

Fiscal Years FY23-25



Mount Carmel Health System completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on April 20, 2022. Mount Carmel Health System performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations.

While the hospitals did a joint CHNA, adopting the same community served and community health needs, the complete CHNA report for each hospital is available electronically at:

Mount Carmel East

https://www.mountcarmelhealth.com/assets/documents/community-benefit/2022-chna-mce-final.pdf Mount Carmel Grove City

https://www.mountcarmelhealth.com/assets/documents/community-benefit/2022-chna-mcgc-final.pdf Mount Carmel St. Ann's

https://www.mountcarmelhealth.com/assets/documents/community-benefit/2022-chna-mcsa-final.pdf Mount Carmel New Albany

https://www.mountcarmelhealth.com/assets/documents/community-benefit/2022-chna-mcna-final.pdf

Printed copies of each hospital's CHNA are also available at the following locations:

Mount Carmel East Mount Carmel Grove City

6001 East Broad Street, Columbus, Ohio 43213 5300 North Meadows Drive, Grove City, Ohio 43123

Mount Carmel New Albany Mount Carmel St. Ann's

7333 Smith Mill's Road, New Albany, Ohio 43054 500 South Cleveland Avenue, Westerville, Ohio 43081

Our Mission

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

Our Hospitals

At Mount Carmel, we are dedicated to providing the best in patient-centered care. It is a commitment we have made to our patients and the communities we serve. Your health and well-being will always be at the center of everything we do. You are the reason why we assemble the best medical teams and invest in the best equipment. In addition, why we do everything, at all times to deliver the care that is best for your unique situation and your personal needs. So you can get better. So, you can live, work, play, love. Mount Carmel. Because of you.

Mount Carmel Health System, comprised of over 8,500 employees, 2,000 physicians and 350 volunteers, serves more than one million patients in Central Ohio each year. As one of the largest integrated health systems in the community, Mount Carmel provides people-centered care at four hospitals: Mount Carmel East, Mount Carmel Grove City, Mount Carmel St. Ann's and Mount Carmel New Albany — an inpatient rehabilitation hospital, free-standing emergency centers, outpatient facilities, surgery centers, urgent care centers, primary care and specialty care physician offices, community outreach sites and homes across the region.

Mount Carmel is committed to safe, high-quality care and continues to win national recognition for clinical performance and patient experience. Mount Carmel is dedicated to education, with offerings that include ongoing continuing medical education opportunities, six physician residency programs, and one of









Ohio's largest undergraduate, graduate and doctor of nursing programs.

As a health ministry with a charitable mission, Mount Carmel provides considerable uncompensated benefit to the community each year, and the system and its employees are actively involved in vital business, civic and social service organizations.

Mount Carmel is a proud member of Trinity Health, one of the largest Catholic health care delivery systems in the nation.

Our Community Based Services

Patient-centered care is offered close to home at Mount Carmel Lewis Center and Mount Carmel Hilliard – providing one stop access to various outpatient services, primary and specialty physicians.

Mount Carmel Rehabilitation Hospital in partnership with Encompass Health is a freestanding, 60-bed inpatient rehabilitation hospital focused on helping patients facing recovery and rehabilitation from a variety of illnesses and injuries, including strokes, brain injuries, spinal cord injuries, orthopedic conditions, amputations, and other diagnoses. Mount Carmel's two Health Stations offer primary and preventive care services to patients that may be uninsured and underinsured in our community. They are staffed with certified physicians, nurse practitioners and registered nurses, offering quality healthcare in a welcoming environment.

Our Community Health and Well-Being team extends Mount Carmel's reach into the community by providing health care services to those in need. From providing care to people experiencing homelessness and living on the land, and at sites throughout central Ohio through our Mobile coach, to wellness and prevention services to reduce the prevalence of chronic disease at the Healthy Living Center. We strive to empower and equip community members to embrace long-term health behavior changes. Our Social Care program addresses the needs of people impacted by social influencers of health - transportation, housing, food security, language, or socio-economic barriers - to build individual and community self-sufficiency and well-being. The Crime and Trauma Assistance program offers evidence-based, outpatient mental health counselling at no cost to individuals aged 5+ years, impacted by trauma, as well as therapeutic and skill-building groups, clinical case management, education, and training to community members.

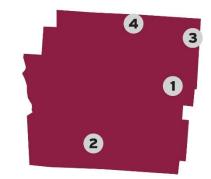
Our Community

For the purpose of the joint CHNA and Implementation Strategy, all four Mount Carmel Hospitals have defined their community served as Franklin County. Franklin County has 1.3 million residents and 522,383 households. The population consists of 65.2% White and 23.1% African American, and 11.4% of the population are Foreign-born. 91.2% of the population has at least a high school diploma with 10% of families living 100% below Federal Poverty Level. 62.75% of the land is developed with 26.67% containing cultivated crops and forest.

The capital and most populous city of Ohio is Columbus, consuming most of Franklin County. 15 other cities, 10 villages, and 17 townships occupy the rest of the county.

See figure of Franklin County, Ohio for accompanying location of Mount Carmel Hospital:

- 1. Mount Carmel East is on the east side of Columbus in zip code 43213 which has a Community Need Index (CNI) Score¹ of 4.2 and a population of 34,495. Just off I-270, Mount Carmel East is close to the cities of Whitehall, Reynoldsburg, Gahanna, and Blacklick.
- **2.** Mount Carmel Grove City is in southwest Franklin County in zip code 43123 with a CNI Score of 2.6 and 14,432 residents. Off I-71 and close to I-270, Mount Carmel Grove City is accessible to those residing in southern Franklin County, Obetz, and Urbancrest.
- **3.** Mount Carmel New Albany is in the northeastern corner of Franklin County in zip code 43054 with a CNI Score of 2 and a population of 65,681. Just off state route 62 with easy access to state route 161, Mount Carmel New Albany is accessible for



¹ Dignity Health and IBM Watson Health developed the Community Need Index (http://cni.dignityhealth.org/), which provides a need score based on the average of five barrier scores (income barrier, cultural barrier, education barrier, insurance barrier, and housing barrier for every zip code in the United States. A score of 1.0 is a zip code with the least need, a score of 5.0 is a zip code with the most need.

those living in neighboring Delaware and Licking Counties.

4. Mount Carmel St. Ann's is located in Westerville on the northwest side of Franklin County in zip code 43081. The CNI Score is 2.6 and the population 65,230. close to I-270 and near state route 3, Mount Carmel St. Ann's is accessible to community members residing in Northeast Columbus, Worthington, and Delaware County.

Our Approach to Health Equity

While community health needs assessments (CHNA) and Implementation Strategies are required by the IRS, Trinity Health ministries have historically conducted CHNAs and developed Implementation Strategies as a way to meaningfully engage our communities and plan our Community Health & Well-Being work. Community Health & Well-Being promotes optimal health for those who are experiencing poverty or other vulnerablities in the communities we serve by connecting social and clinical care, addressing social needs, dismantling systemic racism, and reducing health inequities. Trinity Health has adopted the Robert Wood Johnson Foundation's definition of Health Equity - "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

This implementation strategy was developed in partnership with community and will focus on specific populations and geographies most impacted by the needs being addressed. Racial equity principles were used throughout the development of this plan and will continue to be used during the implementation. The strategies implemented will mostly focus on policy, systems and environmental change as these systems changes are needed to dismantle racism and promote health and wellbeing for all members of the communities we serve.

Health Needs of the Community

The CHNA conducted November 2020 – December 2021 identified the significant health needs within Franklin County. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

- 1. Basic Needs
- 2a. Racial Equity
- 2b. Behavioral Health
- 3. Maternal-Infant Health

Hospital Implementation Strategy

Significant health needs to be addressed

Mount Carmel Health System, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following health needs:

1 Basic Needs – CHNA pages 32-36, 49-50, and 76-79

Significant health needs that will not be addressed

Mount Carmel Health System acknowledges the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which are the most pressing, under- addressed and within its ability to influence. Mount Carmel Health System does not intend to address the following health needs:

- Racial Equity This priority need may not be formally addressed in this implementation strategy but is addressed in various hospital programs and partnerships. For example, as part of Central Ohio Hospital Council and Ohio Better Birth Outcomes, offerings will be developed in coordination with a Black-led community-based organization to address racial bias, stigma, discrimination, and effects of structural racism on reproductive health.
- Behavioral Health Mount Carmel does not plan to directly address this particular need in this
 implementation strategy. Through the Central Ohio Hospital Council, Mount Carmel Health System
 partners with other adult hospital systems to communicate psychiatric bed availability, matching open
 beds with patient needs. This collaborative effort has reduced emergency department wait times by
 70% since 2018.
- Maternal-Infant Health Although not formally addressed in this implementation strategy, Mount Carmel
 Health System is part of committees and organizations and has programs to address maternal-infant health. Mount
 Carmel continues to partner with organizations forming the Greater Columbus Infant Mortality Task Force which
 developed the following strategies to reduce Franklin County's high infant mortality rate: safe sleep education,
 tobacco cessation, addressing social conditions to reduce stress, and policies to ensure very low birth weight infants
 were delivered at facilities to increase their survival

This implementation strategy specifies community health needs that the hospital, in collaboration with community partners, has determined to address. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital then should refocus its limited resources to best serve the community.

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Basic Needs



CHNA reference pages: 32-36, 49-50, and 76-79

Brief description of need:

- Comprised of interrelated indicators: housing security, financial stability, neighborhood safety, food security, and a need for increased access to nutritious foods.
- Housing insecurity is a term encompassing many different housing challenges, including affordability, quality, and safety. 31.4% of Franklin County residents spend more than 30% of their income on housing.
- Food insecurity is another poverty indicator. In Franklin County 12.8% of residents are food insecure.

Equitable and Inclusive SMART Objective(s):

- Increase number of patients who are experiencing homelessness presenting in a Community Health and Well-Being program that are screened for affordable housing from 3 individuals a month to 4 individuals a month by FY25.
- Maintain 10 check-ins per month by Street Medicine via visits or calls to newly housed community members to assess and address needs/concerns related to retain housing through FY25.
- Increase number of people expressing confidence cooking healthy meals on a budget by 3% of those attending Healthy Living Center's healthy cooking demonstrations for low-income individuals through FY25.

Actions the hospital facility intends to take to address the health need:

Chuaham -	Timeline		ne	Hospital and Committed Partners	Committed Resources
Strategy	Y1	Y2	Y3	(align to indicate committed resource)	(align by hospital/committed partner)
Housing Specialists and Community Health Workers to screen people experiencing homelessness for appropriate housing		x	x	Mount Carmel East, Mount Carmel Grove City, Mount Carmel New Albany, Mount Carmel St. Ann's	Mount Carmel Social Care Colleagues (7 of FTEs, Housing Outreach Supervisor, Housing Outreach Specialists)
				Community Shelter Board, Capital Crossroads Special Improvement District	Annual Contract (\$776,000/annually, 3 years)
	x			Mental health partners (Southeast Healthcare, Concord Counseling, NetCare, Mount Carmel Behavioral Health)	Colleague time (Southeast Healthcare: Path Team; Netcare: Mobile Psychiatric Crisis Team; Mount Carmel Behavioral Health: Case Worker/Social Work Team)
				Federally Qualified Health Centers (Heart of Ohio Family Health Centers, Lower Lights Christian Health Center, Southeast Healthcare, Faith Mission, Equitas Health, Primary One)	Colleague time (Southeast Inc: Path Team; LLCHC: CHW/Peer Support; Heart of Ohio: CHW/Peer Support; Faith Mission: HOPWA Program; Equitas Health: HOPWA Program; Primary One: Homeless Program)
				Focus location(s)	Focus Population(s)
				Franklin County	Unsheltered people experiencing homelessness
Strategy	Tiı Y1	Timeline Y1 Y2 Y3		Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Round on newly housed	x	x		Mount Carmel East, Mount Carmel Grove City, Mount Carmel New Albany, Mount Carmel St. Ann's	Mount Carmel Street Medicine Colleagues (0.5 FTE/week)
individuals from Catch Court to assess barriers to				Catch Court	Referral of individuals
maintain housing (perform daily tasks, paying rent, social isolation, etc.)			X	Focus location(s) Franklin County	Focus Population(s) Newly housed community members who were sexually trafficked and/or suffered from substance use disorder.
Strategy	Timeline Y1 Y2 Y3		ne Y3	Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Provide monthly cooking demonstration for low-income individuals/families to educate them on how to cook healthy on a budget	x	x	x	Mount Carmel East, Mount Carmel Grove City, Mount Carmel New Albany, Mount Carmel St. Ann's	Mount Carmel Healthy Living Center Colleague time (0.1 of FTE/month, Manager HLC & CTAP, Program Specialist); Mount Carmel Nutrition Services Colleague time (0.01 FTE/quarter, Chef); Mount Carmel College of Nursing Colleague time (0.01 FTE/quarter, Faculty); Mount Carmel Audio Visual Team Colleague time (0.2 FTE/quarter, Media Specialist)
				Catholic Foundation	Funding for bulk food items
				Focus location(s)	Focus Population(s)
				Franklinton (zip codes 43222, 43223, and 43204)	Low-income community members

Anticipated impact of these actions:

Impact Measures	Baseline	Target	Plan to evaluate the impact
Screen community members experiencing homeless requiring placement into quality and affordable housing as housing becomes available	3 individuals screened/month	4 individuals screened/month	
Street Medicine check-ins on newly housed community members via in-person visit or phone call to assess needs/concerns related to retain housing	10 check-ins/month	Maintain baseline	Program Managers to collect data every month
Via pre and post survey, improve the confidence level of those attending 'healthy cooking on a budget' classes	73% of class attendees feeling confident cooking healthy meals on a budget	76% of class attendees feeling confident cooking healthy meals on a budget	

Adoption of Implementation Strategy

On October 19, 2022, the Board of Directors for Mount Carmel Health System voted after review of the 2023-2025 Joint Implementation Strategy for addressing the community health needs identified in the 2022 Community Health Needs Assessment. Upon review, the Board approved this Joint Implementation Strategy and the related budget.

Lorraine Lutton	October 19, 2022
President & CEO	Date

