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Introduction

Wayne HealthCare Service Area

The primary service area for Wayne HealthCare is defined as Darke County located in western Ohio. Darke County borders the state of Indiana and is a 30 to 90 minute drive from several major, Midwestern metropolitan communities including: Dayton, Cincinnati, and Columbus in Ohio, and Indianapolis, Indiana. According to the Office of Rural Health Policy, Darke County is considered a rural county. Approximately 83.14% of the county's land is cropland; 4.49% of the land is pasture; 9.58% of the land is considered forest; 2.16% of land used by residential, commercial, industrial, or transportation uses; 0.08% of the land is open water; and 0.54% of the land is wetlands (woodland/herbaceous).

Darke County's total population is estimated to be about 52,196. Its largest community and city is Greenville with an estimated 13,037 residents. The Ohio Development Services Agency forecasts Darke County's overall population to decrease by approximately 12% by the year 2040. The population under the age of 65 years of age is projected to decrease by approximately 11% by the year 2040 while the population over the age of 65 is expected to increase by approximately 11% by the year 2040. The median age in Darke County is 40.7 years while the median age for the State of Ohio is 39.0 years, while the U.S. median age is 37.3. These age statistics provide important background information for the health priorities presented later in this report.

There are 20,776 households in Darke County and 14,158 family households. About 74.4% of housing units are owner-occupied and 25.6% are renter-occupied. One-third of children who live in poverty are in female-headed households (35.1%). Across the County, 7,768 people received food assistance in the year 2013, which is 14.8% of the population and is 10% less than the percentage that received food assistance in 2012. Approximately 13% of Darke County's population does not have a high school diploma.

Source: Ohio Development Services Agency, 2015, <http://www.development.ohio.gov/files/research/C1020.pdf>; U.S. Census Bureau, 2009-2013 American Community Survey; Darke County Job and Family Services, 2013, <http://jfs.ohio.gov/County/cntypro/pdf13/Darke.stm>; Massachusetts Institute of Technology (MIT) Living Wage Calculator; <http://livingwage.mit.edu/>; Ohio Department of Job and Family Services, Ohio Labor Market Information, Local Area Unemployment Statistics (LAUS) Program, 2015, <http://ohiolmi.com/laus/ColorRateMap.pdf>

Community Health Needs Assessment

Wayne HealthCare partnered with the Darke County Health Department, Tri-county Board of Mental Health, Job & Family Services, the Darke County Chamber of Commerce, and Family Health to prepare the 2015-2017 Community Health Needs Assessment (CHNA) with Wright State University serving as

the data, research, and facilitation consultant. A community health needs assessment engages community members and partners to collect and analyze health-related data from many sources.

Data Collection

To prepare the CHNA, primary and secondary data were compiled in order to comprehensively describe the Wayne HealthCare service area. Primary and secondary data were compiled for Darke County and then the area's status was compared to state and national data where possible. Primary data are data collected from firsthand experience; the CHNA reported data from the Darke County Behavioral Risk Factor Surveillance System (BRFSS), which is a survey of the population's health, as well as via focus groups with uninsured and low-income persons, and school nurses to gain insights into challenges facing school-age children. The general population was also engaged in the CHNA process at the County Fair in the summer of 2015; priority health issues identified from the data were presented on a storyboard and attendees at the Fair were invited to provide feedback on these priorities via a brief survey. Secondary data analysis refers to reprocessing and reusing information that has already been collected, such as institutional records from sources such as hospitals and the Ohio Department of Health. Aggregate hospital ICD-9 emergency department and hospital inpatient discharge diagnoses data were obtained from the Ohio Hospital Association via the Greater Dayton Area Hospital Association. Cancer data and vital statistics were obtained from the Ohio Department of Health. Other data were obtained from national sources, such as the Health Resources and Services Administration (HRSA), the Bureau of the Census, the Ohio Development Services Agency, and the Robert Wood Johnson Foundation. These data were analyzed and reviewed to identify health issues of uninsured, low-income or minority groups and the whole community.

Using the key findings from the CHNA, key stakeholders identified and prioritized strategic areas of concern for Wayne HealthCare's service area. These strategic areas were used to develop the hospital's Implementation Strategy.

Selection of Community Health Priorities

Health needs were prioritized utilizing a method that takes into consideration the seriousness, trends, and impact of each health concern.

The criteria used to select the health priorities are:

- Proportion of population impact
- Degree to which the issue is worse than the State and/or the Nation
- Rapid increase/decrease of the issue
- Number of hospitalizations/ED visits
- Number of deaths
- Impacts on other health outcomes
- Seriousness of the consequences of not addressing the issue

The following list contains all of the health priorities identified by Wayne HealthCare's Community Health Needs Assessment (CHNA) ranked according to seriousness.

Leading Causes of Death

1. Heart Disease
2. Malignant Neoplasms
3. Other and unspecified
4. Chronic lower respiratory diseases
5. Stroke
6. Accidents (unintentional injuries)
7. Alzheimer's Disease
8. Diabetes
9. Nephritis & nephrosis
10. Influenza and Pneumonia
11. Chronic liver disease and cirrhosis

Top ED Diagnoses

1. Alcohol and Drug
2. Injury exc. Adverse Effect
3. Hypertension
4. Heart Disease
5. Diabetes
6. Spinal Disorders
7. COPD & Asthma

Top Inpatient Diagnoses

1. Hypertension
2. Heart Disease
3. Diabetes
4. COPD & Asthma
5. Complications of Pregnancy, Childbirth
6. Alcohol and Drug
7. UTI

Once all of these criteria were applied, the top three priorities were selected according to the criteria above and the prevalence of their contributing factors.

Health Priorities

Using the criteria above, three health priorities were identified for the service area: chronic disease prevention & education; coordinated care & coordinated management; and mental health & substance abuse. Wayne HealthCare will focus on addressing the chronic disease & education and coordinated care & coordinated management priorities; the Coalition for a Healthy Darke County will be the lead agent in address mental health & substance abuse. Additionally, Wayne HealthCare is a partner on select aspects of the effort to address mental health & substance abuse, which is primarily being addressed by the *Coalition for a Healthy Darke County*.

The purpose of the Coalition for a Healthy Darke County is:

To understand and promote community decision making, collaboration and ownership among many different organizations through joint action. The Coalition will permit these organizations to work together to resolve specific community challenges such as health and substance abuse. The Coalition will create a community of care revolving around health with opportunities for collaborative funding, creating structured systems and processes, shared resources, comprehensive planning, ongoing reporting and public communication, celebrating results and continuous improvement.

The following individuals are on the *Coalition for a Healthy Darke County* Board of Directors:

- Dr. Terrence Holman, Health Commissioner for the Darke County General Health District
- Dr. Laurie White, PhD, LISW-S, Director of Counseling and Behavioral Health at Family Health
- Mark McDaniel, Executive Director, Tri-County Board of Recovery and Wellness
- Dr. Tim Kathman, VP Medical Affairs, Wayne Health Care and Darke County Coroner
- Jeff Vaughn, Coordinator, Achievement Center for Educational Success (ACES)-Council on Rural Services (Role Model & Mentoring Grant)

Health Priority	Organization	Action Plan
Mental Health and Substance Abuse	Coalition for a Healthy Darke County	The Coalition for a Healthy Darke County was developed to understand and promote community decision making, collaboration, and ownership among many different organizations through joint action. The Coalition has identified six collaborative projects for the purpose of addressing mental health and substance abuse issues in the County. These projects include: Vivitrol Project; Role Model & Mentoring; Case Management/Referral Services/Outreach; Public & Workforce Education; Funding/Fundraising; School Resource Officer Program; Making the Healthy Choice the Easy Choice; and Legislative Issues.

Health Needs to be Addressed

Wayne HealthCare representatives reviewed the selected health priorities in conjunction with the hospital's services and programs, areas of expertise, resources, and existing community assets to determine which priority areas it could best address. Specialists from Wayne HealthCare's Lifestyle Enhancement Center, along with representatives from the President's Office, Cardiac Rehabilitation and Secondary Prevention office, the Pulmonary Rehab clinic, Nutrition Services, and the Marketing office came together to determine the health factors that this facility is best positioned to influence during the upcoming planning cycle due to the facility existing programs and accessible resources. The priorities include:

- ✓ Chronic Disease Prevention and Education
- ✓ Coordinated Care and Coordinated Management
 - Case Management/Referral Services/Outreach
- ✓ Mental Health and Substance Abuse
 - Vivitrol Project
 - Role Model & Mentoring

Implementation Strategy

In support of the 2015 Community Health Needs Assessment and ongoing community benefit initiatives, Wayne HealthCare plans to implement the following strategies to impact and measure community health improvement. As Wayne HealthCare moves forward with each initiative, community needs will be continually monitored, and programming and services will be adjusted accordingly.

Priority: Chronic Disease Prevention & Education

Rationale

Despite improvement rates of several diseases since the previous CHNA, addressing chronic disease in Darke County remains a high priority need. Death due to heart disease and cancer has been steadily increasing from 2000 to 2013, according to Ohio Department of Health Vital Statistics. The rate of death due to diabetes or chronic lower respiratory disease (i.e. – asthma and chronic obstructive pulmonary disease (COPD)) has nearly doubled in the last five years. Darke County has a relatively large older population and that cohort is projected to increase in coming decades. While an aging population may help explain the health trends, it also underscores the need to identify strategies to mitigate the trends, to the degree possible.

According to hospital data from the Ohio Hospital Association via the Greater Dayton Area Hospital Association, asthma and chronic obstructive pulmonary disease were the 4th leading reasons for inpatient admittance and 7th leading reason for emergency room hospitalization in Darke County from 2004 to 2012.

According to self-reported data, 12.6% of Darke County residents have been told by a medical professional that they have diabetes (versus 11% for Ohio); the annual mortality rate due to diabetes mellitus in Darke County was 60.7 per 100,000 in the year 2013, which is higher than the rate for the State of Ohio (40.0 per 100,000). Additionally, 4.6% and 2.6% of Darke County residents have been told by a medical professional that they have had a heart attack/myocardial infarction or coronary heart disease, respectively; the annual mortality rate due to diseases of the heart (including stroke, coronary heart disease, or myocardial infarction) was 427.7 per 100,000, in 2013, which is substantially higher than the rate for the State of Ohio (301.2 per 100,000).

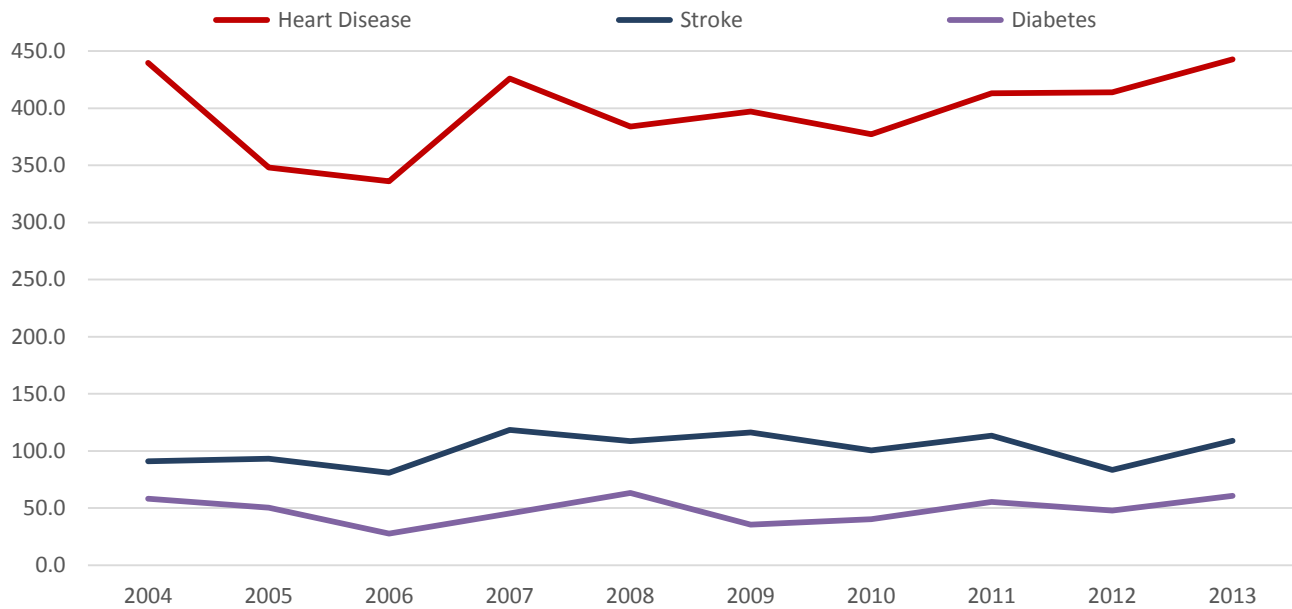
A comparison of the status of Chronic Disease Risk Factors for Darke County as compared to the State of Ohio is presented below. The prevalence of smoking, obesity and the lack of nutrition and dental care are particularly concerning risk factors for County adults.

Table 1: Chronic Disease Risk Factors (Behavioral & Other)	Darke	Ohio
Adult smoking (<i>% of adults that smoke ≥100 cigarettes</i>)	23.0%	22.0%
Adult obesity* (<i>BMI: 25-29.9=overweight; BMI 30+=obese</i>)	35.6%	29.6%
No exercise* (<i>No leisure time physical activity</i>)	32.3%	32.3%
Excessive drinking (<i>Consuming >4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or drinking more than 1 (women) or 2 (men) drinks per day on average</i>)	11.4%	18.4%

Fewer than 5 servings of fruit/vegetables per day (Adults that report fewer than 5 servings of fruit/vegetables a day)	81.4%	78.2%
High blood pressure (Percent of adults that report having been diagnosed with high blood pressure)	22.0%	28.8%
Oral Health (Percent of adults that report having been to the dentist or dental clinic for any reason less than 1 year ago)	61.6%	60.5%

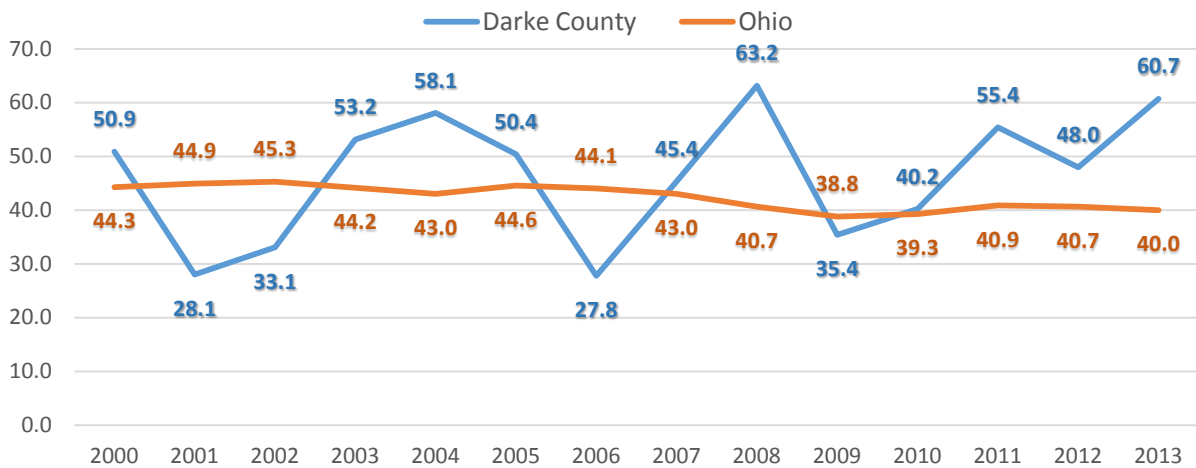
Leading Causes of Death, 2000-2013

Crude Rate per 100,000

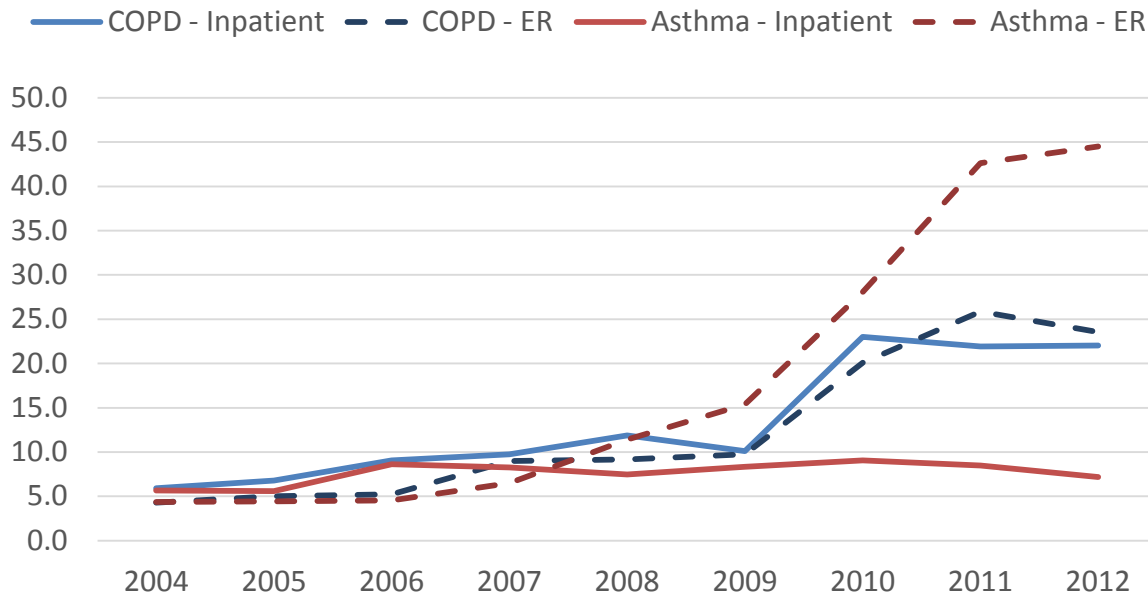


Annual Mortality Rate - Diabetes Mellitus, 2000-2013

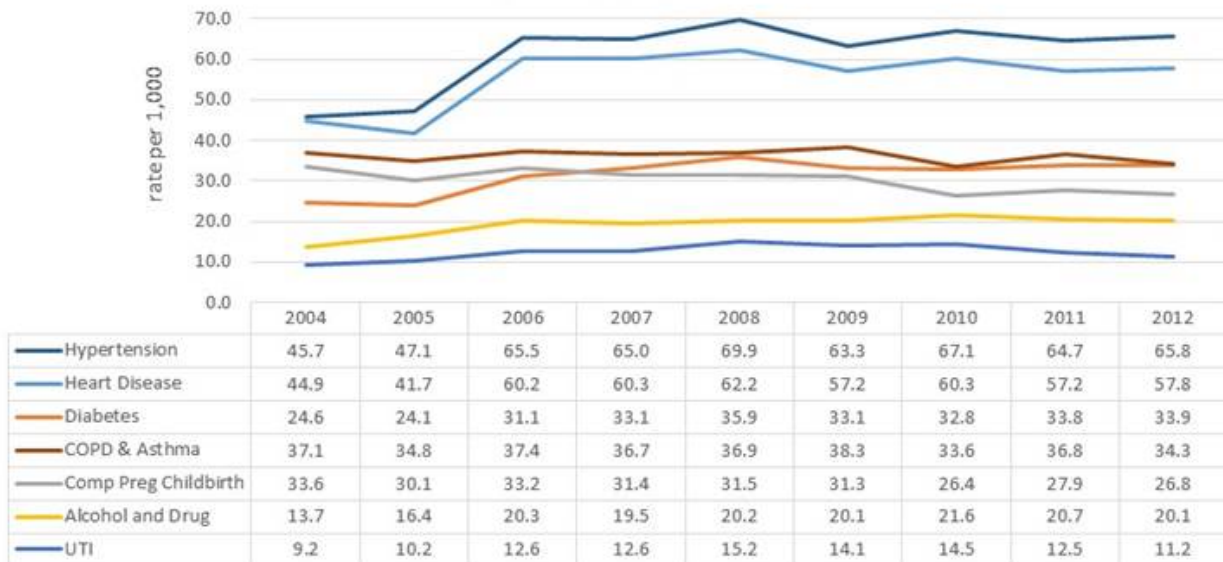
Crude Rate per 100,000



COPD & Asthma Hospital Diagnoses for the Adult Population, 2004-2012



Top Seven Inpatient Primary & Secondary Discharge Diagnoses for the Adult Population, 2004-2012 (crude rate per 1,000)



Chronic Disease Prevention & Education Implementation Strategies

Goal: Improve opportunities for chronic disease risk management and support chronic disease prevention and education programming.

Objective 1: By December 2017, increase the number of partners providing health education and promotion services by 2 new partners.

Activity 1: Inventory existing programs in the community.

Activity 2: Partner with the Health Department, Family Health, the Coalition for a Healthy Darke County, Darke County Recovery and Wellness, and the Department of Job and Family Services to distribute resource guides.

Activity 3: Increase marketing of lifestyle change programs, emphasizing the Group Lifestyle Balance program, to the general public.

Activity 4: Initiate the Healthy Living Series and Invest-in-Your-Health program by December 2017.

Objective 2: By December 2017, increase participation in risk factor management programs and activities.

Activity 1: Increase frequency of Healthy Moments program from 4 sessions to 6 sessions, annually.

Activity 2: Increase the number of businesses reached through corporate wellness efforts by partnering with at least one more business by December 2017.

Activity 3: Partner with more organizations to provide information on preventive services and health promotion/education materials at health fairs.

Activity 4: Initiate chronic disease management with inpatients by December 2017.

Objective 3: By December 2017, increase participation of adults in support groups and counseling programs for those affected by chronic disease.

Activity 1: Partner with local organizations to provide one-on-one nutrition and exercise counseling.

Activity 2: Market diabetes support groups and Group Lifestyle Balance program to businesses and the community.

Activity 3: Develop and market COPD support group to businesses and the community.

Activity 4: Increase participation in diabetes support groups.

Activity 5: Initiate one-on-one nutrition/exercise counseling for persons dealing with chronic disease.

Priority: Coordinated Care & Coordinated Management

Rationale

As the American healthcare system shifts into performance-based payment models, the reduction of hospital readmissions has become a critical concern for healthcare providers. To encourage hospitals to reduce hospital readmission, Congress introduced the Hospital Readmissions Reduction Program (HRRP) as a part of the Affordable Care Act (ACA). The HRRP allows the Centers for Medicare & Medicaid Services (CMS) to penalize hospitals for readmission of certain clinical conditions – including Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF).

In Darke County, death due to heart disease has been steadily increasing from 2000 to 2013, according to Ohio Department of Health Vital Statistics. According to hospital data from the Ohio Hospital Association via the Greater Dayton Area Hospital Association, asthma and chronic obstructive pulmonary disease were the leading reasons for inpatient and emergency room hospitalization in Darke County from 2004 to 2012.

Hospital processes - care coordination and care management - involving discharge, post-discharge, and outpatient treatment for COPD and CHF require collaboration with local healthcare providers and stakeholder organizations in Darke County; this demands optimized communication regarding data management.

Coordinated Care & Coordinated Management Implementation Strategies

Goal: Improve access to care and optimize health care resources by coordinating patient care with all healthcare providers in the community.

Objective: To reduce hospital readmission and deliver better health outcomes via coordinated care and coordinated management regarding Chronic Obstructive Pulmonary Disease and Congestive Heart Failure by December 2017.

Strategy 1: By December 2017, develop a mechanism to enable care coordination across multiple agencies by using the Darke County Adult Collaborative Care Release form.

Activity 1: Gain agreement with partners and healthcare providers in Darke County to develop a Darke County Adult Collaborative Care Release form.

Activity 2: Develop and implement the Darke County Adult Collaborative Care Release form.

Strategy 2: Identify patients at high risk for readmission and ensure that they get appropriate follow-up care beginning with a pilot demonstration project of a coordination of care data platform to enable connectivity and collaboration across health care and human services organizations.

Activity 1: Select a vendor with experience and expertise in coordination of care data platforms to guide the pilot demonstration project.

Activity 2: Conduct a demonstration project focusing on post-discharge care of COPD and CHF patients who are identified as high risk for readmission to the hospital.

Subtasks:

- Try out the data platform with patients who sign the Collaborative Care Release form.
- Verify commitment from selected health care and human services organizations to partner on this demonstration project.
- Track the services received for the selected patients and ensure their navigation of services needed.
- Meet regularly with partner organizations to report the status and make improvements as needed.

Activity 3: Based on the pilot results, determine the resources required to scale up the project.

Priority: Mental Health and Substance Abuse

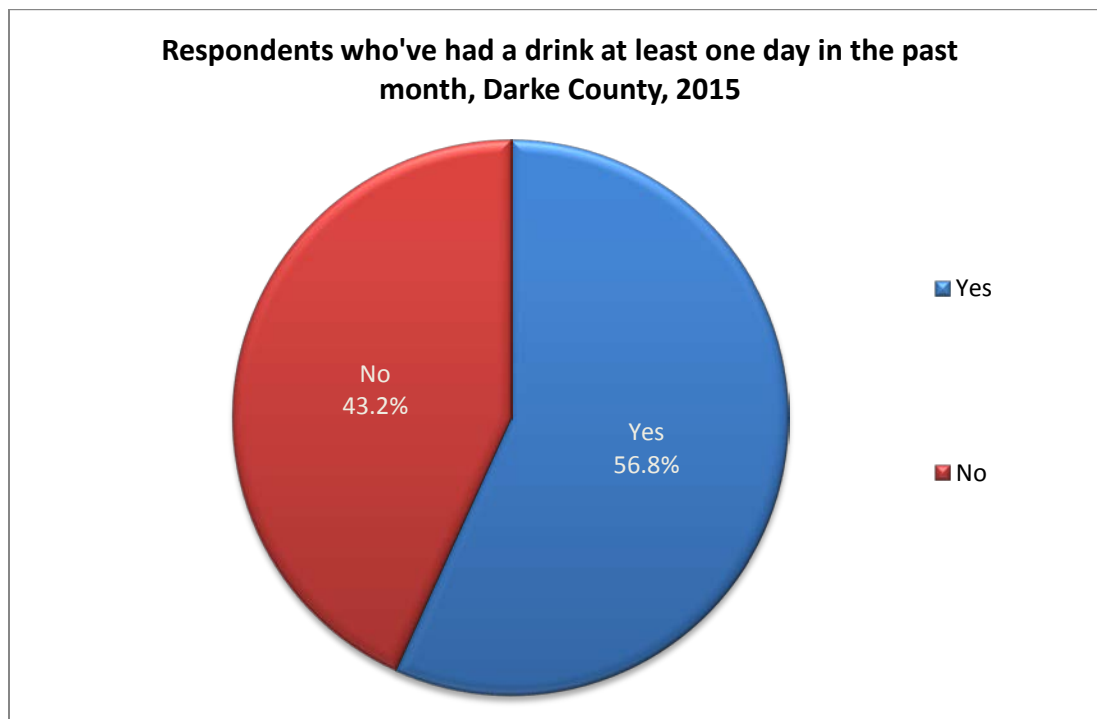
Rationale

Darke County is designated as a Health Professional Shortage Area (HPSA) in Mental Health. According to the Health Resources & Services Administration, there is a shortage of mental health providers, including psychiatrists, clinical psychologists, clinical social workers,

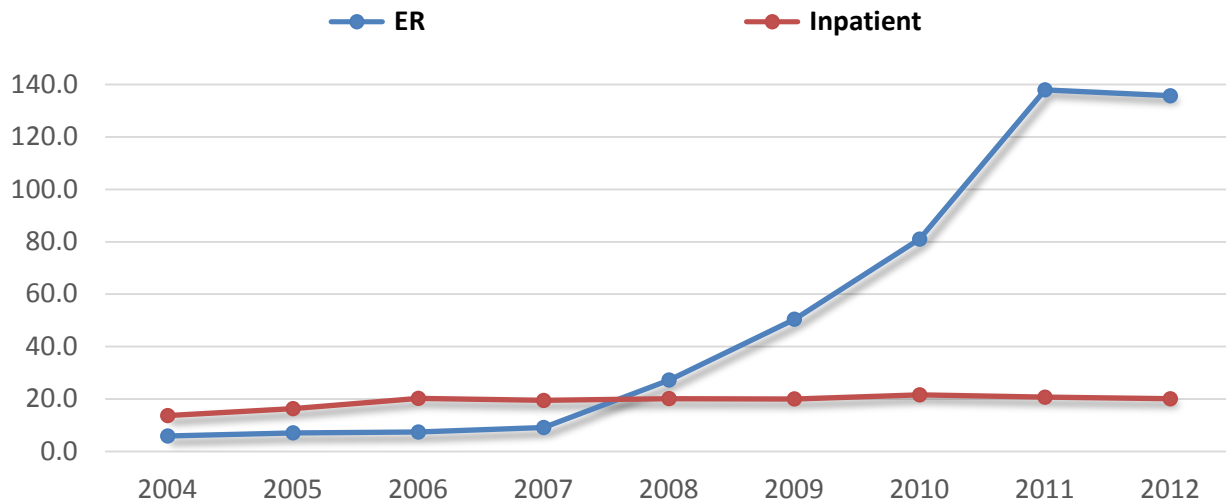
psychiatric nurse specialists, and marriage and family therapists in the area. There are different designation requirements for a geographic area, population group, or health facility to be considered a HPSA in the area of mental health. In general, the regulation for a mental health HPSA designation is based on a psychiatrist to population ratio. The ratio is 1:30,000, meaning that if there are 30,000 or more people per psychiatrist, then a geographic area is designated as a mental health HPSA.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Health Workforce, Health Professional Shortage Areas (HPSAs), 2015 <http://bhpr.hrsa.gov/shortage/hpsas/>

According to Ohio Hospital Association data, the Emergency Room (ER) alcohol and drug related diagnoses since 2007 has sharply increased, with the most recent year presenting a possible leveling off of this trend. According to the Darke County BRFSS survey, 13.3% of Darke County residents indicated that they know someone who is currently abusing or misusing illegal drugs and prescription drugs. Over half of Darke County adults (56.8%) reported that they drank alcohol at least one day in the past 30 days. Additionally, 11% of survey respondents reported having binged on alcohol at least once in the past 30 days.



Alcohol/Drug Related Diagnoses, Darke County, 2004-2012
Crude Rate per 1,000



Mental Health & Substance Abuse Implementation Strategies

Goal: Expand assistance and support of the Coalition for a Healthy Darke County to improve access to mental healthcare and substance abuse services.

Objective: By December 2017, increase utilization and awareness of mental health & substance abuse services to enhance the health and wellbeing of individuals, organizations, and workplaces in Darke County.

Strategy 1: Strengthen the collaborative partnership with the Coalition for a Healthy Darke County to improve access to mental health and substance abuse services in the community by 2017.

Activity 1: The Vivitrol™ Project will create a program that provides immediate intervention and treatment for eligible citizens. Wayne HealthCare’s role is to partner with the Coalition for a Healthy Darke County to provide Vivitrol case management support.

Activity 2: The Role Model & Mentoring Project will reach out to high risk groups with role models of healthy, drug and substance free living. Wayne HealthCare’s role is to continue providing funding for the Role Model and Mentoring Program for school-aged youth in the community.

Activity 3: Actively promote the online mental health screening tool provided by the Tri-County Board of Recovery and Mental Health Services during community outreach events.

Appendix A: Wayne HealthCare Health Priorities

Chronic Disease Prevention & Education

Contributing Factors	Proportion of Darke County	Comparison to State	Trend	Number of deaths	Number of hospitalizations/ED visits	Impacts other health outcomes

	Population Impacted					
Adult smoking	23%	Higher than state(22%)	N/A	N/A	N/A	Leading predictor of lung & bronchus cancer; 90% of deaths from COPD are caused by smoking; exacerbates asthma
Obesity	35.6%	Higher than state (29.6%)	N/A	N/A	N/A	CHD, HTN, stroke, type 2 diabetes, metabolic syndrome, cancer, osteoarthritis, among others
No Exercise or Physical Inactivity	32.3%	Same as state (32.3%)	N/A	N/A	N/A	Increases all causes of mortality including: 2x risk of CVD, diabetes, obesity, increased risk of colon cancer, HTN, osteoporosis, metabolic disorders, depression, anxiety
Excessive Alcohol Use	11.4%	Lower than state (18.4%)	N/A	N/A	N/A	Cardiovascular disease, cirrhosis, breast cancer, depression, demented, pancreatitis,
Heart Disease	81.4%	Higher than state (78.2%)	Mortality rate rose from 2000 to 2013	442.9 per 100,000 for Darke County; mortality rate increased by 7.42% from 2000-2013	N/A	Cardiovascular diseases are among the leading causes of disability in the U.S.
High blood pressure or hypertension	22%	Lower than state (28.8%)	N/A	N/A	N/A	Heart attack, stroke, diabetes, among others
Diabetes	18.2%	Higher than state (8.9%)	Increased from 2000 to 2013	60.7 per 100,000 for Darke County; mortality rate increased by 18.27% from 2000-2013	N/A	Adults are 2-4x more likely to die of heart attack or experience a stroke
Asthma	N/A	N/A	N/A	N/A	The ER discharge diagnosis rate for asthma increased by 934.88% (from 4.3 per 100,000 to 44.5 in 2012); the inpatient discharge diagnosis rate increased by 26.32	Acute asthma exacerbations and chronic obstructive pulmonary disease (COPD) are major causes of hospitalization.

					from 2004 to 2012 (5.7 vs. 7.2 per 100,000)	
Stroke	N/A	N/A	Increased from 2004 - 2013	108.8 per 100,000 for Darke County; mortality rate increased by 18.78% from 2000- 2013	N/A	Stroke is one of the top five leading causes of death in Darke County. The most important modifiable risks factors for stroke are high blood pressure and atrial fibrillation. Other risk factors include high blood cholesterol levels, diabetes mellitus,
Chronic lower respiratory disease	N/A	N/A	N/A	116.4 per 100,000 for Darke County; mortality rate increased 128.68% from 2000-2013.	The ER discharge diagnosis rate for COPD increased by 459.52% from 2004 – 2012 (4.3 vs. 23.5 per 100,000); the inpatient discharge diagnosis increased by 22.03% during 2004-2012 (5.9 vs 22.0 per 100,000)	The most deadly of chronic lower respiratory diseases is chronic obstructive pulmonary disease(COPD). Cigarette smoking is the main cause of COPD.
Malignant neoplasms	N/A	N/A	N/A	417.6per 100,000; mortality rate increase by 32.32% from 2000- 2013.	N/A	Malignant neoplasms are the second leading cause of death in Darke County.
Oral health	61.6%	60.5%	N/A	N/A	N/A	Cardiovascular disease and periodontitis share risk factors, including smoking, diabetes, overweight or obesity, and physical inactivity.