MOUNT CARMEL WEST

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COLUMBUS, OHIO 43222

mountcarmelhealth.com

COMMUNITY BENEFIT IMPLEMENTATION PLAN
2016-2018

MOUNT CARMEL
WEST

Mount Carmel Health System Community Health Needs Assessment Implementation Plan

Accepted by the Mount Carmel Health System Board of Trustees as a Component of the Community Benefit Plan and Approved on November 15, 2016.

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Mount Carmel Health System
OUR PURPOSE AND OVERVIEW

Mount Carmel Health System was founded in 1886 by two area physicians and the Sisters of the Holy Cross with the mission to help the poor and underserved. Today, as part of Trinity Health, one of the largest Catholic healthcare organizations in the United States, Mount Carmel continues to improve the health of our communities by providing compassionate care and service to people in time of illness and suffering.

Located in Columbus, Ohio with a target service area that includes all of Franklin County, we serve a population of about 800,000 with 1,350 inpatient beds, employ more than 8,000 employees, and have 1,500 physicians and nearly 900 volunteers.

Mount Carmel includes Mount Carmel East, Mount Carmel West, Mount Carmel St. Ann's, Mount Carmel New Albany Surgical Hospital, Diley Ridge Medical Center, and community based ambulatory centers, Women's Health, Physical Rehabilitation and Cancer Services.

Who We Are

We promise to put people at the center of everything we do.

Mission

We serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Vision

As a Mission-driven, innovative health organization, we will become a leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

Values

Reverence
Commitment to Those Who are Poor
Justice
Stewardship
Integrity
Compassion
Excellence

The Community We Serve, Franklin County

Rank of 52 (88 counties in state)

Measures	Franklin County (2013)	Franklin County	State	U.S.
Health Outcomes	***58***	***58***		
Length of Life	***56***	***46***		
Premature death /100,000		7,600	7,566	5,200
Quality of Life	**64**	**67**		
% Adults reporting fair or poor health		17%	17%	10%
Avg. physically unhealthy days/month		3.9	4.0	2.9
Avg. mentally unhealthy days/month		4.1	4.3	2.8
% Live births with low birth weight <2500 g.		9.0%	9.0%	6%
Health Factors	***41***	***49***		
Health Behaviors	***47***	***37***		
% Adults report currently smoking cigarettes		19%	21%	14%
% Adults reporting BMI ≥ 30		29%	30%	25%
Food environment index		6.6	6.9	8.3
% Adults 20+ reporting no leisure-time physical activity		23%	26%	20%
% Pop. with adequate access to locations for physical activity		95%	83%	91%
% Adults reporting binge drinking		20%	19%	12%
% Alcohol-impaired driving deaths		31%	35%	14%
Chlamydia rate /100,000		654.5	460.2	134.1
Teen birth rate /1,000 female pop., ages 15-19		39	34	19
Clinical Care	***11***	***18***		
% Pop. under age 65 without health insurance		15%	13%	11%
Ratio of pop. to primary care physicians		990:1	1,300:1	1,040:1
Ratio of pop. to dentists		1,190:1	1,710:1	1,340:1
Ratio of pop. to mental health providers		530:1	640:1	370:1
Preventable hospital stays /1,000 Medicare enrollees		57	65	38
% Diabetic Medicare enrollees receiving HbA1c test		86%	85%	90%
% Female Medicare enrollees receiving mammography		57%	60%	71%
Social & Economic Factors	***52***	***62***		
% Students who graduate HS in 4 years		67%	83%	93%
% Adults, age 25-44 with some college education		71%	63%	72%
% Pop. age 16+ unemployed but seeking work		4.8%	5.7%	3.5%
% Under age 18 in poverty		25%	23%	13%
% Children in single parent households		40%	35%	21%
Violent crime /100,000		485	307	59
Injury mortality /100,000		60	63	51
Physical Environment	***46***	***71***		
Avg. daily fine particulate matter in micrograms/cubic meter (PM2.5)		13.5	13.5	9.5
% Households with severe housing problems		17%	15%	9%
% Workforce driving alone to work		82%	84%	71%
% Commuting 30+ mins to work, driving alone		23%	29%	15%

http://www.countyhealthrankings.org/app/ohio/2016/county/snapshots/049/exclude-additional 2016

*90th percentile, i.e. only 10% is better.

Note: Values in table may vary from HealthMap 2016, due to data collection date.

Additional demographic information can be found in Franklin County HealthMap 2016: Navigating Our Way to a Healthier Community Together on pages 27 and 28.

Assessment, Methodology, and Findings

Mount Carmel joined representatives from Central Ohio Hospital Council, the hospital systems in Franklin County, public health departments, and community stakeholders to form the Community Health Needs Assessment (CHNA) Steering Committee. The Franklin County HealthMap 2016: Navigating Our Way to a Healthier Community Together (HealthMap 2016) was the product of the CHNA Steering Committee's efforts.

The top health priority needs were decided by the CHNA Steering Committee, per the Patient Protection and Affordable Care Act and IRS requirements. The Mount Carmel West Implementation Plan describes how these needs will be addressed at our individual hospital locations. To narrow the focus of top health needs, the CHNA Steering Committee has placed certain health indicators into sub categories, as followed:

1. Obesity
2. Infant Mortality
3. Access to Care
    a. ED Utilization
    b. Dental Care
4. Mental Health and Addiction
    a. Child Abuse
    b. Domestic Violence
    c. Substance Misuse
5. Chronic Conditions
    a. Alzheimer's
    b. Asthma
    c. Cardiovascular Disease
    d. Diabetes
    e. Stroke
6. Infectious Disease
    a. Chlamydia
    b. Gonorrhea
    c. HIV
    d. Pertussis
    e. Sepsis
    f. Syphilis

In depth information regarding the six top health indicators is available in HealthMap 2016, accessible at www.mountcarmelhealth.com/community-benefit.

The majority of the priority health needs identified in HealthMap 2016 were previously identified in the Franklin County HealthMap 2013: Navigating Our Way to a Healthier Community Together (HealthMap 2013) and have assisted Mount Carmel in aligning resources to best address the identified health needs.

Saving the lives of babies has always been a priority at Mount Carmel. In 2013, data revealed Ohio had one of the worst infant mortality rates in the nation. In response, the Greater Columbus Infant Mortality Task Force, which included the President and CEO of Mount Carmel, formed. The Greater Columbus Infant Mortality task force developed eight recommendations and an implementation plan for CelebrateOne to reduce the high infant mortality rates of Franklin County by 40 percent and cut the

racial health disparity gap in half by the year 2020 (CelebrateOne). Mount Carmel will continue to support the efforts of CelebrateOne.

Community Benefit Reporting

For additional information on the programs Mount Carmel utilized to address the identified health needs from HealthMap 2013, view the Community Benefit Report for fiscal year 2015 at www.mountcarmelhealth.com/community-benefit.

Mount Carmel Health Community Benefit System-wide Strategies Goals

Enhance the health of the community

- Emphasis on primary prevention which includes providing healthcare, health promotion, and disease prevention activities
- Advance medical/healthcare knowledge

Achieve health equity

- Target areas of high need
- Target populations with high need

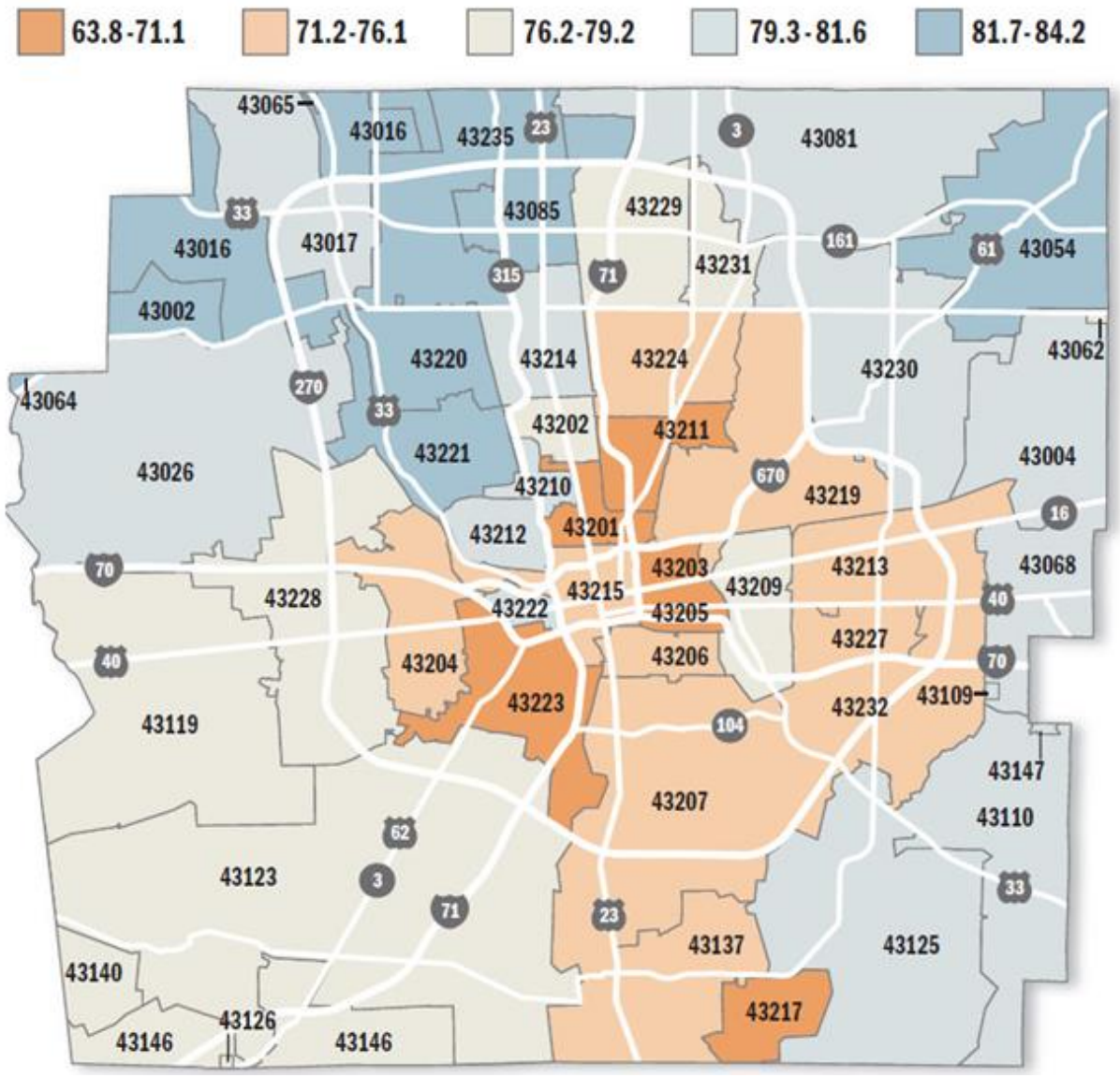
Demonstrate value of community benefit

- Building a seamless continuum of care
- Coordinate/partner with community organizations
- Demonstrate a return on investment in terms of financial outcomes and accomplishments for the common good
- Demonstrate transparency
- Relieve/reduce the burden of government/other community efforts

Mount Carmel is addressing the identified community health needs system-wide by including the social determinates of health and reviewing needs from a life course perspective. Social determinates of health are factors that contribute to a person's current state of health. “These factors may be biological, socioeconomic, psychosocial, behavioral, or social in nature. Scientists generally recognize five determinants of health of a population:

- Biology and genetics. Examples: sex and age
- Individual behavior. Examples: alcohol use, injection drug use (needles), unprotected sex, and smoking
- Social environment. Examples: discrimination, income, and gender
- Physical environment. Examples: where a person lives and crowding conditions
- Health services. Examples: access to quality health care and having or not having health insurance" (CDC.gov).

Life course perspective looks at how an individual's lifestyle choices and health outcomes are affected by their family history. It connects past family, social, economic, and health history to individual behavior and outcomes in the present. Beyond health history, where one lives has an impact on life expectancy. According to the Kirwan Institute report cited in The Columbus Dispatch, life expectancy can range from 63.8 years to 84.2 years depending on which zip code you live in Franklin County. The zip codes with the shorter life expectancy tend to correlate with the hot spots identified in the Franklin County HealthMap 2016.



Source: Kirwan Institute for the Study of Race and Ethnicity at The Ohio State University
The Columbus Dispatch

Mount Carmel Health System Facilities Addressing Health Needs

Mount Carmel West

Mount Carmel West is the original Mount Carmel Health System hospital. It has become a Level II Trauma Center, a certified Primary Stroke Center, has an oncology program accredited as a Network Cancer Program, and has a Bariatric Center that is designated as a national Center of Excellence. Mount Carmel West is home to several ACGME-accredited physician residency programs, and houses the Mount Carmel College of Nursing, one of the largest baccalaureate nursing programs in Ohio.

In the years to come, Mount Carmel West will be transformed from a full-service hospital into a vibrant, urban outpatient and educational campus that will provide the most needed healthcare services to the neighboring community. The campus will focus on supporting those with chronic conditions by encouraging healthy lifestyle choices and promoting holistic wellness. The new Mount Carmel West will feature a full-service, 24-hour emergency department; outpatient services, including chronic care clinics, primary care, imaging and lab services; a Healthy Living Center; a variety of community outreach services; and expanded space for the College of Nursing. Inpatient care will continue at the Mount Carmel's Grove City campus.

Mount Carmel west is located in 43222. This zip code has the following priority needs:

Infant Mortality

Priority area for infant mortality

Access to Care

High rate of emergency department visits

Chronic Conditions

Stroke

According to Franklin County HealthMap 2016: Navigating Our Way to a Healthier Community Together, zip code 43222 has been identified as having:

- The 4th lowest median household incomes in Franklin County
- The 3rd highest percentages of food stamps needed in the household
- Higher rate of violent crime in the area
- Lowest percentage of individuals with at least a high school diploma
- The 2nd highest rate of Emergency Department visits

Mount Carmel Grove City

Meeting the needs of one of Central Ohio's fast growing communities, Mount Carmel created a new integrated medical facility in Grove City. Currently a full service 24-hour emergency department, women's health center, diagnostic imaging and lab services, primary and specialty physicians' offices, the conversion to a full-service hospital is scheduled to open late 2018.

The modern facility will elevate the patient experience and set the standard for people-centered care with technologically advanced inpatient and outpatient surgical suites, as well as maternity, oncology and palliative care services, in addition to the existing physical therapy and cardiac rehabilitation services. To provide a healing and tranquil environment for those in our care, all inpatient rooms at Mount Carmel Grove City will be private.

Mount Carmel Grove City is located in 43123. This zip code has the following priority needs:

Mental Health and Addiction

Chronic Conditions

Alzheimer's Disease

- Cardiovascular disease
- Diabetes
- Infectious Diseases
- Pertussis

Also highlighted in HealthMap 2016 were hotspots located in the Mount Carmel West's primary service areas. These hot spots along with the top health needs of these zip codes are:

43204

- Obesity
- Infant Mortality
- Access to Care
  - Dental Care
- Mental Health and Addiction
- Chronic Conditions
  - Asthma
  - Cardiovascular Disease
  - Diabetes
  - Stroke
- Infectious Disease
  - Gonorrhea
  - HIV
  - Sepsis

43207

- Obesity
- Infant Mortality
- Access to Care
  - Dental Care
- Mental Health and Addiction
- Chronic Conditions
  - Alzheimer's Disease
  - Asthma
  - Cardiovascular Disease
  - Diabetes
  - Stroke
- Infectious Disease
  - HIV
  - Pertussis
  - Sepsis
  - Syphilis

43223

- Obesity
- Infant Mortality
- Access to Care
  - ED Utilization
  - Dental Care
- Mental Health and Addiction
- Chronic Conditions
  - Asthma
  - Cardiovascular Disease
  - Diabetes
  - Stroke
- Infectious Disease
  - Chlamydia
  - Gonorrhea
  - HIV
  - Syphilis

43228

- Obesity
- Access to Care
  - Dental Care
- Mental Health and Addiction
- Chronic Conditions
  - Asthma
  - Cardiovascular Disease
  - Diabetes
  - Stroke
- Infectious Disease
  - Chlamydia
  - Gonorrhea
  - Sepsis
  - Syphilis

Mount Carmel West Implementation Plan

CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2016-2018

HOSPITAL FACILITY:	Mount Carmel West		
CHNA SIGNIFICANT HEALTH NEED:	Obesity		
CHNA REFERENCE PAGE:	10, 66	**PRIORITIZATION #:**	1

BRIEF DESCRIPTION OF NEED: Studies estimate the annual health care costs of obesity-related illness are a staggering $190.2 billion, or nearly 21% of annual medical spending in the United States. Childhood obesity alone is responsible for $14 billion in direct medical costs nationally. People who are obese, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions, including high blood pressure, Type 2 diabetes, coronary heart disease, stroke, osteoarthritis, some cancers and mental illness. In Franklin County, the percentage of obese adults (30.7%) is higher than the national average (27.6%). Franklin County children fare even worse, with 19.8% of children considered obese compared to a 13.7% national average (HealthMap 2016).

GOAL: Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights (HP2020 Nutrition and Weight Status goal).
Improve health, fitness, and quality of life through physical activity (HP2020 Physical Activity goal).

OBJECTIVE:

1. Prevent inappropriate weight gain in children and adolescents aged 2 to 19 years (NSW – 11.4).
2. Prevent inappropriate weight gain in adults aged 20 years and older (NSW – 11.5).
3. Reduce the proportion of adults who engage in no leisure-time physical activity (PA-1).
4. Increase the proportion of adults who meet current federal physical activity guidelines for aerobic physical activity for muscle-strengthening activity (PA – 2).

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Provide space for a variety of health, educational, and support resources.
2. Encourage healthy lifestyle habits and promote holistic wellness, resulting in a healthier community.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Increased use of space for healthy programming.

PLAN TO EVALUATE THE IMPACT: Number of visitors to the Healthy Living Center for child and adult cooking classes. Number of visitors attending physical activity classes.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Healthy Living Center: Hosting/Co-sponsoring events and classes such as free cooking demonstrations, weight management class, Zumba, Yoga, Tai Chi, and Understanding Binge Eating.

COLLABORATIVE PARTNERS: Gladden Community House, Columbus Public Health, West Side Health Advisory Council, Moms2B/The Ohio State University Wexner Medical Center, St. John Episcopal Church, Columbus Neighborhood Health Center**,** Shalom Zone, Office of Minority Health, Lower Lights Ministry, Community Refugee and Immigration Services

CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2016-2018

HOSPITAL FACILITY:	Mount Carmel West		
CHNA SIGNIFICANT HEALTH NEED:	Access to Care		
CHNA REFERENCE PAGE:	14 - 16, 46 - 47	**PRIORITIZATION #:**	3

BRIEF DESCRIPTION OF NEED: Emergency departments (EDs) in Franklin County experience higher utilization, when comparing rates per population, than do EDs across the state. Similarly, emergency departments in Franklin County are utilized more often for less severe cases, when comparing rates per population, than EDs across the state. In terms of specific conditions where access to care poses a problem, the CHNA Steering Committee felt that Franklin County residents continue to have difficulty in accessing dental care in the appropriate setting (HealthMap 2016).

GOAL: Improve access to comprehensive, quality health services (HP2020 Access to Health Services goal).
Prevent and control oral and craniofacial diseases, conditions, and injuries, and improve access to preventive services and dental care (HP2020 Oral Health goal).

OBJECTIVE:

1. Increase the proportion of persons with health insurance (AHS-1).
2. Increase the proportion of persons with a usual primary care provider (AHS-3).

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Treat immediate illnesses, provide education, and refer individuals to a primary care provider/ medical home.
2. Provide prescriptive medications for patients who qualify.
3. Increased awareness about preventative health measures, nutrition, and access to care.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Increase the number of individuals connected to primary care.
2. Increased number of individuals taking medication as needed.
3. Reduction in the number of non-emergency visits to emergency rooms.

PLAN TO EVALUATE THE IMPACT: Track, measure, and report the impact and growth of medication assistance program. Number of persons receiving financial assistance or assistance to sign up for insurance or other enabling services. Number of individuals served on the Mobile Coach and by Street Medicine.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Outreach Mobile Coach and Street Medicine Program, Outreach Special Events, Low Income Pharmacy, Lower Lights Christian Health Center

COLLABORATIVE PARTNERS: Local Federally Qualified Health Centers, Columbus Coalition for the Homeless, Healthcare for the Homeless, Columbus Public Health

CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2016-2018

HOSPITAL FACILITY:	Mount Carmel West		
CHNA SIGNIFICANT HEALTH NEED:	Mental Health and Addiction		
CHNA REFERENCE PAGE:	17, 58 - 59	**PRIORITIZATION #:**	4

BRIEF DESCRIPTION OF NEED: According to the Alcohol, Drug Addiction and Mental Health Board of Franklin County (ADAMH), nearly one in four adults in Franklin County experience mental illness. And more than ten percent of Franklin County residents ages 12 and older have needed treatment for an illegal drug or alcohol use problem. In Franklin County, psychiatric admissions and hospitalizations due to attempted suicide have both increased since the *HealthMap**2013***. Psychiatric patients in crisis often crowd hospital emergency departments, with psychiatric patients in crisis often facing long waits before accessing a bed and/or skilled psychiatric care (HealthMap 2016).

GOAL: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services (HP2020 Mental Health and Mental Disorders goal).
Reduce substance abuse to protect health, safety, and quality of life for all, especially children (HP2020 Substance Abuse goal).

OBJECTIVE:

1. Increase the proportion of adults who receive mental health treatment (MYHMD-9).
2. Increase the proportion of homeless adults who receive mental health services (MHMD-12).
3. (Developmental) Increase the proportion of persons who are referred for follow-up care for substance abuse (ED) (SA-9).
4. Reduce drug-induced deaths (SA-12).
5. Increase tobacco screening in health care settings (TU-9).

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Education and use of naloxone to reduce opioid induced deaths.
2. Provide Naloxone kits at community forums.
3. Refer substance abusers to care.
4. Education and support for death-related grief.
5. Provide mental health services aboard the Outreach Mobile Coach.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Reduction in opioid induced deaths.
2. Enhancement of psychosocial aspects of every day events for residence of various nursing/resident homes.

PLAN TO EVALUATE THE IMPACT:

1. Number of referrals made to mental health and addiction facilities
2. Number of persons provided with education around substance abuse and use of naloxone intervention
3. Number of persons assisted through the community opiate addition task force

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Outreach Mobile Coach and Street Medicine Program, Outreach Special Events, Lower Lights Christian Health Center, College of Nursing Community Participation, Mount Carmel Hospice, collaboration with Mount Carmel Medical Group

COLLABORATIVE PARTNERS: Southeast, Inc., Maryhaven, Isabelle Ridgeway Care Center, Community Opiate Addiction Task force/Coalitions

CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2016-2018

HOSPITAL FACILITY:	Mount Carmel West		
CHNA SIGNIFICANT HEALTH NEED:	Chronic Conditions		
CHNA REFERENCE PAGE:	19 – 21, 62, 66	**PRIORITIZATION #:**	5

BRIEF DESCRIPTION OF NEED: Chronic diseases – such as heart disease, stroke, cancer and diabetes – are the leading causes of death and disability at the local, state and national levels. According to the Centers for Disease Control and Prevention, medical care costs of people with chronic diseases account for more than 75% of total medical care costs in the United States. While mortality rates for each of the top five deadliest cancers in Franklin County have decreased since the last HealthMap, county rates for lung, colon, breast and pancreas are higher than national rates. Franklin County has a higher prevalence among adults diagnosed with asthma when compared to national data. Franklin County also has higher mortality rates for cerebrovascular disease compared to national data (HealthMap 2016).

GOAL: Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and stroke; and prevention of repeat cardiovascular events (HP2020 Heart Disease and Stroke goal).
Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for DM (HP2020 Diabetes goal).
Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer (HP2020 Cancer goal).
Reduce tobacco use and second hand smoke exposure.

OBJECTIVE:

3. Increase the proportion of persons who receive formal diabetes education (D-14).
4. Increase prevention behaviors in persons at high risk for diabetes (D-16).
5. Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure (HDS-11).
6. Increase the proportion of patients with hypertension in clinical health systems whose blood pressure is under control (HDS-25).

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Provide treatment and education for illnesses, and refer patients to a permanent medical home providing preventative and treatment care.
2. Education for patients about preventative health measures.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Increased number of individuals connected to medical homes who are receiving preventative care.
2. Ongoing contact and follow up with patients who have chronic health condition.
3. Long term patients showing signs of improved health through lower blood pressure and reduction in diabetes related issues.

PLAN TO EVALUATE THE IMPACT: Increased number of individuals referred to primary care. Improvement in blood pressure readings and glucose levels.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Outreach Mobile Coach and Street Medicine Program, Outreach Special Events, Lower Lights Health Center, College of Nursing Community Health Initiatives, Prescription Ease

COLLABORATIVE PARTNERS: Columbus Coalition for the Homeless, Healthcare for the Homeless Program, Columbus Public Health

CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2016-2018

HOSPITAL FACILITY:	Mount Carmel West		
CHNA SIGNIFICANT HEALTH NEED:	Infectious Disease		
CHNA REFERENCE PAGE:	23 – 26, 72 - 78	**PRIORITIZATION #:**	6

BRIEF DESCRIPTION OF NEED: Incidences of infectious diseases, especially those that are sexually transmitted, are significantly more prevalent in Franklin County than in Ohio and the nation. The Centers for Disease Control and Prevention (CDC) estimates that nationally there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. health care system is estimated to be as much as $15.9 billion annually. Franklin County rates for syphilis, gonorrhea and chlamydia are significantly higher than Ohio and national rates. Franklin County rates for pertussis, tuberculosis and varicella are also higher than Ohio and national rates (HealthMap 2016).

GOAL: Increase immunization rates and reduce preventable infectious disease (HP2020 Immunizations and Infectious Disease goal).

OBJECTIVE:

1. Increase the percentage of children and adults who are vaccinated annually against seasonal flu (IID-12).
2. Increase the proportion of persons aware they have a hepatitis C infection (IID-27).

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Provide flu and pneumonia vaccinations for qualifying individuals.
2. Educate individuals about prevention of contracting hepatitis C.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Fewer incidences of seasonal flu.
2. Increase the number of individuals educated about hepatitis C prevention.

PLAN TO EVALUATE THE IMPACT: Increased number of flu and pneumonia vaccinations provided.
Number of persons educated about hepatitis C.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Outreach Mobile Coach and Street Medicine Program, Outreach Special Events, Lower Lights Christian Health Center

COLLABORATIVE PARTNERS: Columbus Coalition for the Homeless, Healthcare for the Homeless, Columbus Public Health

Unaddressed Identified Needs

All priority needs identified by HealthMap 2016 have been addressed by at least one Mount Carmel facility unless noted otherwise due to the need being outside of Mount Carmel's scope of practice or limited resources.

Identified Need	MCW Addressing Need	Need Addressed By
Obesity	x	MCE, MCSA
Infant Mortality		MCE, MCSA
Access to Care	X	DRMC, MCE, MCSA
Mental Health and Addiction	X	DRMC, MCSA
Chronic Conditions	X	DRMC, MCE, MCNA, MCSA
Infectious Disease	X	MCNA

MCE Mount Carmel East
MCW Mount Carmel West
MCSA Mount Carmel St. Ann's
MCNA Mount Carmel New Albany
DRMC Diley Ridge Medical Center

Resources

Centers for Disease Control and Prevention. NCHHSTP Social Determinants of Health. Accessed 6/17/16. Retrieved from http://www.cdc.gov/socialdeterminants/Definitions.html

CelebrateOne. Accessed 6/17/16. Retrieved from http://celebrateone.info/

County Health Rankings. Accessed 4/21/2016. Retrieved from http://www.countyhealthrankings.org/app/ohio/2016/county/snapshots/049/exclude-additional

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United States Census Bureau. American Fact Finder. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

The community health needs assessment and the implementation strategy are based on data supporting the health needs and resources available for a certain period of time. These needs and resources may change, and therefore, the implementation strategy must also change to remain relevant to the community and hospital system.