



Johnson Memorial Hospital CHNA Implementation Strategy Fiscal Years 2019-2021

Johnson Memorial Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was approved on 9-26-19 in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment took into account a comprehensive secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data including input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at <http://www.jmmc.com/documents/NewEngland/2019-Johnson-CHNA.pdf>,

Printed copies are available from:
Department of Community Health and Well Being at Trinity Health Of New England
140 Woodland St.
Hartford, CT 06105.
860-714-5770

Hospital Information

Johnson Memorial Hospital is a 92-bed hospital located in Stafford Springs, Connecticut that has been an anchor institution in north central Connecticut for 107 years. The Hospital moved from its original location on East Street in Stafford Springs to its present location on Chestnut Hill Road in 1975. During the 1980s, few health care organizations throughout the United States were branching out by creating subsidiaries, and Johnson Memorial Medical Center (JMMC) - known then as Johnson Memorial Corporation - was one of the first to bring this type of business structure to Connecticut. Early in the decade, Johnson Health Care, Johnson Development Fund and Wellcare joined Johnson Memorial Hospital under the Johnson Memorial Corporation umbrella. Soon after, the organization opened Connecticut's first free-standing, hospital-affiliated outpatient surgery center, Johnson Surgery Center. In the intervening years, Johnson has continued expanding services to meet the community's needs. In July of 2012, JMMC and Saint Francis Care signed an Affiliation Agreement, resulting in a mutually beneficial relationship that has provided the community with a sustainable, high quality healthcare resource. As a result, JMMC has experienced improved operations by all measures of financial performance.

In 2016, Johnson Memorial Hospital and the other Johnson entities became part of Trinity Health of New England, an integrated health care delivery system that is a member of Trinity Health, Livonia, MI, one of the largest multi-institutional Catholic health care delivery systems in the nation. Today, Johnson Memorial Hospital, Johnson Health Care at Home & Community Health Services provide a continuum of health care services to those living and working in north central Connecticut and western Massachusetts.

While Johnson Memorial Hospital strives to honor the legacy of the Hospital's founders, Cyril and Julia C. Johnson, through its mission of compassionate care, the hospital is hardly focused on the past. Johnson Memorial Hospital is continually looking ahead to anticipate better ways to deliver care in a rapidly changing environment. The result is a patient-centered model of care designed to produce a patient experience of the highest measurable quality for the communities the hospital serves. The resources and benefits available to Johnson Memorial Hospital as a result of the acquisition have positioned the hospital to respond nimbly to the changes in health care that the future will inevitably bring.

Geographic Area Served

The Johnson Memorial Hospital service area covers 320 square miles across 14 U.S. Census zip codes in 9 Connecticut municipalities. The area includes the municipalities of Ashford, East Windsor, Ellington, Enfield, Somers, Stafford, Tolland, Union, and Willington. The service area for this CHNA matches the service area defined for Johnson Memorial Hospital by the State of Connecticut. The State defines hospital service area as the area containing 75% of a hospital's patient population.

Population Served & Population Demographics

Johnson Memorial Hospital's service area is home to an estimated population of 121,117 residents. At 377 persons per square mile, the area is more densely populated than the national average of 91 persons per square mile, but less than the State population density of 742 persons per square mile. The population densities of Hartford, Tolland, and Windham counties are 1,221, 369, and 228 persons per square mile, respectively.

Race and Ethnicity: The population is mostly white (88%), followed by Black/African American (5%), and Asian (3%). Smaller portions of the population are multiple races (3%), uncategorized race (1.6%), Native American. 6% of the population is of Hispanic/Latino ethnicity. This makes the Johnson service area less diverse than the State as a whole (CT Total 77% white, and 15% Hispanic/Latino).

Sex: 52% of the service area is male and 48% is female, compared to the State at 49% and 51% respectively. The slight majority of females at the State level reflects a typical difference associated with longer female life expectancy. The service area ratio with a slight majority of males suggests a factor may be causing males to enter the area or females to leave the area. The difference may be linked to employment opportunities, perceptions about the area for raising children, or other factors.

Age: 20% of the service area is younger than 18 years old and 15% is over 64 years of age, comparable to the state at 21% and 16% respectively. Both reflect an aging population when compared to 2016 values.

Education: The service area has a lower rate of higher education with only 33% of residents age 25+ having a bachelor's degree or higher, compared to 38.43% for the State. However, there are higher school graduates with 93% of residents having a high school diploma or higher, compared to 90% for the State.

Income: Median household income is not specifically available for the service area. The closest geographic availability is at the county level. Tolland County has a median household income of \$81,312, higher than the State level of \$73,781.

Unemployment: Unemployment is lower in the service area at 3.1% compared to 3.3% for the State.

Mission

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

Our 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 good, 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.

Health Needs of the Community

The CHNA conducted in the fall of 2019 identified the significant health needs within the Johnson Memorial Hospital community. Those needs were then prioritized based on size (number of persons affected), seriousness (degree to which the problem leads to death or other serious health issues), trends (is problem getting better or worse over time), feasibility

(ability of organization combat the problem given available resources), if the outcomes are measurable and achievable within the next 3 years, and consequences of inaction (risks associated with exacerbation of problem if not addressed). The significant health needs identified, in order of priority include:

1) Substance Abuse/Mental Health	<ul style="list-style-type: none"> – The CT 2017 overdose death rate was 42% higher than the 2017 national rate. – Residents reported binge drinking in previous 30 days 12% higher than the State. – Residents reported higher rates of symptoms associated with depression
2) Aging Population & Isolation	<ul style="list-style-type: none"> – The service area has an aging population. – Families of the elderly leave the area, and do not care for them. – Reliable transport is more inaccessible in the service area than for the State.
3) Homelessness	<ul style="list-style-type: none"> – Key informants reported homeless living in camps or out of their cars. – Homelessness is common among substance abuse and mental health patients.
4) Smoking/Vaping	<ul style="list-style-type: none"> – Residents reported e-cigarette use 5% higher than the State. – E-Cigarette users may become smokers later in life. – The rate of smokers has remained relatively unchanged over last 10 years.
5) Obesity	<ul style="list-style-type: none"> – The rate of obesity and overweight 3% higher in the service area than State. – Residents reported not exercising at all 4% higher than the State.

Hospital Implementation Strategy

Johnson Memorial Hospital’s resources and overall alignment with the hospital’s mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

Significant health needs to be addressed

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

- **Substance Abuse/Mental Health** – page 19 and 20
- **Obesity** – page 16 and 17

Significant health needs that will not be addressed

Johnson Memorial Hospital 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. Johnson Memorial Hospital will not take action on the following health needs:

- **Smoking/Vaping** – Johnson Memorial Hospital does not plan to directly address this particular need because Trinity Health of New England will address the health need through regional health ministry resources. Trinity Health of New England will collaborate with the Connecticut Hospitals Association and the MATCH Coalition to advocate for legislation banning flavored E-Cigarette products.
- **Homelessness** – Johnson Memorial Hospital does not plan to directly address this particular need because the Substance abuse and Mental Health: Community Care Team (CCT) implementation strategy includes care coordination for homeless patients. Rural homelessness is a complicated problem that is not well understood. During the next 3 years staff will work to better define the problem, and explore potential models for addressing this prioritized health need.
- **Aging Population and Isolation** – Johnson Memorial Hospital does not plan to directly address this need as other agencies are focused on this issue. Resources that the hospital has that impact this need will be leveraged with community partners as feasible.

This implementation strategy specifies community health needs that the hospital has determined to address 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 these three years, 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 2019-2021

Hospital Facility:	Johnson Memorial Hospital		
CHNA Significant Health Need:	Substance Abuse and Mental Health: Community Care Team (CCT)		
CHNA reference page:	19 & 21	Prioritization #:	1

Brief description of need:

- The CT 2017 overdose death rate was 42% higher than the 2017 national rate.
- Residents reported binge drinking in previous 30 days 12% higher than the State.
- Residents reported higher rates of symptoms associated with depression

Goal:

Improve health outcomes for patients with complex care needs. These patients frequently utilize the emergency department, and are typically homeless patients with substance abuse and/or mental health challenges.

SMART Objective(s):

By 2022, form a the Community Care Team (CCT) with social service organizations that will provide services to patients with complex care needs after discharge and increase capacity to serve 15 patients with mental health and substance abuse needs.

Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Assign a staff member to act as a CCT program coordinator.	X			hospital staff, Community Health and Well Being Department budget, patient services resources	In-kind staff time, resources and services from community partners	CHR, River East, ECHN, Amplified, Town of Stafford employees, including Lt. Duncan and First Selectman Mary Mitta, Beacon Health Options. Other partners may be added to this preliminary list.
Identify a team of professionals and social service organizations to form the Community Care Team.	X					
Create a charter defining the CCTs mission, values & goals.	X					
Develop CCT operational infrastructure including a memorandum of understanding, release of information form, establish data/performance metrics.		X				
Maintain a list of patients that participate in the CCT, and document care coordination efforts.		X				
Complete an Internal Review Board (IRB) Exempt application.			X			
Evaluate program performance utilizing care coordination data, and			X			

Electronic Medical Record (EMR) data.						
---------------------------------------	--	--	--	--	--	--

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Improved communication between the hospital and social service organizations.	Health information constrained to clinical setting	Release of information form permitted sharing of health information
A formalized care coordination and case conferencing team.	No care coordination and case conferencing team	CCT Program established
Adequate patient support after discharge.	Frequent ED utilization	Reduced frequent ED Utilization among CCT participants by 10%.
Reliable data/evaluation infrastructure.	CCT not established, no participant data available	CCT participant data tracked

Plan to evaluate the impact:

- The CCT program coordinator will monitor project milestone completion.
- The CCT will document care coordination efforts, the number of patients that participate in the CCT program, and anecdotal evidence.
- THOfNE staff will examine CCT participant EMR data for improvements in performance metrics selected by the CCT.
- THOfNE may conduct a more sophisticated statistical evaluation dependent on available data.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2021

Hospital Facility:	Johnson Memorial Hospital		
CHNA Significant Health Need:	Obesity		
CHNA Reference Page:	16 & 17	Prioritization #:	5

Brief description of need:

- 31% of patients in the Johnson Memorial Hospital service area are obese and an additional 37% are overweight.

Goal: Reduce obesity prevalence in the Jonson Memorial Hospital service area.

SMART Objective(s):

Increase the physical activity level and consumption of fruit & vegetables among community participants by 18% while reducing their soda consumption by 25% during each of the three challenge periods up to January 2021.

Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Ensure that that community is able to access community based services by offering a fully integrated program website that includes health information, capability to answer program questions and the opportunity to sign up for numerous health classes and events	X	X	X	Hospital staff, New England 61 Day Challenge budget and administrative support	In-kind staff time, resources and services from community partners	Pioneer Valley Planning Commission, Public Health Institute of Western Massachusetts, Big Y Grocery/Pharmacy, Hartford Athletic soccer team, Springfield Thunderbirds hockey team, Fox 61 News, University of Connecticut, Sodexo, Springfield Food Policy Council, Square One, Urban League of Springfield, Way Finders, MLK Family Services
Comprehensive Daily and Weekly Health tips email and social media campaign along with video presentations for the community partners and the local news media	X	X	X			
Expand the availability of community based services by offering Nutrition program sessions, Exercise and Stress management classes, Diabetes - Cooking, Education & Management sessions, Walking Groups and Wellness Outreach days	X	X	X			

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Physical Activity (CDC) – Physical Inactivity data	Baseline to be determined at the start of the challenge.	Cohort at least 18% better than CHNA baseline
Behavioral Risk Factor Surveillance System (BRFSS) – Fruit/Vegetable Consumption data	Baseline to be determined at the start of the challenge.	Cohort at least 18% better than CHNA baseline
Nielsen & Bureau of Labor Consumer Expenditure Survey – Soda Expenditures data	Baseline to be determined at the start of the challenge.	Cohort at least 25% better than CHNA baseline

Adoption of Implementation Strategy

Adoption of Implementation Strategy

On January 31, 2020, the 2019-2021 Implementation Strategy for addressing the community health needs identified in the 2019 Community Health Needs Assessment was approved by the authorized body of Trinity Health of New England.


Carlos Brown (Feb 3, 2020)

Carlos Brown
Regional Vice President, Community Health and Well Being

Feb 3, 2020

Date