



Mercy Medical Center

Trinity Health

Mercy Medical Center CHNA Implementation Strategy Fiscal Years 2019-2021

Mercy Medical Center completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Trinity Health Of New England Board, Mission Integration Committee on 6/4/2019. Mercy Medical Center performed the CHNA in adherence with applicable 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 review of secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data collection including input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at mercycares.com/chna, or printed copies are available at Mercy Medical Center, 271 Carew Street, Springfield, Massachusetts.

Hospital Information

Founded in 1873, Mercy Medical Center has established itself as a provider of health care services within Western Massachusetts for over 145 years. In 2015, Mercy Medical Center and its affiliates became part of Trinity Health Of New England, an integrated health care delivery system that is a member of Trinity Health, Livonia, MI, one of the largest multi-institutional Catholic health care delivery systems in the nation. The local health system includes Mercy Medical Center, a 182 bed acute care hospital in Springfield; Providence Behavioral Health Hospital, located in Holyoke and licensed for 131 beds; Weldon Rehabilitation Hospital, a comprehensive hospital-based rehabilitation center on the campus of Mercy Medical Center; Brightside for Families and Children, an outpatient service offering counseling and family support programs; and two outpatient substance abuse treatment centers.

The service area for Mercy includes all 23 communities within Hampden County including the third largest city in Massachusetts -- Springfield (population over 150,000). Three adjacent cities (Holyoke, Chicopee and West Springfield) create a densely populated urban core that includes over half of the population of the service area (270,000 people). Smaller communities exist to the east and west of this central core area. Many of these communities have populations under 20,000 people.

The service area has more racial and ethnic diversity than many other parts of Western Massachusetts. County-wide, 24% of the population is Latino, 8% is Black and 2% is

Asian (American Community Survey [ACS], 2013-2017), though this diversity is not equally spread throughout the region and tends to be concentrated in the urban core. A substantial proportion of the county's population is from other countries. In 2017, 22% of the state's immigrants came to Western Massachusetts. West Springfield has welcomed the highest proportion in Hampden County; 15% of the city's population are immigrants (US Census, ACS, 2013-2017).

Economically, the Mercy service area is home to many of the largest employers in the region as well as numerous colleges and universities and provides a strong economic engine for the broader region. The largest industries and employers include health care, service, and wholesale trade and manufacturing. At the same time, the county struggles with higher rates of unemployment and poverty, lower household incomes, and lower rates of educational attainment. The median household income in the service area is about \$52,000 (\$22,000 less than the state) and, the poverty rate is more than 60% higher than statewide, and the child poverty rate is an alarming 27% - more than 1 out of every 4 children in Hampden County is living in poverty (ACS, 2013-2017). Despite being at the core of the Knowledge Corridor region, only 27% of the population age 25 and over has a bachelor's degree, compared to 43% statewide. Unemployment is somewhat higher than the state average.

The median age for the service area is similar to that of Massachusetts, although in Springfield the median age is about 33 years of age compared to 39 in Hampden County. The population over 45 years old is growing as a percentage of the total population. Between 2010 and 2035, the proportion of people over age 60 is projected to grow from 20% of the population to 28% in Hampden County, with the number of older adults increasing from approximately 92,000 in 2010 to an estimated 140,000 in 2035.

In Hampden County 16% of the population has a disability compared to the state, where 12% do. In Springfield and Holyoke, disability rates are high at almost 20% and 17% respectively. In Hampden County, 11% of youth under 18 have disability (state - 7%). By race and ethnicity, 6% of White children have a disability, 10% of Latino children; and 6% of Black children (ACS, 2013-2017). People with disabilities tend to have higher rates of poverty and lower levels of education. In Hampden County, poverty rates among those with a disability (27%) were more than double those among people without a disability (12%). Similarly, 30% of the disabled population did not have a high school diploma compared to 11% among those without a disability (US Census, ACS, 2013-2017).

Mission

To serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Guided by our charitable mission and core values, our work extends far beyond hospital or clinic walls. We continually invest resources into our communities to meet the health needs of underserved and vulnerable community members, bringing them healing, comfort and hope. Through our community benefit initiatives, we help to make our communities healthier places to live.

Our Core Values:

- Reverence - We honor the sacredness and dignity of every person.
- Commitment to Those Who are Poor - We stand with and serve those who are poor, especially those most vulnerable.
- Justice - We foster right relationships to promote the common good, including

sustainability of Earth.

- Stewardship - We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- Integrity - We are faithful to who we say we are.

Health Needs of the Community

The CHNA conducted in 2019 identified the significant health needs within the Mercy Medical Center community. Those needs were then prioritized based on the magnitude and severity of impact of the identified need, the populations impacted, and the rates of those needs compared to referent (generally the state) statistics. The significant health needs identified, in order of priority include:

1) Community Level Social and Economic Determinants that Impact Health	<ul style="list-style-type: none">– Housing, Built environment, Lack of resources to meet basic needs– Educational attainment, Violence and trauma, Social environment, Environmental exposures
2) Barriers to Accessing Quality Health Care	<ul style="list-style-type: none">– Insurance, Availability of providers, Transportation, Financial assistance– Culturally sensitive care, Lack of care coordination, Health literacy, Language barriers
3) Health Conditions and Behaviors	<ul style="list-style-type: none">– Mental health and substance use, Chronic health conditions, Physical activity, Nutrition– Infant and perinatal health, Sexual health, Alzheimer’s disease

Hospital Implementation Strategy

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

- **Barriers to Accessing Quality Health Care** – page 5 and 7
- **Health Conditions and Behaviors** – page 9

Significant health needs that will not be addressed

Mercy Medical Center 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 Medical Center will not take action on the following health needs:

- **Community Level Social and Economic Determinants that Impact Health –** Mercy Medical Center does not plan to directly address this particular need because Mercy, although playing its role in this collective effort, is not qualified to fully address the poverty question in the community. Mercy Medical Center however was instrumental in helping the Live Well Springfield Transforming Communities Initiative Partnership to be awarded a grant of up to \$450,000 per year over five years to improve the health and well-being of the residents of Springfield. The funds are being used to provide services and improve policies that target low-income adults and children disproportionately impacted by health conditions related to poor diet, inactivity, tobacco use, and other social determinants. Specific strategies include enhancing early education and care sites through nutrition and physical activity, school nutrition improvements, Complete Streets infrastructure and tobacco use prevention. The core partners are Mercy Medical Center and Live Well Springfield, a multi-sector community based coalition that includes over 26 organizations working in the city.

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 2019-2021

Hospital facility:	Mercy Medical Center		
CHNA significant health need:	Barriers to Accessing Quality Health Care		
CHNA reference page:	37	Prioritization #:	2

Brief description of need:

Hampden County residents experience challenges accessing care due to the shortage of providers. 54% of county residents live in a healthcare professional shortage area. Western Massachusetts hospitals have high rates of individuals who frequent the emergency rooms more than four times in a two year period. Patients report that access to the emergency room assists in their medical care and consistent primary care access is sometimes unattainable.

Goal: Improve health services and outcomes of individuals by promoting primary care and reducing Emergency Department visits.

SMART Objective:

Reduce the rate of High End Utilizers by 20% (identified cohort of 150 Springfield metro area individuals with more than 12 visits a year) of the Emergency Department by June 2021.

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

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Promoting health insurance to the community and ED visitors	x	x	x	Hospital staff, HEU budget, case management services and patient services resources	In-kind staff time, resources and services from community partners	Community providers including homeless shelters, housing programs, primary care providers, support service programs, health insurance connector advocates
Promoting PCP's to the community and ED visitors	x	x	x			
Assist with PCP enrollment for the HEU participants	x	x	x			
Provide hands on case management services including assistance with transportation, healthcare access and social service referrals	x	x	x			

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Better case management	Behavioral Risk Factor Surveillance System (BRFSS) - Recent Primary Care Visit data	Cohort at least 20% better than CHNA baseline
Better emergency situation prevention	Centers for Medicare & Medicaid Services (CMS) - Preventable Hospital Events data	Cohort at least 20% better than CHNA baseline
Lower rate of ED frequentation	Area Health Resources Files (AHRF) - Access to Primary Care data	Cohort at least 20% better than CHNA baseline

Plan to evaluate the impact:

ED statistics at beginning, at midway, and on June 2021; Qualitative data about ED visits at beginning and on June 2021; Establish benchmark cohort and track ED utilization; Track the insurance enrollment, access and referrals of the cohort group during period.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2021

Hospital facility:	Mercy Medical Center		
CHNA significant health need:	Barriers to Accessing Quality Health Care		
CHNA reference page:	37	Prioritization #:	2

Brief description of need:

The need for health information to be understandable and accessible was identified in the CHNA. Data from focus groups indicate the need for increased health literacy, including understanding health information, types of services and how to access them, and how to advocate for oneself in the healthcare system.

Goal: Improve health literacy along with access to cervical cancer screenings and mammograms for homeless women.

SMART Objective:

Increase by 15% the number of cervical cancer screenings & mammograms among homeless women by June 2021.

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

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Promote the program to homeless women that participate in women's regular health screenings to include cervical cancer and mammography testing.	x	x	x	Hospital staff, Community Health budget and administrative support	In-kind staff time, resources and services from community partners	Public Health department staff, private providers, homeless shelter staff, homeless service providers
Collect, track and review the number of verified records of homeless women to increase outreach and access to cervical screening and mammograms.	x	x	x			
Offer women's health educational programs for the homeless female population.	x	x	x			

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Increasing awareness among homeless women about cervical cancer and breast cancer	Centers for Medicare & Medicaid Services (CMS) – Mammogram Cancer Screening & Behavioral Risk Factor Surveillance System (BRFSS) – Pap Test Cancer Screening data	Cohort at least 15% better than CHNA baseline
Decreased cervical cancer mortality rate in the County	State Cancer Profiles (CDC) – Cervical Cancer Incidence data	Cohort at least 15% better than CHNA baseline
Decreased breast cancer mortality rate in the County	State Cancer Profiles (CDC) – Breast Cancer Incidence data	Cohort at least 15% better than CHNA baseline

Plan to evaluate the impact:

Status on January 2020; Monitoring and counting the number of participants term after term and status by June 2020.
Final evaluation on December 2021

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2021

Hospital facility:	Mercy Medical Center		
CHNA significant health need:	Health Conditions and Behaviors		
CHNA reference page:	44	Prioritization #:	3

Brief description of need:

Chronic health conditions continue to remain an area of prioritized health need for Hampden County residents. Residents continue to experience high rates of chronic health conditions and associated morbidity, particularly for obesity, diabetes, cardiovascular disease, cancer and asthma. A chronic health condition is one that persists over time and typically can be controlled but not cured. According to the CDC, chronic disease is the leading cause of death and disability in the U.S. By 2020 it is estimated that 81 million Americans will have multiple chronic conditions. A healthy diet and physical activity play an important role in preventing and managing chronic diseases.

Goal: Improve community member health through the Step Up, Eat Up, & Drink Up Health Challenge: Increase daily steps and physical activity; Increase daily servings of fruit & vegetables; Increase daily water intake.

SMART Objective:

Increase the physical activity level and consumption of fruit & vegetables among community participants by 18% while reducing their soda consumption by 25% during each of the three challenge periods up to January 2021.

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

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Ensure that that community is able to access community based services by offering a fully integrated program website that includes health information, capability to answer program questions and the opportunity to sign up for numerous health classes and events	x	x	x	Hospital staff, New England 61 Day Challenge budget and administrative support	In-kind staff time, resources and services from community partners	Pioneer Valley Planning Commission, Public Health Institute of Western Massachusetts, Big Y Grocery/Pharmacy, Hartford Athletic soccer team, Springfield Thunderbirds hockey team, Fox 61 News, University of Connecticut, Sodexo, Springfield Food Policy Council, Square One, Urban League of Springfield, Way Finders, MLK Family Services
Comprehensive Daily and Weekly Health tips email and social media campaign along with video presentations for the community partners and the local news media	x	x	x			

Expand the availability of community based services by offering Nutrition program sessions, Exercise and Stress management classes, Diabetes - Cooking, Education & Management sessions, Walking Groups and Wellness Outreach days	x	x	x			
--	---	---	---	--	--	--

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Increased Physical Activity	Physical Activity (CDC) – Physical Inactivity data	Cohort at least 18% better than CHNA baseline
Increased Fruit & Vegetable consumption	Behavioral Risk Factor Surveillance System (BRFSS) – Fruit/Vegetable Consumption data	Cohort at least 18% better than CHNA baseline
Reduced Soda consumption	Nielsen & Bureau of Labor Consumer Expenditure Survey – Soda Expenditures data	Cohort at least 25% better than CHNA baseline

Plan to evaluate the impact:

Research team at the University Of Connecticut to analyze the quantitative statistics of each challenge period with full assessment planned by June 2021; Qualitative data about the program impact collected during each challenge and full review by June 2021. Plan to examine the ability to track access, referrals and enrollment of the cohort group during period to health resources offered by the hospital system and community partners.

Adoption of Implementation Strategy

On November 12 2019, the 2019-2021 Implementation Strategy for addressing the community health needs identified in the 2019 Community Health Needs Assessment was approved by the authorized body of Trinity Health Of New England.


Carlos Brown (Nov 12, 2019)

Regional Vice President, Integrity & Compliance Officer, Chief Compliance Officer
Community Health & Well Being, Chief Diversity & Inclusion Officer

Nov 12, 2019

Date