



Saint Mary's Hospital CHNA Implementation Strategy Fiscal Years 2019-2021

Saint Mary's Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was approved on 9-26-19 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 secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data including input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at <http://www.stmh.org/documents/NewEngland/2019-Saint-Marys-CHNA.pdf>

Printed copies are available from:
Department of Community Health and Well Being at Trinity Health Of New England:
140 Woodland Street
Hartford, CT 06015
860-714-5770

Hospital Information

Saint Mary's Hospital has served the city of Waterbury since 1907, when it was founded by the Sisters of Saint Joseph of Chambery. The founding of the hospital was made possible by a generous donation by the Right Reverend Monsignor William J. Slocum. In its first year, Saint Mary's Hospital was a 120 bed facility and had a staff of 14. It is now licensed for 347 beds and employs more than 2,100 people. The mission of Saint Mary's Hospital is to provide excellent healthcare in a spiritually enriched environment to improve the health of our community. In 2016, Saint Mary's 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.

Geographic Area Served

Saint Mary's total service area is comprised of 35 zip codes, which include the city of Waterbury and 17 surrounding towns. The primary service area which covers 9 US Census zip code tabulation areas (ZCTAs) includes Waterbury, Naugatuck, Prospect and Wolcott has a population of approximately 168,000. The secondary service area includes Beacon Falls, Bethlehem, Cheshire, Middlebury, Morris, Oxford, Plantsville, Plymouth, Southbury, Thomaston, Watertown and Woodbury has a population of approximately 153,000. The service area for this CHNA matches the service area defined for Saint Mary's Hospital by the State of Connecticut. The State defines hospital service area as the area containing 75% of a hospital's

patient population. Population - The combined population for these communities is roughly 321,000 residents where the majority of Saint Mary's hospital patients live in the city of Waterbury which is particularly economically distressed. The median household income is \$41,136, which is significantly less than the overall service area, which is approximately \$70,000. The unemployment rate in the city of Waterbury in September 2015 was 10.7%. This is higher than the state of Connecticut unemployment rate of 6.6%. Approximately 31.6% of the population in Waterbury speaks a language other than English in the home. This is higher than the state of Connecticut where 20.8% of the population speaks a language other than English in the home. In addition, 24.2% of families in Waterbury have poverty status compared to 10.5% in Connecticut.

Mission

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

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 on 9/30/2019 identified the significant health needs within the Saint Mary's Hospital 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) Access to care	<ul style="list-style-type: none">– Preventative/Primary/Prenatal care, Language Barriers, Transportation, & Readmissions <p>Click or tap here to enter description of need.</p>
2) Social Influencers of Health	<ul style="list-style-type: none">– Economic Stability, Access to Healthy Food, & Housing
3) Health Risk Factors	<ul style="list-style-type: none">– Obesity– Diabetes– Hypertension/Heart Disease– Asthma– Infant Mortality– Substance Abuse/Mental Health

Hospital Implementation Strategy

Saint Mary's 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

Saint Mary's Hospital will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Access to Care (Preventative & Primary Care, Transportation, & Readmissions)** – Page 9-11
- **Social Influencers of Health (Economic Stability)** – Pages 12-14
- **Health Risk Factors (Obesity, & Substance Abuse/Mental Health)** – Pages 24-26

Significant health needs that will not be addressed

Saint Mary's 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. Saint Mary's Hospital will not take action on the following health needs:

- **Language barriers, Access to healthy food/housing, Infant Mortality, Hypertension, Heart Disease, Diabetes, and Asthma** – Saint Mary's, although playing its role in this collective effort, we do not have the expertise to fully address these issues in the community. Saint Mary's is a founding partner of the Greater Waterbury Health Partnership (GWHP) which includes a wide array of anchor institutions including the city of Waterbury, Waterbury Hospital, Staywell Health Center and the United Way of Greater Waterbury and has developed a portfolio of work that includes working on access to care in regards to Preventative/Primary/Prenatal care, Language barriers, and Transportation issues, Access to healthy food, and housing. The GWHP is a non-profit organization that aims to provide access to quality, culturally sensitive, and evidence-based health information to Greater Waterbury residents and organizations, and to coordinate local healthcare services to improve overall community health. The mission is based on community collaboration as a critical element to meet the needs of our diverse communities and is supported by data. Healthy communities lead to lower health care costs, robust community partnerships that reinvest in community health initiatives and an overall enhanced quality of life.

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:	Saint Mary's Hospital		
CHNA Significant Health Need:	Access to Care- Preventative/Primary, Readmissions, Substance Abuse, and Mental Health.		
CHNA Reference Page:	Pages 9-11	Prioritization #:	1

Brief description of need:

Access to care is a top concern for residents in the community. Residents all experience barriers to obtaining care related to the social determinants of health such as transportation, cost, employment and even lack of a primary care provider or affordable health insurance. While we know that since 2012, more people are insured, the co-pays and high deductible plans that are available make receiving affordable care out of reach for many residents in the region. A higher percentage of the Hispanic population reports not getting medical care in both the region and the urban core, this could be linked to language barriers. There are also disparities in care linked to cost and gender, a higher percentage of respondents in the region report that cost is a barrier when compared to the state.

Goal: Increase care coordination and remove barriers for patients with complex care needs.

Objective: By 2022 form the Community Care Team (CCT) with social service organizations and provide services to 15 patients with complex care needs after discharge.

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

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Assign a staff member to act as a CCT program coordinator.	X			hospital staff, Community Health and Well Being Department budget, patient services resources	In-kind staff time, resources and services from community partners	GWHP, Public Health department staff, private providers, homeless providers, and other community base organizations.
Identify a team of professionals and social service organizations to form the Community Care Team.	X					
Create a charter defining the CCTs mission, values & goals.	X					
Develop CCT operational infrastructure including a memorandum of understanding, release of information form, establish data/performance metrics.		X				
Provide case conferencing and care coordination to patients with mental health/substance abuse challenges, and 3 or more ED visits within 6 months.		X				
Maintain a list of patients that participate in the CCT, and document care coordination efforts.		X				

Complete an Internal Review Board (IRB) Exempt application.			X			
Evaluate program performance utilizing care coordination data, and Electronic Medical Record (EMR) data.			X			

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Improved communication between the hospital and social service organizations.	Health information constrained to clinical setting	Release of information form permitted sharing of health information
A formalized care coordination and case conferencing team.	No care coordination and case conferencing team	CCT Program established with regular CCT case conferencing meetings
Reliable data/evaluation infrastructure.	CCT not established, no participant data available	CCT participant data tracked
Adequate patient support after discharge.	Frequent ED utilization among the target population.	CCT participant ED utilization will be reduced by 10%.

Plan to evaluate the impact:

- The CCT program coordinator will monitor project milestone completion.
- The CCT will document care coordination efforts, the number of patients that participate in the CCT program, and anecdotal evidence.
- THOfNE staff will examine CCT participant EMR data for improvements in performance metrics selected by the CCT.
- THOfNE may conduct a more sophisticated statistical evaluation dependent on available data.

**CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2019-2021**

Hospital Facility:	Saint Mary's Hospital		
CHNA Significant Health Need:	Social Influencers of Health- Economic Stability and Employment		
CHNA Reference Page:	Pages 12-14	Prioritization #:	2

Brief description of need:

Twenty five percent (25%) of residents in the region lack financial security (have incomes below \$51,500 for a family of four) and 14% of residents live below 200% of the federal poverty line, defined as income of \$25,750 annually for a family of four. Waterbury residents are more likely to be low-income and poor with 47% of households falling within the low-income rate.

Goal: Improve opportunities for economic stability among Waterbury residents.

Objective: By 2020 develop an economic workforce collaborative to support equitable opportunities and connect 150 local residents to job opportunities.

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

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Collaborate with the EPIC/hospital data team to evaluate existing measures of social influencers of health, economic stability, and adequate employment. Use data from SIOH screeners given during hospital visits.	X	X	X	Hospital staff, Community Health budget and administrative support	In-kind staff time, resources and services from community partners	GWHP, RIBA Aspira ("Working Cities Challenge" grant recipient for Waterbury), ThOfNE HR & Talent Acquisition Departments Trinity Health of NE Regional Diversity & Inclusion Council, Northwest Regional Workforce Investment Board Waterbury American Job Center/CT Department of Labor, other employment/economic resources agencies, and academic institutions.
Targeted community engagement to identify	X	X	X			

current resources for employment, job training, and economic stability.						
Develop policy and advocacy strategy, in the city of Waterbury, focused on employment and economic support.		X	X			
Complete analysis and share results.		x	x			

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Develop engagement strategy with other major employers in Waterbury.	No current structure is in place.	4 new engaged employers that are committed to supporting the economic/employment needs of Waterbury residents.
Unemployment Rate	12% current Waterbury rate	10% unemployment by 2022.

Plan to evaluate the impact:

Status on January 2020; creation and implementation of internal policy. Monitoring and counting the number of new SMH hires and newly engaged employment partners, Final evaluation on December 2021.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2021

Hospital Facility:	Saint Mary's Hospital		
CHNA Significant Health Need:	Health Risk Factors- Obesity		
CHNA Reference Page:	Pages 9-11	Prioritization #:	Pages 24-26

Brief description of need:

Obesity is reported in 40% of Black residents in Greater Waterbury, compared to 33% in White residents. Additionally, Hispanic people experience the highest percentage of obesity in Waterbury at 43%. Waterbury residents report higher rates of Obesity at 41% when compared to Greater Waterbury residents.

Goal: Decrease obesity prevalence among Waterbury residents.

Objective: Increase the physical activity level and consumption of fruit & vegetables among community participants by 15% while reducing their soda consumption by 15% 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, Community Health budget and administrative support	In-kind staff time, resources and services from community partners	
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 education, stress management, diabetes awareness, cooking and wellness outreach activities	X	X	X			

Anticipated impact of these actions:

CHNA Impact Measures	Baseline (Red Cap Survey)	Target Measure
How often engaged in Physical Activity at least 3 times a week	Baseline to be determined at start of challenge	Upon program completion measure will be 10% better than from baseline.
Number of servings of Fruits per Vegetables per week	Baseline to be determined at start of challenge	Upon program completion measure will be 10% better than from baseline.
Number of Sugary Drinks in past 7 days	Baseline to be determined at start of challenge	Upon program completion measure will be 10% better than from 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 January 31, 2020, 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 (Feb 3, 2020)

Feb 3, 2020

Carlos Brown
Regional Vice President, Community Health and Well Being

Date