HolyName

Community Health Implementation Plan

2023–2025

Holy Name

Holy Name is New Jersey's only independent, Catholic health system, comprising a comprehensive 361-bed acute care medical center, a cancer center, medical fitness center, residential hospice, nursing school, and physician network. The system has a national reputation for providing culturally sensitive care to a diverse population and drawing patients from across the New York City region to its specialty centers and renowned doctors. Holy Name's mission to provide technologically advanced, compassionate and personalized care extends across a continuum that encompasses education, prevention, diagnosis, treatment, rehabilitation, and wellness maintenance. The system is known as a high-quality, low-cost provider of extraordinary clinical care given by compassionate, highly trained physicians and staff.

Community Health Needs Assessment (CHNA) Background

In alignment with the Affordable Care Act (ACA), the Internal Revenue Service (IRS) and applicable federal requirements for not-for-profit hospitals, Holy Name completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Holy Name Board of Trustees on November 17, 2022.

The Holy Name 2022 CHNA was conducted by Professional Research Consultants, Inc. (PRC). While this CHNA was created for Holy Name and its specific service area, it was conducted as a part of the Community Health Improvement Partnership of Bergen County– a collaboration of the County Health Department and all hospitals serving Bergen County, New Jersey.

The assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey) and qualitative research (focus groups, key informant interviews, and a review of secondary data including vital statistics and other existing health indicators). The complete CHNA report can be found on the Holy Name website. Included in the assessment of health indicators was an examination of the social determinants of health (SDoH), such as food insecurity, housing, transportation, education, and other factors. Furthermore, information and data gathered about inequities in opportunity, access, education, and trust as a result of the COVID-19 pandemic were also taken into consideration.

CHIP Community Health Improvement Partnership of Bergen County

Holy Name

Christian Health · Englewood Health · Bergen New Bridge Medical Center, A Clinical Affiliate of Rutgers

Hackensack Meridian Hackensack University Medical Center · Hackensack Meridian Pascack Valley Medical Center · The Valley Hospital, Valley Health System

Community Health Implementation Plan (CHIP)

The intent of the Holy Name CHIP is to respond to our community's needs and expectations with a plan that can be effectively executed by leveraging hospital and network resources, as well as those of our community partners. The plan is iterative and should be modified as internal and external factors change, including emerging needs, available resources, partnerships and policies. With an eye toward successful implementation, this CHIP is built to leverage prior success while simultaneously adjusting strategies to address emergent obstacles as they are encountered.

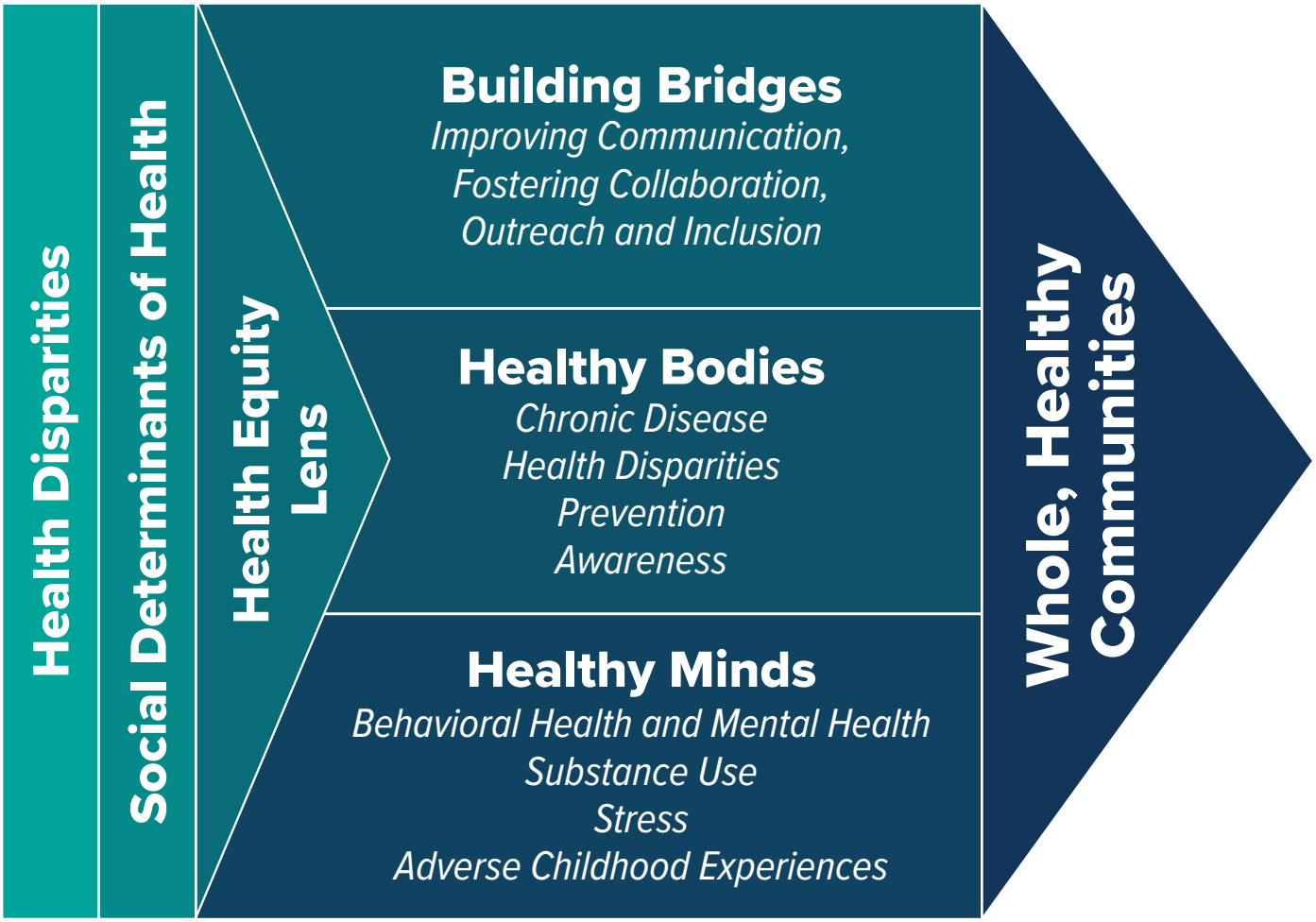
Determining Community Health Priorities

In reviewing the 2022 CHNA data, it is evident that priorities identified in the 2019 assessment not only remain significant areas of need, but are now further complicated by the impact of the COVID-19 pandemic. Existing disparities in opportunity, access, and education were exacerbated by the pandemic, elevating health equity as a lens to be prioritized in the 2022-2025 planning effort.

On October 19, 2022, Holy Name and its partners conducted a virtual community forum as part of the Community Health Improvement Partnership of Bergen County collaborative 2022 CHNA process. During the forum, which featured hospital representatives and key community stakeholders, an overview of the CHNA findings was shared and breakout groups discussed priority health needs. Seventy-eight people representing social agencies and institutions throughout Bergen County participated and provided diverse perspectives. The goals were reviewed with the common understanding that social determinants of health (SDoH) have an impact on every identified area and should be incorporated throughout the complete strategic framework.

There was overwhelming support for the strategy, and ultimately participants endorsed the priority areas of **Building Bridges, Healthy Bodies, and Healthy Minds** for 2023-2025 (in no particular order).

The following graphic depicts Holy Name's programmatic strategies and interventions, which guided the development of the implementation plan.



Key Factors: Holy Name 2022 CHNA

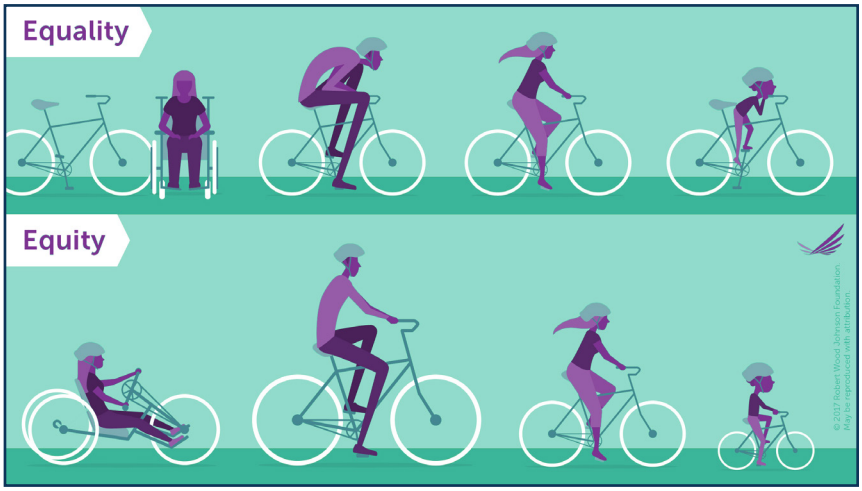
	Social Determinants of Health	Asian	Black AA	Latino	White	LGBTQ+	Very Low Inc.	Low Inc.	Mid/ High Inc.	HN Service Area	Bergen County	NJ	US
Building Bridges	Do not have cash on hand to cover a $400 emergency expense	23.0%	57.1%	26.9%	15.8%	31.5%	54.9%	52.9%	14.7%	26.1%	**19.7%**		24.6%
	Food insecure	37.2%	56.5%	55.9%	22.3%	53.2%	73.6%	71.9%	25.0%	40.5%	**28.5%**		34.1%
	Unhealthy/Unsafe housing conditions in the past year	25.9%	25.9%	23.7%	15.2%	35.8%	31.2%	38.8%	17.0%	21.1%	**16.3%**		12.2%
	Have high-speed internet sufficient for daily needs	88.3%	93.2%	88.2%	95.1%	85.6%	77.4%	88.6%	95.8%	91.3%	**94.1%**		
	Access to Health Care												
	No health insurance (age 18-64)	8.1%	7.1%	13.9%	5.7%	8.8%	18.3%	15.8%	5.9%	9.6%	**6.4%**	14.1%	8.7%
	Difficulty/delays accessing health care in past year	55.8%	48.8%	59.7%	49.4%	67.6%	54.3%	67.6%	50.3%	53.7%	**52.2%**		35.0%
	Went without needed or planned medical care due to the pandemic	36.8%	22.6%	33.4%	30.0%	43.8%	23.5%	44.6%	30.5%	31.0%	**31.7%**		
	Transportation prevented medical care in past year									15.7%	**10.5%**		8.9%
	No routine checkup in past year									29.3%	**28.6%**	25.6%	29.5%
	Couldn't fill a prescription in past year due to cost									17.4%	**13.6%**		12.8%
	No routine checkup for child in past year									21.3%	**13.3%**		22.6%
	Trouble obtaining medical care for child in the past year									9.2%	**8.8%**		8.0%
Healthy Bodies	**Nutrition, Physical Activity & Weight**												
	Did Not Meet physical activity recommendations	76.0%	83.2%	77.6%	72.9%	79.5%	86.6%	78.6%	72.7%	76.2%	**71.5%**		78.6%
	"Very/Somewhat" difficult to buy affordable fresh produce	21.6%	27.0%	30.6%	19.2%	34.0%	34.9%	41.6%	19.7%	24.5%	**22.0%**		21.1%
	Adults obese	15.7%	48.1%	40.7%	29.9%	33.7%	28.6%	49.7%	31.5%	33.7%	**27.7%**	**27.7%**	31.3%
	Children [Age 5-17] Overweight									37.9%	**32.4%**		**32.3%**
	Children [Age 5-17] Obese									27.9%	**19.8%**		16.0%
	Chronic and Complex Conditions												
	Have one or more cardiovascular risks or behaviors (HBP, high cholesterol, smoking, physical inactivity, overweight/obese)	77.5%	81.5%	85.6%	84.5%	81.7%	86.5%	83.9%	83.4%	84.0%	**83.6%**		84.6%
	Ever had diabetes	9.1%	13.2%	9.8%	11.6%	9.9%	13.2%	17.0%	8.8%	10.7%	**10.9%**	10.0%	13.8%
	Ever had cancer									10.1%	**10.4%**	9.9%	10.0%
	Have three or more chronic conditions	26.1%	29.6%	34.0%	41.2%	44.1%	41.4%	38.6%	35.5%	**35.6%**	**35.6%**		32.5%
	Limited activity in some way due to physical, mental, or emotional problem	17.9%	24.3%	20.6%	26.5%	32.5%	29.5%	31.3%	20.8%	**23.1%**	**23.2%**		24.0%
	Experience high impact chronic pain	16.2%	20.4%	20.0%	17.8%	13.3%	27.1%	27.6%	15.4%	18.7%	**14.7%**		14.1%
Healthy Minds	**Behavioral Health**												
	Symptoms of chronic depression	29.7%	48.7%	48.8%	35.4%	68.9%	50.6%	52.1%	36.8%	40.8%	**38.4%**		30.3%
	Mental health worsened since pandemic	28.5%	17.5%	22.3%	25.8%	35.8%	22.5%	16.9%	27.3%	23.8%	**27.7%**		
	Unable to get mental health services in past year	13.6%	6.1%	13.3%	8.5%	33.8%	15.6%	13.9%	8.8%	10.4%	**9.7%**		7.8%
	Adults who smoke cigarettes									12.7%	**11.6%**	10.8%	17.4%
	Adults who use vaping products	11.4%	6.0%	10.1%	9.4%	19.1%	10.9%	5.7%	10.9%	10.0%	**8.0%**	5.0%	8.9%
	Life negatively affected by own or someone else's substance use	27.1%	33.5%	34.4%	34.8%	59.0%	41.9%	41.0%	33.5%	34.6%	**35.2%**		35.8%
	Used a prescription opioid in past year	10.1%	6.1%	9.1%	9.8%	13.9%	14.8%	10.7%	8.4%	9.3%	**10.0%**		12.9%

Source: Bergen County 2022 Random Household Community Health Survey

Red cells *reflect populations who have worse outcomes than Bergen County as a whole.* ***Teal cells*** *reflect populations who have better outcomes than Bergen County as a whole.* ***Blue cells*** *reflect populations that are the same as Bergen County. Empty cells indicate data is not available in the 2022 CHNA.*

The connection between our communities and our health

By focusing on removing barriers and creating vital resource connections, we can work towards building communities where all people have the opportunity to live their healthiest lives. One step in this process is to identify and address disparities within the Social Determinants of Health.

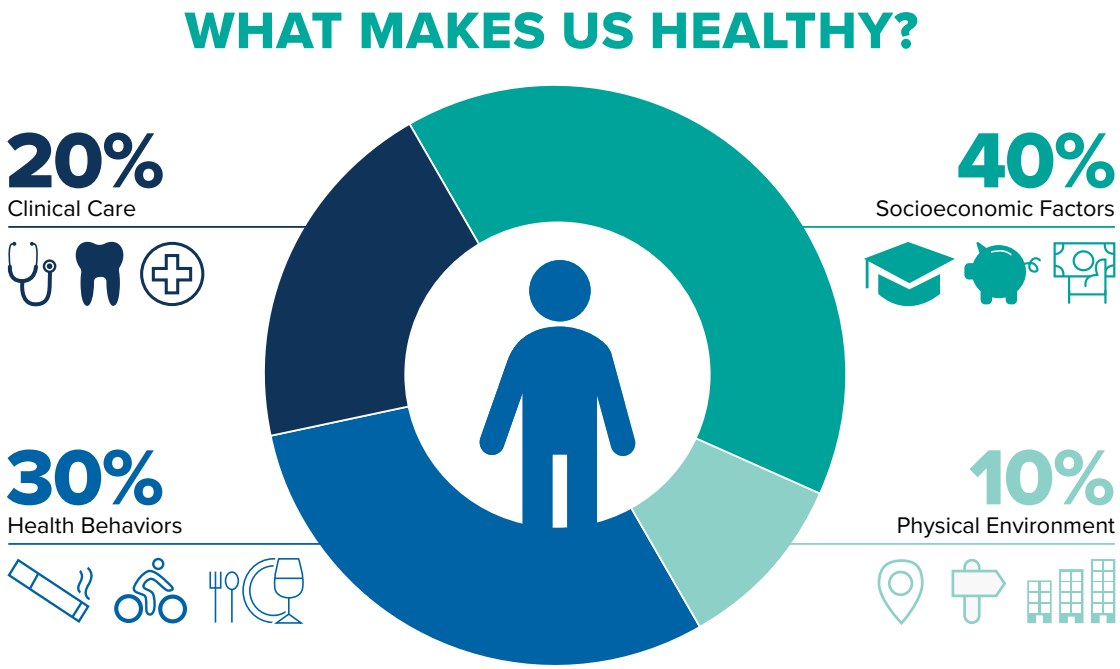


Social Determinants of Health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health and quality of life outcomes.

SDoH are grouped into five domains that include factors such as access to health care, safe neighborhoods, transportation options, nutritious food, and quality education. The quality and availability of these elements impact the array of healthy living choices and can be measured in rates of disease and length of life.

Addressing social determinants of health is a primary approach to achieving health equity.



Priority Area: Building Bridges

The 2022 CHNA for Holy Name identified the following sub-priorities within the Building Bridges priority area. Sub-priorities were determined based on areas of opportunity uncovered through the CHNA process.

Building Bridges	Social Determinants of Health	Asian	Black AA	Latino	White	LGBTQ+	Very Low Inc.	Low Inc.	Mid/ High Inc.	HN Service Area	Bergen County	NJ	US
	Do not have cash on hand to cover a $400 emergency expense	23.0%	57.1%	26.9%	15.8%	31.5%	54.9%	52.9%	14.7%	26.1%	**19.7%**		24.6%
	Food insecure	37.2%	56.5%	55.9%	22.3%	53.2%	73.6%	71.9%	25.0%	40.5%	**28.5%**		34.1%
	Unhealthy/Unsafe housing conditions in the past year	25.9%	25.9%	23.7%	15.2%	35.8%	31.2%	38.8%	17.0%	21.1%	**16.3%**		12.2%
	Have high-speed internet sufficient for daily needs	88.3%	93.2%	88.2%	95.1%	85.6%	77.4%	88.6%	95.8%	91.3%	**94.1%**		
	Access to Health Care												
	No health insurance (age 18-64)	8.1%	7.1%	13.9%	5.7%	8.8%	18.3%	15.8%	5.9%	9.6%	**6.4%**	14.1%	8.7%
	Difficulty/delays accessing health care in past year	55.8%	48.8%	59.7%	49.4%	67.6%	54.3%	67.6%	50.3%	53.7%	**52.2%**		35.0%
	Went without needed or planned medical care due to the pandemic	36.8%	22.6%	33.4%	30.0%	43.8%	23.5%	44.6%	30.5%	31.0%	**31.7%**		
	Transportation prevented medical care in past year									15.7%	**10.5%**		8.9%
	No routine checkup in past year									29.3%	**28.6%**	25.6%	29.5%
	Couldn't fill a prescription in past year due to cost									17.4%	**13.6%**		12.8%
	No routine checkup for child in past year									21.3%	**13.3%**		22.6%
	Trouble obtaining medical care for child in the past year									9.2%	**8.8%**		8.0%

Source: Bergen County 2022 Random Household Community Health Survey

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Key Factors:

- Inconvenient Office Hours
- Cost of Prescriptions*
- Cost of Physicians Visits*
- Appointment Availability
- Finding a Physician
- Lack of Transportation
- Culture/Language
- Skipping/Stretching Prescriptions
- Eye Exams*
- Ratings of Local Health Care
- Stress About Rent/Mortgage*
- Housing Conditions*
- Specific Source of Ongoing Care

Goal: Healthy living resources will be coordinated, accessible and capable of creating whole, healthy communities.

Objectives

1. Create and continue partnerships with complementary agencies
2. Gather feedback regarding changing community needs and new community resources
3. Embrace opportunities for collaborative action with diverse community partnerships
4. Reduce barriers to making and receiving referrals between partner agencies

Strategies

- Increase screening for SDoH and make appropriate referrals to community-based resources
- Use SDoH metrics to determine patient barriers to accessing care and maintaining healthy behaviors
- Seek and promote free/affordable transportation options
- Increase access to telehealth services for diverse and vulnerable populations
- Increase inclusion and cultural competency training amongst all team members
- Identify and deepen partnerships with community-based organizations that serve diverse and vulnerable populations

Priority Area: Healthy Bodies

The 2022 CHNA for Holy Name identified the following sub-priorities within the Healthy Bodies priority area. Sub-priorities were determined based on areas of opportunity uncovered through the CHNA process.

	Social Determinants of Health	Asian	Black AA	Latino	White	LGBTQ+	Very Low Inc.	Low Inc.	Mid/ High Inc.	HN Service Area	Bergen County	NJ	US
Healthy Bodies	**Nutrition, Physical Activity & Weight**												
	Did Not Meet physical activity recommendations	76.0%	83.2%	77.6%	72.9%	79.5%	86.6%	78.6%	72.7%	76.2%	**71.5%**		78.6%
	"Very/Somewhat" difficult to buy affordable fresh produce	21.6%	27.0%	30.6%	19.2%	34.0%	34.9%	41.6%	19.7%	24.5%	**22.0%**		21.1%
	Adults obese	15.7%	48.1%	40.7%	29.9%	33.7%	28.6%	49.7%	31.5%	33.7%	**27.7%**	**27.7%**	31.3%
	Children [Age 5-17] Overweight									37.9%	**32.4%**		**32.3%**
	Children [Age 5-17] Obese									27.9%	**19.8%**		16.0%
	Chronic and Complex Conditions												
	Have one or more cardiovascular risks or behaviors (HBP, high cholesterol, smoking, physical inactivity, overweight/obese)	77.5%	81.5%	85.6%	84.5%	81.7%	86.5%	83.9%	83.4%	84.0%	**83.6%**		84.6%
	Ever had diabetes	9.1%	13.2%	9.8%	11.6%	9.9%	13.2%	17.0%	8.8%	10.7%	**10.9%**	10.0%	13.8%
	Ever had cancer									10.1%	**10.4%**	9.9%	10.0%
	Have three or more chronic conditions	26.1%	29.6%	34.0%	41.2%	44.1%	41.4%	38.6%	35.5%	**35.6%**	**35.6%**		32.5%
	Limited activity in some way due to physical, mental, or emotional problem	17.9%	24.3%	20.6%	26.5%	32.5%	29.5%	31.3%	20.8%	**23.1%**	**23.2%**		24.0%
	Experience high impact chronic pain	16.2%	20.4%	20.0%	17.8%	13.3%	27.1%	27.6%	15.4%	18.7%	**14.7%**		14.1%

Source: Bergen County 2022 Random Household Community Health Survey

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Key Factors:

- Cancer
- Diabetes
- Heart Disease and Stroke
- Tobacco Use
- Injury and Violence
- Nutrition, Physical Activity and Weight
- Oral Health*
- Potentially Disabling Conditions
- Respiratory Disease

Goal: All people will have access to the resources needed to prevent, screen, and treat disease, enabling them to achieve their healthiest life.

Objectives

1. Provide education and health promotion activities and increase participation among diverse and vulnerable populations
2. Support public health departments in local prevention and emergency initiatives
3. Leverage utilization of SDoH metrics to increase connections to food, and nutrition access for all patients, including vulnerable populations
4. Explore, strengthen, and expand partnerships with community-based organizations

Strategies

- Conduct or support community-based preventive health screenings and education, with a focus on reaching diverse and vulnerable populations
- Leverage contractual agreements with municipalities to share best practices related to health, wellness and emergency preparedness
- Use REaL, SOGI, and SDoH data to measure outcomes
- Continue and expand partnerships with community-based organizations that serve diverse and vulnerable populations

Priority Area: Healthy Minds

The 2022 CHNA for Holy Name identified the following sub-priorities within the Healthy Minds priority area. Sub-priorities were determined based on areas of opportunity uncovered through the CHNA process.

	Social Determinants of Health	Asian	Black AA	Latino	White	LGBTQ+	Very Low Inc.	Low Inc.	Mid/ High Inc.	HN Service Area	Bergen County	NJ	US
Healthy Minds	**Behavioral Health**												
	Symptoms of chronic depression	29.7%	48.7%	48.8%	35.4%	68.9%	50.6%	52.1%	36.8%	40.8%	**38.4%**		30.3%
	Mental health worsened since pandemic	28.5%	17.5%	22.3%	25.8%	35.8%	22.5%	16.9%	27.3%	23.8%	**27.7%**		
	Unable to get mental health services in past year	13.6%	6.1%	13.3%	8.5%	33.8%	15.6%	13.9%	8.8%	10.4%	**9.7%**		7.8%
	Adults who smoke cigarettes									12.7%	**11.6%**	10.8%	17.4%
	Adults who use vaping products	11.4%	6.0%	10.1%	9.4%	19.1%	10.9%	5.7%	10.9%	10.0%	**8.0%**	5.0%	8.9%
	Life negatively affected by own or someone else's substance use	27.1%	33.5%	34.4%	34.8%	59.0%	41.9%	41.0%	33.5%	34.6%	**35.2%**		35.8%
	Used a prescription opioid in past year	10.1%	6.1%	9.1%	9.8%	13.9%	14.8%	10.7%	8.4%	9.3%	**10.0%**		12.9%

Source: Bergen County 2022 Random Household Community Health Survey

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Key Factors:

- "Fair/Poor" Mental Health
- Diagnosed Depression
- Symptoms of Chronic Depression
- Receiving Treatment for Mental Health
- Difficulty Obtaining Mental Health Services
- Key Informants: Mental Health ranked as a top concern
- Cirrhosis/Liver Disease Deaths
- Unintentional Drug-Related Deaths
- Illicit Drug Use
- Use of Marijuana
- Key Informants: Substance Abuse rated as a top concern

Goal: All people will have access to mental and behavioral health supports at the appropriate level of care.

Objectives

1. Provide behavioral health education resources and screenings for patients
2. Reduce disparities in access to behavioral health information among diverse and vulnerable populations
3. Involve partner organizations outside of Holy Name in meeting patient needs

Strategies

- Assess and address psychological trauma using established screening tools in all patient settings
- Expand access to information, education, resources, screenings and services to diverse and vulnerable populations (uninsured)
- Provide outreach, education, and training regarding mental wellness to partner agencies
- Respond to requests for information and collaboration from diverse organizations (faith-based and others)
- Continue and increase partnerships with community-based organizations that serve diverse and vulnerable population

*Key Factors Holy Name Defers to Community Leadership

Holy Name has acknowledged a wide range of issues highlighted within the CHNA process and determined it could most effectively focus on those health needs which are the most pressing, under-addressed, and within its ability to influence.

Holy Name will continue to lead efforts in support of the prioritized needs related to Building Bridges, Healthy Bodies, and Healthy Minds.

Holy Name will collaborate with our community partners, where possible, in addressing key contributing factors outside of the clinical expertise and scope of the organization. Specific examples of these key contributing factors are marked with an *asterisk. These factors include, Substance Use, Injury and Violence, Oral Health, Cost of Prescriptions, Cost of Physicians Visits, Stress about Rent/Mortgage and Housing Conditions.

Holy Name remains open and willing to explore opportunities and partnerships across our service area to address all issues impacting health and wellbeing.

Alignment with New Jersey State Health Improvement Plan

Health needs identified in the CHNA research were confirmed by community stakeholders and refined through collaborative discussion. Local concerns were then aligned with the statewide health priorities in the New Jersey State Health Improvement Plan (2020). This approach ensures priority areas reflect local concerns and community-generated strategies for action while establishing a connection to statewide initiatives.

The table below shows the identified health needs in the New Jersey State Health Improvement Plan and the alignment of these issues with priorities with Holy Name priorities.

New Jersey State Health Improvement Plan Priorities	Holy Name Priorities	
Health Equity	Equity Informed Approach	Enhance competency / health equity commitment to patients and community and increase communication on this topic.
Mental Health and Substance Use	Healthy Minds	All people will have access to mental and behavioral health supports at the appropriate level of care.
Nutrition, Physical Activity and Chronic Disease	Healthy Bodies	All people will have access to the resources needed to prevent, screen, and treat disease, enabling them to achieve their healthiest life.
Immunizations		
Birth Outcomes		
Alignment of State and Local Health Improvement Planning	Building Bridges	Healthy living resources will be coordinated, accessible and capable of creating whole, healthy communities.

Next Steps

Community health improvement requires collaboration among community-based organizations, policy makers, funders, and many other partners. The Holy Name Community Health Improvement Plan is an active document, designed to serve as a guide to coordinate community resources and to measure progress.

Holy Name invites opportunities for partnership and collaboration as we seek to advance health equity for all. For more information about Holy Name's Community Health Implementation Plan and community benefit activities, or to get involved, please visit our website at https://www.holyname.org/includes/files/HNMC-CHNA-2022.pdf.

Our Research Partners

35TH STREET CONSULTING LLC

A New Jersey certified Small Business Enterprise (SBE) and Women-owned Business Enterprise (WBE), 35th Street Consulting specializes in transforming data into action that advances health and social equity through practical and impactful strategies. Our interdisciplinary team of community development experts, health planners, researchers, and data analysts have worked with hundreds of healthcare providers, payors, public health departments, government agencies, health and human service providers, and other community-based organizations to direct action and funding to reimagine policies and achieve realistic, measurable social impact.

We use quantitative and qualitative research methods to conduct studies and develop solutions to address community health, housing, socioeconomic disparities, capacity-building, population health management, and similar challenges. We specialize in transforming research into action through strategic planning, policy change, and collective impact.

PRC Professional Research Consultants, Inc.®

Professional Research Consultants (PRC) is a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.