Community Health Needs Assessment Implementation Strategy
Fiscal years 2017-2019

Mercy Philadelphia Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on May 19, 2016. Mercy Philadelphia 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 [http://www.mercyhealth.org/about/](http://www.mercyhealth.org/about/), or printed copies are available at:

Mercy Philadelphia Hospital
Administrative Office
501 South 54th Street
Philadelphia, PA 19143

Hospital Information and Mission Statement

Founded by the Sisters of Mercy in 1918, Mercy Philadelphia Hospital, located in Philadelphia, Pennsylvania, is a 157-bed acute care teaching hospital serving the West and Southwest Philadelphia communities. The Hospital's mission is characterized by a dedication to the poor and disadvantaged and by providing compassionate care to all patients. Mercy Philadelphia is dedicated to being a transforming, healing presence in the community it services while addressing the diverse health needs of individuals at every stage of life and ensuring quality care is available to every patient regardless of their socioeconomic status. This is the core of Mercy Philadelphia's Catholic identity and mission.

Mercy Philadelphia provides high quality healthcare services, education and outreach. Clinical excellence and patient safety are top priorities at Mercy Philadelphia. The Hospital has been consistently recognized for its achievements in these areas, including the following:

- Designated Primary Stroke Center by the Joint Commission
- Recipient of the Get with the Guidelines Gold Award for Heart Failure
- Recipient of the Gold Plus Award for Stroke Care

Mercy Philadelphia’s comprehensive services include emergency, surgical, cardiac, critical care, oncology, wound care, gastroenterology, mental wellness, physical and occupational rehabilitation, vascular, interventional and diagnostic radiology—including the latest in radiation oncology and diagnostic imaging technology. Its Mercy Cancer Care program is accredited by The American College of Surgeons Commission on Cancer, and is affiliated with the Jefferson Cancer Network. In addition, a partnership with Penn Cardiac Care brings world-class cardiovascular care to the West Philadelphia community.
Mercy Philadelphia's healthcare team has continually demonstrated its commitment to the well-being of the community it serves. Through countless community outreach efforts—free monthly screenings and community health fairs—and alliances with community organizations and leaders, the Hospital impacts the lives of thousands of residents annually.

Mercy Philadelphia Hospital is a member of Mercy Health System, the largest Catholic healthcare system serving the Delaware Valley and is a part of Trinity Health and sponsored by Catholic Health Ministries.

A diverse, integrated system providing comprehensive healthcare services, Mercy Health System supports the Delaware Valley with three (3) acute-care hospitals (Mercy Philadelphia Hospital, Mercy Fitzgerald Hospital and Nazareth Hospital), a home healthcare organization, several wellness and ambulatory centers, physician practices, a federal PACE program and a managed care plan. The vision of Mercy Health System is to be a leading provider of compassionate care and community access to quality health services that improve the health of individuals and communities. To learn more about Mercy Health System, visit http://www.mercyhealth.org.

**Mission**

We, Mercy Health System and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. In fulfilling our mission, we have a special concern for persons who are poor and disadvantaged.

**Health Needs of the Community**

The CHNA conducted in 2016 identified 15 significant health needs within the Mercy Philadelphia community. The community (2015 Population 234,222) for purposes of the needs assessment was defined as the six (6) zip codes where 80% of Mercy Philadelphia’s inpatient admissions derive.

<table>
<thead>
<tr>
<th>Zip code</th>
<th>Post Office</th>
<th>County</th>
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<tbody>
<tr>
<td>19143</td>
<td>Kingsessing</td>
<td>Philadelphia</td>
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<tr>
<td>19139</td>
<td>Sixtieth Street</td>
<td>Philadelphia</td>
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<tr>
<td>19131</td>
<td>West Park</td>
<td>Philadelphia</td>
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<tr>
<td>19142</td>
<td>Paschall</td>
<td>Philadelphia</td>
</tr>
<tr>
<td>19104</td>
<td>Lancaster Ave</td>
<td>Philadelphia</td>
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The 15 significant health needs identified, in order of priority include:

<table>
<thead>
<tr>
<th>Primary Unmet Needs</th>
<th>Target Population</th>
<th>2016 Rationale</th>
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</table>
| First leading cause of death among residents: cancer     | All Residents     | - Cancer is the first leading cause of death, all forms of cancer 222 deaths per 100,000 population.  
- The highest mortality rates occur among those with lung, prostate, and breast cancer  
- One quarter (26%) of women age 50-74 did not receive a mammogram in the past two years.  
- Among adults age 50 and over, about one-third (29%) did not have a colonoscopy in the past ten years.  
- Among women age 21-65, over one in seven (15%) did not have a Pap test in the past three years.  
- About one-half (49%) of men aged 45 years and over did not have a screening for prostate cancer in the past year. |
| Prevalence of high blood pressure, which is a risk factor for heart disease and stroke | All Residents     | - About two in five (39%) adults have been diagnosed with high blood pressure.  
- Heart disease causes 163 deaths per 100,000 population.  
- Stroke is the cause of about 54 deaths per 100,000 population.  |
| Second leading cause of death: heart disease             | All Residents     | - About one in five (19%) adults have been diagnosed with diabetes.  
- Obesity is a contributing factor to heart disease, stroke, and diabetes.  
- About two in five (36%) of adults and the same percentage of children (36%) are obese. This percentage of children is higher than the surrounding counties and region.  
- A similar proportion (34%) of adults are overweight. |
| Third leading cause of death: stroke                     | All Residents     | - About one in five (21%) adults report smoking cigarettes.  
- Mental health has an impact on physical health.  
- Drugs are at the heart of many of these deep and systemic health issues in the community.  
- Many residents, including the homeless, have substance abuse problems.  
- One in seven adults (17%) have been diagnosed with a mental health condition, and over half (52%) are not receiving treatment.  
- The mortality rate for accidental drug overdose in the service area is 3.8 per 1,000, and the suicide rate is 6.8 per 1,000.  
- Community meetings indicated that mental and behavioral health issues are the major consequences of less than ideal social economic environment.  
- Community meetings also reported a culture of prescription drug abuse, and that substance abuse is a health problem that requires attention. |
<table>
<thead>
<tr>
<th>Primary Unmet Needs</th>
<th>Target Population</th>
<th>2016 Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to health care for low income residents, older adults, and the uninsured</td>
<td>• Low Income Residents</td>
<td>• Over one in eight (13%) adults unable to receive needed health care due to cost</td>
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<tr>
<td></td>
<td>• Older Adults</td>
<td>• Over one in seven (15%) adults age 18-64 report they are uninsured.</td>
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<td></td>
<td>• Uninsured</td>
<td>• One in seven (14%) of adults do not have a regular source of care.</td>
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<td>• Almost four in ten (38%) families with children are living in poverty.</td>
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<td>• Community meetings indicated that plans with affordable monthly premiums were not really affordable in terms of copays and deductibles.</td>
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<tr>
<td>Prescription drug coverage for low income and older adults</td>
<td>• Low Income Residents</td>
<td>• One quarter (25%) of adults did not have prescription insurance coverage.</td>
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<tr>
<td></td>
<td>• Older Adults</td>
<td>• One in six (17%) adults reported that they had not filled a needed prescription due to cost.</td>
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<tr>
<td></td>
<td>• Uninsured</td>
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<tr>
<td>Access to health care for immigrants</td>
<td>• Immigrants</td>
<td>• One in ten (9%) adults do not speak English or Spanish.</td>
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<td></td>
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<td>• Mistrust of healthcare system causes individuals to delay seeking care.</td>
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<td>• Health information can be misinterpreted by family members.</td>
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<tr>
<td>Nutrition and healthy food access</td>
<td>• Low Income Residents</td>
<td>• One in five (20%) adults had cut out a meal in the past 30 days due to cost.</td>
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<tr>
<td></td>
<td>• Older Adults</td>
<td>• A large majority of adults (85%) did not eat four or more servings of fruits and vegetables.</td>
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<td>• Available foods at food banks or even local stores are not culturally relevant or appropriate given dietary restrictions.</td>
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<tr>
<td>Access to Dental Care</td>
<td>• Low Income Residents</td>
<td>• 44% of adults in the service area did not visit a dentist in the past year. 21% of children did not have a dental visit.</td>
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<tr>
<td></td>
<td>• Uninsured</td>
<td>• Poor dental health is related to missed school and work days, poor self-esteem, underemployment, and heart disease.</td>
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<tr>
<td>Access to Prenatal and natal care for women and infants</td>
<td>• Low Income Residents</td>
<td>• More than one-half (53%) of women do not receive prenatal care until after the first trimester or not at all. This exceeds the HP 2020 goal of 22.1%.</td>
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<td>• Uninsured</td>
<td>• The infant mortality rate (10) exceeds HP 2020 goal of 6.0.</td>
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<td>• 128 infants/1,000 live births are born at low birth weight, less than 5 lbs. 8 ounces.</td>
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<tr>
<td>Access to care for homeless</td>
<td>• Homeless</td>
<td>• Homeless persons are very difficult to reach with health and social services, and suffer from poorer health than the rest of the population.</td>
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<td>• On January 29, 2015, there were 5,998 homeless persons in Philadelphia.</td>
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<td>• Without photo identification, they do not qualify for Medical Assistance and are not qualified to receive free or low cost healthcare services or behavioral health services at a City Health Center. In addition, there is little assistance in navigating the publicly-funded healthcare system for homeless, particularly for under-insured mentally ill adults.</td>
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</table>
The 15 identified significant health needs were then prioritized. The Mercy Health System Prioritization Workgroup reviewed and prioritized the defined health needs. The priority setting methods utilized to determine the community health needs that Mercy Philadelphia would respond to were (1) the Simplex Method, and (2) the Nominal Group Planning Method.

First, under the Simplex Method each workgroup member prioritized the identified health need by scoring on a scale of 1-5 (5 = high; 1=Low) for each of the six criteria:

- Severity, Magnitude, Urgency
- Feasibility and Effectiveness of Possible Interventions
- Potential Impact on Greatest Number of People
- Importance of Addressing the Need
- Outcomes within three (3) Years are Measurable and Achievable
- Consequences of Inaction

The Workgroup proceeded with the Nominal Group Planning Method where voting and ranking of the needs was determined after exhaustive group discussions. The specific questions considered for each identified priority healthcare need were:

- Does the healthcare need affect a specific vulnerable population?
- Do existing programs exist to address the healthcare need?
- Does Mercy Philadelphia have the capability to address the healthcare need?
- Will the community support intervention to address the healthcare need?
- Will addressing the healthcare need be in alignment with the Mercy Philadelphia mission?

The prioritization process resulted in the identification 12 out of the 15 needs that Mercy Philadelphia will address under three (3) priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Unmet Needs</th>
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</table>
| 1. Improve access to healthcare services for persons who are poor and vulnerable. | - Access to health care for low income residents, older adults, and uninsured.  
- Prescription drug coverage for low income and older adults.  
- Access to health care for immigrants. |
| 2. Improve access to Mental and Behavioral Health Care. | - Access to mental and behavioral health care for residents. |
- Smoking prevention, interventions, and cessation programs.  
Heart Disease Prevention:  
- Prevalence of high blood pressure, which is a risk factor for heart disease and stroke.  
- Second leading cause of death: heart disease.  
- Third leading cause of death: stroke.  
Obesity Control:  
- Higher percentage of overweight and obese children and adults.  
- Cases of diabetes among adult residents.  
- Nutrition and healthy food access. |
Hospital Implementation Strategy

Mercy Philadelphia resources and overall alignment with the Hospital's mission, goals and strategic priorities were taken into consideration with the significant health needs identified through the most recent CHNA process.

**Significant health needs to be addressed**

Mercy Philadelphia will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

1. Improve access to healthcare services for persons who are poor and vulnerable.
   - Detailed Need Specific Implementation Strategy on Page 7
2. Improve access to Mental and Behavioral Health Care.
   - Detailed Need Specific Implementation Strategy on Page 8
3. Improve Chronic Disease Prevention and Management.
   - Detailed Need Specific Implementation Strategy on Page 9

**Significant health needs that will not be addressed**

Mercy Philadelphia 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.

Mercy Philadelphia believes that the following three (3) needs fall more within the purview of other Philadelphia County and community organizations, and limited resources and/or lower priority excluded these needs from those chosen for action:

- Access to Dental Care
- Access to Prenatal and Natal Care for Women and Infants
- Access to Care for Homeless

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 (3) fiscal years ending June 30, 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

<table>
<thead>
<tr>
<th>HOSPITAL FACILITY:</th>
<th>Mercy Philadelphia Hospital</th>
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<tbody>
<tr>
<td>CHNA SIGNIFICANT HEALTH NEED:</td>
<td>Access to healthcare services for persons who are poor and vulnerable</td>
</tr>
<tr>
<td>CHNA REFERENCE PAGE:</td>
<td>49-54, 59-61, 63</td>
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<tr>
<td>PRIORITIZATION #:</td>
<td>1</td>
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BRIEF DESCRIPTION OF NEED: The poor and vulnerable frequently do not access health services because of cost or other social determinants of health.

- Access to health care for low income residents, older adults, and uninsured.
- Prescription drug coverage for low income and older adults.
- Access to health care for immigrants.

GOAL: Improve access to healthcare services for persons who are poor and vulnerable.

OBJECTIVE: Provide resource information on accessing care and improving health through referrals, community partnerships and education.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:
1. Provide multi-language resource information to access care and low cost medication.
2. Partner with appropriate organization to assist eligible population to obtain health insurance.
3. Partner with Mercy Pharmacy to improve access to prescription drugs for eligible population.
4. Partner with Health Promoters to increase primary care services to the immigrant population through the parish nurse programs and local churches.

ANTICIPATED IMPACT OF THESE ACTIONS:
1. Level of acuity will decrease as people will approach healthcare earlier in their disease trajectory because they have and utilize a primary care physician and prescription drug programs.
2. Level of health will be statistically higher as measured by City Department of Health and next CHNA.
3. Increase health insurance referrals by 20% over baseline.
4. Increase access to affordable prescription drugs by 15% over baseline.
5. Increase primary care services reach to the immigrant population by 15% over baseline.

PLAN TO EVALUATE THE IMPACT:
1. Audit baseline data from MAC, HRSI etc. regarding the number/percent of patients who have no insurance coverage by quarters.
2. Audit and evaluate annual data on length of time patients have had health insurance and drug program coverage.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
Monthly meetings with various agencies (HRSI, Health Promoters, MAC, African Diaspora).
Quarterly report to review and assess progress. Staff focus and educational and marketing materials.

COLLABORATIVE PARTNERS:
HRSI, YMCA, Mercy Ambulatory Clinic, Sun Ray Pharmacy, Mercy Pharmacy & PCOM, Mercy Health Promoters
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<th>CHNA IMPLEMENTATION STRATEGY</th>
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<tbody>
<tr>
<td>CHNA SIGNIFICANT HEALTH NEED:</td>
<td>Access to Mental and Behavioral Health Care</td>
</tr>
<tr>
<td>CHNA REFERENCE PAGE:</td>
<td>47, 63</td>
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</table>

**BRIEF DESCRIPTION OF NEED:**
Mental and behavioral healthcare issues impact all residents:
- 17% of adults have been diagnosed with a mental health condition and 52% are not receiving treatment.
- A culture of prescription drug abuse and substance abuse impact the overall health of the community.

**GOAL:** Improve access to Mental and Behavioral Healthcare services.

**OBJECTIVE:** Improve coordination and access of community mental and behavioral health services through partnerships/collaborations.

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:**
1. Coordinate with CRC services to provide easy access and efficacy of resources.
2. Comprehensive education and resource information will be provided in the community.
3. Contract with Horizon signed and strategic plan developed.
4. Participate in ten (10) monthly meetings to develop and coordinate strategies to increase access to and quality of services.
5. Participate in four (4) scheduled community events.

**ANTICIPATED IMPACT OF THESE ACTIONS:**
1. Decrease of 5% over three (3) years from 52% baseline of those not able to receive treatment as measured by the annual audit of patients identified and able to receive services.
2. Persons who access mental and behavioral health services will report an increased ease in accessing services.
3. Cooperating agencies will report the increased cooperation and quality improvement of services.
4. Quarterly reports maintained on education, resources and referral data will be presented and assessed.

**PLAN TO EVALUATE THE IMPACT:**
1. Audit and evaluate impact of actions annually based on quantifiable outcomes data on patient referrals and patients receiving mental and behavioral health services.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**
Staff leadership and participation; preparation of educational resources and programs.

**COLLABORATIVE PARTNERS:**
Horizon Behavioral Health, Crisis Resource Centers (CRC) within Philadelphia, community and religious organizations in Philadelphia.
# CHNA IMPLEMENTATION STRATEGY
## FISCAL YEARS 2017-2019

<table>
<thead>
<tr>
<th>HOSPITAL FACILITY:</th>
<th>Mercy Philadelphia Hospital</th>
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<tbody>
<tr>
<td>CHNA SIGNIFICANT HEALTH NEED:</td>
<td>Chronic Disease Prevention and Management</td>
</tr>
<tr>
<td>CHNA REFERENCE PAGE:</td>
<td>54-58, 62</td>
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</tbody>
</table>

### BRIEF DESCRIPTION OF NEED:
Early detection and education can improve the survival rate for cancer and heart disease. And, smoking prevention and obesity control will also improve the prevention of chronic disease.

- **First leading cause of death among residents: cancer.**
- **Smoking prevention, interventions, and cessation programs.**
- **Heart Disease Prevention:**
  - Prevalence of high blood pressure, which is a risk factor for heart disease and stroke.
  - Second leading cause of death: heart disease.
  - Third leading cause of death: stroke.
- **Obesity Control:**
  - Higher percentage of overweight and obese children and adults.
  - Cases of diabetes among adult residents.
  - Nutrition and healthy food access.

### GOAL:
Improve Chronic Disease Prevention and Management.

### OBJECTIVE:
Promote and educate on early detection for cancer and heart disease and its contributing factors.

### ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:
1. Provide and increase Low Dose CT Lung Cancer screening and education.
2. Provide and increase colorectal cancer screening and education.
3. Increase the number of patients identified for intervention and referred for smoking cessation.
4. Reduce health risk by providing nutrition education & promoting healthy habits.
5. Provide evidence-based diabetes education classes.
6. Develop CDC-based Diabetes Prevention programing.
7. Develop collaborative programming with community based partners.
8. Provide evidence-based Smoking Cessation Program.

### ANTICIPATED IMPACT OF THESE ACTIONS:
1. Colorectal Screening - Baseline: 52% of MPN patients screened for Year 1 Goal: Increase to 58% of MPN patients screened increasing to 80% in Year 3.
2. Low Dose CT Screening for Lung Cancer - Year 1 Goal: 5% increase up to 34 patients screened and a 5% increase in each subsequent year.
3. Smoking prevention, interventions, and cessation programs - 5% increase in referrals to smoking cessation over baseline number and 5% increase in each subsequent year.
4. Through partnership with YMCA explore low cost memberships for our combined programs
5. Improve A1C results for participants with diabetes.
6. Established a fully developed CDC-based Diabetes Prevention Program.

### PLAN TO EVALUATE THE IMPACT:
1. Audit and evaluate impact of actions annually based on quantifiable outcomes data on the number of participants receiving smoking referrals, colorectal screenings, low dose CT lung cancer screenings, and improvement of A1C results for participants with diabetes.
2. Established reporting cycle.

### PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
Staff leadership and participation; educational and program resources

### COLLABORATIVE PARTNERS:
Mercy Physician Network (MPN), Mercy Catholic Medical Center (MCMC = Mercy Fitzgerald & Mercy Philadelphia Hospitals) Staff, and YMCA
Adoption of Implementation Strategy

On September 22, 2016, the Board of Directors for Mercy Catholic Medical Center (Mercy Philadelphia Hospital and Mercy Fitzgerald Hospital), met to discuss the 2017-2019 Mercy Philadelphia Implementation Strategy for addressing the community health needs identified in the 2016 Mercy Philadelphia Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

Susan Cusack, Executive Director ___________________________ 9/22/2016
Name & Title ___________________________ Date