



Community Health Implementation Plan 2023-2025

Christian Health

More than a century ago, 14 deacons from the Reformed tradition vowed to change the delivery of care for people with mental illnesses. The goal was to offer compassionate, loving care guided by the principles of the Christian faith. Their unwavering commitment led to the renovation of a farmhouse on Goffle Hill, creating New Jersey’s first private behavioral health hospital. From those beginnings, Christian Health has grown to offer the area’s most complete continuum of senior-life, mental-health, and short-term rehabilitation services available on one campus, listed here.

- Independent living
- Supportive senior living
- Assisted living
- Memory support
- Partial-hospitalization and Intensive Outpatient program for adults
- Outpatient counseling for children, adolescents, adults, seniors, and families
- Short-term rehabilitation
- Behavior-management unit
- Skilled nursing
- Adult day services
- Inpatient behavioral health hospital for adults and seniors

CHNA Background

In alignment with the Affordable Care Act (ACA), the Internal Revenue Service (IRS) and applicable federal requirements for not-for-profit hospitals, Christian Health completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Christian Health’s Board of Trustees on January 26, 2023.

The Christian Health 2022 CHNA was conducted by Professional Research Consultants, Inc. (PRC). While a specific CHNA was created for Christian Health and its specific service area, Christian Health 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 Christian Health [website](#). 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.



Community Health Implementation Plan (CHIP)

The intent of our CHIP 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 Christian Health’s programmatic strategies and interventions, which guided the development of the implementation plan.

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, Christian 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**.



The 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. A Social Work Assessment is standard for all patients and includes assessments of the social determinants of health.

EQUALITY:
Everyone gets the same—regardless if it's needed or right for them.



EQUITY:
Everyone gets what they need—understanding the barriers, circumstances, and conditions.

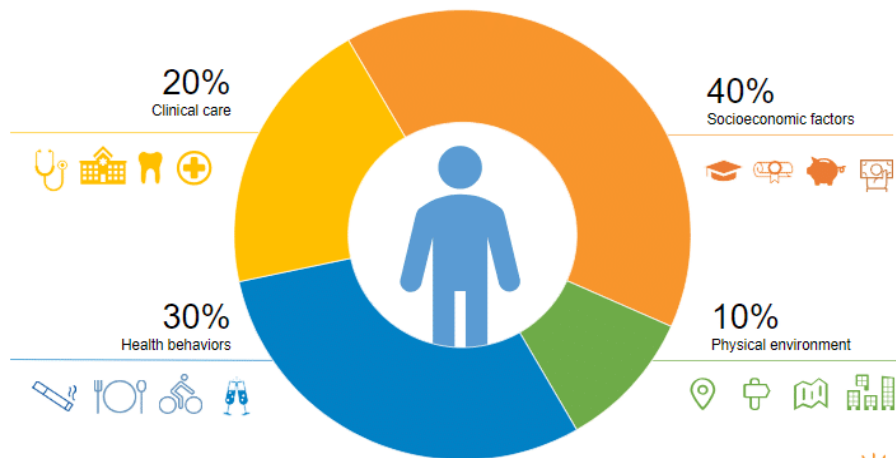


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Social Determinants of Health

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 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.

WHAT MAKES US HEALTHY?



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Source: Centers for Disease Control



Priority Area: Healthy Minds

The 2022 CHNA for Christian Health identified the following sub-priorities within the Healthy Minds priority area. Sub-priorities were determined based on areas of opportunity uncovered through the CHNA process.

Key factors:

- “Fair/Poor” Mental Health
- Diagnosed Depression
- Symptoms of Chronic Depression
- Stress
- Receiving Treatment for Mental Health
- Difficulty Obtaining Mental Health Services
- Key Informants: Mental Health ranked as a top concern
- Unintentional Drug-Related Deaths
- Illicit Drug Use
- Use of Marijuana
- 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. Provide behavioral health education resources and screenings for patients
2. Reduce disparities in access to behavioral health information among diverse and vulnerable populations
3. Involve organizations outside of Christian Health in meeting patient needs
4. Expand care delivery methods for behavioral healthcare to reach diverse and vulnerable populations
5. Increase staff training regarding SUD, BH, REaL, SOGI, SDoH tools
6. Recruit, retain and promote diverse behavioral health staff

Strategies

- Assess and address psychological trauma using established screening tools in all patient settings
- Expand access to information, education, resources, screenings and services to diverse and vulnerable populations
- Utilize SUD screening tool
- Increase care delivery options for diverse and vulnerable populations including community-based settings, telehealth and others – people at risk for perinatal mood disorders, SUD, pediatric/teens
- Promote staff and clinician wellbeing programs
- Use REaL, SOGI and SDoH data to measure outcomes
- Ensure preferred language, race, ethnicity, gender identity is captured for all people
- Leverage nursing students and residents to increase access to care

Priority Area: Healthy Bodies

The 2022 CHNA for Christian Health identified the following sub-priorities within the Healthy Bodies priority area. Sub-priorities were determined based on areas of opportunity uncovered through the CHNA process.

Key factors:

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

Goal: Metabolic screening is incorporated for all patients to connect everyone with resources to live their healthiest and best quality of life, regardless of initial diagnosis.

Objectives

1. Promote education and awareness of chronic and complex conditions and mental well-being
2. Provide education and health promotion activities and increase participation among diverse and vulnerable populations in wellness activities
3. Support public health departments in local prevention and emergency initiatives
4. Engage and coordinate care for diverse patients with dementia and their families to include complex conditions information
5. Use REaL, SOGI and SDoH data to measure outcomes

Strategies

- Expand emotional wellness awareness education and programs
- Provide behavioral health and dementia care management and support groups promoting mental wellness for patients and their families
- Implement programs and events with local and regional collaboratives that address issues related to wellness, prevention, and risk factors
- Collect information about chronic disease risk factors (e.g. blood pressure, cholesterol, BMI screening) and provide referrals to appropriate treatment or services
- Ensure preferred language, race, ethnicity, gender identity is captured for all people

Priority Area: Building Bridges

The 2022 CHNA for Christian Health identified the following sub-priorities within the Building Bridges priority area. Sub-priorities were determined based on areas of opportunity uncovered through the CHNA process.

Key factors:

- Inconvenient Office Hours
- *Cost of Prescriptions
- Appointment Availability
- Finding a Physician
- Lack of Transportation
- Culture/Language
- Skipping/Stretching Prescriptions
- *Routine Medical Care (Children)
- *Emergency Room Utilization

Goal: Increase equitable access to the resources needed to ensure the highest quality of life possible for all.

Objectives

1. Respond to requests for information, participation and support from new partners
2. Establish partnerships with complementary agencies to facilitate reciprocal referrals for patients
3. Target messaging of care options for young adults, people at risk for perinatal mood disorders, SUD, towards diverse and vulnerable populations
4. Reduce common barriers to accessing health care for diverse and vulnerable populations
5. Strengthen cultural competency training for team members and physicians
6. Reduce internal barriers to coordinating care
7. Increase nutrition, physical activity and SUD education for providers and team members
8. Embrace opportunities for collaborative action with diverse community partners

Strategies

- Increase screening for SDoH and make appropriate referrals to community-based resources
- Leverage diverse community partners to connect with diverse and vulnerable populations
- Seek and promote free and affordable transportation options
- Leverage multiple communication methods, styles and languages to create educational materials that meet diverse audiences based on age, language, location, developmental disability and other factors
- Review internal intake and referral processes for responsiveness to patient demand for time and timeliness
- Provide support and training for REaL and SOGI data collection tools, methods, usage
- Increase implicit bias and cultural competency training amongst all team members
- Provide support and training for culturally appropriate nutrition, physical activity and SUD for providers and staff
- Seek opportunities to provide support to other agencies serving the same geographic area
- Explore joint funding opportunities with community-based agencies, other health partners
- Identify and deepen partnerships with community-based organizations that serve diverse and vulnerable populations

*Key Factors Christian Health Defers to Community Leadership

Christian 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. As a specialty behavioral health and rehabilitation hospital, Christian Health does not have the clinical expertise to have meaningful direct and positive impact as a leader on the full range of Healthy Bodies needs identified in the CHNA in the short or long term. Christian Health will continue to lead efforts in support of the prioritized needs related to Healthy Minds and Building Bridges, and some Health Bodies initiatives that align with its expertise. Christian 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 Cancer, Diabetes, Heart Disease and Stroke, Potentially Disabling Conditions, Respiratory Disease, Cost of Prescriptions, Routine Medical Care (Children), and Emergency Room Utilization. Christian 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 Christian Health priorities.

New Jersey State Health Improvement Plan Priorities	Christian 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	Metabolic screening is incorporated for all patients to connect everyone with resources to live their healthiest and best quality of life, regardless of initial diagnosis.
Immunizations		
Birth Outcomes		
Alignment of State and Local Health Improvement Planning	Building Bridges	Increase equitable access to the resources needed to ensure the highest quality of life possible for all.

Next Steps

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

Our Research Partners:



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.



www.PRCCustomResearch.com

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.