Englewood Health

Community Health Needs Assessment Implementation Plan

2023 – 2025

ENGLEWOOD
HEALTH

Englewood Health, one of New Jersey's leading hospitals and healthcare networks, delivers nationally recognized inpatient and outpatient care through its hospital and network of physician practices, urgent care centers, and imaging centers.

Englewood Hospital, founded in 1890, consistently earns high marks for clinical excellence and patient safety. It is recognized as a 2022-23 Best Regional Hospital by US News & World Report, holds the Leapfrog Hospital Safety Grade 'A' (spring 2022), and was named a Leapfrog Top Teaching Hospital (2022). Englewood Hospital is nationally recognized for nursing excellence, earning a fifth consecutive designation by the Magnet Recognition Program in 2021.

The Englewood Health Physician Network—a coordinated network of more than 600 office-based and hospital-based providers—offers primary care, specialty care, and urgent care at more than 140 locations in five counties across northern New Jersey.

CHNA Background

In alignment with the Affordable Care Act (ACA), the Internal Revenue Service (IRS) and applicable federal requirements for not-for-profit hospitals, Englewood Health completed a comprehensive Community Health Needs Assessment (CHNA) to be adopted by the Englewood Health Board of Trustees on February 23, 2023.

The Englewood Health 2022 CHNA was conducted by Professional Research Consultants, Inc. (PRC) for Englewood Health. While a specific CHNA was created for Englewood Health and its specific service area, Englewood Health's CHNA was conducted as part of the Community Health Improvement Partnership of Bergen County, a collaboration of all of the hospitals and the County Health Department 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 including focus groups, key informant interviews, as well as a review of secondary data including vital statistics and other existing health indicators). The complete CHNA report can be found on the Englewood Health website Englewood Health CHNA.

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 learned about inequities in opportunity, access, education, and trust revealed by COVID-19 were also taken into consideration.

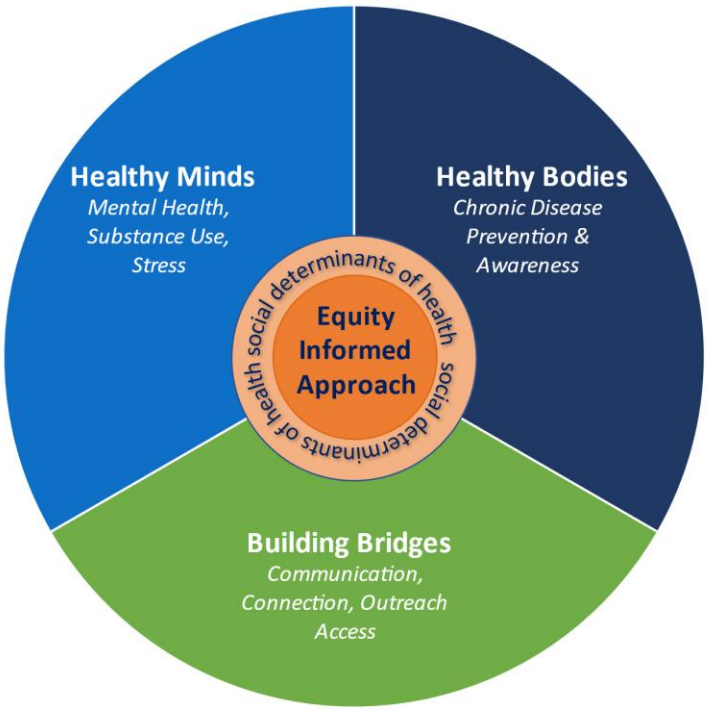
Determining Community Health Priorities

In reviewing the data from the 2022 CHNA, it is evident that the priorities previously identified in the 2019 assessment continue to be pressing needs, but are now further complicated by the impact of the COVID-19 pandemic. Existing inequities in opportunity, access, and education were exacerbated by the pandemic. The inequities highlighted by the pandemic elevated health equity as a lens to be prioritized and more closely addressed in the 2022-2025 planning effort.

As part of the Community Health Improvement Partnership of Bergen County collaborative 2022 CHNA process, on October 19, 2022, Englewood Health and its partners conducted a virtual community forum with hospital representatives and key community stakeholders. During the forum, an overview of the CHNA findings was shared, followed by breakout groups to discuss and determine 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 the social determinants of health (SDoH) have an impact on every identified area and should be incorporated throughout the complete strategic framework.

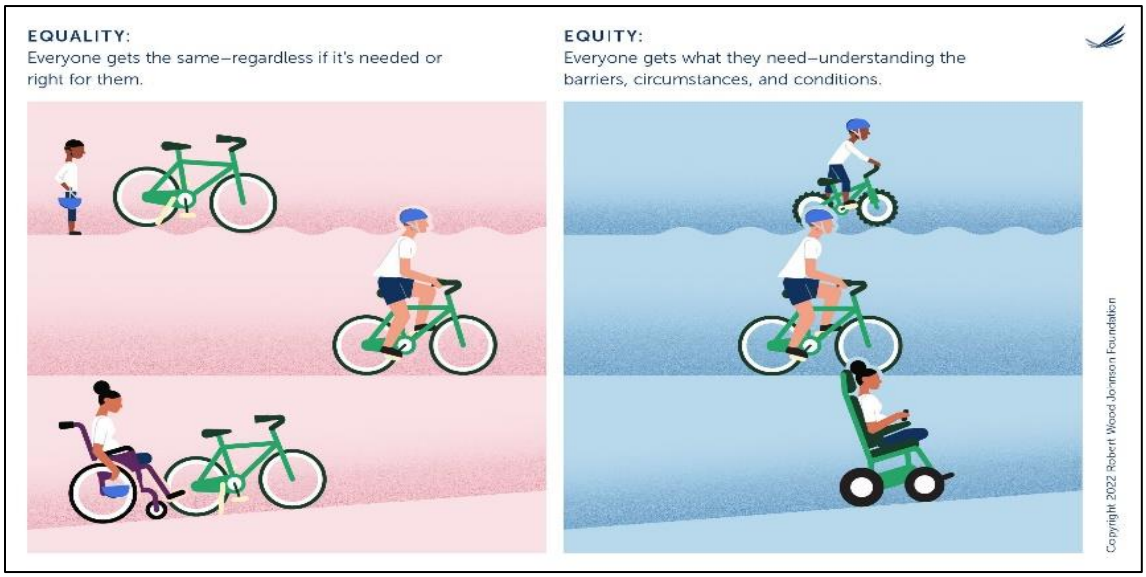
There was overwhelming support for the strategy, and ultimately participants endorsed the priority areas for 2023-2025 as **Healthy Minds, Healthy Bodies, Building Bridges.**

2023 Prioritized Health Needs Summary



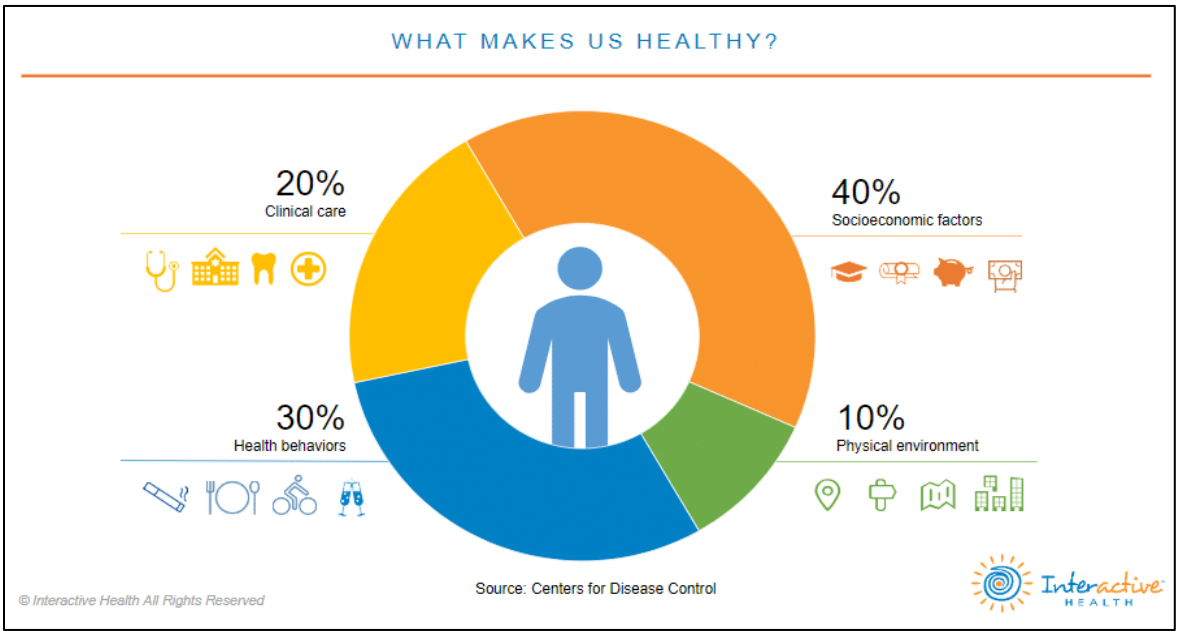
Connection Between Our Communities and Our Health

By focusing on removing barriers and creating vital resource connections, we can work towards building communities where all people have access to choices and tools to live their healthiest lives. One step in this process of advancing health equity is to identify and address disparities in the social determinants of health.



Social Determinants of Health

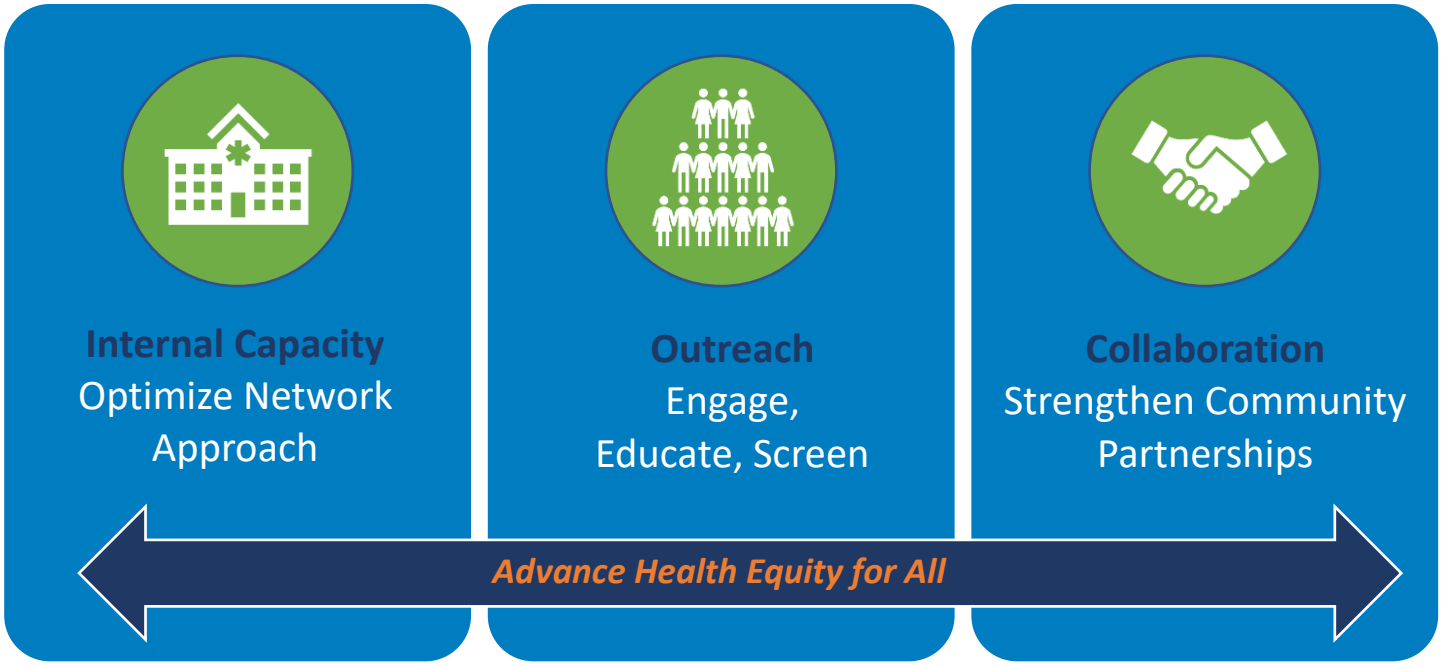
Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health and quality of life outcomes. SDoH are grouped into five domains that include factors such as access to: health care, safe neighborhoods, transportation options, nutritious food, and quality education. The quality and availability of these elements impact the array of healthy living choices, which 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.



Englewood Health Implementation Plan

The intent of our Implementation Plan is to respond to our community needs and expectations with an implementation plan that can be effectively executed leveraging hospital and network resources, as well as community partners.

The Implementation Plan is an iterative plan and should be modified as internal and external factors change, including emerging needs, availability of resources, partnerships, and policies. An implementation plan should build on and leverage prior success while simultaneously adjusting strategies and actions as obstacles are encountered. The following graphic depicts Englewood Health's programmatic strategies and interventions, which guided the development of the Implementation Plan.



Key Findings from the 2022 CHNA

	Asian	Black AA	Latinx	White	LGBTQ+	Very Low Inc.	Low Inc.	Mid/ High Inc.	Service Area	Bergen County	NJ	US
"Seldom/Never" understand WRITTEN health information	10%	23%	11%	9%	17%	15%	14%	11%	12%	13%		13%
"Seldom/Never" understand SPOKEN health information	6%	15%	12%	10%	12%	22%	19%	7%	11%	9%		11%
Wellness and Prevention: Access												
No health insurance (age 18-64)	8%	7%	12%	4%	8%	14%	14%	5%	8%	6%	14%	9%
Difficulty/delays accessing health care in past year	57%	47%	59%	48%	69%	49%	60%	52%	53%	52%		35%
No routine checkup in past year	35%	29%	32%	27%	33%	41%	36%	26%	29%	29%	26%	29%
Couldn't fill a prescription in past year due to cost	17%	22%	22%	10%	27%	25%	31%	13%	16%	14%		13%
Did not have Pap Smear in past 2 years [Women 21-65]	46%	37%	21%	19%	39%	25%	43%	20%	25%	24%	20%	26%
Wellness and Prevention: Nutrition and Exercise												
Overweight or obese (BMI > 25.0)	43%	69%	69%	60%	50%	48%	68%	62%	62%	61%	65%	61%
Did Not Meet physical activity recommendations	70%	80%	75%	74%	75%	83%	79%	70%	74%	71%	82%	81%
Food insecure	37%	56%	58%	26%	55%	77%	73%	26%	41%	29%		34%
Difficult to find fresh produce	18%	24%	34%	20%	28%	34%	39%	20%	25%	22%		21%
Chronic and Complex Conditions												
Ever told they have high blood pressure	38%	32%	32%	43%	26%	30%	28%	43%	38%	38%	33%	37%
Ever had diabetes	7%	14%	11%	13%	8%	17%	14%	10%	12%	11%	10%	14%
Ever had borderline/pre-diabetes	22%	27%	20%	15%	14%	19%	16%	19%	18%	16%		10%
Currently has asthma	10%	13%	18%	11%	17%	11%	15%	14%	14%	11%	9%	13%
[Child] Currently has asthma	13%	3%	9%	7%	21%	5%	5%	11%	9%	10%		8%
Behavioral Health												
Chronic depression	40%	46%	51%	32%	64%	51%	51%	38%	40%	38%		30%
Unable to get MH services in past year	15%	7%	14%	8%	26%	20%	14%	9%	11%	10%		8%
Adults who smoke cigarettes									11%	12%	11%	17%
Adults who use vaping products	11%	4%	9%	8%	17%	9%	6%	9%	9%	8%	5%	9%
Adults heavy/binge drinking	15%	23%	18%	21%	23%	24%	20%	22%	21%	21%	18%	27%
Life negatively affected by own or someone else's substance use	30%	33%	36%	34%	55%	36%	45%	35%	35%	35%		36%
Adults who use THC products	17%	30%	17%	15%	29%	16%	22%	19%	19%	18%		

Gray boxes represent indicators from PRC Bergen County 2022 Random Household Community Health Survey

[1]US Census Bureau, 2015-2019; [2]CDC WONDER Online Query System, 2018-2020; [3]University of Wisconsin Population Health Institute County Health Rankings, 2021

Priority Areas:

The 2022 CHNA for Englewood Health identified key contributing factors that helped shape the Englewood Health priority areas (listed in the CHNA as areas of opportunity for improvement). The key factors were identified because they were worse than the national benchmark, the magnitude of the number of people impacted was significant, key informants identified the issue as very important, or a combination of all of these criteria.

Priority Area: Healthy Minds

Key factors:

- "Fair/Poor" Mental Health
- Diagnosed Depression
- Symptoms of Chronic Depression
- Stress
- 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
- Personally Impacted by Substance Abuse (Self or Others)
- Key Informants: Substance Abuse rated as a top concern

Goal: Increase access to mental and behavioral health supports at the appropriate level of care for all people.

Objectives

1. Expand access to behavioral health information, services, education, resources, and screenings with an emphasis on vulnerable and priority populations (multiple languages)
2. Expand behavioral health partnerships with outside organizations to further meet patient and community needs
3. Continue to promote efforts to reduce BH stigma
4. Recruit, retain and promote diverse behavioral health staff

Strategies

- Expand screening opportunities for patients and community and increase connection to resources
- Expand emotional wellness awareness education and programs including skill building and healthy habits
- Provide behavioral health and disease specific emotional wellness groups for patients/ community and their families
- Collaborate with local and regional partners to provide education, information and connection to resources for behavioral health issues
- Continue to support education and resources that address substance misuse among patients and the community at large
- Continue to provide staff training and development on hiring with a focus on culture and diversity

Priority Area: Healthy Bodies

Key factors:

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

Goal: Increase availability, coordination, and connection to healthy living services and resources for all people.

Objectives

1. Provide education and interventions regarding wellness, health promotion, prevention efforts, risk factors, and healthy behaviors
2. Provide programs that promote education and awareness of chronic and complex conditions
3. Expand care delivery to increase access to care for diverse and vulnerable populations
4. Support public health departments in local prevention and emergency initiatives

Strategies

- Increase participation in best practices food and healthy living programs among diverse and vulnerable populations
- Implement programs and events with local and regional collaboratives that address issues related to wellness, prevention, and risk factors
- Expand programs and policies that screen for and address SDOH (with a focus on nutrition and food security)
- Conduct screenings for chronic disease risk factors (e.g., cancer, high blood pressure, cholesterol, BMI) and provide referrals to appropriate treatment or services
- Provide linkage to care, with increased access to providers and navigation within physician network
- Continue to expand partnerships with external organizations to enhance care delivery to populations currently experiencing gaps in care

Priority Area: Building Bridges

Key factors:

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

Goal: Increase equitable access to the resources needed to prevent, screen and treat disease.

Objectives

1. Expand resources, tools and navigation services that remove barriers to care (language, age/transportation)
2. Implement local and regional efforts to address social determinants of health and access to care issues
3. Enhance Englewood Hospital competency / health equity commitment to patients and community and increase communication on this topic

Strategies

- Promote better awareness of health care access opportunities, affordable transportation options and execute communication in a culturally informed approach
- Increase screening for Social Determinants of Health
- Facilitate ease of referral access and increase connections between partner agencies
- Make appropriate referrals to community-based resources
- Continue to expand opportunities for collaborative action with diverse community partners
- Strengthen cultural competency training for team members and physicians

*Key Factors Englewood Health Defers to Community Leadership

Englewood Health acknowledges the wide range of issues that emerged from the CHNA process and determined it could effectively focus on those health needs which are the most pressing, under-addressed, and within its ability to influence. Englewood Health will continue to lead efforts in support of the prioritized needs related to Healthy Minds, Healthy Bodies, and Building Bridges. Englewood Health 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, Injury and Violence, Oral Health, Cost of Prescriptions, and Housing Conditions. Englewood Health remains open and willing to explore opportunities and partnerships across our service area to address 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 Englewood Health priorities.

New Jersey State Health Improvement Plan Priorities	Englewood Health 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**	Increase access to mental and behavioral health supports at the appropriate level of care.
Nutrition, Physical Activity and Chronic Disease	**Healthy Bodies**	Increase availability, coordination and connection to healthy living services and resources for all.
Immunizations		
Birth Outcomes		
Alignment of State and Local Health Improvement Planning	**Building Bridges**	Increase equitable access to the resources needed to prevent, screen and treat disease.

Next Steps

Community health improvement requires collaboration among community-based organizations, policy makers, funders, and many other partners. Englewood Health's Improvement Plan is an active document, designed to serve as a guide to coordinate community resources, and to measure progress. Englewood Health invites opportunities for partnership and collaboration as we seek to advance health equity for all. For more information about Englewood Health's Implementation Plan and community benefit activities, or to get involved, please visit our website at www.englewoodhealth.org/CHNA.

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.

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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.