

Bucyrus Community Hospital

2012 Community Health Needs Assessment

In the Fall/Winter of 2012, Avita Health System (AHS) (comprised of Bucyrus Community Hospital and Galion Community Hospital), embarked on a comprehensive Community Health Needs Assessment (CHNA) process to identify and address the key health issues for our community.

Bucyrus Community Hospital (BCH), based in Bucyrus, Ohio, is a not-for-profit, 25-bed critical access hospital serving Crawford County. With approximately 1,000 employees in the Avita Health System, BCH provides services primarily to residents of Crawford County, but also serves those in neighboring cities and towns. BCH is accredited by the DNV.

It is BCH's mission to provide quality healthcare services with efficiency. Bucyrus Community Hospital provides the following services in conjunction with Galion Community Hospital:

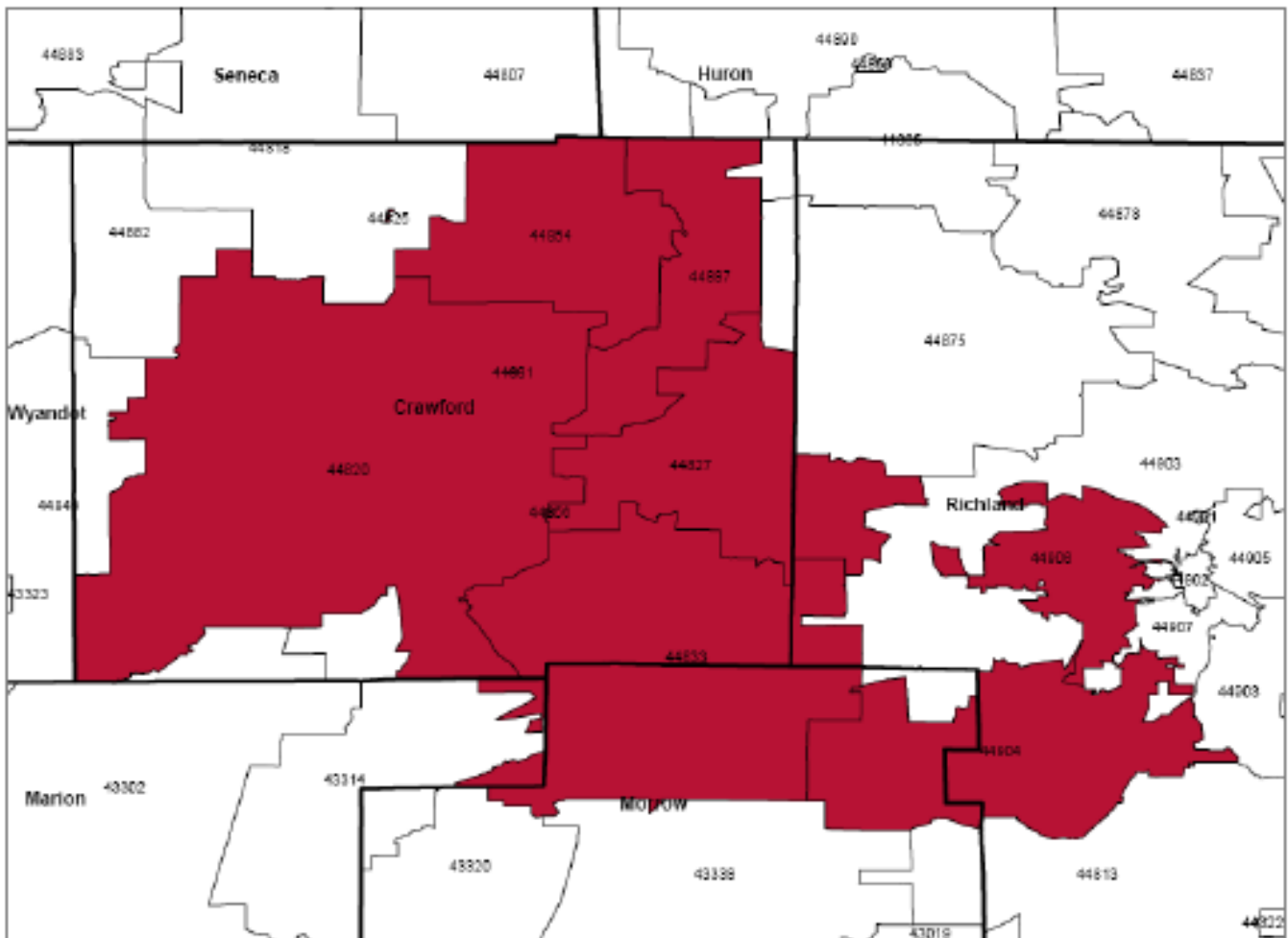
Audiology	Education	Pediatrics
Imaging Services	Emergency Medicine	Physical Therapy
Inpatient Care	Endovascular Medicine	Plastic/Reconstructive Surgery
Inpatient Dialysis	Eye Care	Pulmonary Medicine
Inpatient Rehab	Family Medicine	Pulmonary Rehab
Internal Medicine	Foot and Ankle Surgery	Sleep Center
Kid-Friendly ER	Geriatrics	Social Services
Laboratory	Hospice and Palliative Care	Speech Therapy
Mammography	Nutrition Services	Sports Medicine
Medication Mgmt	OB/GYN	Stroke Network
Maternity	Occupational Health	Surgical Services
Nephrology	Oncology	Thoracic Medicine
Neurology	Ophthalmology	Urology
Nurse Navigation	Orthopedics	Vascular Medicine
Cardiac Rehab	Osteoporosis Clinic	Women's Health Services
Cardiology	Vascular Medicine	Wound Care
Critical Care	Pain Management	

Bucyrus Community Hospital maintains a department dedicated to addressing its outreach objectives of serving the entire community, not only those who come through its doors. Building on a long tradition of service, the Education Department utilizes hospital strengths alongside those of other well-established community partners. This strategy allows BCH to better understand and reach the most vulnerable sectors of the community, while meeting pressing healthcare needs. The goal is to improve the community's health status by empowering citizens to make healthy life choices.

Bucyrus Community Hospital completed its last Community Health Needs Assessment in 2012. The needs assessment was conducted by Professional Research Consultants (PRC).

CHNA Community Definition

BCH's community, as defined for the purposes of the Community Health Needs Assessment, included each of the residential Zip Codes that comprise the hospital's Primary Service Area (PSA), including: 44820, 44833, 44827, 44854, 44887, 44856, 44881, 44825. A geographic description is illustrated in the following map:



This community definition was determined because >80% of BCH's patients originate from this area.

Demographics of the Community

[IRS Form 990, Schedule H, Part V, Section B, 1b]

The population of the hospital's primary service area is estimated at 43,000 people. It is predominantly non-Hispanic White (97.4%).

As throughout the state and nation, our population is aging, with 18.2% currently age 65 and older. This is projected to increase in coming years, as is the need for services to meet the health needs of this older population.

Median household income is below the state average at \$41,336; however, 15.0% of our population remains below the poverty level.

People QuickFacts*	Crawford County	Ohio
Population, 2012 estimate	42,849	11,544,225
Population, 2010 (April 1) estimates base	43,784	11,536,502
Population, percent change, April 1, 2010 to July 1, 2012	-2.1%	0.1%
Population, 2010	43,784	11,536,504
Persons under 5 years, percent, 2011	5.6%	6.2%
Persons under 18 years, percent, 2011	22.7%	23.3%
Persons 65 years and over, percent, 2011	18.2%	14.3%
Female persons, percent, 2011	51.5%	51.2%
White persons, percent, 2011 (a)	97.4%	83.6%
Black persons, percent, 2011 (a)	1.0%	12.4%
American Indian and Alaska Native persons, percent, 2011 (a)	0.2%	0.3%
Asian persons, percent, 2011 (a)	0.4%	1.7%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	Z	Z
Persons reporting two or more races, percent, 2011	1.0%	1.9%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	1.3%	3.2%
White persons not Hispanic, percent, 2011	96.3%	81.0%
Living in same house 1 year & over, percent, 2007-2011	83.6%	85.3%
Foreign born persons, percent, 2007-2011	0.9%	3.9%
Language other than English spoken at home, percent age 5+, 2007-2011	2.1%	6.5%
High school graduate or higher, percent of persons age 25+, 2007-2011	85.6%	87.8%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	11.0%	24.5%
Veterans, 2007-2011	4,005	914,971
Mean travel time to work (minutes), workers age 16+, 2007-2011	21.5	22.9
Housing units, 2011	20,044	5,133,446
Homeownership rate, 2007-2011	70.9%	68.7%
Housing units in multi-unit structures, percent, 2007-2011	15.0%	22.9%
Median value of owner-occupied housing units, 2007-2011	\$92,600	\$135,600
Households, 2007-2011	17,905	4,554,007
Persons per household, 2007-2011	2.43	2.46
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$20,823	\$25,618
Median household income, 2007-2011	\$41,336	\$48,071
Persons below poverty level, percent, 2007-2011	14.8%	14.8%

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

*From the U.S. Census Bureau

Bucyrus Community Hospital recognizes that there are many existing healthcare facilities and resources within the community of Crawford County that are available to respond to the health needs of residents. These organizations include the following:

Acute-Care Hospitals/Emergency Rooms

- Bucyrus Community Hospital
- Galion Community Hospital

Federally Qualified Health Centers & Other Safety Net Providers

- Crawford Health & Urgent Care

Nursing Homes/Adult Care

- Altercare of Bucyrus
- Crestline Nursing Home
- Heartland

Mental Health Services/Facilities

- Community Counseling Services Inc.
- Contact

Emergency Medical Services (EMS)

- LifeStar
- Galion-Ambulance Life Support Team
- MedCorp
- Critical Life

Home Healthcare

- HomeCare Matters Home Health & Hospice
- TLC Home Health of Ohio Inc

Hospice Care

- HomeCare Matters Home Health & Hospice

School Health Services

- Crawford County Health Department
- Bucyrus City Health Department
- Galion City Health Department

Other Community-Based Resources

- Primary Care Physicians
- Medical Specialty Center
- Council on Aging

Collaboration

[IRS Form 990, Schedule H, Part V, Section B, 4]

The Community Health Needs Assessment was sponsored by Avita Health System.

CHNA Goals & Objectives

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the Primary Service Area of Bucyrus Community Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

The Community Health Needs Assessment provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. The 2012 PRC Community Health Needs Assessment serves as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

CHNA Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research gathered through a Key Informant Focus Group and Telephone Interviews with local Physicians.

Community Health Survey

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by PRC, with input from BCH and the other community sponsors.

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 1,000 individuals age 18 and older in the Primary Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Primary Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. These secondary data were available at the county level; to best match the Primary Service Area, data from Crawford County was used. These were obtained from a variety of sources (specific citations are included in the CHNA report), such as:

- Centers for Disease Control & Prevention
- National Center for Health Statistics, State Department of Public Health
- State Department of Health and Human Services
- State Uniform Crime Report
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Community Stakeholder Input

[IRS Form 990, Schedule H, Part V, Section B, 1h & 3]

As part of the Community Health Needs Assessment, there was a Key Informant Focus Group held in the region — the key informant focus group allowed for input from persons with special knowledge of or expertise in public health, as well as others who represent the broad interests of the community served by Bucyrus Community Hospital. Participants included 11 key informants in the region, including physicians, other health professionals, social service providers, business leaders and other community leaders.

Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions. Specific names/titles of those participating are available upon request.

PRC also collected qualitative input through one-on-one telephone interviews with 10 local physicians, whose names are also available upon request.

Information Gaps

[IRS Form 990, Schedule H, Part V, Section B, 1i]

While this Community Health Needs Assessment is quite comprehensive, BCH and PRC recognize that it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Vulnerable Populations

[IRS Form 990, Schedule H, Part V, Section B, 1f]

The CHNA analysis and report yielded a wealth of information about the health status, behaviors and needs for our population. A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons, low-income persons, and racial/ethnic minority groups.

For additional statistics about uninsured, low-income, and minority health needs please refer to the complete PRC Community Health Needs Assessment report, which can be viewed online at <http://avitahealth.healthforecast.net/>.

Public Dissemination

[IRS Form 990, Schedule H, Part V, Section B, 5-5c]

This Community Health Needs Assessment is available to the public using the following URL: <http://avitahealth.healthforecast.net/>. HealthForecast.net™ is an interactive, dynamic tool designed to share CHNA data with community partners and the public at large.



This site:

- Informs readers that the CHNA Report is available and provides instructions for downloading it;
- Offers the CHNA Report document in a format that, when accessed, downloaded, viewed, and printed in hard copy, exactly reproduces the image of the report;
- Grants access to download, view, and print the document without special computer hardware or software required for that format (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website.

Links to this dedicated HealthForecast.net™ site are also made available at BCH's hospital website at: <http://avitahealth.org/index.php>.

BCH will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document can be accessed. BCH will also maintain at its facilities a hardcopy of the CHNA report that may be viewed by any who request it.

Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the complete Community Health Needs Assessment for additional health indicators).

Areas of Opportunity	
Disability & Chronic Pain	<ul style="list-style-type: none"> • Arthritis, Rheumatism (Adults 50+) • Activity Limitations
Heart Disease & Stroke	<ul style="list-style-type: none"> • Heart Disease Prevalence • Hypertension Prevalence • High Blood Cholesterol Prevalence • Top focus Group Concern <ul style="list-style-type: none"> ○ <i>Heart Disease</i> ○ <i>Hypertension</i>
Mental Health & Mental Disorders	<ul style="list-style-type: none"> • Top Focus Group Concern <ul style="list-style-type: none"> ○ <i>Resource Constraints</i> ○ <i>Understaffed Counseling Services</i> ○ <i>Suicide Rate</i>
Nutrition & Overweight	<ul style="list-style-type: none"> • Childhood Overweight • Top Focus Group Concern <ul style="list-style-type: none"> ○ <i>Poor Eating Habits</i> ○ <i>Cost of Nutritional Food</i> ○ <i>Nutrition Education</i> ○ <i>Chronic Disease and Poor Health Outcomes</i>
Substance Abuse	<ul style="list-style-type: none"> • Top Focus Group Concern <ul style="list-style-type: none"> ○ <i>Prevalence of Drug Use (Especially Heroin)</i> ○ <i>Availability of Treatment Options</i> ○ <i>Need for Residential Facilities</i>
Tobacco Use	<p>Current Smokers</p> <ul style="list-style-type: none"> • Smoke in the Home (Including Homes With Children) • Top Focus Group Concern <ul style="list-style-type: none"> ○ <i>Health Consequences</i> ○ <i>Low-Income Population & Youth</i> ○ <i>Smoking Cessation Resources</i>

Prioritization Process

[IRS Form 990, Schedule H, Part V, Section B, 1g, 6g]

After reviewing the Community Health Needs Assessment findings, the CHNA Steering Committee met on Thursday, February 21, 2013, to determine the health needs to be prioritized for action in FY2012-FY2014.

During the presentation of the CHNA findings, steering committee members went through a process of understanding key local data findings (Areas of Opportunity) and ranking identified health issues against the following established, uniform criteria:

- **Magnitude.** The number of persons affected, also taking into account variance from benchmark data and Healthy People targets.
- **Impact/Seriousness.** The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- **Feasibility.** The ability to reasonably impact the issue, given available resources.
- **Top Focus Group Concerns**

Prioritization Results

From this exercise, the Areas of Opportunity were prioritized as follows:

1. **Disability & Chronic Pan**
2. **Heart Disease & Stroke**
3. **Substance Abuse**
4. **Nutrition & Overweight**
5. **Tobacco Use**
6. **Mental Health**

Community-Wide

Community Benefit Planning

[IRS Form 990, Schedule H, Part V, Section B, 6c-6d]

As individual organizations begin to parse out the information from the 2012 Community Health Needs Assessment, it is BCH's hope and intention that this will foster greater desire to embark on a community-wide community health improvement planning process. BCH has expressed this intention to partnering organizations and is committed to being a productive member in this process as it evolves. Avita Health System hosted a meeting of area agencies' representatives and discussed the above areas of opportunity. A representative from the Bucyrus Area Community Foundation indicated that funding may be available for a community wide prevention program. Additional names are being collected and another meeting will be held in May 2013 to discuss moving forward with a community-wide initiative.

Bucyrus Community Hospital

FY2012-FY2014 Implementation Strategy

For more than 75 years, Bucyrus Community Hospital has demonstrated its commitment to meeting the health needs of Crawford County residents.

This summary outlines Bucyrus Community Hospital’s plan (Implementation Strategy) to address our community’s health needs by 1) sustaining efforts operating within a targeted health priority area; 2) developing new programs and initiatives to address identified health needs; and 3) promoting an understanding of these health needs among other community organizations and within the public itself.

Hospital-Level Community Benefit Planning

Priority Health Issues To Be Addressed

In consideration of the top health priorities identified through the CHNA process — and taking into account hospital resources and overall alignment with the hospital’s mission, goals and strategic priorities — it was determined that Bucyrus Community Hospital would focus on developing and/or supporting strategies and initiatives to improve:

1. **Disability & Chronic Pain**
2. **Mental Health Disorders**
3. **Substance Abuse**

Integration With Operational Planning

[IRS Form 990, Schedule H, Part V, Section B, 6e]

BCH includes a Community Benefit section within its operational plan.

Priority Health Issues That Will Not Be Addressed & Why

[IRS Form 990, Schedule H, Part V, Section B, 7]

In acknowledging the wide range of priority health issues that emerged from the CHNA process, Bucyrus Community Hospital determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence.

Health Priorities Not Chosen for Action	Reason
Nutrition & Overweight	<i>Galion Community Hospital will be addressing this need, as well as other community organizations.</i>
Tobacco Use	<i>Galion Community Hospital will be addressing this need, as well as other community organizations.</i>
Heart Attack & Stroke	<i>Galion Community Hospital will be addressing this need, as well as other community organizations.</i>

The following displays outline BCH’s plans to address those priority health issues chosen for action in the FY2014-2016 period.

Bucyrus Community Hospital (BCH) Implementation Strategy FY 2014-2016					Priority 1 of 3	
Problem Statement		BCH Strategies	BCH Activities	Resources	Measurement of Outcomes	
Problem	Why?	How?	What?		Intermediate (1 ½ yrs)	Long Term (3 yrs)
<p>Disability & Chronic Pain</p> <p>Arthritis/Rheumatism</p> <p>Arthritis/Rheumatism was pinpointed under Disability & Chronic Pain as being most needed by the community because 45.1% of people in Crawford County over the age of 50 suffer from arthritis/rheumatism, 10% above the national average.</p>	<p>Tobacco use. Tobacco use can double the risk of developing rheumatoid arthritis and increase the risk that the disease will be severe.</p>	<p>Increase the community’s awareness about the correlation between tobacco use, obesity and lack of exercise and arthritis.</p>	<p>Work jointly with Galion Community Hospital to:</p> <p>Attempt to recruit a Rheumatologist.</p> <p>Increase the community’s awareness of the availability of Avita Health System’s organized pain management group, who work with physicians to provide appropriate care to pain patients. It is Crawford County’s only pain management group (physicians are on call 24/7).</p> <p>In conjunction with Avita Health System’s Physical Therapy (P.T.) Department, explore opportunities to form a self-help program for arthritis sufferers.</p> <p>Include information about arthritis prevention in <i>Avita Today</i>, an Avita Health System quarterly publication mailed to 56,000 area residents.</p> <p>Add appropriate link regarding self-help for arthritis sufferers to Avita Health System’s website.</p> <p>Explore opportunities for grant funding and partner with County agencies.</p>	<p>Current Staff As Needed:</p> <ul style="list-style-type: none"> *Recruiter *Marketer *P.T. designee *Web designer *Grant writer *Volunteer *Coordinator *Avita Management <p>County Agencies:</p> <ul style="list-style-type: none"> *Galion City Health Dept. *Crawford County Health Dept. *Ohio Mutual Insurance Group *Community Counseling *Crawford County 20/20 *CEU Lead *Crawford County Economic Development *Ohio Department Health *6 Crawford County Schools *Alcohol, Drug Abuse, Mental Health Disorders Board *Bucyrus Area Community Foundation <p>Other:</p> <ul style="list-style-type: none"> *Avita’s Web Site *Avita’s Newsletter *Radio spots *Brochures *Funding <p>Funding for above activities determined through annual budget process;</p>	<p>Community residents’ increased awareness of how to prevent arthritis, and knowledge of self-help activities to reduce the pain/suffering associated with arthritis/rheumatism measured by decrease in Crawford County Rheumatology patients (594 in FY 2012; source OHA Insight Database).</p> <p>A county-wide wellness program that promotes no smoking, healthy eating and an active lifestyle, measured by the successful establishment of a county wide wellness coalition.</p>	<p>Tobacco cessation, weight loss and self-management-sustained behavior can lead to prevention of onset of arthritis.</p> <p>Decrease of arthritis sufferers from 45.1% to 44% in the 2016 community health needs assessment survey.</p>
	<p>Obesity. Obesity can lead to arthritis by increasing the amount of stress on the joints.</p>		<p>In conjunction with Avita Health System’s Physical Therapy (P.T.) Department, explore opportunities to form a self-help program for arthritis sufferers.</p>			
	<p>Inactivity. Bodies will not work for people who do not work their bodies. Inactivity does not strengthen bones, and will not maintain strong bones and muscles.</p>		<p>Add appropriate link regarding self-help for arthritis sufferers to Avita Health System’s website.</p>			

Bucyrus Community Hospital (BCH) Implementation Strategy FY 2014-2016

Priority 2 of 3

Problem Statement		GCH Strategies	GCH Activities	Resources	Measurement of Outcomes	
Problem	Why?	How?	What?		Intermediate (1 ½ yrs)	Long Term (3 yrs)
<p><u>Mental Health & Mental Disorders</u></p> <p><u>Top Focus Group Concern</u></p> <p>Resource Constraints/ Understaffed counseling services</p> <p>Crawford County in top 10 of 88 Ohio counties for adult suicides (2010 stats from American Foundation for Suicide Prevention)</p>	<p>Local agency understaffed and resources are limited due to budget cuts.</p> <p>Various factors, including hard economic times that often lead to depression</p>	<p>Prevention, self-help, early detection.</p>	<p>Work jointly with Galion Community Hospital to:</p> <p>Explore possibility of recruiting a mental health provider, or providing a mental health provider space in the specialty center.</p> <p>Educate public about the signs of depression, entitlement programs in <i>Avita Today</i>, an Avita Health System quarterly publication mailed to 56,000 area residents.</p> <p>Add appropriate links to Avita Health System’s website that educate users about the signs.</p> <p>Explore developing an inpatient and/or outpatient mental health program(s).</p> <p>Explore opportunities for grant funding and partner with County agencies to seek opportunities to combat depression, e.g. SOS (Signs of Suicide Prevention Program).</p>	<p><u>Current Staff As Needed:</u></p> <ul style="list-style-type: none"> *Recruiter *Marketer *Education *Grant Writer *Web designer *Coordinator *Avita Management <p><u>County Agencies:</u></p> <ul style="list-style-type: none"> *Galion City Health Dept. *Crawford County Health Dept. *Ohio Mutual Insurance Group *Community Counseling *Crawford County 20/20 *CEU Lead *Crawford County Economic Development *Ohio Department Health *6 Crawford County Schools *Alcohol, Drug Abuse, Mental Health Disorders Board *Bucyrus Area Community Foundation *American Foundation for Suicide Prevention <p><u>Other:</u></p> <ul style="list-style-type: none"> *Avita’s Web Site *Avita’s Newsletter *Radio spots *Brochures *Funding <p>Funding for above activities determined through annual budget process; no special fundraising needed.</p>	<p>Measured by the successful establishment of a county-wide wellness program that addresses mental health issues</p>	<p>Measured by a decrease in the Crawford County suicide rate as detailed by the American Society for Suicide Prevention and the CDC (statistics are between 1-2 years old)</p>

Bucyrus Community Hospital (BCH) Implementation Strategy FY 2014-2016

Priority 3 of 3

Problem Statement		BCH Strategies	BCH Activities	Resources	Measurement of Outcomes	
Problem	Why?	How?	What?		Intermediate (1 ½ yrs)	Long Term (3 yrs)
<p><u>Substance Abuse</u></p> <p><u>Top Focus Group Concern</u></p> <p>Prevalence of Drug Use (especially Heroin) in Crawford County.</p>	To have a good time.	Raise awareness of dangers of drug use.	<p>Work jointly with Galion Community Hospital and local law enforcement to combat substance abuse and:</p> <p>Increase public awareness of Suboxone Clinic run by an employed physician of Avita Health System.</p> <p>Educate and encourage physicians and patients to utilize Crawford County’s only pain management group to provide appropriate pain treatment. They are on call 24/7.</p> <p>Enforce compliance with E.D. Drug policy.</p> <p>Develop information about the dangers of drug use and place in <i>Avita Today</i>, an Avita Health System quarterly publication mailed to 56,000 area residents.</p>	<p><u>Current Staff As Needed:</u></p> <ul style="list-style-type: none"> *Marketer *Education *Web designer *Coordinator *Volunteer *Avita Management <p><u>County Agencies:</u></p> <ul style="list-style-type: none"> *Galion City Health Dept. *Crawford County Health Dept. *Ohio Mutual Insurance Group *Community Counseling *Crawford County 20/20 *CEU Lead *Crawford County Economic Development *Ohio Department Health *6 Crawford County Schools *Alcohol, Drug Abuse, Mental Health Disorders Board *Bucyrus Area Community Foundation *Opiate Task Force <p><u>Other:</u></p> <ul style="list-style-type: none"> *Avita’s Web Site *Avita’s Newsletter *Radio spots *Brochures *Funding <p style="padding-left: 40px;">Funding for above activities determined through annual budget process; no special fundraising needed.</p>	<p>A county-wide wellness program that educates about the dangers of drugs, measured by the successful establishment of a county wide wellness coalition.</p>	<p>Decrease percentage of Crawford County residents who use drugs in the 2016 community health needs assessment survey.</p>
	To escape reality.		<p>Add link to Avita Health System’s website about the dangers of drug use.</p> <p>Explore opportunities for grant funding and partner with County agencies.</p>			
	Peer pressure.	Educate children on dangers of drug use and how to deal with peer pressure.				
	Stress/ Addiction.	Raise awareness of how easy it is to become addicted to drugs.				

Adoption of Implementation Strategy [IRS Form 990, Schedule H, Part V, Section B, 6a-6b]

On May 30, 2013, the Board of Avita Health System, Bucyrus Community Hospital, which includes representatives from throughout Crawford County, met to discuss this plan for addressing the community health priorities identified through our Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy to undertake these measures to meet the health needs of the community.

Avita Health System Board Approval & Adoption:

By Name & Title

Date