Partnering with Our Community for a Healthier Future

Community Health Needs Assessment

2014 – 2016

The Valley Hospital
Valley Health System

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Community Health Needs Assessment

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The Valley Hospital Community Health Needs Assessment

A. Overview

The Valley Hospital's Community Health Needs Assessment (CHNA) is a comprehensive community benefit and community health strategy, that identifies regional healthcare priorities and encapsulates Valley's initiatives for expanding access to health education, preventive screenings and diagnostic care. As a not-for-profit hospital since its inception in 1951, Valley takes seriously its responsibility to provide community benefit to the residents we serve.

In 2012, Valley provided approximately $65 million in uncompensated care, attributable to charity care, unpaid services, and Medicare and Medicaid shortfalls. In addition, the hospital annually sponsors hundreds of community health programs, services, and screenings that provide thousands of community residents with much-needed health information and preventive education.

Over the past five years, Valley has provided educational and screening programs to more than 67,000 people.

A Message from our President

The Valley Hospital takes great pride in our reputation as a provider of world class healthcare delivered with excellent service. While providing great medical care is our primary objective, assisting you with preventative care is equally important. As a not-for-profit community hospital, Valley has made a significant investment in the overall well-being of the region by offering free health education programs, preventive screenings and diagnostic care.

In keeping with Valley's tradition of providing substantial community benefits, and in compliance with the Affordable Care Act, The Valley Hospital's Board of Trustees adopted our 2014-2016 Community Health Needs Assessment (CHNA). In developing the CHNA, Valley's experts identified local healthcare priorities and created a roadmap for addressing these vulnerabilities and deficiencies.

The Valley Hospital remains committed to improving the quality of life of residents of Bergen, Passaic and Rockland counties, and ensuring you and your family have access to the best care. If or when you need us, our dedicated staff is always here to serve you.

Audrey Meyers
President and Chief Executive Officer
The Valley Hospital
Valley Health System

B. About Valley Hospital

The Valley Hospital is proud to be the hospital of choice for hundreds of thousands of residents of northern New Jersey. Valley is a 451-bed, acute-care, not-for-profit hospital located in Ridgewood, NJ. In 2013, Valley recorded 49,244 admissions, 75,016 visits to the Bolger Emergency Department and 3,199 births.

Key services include cardiology, oncology, women's and children's services, emergency care, orthopedics, and neurosciences. With over 4,600 employees, Valley Health System has the distinction of being the 2nd largest employer in Bergen County.

Recognitions and Awards

The Valley Hospital has been recognized as one of America's 100 Best Hospitals for Cardiac Surgery and Orthopedic Surgery. For 2014, Valley has earned Excellence Awards for Cardiac Surgery, Joint Replacement, and Orthopedic Surgery. In addition, Valley earned 5-star ratings for Appendectomy, Coronary Bypass Surgery, Gall Bladder Removal, Gynecologic Surgery, Hip Fracture Treatment, Total Hip Replacement, Total Knee Replacement and Valve Surgery.

For the fourth consecutive time, The Valley Hospital has received a grade of A for patient safety in a report released by The Leapfrog Group. The Valley Hospital has been named a Top Performer on Key Quality Measures® by The Joint Commission for exemplary clinical performance in heart attack, heart failure, pneumonia, and surgical care.

Valley has received the 2013 Women's Choice Award for being voted one of America's Best Hospitals for Patient Experience by women. Valley has earned an impressive 11 Disease-Specific Certifications from The Joint Commission and has been awarded the CEO Cancer Gold Standard.

Valley's Intensive Care, Intermediate Care, Cardiac Surgery Intensive Care, and Coronary Care units each received the Beacon Award for Excellence. Valley is a three-time recipient of the prestigious Magnet Designation for Nursing Excellence from the American Nurses Credentialing Center.

C. Community Health Needs Assessment Process and Methods

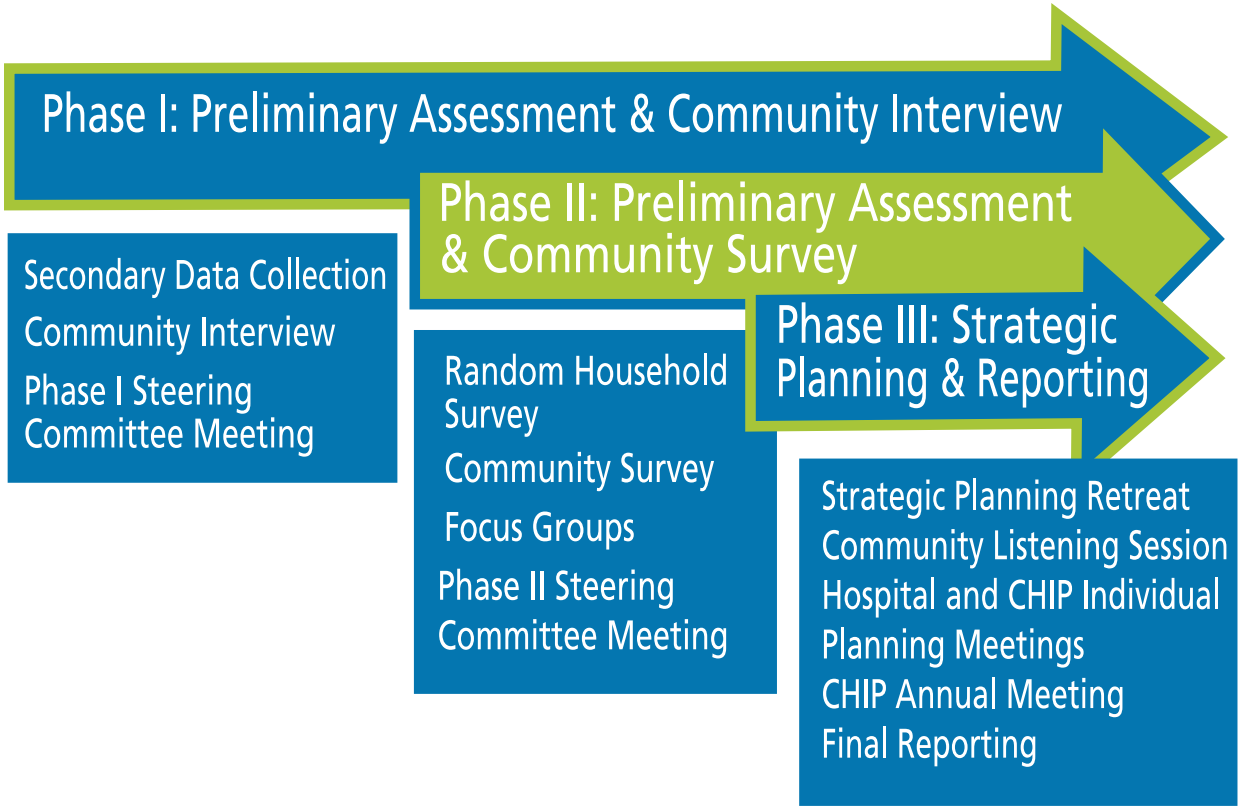
The Valley Hospital has a long history of assessing the healthcare needs of its service area and using that assessment as a guide for investing in community benefit programs. With the passage of the Patient Protection and Affordable Care Act in March of 2010, all 501(c)(3) not-for-profit hospitals must develop and provide to the public an official Community Health Needs Assessment (CHNA). This gave Valley an opportunity to revisit our previous needs assessment and work in collaboration with other acute care hospitals to create a broader strategic approach. In pursuit of this goal, the five acute care hospitals in Bergen County came together to jointly fund a county- wide needs assessment. The objective was to identify areas of greatest concern in specific geographic regions and demographic groups, and identify ways to reduce these healthcare disparities.

The assessment and planning process was guided by a steering committee consisting of representation from all the partners and was conducted in three phases; 1) identify and clarify the healthcare needs and priorities of the residents of Bergen County; 2) engage stakeholders, including residents throughout the service area; and 3) develop a detailed, action-oriented strategic plan. The data was collected in late 2012 and the assessment and plan development occurred in 2013.

The five hospitals engaged John Snow, Inc. (JSI) to conduct quantitative and qualitative analyses that were consistent with the guidelines specified by the Patient Protection and Affordable Care Act.

In adopting a CHNA specific to Valley's service area, data from the correlating sub-market was extracted and analyzed. Residents within the service area were found to have greater access to healthcare coverage, higher household incomes and were more likely to have a college or post college degree. Despite these favorable socioeconomic factors, the priority areas for communities serviced by Valley were not appreciably different than those for the County in general.

Summary of Approach and Methods



In Phase I, the preliminary needs assessment and community engagement effort relied heavily on information collected through existing secondary data from local, state, and national sources. These sources included data on the characteristics of the Bergen County population, as well as their social determinants of health, current health status, access to care, health-related risk factors, and overall morbidity and mortality. Dozens of interviews were also conducted in Phase I to start the community engagement process and capture community perceptions on priority health issues, service gaps, barriers to access, and preliminary ideas about possible strategic responses.

More than 80 people were interviewed, including a cross-section of hospital clinical and administrative staff, other health and social service providers, local and county public health officials, elected and appointed public officials, community advocates, clergy, and community residents. At the end of Phase I, the steering committee and other key stakeholders convened a meeting to review preliminary findings, discuss emerging ideas, consider their implications, and finalize plans for Phase II of the assessment.

Phase I: Preliminary Assessment & Community Interview

Key Informant Interviews

- **80+ Interviews, structured interview protocol (Majority, in person, one-on-one)**
- Hospital clinical & adminstrative staff
- Primary care providers
- Behavioral health providers
- Elder services providers
- Social services providers
- Community leaders
- Public health officials
- Public housing staff
- Advocacy organizations
- Faith-based organizations
- Public officials

Secondary Data

- **200+ Data Variables**
- **Local Data from all 70 cities/towns in Bergen County**
- **National, State, & County Comparison Data**

Population Characteristics & Social Determinants of Health

- Age & gender
- Family composition
- Race/ethnicity, language, & ancestry
- Income & poverty status
- Education
- Crime
- Housing
- Employment
- Access to healthy foods & recreational facilities

Health Status, Morbidity/Mortality & Health-Related Risk Factors

Prevalence, incidence, death, and hospitalization rates for:

- Disease of the heart
- Cancer
- Infectious disease
- Respiratory disease
- Mental health
- Substance abuse
- Oral health
- Maternal & child health
- Diabetes
- Obesity/overweight
- Physical fitness
- Nutrition
- Smoking

Access to Care & Service Utilization

- Medical & dental insurance status
- Access to primary care
- Access to preventative services
- Access to dental services
- Access to medical specialty services
- Hospital inpatient utilization
- Emergency department utilization

In Phase II, a targeted community assessment and engagement process collected additional secondary data to fill in gaps and to clarify questions that arose during Phase I. However, the primary focus of Phase II was on collecting detailed primary data directly from community residents through a random household mail survey, a community survey implemented in various community venues, and a series of focus groups. These sources captured detailed information from county residents, including those who are typically hard-to-reach and often left out of assessments of this kind. A randomly selected sample of 4,000 households in Bergen County received an 18-page mail survey.

In addition, the same survey was administered by research assistants who captured information from low-income, racial/ethnic minority residents at selected community venues. The focus groups were conducted with members of key target populations, including African Americans, Koreans, Hispanics/Latinos, and college-aged adults, and gathered specific information related to health and wellness and the most effective community health strategies. The culmination of Phase II was a comprehensive needs assessment report that integrated and analyzed the data collected in Phases I and II. This report became the basis for the strategic planning conducted in Phase III.

Phase II: Targeted Assessment and Community Survey

Community Health Survey

Random Household Mail Survey

- County-wide sample
- 4,000 randomly selected households
- ~ 1,700 returned surveys
- 42% response rate

Community Survey

- Administered by research assistants
- Data collected in 9 community venues
- ~ 400 surveys collected

Focus Groups

4 focus groups with:

- Koreans
- African Americans
- Hispanic/Latinos
- College-aged students (18-22)

- 18-page survey
- Questions drawn from validated national surveys
- Survey included questions related to:
  - Repondent demographics and socio-economics
  - Access and barriers to care
  - Health behaviors and lifestyle
  - Chronic disease and prevention
  - Self-reported health status
  - Disabilities and care giving
  - Elder health
  - Perceived health concerns and priorities

Captured information on:

- Healthcare priority issues
- Health-related risk factors
- Care seeking attitudes and behaviors
- Barriers to care

In Phase III, the steering committee implemented a strategic planning and reporting process that vetted the findings from Phases I and II, established community health priorities, and identified a range of strategies that would serve as the basis of the Bergen County Community Health Improvement Plan (CHIP). In Phase III, a series of community listening sessions were held with key stakeholders, including local public health officials, a group of mental health and behavioral health advocates, a group of leading health and social service providers, and the community at-large. The purpose of these meetings was to review the data and identify a set of community health priorities and target populations, as well as a series of programmatic strategies for addressing the identified priorities.

Summary of Results of the Bergen County Community Health Needs Assessment Household and Convenience Surveys: VALLEY – January 2013

Table 1: Demographics of the Bergen County household survey

Demographics	Valley (N=691)	Overall (N=1644)	Convenience (N=374)	Region		Source
				Bergen County	State of N.J.	
Gender – female (A2)	53%	53%	75%	52%	51%	Decennial Census 2010
Average Age (A1)	51	50	42	N/A	N/A	N/A
65 years or older	22%	20%	7%	15%	14%	Decennial Census 2010
Minority (non-White race and/or Hispanic ethnicity) (A5)	17%	39%	66%	38%	41%	Decennial Census 2010
Non-English Speaking (A7)	5%	13%	21%	37%	29%	American Community Survey (ACS) 2006-2010
Married (A8)	68%	57%	46%	56%	51%	ACS 2006-2010 (population 15+ years old)
Less than high school education (A9)	3%	5%	8%	9%	13%	ACS 2006-2010
Households with children < 18 (A11)	38%	37%	59%	5%	7%	ACS 2006-2010
Income ≥$125,000 (A13)	38%	26%	6%	N/A	N/A	N/A
*Among non-retirees… Unemployed (A10)	3%	8%	10%	8%	10%	NJ Department of Labor and Workforce Development – Current Employment Statistics

*Data for this variable represents subset of survey respondents.

Table 2: Health care access and utilization.

Area	Description	Valley (N=691)	Overall (N=1644)	Convenience (N=374)	Region		Source
					Bergen County	State of N.J.	
General Access	Received all needed health services in past 12 mos. (B18)	79%	70%	60%	N/A	N/A	N/A
	Did not receive all needed services	7%	13%	24%			
	Did not need care	14%	16%	16%			
Primary Care	Regular PCP or personal doctor (B6)	90%	83%	72%	88%	86%	2010 NJ BRFSS
	Routine check-up in the past 12 mos (B10)	69%	68%	69%	74%	76%	2010 NJ BRFSS
	Traveled less than 20 miles for Primary Care Services (B11)	97%	96%	94%	N/A	N/A	N/A
	Adults 18-64 currently insured (B3)	94%	83%	30%	82%	82%	2010 NJ BRFSS
	Any time in the past 12 months that respondent didn't have any health insurance (B1)	8%	16%	38%	N/A	N/A	N/A
Dental Care	Dental insurance (B23)	66%	58%	46%	N/A	N/A	N/A
	Dental care in last 12 mos. (B24)	73%	63%	50%	79%	74%	2010 NJ BRFSS
	**Among those that didn't get dental care…*				N/A	N/A	N/A
	Top 3 reasons didn't receive dental care (B25):						
	Cost	33%	37%	37%			
	No insurance	34%	42%	58%			
	No reason to go/no problems	33%	32%	18%			
Prescriptions	Prescription coverage (B5)	94%	91%	84%	N/A	N/A	N/A
	Couldn't get prescription in past 12 mos. because of cost (B22)	12%	19%	34%	N/A	N/A	N/A
Specialty Care	Specialty care utilization in the past 12 mos. (B13)	64%	57%	49%	N/A	N/A	N/A
	Traveled less than 20 miles for Specialty Care Services (B15)	92%	94%	93%	N/A	N/A	N/A
Hospital Care	Overnight hospital stay in the past 12 mos. (B16)	10%	12%	16%	N/A	N/A	N/A
	ER Utilization in the past 12 mos. (B12)	24%	24%	38%	N/A	N/A	N/A
Barriers to Care	*Among those that didn't get all services …*						
	Top 3 reasons didn't receive all services (B19):						
	Cost	62%	56%	45%			
	No insurance	47%	58%	59%			
	No doctor/provider	–	–	13%			
	Other reasons	24%	14%	–			

*Data for this variable represents subset of survey respondents.

Table 3: Preventive care.

Preventive Care*	Valley (N=691)	Overall (N=1644)	Convenience (N=374)	Region		Source
				Bergen County	State of N.J.	
Among women > 40 years of age						2010 New Jersey BRFSS
Ever had mammogram (D28)	93%	88%	94%			
Mammogram in past 2 years (D29)	75%	68%	79%	68%	71%	
Among men > 40 years of age						2010 New Jersey BRFSS
Ever had PSA (D33)	70%	67%	44%			
PSA in past 2 years (D34)	61%	56%	38%	59%	54%	
Among men and women > 50 years of age						2010 New Jersey BRFSS
Ever had sigmoidoscopy/ colonoscopy (D26)	68%	65%	56%	65%	64%	
Among women >18 years of age						2010 New Jersey BRFSS
Ever had Pap test (D31)	93%	89%	82%			
Pap in past 3 years (D32)	83%	77%	72%	80%	82%	

*Data for this variable represents subset of survey respondents.

Table 4: Chronic Disease.

Chronic Disease	Valley (N=691)	Overall (N=1644)	Convenience (N=374)	Region		Source
				Bergen County	State of N.J.	
Ever told had diabetes – adult (D1)	8%	10%	8%	6%	9%	2010 NJ BRFSS
Ever told had asthma – adult (D8)	12%	11%	14%	13%	13%	2010 NJ BRFSS
**Among those with asthma…* ER in past 12 months for asthma (D10)	9%	11%	35%	N/A	N/A	N/A
Ever told had high blood pressure/ hypertension (D11)	26%	28%	22%	28%	28%	2009 NJ BRFSS
**Among those with hypertension…* Taking Rx for Hypertension (D12)	85%	87%	75%	80%	81%	2009 NJ BRFSS
Ever had blood cholesterol checked (D13)	94%	90%	76%	89%	85%	2009 NJ BRFSS
**Among those with cholesterol ever checked…* Ever told had High Cholesterol (D14)	37%	36%	33%	40%	37%	2009 NJ BRFSS
**Among those with high cholesterol…* Taking Rx to lower cholesterol (D15)	62%	60%	44%	N/A	N/A	N/A
Ever told had cancer (D22)	11%	9%	6%	N/A	N/A	N/A
Ever told had angina or coronary heart disease (D18)	4%	4%	4%	4%	4%	2010 NJ BRFSS

*Data for this variable represents subset of survey respondents.

Table 5: Health Behavior Data.

Behavior	Description	Valley (N=691)	Overall (N=1644)	Convenience (N=374)	Region		Source
					Bergen County	State of N.J.	
Weight	% Overweight (BMI) (C1/C2)	35%	36%	39%	31%	35%	
	% Obese (BMI) (C1/C2)	22%	22%	24%	22%	23%	2010 NJ BRFSS
	Overweight or Obese (C1/C2)	57%	58%	63%	53%	58%	
Exercise	Met physical activity guidelines (C3-C8)	30%	29%	32%	45%	44%	2009 NJ BRFSS
	Participated in any physical activities or exercises, other than regular job, in past month (C9)	75%	70%	58%	79%	73%	2010 NJ BRFSS
Nutrition	5 or more fruits and vegetables, excluding juices on average per day (C10-C14)	54%	59%	71%	14%	14%	2011 NJ BRFSS
	1+ servings of fruit on average per day (C10)	91%	90%	90%	N/A	N/A	N/A
	1+ servings of beans on average per day (C11)	47%	55%	73%	N/A	N/A	N/A
	1+ servings of green vegetables on average per day (C12)	89%	87%	88%	N/A	N/A	N/A
	1+ servings of orange-colored vegetables on average per day (C13)	55%	61%	75%	N/A	N/A	N/A
	1+ servings of other vegetables on average per day (C14)	92%	92%	92%	N/A	N/A	N/A
	1+ servings of of other vegetables on average per day (C15)	79%	70%	48%	N/A	N/A	N/A
Tobacco	Former smoker (C17)	32%	26%	13%	N/A	N/A	N/A
	Never smoker (C16)	57%	62%	70%	N/A	N/A	N/A
	Current Smoker (C17)	11%	12%	16%	16%	14%	2010 NJ BRFSS
	*Among current smokers… Consider quitting smoking in next 6 mos. (C19)	72%	74%	78%	N/A	N/A	N/A
Alcohol	Excessive drinker (C21-25)	27%	24%	25%	N/A	N/A	N/A
	Heavy drinker (C21-25)	7%	7%	5%	7%	4%	2010 NJ BRFSS
	Binge drinker (C21-25)	25%	22%	24%	17%	13%	2010 NJ BRFSS
Drug Use in the Past 12 months	Marijuana (C26)	5%	5%	6%	N/A	N/A	N/A
	Cocaine (C27)	0%	<1%	<1%	N/A	N/A	N/A
	Heroin (C28)	0%	<1%	1%	N/A	N/A	N/A
	Legal drugs used on own (C30)	7%	9%	15%	N/A	N/A	N/A
Gambling in the Past 12 months	Gambled in past 12 months (C34)	18%	16%	11%	N/A	N/A	N/A
	*Among gamblers in past year Restless/irritable/anxious when trying to cut down on gambling (C35)	2%	3%	11%	N/A	N/A	N/A
	*Among gamblers in past year Tried to keep family/friends from knowing how much gambled (C36)	4%	4%	22%	N/A	N/A	N/A
	*Among gamblers in past year Got help from family/friends/ welfare due to financial trouble from gambling (C37)	2%	1%	8%	N/A	N/A	N/A
Injury Prevention	Drove within 2 hours of drinking or using illegal drugs in past month (C31)	19%	14%	6%	N/A	N/A	N/A
	In car with driver DUI (C32)	17%	13%	8%	N/A	N/A	N/A
	Adult seat belt use – always (C33)	93%	94%	6%	87%	86%	2010 NJ BRFSS

*Data for this variable represents subset of survey respondents.

D. Priority Areas

Valley has identified the following priority areas as the most pressing and appropriate issues for The Valley Hospital's service area:

- Obesity, fitness, and nutrition
- Chronic diseases, specifically diabetes, cardiovascular diseases, cancer and pulmonary disease
- Access to Care among high risk populations, specifically seniors and ethnic and racial minorities
- Mental health and substance abuse

Given The Valley Hospital's overall mission, scope of service, operational strengths, and specific service area characteristics, the hospital has opted to focus its community benefit and community health strategy on obesity, fitness, nutrition, chronic disease and improving access to care. Since mental health and substance abuse were also raised in the survey, Valley will address these as secondary objectives in partnership with other health and social service organizations. The target population for the hospital's strategy will be residents throughout the service area but efforts will focus on the elderly, low income and ethnic/racial minority populations, particularly Korean and African American people residing in Valley's service area.

Primary Service Area (by Town)		
Allendale	Midland Park	Ringwood
Elmwood Park	Montvale	Saddle River
Fair Lawn	North Haledon	Upper Saddle River
Franklin Lakes	Oakland	Waldwick
Glen Rock	Paramus	Washington Twp.
Haledon	Park Ridge	Woodcliff Lake
Hawthorne	Prospect Park	Wyckoff
Ho-Ho-Kus	Ramsey	
Mahwah	Ridgewood	

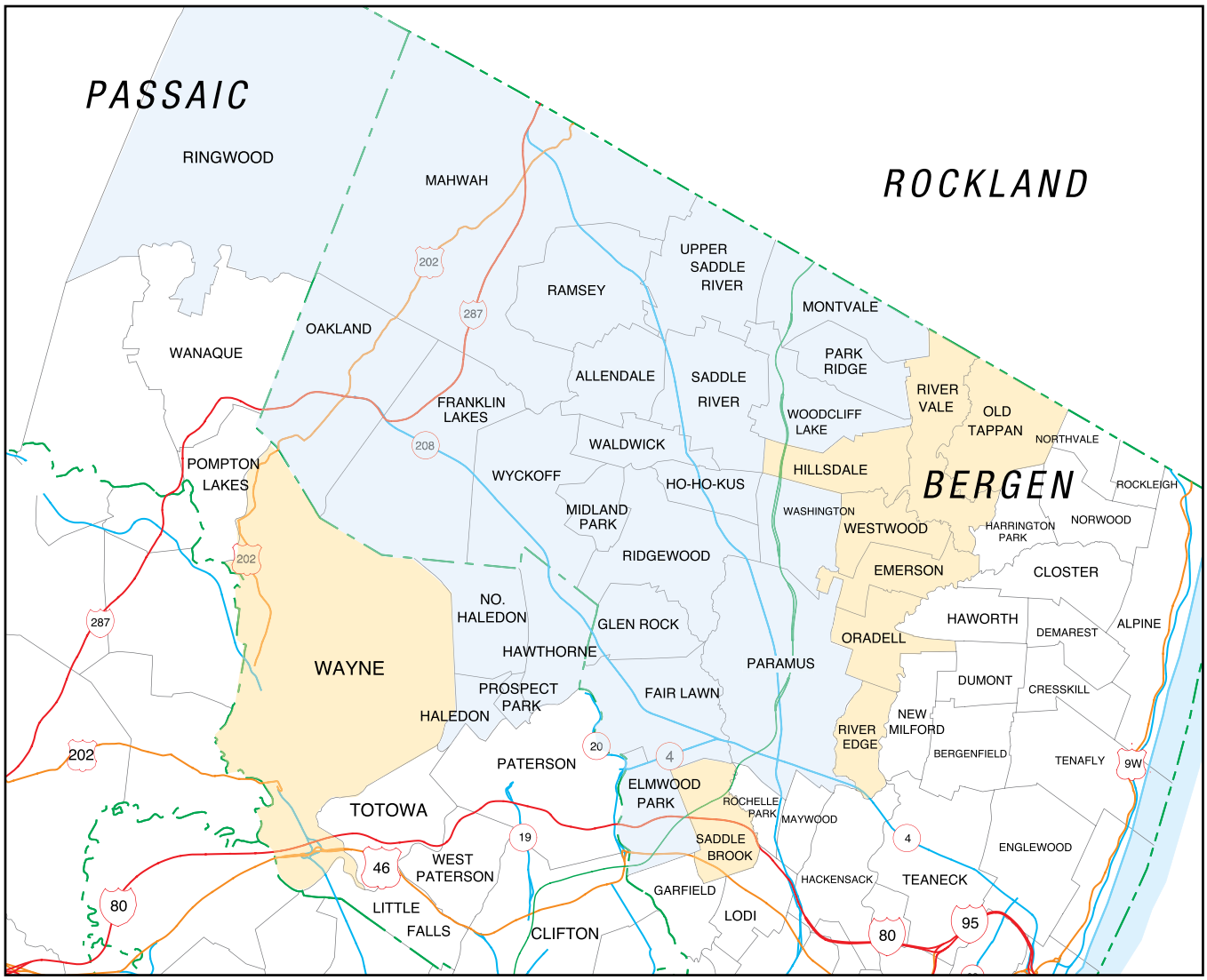
Secondary Service Area (by Town)		
Emerson	Oradell	Saddle Brook
Hillsdale	River Edge	Wayne
Old Tappan	River Vale	Westwood

Target Populations and Conditions

Population Targets	Risk Factor Targets	Health Condition Targets
Primary Populations	**Primary Risk Factor**	**Primary Conditions**
• Elders • Low income populations	• Obesity/overweight • Lack of physical fitness • Poor nutrition • Diabetes	• Heart disease • Hypertension • Stroke • Cancer • Pulmonary
Secondary Populations	**Secondary Risk Factors**	**Secondary Conditions**
• African Americans/Blacks • Hispanics/Latinos • Koreans	• Mental health stigma • Stress • Grief/loss • Substance abuse • Social/physical isolation	• Depression • Anxiety

Primary Community Partners

Community Partners
• Community Health Improvement Partnership of Bergen County • Faith-based Organizations • Public Health Departments • Senior Centers • Elder Public Housing • Ramapo Ridge Hospital • Bergen Volunteer Medical Initiative • YMCA/YWCA • Other Private Primary Care Providers



Although the geographic focus of the collaborative CHNA was Bergen County, The Valley Hospital's service area does include limited parts of Passaic County. Publicly available data has been reviewed and it is reasonable to conclude that services that meet the needs of Bergen County residents would be appreciated by residents in adjacent parts of Passaic County as well, with perhaps more emphasis on access to care due to demographic factors.

Valley's Community Clinic is located in Passaic County in Hawthorne, and has been providing services primarily to residents of northern New Jersey for several decades. In addition, significant programming in education and screening programs have been offered to identify and prevent heart disease, obesity, men's health, and cancer.

Primary Coverage areas shown in light blue

Secondary Coverage areas shown in light tan

E. Leading Priority Goals

1. Obesity, Fitness, and Nutrition

Goal 1: *Continue to offer and enhance programs that increase physical exercise and promote weight loss. Provide nutritional counseling, education on healthy eating, and programs that support behavior change for healthy eating. Provide screenings for cholesterol, A1C and/or BMI and track outcomes as appropriate. Many of Valley's existing programs address these health concerns and the Hospital is committed to continuing and expanding these programs and services. They include:*

- Participate in county-wide collaborative where hospitals agree to provide free screenings,
- Expand Medical Fitness offerings, nutritional counseling and educational programs,
- Achieve objectives identified in Mayor's Health Initiatives,
- Expand Employee Wellness and Weight Loss programs and achieve desired results.

2. Chronic Disease

Goal 2: *Expand awareness, education, and screening activities related to chronic diseases and associated risk factors. Implement follow-up and referral protocols that link those identified with chronic diseases or risk factors with appropriate primary care, medical specialty care, or chronic disease management care.*

Diabetes

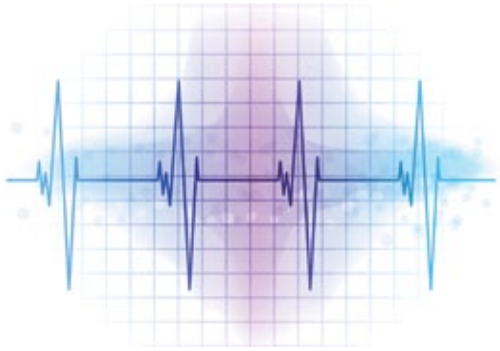
Diabetes Detection and Management Program

- Initiate the Bergen County Diabetes Detection and Management Collaborative in conjunction with area hospitals and the Bergen County Health Department,
- Participate in the Bergen County Hospital's Diabetes Detection and Management Program to screen people who are at risk for diabetes, and provide access for follow up,
- Provide support for the BVMI diabetes educational outreach effort,
- Establish diabetes detection programs targeted at high-risk populations through partnerships with faith-based organizations.

Cardiovascular Disease

To enhance the health of those with heart disease, Valley will:

- Expand scope and reach of comprehensive, complimentary screening programs for cardiovascular disease (CVD),
- Expand outpatient Congestive Heart Failure (CHF) Management program,
- Expand stroke screenings to targeted populations, in partnership with faith-based organizations.



Oncology

To enhance the health of those with cancer, Valley will:

- Conduct free PSA screenings targeted at underserved populations in partnership with the Bergen County Department of Health,
- Increase the frequency of screenings to detect cancer,
- Sponsor community education programs around cancer awareness and prevention.

Pulmonary Disease

To enhance the health of those with pulmonary disease, Valley will:

- Expand lung cancer screening program,
- Expand smoking cessation programs,
- Establish Outpatient Pulmonary Rehabilitation program.

3. Access to Care

Goal 3: ***Enhance access to care through education, screening, nutrition, physical exercise, end of life and palliative care, community outreach and referrals to appropriate providers and support services. Continue to address access to care for low income, uninsured, older adults and ethnic/racial minority populations, particularly through the Valley Community Care Clinic which provides primary and specialty care.***

African-American Population

Implement a specifically designed program to reduce cardiovascular disease, stroke, diabetes and pulmonary disease within the African American population residing in the service area. Provide a series of educational lectures and screenings and coordinate programs with local churches and Bergen County NAACP chapter. The series will include lectures from physicians, nutritional counseling and free screenings. Programs will focus on CVD, stroke, diabetes and prostate cancer.

Korean Population

The largest ethnic minority population in the County and within Valley's service area is the Korean population. The data indicate that Koreans reported lower access to care than the population in general. To meet the needs of this ethnic group, Valley will improve communication efforts to enhance awareness of community education and screenings, and coordinate services for language barriers that inhibit access to needed healthcare services.

Older Adults

Bergen County's population is much older relative to the state and the nation. Each year, thousands of community members participate in Valley's Community Health and PrimeTime programs. Valley will continue to expand community health education programs through Valley's PrimeTime program.

Uninsured

Valley provides clinic services to under-served and uninsured patients through its Community Care program. In 2013, Valley's Community Care Clinic recorded over 8,300 visits. To meet its Mission to serve all patients, Valley will continue to provide and enhance services offered through its primary care and specialty clinics.

Partnerships to improve access to care

Recognizing that partnerships with other providers enhance Valley's capabilities to meet the needs of the community, we have continued to seek opportunities to collaborate with other not-for-profit organizations. These include providing financial support for BVMI to increased access to care and educate the under served population living with diabetes, participating in the Bergen County Diabetes and Detection Collaborative, and working with the Bergen County Department of Health to screen under-served and under-insured people for cancer. Valley will also continue to work in partnership with Ramapo Ridge Psychiatric Hospital to enhance behavioral health services in the region.

F. Secondary Priorities:

1. Mental Health and Substance Abuse

Goal 4: ***Implement awareness, education, and screening activities related to mental health and substance abuse and its associated risk factors in collaboration with Ramapo Ridge Hospital and other health and social service organizations. These services will focus on teens, adults, and older adults:***

- Coordinate community health planning with Ramapo Ridge Psychiatric Hospital,
- In cooperation with Ramapo Ridge, conduct depression screenings as part of the Bergen County Hospital's Diabetes Detection and Management Program,
- Continue efforts to identify post-partum depression at the Hospital,
- Enhance domestic violence and suicide screenings in the Emergency Department,
- Expand partnership with municipal drug and alcohol alliance.

G. Desired Outcomes

For those initiatives with defined target populations, we will seek improvements in selected clinical measures and self-reported improvements in perceptions of health status and healthy behaviors among program participants.

In order to improve accessibility to health-care services among targeted populations, specifically the elderly, African American and Korean populations, we will seek outcomes including:

- Improved biometric measures for specific clinical conditions,
- Reduced hospital re-admission rates,
- Increased breastfeeding percentages within the Community Care population,
- Increased referrals to ACO Centers of Excellence where chronically ill individuals can access care management systems.

Quantifiable Outcomes – Valley

Target Area	Description	Baseline Valley 2013 Statistics	Goal	Timelines
Education	Number of education programs/events that address the leading and secondary priorities	215	5% increase 226	2014
Education	Number of participants involved in educational programs/events	6,686	5% 7,020	2014
Education	Number of screening events that address the leading and secondary priorities (except Center for Heart Health screenings)	127	5% 133	2014
Education	Number of participants involved in screenings	2,690	5% 2,825	2014
Education	Number of programs/events that address the issues of mental health/substance abuse for teens, adults or seniors	5	50%	2014
Cardiovascular Disease	The Center for Women's Heart Health will increase the number of screenings	950	1,000	2014
Reduction of hospital utilization	Hospital specific 30 day readmission rates for heart failure, AMI, and Pneumonia will be less than the NJ pooled readmission for the same time period	Valley NJ 17.49 18.96 All causes	< NJ Pooled readmission rates	

Quantifiable Outcomes – County

Target Area	Description	Baseline County	Goal	Timelines
Fitness/Obesity	Reduce the proportion of persons (18+) who engage in no leisure-time acitvity (BRFSS)	30	27	2016
Overweight/Obseity	Participants in the Valley sponsored 12 week Mayors Wellness Campaign (MWC) will improve their unhealthy cholesterol and A1C levels	TBD	TBD	2014
Overweight/Obseity	Participants in the MWC who started the challenge at an unhealthy weight (determined by BMI) will reduce their total body weight by at least 2%	TBD	↓ Body Weight 2-5%	2014
Diabetes	Among the participants of the Bergen County Diabetes Collaborative, there will be an increase in the proportion of adults with diabetes/ pre-diabetes who have had their A1C tested twice within a 12 month period	TBD	TBD	2014