Saint Francis Hospital and Medical Center
Community Health Needs Assessment Implementation Strategy
2016 - 2019

Saint Francis Hospital and Medical Center (SFHMC) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on June 22, 2016. SFHMC 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 community members, and various community organizations.

The complete CHNA report is available electronically at http://www.saintfranciscare.com/About_Us/Hospital_Publications.aspx or printed copies are available by emailing: plarivie@stfranciscare.org

Hospital Information and Mission Statement

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

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 well, 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.

Saint Francis Hospital and Medical Center's service area comprises urban, suburban, and rural communities that together form a rich mixture of highly diverse races and ethnicities, and a wide range of socioeconomic categories.

Its primary service area includes 25 towns and corresponds largely with the greater Hartford region. The Hospital's secondary service area includes 28 towns largely to the west and south of the primary service area. These towns are more rural, and their needs are very different than those of the city of Hartford, which has more than three times as many patients discharged from Saint Francis than any other municipality.

A comparison of population density, household income, and median age reveal that these communities are anything but uniform, and the resources for addressing concerns and needs of their residents differ as well. Yet, many of the health issues they face are similar; obesity, diabetes, heart disease, and behavioral health were all mentioned by the leaders of health districts who serve these towns.

Hartford's population of 125,000 is composed of all races and myriad ethnicities. Some 44 percent of its citizens are Hispanic/Latino and 35 percent Black/African American, with subgroups that include refugees and immigrants

from Africa, Eastern Europe, the Middle East, Asia, South America, and the West Indies. Additionally, 22 percent of the total population in Hartford is foreign born, bringing a tremendous diversity to the city.

The city is proportionately younger than the rest of the state as well as the country; over 25 percent of its residents are under age 17 and only 9 percent are over age 65, compared to 22 percent and 15 percent respectively for the state as a whole. This affects age-related health issues, such as some forms of cancer, violence, and accidental injury.

Hartford is a city of vibrant neighborhoods – 17 distinct neighborhoods, to be exact – with a variety of housing stock ranging from high-rise downtown luxury apartments and condos to historic houses to single-family homes and a variety of rental options. The city's many neighborhoods are supported by a roster of community organizations that focus on issues, such as economic development, housing, and assimilation of new immigrants, education, and historic preservation.

Health Needs of the Community

The CHNA conducted in 2016 identified 5 significant health needs within the Greater Hartford community. Those needs were then prioritized based on a Community Conversation Meeting that took place on September 13th. The 5 significant health needs identified in the Community Conversation Meeting included:

Community Safety & Violence	• Ranked as the highest priority at the Community Conversation Meeting • 54% of Hartford residents said it was not safe to walk in their neighborhood
Housing Insecurity	• Home ownership is only 26% in Hartford • 32% of renters are subsidized
Family & Social Support	• 59% of residents said they "do not trust neighbors" • Limited support for positive health behaviors
Employment & Poverty	• Only 59% of Hartford residents are regularly employed • 79% of Hartford household are below adequate income levels
Access to Care	• 50% of residents are worried about the cost of care • 23% of residents don't have a regular doctor

In addition to findings from the Community Conversation, the quantitative CHNA data identified other areas of need within the Hartford community and beyond. High rates of obesity, diabetes and heart disease are of concern for both residents and health professionals; tobacco use rates in Hartford are higher than national averages and are similar in adult and youth populations; concerns about access to healthcare are particularly acute for those in need of behavioral health services. And finally for the city of Hartford in particular the issues of unstable housing; violence; employment and education were all identified as significant needs.

Hospital Implementation Strategy

Saint Francis Hospital and Medical Center's resources, mission, goals, strategic priorities and the significant health needs identified through the most recent CHNA process were all considered during the development of the hospital's Implementation Strategy. The Hospital's Well Being 360 (WB360) project, which was selected to be part of Trinity Health's national Transforming Communities Initiative, combines resources from the hospital, community groups, state and local government departments, and national resources to create a collaborative approach to improving the health of the community.

The WB360 project will address identified health needs by:

- Engaging in an **anchor institution** approach designed to impact high-need neighborhoods in Hartford's North End by addressing social determinants of health.

- Encouraging health behavior change through the support of evidence-based programs in the areas of **diet, exercise** and support for changes in **tobacco policy.**

- Testing a model of clinical care that integrates the healthcare delivery system with social support programs, with a specific focus on **behavioral health.**

- Transforming the physical environment through support of local partner agencies working to improve **housing, neighborhood safety** and opportunities for **physical activity.**

Transforming Communities - Well Being 360
The Implementation Strategy to be executed by SFHMC is called the Well Being 360 and includes an investment from the hospital as well as leveraged resources from the Trinity Health system and community partnering agencies. The work will include the development of a coalition with the goal of bringing all of the varied resources to the table for collective impact approaches to address the social determinants of health that are so significant in the city's poorest neighborhoods. The work will involve community investments based on a set of principles agreed upon by the WB360 Steering Committee. Well Being 360 investments will be made based on:

1. Alignment with CHNA identified needs and health system priorities;
2. Strong evidence of effectiveness in achieving targeted outcomes;
3. Capacity to implement solutions and build coalition with community partners and residents;
4. Value of the investment (impact per dollar invested) in achieving short-term and longer-term outcomes; and
5. Sustainability of solution after initial investment.

Significant Health Needs That Will Not be Addressed:
SFHMC 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. SFHMC will not take action on the following health needs:

- Housing Insecurity
  The Partnership for Stronger Communities has done significant work in the area of homelessness prevention and is taking the lead on this community health issue. We will collaborate with them on this work but expect to serve in a supportive role.

- Employment and Poverty:
  The health collaborative being developed by our partner Community Solutions in the North End of Hartford will serve as the leader for this work.

- Sexual Activity:
  The City of Hartford has a strong program in this area and this issue was rated as a low priority in our Community Conversation.

- Air and Water Quality:
  Although these were mentioned by community members as a concern, the City of Harford and its partner agencies are focused on this work.

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 in September of 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 2016 - 2019			
HOSPITAL FACILITY:	SFHMC		
CHNA SIGNIFICANT HEALTH NEED:	Community Safety and Violence		
CHNA REFERENCE PAGE:	P. 23	**PRIORITIZATION #:** 1	

BRIEF DESCRIPTION OF NEED:

Excessive violence, concerns for safety in neighborhoods, and lack of opportunities for diversion.

GOAL:

Create partnerships with four local organizations to increase diversionary options for youth and improve the physical environment to promote safety.

OBJECTIVE:

Work with local community agencies and develop a work group on violence prevention.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Develop a coalition work group focused on violence prevention.
2. Provide monetary support to community agencies.
3. Identify best practices for small cities.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Stronger collaborative relationships.
2. Strengthened community agencies focused on violence prevention.
3. By next survey, increased feelings of safety.

PLAN TO EVALUATE THE IMPACT:

DataHaven Survey – Comparison of 2019 and 2016.
Community Conversations

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

Coalition Leadership
Monetary Support of Partners.

COLLABORATIVE PARTNERS:

Hartford Communities That Care
Community Solutions
Peace Builders

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016 - 2019			
HOSPITAL FACILITY:	SFHMC		
CHNA SIGNIFICANT HEALTH NEED:	Family and Social Support (Healthy Behaviors - Diet & Exercise)		
CHNA REFERENCE PAGE:	20	**PRIORITIZATION #:** 2a	

BRIEF DESCRIPTION OF NEED:

High rates of Obesity, Diabetes and Heart Disease are impacted significantly by behaviors. In Hartford, the Obesity rate is 33% and those impacted by diabetes in a survey completed by the CDRCHE included 68% of participants.

GOAL:
Provide easily accessible programs that focus on healthy eating and active living behaviors that result in positive health changes.

OBJECTIVE:
Engage 120 participants in the first year of the programs and establish and on-going, sustainable process for providing the programs to those residents with the highest need.

Collaborate with the Complete Streets Committee to move forward on changes to the environment that encourage physical activity.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:
Identify appropriate partners to provide the programs in community settings.
Develop a referral system to identify high need patients and provide high quality actionable referrals.
Invest in programs to they can be provide free of charge to patients and residents in need of these support services.

ANTICIPATED IMPACT OF THESE ACTIONS:
Better relationships with program participants.
Increase knowledge and healthy behaviors for those who complete the programs.
Improved long term health outcomes.

PLAN TO EVALUATE THE IMPACT:
Pre and post-test screening of knowledge and behavior.
Development of Patient Advisory Board to support on-going engagement.
In year 3 - Review of health records for up to 10% of program participants.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
Well Being 360 Investment
In-Kind support for data collection and program evaluation.

COLLABORATIVE PARTNERS:
YMCA - Diabetes Prevention Program
Live Well – Diabetes Prevention Program
Cooking Matters – Food Access and Budgeting Program
City of Hartford Complete Streets Committee

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016 - 2019			
HOSPITAL FACILITY:	SFHMC		
CHNA SIGNIFICANT HEALTH NEED:	Family and Social Support (Resources for Tobacco Use)		
CHNA REFERENCE PAGE:	21	**PRIORITIZATION** #: 2b	

BRIEF DESCRIPTION OF NEED:
Tobacco Use in Connecticut is at 16%, well above the Healthy People 2020 goal of 12%. Rates among Connecticut youth are similar to adults, which highlight an opportunity to have an impact on health outcomes.

GOAL:
Make changes to tobacco policy at the state and local level to support tobacco cessation.
Focus on youth smoking rates

OBJECTIVE:
Collaborate with a statewide coalition to encourage tobacco use cessation.
Develop relationships with clinical leaders to improve tobacco screening and referral.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:
Identify local resources for patients and others to access.
Engage youth and others in messaging about tobacco cessation.

ANTICIPATED IMPACT OF THESE ACTIONS:
Change in legislation that makes it harder to market e-cigarettes.
Improved messaging on campus about the prohibition of tobacco products of all kinds including e-cigarettes.
Decreased uptake of smoking among young adults.

PLAN TO EVALUATE THE IMPACT:
Review legislative accomplishments for the past 12 months.
Identify signage changes regarding tobacco free campus.
Examine rates of smoking in young adults.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
Well Being 360 Investment
Changes in campus wide signage

COLLABORATIVE PARTNERS:
MATCH Coalition
Regional Health Ministry Sites: Johnson Memorial; Mount Sinai; Saint Mary's; Mercy Medical Center

CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2016 - 2019

HOSPITAL FACILITY:	SFHMC		
CHNA SIGNIFICANT HEALTH NEED:	Access to Healthcare (Focus on Behavioral Health)		
CHNA REFERENCE PAGE:	23	**PRIORITIZATION #:** 3	

BRIEF DESCRIPTION OF NEED:
Access to behavioral health services is limited for patients on Medicaid and over 40 of survey respondents said they feel down sometimes or often. According to the report, My Brothers Keeper 06120, trauma and behavioral health impact academic performance; criminal behavior; ability to develop trusting relationships; employment and drug use.

GOAL:
Develop and pilot an electronic referral system embedded in the EMR that enables providers to make referrals and monitor follow through.

OBJECTIVE:
Enroll 300 patients in the program and monitor the delivery of support services to those referred.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:
Partner with community agency to develop the project.
Collaborate with home care agencies who provide in home clinical and social support services.
Monitor outcomes of the project to determine feasibility of large scale implementation.

ANTICIPATED IMPACT OF THESE ACTIONS:
Improved satisfaction for patients enrolled in the project.
Decreased need for urgent care services.
Increased stability in patient's lives.

PLAN TO EVALUATE THE IMPACT:
Survey of patient satisfaction.
Monitor use of ED services.
Interview sample of patients about quality of life changes.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
Coordination of project activities in safety net clinics.
Collaboration with partner agencies in meetings; problem solving and monitoring of program outcomes.
Support for grant funding applications.

COLLABORATIVE PARTNERS:
Community Solutions
Ambulatory Care Clinic
Home Care Agency (yet to be identified)
Intercommunity; Wheeler Clinic

Adoption of Implementation Strategy

On 1-20-17 the Mission Committee of the Board of Directors for Saint Francis Hospital & Medical Center met to discuss the 2016-2019 Implementation Strategy for addressing the community health needs identified in the 2016 Community Health Needs Assessment. Upon review, the Mission Committee recommends approval by the full Board of Directors at their next meeting of this Implementation Strategy and the related budget.

Name & Title SVP Mission Integration, Trinity Health - New England

01/25/2017
Date