



COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

March 2016

APPROVED BY THE LINDNER CENTER OF HOPE BOARD OF DIRECTORS: June 13, 2016

PROJECT SUMMARY

In 2015, a collaborative Community Health Needs Assessment (CHNA) was conducted by the Health Collaborative in Cincinnati, Ohio. To carry out and complete this project, the Health Collaborative utilized a consultant with CHNA experience, a physician/professor from Xavier University in Cincinnati, Ohio, students from the Health Services Administration at Xavier University in Cincinnati, Ohio, and a CHNC Committee composed of representatives from eleven healthcare systems in the greater Cincinnati region, the Cincinnati Health Department, Hamilton County Public Health, and Interact for Health (a regional philanthropic organization). The geographic focus of the CHNA included 23 counties across sections of three states including southwest Ohio, northern Kentucky, and southeast Indiana. 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 in order to establish priorities and the most serious health-related issues.

PROJECT PARTICIPANTS

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

METHODOLOGY

Design of the process to be used for the CHNA was based on five key attributes as follows:

- Collaborative – The design and execution of the CHNA was directed by the hospital, health departments and Interact for Health project partners.
- Inclusive – The Health Collaborative and project hospitals cast the net widely to include vulnerable populations and agencies serving them. Consideration was given to meeting locations, available transportation, welcoming environment, and access.
- Participatory – Forty five minutes to an hour of each community meeting was devoted to hearing from the invited participants.
- Reproducible – The same questions were asked at each meeting and on the surveys.
- Transparent – Secondary information was summarized and shared with meeting participants. Many times, this information was informative but previously unknown to the participants. Access to the final CHNA report was also provided to meeting participants.

Counties included in the CHNA consist of those listed in Attachment II of this document.

Primary Research

Primary research was carried out in 2015. Primary data priorities included the following:

- Frequency mentioned for underserved populations, and
- Unmet need.

The following activities occurred as part of the primary data collection process:

Community Meetings: Eleven community based meetings were held. Consumers invited by the hospitals as well as representatives attended these meetings.

Stakeholder Surveys/Interviews: The Health Collaborative and the hospitals distributed links for the CHNA survey for individuals and organizations serving vulnerable populations, most of which were completed online. Fifty five agencies and 329 individuals completed the surveys. In addition, 52 Latino participants were interviewed using surveys translated into Spanish. Twenty four health departments also completed surveys.

Secondary Research

In Spring 2015, graduate students in the Health Administration Program at Xavier University in Cincinnati, Ohio collected five years' worth of county-level data for the 23 counties under consideration. County Health Rankings were used as the primary metric. Data was also collected from coroners and state health departments. Primary data priorities included the following:

- Presence in multiple counties,
- Worsening trends, and
- Rates worse than state and national rates.

CHNA RESULTS

Data were analyzed and collated into a report made available to the organizations which supported the CHNA under the leadership of the Health Collaborative 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) health needs,
- County-specific profiles,
- List of community resources,
- Conclusions, and
- Supporting documentation.

The regional findings from the primary sources included the following prioritized needs:

1. Substance abuse
2. Mental health and access to care
3. Diabetes, obesity, smoking
4. Cancer
5. Lack of healthy behaviors.

The regional findings from the secondary sources included the following prioritized needs:

1. Binge drinking – 20% of the overall population
2. Diabetes – 1 in 8-9 adults

3. High levels of smoking in Indiana and Kentucky
4. Worsening trends and rates worse than state and local levels as follows:
 - a. Diabetes
 - b. Lack of mammograms
 - c. Deaths from drug poisoning, heroin, injury, lung cancer, and chronic lower respiratory disease
5. Top causes of death as follows:
 - a. Lung cancer – 18 counties
 - b. Heart attack – 15 counties
 - c. Dementia – 11 counties
 - d. Chronic obstructive pulmonary disease – 11 counties.

County-specific findings for each of the 23 counties studied were also included in the report.

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

March 2016

DATA ANALYSIS

LCOH representatives reviewed the report and made a determination to address the results of the report which were applicable to the following four counties: Butler, Warren, Hamilton and Clermont. These counties were chosen because they represent the majority of LCOH's primary service area, defined as counties in which at least 75% of LCOH's total adult inpatient and outpatient volume resides (Attachment III). 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.

The following county-specific data, as provided in the CHNA report and in Attachment IV to this Plan, were considered for the four chosen counties:

- Consensus on Priorities
- Top Causes of Death
- Priorities from Community Meeting
- Priorities from Surveys
- Responses from Health Departments
- County Health Snapshot.

Based on the LCOH mission, vision, organizational goals, available resources, and organizational capabilities and competencies, certain of the priorities identified for these four 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. A summary of the conclusions resulting from these reviews is included as Attachment V. Existing healthcare facilities, agencies and other resources within the community known to be available to assist in meeting the needs identified through the CHNA for the selected counties, including those that will not be addressed by LCOH, are listed in Attachment VI.

The areas of focus to be addressed by LCOH as a result of the CHNA and the resulting LCOH analysis are as follows:

1. Substance abuse, especially heroin,
2. Mental health,
3. Access to care/services/resources,
4. Healthy behaviors including smoking, and
5. Health/wellness education.

IMPLEMENTATION PLAN

1. **Substance abuse, especially heroin:** Substance abuse was identified among the most significant health-related concerns in community meetings and surveys, and by provider agencies and health departments during the 2016 CHNA process. There was also significant concern expressed regarding the perception that this important issue is not being sufficiently addressed. According to 2013 secondary data provided by the Health Collaborative, heroin poisoning

deaths exceed 10 per 100,000 population in each of the four selected counties except for Warren County. It is likely that this rate has increased since 2013 in all four counties. LCOH will follow up on this area of focus as follows:

- ✓ Six months ago, LCOH opened an opioid replacement therapy program in Mason, Ohio. Since its opening, this program has served over 100 patients on an ongoing basis, thus allowing them to carry on with their normal activities of daily living and responsibilities. Census is growing at approximately 20 patients per month. Additional programs and services will be considered for this program as patient needs are identified and defined.
- ✓ LCOH has also expanded our addictions program to include addictions assessment, diagnosis and treatment to a second site, in addition to the main campus addictions services. This new site required the addition of three new addictions counselors available to meet the growing demand for these services. The number and types of addictions services providers will be increased as demand is assessed and quantified.
- ✓ LCOH also offers a six week long intensive outpatient program (IOP) for addictions patients. This program operates three evenings per week. Separate Aftercare and Family Support programs are also offered on a weekly basis. LCOH is drafting a proposal to address the needs of the IOP patient who can benefit from longer intervention. A major challenge is expected to be acceptance of the longer program by third party payers.
- ✓ LCOH is also working with Mason City Police to establish a potentially annual Prescription Drug Take Back Day.

These activities, and others as additional opportunities are identified, will result in high quality addictions services with excellent clinical outcomes as evidenced by patient retention rates and aggregate clinical global indicators (CGI) of at least 1.0, when this metric is applicable.

2. **Mental health:** Over the past three 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. This increased attention is good in that it increases general awareness but unfortunately it has not yet resulted in increased access, reimbursement, or likelihood that the problem will be appropriately addressed. The 2016 CHNA data collection activities identified mental health as a major unmet need across all four of the counties comprising the LCOH primary service area. Both financial and nonfinancial barriers exist for most community members in need in these four counties. The severity of this problem can be better understood knowing that there is a national shortage of providers and a general lack of mental health parity in insurance plans. LCOH will follow up on this area of focus as follows:

- ✓ In 2015, LCOH collaborated with the city of Mason to sponsor our first community-wide mental health education event which was intended to help decrease the stigma associated with mental health diagnoses. Up to 100 participants were expected with over 500

community members attending the day-long series of educational modules. It is anticipated that additional community education events will be planned every 2-3 years, if sufficient financial and human resources are available.

- ✓ For the first time in 2016, LCOH participated in the National Day of Screening for Depression. This type of activity supports primary healthcare providers in their attempts to diagnose and treat the whole patient as well as increasing access for patients who, for whatever reason, have had difficulty obtaining care or have been resistant to acknowledging the need for diagnosis and care. LCOH intends to continue participating in screening events as they become available and as resources can be allocated for these purposes.
- ✓ 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 spiritual care providers, primary care providers and other defined groups. Over the next three years, LCOH will investigate additional opportunities to assist in the development and education of local mental healthcare providers, as resources are available for this purpose.
- ✓ LCOH has increased its efforts to provide addictions education in the community by offering training and seminars to various audiences. This includes offerings at our sites and travelling presentations to meet more audiences.
- ✓ LCOH also continues its commitment to community outreach with clinicians participating in educational offerings through organizations such as NAMI, MHA and even some local school systems. LCOH also participates in some community health fairs.

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 local residents as well as those who travel to receive care at LCOH. Community education will also remain a priority as long as adequate resources are available.

3. **Access to care/services/resources:** Access to all types of healthcare services, especially for the uninsured and unemployed/underemployed, was also identified as a major concern across the four selected counties. The complexity of this problem as well as the cost of addressing it assures that it will remain an area of focus well into the future. Regardless, there are components of this challenge that can be improved. For example, the stigma that exists about mental illness is part of the reason why parity does not exist and attention to this need is not often a priority. In addition, recognizing that there is a lack of providers across the nation, efforts to increase the number of patients that can receive care should be a priority of these providers and their sponsoring organizations. Another opportunity is to support the redefinition of how care is delivered including using physician extenders, identifying additional locations that can better serve populations in need, and considering non-traditional delivery of care such as telemedicine

and group treatment in place of individual treatment, when appropriate. LCOH will follow up on this area of focus as follows:

- ✓ LCOH will continue to participate in efforts to educate legislators about mental health needs and the importance of parity in healthcare coverage. Additional opportunities for such involvement may become available with the election of new national, regional and local governmental leaders.
- ✓ LCOH has focused on growing our clinician recruitment and retention endowment fund in order to assure resources for a good 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 has also undertaken a major initiative to increase the capacity to accept outpatients by focusing on clinician productivity. The increased outpatient appointments that will become available as a result of completion of this project should improve access to necessary care at least to some degree.
- ✓ 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.
- ✓ LCOH serves as a clinical rotation site for various healthcare disciplines including but not limited to medical students and residents, nursing students, social work 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.

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.

4. **Healthy behaviors including smoking:** Many segments of the American population have become less healthy over the past several decades. Unhealthy lifestyles are a contributor to this developing trend. Poor dietary practices, sedentary lifestyles, and the use of tobacco are major determinants of an individual's health. Patients with mental illness and/or substance abuse problems are more likely to engage in unhealthy life choices. Findings from the 2016 CHNA indicate that lifestyle choices and/or lack of healthy options have a major impact on the overall health of the populations studied. LCOH will follow up on this area of focus as follows:

- ✓ Inclusion of tobacco use screening questions and related education in inpatient and outpatient intake processes.

- ✓ Provision of influenza vaccine to all consenting inpatients during designated flu season unless contraindicated.
- ✓ During the past year, LCOH has hired a professional chef to oversee the food and nutrition services for patients, employees and visitors. Efforts are underway to revise menus to offer healthier meal choices and provide related education to patients in order to encourage healthier lifestyles and patients.
- ✓ LCOH includes healthy living concepts in its inpatient, residential, partial hospitalization and intensive outpatient programming. This programming will be reviewed and enhanced as opportunities are recognized and resources are available.
- ✓ Increased research on binge eating and other eating disorders.

Health/wellness education will continue to be a challenge because acute healthcare needs compete for the limited resources needed to educate those with needs and society in general, especially in the mental health industry with its poor reimbursement. As resources allow, LCOH will expand its focus on disease prevention and healthy lifestyle choices with patients.

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. An update on the 2013 CHNA Implementation Plan is provided in Attachment VII.

Attachment I

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

- Adams Brown Community Action Partnership
- Adams County Health Department
- Adams County Job and Family Services
- Adams County Medical Foundation (ACMF)
- Adams County Regional Medical Center
- Adams County Senior Citizens
- Anderson Township
- Barbara's Daycare
- Batesville Community Schools
- Boone Health Partners
- Butler Behavioral Health Services
- Butler County Coalition/Mental Health and Addiction Recovery Services
- Butler County Commissioners
- Butler County Families and Children First Council
- Butler County United Way
- Child and Family Health Services
- Childhood Food Solutions
- Children's Advocacy Center of Southeastern Indiana
- CHOICES
- Churches Active in Northside - CAIN
- Cincinnati Children's Hospital Medical Center
- Cincinnati Health Department
- Citizens Against Substance Abuse (CASA)
- City of Batesville
- City of Hamilton Health Department
- Clermont County Mental Health and Recovery Board
- Coalition for a Drug Free Batesville
- Coalition for a Healthy, Safe and Drug Free Greater Hamilton
- Community First Solutions
- Community Mental Health Center, Inc.
- Crossroads Center
- Dayma
- Dearborn County Chamber of Commerce
- Dearborn County Health Department
- Dearborn County Hospital
- Episcopal Diocese, Southern Ohio
- Erlanger-Elsmere Schools

- Family Connections
- Family, Career and Community Leaders of America
- Fayette Regional Health System
- Franklin County Public Library District
- Freestore Foodbank
- George's Pharmacy
- Good Samaritan Free Health Center
- Greater Cincinnati Foundation
- Hamilton County Public Health Department
- HealthCare Connection
- HealthPath Foundation of Ohio
- Heart House
- Herald Tribune
- Highland County Health Department
- Interact for Health
- Ivy Tech Community College
- KNK Recruiting
- Lawrenceburg Community Schools
- LifeTime Resources
- Lindner Center of HOPE
- Margaret Mary Health
- McCullough-Hyde Memorial Hospital
- Mercy Health
 - Mercy Health – Anderson Hospital
 - Mercy Health – Clermont Hospital
 - Mercy Health – Fairfield Hospital
 - The Jewish Hospital – Mercy Health
 - Mercy Health – West Hospital
- Mercy Neighborhood Ministries
- Middletown City Health Department
- National Library of Medicine
- NKY Health Services
- Northern Kentucky Health Department
- Ohio Attorney General
- Ohio County Health Department
- Ohio Means Jobs Adams Brown
- Ohio State University Extension
- One Community One Family
- Preble County Job and Family Services
- Preble County Mental Health and Recovery Board

- Preble County Public Health
- Pregnancy Care Center
- Premier Health – Atrium Medical Center
- PreventionFIRST
- Primary Health Solutions
- Purdue Extension – Dearborn County
- Reproductive Health and Wellness Center
- Ripley County Health Department
- Santa Maria Community Services
- SC Ministry Foundation
- Shady Nook Care Center
- Sisters of St. Francis
- Southeast Indiana Health Center
- Southeastern Indiana Economic Opportunity Corporation
- Southeastern Indiana YMCA
- St. Elizabeth Healthcare
- Talbert House
- The Christ Hospital Health Network
- The Health Collaborative
- TriHealth
 - Bethesda North Hospital
 - Bethesda Butler Hospital
 - Good Samaritan Hospital
 - TriHealth Evendale Hospital
- Tri-State Eating Disorder Resource Team
- UC Health
 - Daniel Drake Center for Post-Acute Care
 - University of Cincinnati Medical Center
 - West Chester Hospital
- UHCAN Ohio
- UMADAOP
- Union County Council on Aging
- Union County Emergency Management Agency
- Union County Health Department
- United Way of Franklin County
- University of Cincinnati College of Medicine
- Xavier University – Cincinnati, Ohio
- YES Home
- YWCA of Greater Cincinnati
- YWCA Hamilton

ATTACHMENT II

Counties Included in the 2016 CHNA

- Ohio
 - Adams
 - Brown
 - Butler
 - Clermont
 - Hamilton
 - Highland
 - Pike
 - Preble
 - Scioto
 - Warren
- Indiana
 - Dearborn
 - Franklin
 - Ohio
 - Ripley
 - Switzerland
 - Union
- Kentucky
 - Boone
 - Bracken
 - Campbell
 - Gallatin
 - Grant
 - Kenton
 - Pendleton

Attachment III

LCOH Primary Service Area Data Based on FY16 YTD Adult Inpatient and Outpatient Volume

County	% of LCOH Adult Inpatient and Outpatient Volume
Hamilton	33%
Warren	19%
Butler	18%
Clermont	5%

Attachment IV

CHNA County-Specific Primary and Secondary Data

Attachment V

CHNA County-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 Reasonably Implemented
Substance abuse especially heroin	X	X	X	X
Mental health	X	X	X	X
Obesity				
Infant mortality				
Access to care/services/resources	X	X	X	X
Deaths from lung cancer, lower respiratory disease, dementia/alzheimer's, heart disease/AMI				
Healthy behaviors including smoking, diet, exercise		X	X	X
Transportation				
Child health issues				
Dementia				
Cancer				
Health/wellness education	X		X	X
Elderly care				
Communicable diseases				
Diabetes				
Socioeconomic factors				
Dental				
Chronic disease				
Provider communication				

Attachment VI

Resources Available in Selected Counties

Attachment VII

2013 CHNA IMPLEMENTATION PLAN UPDATE

MARCH 2016

1. **Increase collaboration and communication:** A coordinated network of organizations will facilitate multi-stakeholder communication that addresses coordinated care and services. LCOH is seen as a leader in the psychiatric/behavioral health field in the greater Cincinnati area and beyond. LCOH is also a member of various healthcare-related organizations including the GCHC. These relationships offer LCOH the opportunity to facilitate and participate in increased collaboration and communication efforts among current and potential leaders in the local healthcare industry. LCOH will follow up on this area of focus as follows:
 - a. Investigation of collaboration and communication activities led by GCHC.
 - b. Coordination of current and potential psychiatric programs and services with other psychiatric service providers, especially University of Cincinnati College of Medicine and UC Health.
 - c. Continued expansion of a local/regional Network of HOPE focused on mental health care through outreach to providers and facilities to collaborate in the best interests of the community.

It is expected that increased collaboration and communication will be the result of leadership provided by LCOH as outlined in this plan. Initial collaboration will include current affiliates of LCOH with these partnerships expanded as opportunities are created/identified.

UPDATE: Since 2013, LCOH has continued efforts to participate in regional initiatives to coordinate and improve access to mental health services when the opportunity exists. It is recognized that the demand for services is too great for any single provider or system to address. The demands on mental health providers and low reimbursement rates negatively impact the ability to easily collaborate on and coordinate mental health services in the greater Cincinnati region. One important improvement is that LCOH has implemented the Epic electronic medical record system in order to facilitate sharing of clinical information when appropriate. In addition, LCOH has continued to collaborate with UC Health relative to system psychiatric services. The new LCOH chief nursing officer has partnered with the LCOH outreach team in their efforts to routinely meet with referrers and other providers in order to improve collaboration. LCOH is also participating when requested in the microsimulation modeling Triple Aim process involving regional healthcare providers which is being facilitated by the Collective Impact on Health with a focus on provider collaboration for improved community health and access. Finally, during the past three years, LCOH has independently added new providers as well as increased the capacity of existing providers to help address unmet needs, within the limitations of the LCOH financial constraints. In addition, new programs and services have been added including an adolescent intensive assessment/diagnostic and treatment program and an opioid replacement therapy service. Planning is underway for an expanded eating disorders program and additional addictions diagnostic and treatment services.

2. **Focus on cultural awareness:** Resources and services should be targeted to vulnerable populations and should be culturally competent and designed to meet the explicit needs of the specific group. Information technology systems should be realigned to help determine disparities in care and identify potential areas for improvement in care delivery.
 - a. Inclusion of cultural awareness and sensitivity education in LCOH employee orientation and annual training.
 - b. Monitoring and tracking of utilization of LCOH programs and services by vulnerable populations with development and implementation of employee education and patient information materials specific to the needs, expectations, perceptions and cultural priorities of these groups.
 - c. Assurance of timely access to translation services for non-English-speaking patients and families.

It is expected that LCOH's more formalized focus on cultural awareness will serve as an example of and an addition to similar efforts of other greater Cincinnati healthcare providers. In addition, LCOH employees will become more aware of the value of and adopt/implement the principles of diversity in the health care delivery process at LCOH.

UPDATE: LCOH includes cultural awareness and diversity appreciation in its new employee orientation and annual mandatory training sessions for existing employees. Translation services are available to all LCOH patients as needed via telephone. Efforts to recruit culturally diverse providers and employees have increased. To date, due to other competing priorities, LCOH has not had time or other resources available to track use of LCOH services by vulnerable populations.

3. **Improve access to cancer screening:** Targeted cancer screening events involving trusted community organizations that are culturally and linguistically connected with the target populations should be offered.
 - a. Annual employee health fair which includes cancer screening opportunities and follow up guidance for concerning results.
 - b. Inclusion of preventive screening questions and education in inpatient and outpatient intake processes.

It is expected that this improved access to cancer screening will begin with a focus on LCOH employees and patients, and that LCOH will continue to consider ways to appropriately expand these activities.

UPDATE: Due to competing priorities and low reimbursement rates for mental health services, LCOH has not been able to implement any activities focused on cancer education and prevention.

4. **Monitor influenza vaccinations:** It should be determined if the decrease in influenza vaccines is due to economic issues, vaccine supply, access or some other factor.
 - a. Requirement that all LCOH employees and other caregivers receive annual influenza vaccine unless contraindicated.

- b. Provision of influenza vaccine to all consenting inpatients during designated flu season unless contraindicated.

It is expected that monitoring of influenza vaccinations will begin with a focus on LCOH employees and patients, and that LCOH will continue to consider ways to appropriately expand these activities.

UPDATE: All LCOH caregivers and other employees are required to receive the influenza vaccine with no issues or declinations other than for documented medical reasons. In addition, influenza vaccine is provided to all patients, as appropriate, during the influenza season.

- 5. **Decrease obesity:** Improved access to healthy food choices, promotion of exercise programs, and increased access to exercise options should occur.
 - a. Availability of at least one healthy meal option on each dining room menu and patient meal menu.
 - b. Inclusion of information regarding healthy diet choices in inpatient/residential patient programming.
 - c. Annual employee health fair and appropriate follow up which include information and education regarding healthy dietary choices and follow up guidance for overweight/obese participants.
 - d. Continued research of new treatment options (i.e. medications) to address binge eating disorder.

It is expected that a focus on decreasing obesity will begin with a focus on LCOH employees and patients, and that LCOH will continue to consider ways to appropriately expand these activities. In addition, diagnosis and treatment breakthroughs as a result of eating disorder research will be introduced into patient treatment plans as quickly as possible.

UPDATE: Since 2013, LCOH has added a chef to our food and nutrition service in order to increase focus on healthy eating for patients and employees. Menus have been revised and unhealthy pantry items on the patient care units have been replaced with more appropriate options for patients. Annual employee health fairs have included a healthy eating and exercise component. An employee walking program is offered during spring, summer and fall seasons. Development of an expanded eating disorder program is underway in order to broaden the types of eating disorders addressed at LCOH.