

# **St. Vincent Charity Medical Center**

## **Community Health Needs Assessment Implementation Strategy**

*Adopted by St. Vincent Charity Medical Center Board of Directors on April 5, 2017*

### **Introduction**

In 2016, St. Vincent Charity Medical Center conducted a community health needs assessment (CHNA) of the geographic areas served by the hospital pursuant to the requirements of Section 501(r) of the Internal Revenue Code. The CHNA was approved by the St. Vincent Charity Medical Center Board of Directors on December 7, 2016. This is the second St. Vincent Charity Medical Center community health needs assessment (CHNA) in response to the federal government regulation.

The 2016 St. Vincent Charity Medical Center CHNA served as the foundation for developing an implementation strategy to document the hospital's efforts to address the community health needs identified. This implementation strategy for 2017 through 2019 documents St. Vincent Charity Medical Center's efforts to address community needs identified in the 2016 CHNA as part of its community benefit programs that respond to the federal government regulation.

## **Written Comments**

Any person wishing to submit written comments regarding this Community Health Needs Assessment Implementation Strategy may submit comments to Leslie Andrews, Chair, Community Benefit Steering Committee at [leslie.andrews@stvincentcharity.com](mailto:leslie.andrews@stvincentcharity.com).

## **Overview of the Implementation Strategy**

The Strategy includes the following information:

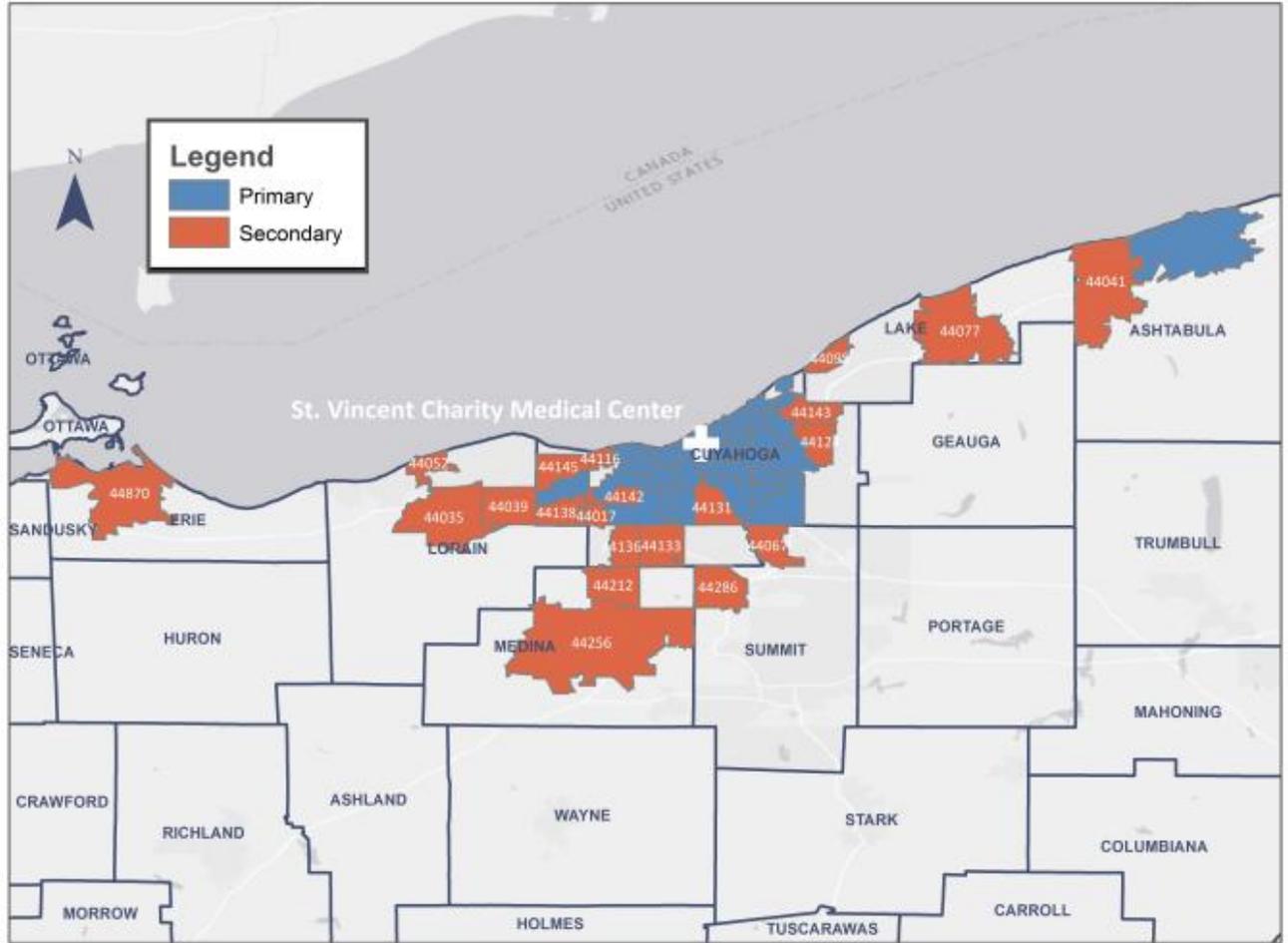
1. St. Vincent Charity Medical Center Mission Statement
2. Community served by St. Vincent Charity Medical Center
3. Observations from the 2016 CHNA
4. Identified Priority Community Health Needs
5. Implementation Strategies – 2017 through 2019
6. Significant Health Needs not being Addressed by the Hospital's Programs
7. Community Collaborations

## **Hospital Mission Statement**

In the spirit of the Sisters of Charity of St. Augustine, the St. Vincent Charity Medical Center family is dedicated to the healing ministry of Jesus. As Caregivers we serve with a deep respect for the dignity and value of all persons, we are focused on quality care, dedicated to the poor and committed to continuing education.

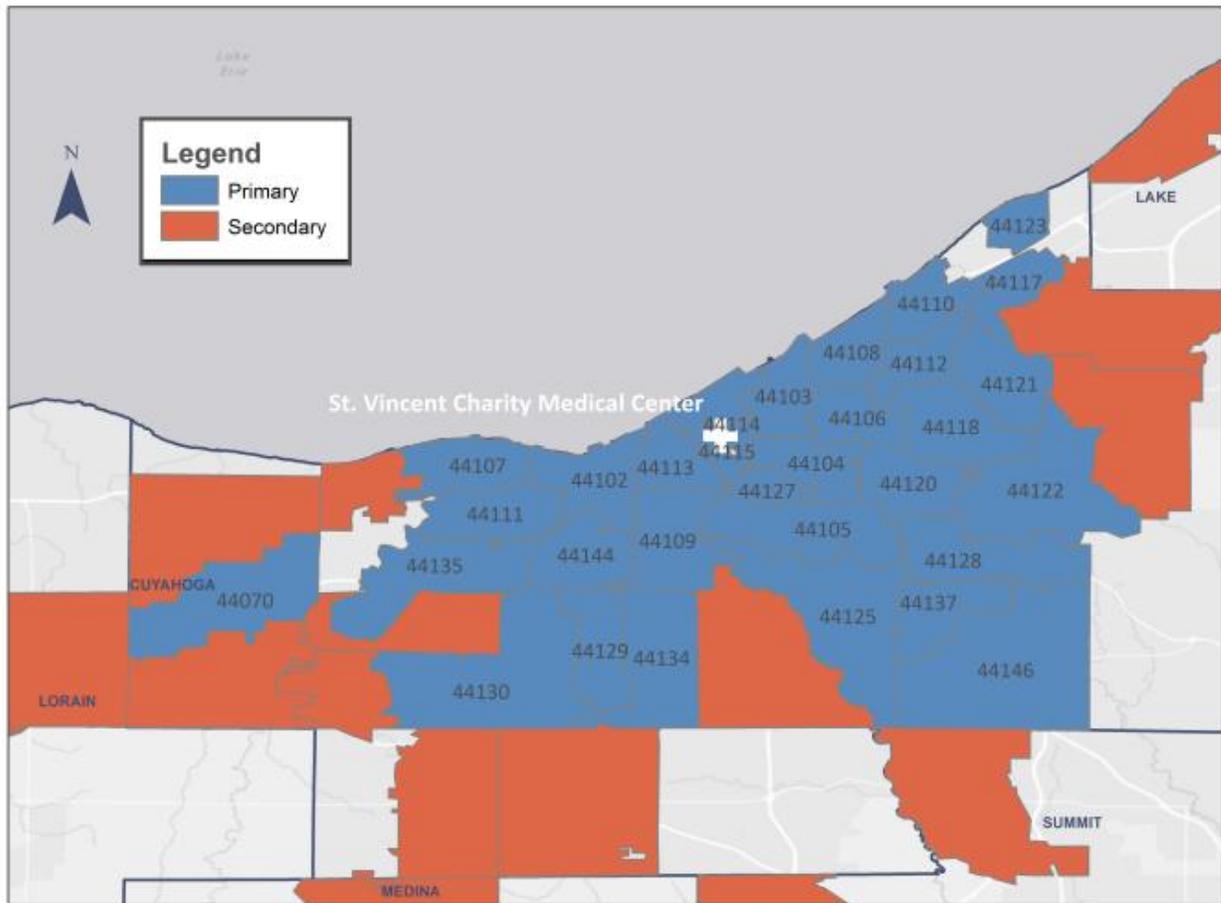
# Community Served by St. Vincent Charity Medical Center

St. Vincent Charity Medical Center: Primary and Secondary Market Areas



Prepared By: The Center for Health Affairs, June 2016

St. Vincent Charity Medical Center: Inset of Primary Market Area (excluding ZIP code in Ashtabula)



Prepared By: The Center for Health Affairs, June 2016

St. Vincent Charity Medical Center’s market area includes many municipalities dispersed among seven counties. Most of the primary market area is contained within Cuyahoga County, with one municipality located in Ashtabula County. The secondary market area includes municipalities in Ashtabula, Cuyahoga, Erie, Lake, Lorain, Medina and Summit counties.

In 2014, St. Vincent Charity Medical Center had 7,565 discharged patients. Of those, 5,620 were in the hospital’s primary or secondary market (74.3%).

## Observations from the 2016 CHNA

St. Vincent Charity Medical Center's 2016 CHNA examined a comprehensive set of quantitative and qualitative data to provide a thorough understanding of the community served by the hospital. The CHNA focused on the priority problems that impact the overall health of the community that surrounds St. Vincent Charity Medical Center.

### Population Trends:

- Cuyahoga County had a 1.1% reduction in population from 2010 to 2013.
- Cuyahoga County is growing older, on average.
- Cuyahoga County is majority White (63.9%), but the percentage of the population that is White decreased by 1.0% from 2010 to 2013. Almost 30% of the population in Cuyahoga County is Black or African American.

Poverty and transportation barriers impact access (to health services, healthy food and other necessities) and thus contribute to poor health.

- Over 14% of all families in Cuyahoga County were living under the poverty line in 2013.
- The unemployment rate in Cuyahoga County in January 2016 was 4.9%, which was lower than the state rate of 5.7%.
- From 2010 to 2013, the percentage of Cuyahoga County residents with private health insurance decreased from 67.6% to 65.6%, while the percentage of those with public coverage increased by 2.3%. Note that Ohio took advantage of the option to expand access to Medicaid to childless adults earning up to 138% of the federal poverty level starting in 2014. By late 2016, the uninsured rate in Cuyahoga County had dropped by more than half (to about 8%).

There exists a wide range of health status and access challenges across the community.

- Almost 60% of discharged patients in 2014 had hypertension.
- In both 2014 and 2015, the vast majority of psychiatric patients treated (as outpatients or admitted as inpatients) had a primary diagnosis of a chronic mental illness. Among those admitted as an inpatient, most commonly patients presented with a psychosis (schizophrenia being the most common).

Interviews with community leaders focused on the experience of residents living in the Central Neighborhood.

- While the Central Neighborhood has a number of assets, generational poverty is experienced by many, although not all, Central Neighborhood residents.
- Chronic disease precipitated by an unhealthy diet is a key health concern in the neighborhood.

- While recognizing that a lot of good work is being done in the community, there is a need for more ongoing community outreach to maintain awareness of services available and to promote healthy habits.
- Chronic stress, stemming from poverty, illegal activity in the neighborhood, and other stressors is a factor impacting the lives of many residents in the Central Neighborhood.

## Priority Community Health Needs

The health needs identified below were determined based on analyzing both qualitative data gathered from community leaders and quantitative data from hospital discharges. The needs were placed under five broad categories to facilitate the prioritization process. The prioritization process included input from hospital employees who work in administration and those who interact with patients and residents in the community.

The hospital will focus its efforts on addressing the identified priority health needs for individuals living in the Central Neighborhood, where the hospital is located. The Central Neighborhood has 12,306 residents. Ninety percent of households with children are headed by females, 96% of households are non-White, household income is an average of \$9,418 and 70% live in poverty.

Listed below in no specific order:

Health Disparities	Plan to Address
Chronic Stress	No
Generational Poverty	No
Infant Mortality	No
Lead Poisoning	No
Homelessness	No
Unemployment	No
Violence/Safety	No
Access	Plan to Address
Access to Prevention and Wellness Services	No
Access to Primary and Specialty Services	No
Cost of Care	No
Food Insecurity	No
Quality of Care	Yes
Transportation	No
Conditions	Plan to Address
Asthma	No
Cancer	No
COPD	No
Diabetes	No

Heart Failure	No
Hypertension	No
Obesity	Yes
<b>Mental Health / Addiction</b>	<b>Plan to Address</b>
Access to Mental Health Services (Inpatient, Outpatient and Residential)	Yes
Alcoholism	Yes
Heroin Epidemic	Yes
<b>Healthy Lifestyle</b>	
Nutrition	Yes
Physical Activity	No

## Implementation Strategies: 2017 Through 2019

2017-2018 CHNA Implementation Strategy	
Health Issue Planning Profile	
St. Vincent Charity Medical Center	
CHNA Health Issue:	<b>Access to mental health and addiction services / Alcoholism / Heroin epidemic</b>
<p><b>Description of the health issue:</b> There were 608 cases of fatal overdoses in 2016 compared to 370 cases in 2015. At least 517 died from heroin/fentanyl or in combination. Overdose rates would have been even higher had more than 400 overdoses not been reversed by Narcan in 2016, according to the Cuyahoga County Medical Examiner. Access to behavioral health services can be difficult due to a shortage of providers and lack of a centralized access point.</p>	
<p><b>Goal:</b> Improve our community’s capacity for mental health and addiction treatment both in terms of the number of expert professionals and physical infrastructure to provide appropriate treatment. Specially, the goal is to expand Rosary Hall by introducing a six-day Partial Hospitalization Program, provide transportation to treatment for sober living homes, and expand into a residential treatment facility. Another goal is to facilitate the creation of the Center for Behavioral Health Sciences for the education and training of mental health professionals. This will focus on the implementation of a community-based care model.</p>	
<p><b>Objective:</b> Reduce the number of people dying from overdoses of heroin, opiates, and fentanyl by expanding services and coordinating with other community providers. Create a research facility to address addiction centered on creating behavioral health treatment policy and workforce training.</p>	
<p><b>Strategies and Anticipated Outcomes:</b> Increase the capacity to appropriately and effectively treat more individuals for addiction. Increase the percentage of individuals achieving long-term sobriety through residential treatment. Conduct research to address behavioral health and addiction issues. Identify mechanisms for collaboration between community health providers and the Center for Behavioral Health Sciences.</p>	
<p><b>Collaboration and Partnership:</b> Cleveland State University, NEOMED, Kent State University, Case Western Reserve University, ADAMHS Board, Cuyahoga County Drug Court, Cleveland Police, Centers for Families and Children, City of Cleveland, Care Alliance, Front Line Services, Life Act, Ohio Department of Mental Health and Addiction Services, The Center for Health Affairs, May Dugan Center, Cleveland VA Medical Center, Recovery Resources</p>	

## 2017-2018 CHNA Implementation Strategy

### Health Issue Planning Profile

St. Vincent Charity Medical Center

CHNA Health Issue:

**Obesity / Nutrition**

**Description of the health issue:** In 2012, 67% of Cuyahoga county adults were overweight or obese based on body mass index. In St. Vincent Charity Medical Center's primary service area, 75% were overweight or obese based on body mass index. The Cuyahoga County Health Needs Assessment in 2012 identified that only 6% of adults were eating five or more servings of fruits/vegetables per day, with 90% eating between one and four servings. It is recommended that adults consume five to nine servings of fruits and vegetables per day. Access to those foods is difficult as only 2% were obtained in corner stores and 1% at food pantries while 36% bought at a farmer's markets and 56% at a local grocery store. Access to fresh fruits and vegetables especially in the Central neighborhood is difficult for residents due to transportation to the local grocery store, selection at the corner stores and available produce at food pantry sites.

**Goal:** Improve awareness of the benefits of fruits and vegetables (food as medicine) among the patient population and ultimately all community members. Expand access to healthy food in the Central Neighborhood.

**Objectives:** Increase awareness of and use of food as medicine.

**Strategies and Anticipated Outcomes:**

Increase awareness through the Employee Wellness Program and Nutritional Kiosk at St. Vincent Charity Medical Center. Increase the number of patients successfully losing weight through the Medically Supervised Weight Loss program. Collaborate on the Regional Initiative through The Center for Health Affairs to increase awareness of fruit and vegetable consumption through the SNAP-Ed "Celebrate Your Plate" marketing campaign. Consumption will be measured through SNAP-Ed based on purchases made with the card for households with children under 18 years old who are at or below 185% of the Federal Poverty Level. Provide healthy cooking classes in the Central Neighborhood in collaboration with the Sisters of Charity Foundation. Provide food to patients at St. Vincent Charity Medical Center partnering with the Greater Cleveland Food Bank.

**Collaboration and Partnership:** The Center for Health Affairs, Sisters of Charity Foundation, Greater Cleveland Food Bank, Healthy Living Kitchen, SNAP-Ed, University Hospitals, Cleveland Clinic, MetroHealth Medical Center, Lake Health, Prevention Research Center, Hunger Network

## 2017-2018 CHNA Implementation Strategy

### Health Issue Planning Profile

St. Vincent Charity Medical Center

CHNA Health Issue:

Quality of care

**Description of the health issue:** Access has many different components from transportation to awareness of services in the community to culturally appropriate care. Through community interviews conducted by St. Vincent Charity Medical Center in 2016 it was identified that access is affected by patterns of behavior including use of the ER for primary care, not accessing preventive care, resident trust of providers, transportation, generational poverty and chronic stress. Healthcare services can be difficult to navigate and access.

**Goals:** Create improved access to care for community members through improved culturally appropriate health literate care. This is to be provided in the HealthCare Center, which is adjacent to the Emergency Department and staffed by medical residents.

**Objectives:** Ensure that access points for care work for patients in the HealthCare Center and Emergency Department. Increase awareness in the Central Neighborhood of available services and promote preventive health messages. These will be measured via surveys of Center patients.

**Strategies and Anticipated Outcomes:** Train Residents and Caregivers on culturally appropriate communication. Health Literacy: Expand training and awareness through multiple touch points such as, health competencies, state efforts, professional education, and public awareness. Increase the number of patients served by health care navigator(s). Improve patient experience in HealthCare Center (via survey tool). Improve provider communication with patients through trainings focused on cultural sensitivity and implicit bias.

**Collaboration and Partnership:** Cleveland State University, NEOMED, Care Alliance, Ohio Health Literacy Partnership (OHLP), May Dugan Center, Greater Cleveland Food Bank, United Way, St. Vincent Charity Mission and Ministry Department, Sisters of Charity Foundation, MetroHealth Medical Center.

## Needs the Hospital Will Not Address

Health Disparities	Reason Issue is Not Addressed in This Plan
Chronic Stress	The hospital is not equipped to address this issue.
Generational Poverty	The hospital is located in a neighborhood which has extremely high levels of poverty. The hospital does its part in addressing this very difficult problem via its Charity Care Policy (see below, "cost of care").
Infant Mortality	The hospital's corporate owner is an active participant and financial supporter of the First Year Cleveland initiative. This initiative is solely focused on reducing infant mortality in Cuyahoga County.
Lead Poisoning	This impacts mainly pediatric patients; St. Vincent Charity Hospital does not serve the pediatric population.
Homelessness	The hospital is not equipped to address this issue.
Unemployment	Resilient Youth Program will provide stipend and life experience program for 20 Central youth ages 13-15 over next two years.
Violence/Safety	The hospital is not equipped to address this issue.
Access	Plan to Address
Access to Prevention and Wellness Services	The hospital provides numerous free educational and support meetings, and health screenings, to community members on a weekly basis.
Access to Primary and Specialty Services	Most of the market area for the hospital is designated as a Medically Underserved area. The hospital's effort in alleviating that lies in its focused training of primary care physicians experienced in urban medicine. The HealthCare Center at the hospital provides primary and specialty services to those with or without insurance.
Cost of Care	St. Vincent Charity Medical Center is committed to providing services regardless of an individual's ability to pay or to satisfy related financial requirements. The Charity Care Policy exists to offer financial counseling to all uninsured patients, including assistance in understanding and applying for local, state and federal health care programs.
Food Insecurity	While not a program funded by the hospital directly, the hospital does provide patients with information about the Greater Cleveland Food Bank's services and provides

	health screenings at multiple food pantries and community meals.
Transportation	The hospital provides patients with transportation needs access via their American Medical Response Shuttle in addition to cab vouchers or bus tickets.
<b>Conditions</b>	<b>Plan to Address</b>
Asthma	Other medical institutions in the area address this primarily pediatric condition.
Cancer	The hospital is not in a position to address population health levels of these conditions.
COPD	
Diabetes	
Heart Failure	
Hypertension	
<b>Healthy Lifestyle</b>	
Physical Activity	The hospital provides numerous options and support activities related to exercise as part of its cardiac rehabilitation program.

## **Implementation Strategy Development Collaborators**

ADAMHS Board  
Care Alliance  
Case Western Reserve University (CWRU)  
Celebrate Your Plate (SNAP-Ed)  
Centers for Families and Children  
City of Cleveland  
Cleveland Police  
Cleveland State University (CSU)  
Cuyahoga County Drug Court  
Greater Cleveland Food Bank  
Frontline Services  
Kent State University (KSU)  
Life Act  
May Dugan Center  
MetroHealth  
Mission and Ministry  
NEOMED  
Ohio Department of Mental Health and Addiction Services  
Ohio Health Literacy Partnership (OHLP)  
Recovery Resources  
Sisters of Charity Foundation  
The Center for Health Affairs  
United Way  
Veteran's Administration