



Mercy Fitzgerald Hospital Community Health Needs Assessment Implementation Strategy Fiscal years FY 2013-2016

Mercy Fitzgerald Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in May 2013. Mercy Fitzgerald performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at <http://www.mercyhealth.org/about/community-health-needs-assessment-2013-2015/> or printed copies are available at Mercy Fitzgerald Hospital.

Hospital Information and Mission Statement

Mercy Fitzgerald Hospital is a member of Mercy Health System, the largest Catholic healthcare system serving the Delaware Valley area in Southeastern Pennsylvania.

Established in 1933, Mercy Fitzgerald Hospital, located in Darby, Pennsylvania, is a 204 bed acute care community teaching hospital serving a large number of economically fragile neighborhoods in Southeast Delaware County and West/Southwest Philadelphia. Mercy Fitzgerald is dedicated to being a transforming, healing presence in the community it serves while addressing the diverse health needs of individuals at every stage of life and ensuring quality care is available to every patient regardless of their socioeconomic status.

Mercy Fitzgerald's community is defined as its service area and includes 11 zip codes within Southeast Delaware County and West/Southwest Philadelphia County, Pennsylvania (19023, 19050, 19142, 19143, 19153, 19018, 19082, 19079, 19036, 19139, and 19026).

The total population of the service area decreased to approximately 315,000 residents in 2010 from 321,400 residents in 2000. The service area's population is projected to increase in 2013 (to 316,400 residents) and again in 2018 (to 318,400 residents). In the service area, more than one-quarter of the residents are between the ages of 0-17 (26%), nearly four in ten are 18-44 (38%), one-quarter are 45-64 (25%), and 12% are 65 or older. There was an increase in the percentage of residents ages 45-64 in the service area between 2000 and 2010.

Approximately three in ten residents of the service area identify as White (31%), nearly six in ten identify as Black (59%), 5% identify as Asian, 3% identify as Latino, and 3% identify as an "other" race/ethnicity. The service area's Latino population has grown slightly over time from 2% in 2000 to 3% in 2010. In the service area, approximately 5% of residents identify as Asian. The majority of residents in the service area speak English at home (88%), 4% speak an Asian language, 3% speak Spanish, and 6% speak an "other" language.

Less than one-fifth of residents of the service area have less than a high school degree (17%), more than six in ten have graduated from high school (63%), and one-fifth have a college degree or more (20%). The service area has a slightly lower percentage of residents with a college degree or more compared to Delaware County, Philadelphia County and the state of Pennsylvania.

When looking at poverty status, approximately 16% of families without children and nearly one-quarter of families with children (23%) are living in poverty in the service area. Both of these percentages increased from 2000 and are projected to increase again in 2013. The 2000 median household income in the service area was approximately \$34,500, which increased to \$41,300 in 2010. The median household income is projected to decrease in 2013 (to \$40,500), and then increase once again in 2018 to approximately \$41,500. Nearly one-half (47.7%) of adults age 65 and over are in poverty. One-third of residents are renters (35.5%) and almost one-third (32.5%) are single-female headed households in poverty. One in five families with children (22.7%) lives in poverty.

Mission

We, Mercy Health System and Trinity Health, serve together in the spirit of the Gospel as a compassionate and 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 2012/2013 identified seventeen significant health needs within the Mercy Fitzgerald Hospital community. Those needs were then prioritized based on a review by the MHS-SEPA Prioritization Workgroup, and a Nominal Group Planning Method that involved ranking of the needs and group discussion that focused on prevalence, severity, available data, magnitude of persons affected, and the ability of the hospital to impact the need. The seventeen significant health needs identified, in order of priority include:

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| Heart disease is the leading cause of death. Modifiable risk factors can prevent heart disease and stroke | Cardiovascular Health | <ul style="list-style-type: none"> ○ Heart disease is the leading cause of death, 233.5 per 100,000 population. The rate exceeds the county at 232.2 and the state at 203.2. |
| | Stroke | <ul style="list-style-type: none"> ○ The third leading cause of death is stroke, 48.5 per 100,000 population. |
| | High Blood Pressure | <ul style="list-style-type: none"> ○ Four in ten (40%) adults have been diagnosed with high blood pressure. ○ A higher percentage of poor adults (45.3%) have high blood pressure compared to non-poor (35.7%) adults. ○ Nearly one-half (44.7%) of African-American adults have high blood pressure followed by 35.7% of Latino adults and 32.6% of White adults. |
| | Diabetes | <ul style="list-style-type: none"> ○ One in seven (14.4% or 33,400 adults) has been diagnosed with diabetes; this percentage and is higher than the statewide percentage of 9.5% of adults diagnosed with diabetes. The percentage of adults in the service area with diabetes is similar to surrounding Delaware (12.3%) and Philadelphia (16%) Counties and the region as a whole (12.4%). |
| | Overweight and Obesity | <ul style="list-style-type: none"> ○ Obesity is a contributing factor to hear disease, stroke and diabetes. ○ More than one-third (36.6%) of adults are |

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| | | obese, and slightly less than one-third (32%) of adults are overweight. |
| Cancer is the second leading cause of death. Early detection can increase survival rates. | Cancer | <ul style="list-style-type: none"> ○ Cancer is the second leading cause of death, all forms of cancer 207.5 per 100,000 population. ○ One in seven (14.4%) adults 50 years of age and older did not have a colonoscopy in the past ten years. ○ Four in ten (43%) women did not receive a Pap smear in the past year. ○ About one in three (32.2%) women age 40 or older in the service area did not receive mammogram in the past year. ○ More than one-half (52.2%) of men aged 45 years and over did not have a screening for prostate cancer in the past year. |
| | Smoking | <ul style="list-style-type: none"> ○ A higher percentage of poor adults (30.8%) smoke cigarettes compared to non-poor adults (22.5%). ○ One-quarter (25.4%) of children in the service area are obese, and one in six (16.6%) are overweight |
| Access to preventive health care services to help diminish disparities among the poor and vulnerable | Mental Health | <ul style="list-style-type: none"> ○ Nearly one in five (18.6%) adults has been diagnosed with a mental health condition. ○ Nearly twice the proportion of poor adults (24.7%) has been diagnosed with a mental health condition compared to non-poor adults (12.7%). ○ More Latino adults (20%) have been diagnosed with a mental health condition compared with African-American (17.5%) and White (17%) adults. |
| | Primary Care Access | <ul style="list-style-type: none"> ○ 17.8% of adults reported that there was a time in the past year when they needed healthcare, but did not receive it due to the cost. |
| | Homeless – Health Care | <ul style="list-style-type: none"> ○ 648 homeless in Upper Darby/Chester/Haverford/Delaware County Continuum of Care (CoC). ○ 6,180 homeless in Philadelphia County CoC. ○ Homeless persons report unmet needs for medical or surgical care, prescription medications, mental health care or counseling, eyeglasses, and dental care. The most frequently cited reasons for each type of unmet need were inability to afford care and lack of health insurance coverage. |
| | Language and Cultural Barriers | <ul style="list-style-type: none"> ○ Meeting participants reported that West African immigrants need printed materials translated into French and added that among immigrant populations, hospitals are unfavorably viewed as government entities. |

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| | | <ul style="list-style-type: none"> Community members also identified that the African populations from Liberia, Mali, the Ivory Coast, Ethiopia, and Sierra Leone as experiencing language and cultural barriers to health care. |
| Affordable Dental Care | Dental Care | <ul style="list-style-type: none"> Three in ten adults (29.7%) did not get dental care due to the cost of the visit. Community meeting participants reported that children and adults enrolled in Medical Assistance have difficulty finding dental care providers who accept |
| Affordable Vision Care | Vision | <ul style="list-style-type: none"> Children and adults enrolled in Medical Assistance have difficulty finding vision care providers who accept Medical Assistance. |
| Accessible OB/GYN Services | Early Prenatal Care | <ul style="list-style-type: none"> More than four in 10 women (45.6%) receive pre-natal care during the second or third trimester of pregnancy or no prenatal care at all. Infant mortality rate of 12.2 infant deaths per 1,000 live births. |
| | Teen Pregnancy | <ul style="list-style-type: none"> The average annualized teen birth rate of 14.6 per 1,000 women 10-17 years of age is more than twice that of the state which is 6.9. |
| Affordable Prescription | Prescription Coverage | <ul style="list-style-type: none"> Nearly one-quarter (23.6%) of adults in the service area do not have prescription drug coverage. 15.9% were prescribed a medication but did not fill the prescription in the past year due to cost. Many older adults have problems affording prescription medications. |
| Public Trust | Understanding and trust in the publicly funded health care and insurance system | <ul style="list-style-type: none"> Navigating the complex publicly funded health care and insurance system among low income residents, particularly City Health Centers and Federally Qualified Health Centers in Philadelphia |

Hospital Implementation Strategy

Mercy Fitzgerald 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

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

- **Cardiovascular** – Detailed need specific Implementation Strategy on page #6
- **Cancer** – Detailed need specific Implementation Strategy on page #7
- **Access to Health Care Services for persons who are poor and vulnerable** – Detailed need specific Implementation Strategy on page #8

Significant health needs that will not be addressed

Mercy Fitzgerald 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.

Mercy Fitzgerald Hospital MHS SEPA believes that the following needs fall more within the purview of other Delaware County, Philadelphia County and community organizations, and limited resources and/or lower priority excluded these areas from those chosen for action. Mercy Fitzgerald Hospital will not take action on the following health needs:

- Dental Care
- Vision
- Early Pre-natal Care
- Teen Pregnancy
- Prescription Coverage
- Understanding and trust in the publicly funded health care and insurance system

This implementation strategy specifies community health needs that the Hospital has determined to meet 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 the three years ending FY 2016, 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 2013-2015 (Year 3)**

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| HOSPITAL FACILITY: | Mercy Fitzgerald Hospital | | |
| CHNA SIGNIFICANT HEALTH NEED: | Access to Cardiovascular Services | | |
| CHNA REFERENCE PAGE: | 13, 14, 20 | PRIORITIZATION #: | 1 |
| BRIEF DESCRIPTION OF NEED: Heart disease is the leading cause of death. Modifiable risk factors can prevent heart disease and stroke. | | | |
| GOAL: Improve access to cardiovascular services and achieve targeted outcomes | | | |
| OBJECTIVE: To modify risk factors specific at risk populations to diminish likelihood of heart disease and stroke | | | |
| ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: | | | |
| <ol style="list-style-type: none"> 1. Implement the social determinant of health plan 2. Increase cardiovascular screenings to include MPN Primary Care Physician Offices 3. Provide quarterly diabetes management and educational sessions | | | |
| ANTICIPATED IMPACT OF THESE ACTIONS: | | | |
| <ol style="list-style-type: none"> 1. Identify the population needing access to healthcare 2. Identified at risk population will be followed and treated to manage pre-existing conditions and reduce the number of untreated cardiovascular conditions 3. Help diabetic patients to better control and manage their disease | | | |
| PLAN TO EVALUATE THE IMPACT: | | | |
| Assess outcomes and provide report to stake holders | | | |
| PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: | | | |
| Community Outreach staff, clinical and non-clinical staff members to implement activities listed above, Equipment, supplies, marketing and event expenses | | | |
| COLLABORATIVE PARTNERS: BVM Church Parish Nurse, Director, Aging at Home, Senior Community Services, Center Director, Upper Darby Senior Center, Center Director, Friendship Circle, Mercy Physician Network, Walmart, Walgreens, area churches | | | |

**CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2013-2015 (Year 3)**

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| HOSPITAL FACILITY: | Mercy Fitzgerald Hospital | | |
| CHNA SIGNIFICANT HEALTH NEED: | Access to Oncology Services | | |
| CHNA REFERENCE PAGE: | 13, 14, 20 | PRIORITIZATION #: | 2 |
| BRIEF DESCRIPTION OF NEED: Cancer is the second leading cause of death. Early detection can increase survival rates | | | |
| GOAL: Improve access to oncology services and achieve targeted outcomes | | | |
| OBJECTIVE: Focus on early detection and education for at risk populations to positively impact survivor rates | | | |
| ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: | | | |
| <ol style="list-style-type: none"> 1. Provide lung cancer screening to the community that includes risk assessment, education and low dose CT for high risk participants 2. Provide cancer screenings, early detection education and risk assessment 3. Provide tobacco dependence treatment to community and at risk populations | | | |
| ANTICIPATED IMPACT OF THESE ACTIONS: | | | |
| <ul style="list-style-type: none"> o 75 participants from the target population will receive a complete risk assessment o 100% of participants with current smoking history will receive tobacco education/resources and will be referred to the Smoking Cessation Program o Target population to receive 30 free breast screenings, education and mammography | | | |
| PLAN TO EVALUATE THE IMPACT: | | | |
| Report out quarterly to the Cancer Committee participant screening results and follow-up/treatment results | | | |
| PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: | | | |
| Community Outreach staff, Equipment, supplies, marketing and event expenses, Cancer Committee, breast surgeon, thoracic surgeon, radiology, oncology, RN patient navigator, Smoking Cessation Program, clinical staff to assist with screenings and education | | | |
| COLLABORATIVE PARTNERS: | | | |
| Pulmonologist; Surgeons, Radiologist and Nutritionist | | | |

**CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2013-2015 (Year 3)**

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| HOSPITAL FACILITY: | Mercy Fitzgerald Hospital | | |
| CHNA SIGNIFICANT HEALTH NEED: | Access to Health Services particularly for Persons who are Poor and Vulnerable | | |
| CHNA REFERENCE PAGE: | 16, 19, 20 | PRIORITIZATION #: | 3 |
| BRIEF DESCRIPTION OF NEED: Poor people often don't access care. Given the service area socioeconomic conditions complicated by language and cultural issues, addressing access to care is a very high priority. This includes the documented need to address the issues related to high blood pressure, obesity, COPD, stroke, diabetes, nutrition and life style. | | | |
| GOAL: Achieve access to preventative services to help diminish disparities among the poor and vulnerable | | | |
| OBJECTIVE: Increase access to primary care services through use of the MFH Ambulatory Clinic and the Mercy Physician Network Practices | | | |
| ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: | | | |
| <ol style="list-style-type: none"> 1. Identify program participants needing a primary care physician 2. 100% of those screened or educated through Dine With the Docs referred to either the clinic or a MPN practice 3. Expand the Nigerian Health Promoter Program to other West African immigrants | | | |
| ANTICIPATED IMPACT OF THESE ACTIONS: | | | |
| <ol style="list-style-type: none"> 1. Increase number of participants accessing needed services 2. Increase number of targeted population enrolled in insurance coverage 3. Improve the health of the African immigrant population through the health promoter program expansion | | | |
| PLAN TO EVALUATE THE IMPACT: | | | |
| Report out monthly to the Community Advisory Committee number of participants, screenings and improvement | | | |
| PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: | | | |
| Community Outreach staff, clinical and non-clinical staff members to implement activities listed above, Equipment, supplies, marketing and event expenses | | | |
| COLLABORATIVE PARTNERS: | | | |
| Mercy Physician Network, St. Joseph University, area churches, schools, senior centers and community organizations | | | |

Adoption of Implementation Strategy

On May 28, 2015, the Board of Directors for Mercy Catholic Medical met to discuss the Mercy Fitzgerald Hospital FY 2013 - 2016 Implementation Strategy (Year Three) for addressing the community health needs identified in the three-year 2013 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.