COMMUNITY HEALTH IMPROVEMENT STRATEGIES

2017-2019

ATRIUM MEDICAL CENTER

Atrium Medical Center is a full-service hospital and Level III Trauma Center located along the Interstate 75 corridor at exit 32, One Medical Center Drive in Middletown, between Cincinnati and Dayton. The hospital is the City of Middletown's second largest employer of more than 1,500 people in full-time, part-time, and on-call positions. Atrium Medical Center is operated by the Dayton-based nonprofit Premier Health system.

Mission

We will improve the health of the communities we serve with others who share our commitment to provide high quality, cost-competitive health care services.

Commitment to Improving Community Health

Premier Health hospitals are dedicated to building stronger and healthier communities. This dedication is demonstrated by:

- Community Service Programs: A healthy community is made up of healthy individuals flourishing in a safe environment. Premier Health supports programs aimed at improving community health in a variety of ways, including education and community safety. The system is committed to improving the health of the communities it serves through a variety of programs focused on investment in the community, prevention and wellness, commitment to the under-served, health improvement, and community engagement.
- Commitment to Diversity: Diversity brings fresh perspectives and new ideas to our work. Diversity is an essential asset to the organization. Premier Health embraces the unique skills and perspectives that come from individuals of all backgrounds and beliefs.
- Commitment to the Under-Served: The ability to pay shouldn't determine the quality of care received. Premier Health is committed to providing excellent health care to those in need.

Communities Served

The primary service areas identified for Atrium Medical Center are Butler and Warren counties in Ohio.

Prioritized List of CHNA Community Health Needs

Criteria for Prioritizing

The Community Benefits subcommittee of Premier Health designed and executed a prioritization process that included a review of internal and external data and reports. The sources included the collaborative CHNA, county health departments, and Ohio Health Department priorities.

The primary criteria for inclusion were the:

- level of agreement among public health departments and the CHNA, and the
- presence of community-based coalitions designed to address these issues.

Collaboration around shared priorities is very important, because no one entity can single-handedly effect dramatic change in these serious areas within the three-year timeframe of the CHNA process.

Prioritization Process

The Community Benefits subcommittee of Premier Health designed and executed the prioritization process that included a review and comparison of the following:

- 2016 Collaborative CHNA for Greater Dayton
- Local county health departments' most recent Community Health Assessments (including Butler and Warren counties)
- Health Policy Institute of Ohio's Health Value Dashboard (state health comparison)

The community health implementation strategies address the collaborative Community Health Needs Assessment (CHNA) conducted in 2016 on behalf of all the hospitals in the region by the Greater Dayton Area Hospital Association.

Priorities

Among the health and non-health needs identified in the CHNA, Premier Health's top three priorities will be:

- Birth outcomes
- Behavioral health/substance abuse
- Chronic diseases

The following sub-categories comprised each priority's scope:

- Birth outcomes
  - Infant mortality
  - Low birthweight
  - Preterm births

- Behavioral health/substance abuse
  - Depression
  - Drug dependence/abuse
  - Drug overdose
  - Suicide

- Chronic diseases
  - Breast cancer
  - Diabetes
  - Food insecurity/food deserts
  - Heart disease
  - HIV/ AIDS
  - Lung cancer
  - Obesity

Process for Strategy Development

Premier Health's System Director for Community Benefits, Shaun Hamilton, formed an implementation strategies team to prepare for, and serve as resources for, hospital-level conversations. In addition to Shaun Hamilton as chair, the team included:

- Yonathan Kebede, vice president of operations at Fidelity Health Care, the provider of community/home-based services;
- Roopsi Narayan, program manager for Premier Community Health;
- Public health expert, Dr. Marietta Orlowski, who is an Associate Professor at Wright State University and serves on the board's Community Benefits subcommittee;
- Patrick Ray, Premier Health's director, capital reporting & tax compliance, and
- Consultant, Gwen Finegan, who also conducted the CHNA and assisted Premier Health in the development of implementation strategies for each hospital.

The Vice President & System Chief Nursing Officer for Premier Health, Sylvain Trepanier, convened the meeting for senior hospital leaders and subject-matter experts to examine best practices and existing strategies to recommend the 2017-2019 Implementation Strategies. In addition to addressing the prioritized needs, the meeting participants considered the following parameters for successful strategies:

- Strategies designed to improve the health of individuals and, ultimately, the community
- Access by members of the community, especially vulnerable populations, who will participate in, or benefit from, strategies
- Feasible scope that can result in measurable impact
- Sufficient resources, including community partnerships, to ensure that activities and/or services will achieve their goals

Participants at the February 28, 2017 meeting included:

- Tina Gregory, director of emergency & behavioral services
- Shaun Hamilton, system director for community benefits
- Deborah Hatter, manager, oncology services, Infusion Center
- Brittany Johnson, administrative fellow
- Anita Scott Jones, hospital relations manager
- Chelsey Levingston, site manager, PR & community relations
- Betty Love, associate chief nursing officer
- Sue McGatha, president & CEO, Samaritan Behavioral Health, Inc., and system vice president of behavioral health services
- Ryan Muhlenkamp, director of nursing
- Marietta Orlowski, PhD, Wright State Professor and board member, Premier Health
- Marquita Turner, chief nursing officer/chief operating officer
- Sheree Young, Help Endure A Loss (HEAL) Program

After the meeting, the implementation strategies team followed up with hospital staff and subject-matter experts to obtain metrics and other information contained in this report. A narrative summary and a table with additional information follow.

Description of Strategies

CenteringPregnancy

Health issue: Birth outcomes

Intervention's goal: To improve the health and well-being of women and infants with the CenteringPregnancy program of group prenatal care. Features include more one-on-one time to identify the needs of mothers and babies, screenings (e.g., hunger, drug addiction, depression), referrals, encouragement for breastfeeding, transportation, and childcare.

Background: In 2015, Butler County had an overall infant mortality rate of 7.2 deaths per 1,000 births. The Healthy People 2020 target rate is 6.0 deaths per 1,000 births. CenteringPregnancy is a best practice that improves birth outcomes. Heroin is a continuing problem in both Warren and Butler counties, per the most recent assessment, with heroin poisoning overdose deaths at a rate of 6.5 and 19.3 per 100,000 deaths, respectively. The CenteringPregnancy program provides an opportunity to identify all the needs of mothers and their babies during 10+ prenatal visits. The Ohio Department of Health gave its five-star award to Atrium Medical Center for its breastfeeding program. The hospital received grant funding to start the program. 2017 is a planning year.

Partners: Families First, Pregnancy Center, Parent Resource Center, Butler County Regional Transit Authority, YMCA, City of Middletown and its Heroin Summit, Opioid Reduction Task Forces in Warren and Clinton counties, Mental Health Recovery Services of Warren and Clinton counties

Food for Health

Health issue: Birth outcomes and chronic diseases – food insecurity/food deserts

Intervention's goals: To increase the amount of healthy food for people with health-related nutritional needs. The short-term objectives are 1) to ensure that all eligible patients are signed up for SNAP and/or WIC benefits, and 2) to start screening for hunger among the vulnerable populations of pregnant women and the elderly. The hospital is also supporting the One Market One Bistro to construct a novel solution to hunger.

Background: With one location in Miamisburg, One Market One Bistro offers two ways for a low-income person to enjoy a free meal at its next location in Middletown. Patrons who can afford a gift can 'pay it forward' and cover the cost of a meal or meals for the customers coming after them. Or a non-paying customer will have the option, offered discreetly, to work for an hour in the restaurant in exchange for the free meal. The site has been selected and permits obtained. Future services might include a food pharmacy, nutrition counseling, cooking classes, and connection to community resources.

Partners: One Market One Bistro, SNAP, WIC

Opioid Disease Education

Health issue: Behavioral health/substance abuse

Intervention's goal: To provide education that addiction is a disease, and to change perceptions of hospital personnel and medical professionals. The objectives are to provide CEUs for education on this topic, with curriculum delivered by ADAMHS. The hospital may consider extending it for the benefit of community members or organizations. Once all staff receive the education, the next step may be hospital training on trauma-informed care.

Background: In 2015 the *Washington Post* called nearby Dayton the epicenter of the heroin problem. The closest city to the hospital, Middletown, is the setting for a national bestselling book, *Hillbilly Elegy*, about the heroin epidemic. The rate of unintentional prescription drug overdose deaths has also risen. Front-line health workers are overwhelmed by the number of overdoses, and they can become judgmental when they do not understand the nature of opioid addiction. Such attitudes can impair successful referral to treatment.

Partners: City of Middletown and its Heroin Summit, Opioid Reduction Task Forces in Warren and Clinton counties, Mental Health Recovery Services of Warren & Clinton counties

Senior Emergency Department (ED)

Health issue: Behavioral health and chronic diseases

Intervention's goal: To provide quality care in an emergency setting for geriatric patients. Space for eight beds is under construction, and the unit will begin operation in 2017. Metrics are being finalized and screenings determined. Under consideration are screenings for: depression, caregiver strain, cognitive ability, hunger, and anxiety. Services will include case management, social services, and referrals to community resources.

Background: Each month an average of 630 elderly patients visit the hospital's emergency department.

Partners: Extended care facilities in the community provided input during the planning and development phases of this strategy.

Implementation Strategies

			Resources			
Health Issue	*Strategy*	*Evaluation of Impact (Measures)*	*Financial Value*	*Staffing*	*Timing*	*Partners*
Birth outcomes	Centering Pregnancy	Measures (with targets TBD): # of prenatal visits % babies with healthy birth weight (5.5 lbs. or more) % mothers who birth full term (37+ weeks) % mothers who breastfeed at discharge #/% referred to community resources % utilizing transportation and/or child care incentives	$127,788 grant funding $67,233 hospital contribution	1.0 Nurse midwife, 1.0 community health worker; 0.5 clerk	Year 1: Planning for number of Centering groups and final metrics Year 2 +/or 3: Expand as need and demand increase	Families First, Pregnancy Center, Parent Resource Center, Butler County Regional Transit Authority, YMCA, Middletown Heroin Summit, Opioid Reduction Task Forces in Warren & Clinton counties, Mental Health Recovery Services of Warren & Clinton counties
Birth outcomes & chronic diseases-food insecurity/ food deserts	Food for Health	% mothers in CenteringPregnancy screened for hunger % elderly in senior ED screened for hunger Financial support for, and referrals with, community initiatives such as One Market One Bistro	$18,000 contributed for construction of One Market One Bistro $9,375 value of director's time $7,500 for program development $5,000 value of hospital staff time	0.075 FTE system director, community benefits AMC community relations manager	Year 1: Develop screening for pregnant and elderly & support creation of One Market One Bistro Year 2: Develop food initiative based on hunger screening Year 3: Implement new Food for Health initiatives	One Market One Bistro, SNAP, WIC

			Resources			
Health Issue	*Strategy*	*Evaluation of Impact (Measures)*	*Financial Value*	*Staffing*	*Timing*	*Partners*
Behavioral health/ substance abuse	Opioid disease education	#/% front-line staff trained in OB & ED Additional training for hospital staff and possibly offered in community #/% trained in trauma-informed care	$9,375 value of director's staff time $7,500 for program development $8,000/yr.=value of hospital staff time for year 1 & 2; $10,000 value of staff time for year 3	0.075 FTE system director, community benefits 0.10 FTE/yr. for year 1 & 2; 0.30 FTE for year 3	Year 1: Train OB & ED front-line personnel. Year 2 +/or 3: Train rest of nurses, private MDs, and offer to community. Provide training in trauma-informed care.	ADAMHS Board, Health Ministries, Samaritan Behavioral Health, Inc., physician practices, Middletown Heroin Summit, Opioid Reduction Task Forces in Warren and Clinton counties, Mental Health Recovery Services of Warren & Clinton counties
Behavioral health and chronic diseases	Senior ED	Once operational, metrics and targets will be finalized, such as: # people treated % screened (# and type TBD) % receiving case management % referred to community resource % who follow-through on referral	$500,000 for one-time construction costs $225,000 annual operating costs	5.2 RNs; 1.0 MD medical director; 0.50 social worker; 0.25 clerk	Year 1: Planning and construction Year 2: Full year of operations	Community extended care facilities

Accountability

The chief operating officer is responsible for ensuring that strategies occur which meet the community needs, as outlined in this document. The system director for community benefits will assist as a community liaison in collaborative efforts and will help coordinate system-wide initiatives.

Significant Health Needs Addressed

Implementation strategies, listed on the preceding pages, address these prioritized health needs:

- Behavioral health/substance abuse
- Birth outcomes
- Chronic diseases – food insecurity/food deserts

Significant Health Needs Not Addressed

Not applicable

Board Approval

Premier Health's board of directors approved the implementation strategies in March 2017.