major sponsor of this collaborative event.

#### **Project SEARCH**

Project SEARCH provides work experience and education for individuals with significant disabilities. It is administered on-site through Butler Technology and Career Development Schools. Participants are trained in a variety of jobs throughout the hospital, working in each area for 12 weeks at a time for the duration of the school year.

#### **National Night Out**

Atrium Medical Center partners with local law enforcement to offer safety information for residents of Middletown, Lebanon and Clear Creek Township. Local residents are able to interact with representatives through information booths.

#### **Upper Valley Medical Center**

#### **HealthWise Outdoor Fitness Center**

To promote exercise and activity in Miami County, Upper Valley Medical Center partnered with the American Cancer Society and Edison Community College to host a HealthWise Outdoor Fitness Center on the Edison campus in Piqua, Ohio. The unique exercise fitness facility is free and open to the public.

#### **Grants to Community-Based Organizations**

Upper Valley Medical Center supports the efforts of community-based organizations through its Community Benefit Grants Fund. This Fund was established as part of UVMC's mission to support local programs that help serve the health needs of the community. Grant recipients have included Health Partners Free Clinic, Hospice of Miami County, Miami County Dental Clinic and a Behavioral Health Collaboration of UVMC, Miami County Recovery Council and Samaritan Behavioral Health Inc. In addition, the UVMC Foundation this year is launching the Rachel's Challenge program for all schools in Miami County. Rachel's Challenge uses student empowering strategies born from the tragedy of the Columbine High School shootings. The program is a series of projects designed to combat bullying and address feelings of isolation through the use of kindness and compassion in everyday dealings. The UVMC Foundation also provides the Bill and Ruth McGraw Cancer Awareness Symposium which is an annual event open to the community. Steve Ford, actor and son of President Gerald Ford and First Lady Betty Ford, was the featured speaker at the 2013 event. Ford spoke on the topic, "Facing Breast Cancer: The 'First Family' Speaks Out."

#### **Project SEARCH**

Project SEARCH provides work experience and education for individuals with significant disabilities. It is administered on-site by Upper Valley Career Center. Participants are trained in a variety of jobs throughout the hospital, working in each area for 12 weeks at a time for the duration of the school year.

#### **Premier Health's Commitment to the Community**

While Premier Health has a robust community-focused program, it also serves the community in other ways. In 2012, Premier Health:

- spent more than \$106 million in 2012 to provide services to low-income residents to assure they got the medial care they needed;
- supported neighborhood development projects in east and west Dayton totaling more than \$600,000;
- provides health education and screening services totaling more than \$8.4 million;
- offered community and social services that totaled more than \$6.7 million.

#### **Premier Community Health**

The hospitals in Premier Health collaborate to offer Premier Community Health. This organization offers evidence-based community health services to all the communities Premier Health serves. Its mission is to create a healthier community on behalf Premier Health through prevention, early detection and disease self-management. Its focus areas are cancer, diabetes, heart, lung health and healthy living. In addition to a robust employer wellness program, it serves the community at congregations, senior centers and other community-based venues.

#### **Premier Health Partners includes:**

Miami Valley Hospital

Miami Valley Hospital South

Miami Valley Hospital Jamestown Emergency Center

Good Samaritan Hospital

Good Samaritan North Health Center

Atrium Medical Center

Upper Valley Medical Center

Premier HealthNet

Premier Health Specialists

Upper Valley Professional Corporation

Fidelity Health Care

Samaritan Behavioral Health

Premier Community Health

#### **Identified Priorities**

In the Community Health Assessment, researchers identified priority areas for community health improvement using a variety of criteria. The priorities that are included and excluded in the plan are outlined here. Priorities that are included in the plan are not listed in order of importance.

#### Priorities Included in the Plan

Through the Community Health Risk Assessment, the following priorities were identified for each hospital market.

#### **Primary and Chronic Diseases**

#### Miami Valley Hospital, Good Samaritan Hospital and Atrium Medical Center

- 1. Hypertension
- 2. Breast cancer
- 3. Diabetes

#### **Upper Valley Medical Center**

- 1. Hypertension
- 2. Melanoma

#### Priorities Addressed Through Collaboration

All identified priorities are important elements of improving the health of our community. In some instances, priorities are already being targeted by collaborative groups of which the hospitals in Premier Health are a part. Additional strategies will not be developed independent of these efforts. Due to the importance of these community-wide efforts, the following identified priorities are not included in the Community Health Improvement Plan.

#### Maternal and Infant Priorities

- 1. First trimester prenatal care (MVH, GSH, AMC and UVMC)
- 2. Infant mortality rate (MVH, GSH, AMC and UVMC)
- 3. Low birth weight (MVH, GSH)
- 4. Tobacco use among pregnant women (UVMC)

All the hospitals in Premier Health are involved in several state-wide initiatives addressing these issues. As part of these collaborations, the hospitals will share the goals and objectives developed by those groups for program implementation and measurement.

#### Ohio Perinatal Quality Collaborative.

- Miami Valley Hospital is a charter member of this organization as neonatal hospital and as a maternity hospital.
- Good Samaritan Hospital, Atrium Medical Center and Upper Valley Medical Center are all non-charter members of this organization as maternity hospitals.

The mission of the Collaborative is, "Through collaborative use of improvement science methods, reduce preterm births and improve outcomes of pre-term newborns in Ohio as quickly as possible."

#### Projects of the collaborative include:

• 39 Weeks Delivery Charter Project – To reduce elective unnecessary scheduled births before 39 weeks gestational age. (Reduce infant mortality and low birth weights.)

- 39 Weeks Dissemination and Birth Registry Accuracy Project This project was to address inaccuracies in birth certificate data within the Quality Improvement framework.
- Obstetrics Antenatal Corticosteroids Project- This project focuses on increasing the use of antenatal corticosteroids to reduce mortality and morbidity among preterm infants. (Reduce infant mortality.)
- Progesterone Project This project intends to help raise awareness about the need for screening and intervention for progesterone, provide support to teams to implement screening, identification and treatment, develop the capacity and capability of skilled ultrasound technicians and remove administrative barriers to the administration of progesterone. (Reduce infant mortality and low birth weights.)

Ohio Hospital Association (OHA). OHA has developed a plan to reduce infant mortality (which also addresses low infant birth weight and first trimester care) in Ohio which includes:

- Safe sleep (infant mortality)
- Eliminating elective deliveries before 39 weeks (infant mortality)
- Progesterone for high risk mothers (infant mortality)
- Eliminating health disparities
- Safe spacing (infant mortality and low birth weight)
- Access to prenatal care (First trimester care, infant mortality and low birth weight)
- Promote breast milk
- These program areas also then address increasing first trimester care, improving low birth weight and decreasing infant mortality.

Ohio Collaborative to Prevent Infant Mortality. This group, which is coordinated by the Ohio Department of Health, works together to formulate a statewide strategic plan to reduce infant mortality and birth outcome disparities. Miami Valley Hospital is part of this collaborative.

Upper Valley Medical Center is concerned about the data showing the use of tobacco among pregnant women. It is further researching this issue to identify potential resources to address this issues.

#### Primary and Chronic Diseases

- 5. Alcohol and drug discharge diagnosis (MVH, GSH, AMC and UVMC)
- 6. Mental health disorders (GSH)

In Montgomery County, Alcohol and Drug Abuse services are coordinated by the ADAMHS Board (Alcohol, Drug Addiction and Mental Health Services.) The ADAMHS Board administrates the planning, development, funding and evaluation of behavioral health services delivered by a network of nearly 30 community-based organizations.

The ADAMHS Collaborative Coalition issued, Report to Improve Alcohol and Other Drug Abuse and Addiction Services in Montgomery County, Ohio. This plan includes recommendations for:

- Building infrastructure and capacity
- Prevention

- Building linkages
- Treatment
- Data sharing

James Pancoast, Premier Health President and CEO, is the Co-Chair of the Alcohol and Other Drug Abuse Implementation Advisory Team.

Good Samaritan Hospital is deeply involved in improving these areas. Samaritan Behavior Health (SBH), a subsidiary of the hospital, provides mental health and substance abuse services for all ages in Southwest Ohio. SBH collaborates with the National Alliance on Mental Illness of Montgomery County, Ohio. It also receives funding from the ADAMHS Board to provide Crisis Care for Montgomery County.

In Greene County, the Mental Health and Recovery Board of Clark, Greene and Madison Counties serves a similar purpose. Its mission is to support the system for delivering effective mental health, alcohol and other drug treatment, prevention, education and advocacy services for residents.

The Butler County, Ohio Alcohol and Drug Addiction Services Board coordinates services for that county. Its strategic plan shows goals to reduce the number of overdose deaths, integrate behavioral health and primary care services and using a specialized perinatal program educating high risk pregnant women about the effects of substance abuse on their baby and how to make healthier lifestyle choices.

In Warren County, the Mental Health Recovery Services of Warren & Clinton counties coordinate substance abuse and mental health services for its residents. Similar to its Butler County equivalent, it assesses mental health and substance abuse needs in its community and provides funding for services that address those needs.

The Tri-County Board of Recovery and Mental Health Services Serving Darke, Miami and Shelby Counties coordinates alcohol and substance abuse services in Miami County. According to its 2014 – 2016 strategic plan, it intends to expand funding for programs that treat addictions, development and implement a community behavioral health prevention plan and establish a new behavioral health "one stop shop" model program in Miami County.

#### **Key Health Priorities by Objective**

Priority Area 1: Reduce the incidence and complications from adult hypertension.

This priority area is shared by all the hospitals in Premier Health.

Blood pressure is how hard blood pushes against the walls of our arteries when our heart pumps blood. When someone has high blood pressure, which is also called hypertension, the increased pressure against the arteries causes' damage. Hypertension is called the silent killer because usually those who have it do not feel anything. High blood pressure increases risk for heart disease, stroke, heart failure, kidney disease, and blindness.

In many cases hypertension can be prevented by maintaining a healthy weight, being active, eating healthy, not using tobacco, and limiting alcohol. Most people who are diagnosed with high blood pressure can be controlled. Those with high blood pressure should take the same steps that may prevent high blood pressure. If medication is needed, it is imperative to take it every day.

	The percentage of adults who have		
	been told by a primary care provider		
	that they have high blood pressure		
Ohio	31.7%		
Montgomery	35.5%		
Greene	32.9%		
Warren	33.8%- Only combined data for		
Butler	Butler and Warren counties		
	available		
Miami	38.3%		

Hypertension rates are higher in the service area than in the State and nation. It is the leading inpatient discharge diagnosis and the 3<sup>rd</sup> leading ED discharge diagnosis.

Because of the significant health threat posed by hypertension, a community-focused, population health improvement strategy would benefit all parts of the community.

#### Priority Area 1: Reduce the proportion of adults with hypertension.

## Objective 1.1: Increase the proportion of adults with hypertension whose blood pressure is under control.

#### **Evidence-based Strategies:**

Coordinate a hypertension education health communications campaign that will include communications tactics; free, community-based screenings and free online education.

Promote lectures about high blood pressure prevention and control in worksites, congregations, senior centers and other community based venues.

Identify an educational brochure targeted to those who already have high blood pressure about the importance of medication adherence and healthy lifestyle. Make collateral available through system websites, Facebook pages, at employer and community events and other outlets to be identified. These will include how to get more information by telephone and/or online.

#### **Outcome Indicators**

#### **Short and Intermediate Term- MVH**

To have communications at least once a year in existing hospital communications vehicles that highlights hypertension and how it can be prevented/treated successfully.

To conduct at least three lectures per year reaching at least 75 unique individuals.

#### Short and Intermediate Term- GSH

To have communications at least once a year in existing hospital communications vehicles that highlights hypertension and how it can be prevented/treated successfully.

To conduct at least three lectures per year reaching at least 75 unique individuals.

#### **Short and Intermediate Term- AMC**

To have communications at least once a year in existing hospital communications vehicles that highlights hypertension and how it can be prevented/treated successfully.

To conduct at least two lectures per year reaching at least 45 unique individuals.

#### **Short and Intermediate Term-UVMC**

To have communications at least once a year in existing hospital communications vehicles that highlights hypertension and how it can be prevented/treated successfully.

#### Long Term for all hospitals

Increase the proportion of adults with hypertension whose blood pressure is under control.

## Objective 1.2: Increase the proportion of adults who have had their blood pressure measured within the preceding two years and can state whether their blood pressure was normal or high.

#### **Evidence-based Strategies:**

Conduct blood pressure screenings at worksites, congregations, senior centers and other community-based venues.

Attempt telephone follow-up with 100% of those who have a stage 2 hypertension result, do not opt out of follow-up and have a working telephone.

We will successfully contact at least 45% of those eligible for follow-up.

If an individual does not have a primary care provider, we will offer to make a referral to the individual that meets their needs.

If an individual has not seen their primary care provider for three or more years, we will educate them about the importance of seeing their physician regularly to maintain themselves as a patient and encourage them to call their physician to become reestablished with them.

If an individual uses tobacco, we will educate them about local tobacco cessation services.

#### Outcome Indicators

#### **Short and Intermediate Term- MVH**

At least 1,000 unique individuals will receive a blood pressure screening each year in a variety of community-based venues.

We will successfully contact at least 45% of those eligible for follow-up.

#### **Short and Intermediate Term-GSH**

At least 1,000 unique individuals will receive a blood pressure screening each year in a variety of community-based venues.

We will successfully contact at least 45% of those eligible for follow-up.

#### **Short and Intermediate Term-AMC**

One new monthly blood pressure site will be established in Butler county.

In addition to the monthly blood pressure screening program, at least 300 unique individuals will receive a blood pressure screening each year in a variety of community-based venues.

We will successfully contact at least 45% of those eligible for follow-up.

#### **Short and Intermediate Term- UVMC**

At least 250 unique individuals will receive a blood pressure screening each year in a variety of venues.

We will successfully contact at least 45% of those eligible for follow-up.

#### Long Term- All hospitals

Increase the proportion of adults who have had their blood pressure measured within the preceding two years and can state whether their blood pressure was normal or high.

#### **Programs and Resources to be Committed to Implement Plan**

To implement the included programs, the hospital and Premier will provide:

Program management/coordination/implementation staffing, physical work space, access to computers/telephones/standard office equipment, access to marketing and communications professionals for collateral writing/design/printing, professionals for follow-up calls and health coaching, maintenance of all data collected and data analysis, primary care referral services, speakers, educational collateral pieces, appropriate social media, meeting space and space for community-focused health programs, screening paperwork and program evaluation.

#### **Intended Collaborative Partnerships- All hospitals**

All hospitals in Premier Health

**Premier Community Health** 

#### Additional Intended Collaborative Partnerships- MVH

Mall at Fairfield Commons

Five Rivers Health Centers

Community Health Centers of Dayton

#### Additional Intended Collaborative Partnerships- GSH

Five Rivers Health Centers

#### Additional Intended Collaborative Partnerships- AMC

Countryside YMCA-Lebanon

#### Additional Intended Collaborative Partnerships- UVMC

**American Heart Association** 

#### Priority Area 2: Reduce the female breast cancer mortality rate.

This priority is shared by Miami Valley Hospital, Good Samaritan Hospital and Atrium Medical Center.

Reducing the impact of breast cancer in our area will require a diverse strategy because there are several issues to address:

- 1. More women are diagnosed with later stage breast cancer in our area
- 2. Mammography rates are lower in our area

In Premier, we have the Ohio Region 3 Breast and Cervical Cancer Early Detection Project (BCCP), which is funded by the Centers for Disease Control through the Ohio Department of Health. It is estimated in Ohio, about .12% of all women were diagnosed with breast cancer in 2012. Of those served by BCCP throughout Ohio in 2011, 1.9% of screened women learned they had cancer. In Premier's BCCP program in 2013, 2.63% of those screened found out they had breast cancer. While those who participate in this program are at higher risk for breast cancer, this is a large number of

women. Premier's BCCP includes women in Montgomery, Greene and Miami counties. Women in Butler and Warren counties are served by the Cincinnati Area Breast and Cervical Cancer Project. We collaborate with the Cincinnati office and serve women in Butler and Warren counties who do not meet the criteria for BCCP.

Women age 40+ who reported they have had		
a mammogram in the past two years		
	Yes	
Ohio	79.10%	
Greene	74.20%	
Montgomery	77.30%	
Butler	74.10%	
Warren	73.80%	
BRFSS SMART Data from Premier Oncology		
Assessment.		

Some identified risk factors for breast cancer are:

- Genetic alterations. (including BRCA1 and BRCA2 genes)
- Close family history. Having a mother, sister, and/or daughter diagnosed with breast cancer, especially before age 50. Having a close male blood relative with breast cancer.
- Race. While white women are diagnosed with breast cancer more than any other race, African American women die from breast cancer more than any other race.

(National Cancer Institute, Breast Cancer risk in American Women.)

According to research, a major barrier for screening mammography has been a lack of health insurance. In 2010, only 32% of women age 40 and older with no health insurance had a mammogram in the past two years compared to 71% of those with insurance. Other barriers identified include the lack of a nearby mammography center, lack of transportation, lack of a primary care provider, no recommendation from a provider to get a screening, lack of awareness of breast cancer risks of screening methods, cultural and language differences. Studies have also identified a lack of time and perception of pain as barriers.

In Montgomery County, the breast cancer rate is 244.8 per 100,000, and is increasing, opposed to historically prevalent cancers. Breast cancer rates are high in Greene and Montgomery counties. Greene County has a breast cancer rate of 151.5 per 100,000. This is significantly higher than the state or other counties in our area. In Butler and Warren counties, the breast cancer rate is 229 per 100,000, and the rate is increasing, opposed to other historically prevalent cancers.

#### Priority Area 2: Reduce the female breast cancer mortality rate.

Objective 2.1: Increase the proportion of women who receive breast cancer screening based on the most recent guidelines. Shared objectives MVH, GSH and AMC

#### **Evidence-based strategies**

Offer free mammograms and related services to uninsured, low-income women in our service area. Related services include transportation to and from appointments and help securing a primary care provider. (This may shift to paying some co-pays for insured women if we see a substantial decline in uninsured women.)

During October, which is Breast Health Month, include information about the importance of mammography for women in communications campaigns.

Educate women about the provision in the Affordable Care Act that provides screening mammography with no co-pay or deductible for women who meet screening guidelines.

#### Objective 2.1 Objectives specific to MVH

Continue the Mammography Matter's program at Miami Valley Hospital South.

#### Objective 2.1 Objectives specific to MVH and AMC

Expand the "Brake for Breakfast" program to Miami Valley Hospital South and Atrium Medical Center. This program offers educational information about the importance of mammograms and breast risk factors with a free breakfast.

#### Objective 2.1 Objectives specific to GSH

Continue the Brake for Breakfast educational program in October offering information about the importance of mammography and breast risk factors with a free breakfast at Good Samaritan North Health Center.

## Objective 2.2: Increase awareness among women of increased risk due to family history and genetics. Objectives shared by MVH, GSH and AMC

#### Evidence-based strategies

Include information about breast cancer genetic risk in existing community focused communications vehicles.

Offer a simple educational piece that includes how to reach genetics counselors.

#### **Outcome Indicators**

#### Short and Intermediate Term- Shared by MVH and GSH

To provide assistance to at least 400 women in Montgomery County to receive a screening mammogram, diagnostic mammogram, ultrasound, clinical breast exam and/or breast biopsy. This is a shared objective due to the overlapping markets.

#### **Short and Intermediate Term- MVH**

To provide assistance to at least 70 women in Greene County to receive a screening mammogram, diagnostic mammogram, ultrasound, clinical breast exam and/or breast biopsy.

In its first year (2014) serve at least 200 people at the Brake for Breakfast program.

To offer two Mammography Matter's programs at Miami Valley Hospital South.

#### **Short and Intermediate Term-GSH**

To serve at least 500 people at the annual Brake for Breakfast at Good Samaritan North Health Center.

#### **Short and Intermediate Term-AMC**

To provide assistance to at least 20 women in Warren County and 30 women in Butler County to receive a screening mammogram, diagnostic mammogram, ultrasound, clinical breast exam and/or breast biopsy.

In its first year (2014) serve at least 100 people at the Brake for Breakfast program.

#### Long Term- Shared by MVH, GSH and AMC

To decrease the number of women in our area who are diagnosed with later stage breast cancers.

To increase the number of women age 40 and older who have annual mammograms.

#### **Programs and Resources to be Committed to Implement Plan**

To implement the included programs, the hospital and Premier will provide:

Program management/coordination/implementation staffing, physical work space, access to computers/telephones/standard office equipment, access to marketing and communications professionals for collateral writing/design/printing, professionals for follow-up calls, maintenance of all data collected and data analysis, primary care referral services, speakers, educational collateral pieces, appropriate social media, meeting space and space for community-focused health

#### **Intended Collaborative Partnerships- All hospitals**

programs, screening paperwork and program evaluation.

All hospitals in Premier Health

**Premier Community Health** 

The Ohio Fraternal Order of Eagles

#### Additional Intended Collaborative Partnerships- MVH and GSH

Five River Health Centers (Federally qualified health centers)

Community Health Centers of Dayton

The Breast Cancer Foundation

#### Additional Intended Collaborative Partnerships- MVH

Mall at Fairfield Commons

The Miami Valley Hospital Foundation

#### **Additional Intended Collaborative Partnerships- GSH**

Five Rivers Health Centers

The Good Samaritan Hospital Foundation

#### **Additional Intended Collaborative Partnerships- AMC**

Countryside YMCA-Lebanon

**Atrium Medical Center Foundation** 

Priority Area 3: To reduce the incidence of diabetes in our area and prevent complications in those who have diabetes.

This priority area is shared by Miami Valley Hospital, Good Samaritan Hospital and Atrium Medical Center.

Type 2 diabetes is a major public health issue that has reached epidemic proportions worldwide. According to the CDC, 25.8 million people in the United States have diabetes. Of these, 7 million do not know they have it. If continues, one of three US adults will have diabetes by 2050. Diabetes is the leading cause of blindness, kidney failure and amputations of feet and legs not related to accidents or injury. The majority of people who have type 2 diabetes also have heart disease.

Research shows making small lifestyle changes can help prevent diabetes. And, if a person has been told by a physician they have diabetes, it can be controlled.

The prevalence of diabetes is greater in Montgomery County, Ohio compared to the state and nation. It is the 3<sup>rd</sup> most common inpatient discharge diagnosis and the 7<sup>th</sup> most common ER discharge diagnosis. Discharge diagnosis rates have increased from 2004 to 2012.

According to the 2014 County Health Rankings and Roadmaps, the percentage of adults aged 20 and older with diagnosed diabetes is:

Ohio	11%
Montgomery	13%
Greene	10%
Warren	9%
Butler	10%

(Data are for 2011. County Health camp rankings and Roadmaps collected this data from the National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation.)

As with other health conditions, diabetes rates are higher among nonwhites. Nationally, 10.2% of non-Hispanic whites aged 20 and older has diabetes, both diagnosed and undiagnosed. However 18.7% of all non-Hispanic blacks aged 20 years and older have diabetes, both diagnosed and undiagnosed.

The American Diabetes Association estimates 35% of US adults aged 20 or older have prediabetes and 50% of those age 65 years or older have it. Of the 79 million Americans age 20 or older who have prediabetes, only 7.3% have been told they have it. Risk factors for prediabetes include being overweight and having a higher than normal blood glucose.

Montgomery County has higher rates of overweight and obesity than other counties in our market or the state. It would follow there is increased likelihood of a higher percentage of those with prediabetes in Montgomery County.

Adults who are considered overweight- BMI of 25-29.9

	Male	Female	All
Ohio	43.00%	29.40%	35.90%
Greene	42.30%	26.80%	34.20%
Montgomery	46.00%	32.10%	37.80%

#### Adults who are considered obese-BMI of 30+

	Male	Female	All
Ohio	27.10%	25.60%	26.30%
Greene	25.60%	25.70%	25.70%
Montgomery	30.00%	30.40%	31.90%

Priority Area 3: To reduce the incidence of diabetes in our area and prevent complications in those who have diabetes.

## Objective 3.1: To prevent diabetes in those who have prediabetes. Shared objectives MVH, GSH and AMC

**Evidence-based Strategies:** 

At community screening events, offer a hemoglobin A1C following approved guidelines to find possible prediabetes.

A telephonic follow-up attempt will be made to 100% of those whose hemoglobin A1C falls out of recommended ranges. To be eligible, the participant cannot opt out of follow-up and have a working telephone number.

We successfully reach at least 45% of those eligible for a follow-up call.

## Objective 3.2: Increase the number of people who are diagnosed with diabetes but do not know they have this disease. Shared objectives MVH, GSH and AMC

Evidence-based Strategies:

At community screening events, offer a hemoglobin A1C following approved guidelines to find possible diabetes.

A telephonic follow-up attempt will be made to 100% of those whose hemoglobin A1C falls out of recommended ranges. To be eligible, the participant cannot opt out of follow-up and have a working telephone number.

We successfully reach at least 45% of those eligible for a follow-up call.

## Objective 3.3: Increase the number of those who have diabetes and attend formal diabetes education classes at least every 2 years. Shared objectives MVH, GSH and AMC

**Evidence-based Strategies:** 

Develop strategies to inform those who have diabetes that under the Affordable Care Act, medical nutrition therapy for people with diabetes is covered with no co-pay or deductible.

Participate in the annual Diabetes Expo coordinated by Diabetes Dayton.

#### **Outcome Indicators**

#### **Short and Intermediate Term- MVH**

To provide at least 200 hemoglobin A1c screenings in Montgomery and Greene counties according to approved guidelines. (These numbers overlap with GSH market/numbers.)

#### **Short and Intermediate Term- GSH**

To provide at least 150 hemoglobin A1c screenings in Montgomery County, according to approved guidelines. (These numbers overlap with MVH market/numbers.)

#### **Short and Intermediate Term-AMC**

To provide at least 50 hemoglobin A1c screenings in Warren and Butler counties.

#### Long Term- Shared by MVH, GSH and AMC

Increase the number of people who are diagnosed with diabetes but do not know they have this disease.

Increase the number of those who have diabetes and attend formal diabetes education classes at least every two years.

#### Ultimate Goal- Shared by MVH, GSH and AMC

Decrease the number of people who develop diabetes in our market area and increase the number of people who have diabetes, are well controlled and live healthy, active lives.

#### Programs and Resources to be Committed to Implement Plan

To implement the included programs, the hospital and Premier will provide:

Program management/coordination/implementation staffing, physical work space, access to computers/telephones/standard office equipment, access to marketing and communications professionals for collateral writing/design/printing, professionals for follow-up calls and heath coaching, maintenance of all data collected and data analysis, primary care referral services, speakers, certified diabetes educators, educational collateral pieces, appropriate social media, meeting space and space for community-focused health programs, screening paperwork and program evaluation.

#### **Intended Collaborative Partnerships- MVH, GSH and AMC**

All hospitals in Premier Health

Premier Community Health

#### Additional Intended Collaborative Partnerships- MVH and GSH

Montgomery County Diabetes Coalition

**Diabetes Dayton** 

#### Additional Intended Collaborative Partnerships- MVH

Mall at Fairfield Commons

The Miami Valley Hospital Foundation

#### Priority Area 4: Reduce melanoma incidence and mortality rates.

This priority area is for Upper Valley Medical Center only.

The Community Preventative Services Task Force recommendation for programs to promote sun safety and increase preventive behaviors in a population is to offer a community intervention using combinations of individual directed strategies, health communications and environmental and policy changes across multiple settings. Studies used in formulating the recommendations included at least two of the above stated interventions.

Of the research tested interventions listed at the National Cancer Institute, none targeted rural populations. However, the two settings recommended for programs were outdoor occupational and outdoor recreational settings.

According to the United States Census Bureau, between 11% and 15% of Miami County residents work outdoors. This includes those who work in agriculture, forestry, fishing, hunting, mining, construction, utilities, recreation and waste management services.

Melanoma in Miami County has increased from 35.4 to 88 per 100,000 from 2000 to 2011.

#### Priority Area 3: Reduce melanoma incidence and mortality rates.

Objective 3.1: Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn using a multi component, community wide intervention that combines individual directed strategies and targeted media.

#### Evidence-based Strategies:

Conduct free, annual full-body skin screening for the community.

Promote availability of a skin safety presentation by request for employers and community-based groups.

Offer Dermascan awareness screenings in Miami County.

#### **Outcome Indicators**

#### **Short and Intermediate Term**

Conduct at least 30 full-body screenings per year.

Conduct at least 1 sun safety lecture per year.

Conduct at least 100 Dermascan awareness screenings. \*

#### Long Term

Increase the number of individuals in Miami County who report they use sun protective measures.

Decrease melanoma and other skin cancers in Miami County.

#### **Programs and Resources to be Committed to Implement Plan**

To implement the included programs, the hospital and Premier will provide:

Program management/coordination/implementation staffing, physical work space, access to computers/telephones/standard office equipment, access to marketing and communications professionals for collateral writing/design/printing, maintenance of all data collected and data analysis, educational collateral pieces, professionals with expertise in sun safety and cancer, Dermascan skin awareness tool, appropriate social media, meeting space and space for community-focused health programs and program evaluation.

#### **Intended Collaborative Partnerships**

#### Premier Community Health

\*There are 2 Dermascan units in Premier Health- one with UVMC and one with Premier Community Health. Units are no longer manufactured, so numbers may be revised if one or both of the units becomes unusable.

#### **Moving Forward**

All the hospitals in Premier Health have a rich history of working with the communities they serve to improve the health of its citizens. With the data gleaned from this Community Health Needs Assessment and having developed a Community Health Improvement Plan, our work continues.

Improving community health is a process of continuing to build traditional and nontraditional partnerships, assuring programs and strategies are evidence-based, building in feedback loops, conducting ongoing evaluation and measuring if what we are doing is having the intended result. We understand these are issues that cannot be solved by a hospital alone- but take the work of all interested stakeholders in the community. We know we need to develop detailed strategies for the identified targeted areas with in-depth work plans and responsible parties.

As the process continues, we will continue to look at new strategies and opportunities, looking for ways to expand beyond the programs here and reach more people with life-improving and perhaps life-saving education and services.

#### References

American Diabetes Association. (March 2013). Fast Facts Data and Statistics about Diabetes.

http://professional.diabetes.org/admin/UserFiles/0%20-

%20Sean/FastFacts%20March%202013.pdf

Butler County Alcohol and Drug Addiction Services Board. http://www.adasbc.org/#

Cancer Control P.L.A.N.E.T., National Cancer Institute. Research tested Intervention Programs.

County Health Rankings and Roadmaps. 2014 Data Release.

http://www.countyhealthrankings.org/

Guide to Community Preventive Services. Preventing skin cancer: multi-component community-wide interventions. www.thecommunityguide.org/cancer/skin/community-wide/multicomponent.html. Last updated: April 2012.

Maternal and Child Health of the Health Resources and Services Administration

Mental Health and Recovery Board of Clark, Greene and Madison Counties.

http://www.mhrb.org/default.aspx

Mental Health Recovery Services of Warren and Clinton counties. http://www.mhrsonline.org/

Montgomery County Alcohol and Drug Abuse Task Force. Report to Improve Alcohol and Other

Drug Abuse in Addiction Services in Montgomery County.

http://www.adamhs.co.montgomery.oh.us/collaboratives/AODTF/MC\_AOD\_Task\_Force\_Report\_\_with\_Appendices.pdf

National Cancer Institute. Breast Cancer Risk in American Women.

http://www.cancer.gov/cancertopics/factsheet/detection/probability-breast-cancer National Diabetes Information Clearinghouse.

National Heart, Lung and Blood Institute of the National Institutes of Health

Ohio Perinatal Quality Collaborative. https://www.opqc.net/

Ohio Pregnancy Risk Assessment Monitoring System. (2011). Ohio Department of Health.

http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/prams%20-

% 20 pregnancy % 20 risk % 20 assessment % 20 monitoring % 20 program/prenatal carefs. as hx

Premier Community Health program data.

Tri-County Board of Recovery and Mental Health Services Serving Darke, Miami and Shelby Counties. http://www.mdsadamhs.mh.state.oh.us/