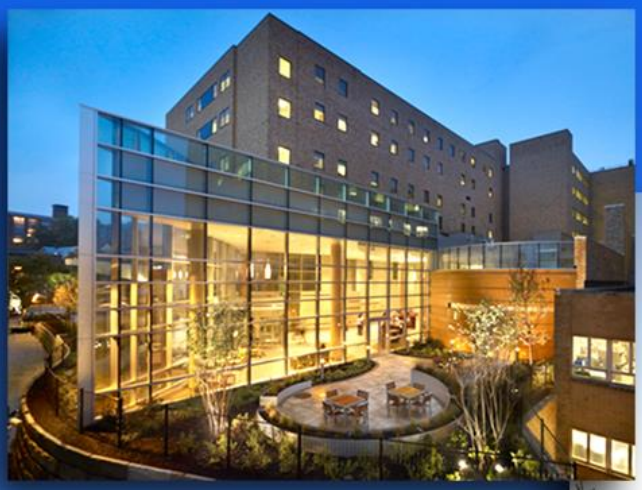

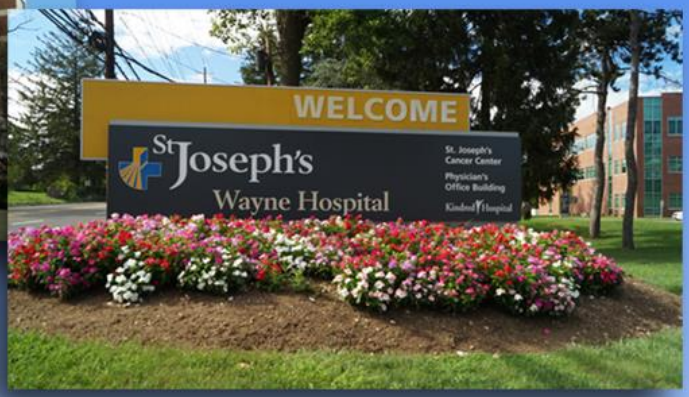

St Joseph's Healthcare System, Inc.

2017-2019 Community Health Needs Assessment Implementation Strategy

METHODOLOGY

St. Joseph's Healthcare System, 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 the System Board of Directors in November, 2016. The SJHCS CHNA identified forty (40) 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 SJHCS 2016 CHNA, which may be viewed at https://stjosephshealth.org/general-information/about-st-josephs-healthcare-system/item/1848-community.

PRIORITIZATION CRITERIA

Key informants and hospital senior leadership 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:

- 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
- Collaboration with community agencies

PRIORITIZATION OF RESULTS

- **Nutrition, Physical Activity and Weight**
- **Heart Disease and Stroke**
- **Diabetes**
- Mental Health
- Cancer
- Substance Abuse
- Access to Healthcare Services
- HIV/AIDS
- Immunization and Infectious Diseases
- Housing
- Oral Health
- Injury and Violence
- Respiratory Diseases
- Sexually Transmitted Diseases
- Potentially Disabling Conditions

Key Data Findings: COMPARISONS TO BENCHMARK DATA

	S. Passaic County	vs. Paterson	vs. Wayne/ Southwest	vs. NJ	vs. US	vs. HP 2020
Cancer						
Female Breast Cancer (Age-Adjusted Death Rate)	**24.6**			22.5	20.9	20.7
Colorectal Cancer (Age-Adjusted Death Rate)	**16.6**			15.0	14.6	14.5
Prostate Cancer Incidence per 100,000	**152.0**			157.3	131.7	
Cervical Cancer Incidence per 100,000	**9.2**			8.0	7.7	
% [Women 40+] Mammogram in Past 2 Years	**75.7**			78.2	80.3	81.1
% [Women 21-65] Pap Smear in Past 3 Years	**80.1**			83.8	84.8	93.0
% [Age 50+] Sigmoid/Colonoscopy Ever	**70.9**	69.0	74.7	60.7	75.6	
% [Age 50-75] Colorectal Cancer Screening	**66.7**	69.3	68.4	65.0	74.5	70.5
Diabetes						
Diabetes Mellitus (Age-Adjusted Death Rate)	**22.2**			19.3	21.1	20.5
% Diabetes/High Blood Sugar	**13.2**	19.7	8.6	9.7	14.5	
% Borderline/Pre-Diabetes	**8.8**	10.1	4.4	1.4	5.7	
Heart Disease & Stroke						
Diseases of the Heart (Age-Adjusted Death Rate)	**175.8**			169.3	169.1	156.9
% Blood Pressure Checked in Past 2 Years	**92.6**	92.8	91.2		93.6	92.6
% Told Have High Blood Pressure (Ever)	**39.7**	39.2	39.4	31.1	36.5	26.9
% Told Have High Cholesterol (Ever)	**36.6**	32.6	32.4		33.5	13.5
% 1+ Cardiovascular Risk Factor	**87.5**	93.3	83.6		83.0	
Mental Health & Mental Disorders						
% Diagnosed Depression	**17.0**	17.8	10.6	13.4	17.9	
% Symptoms of Chronic Depression (2+ Years)	**32.8**	41.7	15.1		29.9	
% [Those With Diagnosed Depression] Seeking Help	**82.2**				91.7	
% Typical Day Is "Extremely/Very" Stressful	**15.4**	18.1	13.2		11.7	
Nutrition, Physical Activity & Weight						
% Worried About Food in the Past Year	**28.6**	40.6	7.2		21.0	
% Ran Out of Food in the Past Year	**24.8**	37.4	12.1		19.9	
% Food Insecure	**32.1**	45.2	13.7		25.9	
% Eat 5+ Servings of Fruit or Vegetables per Day	**27.3**	20.1	34.3		27.4	
% "Very/Somewhat" Difficult to Buy Fresh Produce	**25.2**	33.1	5.8		21.9	
% Overweight (BMI 25+)	**70.4**	77.2	64.1	63.2	65.2	
% Obese (BMI 30+)	**33.5**	37.1	30.8	26.9	33.4	30.5
% No Leisure-Time Physical Activity	**29.1**	33.6	28.4	23.3	27.9	32.6
Recreation/Fitness Facilities per 100,000	**10.2**			14.3	9.7	
% Child [Age 2-17] Physically Active 1+ Hours per Day	**36.4**				47.9	

IMPLEMENTATION STRATEGY ACTION PLAN for both Paterson and Wayne

With two acute care campuses located in Paterson and Wayne, New Jersey, St. Joseph's Healthcare System (SJHS) completed community health needs assessments in collaboration with community, government and other social service partners serving those communities. This Implementation Strategy Action Plan has been formulated based on the findings and priorities established by the needs assessments. The Action Plan delineates the focus of SJHS's community outreach and health improvement efforts over the next three years. With a commitment to achieving the "triple aim" – improved health through better quality of care at lower costs with positive patient and family experiences – SJHS with focus on addressing the highest priority issues identified in the needs assessment. Appropriate resources will be allocated to achieve health improvement goals related to the priority issues.

Goal 1: Improve the Wellbeing of Community Residents Through Increased Knowledge About and Access to Healthy Foods and Participation in Physical Activity Programs

1. Partner with the Passaic County Health Coalition and area organizations to promote health and wellness in the community related to nutrition, physical and healthy weight activities
2. Focus educational outreach in the community based on requests related to nutrition, physical activity and healthy weight initiatives
3. Provide and expand education to bariatric support groups, employees focused on weight management or weight loss, and individuals with conditions exacerbated by unhealthy lifestyles
4. Expand nutritional education partnerships with community schools to foster healthy habits during childhood
5. Extend learning from SJHS Employee Wellness programs to community partners

Goal 2: Improve Health Status Through Chronic Disease Management Across the Continuum for Heart Disease and Stroke

1. Heart Disease
    a. Focus educational outreach in the community based on requests related to heart disease prevention and risk factors through partnership with the American Heart Association and other community organizations
    b. Continue and expand education of first responders in state of the art cardiac life-saving technology and practices
    c. Sustain AHA Mission Lifeline Gold status in recognition of excellence in community response to and treatment of cardiac conditions
    d. Become a Chest Pain Center accredited by the American College of Cardiology
    e. Expand Cardiac Rehabilitation to the Wayne community
    f. Provide community education related to prevention, treatment and non-traditional warning signs of heart disease in women
2. Stroke
    a. Focus educational outreach in the community based on requests related to stroke prevention and risk factors through partnership with the American Heart Association and other community organizations.
    b. Achieve NJ Department of Health Primary Stroke Designation for the Wayne campus/community
    c. Enhance transitions of care for stroke patients to ensure connection with appropriate post-acute resources
    d. Continue and expand education of first responders on contemporary technology and practices in the detection and treatment of strokes in the field

Goal 3: Improve Health Status Through Chronic Disease Management Across the Continuum for Diabetes

1. Focus educational outreach in the community based on requests related to diabetes prevention and risk factors through partnership with the American Diabetes Association and other community organizations
2. Expand Diabetes Education Program on the Wayne campus and expand services to Paterson community
3. Share experiences and learnings from SJHS internal Diabetes awareness and prevention program with community partners