

Mercy Medical Center

Community Health Needs Assessment Implementation Strategy

Fiscal Years 2017-2019

Mercy Medical Center completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on June 14, 2016. Mercy Medical Center 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 mercycares.com/chna, or printed copies are available at Mercy Medical Center.

Hospital Information and Mission Statement

Mercy Medical Center (referred to as Mercy), located in Springfield, Massachusetts, is a part of the local Sisters of Providence Health System and is also a member of the national Trinity Health System and is a fully-accredited and nationally recognized as a high quality health care institution. Mercy is a licensed 383 bed, acute care medical facility, offering inpatient and outpatient surgery, emergency care, intensive care, critical care, cardiac care, maternity services, cancer treatment, breast care, diagnostic imaging, diabetes education, and community health services. Mercy's hallmark programs include the newly expanded Sister Caritas Cancer Center, the Mercy Breast Care Center, and specialized neurosurgery, the Family Life Center for Maternity, an updated Emergency Department and the state-of-the-art Mary E. Davis Intensive Care Unit. Providence Behavioral Health Hospital is the behavioral health campus of Mercy Medical Center located in Holyoke, Massachusetts. Providence Behavioral Health Hospital is a 126-bed facility and one of the largest providers of acute behavioral health services in the entire state of Massachusetts. Services include inpatient and outpatient psychiatric care for children and adults, an inpatient substance abuse treatment unit and two outpatient Methadone Maintenance Treatment programs.

The service area for Mercy Medical Center 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, 'bedroom' 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, 22.1% of the population is Latino, 8.7% is Black and 2.1% is Asian (ACS, 2010-2014), though this diversity is not equally spread throughout the region and tends to be concentrated in the urban core.

Mission

We, Sisters of Providence Health System and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. We are sustained by an unwavering trust in God's Providence.

Health Needs of the Community

The CHNA conducted in 2016 identified three significant categories of 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 three significant health needs categories identified comprise:

I. Community Level Social and Economic Determinants that Impact Health

A number of social, economic and community level factors were identified as prioritized community health needs in Mercy's 2013 CHNA and continue to impact the health of the population in Mercy's service area. Social, economic, and community level needs identified in the 2016 CHNA include:

- **Resources to meet basic needs** – Many Hampden County residents struggle with poverty and low levels of income with 17% of Hampden County residents living in poverty and a median family income 30% lower than that of the state. Though unemployment rates have dropped, they continue to impact the county with rates of 8%. Lower levels of education contribute to unemployment and the ability to earn a livable wage.
- **Housing needs** – *Housing insecurity* is a need that continues to impact Hampden County residents. Almost half of the population is housing cost burdened, with more than 30% of their income going towards housing. *Poor housing conditions* also impact the health of residents. Older housing combined with limited resources to maintain the housing leads to conditions that can affect asthma, other respiratory conditions and safety.
- **Community safety** – Lack of community safety was a prioritized health need in the previous CHNA and continues to impact Hampden County residents. Crime rates are high, with violent crime rates in Hampden County almost 50% higher than that of the state. In addition to crime, youth bullying was also identified as a concern in this assessment
- **Food security and food availability** – *Food insecurity* continues to impact the ability of many Hampden County residents to have access to healthy food. Springfield, Holyoke, and Chicopee have high rates of food insecurity with over 20% of some areas in these communities experiencing food insecurity. In addition, parts of these communities and several others in Hampden County are also considered *food deserts*, which are areas where low-income people have limited access to grocery stores.

- **Environmental needs** - *Air pollution* impacts the health of Hampden County residents. Springfield experiences poor ambient air quality due to multiple mobile and point sources. Near roadway air pollution impacts the community members that live, work, or attend school in close proximity to the highway. Air pollution impacts morbidity of several chronic diseases that have a high prevalence in Hampden County, including asthma, cardiovascular disease, and recent studies also suggesting an association with diabetes.
- **Racial equal opportunity** – Addressing institutional racism has been identified as a prioritized health need in this CHNA. Key informant interviews and focus groups conducted for both the 2013 CHNA and the 2016 CHNA identified institutional racism as a structural factor driving health inequities that needs to be addressed. In particular, racial residential segregation corresponding with low levels of opportunity in communities of color was identified as one form of institutional racism that impacts health. The Springfield Metropolitan Statistical Area was identified as the most segregated in the U.S. for Latinos and 22nd most segregated for Blacks in an analysis conducted by the University of Michigan.

2. Access and Barriers to Quality Health Care

Affordable and accessible medical care was identified as a need in the 2013 CHNA and continues to be a need today. The following barriers were identified.

- **Limited availability of providers** - Hampden County residents experience challenges accessing care due to the shortage of providers. 54% of county residents live in a healthcare professional shortage area. Focus group participants reported long wait times for urgent care and wellness visits. Primary care and dental providers were identified as shortage areas with high provider to patient ratios. Focus group participants and key informant interviewees overwhelmingly reported a need for increased access for both mental health and addiction services for acute, maintenance, and long-term care.
- **Lack of transportation** - Transportation arose as a barrier to care among interviewees in the 2013 CHNA, and it continues to be a major barrier to accessing care as the most frequently cited barrier in key informant interviews and focus groups for the 2016 CHNA. These challenges relate to both the overall transportation system and public transit.
- **Lack of care coordination** – Increased care coordination continues to be a need in the community. Areas identified in focus group and interviews include the need for coordinated care between providers in general, a particular need for increased coordination to manage co-morbid substance use and mental health disorders, and the need for health care providers to coordinate care with schools as well as faith-based communities.

- **Health literacy**, language barriers and need for culturally sensitive care – The need for health information to be understandable and accessible was identified in this assessment. 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. The need for provider education about how to communicate with patients about medical information also arose. Focus group participants and key informant interviewees noted the need for more bilingual providers, translators, and health materials translated in a wider range of languages. The need for *culturally sensitive care* was identified as a prioritized health need in the 2013 CHNA and continues to remain so. Interviews with public health leaders and focus groups with mothers and faith-based community leaders all identified cultural and language differences between the community and providers as a gap in service, and called for increased training in this area for health care providers.

3. Health Conditions and Behaviors

- **Chronic health conditions** – High rates of obesity, diabetes, cardiovascular disease, asthma, and associated morbidity previously identified as prioritized health needs in the 2013 CHNA continue to impact Hampden County residents. An estimated 30% of adults in the population are obese with high rates also observed among children. Heart disease is the leading cause of death in Hampden County. One third of Hampden County adults have hypertension, a risk factor for cardiovascular disease, with rates increasing in older adults to an estimated 55%. Approximately 20% of the population has pre-diabetes or diabetes, and 12% of adults and 19% of school children have asthma. Asthma morbidity rates were particularly high among Latinos.
- **Physical activity and nutrition** - The need for increased physical activity and consumption of fresh fruits and vegetables was identified among Hampden County residents. Low rates of physical activity and healthy eating contribute to high rates of chronic disease and also impact mental health. Community level access to affordable healthy food and safe places to be active, as well as individual knowledge and behaviors affect these rates.
- **Mental health and substance use disorders** - Substance use and mental health were identified as two of the top three urgent health needs/problems impacting the area in interviews with local and regional public health officials and among local physician leaders at Mercy and in the Springfield community. Substance use disorders overall (including alcohol) and opioid use were of particular concern. Opioid use disorder, which has been declared a public health emergency in Massachusetts, is impacting Hampden County residents with fatality rates higher than that of the state. There was overwhelming consensus among focus group participants and health care providers and administrators about the need for increased education across all sectors to reduce the stigma associated with mental health and substance abuse as well as the need for more treatment options. Tobacco use continues to remain high with an estimated 21% of adults that smoke. Youth

substance use is also an issue with 15% of Springfield 8th grade students reporting drinking alcohol in the past 30 days and 12% using marijuana.

- **Infant and peri-natal health risk factors** - Infant and perinatal health factors were identified as health needs in the 2013 CHNA and continue to impact Hampden County residents. Needs for increased utilization of prenatal care and a decrease in smoking during pregnancy were identified. This impacts rates of adverse birth outcomes, with 8-9% of Hampden County births born preterm or low birth weight.
- **Unsafe sexual behavior** - High rates of unsafe sexual behavior was previously identified as a health need and continues to remain a need in Hampden County. Sexually transmitted infection (STI) rates continue to be high, with Hampden County chlamydia and HIV rates approximately 40% higher than that of the state. Youth STI rates are particularly high with rates of chlamydia and syphilis 2-4 times higher than that of the state. Though teen pregnancy rates have decreased due to collaborative initiatives to address this issue, Hampden County *teen pregnancy* rates continue to be high with rates double that of the state.

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:

- **Access and Barriers to Quality Health Care** - Detailed need specific Implementation Strategy on page 7 and 8.
- **Health Conditions and Behaviors** - Detailed need specific Implementation Strategy on 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. MMC will not take action on the following health needs:

- **Community Level Social and Economic Determinants that Impact Health** - Mercy, although playing its role in this collective effort, is not qualified to fully address the poverty question in the community. Furthermore, as a healthcare center, the ability of Mercy in solving the social determinants of health at the community level will be limited. As a reminder, the social and economic determinants of health at the community level include: housing, safety, food availability, air pollution, health disparities, and racial inequalities.

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 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:	Mercy Medical Center		
CHNA SIGNIFICANT HEALTH NEED:	Access and Barriers to Quality Health Care		
CHNA REFERENCE PAGE:	16	PRIORITIZATION #:	1-a
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 frequentation			
OBJECTIVE: Reduce the rate of High End Utilizers (identified cohort of 150 individuals with more than 12 visits a year) of the Emergency Department by December 2019			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:			
<ul style="list-style-type: none"> • Promoting health insurance to ED visitors • Promoting PCP to ED visitors • Assist with PCP enrollment for the HEU participants • Provide hands on case management services including assistance with transportation, healthcare access and social service referrals 			
ANTICIPATED IMPACT OF THESE ACTIONS:			
<ul style="list-style-type: none"> • Better case management • Better emergency situation prevention • Lower rate of ED frequentation 			
PLAN TO EVALUATE THE IMPACT:			
<ul style="list-style-type: none"> • ED statistics at beginning, at midway, and on December 2019 • Qualitative data about ED frequentation at beginning and on December 2019 • Establish benchmark cohort and track ED utilization • Track the insurance enrollment, access and referrals of the cohort group during period 			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:			
Hospital staff, case management services, patient services resources			
COLLABORATIVE PARTNERS:			
Community providers including homeless shelters, housing programs, primary care providers, support service programs			

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

HOSPITAL FACILITY:	Mercy Medical Center		
CHNA SIGNIFICANT HEALTH NEED:	Access and Barriers to Quality Health Care		
CHNA REFERENCE PAGE:	18	PRIORITIZATION #:	1-b
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: To improve health literacy along with access to cervical cancer screenings and mammograms for homeless women.			
OBJECTIVE: Increase by 10% the number of cervical cancer screenings & mammograms among homeless women by December 2019.			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:			
<ul style="list-style-type: none"> • Increase the number of homeless women who participate in women's health screenings to include cervical cancer and mammography screenings by over 10% during the CHNA implementation strategy period. • Increase the number of verified records of homeless women for cervical screening records and mammograms by over 10% during the period. • Offer women's health educational programs for the homeless female population. 			
ANTICIPATED IMPACT OF THESE ACTIONS:			
<ul style="list-style-type: none"> • Increasing awareness among homeless women about cervical cancer and breast cancer • Decreased cervical cancer mortality rate in the County • Decreased breast cancer mortality rate in the County 			
PLAN TO EVALUATE THE IMPACT:			
<ul style="list-style-type: none"> • Status on January 2017 • Monitoring and counting the number of participants term after term and status by June 2018 • Final evaluation on December 2019 			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:			
Hospital staff and administrative support			
COLLABORATIVE PARTNERS:			
Public Health department staff, private providers, homeless shelter staff, homeless service providers			

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

HOSPITAL FACILITY:	Mercy Medical Center		
CHNA SIGNIFICANT HEALTH NEED:	Health Conditions and Behaviors		
CHNA REFERENCE PAGE:	24	PRIORITIZATION #:	2
BRIEF DESCRIPTION OF NEED: Mental health was identified as one of the top three urgent health needs/problems impacting the area. An estimated 15.9% of Hampden County residents have poor mental health 15 days or more in a month. ER visit rates for mental disorders in Hampden County are 24% higher than that of the state with particularly high rates in Holyoke and Springfield.			
GOAL: Improve the mental health awareness of Hampden County residents			
OBJECTIVE: Increase mental health literacy and management among MHFA community participants			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:			
<ul style="list-style-type: none"> • Provide six community Mental Health First Aid Training (MHFA) by the end of 2019 • Participating in the MHFA program • Provide meeting space and resources for the community training sessions 			
ANTICIPATED IMPACT OF THESE ACTIONS:			
<ul style="list-style-type: none"> • Reduce the stigma of seeking help in mental health • Raise awareness about mental health 			
PLAN TO EVALUATE THE IMPACT:			
<ul style="list-style-type: none"> • Pre- and post-evaluation survey of all MHFA community participants on their awareness of mental health issues and resources 			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:			
Administrative support, program promotion along with mental health education, clinical services, meeting space			
COLLABORATIVE PARTNERS:			
Coalition of Western Massachusetts Hospitals/Insurers, Collaborative for Educational Services, support service programs			

Adoption of Implementation Strategy

On November 8, 2016, the Board of Directors for Mercy Medical Center, met to discuss the 2016-2019 Implementation Strategy for addressing the community health needs identified in the June 14, 2016 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.