



Nazareth Hospital

A member of Mercy Health System

Community Health Needs Assessment Implementation Strategy Fiscal years 2017-2019

Nazareth Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on May 24, 2016. Nazareth 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/>, or printed copies are available at:

Nazareth Hospital
Administrative Office
2601 Holme Avenue
Philadelphia, PA 19152

Hospital Information and Mission Statement

Established in 1940 by the Sisters of the Holy Family of Nazareth, Nazareth Hospital is located in Philadelphia, Pennsylvania and is a 205-bed acute care hospital with 28 skilled nursing beds serving the Northeast Philadelphia community. Nazareth is dedicated to being a transforming, healing presence in the community it serves. The Hospital addresses the diverse health needs of individuals at every stage of life and ensures quality care is available to every patient regardless of their socioeconomic status. This is the core of Nazareth Hospital's Catholic identity and mission.

Nazareth provides high-quality healthcare services, education and disease prevention programs. Nazareth was named one of America's Best 100 Hospitals for Stroke Care by HealthGrades and is five-star rated for treatment of stroke for the eleventh consecutive year. And, Nazareth is an Independence Blue Cross-designated Blue Distinction+ Center® for Knee and Hip Replacement.

Nazareth's healthcare team has continually demonstrated its commitment to the well-being of the community it serves. Through countless community outreach efforts—free monthly screenings and community health fairs—and alliances with community organizations and leaders, the Hospital impacts the lives of thousands of residents annually.

Nazareth Hospital is a member of Mercy Health System, the largest Catholic healthcare system serving the Delaware Valley and is a part of Trinity Health, sponsored by Catholic Health Ministries.

A diverse, integrated system providing comprehensive healthcare services, Mercy Health System supports the Delaware Valley with three acute-care hospitals (Mercy Philadelphia Hospital, Mercy Fitzgerald Hospital and Nazareth Hospital), a home healthcare

organization, several wellness and ambulatory centers, physician practices, a federal PACE program and a managed care plan. The vision of Mercy Health System is to be a leading provider of compassionate care and community access to quality health services that improve the health of individuals and communities. To learn more about Mercy Health System, visit <http://www.mercyhealth.org>.

Mission

We, Mercy Health System and Trinity Health, 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 2016 identified 14 significant health needs within the Nazareth community. The community (2015 Population 329,706) for purposes of this needs assessment was defined as the zip codes where 80% of Nazareth’s inpatient admissions derive.

Nazareth Hospital Service Area		
Zip code	Post Office	County
19152	Bustleton-South	Philadelphia
19136	Holmesburg	Philadelphia
19115	Bustleton	Philadelphia
19149	Boulevard	Philadelphia
19114	Torresdale	Philadelphia
19135	Tacony	Philadelphia
19111	Fox Chase	Philadelphia
19116	Somerton	Philadelphia

The 14 significant health needs identified, in order of priority include:

Primary Unmet Needs	Target Population	2016 Rationale
First leading cause of death among residents: cancer	<ul style="list-style-type: none"> All residents 	<ul style="list-style-type: none"> Cancer is the first leading cause of death, all forms of cancer 186 deaths per 100,000 population. The highest mortality rates occur among those with lung, prostate, and breast cancer. One in five (20%) women age 50-74 did not receive a mammogram in the past two years. Among adults age 50 and over, one-third (32%) did not have a colonoscopy in the past ten years. Among women age 21-65, one in five (19%) did not have a Pap test in the past three years. About one-half (51%) of men aged 45 years and over did not have a screening for prostate cancer in the past year.
Prevalence of high blood pressure, which is a risk factor for heart disease and stroke	<ul style="list-style-type: none"> All residents 	<ul style="list-style-type: none"> About one third (34%) of adults have been diagnosed with high blood pressure.
Second leading cause of death: heart disease	<ul style="list-style-type: none"> All residents 	<ul style="list-style-type: none"> Heart disease causes 135 deaths per 100,000 population.
Third leading cause of death: stroke	<ul style="list-style-type: none"> All residents 	<ul style="list-style-type: none"> Stroke is the cause of about 37 deaths per 100,000 population.
Cases of diabetes among adult residents	<ul style="list-style-type: none"> Adults 	<ul style="list-style-type: none"> About one in seven (14.7%) adults have been diagnosed with diabetes.
Higher percentage of overweight and obese children and adults	<ul style="list-style-type: none"> Adults Children 	<ul style="list-style-type: none"> Obesity is a contributing factor to heart disease, stroke, and diabetes. About one-third (31%) of adults and one in five children (20%) are obese. This percentage of children is higher than the surrounding counties and region. A higher percentage (37%) of adults are overweight.
Smoking prevention, interventions, and cessation programs	<ul style="list-style-type: none"> All residents 	<ul style="list-style-type: none"> About one in five (21%) adults report smoking cigarettes.
Access to mental and behavioral health care for residents	<ul style="list-style-type: none"> All residents Low income Older adults 	<ul style="list-style-type: none"> Mental health has an impact on physical health Many residents, including the homeless, have substance abuse problems. One in six adults (16%) have been diagnosed with a mental health condition, and about four out of ten (38%) are not receiving treatment. One in five (21%) of older adults are reporting four or more signs of depression. The death rate from accidental drug overdoses is 2.6 per 1,000. Many residents, including the homeless, have substance abuse problems.

Primary Unmet Needs	Target Population	2016 Rationale
Access to health care for low income residents, older adults, and the uninsured	<ul style="list-style-type: none"> • Low income • Older adults • Uninsured • Homeless 	<ul style="list-style-type: none"> • One in eight (12%) adults reported that they had been unable to receive health care due to cost. • Nearly one in five (18%) of adults do not have a regular source of care. • Nearly one in five (19%) families with children are living in poverty. • Community meetings indicated that plans with affordable monthly premiums were not really affordable in terms of copays and deductibles. • About one in ten (9.4%) adults age 18-64 report they are uninsured; this is a decrease from 2013 (15.2%).
Prescription drug coverage for low income	<ul style="list-style-type: none"> • Low income • Older adults • Uninsured 	<ul style="list-style-type: none"> • One in five (19%) adults did not have prescription insurance coverage. • One in six (16%) adults reported that they had not filled a needed prescription due to cost.
Access to health care for immigrants	<ul style="list-style-type: none"> • Immigrants 	<ul style="list-style-type: none"> • About 12% of residents do not speak English at home. • Mistrust of healthcare system causes individuals to delay seeking care. • Health information can be misinterpreted by family members
Access to care for homeless	<ul style="list-style-type: none"> • Homeless 	<ul style="list-style-type: none"> • 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.
Access to Prenatal and natal care for women and infants.	<ul style="list-style-type: none"> • Low Income/ African-American 	<ul style="list-style-type: none"> • A little over one-third of women in the Nazareth service area (36%) receive prenatal care beginning after the first trimester or have no prenatal care. • The percentage of Black women receiving prenatal care beginning after the first trimester or having no prenatal care is 47% and for Latina it is 44%. • In the Nazareth service area, an average of 84 infants per 1,000 live births are low birth weight, representing an average of 360 infants annually. Black infants in the Nazareth service area are almost twice as likely to be low birth weight as White infants (129 versus 68).
Dental care for low income residents	<ul style="list-style-type: none"> • Older Adults • Low Income Residents • Homeless • Children 	<ul style="list-style-type: none"> • More than one-third of adults in the service area (38% or about 97,300 adults) did not have a dental visit during the past year. • About 12,900 children in the service area (17%) did not have a dental visit during the past year.

The 14 identified significant health needs were then prioritized. The Mercy Health System Prioritization Workgroup reviewed and prioritized the defined health needs. The priority setting methods utilized to determine the community health needs that Nazareth would respond to were (1) the Simplex Method, and (2) the Nominal Group Planning Method.

First, under the Simplex Method each workgroup member prioritized the identified health need by scoring on a scale of 1-5 (5 = high; 1=Low) for each of the six criteria:

- Severity, Magnitude, Urgency
- Feasibility and Effectiveness of Possible Interventions
- Potential Impact on Greatest Number of People
- Importance of Addressing the Need
- Outcomes within three (3) Years are Measurable and Achievable
- Consequences of Inaction

The Workgroup proceeded with the Nominal Group Planning Method where voting and ranking of the needs was determined after exhaustive group discussions. The specific questions considered for each identified priority healthcare need were:

- Does the healthcare need affect a specific vulnerable population?
- Do existing programs exist to address the healthcare need?
- Does Nazareth have the capability to address the healthcare need?
- Will the community support intervention to address the healthcare need?
- Will addressing the healthcare need be in alignment with the Nazareth mission?

The prioritization process resulted in the identification 11 out of the 14 needs that Nazareth will address under three (3) priorities:

Priority	Unmet Needs
1. Improve access to healthcare services for persons who are poor and vulnerable.	<ul style="list-style-type: none"> • Access to health care for low income residents, older adults, and the uninsured. • Prescription drug coverage for low income and older adults. • Access to health care for immigrants.
2. Improve access to Mental and Behavioral Health Care.	<ul style="list-style-type: none"> • Access to mental and behavioral health care for residents.
3. Improve Chronic Disease Prevention and Management.	<ul style="list-style-type: none"> • First leading cause of death among residents: cancer. • Smoking prevention, interventions, and cessation programs. Heart Disease Prevention: <ul style="list-style-type: none"> • Prevalence of high blood pressure, which is a risk factor for heart disease and stroke. • Second leading cause of death: heart disease. • Third leading cause of death: stroke. Obesity Control: <ul style="list-style-type: none"> • Higher percentage of overweight and obese children and adults. • Cases of diabetes among adult residents.

Hospital Implementation Strategy

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

1. Improve access to healthcare services for persons who are poor and vulnerable.
 - Detailed Need Specific Implementation Strategy on Page 7
2. Improve access to Mental and Behavioral Health Care.
 - Detailed Need Specific Implementation Strategy on Page 8
3. Improve Chronic Disease Prevention and Management.
 - Detailed Need Specific Implementation Strategy on Pages 9-10

Significant health needs that will not be addressed

Nazareth 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 believes that the following three (3) needs fall more within the purview of other Philadelphia County and community organizations, and limited resources and/or lower priority excluded these needs from those chosen for action:

- Access to Care for Homeless
- Access to Prenatal and Natal Care for Women and Infants
- Access to Dental Care

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 (3) years ending June 30, 2019, 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 2017-2019**

HOSPITAL FACILITY:	Nazareth Hospital, Philadelphia, PA		
CHNA SIGNIFICANT HEALTH NEED:	Access to healthcare services for persons who are poor and vulnerable		
CHNA REFERENCE PAGE:	51-54, 60-63, 65-67	PRIORITIZATION #:	1
<p>BRIEF DESCRIPTION OF NEED: The poor and vulnerable frequently do not access health services because of cost or other social determinants of health.</p> <ul style="list-style-type: none"> • Access to health care for low income residents, older adults, and uninsured. • Prescription drug coverage for low income and older adults. • Access to health care for immigrants. 			
GOAL: Improve access to healthcare services for persons who are poor and vulnerable.			
<p>OBJECTIVE: Improve access to primary and specialty care services for low income and vulnerable persons after discharge from Nazareth Hospital.</p>			
<p>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</p> <ol style="list-style-type: none"> 1. Provide patients discharged from the Nazareth Hospital Emergency Department (NH ED) with assistance in scheduling primary care and specialty care visits. 2. Improve access to healthcare information for Spanish speaking persons in the Nazareth Hospital service area. 3. Collaborate with Mercy Physician Scheduling Center (MPSC), Healthcare Receivable Specialists, Inc. (HRSI), Mercy Physician Network (MPN), and Nazareth Hospital Emergency Department (NH ED) to improve access to primary and specialty care services for low income and vulnerable persons. 4. Resource list compiled and made available to heart failure and diabetic patients; baseline measurement of targeted population determined. 5. Collaborate with local church leaders to provide healthcare education sessions for Spanish speaking persons. 			
<p>ANTICIPATED IMPACT OF THESE ACTIONS:</p> <ol style="list-style-type: none"> 1. 10% of the target population discharged from the NH ED will have increased access to primary and specialty care services. 2. Discharged patients diagnosed with heart failure or diabetes will receive a low cost medication resource list; 10% decrease realized in readmissions compared to baseline. 3. Increase access to health education services among Spanish speaking persons. 			
<p>PLAN TO EVALUATE THE IMPACT:</p> <ol style="list-style-type: none"> 1. Determine baseline data for uninsured and insured persons accessing services and increase baseline for Year 1 by 10%. 2. Ascertain readmission baseline for heart failure and diabetic population and decrease Year 1 baseline by 10% 3. Evaluate session questionnaires and evaluation forms. 			
<p>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</p> <ol style="list-style-type: none"> 1. Quarterly meetings with responsible persons and partners to monitor progress. 2. Resource list for low cost medications developed and distributed. 3. Healthcare information, marketing materials and educational materials made available in Spanish. 			
<p>COLLABORATIVE PARTNERS: Mercy Physician Scheduling Center (MPSC), Healthcare Receivable Specialists, Inc. (HRSI), Mercy Physician Network (MPN), and Nazareth Hospital Emergency Department (NH ED); local pharmacies; local churches; American Heart Association, and American Diabetes Association.</p>			

**CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2017-2019**

HOSPITAL FACILITY:	Nazareth Hospital, Philadelphia, PA		
CHNA SIGNIFICANT HEALTH NEED:	Access to Mental and Behavioral Health Care		
CHNA REFERENCE PAGE:	49-50, 66	PRIORITIZATION #:	2
BRIEF DESCRIPTION OF NEED:			
Mental and behavioral healthcare issues impact all residents:			
<ul style="list-style-type: none"> • One in six adults (16%) have been diagnosed with a mental health condition, and about four out of ten (38%) are not receiving treatment. • One in five (21%) of older adults are reporting four or more signs of depression. • The death rate from accidental drug overdoses is 2.6 per 1,000. 			
GOAL: Improve access to Mental and Behavior Health Care services.			
OBJECTIVE:			
<ul style="list-style-type: none"> • Improve coordination and access of community mental health services through partnerships/collaborations. 			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:			
<ol style="list-style-type: none"> 1. Provide adult education to address the risk factors for mental decline. 2. Offer “10 Keys™” to Healthy Aging Program sessions on two topics: <i>Maintaining Social Contact</i> and <i>Combat Depression</i>. 3. A partnership with at least two (2) agencies will be evidenced; community resources for family members providing care to persons with mental decline will be identified; and a collaborative educational program and resource list will be developed and made available to the community. 			
ANTICIPATED IMPACT OF THESE ACTIONS:			
<ol style="list-style-type: none"> 1. ≥ 55 persons will complete the “10 Keys™” to Healthy Aging education sessions. 2. Increase community member access to mental and behavioral health services in the Nazareth Hospital service area. 			
PLAN TO EVALUATE THE IMPACT:			
<ol style="list-style-type: none"> 1. Evaluate participant questionnaires. 2. Educational programs and resource list utilization. 3. Quarterly meetings with responsible persons to monitor progress. 			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:			
<ol style="list-style-type: none"> 1. Faculty to provide “10 Keys™” to Healthy Aging educational sessions at no cost for community members in the Nazareth Hospital service area. 2. Free workbook provided for each participant of the “10 Keys™” to Healthy Aging education sessions. 3. Marketing and communication materials. 4. Leadership attendance at collaborative sessions. 			
COLLABORATIVE PARTNERS:			
Alzheimer’s Association, New Courtland LIFE, Mercy Home Health, Nazareth Hospital Psychiatrists, Philadelphia Psychiatric Society Volunteer Speakers, and Friends Hospital.			

**CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2017-2019**

HOSPITAL FACILITY:	Nazareth Hospital		
CHNA SIGNIFICANT HEALTH NEED:	Chronic Disease Prevention and Management		
CHNA REFERENCE PAGE:	44-48, 56-59, 65-66	PRIORITIZATION #:	3
<p>BRIEF DESCRIPTION OF NEED: Early detection and education can improve survival rate for cancer and heart disease. And, smoking prevention and obesity control will also improve the prevention of chronic disease.</p> <ul style="list-style-type: none"> • First leading cause of death among residents: cancer. • Smoking prevention, interventions, and cessation programs. • Heart Disease Prevention: <ul style="list-style-type: none"> • Prevalence of high blood pressure, which is a risk factor for heart disease and stroke. • Second leading cause of death: heart disease. • Third leading cause of death: stroke. • Obesity Control: <ul style="list-style-type: none"> • Higher percentage of overweight and obese children and adults. • Cases of diabetes among adult residents. 			
GOAL: Improve Chronic Disease Prevention and Management.			
<p>OBJECTIVE:</p> <ul style="list-style-type: none"> • Improve chronic disease prevention by promoting and educating adults on early detection for cancer and heart disease and its contributing factors. 			
<p>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</p> <ol style="list-style-type: none"> 1. Provide colorectal and lung cancer screening for Mercy Physician Network patients. 2. Provide intervention and referrals for smoking cessation through the utilization of the Low Dose CT screening initiative process. 3. Partner with the Breathe Free PA Coalition to support advocacy efforts. 4. Collaborate with partners in providing adult education on heart disease, diabetes, and weight/wellness management to community members. 5. Implement initiatives that promote a diet-related culture of health at Nazareth Hospital. 6. Collaborate with partners in providing adult blood pressure screenings to community members. 7. Initiate an evidence-based measurement for stroke patients for the modifiable risk factor of Obstructive Sleep Apnea. 8. Offer Mercy Home Health telehealth services to stroke patients (who meet evaluative criteria) and who are discharged to home and nursing homes. 			
<p>ANTICIPATED IMPACT OF THESE ACTIONS:</p> <ol style="list-style-type: none"> 1. An increase to 10% of Mercy Physician Network patients screened for colorectal and lung cancers. 2. 10% increase in the number of referrals for the smoking cessation program. 3. Clean Indoor Air Act advocacy efforts achieved. 4. ≥110 blood pressure screenings and participants in the “10 Keys™” to Healthy Aging education sessions. 5. Healthy food options available to patients, visitors and colleagues through collaboration with local organizations. 6. ≥110 blood pressure screenings 7. STOP-Bang Obstructive Sleep Apnea (OSA) questionnaire initiated at Nazareth Hospital for stroke patients. 8. 10% increase over Year 1 baseline evidenced in Mercy Home Health utilization of telehealth services. 			
<p>PLAN TO EVALUATE THE IMPACT:</p> <ol style="list-style-type: none"> 1. Quarterly monitoring of number of Mercy Physician Network patients screened for colorectal and lung cancer. 2. Monthly review of number of persons referred to smoking cessation program. 3. Maintain listing of advocacy efforts, status and successes realized. 4. Participant questionnaires and progress report on education and screenings. 			

5. Feedback from patients, visitors and colleagues.
6. Monthly monitoring and review risk level questionnaire for stroke patients and physician/nursing home utilization of summaries.
7. Annual review of persons diagnosed with stroke who were discharged to home with Mercy Home Health telehealth services.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Health education, screenings and referrals for adults in the Nazareth Hospital service area.
2. Low Dose CT screenings for lung cancer.
3. Smoking cessation program and marketing materials.
4. Meeting with local Breathe Free PA representatives; email letter writing to local legislators.
5. Vending machine with healthy food, menu changes advertised.
6. Faculty and supplies for the “10 Keys™” to Healthy Aging education sessions.
7. “10 Keys™” workbooks, questionnaires, health literature, measuring tapes, digital blood pressure monitors.
8. Telehealth services and literature from Mercy Home Health Care.

COLLABORATIVE PARTNERS:

American Cancer Society, American Lung Association, Breathe Free PA Coalition, American Heart Association, “10 Keys™” to Healthy Aging Program, Wesley Enhanced Living, Gloria Dei, New Courtland LIFE, Mercy Home Health, Mercy Physician Network Physicians, Get Healthy Philly, Common Market

Adoption of Implementation Strategy

On September 27, 2016, the Board of Directors for Nazareth Hospital met to discuss the 2017-2019 Implementation Strategy for addressing the community health needs identified in the 2016 Nazareth Hospital Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.



Nancy Cherone, Executive Director
Name & Title

9/27/2016
Date