COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

June 2025

PROJECT SUMMARY
For the fifth time, a collaborative Community Health Needs Assessment (CHNA) was conducted by The Health Collaborative (THC) in Cincinnati, Ohio. THC contracted with the Health Policy Institute of Ohio to facilitate the development of the Regional Community Health Needs Assessment. To carry out and complete this project, The Health Collaborative convened over 45 hospitals, health departments and other community agencies across 18 counties in the Greater Cincinnati area, southeast Indiana, and Northern Kentucky to engage in the development of CHNA. The 2024 CHNA offers a robust portrait of the Southwest Ohio region to evaluate the health and well-being of its eighteen counties and identify opportunities for collective action. The collaborative CHNA for 2024 shares data for the whole region as well as detailed county-level data. Input on health needs and disparities was obtained using a structured online and paper survey, multiple focus groups, individual interviews, and secondary data analysis. Stakeholder groups included consumers, organizations, and health departments. Secondary data was compared to stakeholder input to establish priorities and the most serious health-related issues. The Regional CHNA attempts to align with the State Health Improvement Plan where applicable.

PROJECT PARTICIPANTS
THC coordinated and facilitated this project, including inviting and securing funding from hospital participants. The hospitals assisted with efforts to invite participants from agencies as well as consumers. The organizations that participated or otherwise provided support for this CHNA are listed in Attachment I of this document.

METHODOLOGY
The Regional CHNA was developed as follows:
- Planned the Regional CHNA approach and methodology based on listening sessions, feedback, and input from the community.
- Formed Regional CHNA Advisory Committee, Special Populations Task Force and Public Health Task Force.
- Compiled and analyzed primary and secondary data on:
  - Systems of power, privilege, and oppression
  - Social determinants of health
  - Health outcomes and behaviors
- Launched the Community Partnership Network pilot.
- Hosted a session to review, explore, and interpret the analyzed data.
- Conducted a pre-prioritization survey to identify alignment and partners' priorities.
- Identified 17 significant health needs.
- Prioritized 3 health needs for collective action.
- For each prioritized health need, identified:
  - Populations who face the greatest barriers
  - Resources and assets that could be mobilized in the region.

Counties and agencies included in the CHNA consist of those listed in Attachments I and II of this document.

The Regional CHNA by the numbers included:
- Compiled 49 secondary, quantitative data metrics from 34 diverse sources.
- Analyzed 18 Ohio Hospital Association data metrics.
- Reviewed seven other primary and secondary regional data sources such as community surveys, data from 2-1-1 calls and recent community reports.
- Disaggregated 32 metrics by characteristics such as race, ethnicity, age, and income.
- 12 Advisory Committee meetings and six Task Force meetings, which included 45 total partner organizations.

Regional CHNA's conceptual framework outlines three principles for collective action: equity, collaboration, and community voice. The Regional CHNA put these principles into practice by:

Equity
- Identifying opportunities to foster systems, policies and beliefs that dismantle systems of power, privilege, and oppression.
- Disaggregating data by characteristics such as race, ethnicity, age, and income to identify disparities and inequities.
- Defining populations who face the greatest barriers for regional priorities with the goal of eliminating disparities across the region.

Collaboration
- Building partnerships across health and non-health-specific sectors to lead the Regional CHNA process.
- Leaning on alignment and shared decision-making to drive health improvement strategies.

Community Voice
- Analyzing primary data, including community surveys and focus groups, to center lived experiences and perspectives.
- Engaging grassroots organizations and others who work directly with marginalized populations in the advisory structure to guide the Regional CHNA process.
- Launching Community Partnership Network pilot to spark bidirectional communication between Regional CHNA partners and community members.

PRIMARY RESEARCH
THC contracted with the Health Policy Institute of Ohio (HPIO) to develop the Regional Community Health Needs Assessment. The analysis was guided by a set of research questions and consisted of:
- Secondary, quantitative data compilation and analysis
- Additional primary and secondary community data analysis.

THC and HPIO utilized the following research questions based on Public Health Accreditation Board and Internal Revenue Service requirements to guide development of the Regional Community Health Needs Assessment:
1- What are the most significant health needs in the region?
2- What populations are experiencing inequities and disparities across health, socioeconomic, environmental, and quality-of-life outcomes?
3- What are the systems and structures that drive the identified health needs?

4- What strengths and resources does the region have that can address the region's most significant health needs? What resources and assets exist to support communities experiencing inequities and disparities?
5- What progress have partners made on the priorities identified in the last CHNA?

HPIO reviewed a wide range of publicly available data sources, including national and state-based population health surveys, vital statistics, and administrative data from state and federal agencies, among other sources. Using these sources, HPIO compiled a list of 264 metrics for consideration in the Regional CHNA. From this inventory of metrics, THC and HPIO recommended 67 secondary, quantitative metrics using the following criteria approved by the Advisory Board.

Metric selection criteria:
Goal – Identify the most important metrics needed to describe the region's significant health needs, including social and structural drivers of health.

- Data availability – Data available at the county-level that can be assessed for long-term trend (change over time), compared to performance of the U.S. or the state overall, and can be disaggregated to look at disparities and inequities (e.g., by race, ethnicity, household income)
- Source integrity – Metrics are recognized as valid and reliable, and data is gathered from reputable sources.
- Face value – Metrics are easily understood by the public.
- Alignment – Metrics align with relevant state and local plans.
- Data quality and recency – Data for the metric is complete, accurate and most-recent data is from the past three years.

The quantitative data analysis considered use of rates, percentages and numbers, regional values, benchmark analysis and analysis of populations who face the greatest barriers. THC and HPIO also analyzed eighteen Ohio Hospital Association data metrics on hospital encounters in the region.

The entire process was overseen by an Advisory Committee of members of the community representing hospitals, public health departments, federally qualified health centers, community-based organizations, public health professional associations, funders, and hospital associations.

CHNA RESULTS
Data was analyzed and collated into a report made available to the organizations which supported the CHNA under the leadership of THC and others at the discretion of the Health Collaborative. The report included the following:

- Descriptions of the collaborating project partners and counties studied.
- Detail regarding the CHNA project process and methods used.
- Regional results of aggregate as well as specific population (Latino, Child, etc.) health needs
- County-specific profiles
- List of community resources
- Conclusions and
- Supporting documentation.

Three health issues achieved consensus as the most prevalent health conditions by the participants in the surveys and meetings conducted to collect the data.
1. Mental Health Treatment and Prevention
2. Homelessness Prevention and Housing Stability
3. Heart Disease and Stroke Prevention and Treatment

DATA ANALYSIS
Lindner Center of Hope (LCOH) representatives reviewed the report and decided to address the results of the report which were applicable to the following five counties: Butler, Clermont, Hamilton, Montgomery, and Warren.

These counties were chosen because they represent the majority of LCOH's primary service area, defined as counties in which the greatest percentage of LCOH's total adult inpatient and outpatient volume resides. As a result of review of this data, it was determined that there were no information gaps that impacted LCOH's ability to assess the community health needs of the LCOH community.

Based on the LCOH mission, vision, organizational goals, available resources and organizational capabilities and competencies, certain of the priorities identified for these five counties were selected as LCOH areas of focus. The priorities that were not determined to be areas of focus for LCOH were excluded because of resource constraints, unavailability of effective interventions to address the need, and/or the fact that the need was better addressed/currently being addressed by other community organizations or entities.

The area of focus to be addressed by LCOH because of the CHNA and the resulting LCOH analysis relates to Mental Health Treatment and Prevention. Mental health has been a consistent priority for the past CHNA's.

IMPLEMENTATION PLAN
1. **Mental Health Treatment and Prevention:** Over the past several years, increased attention has been paid nationally to the level of mental illness present in our society, partially due to the increased number of violent incidents in schools, places of entertainment and even places of worship. Since March 2020 and the emergence of the COVID pandemic, the need for mental health services has increased exponentially in all age groups and especially in the young adult age group of 18-29. Recent data is showing a climb in suicide deaths as well. These factors have led to a decrease in the stigma related to mental health issues. However, the increase in demand has only magnified the access and reimbursement needs to provide appropriate and quality care. It should be noted that LCOH can treat children, adolescents, and adults.

   LCOH will follow up on this area of focus as follows:
- LCOH recognizes that physicians, healthcare providers and first responders also experience mental health issues at least at the rate of 1 out of 5, yet their roles in our community are even more critical in their impact on others. LCOH has created exclusive access programs to services for these groups to eliminate barriers to receiving treatment, in the hopes of positively impacting the lives of those our community depends upon. In addition, LCOH has benefited from donor funding to support first responders' access to care.

- In 2021, Lindner Center of Hope Professional Associates (LCOHPA), a multi-disciplinary medical staff group, went in network with the largest commercial payer in the region to expand access through insurance channels vs. self-pay for provider services to our community. LCOH continues to work with payers to secure reimbursement commensurate with the quality and services provided. LCOH also continues to investigate other channels to create programs to enhance services and access to patients.

- In 2024, LCOH with support from the City of Mason and other sponsors, sponsored our fourth community-wide mental health education event as part of mental health month, which was intended to help decrease the stigma associated with mental health diagnosis as well as to educate attendees on various topics surrounding mental health and mental well-being. Over 300 community members attended the day-long series of education modules. The event has been a bi-annual event; however, it was not held in 2021 due to the pandemic. The plan is to hold the event in May 2026 dependent on the ability to secure funding.

- LCOH medical staff provide at least monthly Community Education free of charge on assorted topics related to mental health and mental wellbeing both in person and virtually. Each offering regularly draws over one hundred participants. In 2024, LCOH expanded its professional education reach with a virtual option through TPN Health that allows participants across the country to join. Prior to the new platform, LCOH was reaching several hundred professionals with webcast presentations. Now reach is exceeding around a thousand registrants for each webcast session and continuing education units are provided for free.

- LCOH has tripled its medical staff since 2022 to be able to meet more of the mental health needs. LCOH is also launching a significant expansion project to almost double its square footage to provide more therapeutic office space, group space, residential treatment spaces and partial hospitalization and intensive outpatient spaces to both meet more demand for services as well as provide more services in person. As part of our growth in medical staff we currently see approximately 65% of our outpatients via telehealth, which allows us to reach more people who may not want to or be able to travel to the Center, including rural and underserved areas.

- LCOH also continues to both grow service line capabilities, for example, increasing the number of outpatient medical management and therapy appointments available and developing new services, such as esketamine and a mental health intensive outpatient program. These new services allow patients to take advantage of care pathways that meet their needs.

- LCOH continues to invest in research for discoveries to aid in the treatment of mental health diagnoses. LCOH has received several federal grants from NIMH in the past year. LCOH also participates in pharmaceutical studies. LCOH was part of the esketamine clinical trial for the treatment of depression. Upon obtaining FDA approval, LCOH launched an outpatient clinic and is one of the leading Centers in the nation, based on treatments, per the drug manufacturer.

In addition to the above, LCOH is also active in other efforts surrounding mental health care.

- LCOH will continue to participate in efforts to educate legislators about mental health needs and the importance of parity in health care coverage. LCOH Is also looking to partner with employers and payers to continue the conversation to improve access to quality mental healthcare at reasonable rates.

- Additionally, to address the shortage of providers and access issues, LCOH has a Rapid Access program for adults to quickly be seen by a psychiatrist and social worker with recommendations for next steps to be coordinated following the appointment. Appointments for this program significantly reduce the wait time for those looking for outpatient assessment, as most individuals are seen within seventy-two hours from their initial call.

- On a monthly basis, LCOH offers Grand Rounds presentations for LCOH providers as well as community-based healthcare providers. These sessions provide these providers with ongoing training and development in the areas of mental health diagnosis and treatment. In addition, at least four additional education and development opportunities are offered by LCOH on an annual basis to selected groups such as area hospital staff, primary care providers and other defined groups. LCOH has also recently launched national CME offerings through a partnership with TPN Health. LCOH plans to continue to investigate additional opportunities to access the development and education of local mental healthcare providers, as resources are available for this purpose.

- Like other organizations, LCOH has expanded its social media presence and routinely posts relevant information and short video clips from providers related to environmental issues that impact mental health. LCOH providers have also been active with radio and television stations as well as speakers for interested groups and corporations.

- LCOH also continues its commitment to community outreach with clinicians presenting educational offerings through organizations such as NAMI, MHA, and local school systems. LCOH also participates in community health fairs. Additionally, LCOH offers an ongoing community education series and began a webcast continuing education series in 2018. It is expected that LCOH's growing focus on the need for and support of ongoing professional training and development will result in a higher level of state-of-the-art mental healthcare available to residents as well as those who travel to receive care at LCOH. Community education will also remain a priority.

- LCOH formally expanded efforts to area businesses in 2019 with the launch of Start the Conversation in collaboration with Tier I Performance, an organizational development and consultation company. This program uses educational videos, surveys, emails, and web landing pages to increase awareness of employees of the businesses that engage with the effort. In 2024, LCOH partnered with Tier I Performance on the creation of the

next phase of Start the Conversation entitled "Lead the Conversation on Mental Health". It is designed to empower people leaders with skills and confidence they need to navigate mental health discussions effectively and compassionately. In addition, LCOH has commenced a CARES program whereby services such as Coaching/Advisory and Rapid Access are offered to employees on a priority status for employers who enroll. Over the next several years, LCOH expects to provide this service to more area businesses.

It is expected that improved access to care will continue to be a major challenge for the foreseeable future. All mental healthcare providers should share responsibility for improving access to care as much as possible.

As a follow up to the 2021 CHNA, one of the initiatives was to strengthen the workforce pipeline. LCOH continues to be engaged in this initiative as there continues to be a shortage of mental health care providers from clinicians to patient care staff to take care of the needs of the community. In addition, like with other healthcare staff, there is an aging staff that will be retiring soon.

Prior to the COVID pandemic and the increased need for mental health services there was a national shortage of providers, including nursing staff. The impact of the pandemic has only magnified such shortages due to both the increase in demand for services coupled with the "Great Resignation" and qualified personnel choosing to retire or leave the healthcare profession.

LCOH has almost tripled their medical staff since 2021 and has been successful in hiring patient care staff for care in our hospital-based services.

LCOH will follow up on this area of focus as follows:
- LCOH is continuing to evaluate its participation in training programs for all provider types, including nurses and allied health professionals. LCOH engages with higher learning organizations to partner for clinical rotations and other needs to be on the forefront of training healthcare providers of the future as well as creating a pipeline of talent.

  LCOH serves as a clinical rotation site for various healthcare disciplines including but not limited to medical students and residents, nursing students, social work and counseling students, chefs who are in training and dietician students. Although there is a time commitment as well as a cost to LCOH associated with these efforts, the organization feels that each healthcare provider that has a commitment to continuation of high-quality healthcare services in the future has an obligation to support local students in their educational efforts.

- LCOH has focused on growing our clinician recruitment and retention endowment funds to assure resources for a steady supply of mental healthcare providers for our patients. It is intended that the endowment fund will continue to be a major source of support for clinician recruitment and retention in future years.

- LCOH also works to educate primary care providers in mental health and addiction diagnosis and treatment via training and educational articles in our newsletters, with the goal of helping them be better positioned to manage mental health concerns in their offices, as may be appropriate.

As it relates to the remaining prioritized health needs identified in the CHNA, LCOH chose not to focus on homelessness prevention and housing stability and heart disease and stroke prevention and treatment as those are not areas of LCOH expertise nor is there internal funding available to support such initiatives.

MONITORING AND FOLLOW UP
Compliance with the implementation plan components and results will be monitored and reported periodically to the LCOH leadership team and Board of Directors.

Attachment I
Organizations that Provided Support for and/or Participated in the CHNA

- All-In Cincinnati
- Black Women Cultivating Change
- Bon Secours Mercy Health
- Brown County Health Department
- Butler County General Health District and Southwest Association of Ohio Health Commissioners
- Caresource
- Center for Closing the Health Gap
- Champaign County Health Department
- Christ Hospital
- Cincinnati Children's Hospital Medical Center
- Cincinnati Compass
- Cincinnati Health Department
- Clermont County Board of Developmental Disabilities
- Clermont County Health Department
- Clinton County Health Department
- Community Builders
- Cradle Cincinnati
- Foodbank of Dayton
- Freestore Foodbank
- Greater Cincinnati Behavioral Health Services
- Greater Cincinnati Regional Food Policy Council
- Hamilton County Human Services Chamber
- Hamilton County Public Health Department
- Healthcare Access Now
- Highland County Health Department
- Housing Opportunities Made Equal (HOME
- Interact for Health
- Lindner Center of HOPE
- Margaret Mary Health
- Mercy Health Cincinnati
- NAMI Southwest Ohio
- Refugee Connect
- Santa Maria Community Services
- Shared Harvest food Bank
- Springdale Health Department
- Su Casa
- The Health Collaborative
- The Health Connection
- Healthsource of Ohio
- TriHealth
- UC Health
- United Way of Greater Cincinnati
- Urban League of Greater Southwestern Ohio
- Warren County Health Department
- Wilson Memorial Health
- Wayne Healthcare

Attachment II
Counties Included in the 2024 CHNA

Ohio
- Adams
- Brown
- Butler
- Clermont
- Clinton
- Hamilton
- Highland
- Preble
- Warren

Indiana
- Dearborn
- Franklin
- Ohio
- Ripley
- Union

Kentucky
- Boone
- Campbell
- Grant
- Kenton

Attachment III
LCOH Primary Service Area Data Based on FY 24 Adult Inpatient and Outpatient Volumes
Top 10 Counties

	Inpatient Admits	Inpatient % to Total	Outpatient Visits	Outpatient % to Total
Ohio, Hamilton	486	37%	19,776	37%
Ohio, Butler	142	11%	8,474	15%
Ohio, Warren	129	10%	12,298	21%
Ohio, Clermont	91	7%	5,519	10%
Ohio, Montgomery	59	4%	2,120	4%
Kentucky, Kenton	33	2%	1,283	2%
Kentucky, Cambell	29	2%	1,126	2%
Ohio, Clinton	24	2%	827	1%
Kentucky, Boone	22	2%	727	1%
Ohio, Franklin	12	1%	511	1%

Attachment IV

CHNA Specific Priorities and LCOH Consideration Comparison

	LCOH Mission, Vision, Values	LCOH Available Resources	LCOH Current Programs, Services, and Strategic Areas of Focus	LCOH Opportunities that Could Be Reasonably Implemented
Mental Health	X	X	X	X
Homelessness and Housing Stability Prevention				
Heart Disease and Stroke Prevention and Treatment				