Hackensack Meridian *Health*

MOUNTAINSIDE MEDICAL CENTER

2020-2022 EVALUATION OF IMPACT REPORT

Background

In 2019, Hackensack Meridian *Health* Mountainside Medical Center completed a Community Health Needs Assessment (CHNA) and developed a supporting Community Health Implementation Plan (CHIP) to address identified health priorities. The strategies implemented to address the health priorities reflect Hackensack Meridian *Health's* mission and commitment to improving the health and well-being of the community.

Guided by the findings from the 2019 CHNA and input from key community stakeholders, Hackensack Meridian *Health* leadership identified the following priorities to be addressed by the CHIP:

- Behavioral Health (Mental Health & Substance Abuse)
- Chronic & Complex Conditions
- Wellness & Prevention (Risk Factors)
- Social Determinants of Health & Access to Care

The arrival of COVID-19 shortly after the approval of the CHNA and CHIP shifted the priorities of our community and the world. We swiftly adapted to enact measures to keep staff and patients safe, ensure continuity of care, integrate new technologies and strategies to adjust to the new environment and leverage partnerships to meet emerging needs. The following sections outline our work to impact the priority health needs and respond to COVID-19 in our area.

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Behavioral Health

Goal : A community where all residents have access to high quality behavioral health care, and experience mental wellness and recovery	
Objective	**Key Accomplishments / Highlights**
Support efforts to reduce stigma associated with mental health and substance use issues	● **22** behavioral health related social media posts, HealthU articles, podcast episodes, etc. aimed at raising awareness and reducing the stigma associated with mental health and substance use issues ○ **1,761** engagements on behavioral health social media posts, HealthU articles, podcast episodes
Continue to provide community education and awareness of substance use/misuse and healthy mental, emotional, and social health	● **17** behavioral health lectures offered to community members *Topics include: depression, coping with stress, mindfulness, and much more* ○ **392** community members educated
	● **1** program offered that aimed to reduce older adult depression and isolation in community-based settings ○ **6** older adults engaged
Continue to conduct universal mental health and substance use screening in patient-care and community-based settings	● **466** patients screened for suicide risk via PHQ-9 MH screening tool who were referred for follow-up
	● **2** school-based vaping education programs offered ○ **527** students educated on the facts about e-cigarettes and vaping, the risks and dangers, as well as available resources
	● **38** mental health and substance use support groups offered for those with or recovering from mental health or substance use and their family/friends/caregivers ○ **239** patients, family members and caregivers supported
	● **420** patients notified about the Drug Take Back program
Strengthen existing – and explore new – community partnerships to address mental health and substance use	● Participated in **30** local and regional health coalitions and task forces to promote collaboration, share knowledge, and coordinate community health improvement efforts around behavioral health issues

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Chronic & Complex Conditions

Goal: All residents will have access to chronic disease education, screening, and management services to achieve an optimal state of wellness	
Objective	**Key Accomplishments / Highlights**
Continue to screen adults for chronic and complex conditions and risk factors in community-based settings, and refer those at-risk to appropriate services	● **2,185** free preventive health screenings provided in clinical and non-clinical settings through wellness fairs or stand-alone screening events *Screenings provided include: Blood pressure, Bone density, Breast exam, Colorectal, Glucose, HDL, Hearing, Memory, PSA, Pulse, Skin, Stroke Risk, Total Cholesterol, Cancer.* ○ **662** abnormal results detected. Individuals were referred for follow up ● **207** CT calcium score screenings provided at a reduced price
Continue to support community education and awareness of chronic and complex conditions	● **173** health education lectures provided by physicians and health care providers that focus on chronic and complex conditions ○ **4,506** community members educated
	● **3** programs offered through faith-based outreach that focus on engaging diverse communities ● **262** individuals educated
	● **2** septicemia educational programs offered to the community ○ **288** community members educated on sepsis prevention, identification, and treatment
	● **12** chronic disease self-management programs offered to community members ○ **117** community members trained in disease self-management
	● **72** support groups offered for chronic & complex conditions ○ **490** patients, family members and caregivers attended
	● Participated in **50** local and regional coalition and task force meetings to promote collaboration, knowledge, and coordinate community health improvement activities related to chronic and complex conditions

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Wellness & Prevention (Risk Factors)

Goal: All residents will have the tools and resources to recognize and address risk factors that impact health and wellbeing	
Objective	**Key Accomplishments / Highlights**
Continue to provide education and counseling regarding wellness, health promotion, risk factors, and healthy behaviors	● **70** Body Mass Index (BMI) assessments provided to community members ○ **52** abnormal results detected. Individuals received counseling and were referred for follow up care
	● **51** wellness and prevention lectures by physicians and health care providers offered to community members *Topics include trauma & injury prevention, balance, healthy eating, exercise, and much more* ● **888** community members educated on prevention and wellness ● **29** wellness and prevention lectures offered to children and teens *Topics include: trauma & injury prevention, self-esteem, safe babysitting and much more* ○ **499** children and teens educated through wellness and prevention programs
	● **5** Fitness-focused events offered to community members ○ **434** community members engaged in fitness-focused events
	● **4** Healthy cooking demonstrations offered to community members ○ **150** community members educated on how to prepare healthy and nutritious recipes
	● **76** children received free dental care at the annual Give Kids A Smile event
	● Participated in **107** coalition/task force meetings to promote collaboration, share knowledge, and coordinate community health improvement activities related to wellness and prevention
Support efforts to improve maternal and infant health	● **1,159** lactating women supported to successfully breastfeed their infants ● **55** childbirth classes offered to expectant parents to enhance knowledge, skills, and confidence ○ **829** expectant parents educated

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Social Determinants of Health & Access to Care

Goal: All individuals will have the opportunity to be as healthy as possible, regardless of where they live, work, or play	
Objective	**Key Accomplishments / Highlights**
Support plans, programs, and policies that address barriers to achieving optimal health	● **3** health care provider lectures related to social determinants of health ○ **345** community members educated
	● Participated in **56** of coalition and task force meetings to promote collaboration, share knowledge, and coordinate community health improvement activities related to social determinants of health
Support efforts to increase access to low cost healthy foods	● **29** hours employees spent coordinating food donations for a local food pantry
Support individuals to enroll in health insurance and public assistance programs	● **1,142** patients assisted in health insurance enrollment
Address common barriers to accessing health care	● **2,329** Healthcare provider Telehealth appointments conducted ● **493** home visits provided by MMC Family Practice Associates to home-bound individuals ● 3 Residency programs ○ **150** residents *Residency programs: Family Medicine, Internal Medicine, Dental.*
	● **17** cultural competency trainings held for hospital clinicians and staff

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COVID-19 Response

We worked together with local Health Departments and other community partners to meet the needs of the people of our community during the COVID-19 pandemic. We moved swiftly to implement institutional safety measures to protect patients and staff, ensure availability of personal protective equipment (PPE) to maintain continuity of care and respond to emerging demands from COVID-19 in a safe environment for all.

Together with the local partners and others, we quickly provided testing, education, and treatment for COVID-19, and rolled out a mass vaccination campaign in record time once vaccine for COVID-19 became available. Additionally, we have supported patients, staff and the broader community financial assistance, food and medicine, education, and social and emotional support throughout the pandemic. The following section represents some highlights of the wide range of support and actions undertaken by our team in response to the COVID-19 Pandemic.

Goal: Pivot hospital resources to address immediate needs of the community as a result of the COVID-19 public health crisis	
Objective	**Key Accomplishments / Highlights**
Provide community education and increase awareness of COVID-19 risk factors and prevention, signs and symptoms, and treatment.	The Community Outreach team transitioned all programs to a virtual platform, ensuring the continuation of vital community education ● **35** lectures provided by physicians and health care providers that focus on COVID-19 *Topics include: Signs and symptoms, treatment, vaccinations, coping with fears, and much more* ○ **4,247** community members educated ● Collaborated closely with our established partners in the community to disseminate public health information as it rapidly changed, providing materials needed for COVID-19 prevention and overall safety
Provide COVID-19 Testing and Immunization in patient-care and community-based settings	● Stood up a COVID Vaccination site at the hospital ○ **11,549+** COVID vaccines administered
Ensure COVID-19 Response Coordination	● Introduced many new COVID-specific processes that required additional hands *Examples of roles include: Temperature checker/screener, Fit-testing supervisor, Family Communication Specialist, Contact Tracer, Clinical Helper, Personal Protective Equipment observer, and more*