



**Community Health Needs Assessment
Implementation Strategy Executive Summary
2017-2019**

Holy Name Medical Center 



METHODOLOGY

Holy Name Medical Center offers its Community Health Needs Assessment (CHNA) Implementation Strategy for 2017-2019. The implementation strategy is the result of the hospital's CHNA adopted by Holy Name Medical Center's Board of Directors in November of 2016. The Holy Name Medical Center CHNA identified twenty-six (26) Areas of Opportunity. These areas were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. Complete details are available within the Holy Name Medical Center 2016 CHNA, which may be viewed at <https://www.holyname.org/includes/files/CHNA-HNMC-2016.pdf>.

PRIORITIZATION CRITERIA

Key informants ranked the identified needs based on two criteria:

1. Scope & Severity – the first rating was to gauge the magnitude of the problem in consideration of the following:
 - How many people are affected?
 - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
 - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?
2. Ability to Impact – a second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue given available resources, competencies, and spheres of influence.

OUTCOMES AND IMPACT WILL BE MEASURED BY:

- Increased ease of access to care
- Events and educational outreach programs and services provided
- Participation in screening events
- Referrals for services, interventions, or higher levels of care based on screening outcomes
- Improvement in chronic disease management
- Increase in community's knowledge base and intent to change behavior
- Creation of protocols for certain programs
- Participation in clinics

PRIORITIZATION OF RESULTS

- Obesity (including fitness and nutrition) and Chronic Disease
- Mental Health and Substance Abuse
- Access to Care

KEY FINDINGS

KEY DATA FINDINGS: COMPARISONS TO BENCHMARK DATA

	Service Area	vs. Bergen County	vs. NJ	vs. US	vs. HP 2020
Nutrition, Physical Activity & Weight					
% Eat 5+ Servings of Fruit or Vegetables per Day	24.5	30.5		27.4	
% "Very/Somewhat" Difficult to Buy Fresh Produce	20.9	15.3		21.9	
% Children [Age 5-17] Obese (95th Percentile)	24.6	18.6		9.5	14.5
% Child [Age 2-17] Physically Active 1+ Hours per Day	34.5	33.6		47.9	
Mental Health & Mental Disorders					
% Symptoms of Chronic Depression(2+ years)	32.6	26.6		29.9	
% Ever Sought Help for Mental Health	22.0	23.4		27.4	
Substance Abuse					
% Current Drinker	63.8	68.8	56.3	59.7	
% Drinking & Driving in Past Month	6.8	5.9		4.1	
Access to Health Services					
% [Age 18-64] Lack Health Insurance	7.3	5.6	15.0	10.1	0.0
% Cost Prevented Physician Visit in Past Year	19.2	15.5		11.5	
% Difficulty Getting Child's Healthcare in Past Year	10.3	8.3		3.9	
% Have Completed Advance Directive Document	27.8	33.7		33.7	
% [Age 18+] Have a Specific Source of Ongoing Care	72.7	77.9		74.0	95.0
% Have Had Routine Checkup in Past Year	71.4	71.2	75.9	70.5	
Diabetes					
% Borderline/Pre-Diabetes	9.4	8.6	1.4	5.7	
Heart Disease & Stroke					
% Blood Pressure Checked in Past 2 Years	89.5	90.1		93.6	92.6
% Told Have High Blood Pressure (Ever)	37.4	36.9	31.1	36.5	26.9
% Told Have High Cholesterol (Ever)	36.9	39.6		33.5	13.5
Cancer					
Female Breast Cancer Incidence per 100,000	134.1		130.2	123.0	
% Cancer	7.8	8.8			
% [Women 40+] Mammogram in Past 2 Years	64.9	66.6	74.4	74.4	
% [Women 50-74] Mammogram in past 2 Years	71.5	72.2	78.2	80.3	81.1

IMPLEMENTATION STRATEGY ACTION PLAN

Holy Name Medical Center will strive to promote their mission of “a community of caregivers committed to a ministry of healing, embracing the tradition of Catholic principles, the pursuit of professional excellence and conscientious stewardship. The Medical Center helps the community achieve the highest attainable level of health through prevention, education, and treatment” and are committed to the strategies outlined below. Holy Name Medical Center has allocated resources in the form of staff, facilities, programs and financial support over the next three years to ensure the achievement of the implementation strategy goals outlined here in order to provide the necessary education and services to the community. They will address mental health, substance abuse, and access to behavioral health services in partnership with other organizations. Holy Name Medical Center has recognized the need to place special emphasis on outreach to low income populations and elders, as well as those in Asian, Hispanic/Latino, and African-American populations.

Goal 1: Increase Participation in Education, Wellness, Prevention and Screening Services to Address Obesity, Fitness, Nutrition and Chronic Disease

- A. Promote care coordination and engagement in primary care
- B. Improve screening and identification of chronic disease and its risk factors
- C. Promote chronic disease management and behavior change
- D. Increase healthy eating
- E. Increase physical activity
- F. Increase the number of residents who maintain a health weight

Goal 2: Collaborate with Community Resources/Assets to Address Mental Health and Substance Abuse Issues

- A. Reduce depression and isolation
- B. Reduce anxiety and stress
- C. Reduce stigma related to mental illness
- D. Reduce risky and binge drinkers (alcohol)
- E. Reduce prescription drug abuse

Goal 3: Ensure Local Access to Primary, Speciality and End-of-Life Care

- A. Promote access to and engagement in primary care
- B. Promote access to and engagement in behavioral health care
- C. Promote access to and engagement in medical specialty care
- D. Increase access to culturally and linguistically appropriate care
- E. Reduce transportation barriers
- F. Reduce inappropriate ER use and hospital readmissions
- G. Increase access to end-of-life and palliative care programs

