

Nazareth Hospital CHNA Implementation Strategy Fiscal Years 2020-2022

Nazareth Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on 5/28/2019. Nazareth Hospital performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment took into account a comprehensive secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data including input from representatives of the community, community members, and various community organizations.

The FY 2019 CHNAs were completed under the direction of Mercy Health System of Southeastern Pennsylvania that included three hospitals Mercy Fitzgerald, Mercy Philadelphia and Nazareth. Mercy Health System of Southeastern Pennsylvania transitioned to Trinity Health Mid-Atlantic on July 1, 2019. Since Mercy Fitzgerald, Mercy Philadelphia, and Nazareth Hospital each have separate CHNAs, separate implementation strategy plans were developed; however, the needs to be addressed and the specific strategies will be implemented at each campus. The complete CHNA report is available electronically at <https://www.trinityhealthma.org/about/chna/>, or printed copies are available at Nazareth Hospital, 2601 Holme Avenue, Philadelphia, PA.

Hospital Information

Located in Northeast Philadelphia, Nazareth Hospital (NH) regularly maintains and develops strong community-based partnerships and is highly committed to the communities it serves. Established in 1940, NH is a community hospital (203 acute beds and 28 long-term care SNF beds) located in Philadelphia. The NH service area is comprised of eight (8) zip codes in Northeast Philadelphia. NH is home to comprehensive acute care services for bariatrics, cancer care, cardiac rehabilitation, cardiology, diabetes, emergency care, endoscopy, and gastroenterology. NH is a nationally certified Primary Stroke Center and Chest Pain Center and has earned national accreditations for heart failure care and PCI. Additional information about NH and its services is available at <https://www.trinityhealthma.org/locations/nazareth-hospital/>



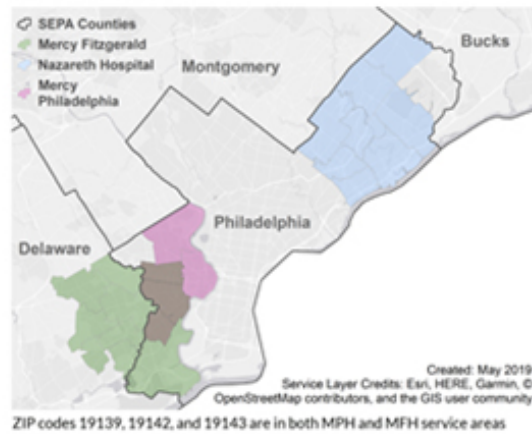
Trinity Health Mid-Atlantic Community Health Needs Assessment At-A-Glance 2019

THE COMMUNITY WE SERVE

POPULATION SIZE**

The Mercy Health System (MHS) serves 883,086 residents. Of the 3 hospitals, Nazareth Hospital (NH) has the largest service area, with 329,300 residents. Mercy Fitzgerald Hospital (MFH) has 317,563 residents, followed by Mercy Philadelphia Hospital (MPH) with 236,223.

MHS SERVICE AREA MAP



GLOBAL HEALTH*



- 75% of MFH and NH adult residents and 74% of MPH residents report good to excellent health

COMMUNITY CHARACTERISTICS**

Race and Ethnicity	NH	MFH	MPH	SEPA
White	59%	28%	17%	64%
Black	19%	61%	70%	22%
Asian	11%	6%	7%	7%
Other	11%	5%	6%	7%
Latino	15%	4%	4%	9%
Income	NH	MFH	MPH	SEPA
Median Household Income	\$51,690	\$46,964	\$31,307	\$70,807
Housing Unit Type	NH	MFH	MPH	SEPA
Renter-occupied	37%	43%	56%	34%
Owner-occupied	63%	57%	44%	66%

POPULATION OF INTEREST: OLDER ADULTS*



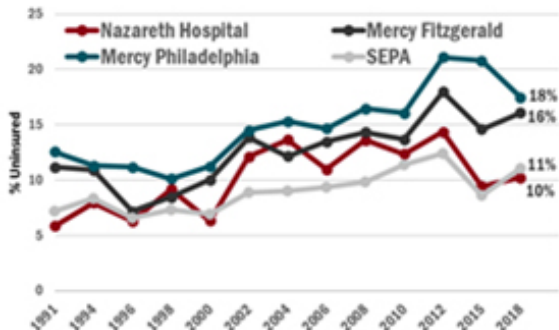
- Between 2018-2023, the older adult (OA) population is expected to increase 13% for MPH and NH, and 16% for MFH



- 54% of MFH and 51% of MPH OA residents have an instrumental activities of daily living limitation, compared to 34% NH residents

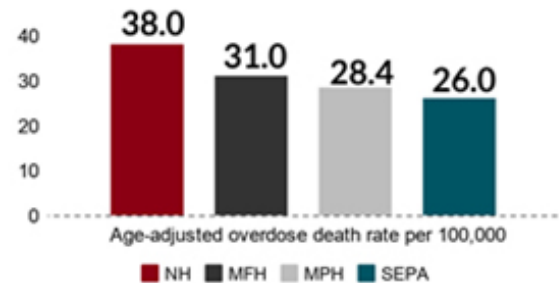
INSURANCE STATUS TRENDS*

Uninsured rates have increased since 2000, peaking in 2012, with some recent improvement due to the ACA Medicaid expansion



OVERDOSE DEATHS**

Overdose rates in the MHS service areas are higher than the Southeastern Pennsylvania (SEPA) region



MHS SERVICE AREA AND SEPA: SELECT HEALTH INDICATORS*

The remainder SEPA region is performing better along a number of health indicators when compared to MHS' service areas***:

Indicator	NH	MFH	MPH	SEPA
Ever diagnosed with mental health condition	25%	25%	22%	22%
Visited the ER in the past year	33%	38%	40%	29%
Low social capital	44%	40%	38%	26%
Meals cut due to lack of money	14%	24%	23%	13%



Notes: Age-adjusted mortality rates are calculated per 100,000 population utilizing the standard 2000 U.S. population distribution. 427 residents responded to the 2018 SEPA-HHS in the Mercy Fitzgerald service area, as well as 564 in the Nazareth and 472 in the Mercy Philadelphia service areas. Sources: *PHAC's 2018 Southeastern Pennsylvania Household Health Survey; **2018 CHDB Demographic Product with primary data sources: 2012-2016 mortality data from PA Department of Health, Bureau of Health Statistics and Registries, Claritas 2018 Pop-Facts Data Base. ***Chi square p values. ER visits significantly worse than SEPA across all 3 hospitals at p<.001; Social capital MFH and NH p<.001, MPH p<.01; Food insecurity MFH and MPH p<.001, NH not significant.

Mission

We, Trinity Health Mid-Atlantic, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. In fulfilling our mission, we have a special concern for persons who are poor and disadvantaged.

Health Needs of the Community

The CHNA conducted in 2019 identified the significant health needs within the Nazareth Hospital community. Those needs were then prioritized based on a cross-functional workgroup comprised of internal and external stakeholders' vigorous group discussion and consensus building to rank and prioritize the identified unmet health needs. Based on group discussion and agreement utilizing the nominal group planning and the simplex methods, the health needs were grouped and ranked into four categories ranked from 1 to 4, beginning with the most important to address for this CHNA cycle: 1) Navigational and Equitable Access to Care, 2) Healthy Living, 3) Behavioral Health, and 4) Chronic Disease Care Management.

The significant health needs identified, in order of priority include:

Health Need Category	Significant Health Need	Evidence around health need ^{1,2,3,4}
1. Navigational and Equitable Access	1.1 Access to care	<ul style="list-style-type: none"> ▪ Nearly one in five (19%) families with children are living in poverty, and 34% of single parents with children live in poverty³ ▪ Of older adults, age 65+, 16% live in poverty³ ▪ Unemployment rate in the service area is 9%³ ▪ Almost 10.2% of residents are uninsured⁴
	1.2 Access to health care for immigrants	<ul style="list-style-type: none"> ▪ About 9% of residents speak limited English³
2. Healthy Living	2.1 Nutrition	<ul style="list-style-type: none"> ▪ The percent of adults in the service area who eat less than four servings of fruits or vegetables a day (82.3%) is significantly more than the remainder of SEPA (76.8%)⁴ ▪ The percent of adults who drank soda, a fruit drink, or bottled tea once or more a day in the past month (33.2%) is significantly more than the remainder of SEPA (25.9%)⁴
	2.2 Overweight and Obesity	<ul style="list-style-type: none"> ▪ Over two-thirds (69.8%) of adults in the service area are overweight or obese, which is significantly more than the remainder of SEPA (63.6%)⁴ ▪ About one-third (30.9%) of adults in the service area are obese
	2.3. Physical Activity	<ul style="list-style-type: none"> ▪ The percent of children who participate in physical activity less than three times per week (22.5%) is significantly more than the remainder of SEPA (11.6%)⁴
	3.1. Mental Health Care for Residents	<ul style="list-style-type: none"> ▪ Prevalence of depression/anxiety was 14,927 cases²

Health Need Category	Significant Health Need	Evidence around health need ^{1,2,3,4}
3. Behavioral Health		<ul style="list-style-type: none"> ▪ Suicide rate in the service area is 12.7 per 100,000, which is higher than in SEPA (10.6 per 100,000), Philadelphia (9.6 per 100,000), and Montgomery Counties (11.2 per 100,000)¹ ▪ Over one-half (54.5%) of people diagnosed with a mental health condition are not receiving treatment for their condition⁴
	3.2. Drug induced Causes of Death	<ul style="list-style-type: none"> ▪ Avg. annual number of deaths from drug induced causes: 125 deaths¹ ▪ Drug induced causes mortality rate (38.8 deaths per 100,000 residents) in the service area is higher than in SEPA (26.8 per 100,000), Philadelphia (34.4 per 100,000), and Montgomery Counties (20.4 per 100,000)¹ ▪ The mortality rate due to drug overdose was 38.0 per 100,000 residents¹
	3.3. Smoking Cessation	<ul style="list-style-type: none"> ▪ One in five (20.1%) adults currently smoke in the service area, which is significantly more than the remainder of SEPA (14.9%)⁴ ▪ The percent of smokers in the service area who used an e-cigarette in the past month (10.6%) is significantly more than the remainder of SEPA (7.8%)⁴
4. Chronic Disease Care Management	4.1. Diabetes	<ul style="list-style-type: none"> ▪ The percent of adults in the service area who have ever been told they have diabetes (15.8%) is significantly more than the remainder of SEPA(12.2%)⁴
	4.2. Hypertension	<ul style="list-style-type: none"> ▪ Prevalence of hypertension: 78,568 cases² ▪ The percent of adults who have ever been told they have high blood pressure (36%) is significantly more than the remainder of SEPA (31.2%)⁴
	4.3. Heart disease - 1st leading cause of death	<ul style="list-style-type: none"> ▪ The mortality rate due to heart disease was 184.9 per 100,000 residents¹ ▪ Prevalence of coronary heart disease: 11,816 cases² ▪ Prevalence of congestive heart failure: 7,416 cases²
	4.4. Cancer - 2nd leading cause of death	<ul style="list-style-type: none"> ▪ The overall cancer mortality rate was 178.8 deaths per 100,000 residents in 2018¹ ▪ Lung cancer has the highest mortality rate (46.0 deaths per 100,000), followed by breast cancer (21.9 deaths per 100,000)¹ ▪ Prevalence of breast cancer: 4,002 cases² ▪ Prevalence of prostate cancer: 2,632 cases² ▪ One-quarter (24.9%) of women 18-64 years old have not had a pap test in the past 3 years; this is significantly more than the remainder of SEPA (17.6%)⁴
	4.5. Stroke - 3rd leading cause of death	<ul style="list-style-type: none"> ▪ Stroke caused on average 161 deaths annually (stroke mortality rate was 36.6 per 100,000 residents)¹

Data Sources

1. Public Health Management Corporation. Community Health Data Base. (2018). Demographic Product 2018. Retrieved from <http://CHDBDataPortal.phmc.org>
Underlying primary data sources: 2012-2016 birth and birth outcomes data from PA Department of Health, Bureau of Health Statistics and Registries; and 2012-2016 mortality data from PA Department of Health, Bureau of Health Statistics and Registries
2. 2018 Market Prevalence by Disease Category - © 2018 The Claritas Company, © Copyright IBM Corporation 2018
3. 2018 Community Needs Index - © 2018 The Claritas Company, © Copyright IBM Corporation 2018
4. Public Health Management Corporation. Community Health Data Base. (2018). Household Health Survey.

Hospital Implementation Strategy

Nazareth Hospital resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

Significant health needs to be addressed

Nazareth Hospital will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Navigational & Equitable Access to Care: Access to Health Care and Access to Care of Immigrants – page 4**
- **Healthy Living: Nutrition, Overweight & Obesity and Physical Activity– page 6**
- **Behavioral Health: Mental Health Care, Drug Use and Related Causes of Death, Tobacco Use and Smoking Cessation – page 10**

Significant health needs that will not be addressed

Nazareth Hospital 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 it deemed most pressing, under-addressed, and within its ability to influence. Nazareth Hospital will not take action on the Chronic Disease Care Management health needs:

- **Diabetes** – Nazareth Hospital does not plan to directly address this particular need because of duplication of efforts, already addressing through established diabetes education and healthy lifestyle program.
- **Hypertension** – Nazareth Hospital does not plan to directly address this particular need because of duplication of efforts and services provided by the hospital and it was not ranked as highly as other needs that were chosen.
- **Heart Disease** – Nazareth Hospital does not plan to directly address this particular need because of duplication of efforts and services provided by the hospital and it was not ranked as highly as other needs that were chosen.

- **Cancer** – Nazareth Hospital does not plan to directly address this particular need because of duplication of efforts and services provided by the hospital and it was not ranked as highly as other needs that were chosen.
- **Stroke** – Nazareth Hospital does not plan to directly address this particular need because of duplication of efforts and services provided by the hospital and it was not ranked as highly as other needs that were chosen.

This implementation strategy specifies community health needs that the hospital has determined to address in whole or in part and that are consistent with its mission. 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.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2020-2022

Hospital facility:	Nazareth Hospital		
CHNA significant health need:	Navigational & Equitable Access to Care		
CHNA reference page:	4	Prioritization #:	1

Brief description of need:

The number one ranked community priority need for the NH service area for the FY2020-2022 CHNA cycle is navigational and equitable access to care. Access to equitable health care remains a persistent barrier (i.e., low social disadvantage, socio-economic status, educational attainment, literacy) or facilitator (i.e., high household income, educational attainment) of affordable and adequate care. Inequitable access to healthcare leads to disparate morbidity and mortality for some communities (i.e., racial/ethnic minorities, disabled, older adults), poorer health outcomes, and lower quality of life. Health insurance provides individuals with the ability (i.e., insurance coverage) to access medical care regularly and with less cost incurred to the individual. Without health insurance individuals may face barriers to accessing care and incur significant personal costs when they do receive health care.

Goal: Improve access to care for immigrant populations, and persons who are uninsured/underinsured, especially those living in poverty, in Nazareth Hospital's service area.

Objective:

- 1) Increase the number of eligible uninsured Nazareth Hospital ED and clinic patients who successfully enroll in Medicaid to 1,083 by 6/2020.
- 2) Increase by 1% immigrant population participation in the Health Promoters Program from FY20 baseline.

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

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Continue to contract with HRSI to enroll uninsured eligible Emergency Department and Clinic patients in Medicaid (MA)	X	X	X	\$324,000 per year		Healthcare Receivables Specialists, Inc. (HRSI),
Promote the new Nazareth Hospital health clinic to open in FY22' through coalition to serve those in need.			X	\$30,000 Marketing Costs for opening year		Faith Leaders
Implement Health Promoters Program in Partnership with St. Joseph Univ. and two local churches to provide health care services to members of immigrant populations and working with a liaison within the community.			X	\$20,000 for the opening year.		St. Joseph's Univ. Health Center #10 Faith Leaders

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Increase in the number of eligible clinic patients enrolled in Medicaid	1,072 enrolled in FY19'	1% above baseline
Increase in the number of patient visits to clinic	Establish Baseline FY20'	1% above baseline
Increase in the number of Health Promoters participants to services	Establish Baseline FY20'	1% above baseline

Plan to evaluate the impact:

Number of eligible clinic patients enrolled in Medicaid plan will be measured annually. Clinic patient visit growth will be measured annually. Number of persons receiving services through the Health promoter model will increase annually.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2020-2022

Hospital facility:	Nazareth Hospital		
CHNA significant health need:	Healthy Living		
CHNA reference page:	6	Prioritization #:	2

Brief description of need:

The percent of adults not eating the recommended servings of fruits and vegetables is highest for NH and Philadelphia County area residents and lowest for Montgomery County area residents. The percent of adults considered obese in the NH service area is the same as Philadelphia County, at 31%. The percent of adults in NH service area who exercise for 30 minutes, less than 3 days per week is comparable to Philadelphia County and higher than Montgomery County and SEPA. In addition, children 3+ years old in the NH service area are less likely to engage in physical activity for at least 30 minutes 3 days a week compared to remainder SEPA region (23% versus 12%).

Goal: Improve the community healthy living options by increasing access (1) to fruits and vegetables, (2) to weight management programs and to physical activity programs.

Objective:

- 1) Improve nutrition and health outcomes of adults and children 1% above baseline annually through enhanced year round availability of foods that would increase intake of vegetables and fruits, decrease caloric intake and increase micronutrient intake.

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

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Establish healthy food distribution access sites in the community with community partners	X	X	X	\$5,000/year	Food Storage/ Pantry	Philabundance Food Network Philadelphia Interfaith Hospitality Network
Implement weight management program for colleagues and community members.	X	X	X	\$1500/year		Weight Watchers of Philadelphia, Inc.
Partner with PlayWorks to provide local school(s) training and equipment to increase physical activity among school-age children	X	X	X	CHWB Budget \$6,400 per school	PlayWorks training resources	Play Works, St. Jerome School

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Number of access sites/partners for healthy food distribution in the community.	Established Baseline # of site, # partners, # community members served in FY20'	1% above baseline
Number of program sessions offered for weight management to colleagues and community members.	Establish Baseline # of sessions and # of participants FY20'	1% above baseline
Number of schools/children participating in PlayWorks Program	Establish Baseline # of schools and # of children FY20'	1% above baseline

Plan to evaluate the impact:

1. Number of sites/partners established for healthy food distribution, number of persons served.
 2. Number of sessions offered for weight management, and number of participants in program will be measured annually.
 3. Number of schools/children participating in PlayWorks Program will be measured annually.
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CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2021

Hospital facility:	Nazareth Hospital		
CHNA significant health need:	Behavioral Health		
CHNA reference page:	8	Prioritization #:	3

Brief description of need:

The estimated 2018 prevalence of anxiety/depression was 14,927 cases. Fifty five percent of adults diagnosed with a mental health condition in the NH service area are not receiving treatment for their condition compared to 42% in the remainder SEPA region. The NH service area had higher rates of suicide (12.7 deaths per 100,000 people) followed closely by Montgomery County (11.2 deaths per 100,000 people), than the SEPA region (10.6 per 100,000), and Philadelphia (9.6 deaths per 100,000 people). Suicide by firearm accounted for 5.2 of these deaths per 100,000 people on average each year. Drug-induced deaths, a broader category of drug related deaths, accounted for 38.8 deaths per 100,000 people in the NH service area, over three times the HP2020 target of 11.3 deaths per 100,000 people. Access to school based programs can help reduce issue with the drug epidemic and provide school age children with the tools for making the right choices. Mental health can impact health behaviors and physical health including stroke, diabetes and heart disease. Likewise poor physical health can impact mental health. Chronic health conditions such as cancer, diabetes and heart disease increase the risk of depression.

Goal: Improve mental health through education and prevention in the Nazareth Hospital service area.

Objective: Increase the participation in Prevent and NAMI Family to Family Programs by 2% annually.

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

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
1. Implement Prevent Program at one school in the Nazareth Hospital service area			X	5,000		Center For Families, Independence Lodge Sober Living, MVP Recovery, Minding Your Mind Foundation, Springfield Cares Coalition
2. Collaborate to improve community integration and community-based treatment for patients identified for substance use/abuse disorder.	X	X	X	Addiction Counselor \$10,000		Merakey, The Consortium, Women's Institute of Health

3. Provide location and support for the implementation of an educational program for family, significant others and friends of people with mental health conditions.			X	\$3,000. Meeting Room Space, Marketing		National Alliance for Mental Illness (NAMI) NAMI Philadelphia
4. Implement certification training for Mental Health First Aid for colleagues	X	X	X	\$3500		Mental Health 1 st Aid of Philadelphia W. Philadelphia Spiritual Leaders

Anticipated impact of these actions:

CHNA Impact Measures		Target
Prevent Program Participation	Establish Baseline FY20'	Increase participation by 2%
Increase referrals to community medication assisted treatment	Establish Baseline FY20'	#/increase by 3%
NAMI Family To Family Program participation	Establish Baseline FY20'	Increase each 12-week session by 2%
Certified mental health first aid providers in the Nazareth Hospital Community	3 persons certified in FY20'	# increase by 3%

Plan to evaluate the impact:

1. Successfully implement the prevent program in year three with at least 20 student participants in Year 3.
2. Number of medication assistant treatment referrals measured by the outpatient discharge disposition.
3. Family to Family program successfully implemented at and track weekly participants.
4. Number of individuals in the Nazareth Hospital service area certified in Mental Health 1st Aid.

Adoption of Implementation Strategy

On November 4, 2019, the Board of Directors of Trinity Health Mid-Atlantic, met to discuss the FY 2020 – FY 2022 Implementation Strategy for addressing the community health needs identified in the FY 2019 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

Catherine P. Weaver

Catherine P. Weaver, SVP-Mission Integration
Name & Title

11 / 4 /2019
Date