

Community Health Improvement Plan

September 2022



What is a Community Health Improvement Plan (CHIP)?

A Community Health Improvement Plan (CHIP) is a tool for hospitals to share their plans and activities to improve the well-being of people living in the communities they serve. This CHIP has been and continues to be a collaborative effort informed by community input and collaboration with diverse partners throughout the South Jersey region.

2022 Community Health Needs Assessment (CHNA) and Community Health Improvement Plan Approval

The Jefferson Health- New Jersey Board of Directors reviewed and approved the 2022 CHNA to address priority areas for community health improvement on June 8, 2022. The 2022 CHNA report is widely available to the public through Jefferson Health's website: <https://www.jeffersonhealth.org/about-us/community/community-health-needs-assessment>

The 2022 Community Health Improvement Plan was reviewed and approved by the New Jersey Board of Directors on September 7, 2022.

For more information, feedback or to share comments, please email Amanda Kimmel, Vice President, Ambulatory Operations at Amanda.Kimmel@jefferson.edu.

About Jefferson Health - New Jersey

Jefferson Health - New Jersey is an integrated healthcare delivery system providing a full continuum of healthcare services, ranging from acute-care hospitals to a broad spectrum of outpatient and wellness programs. A multi-site healthcare provider, Jefferson Health - New Jersey primarily serves the residents of Camden, Burlington and Gloucester counties, and is part of the Jefferson Health network of hospitals and physician practices throughout southern New Jersey and the Delaware Valley in Pennsylvania. The Jefferson Health network includes 18 hospitals and a multitude of physician practices, including three hospitals in Camden and Gloucester counties: Jefferson Cherry Hill Hospital, Jefferson Stratford Hospital and Jefferson Washington Township Hospital.

Jefferson's values define who we are as an organization, what we stand for, and how we continue the work of helping others that began here nearly two centuries ago. These values are:

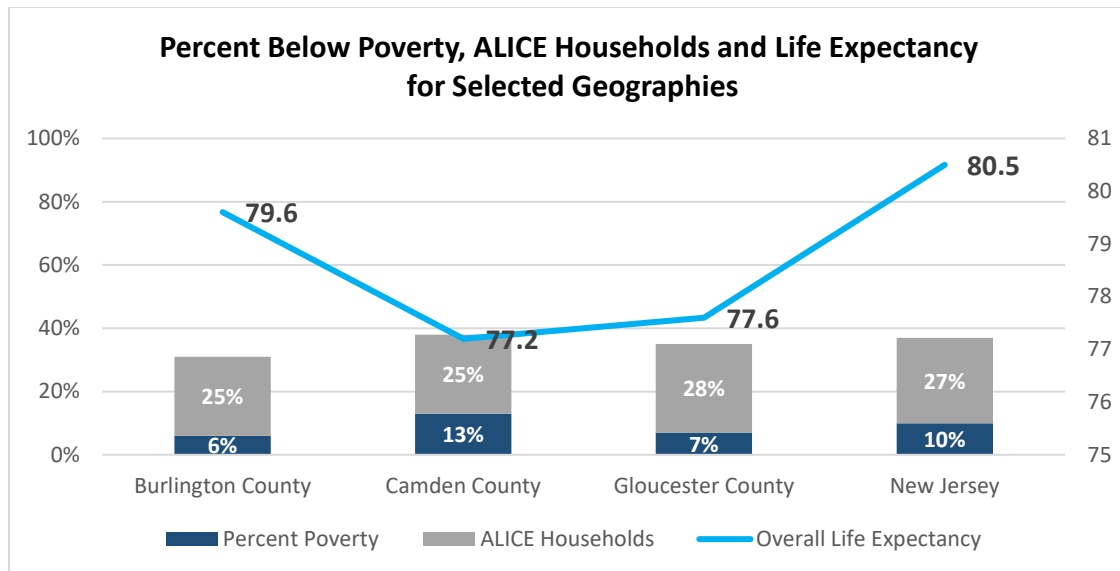


Community Snapshot

Jefferson Health - New Jersey's three hospitals are key members of the South Jersey Health Collaborative, a partnership comprising Cooper Health, Jefferson Health and Virtua Health Networks, plus Burlington, Camden and Gloucester County Health Departments. Together, these institutions work together to meet the diverse health needs of people living in South Jersey.

As a whole, this region is affluent compared to the rest of the nation. Data across many measures consistently demonstrate that people of color experience more poverty, lower median wages and are less likely to receive preventive and life-saving healthcare. As a majority-minority city, Camden City is impacted by structural inequities based on race. Income is a factor in quality and length of life.

When taking a closer look, clear disparities emerge demonstrating a relationship between income, race and health outcomes. The ALICE (Asset Limited Income Constrained) Index measures the proportion of working households who do not earn enough to meet all their needs, given the local cost of living. When viewed together, this graph shows that that one in four South Jersey households met the ALICE threshold before the COVID-19 pandemic, and **all South Jersey Counties had lower life expectancies than New Jersey as a whole.**



The arrival of the COVID-19 pandemic served to exacerbate many of the underlying struggles and barriers affecting all people, highlighting and widening the gaps in negative outcomes between individuals of different races and different socioeconomic status. These examples surge beyond disparities—or differences between outcome measures between population groups; they point at underlying *inequities*, driven by long-standing systemic racism. These inequities culminate in higher poverty levels, higher death rates from preventable diseases, and increased trauma, which accumulates in significant differences in overall death rates and length of life. Camden City and South Jersey are not unique in experiencing disparity impacted by long-standing systemic racism, as evidenced through findings through the Centers for Disease Control¹ and the State of New Jersey², among others.

In response to the arrival of COVID-19 in early 2020, Jefferson Health, in partnership with the South Jersey Health Collaborative partners, quickly responded to the emerging, oft-changing needs. Some response actions included:

- implementing safety measures to protect patients and staff,
- transitioning to telehealth and remote monitoring protocols to meet patient needs without increasing exposure to COVID-19 through travel and congregating with others;
- robust collaborative efforts between health systems, health departments, community-based agencies and others to roll out community testing sites, public education about the virus, and eventually, vaccination;
- coordination of food distribution;
- enhanced and coordinated data sharing and support technologies.

All of these actions were collaborative, responsive to changing needs, and focused on ensuring the highest possible levels of community safety.

¹ <https://www.cdc.gov/healthequity/racism-disparities/index.html>

² <https://nurturenj.nj.gov/wp-content/uploads/2021/01/20210120-Nurture-NJ-Strategic-Plan.pdf>

Despite these effort, COVID-19 still has had lasting negative impacts in South Jersey and worldwide. Identifying the barriers and gaps most impacted by the COVID-19 experience are essential to creating effective strategies for health improvement. The qualitative research identified the following themes as key elements impacted by COVID-19 that drive inequities in health outcomes across Burlington, Camden and Gloucester counties.

Transportation is worse than ever before

Staffing: health and human services struggle to attract new workers and retain the ones they have

Lack of trust in healthcare is at a new high

Representation matters: workforce should better reflect the population they serve

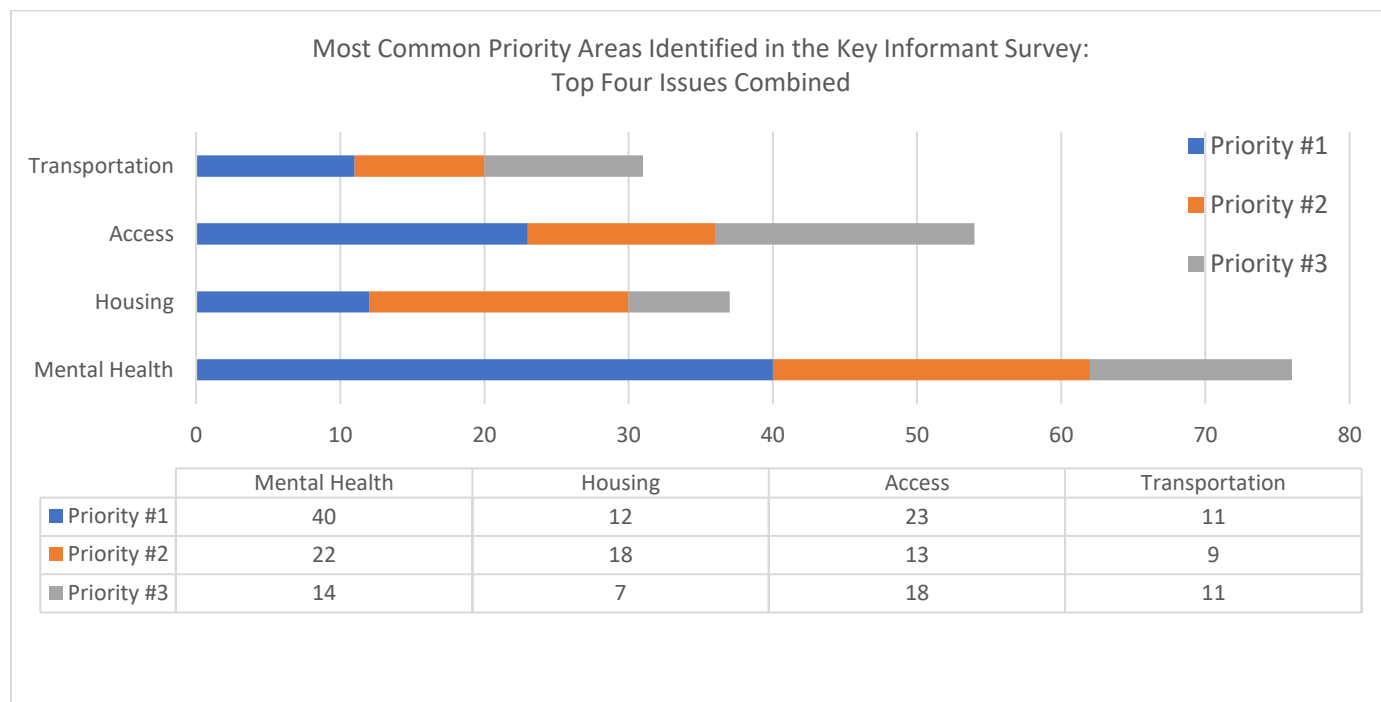
Unexamined bias and systemic racism directly impacts care

Isolation has had a profound and lasting impact

Fear remains an issue

People of all ages crave community but need help connecting

The themes identified above affect a wide range of health outcomes and can be exacerbated or improved by addressing some of the social determinants of health that impact the root causes of the disparities between population groups. With a focus on addressing social determinants of health and fostering health equity, the key informant survey identified the following priority areas for action throughout the region.



The impact of the inequities in social determinants of health are most evident among four key health outcomes: chronic disease, behavioral health, maternal and child health, and mental health (among youth in particular).

Chronic Disease and Life Expectancy	Behavioral Health	Maternal And Child Health	Youth Mental Health
Quantitative Measure	Quantitative Measure	Quantitative Measure	Quantitative Measure
Cancer and other chronic disease incidence and death is higher in South Jersey for almost all population groups	Roughly 1 in 5 adults were diagnosed with depression in South Jersey before the COVID-19 Pandemic	Black/African American Babies in Camden County die at 2.5x the Healthy People 2030 Goal	More than 1 in 3 young people in South Jersey felt sad or hopeless before the COVID-19 Pandemic
Community Feedback	Community Feedback	Community Feedback	Community Feedback
<ul style="list-style-type: none"> Delayed Care and screenings increased severity and missed early diagnoses Economics and social networks before COVID impacted access to food, medicine, health care, human interaction Isolation created new/worsening Behavioral Health needs 	<ul style="list-style-type: none"> Providers have 100% telehealth private practice = shortages for low-income people Families overwhelmed by homebound + economic struggles + isolation + COVID + grief Representation matters: need diverse workforce Even crisis care has wait lists 	<ul style="list-style-type: none"> Lack of trust in healthcare at a new high Representation matters: need more diverse providers and staff Without trust, difficult to educate, inform Insurance differences impact access to needed services 	<ul style="list-style-type: none"> Overwhelming sense of isolation Parents don't know what to do and can't get help Disconnected from community and don't know how to get in Have seen parents overworked and struggle and don't want that life Acute Behavioral Health needs, limited resources

With this in mind, Jefferson Health - New Jersey, in partnership with the South Jersey Health Collaborative and other community partners, uses these data to collaboratively and strategically reframe policy and action to foster equity in length and quality of life for the people of Burlington, Camden and Gloucester counties.

Determining Community Health Priorities

In 2021, the South Jersey Health Collaborative -- comprised of key representatives Jefferson Health, Cooper Health, Virtua Health, Burlington County Health Department, Camden County Health Department, and Gloucester County Health Department -- worked alongside the 35th Street Consulting team to update statistical data, develop and administer the key informant survey, conduct focus groups with key stakeholders, and analyze emergency department data. This data is included in this report and informed the priority actions for Jefferson Health, in alignment with collective action priorities among the South Jersey Health Collaborative partner agencies.

To determine community health priorities, statistical data and primary qualitative data were analyzed. Statistical data includes health indicators and socioeconomic measures to document health disparities and underlying inequities experienced by people living throughout Burlington, Camden and Gloucester counties, as well as a focus on people living in the City of Camden. Perspectives on data trends and direct feedback on community health priorities were collected via one-on-one interviews and collecting the perspectives of more than 206 individuals through the key informant surveys. This data was analyzed to determine key areas of need, representing the quantitative data, the survey results and key informant interview perceptions. From this process, four specific health needs were deemed priorities:

- Chronic Disease
- Behavioral Health
- Behavioral Health among young people (age 24 and younger)
- Maternal and Child Health

These findings were similar to the priority areas identified in the 2019 CHNA: Behavioral Health, Mental Health and Substance Abuse, Accessing Care, Communications and Relationships, and Obesity. (<https://www.jeffersonhealth.org/content/dam/health2021/documents/informational/new-jersey-chna-reports/chna-jefferson-2019-2021-nj.pdf>)

In 2022, when reviewing the data regarding these health issues in the context of the COVID-19 pandemic, the South Jersey Health Collaborative sought to explore and target upstream, social determinants of health factors exacerbated by the physical, emotional and structural changes brought about by the COVID-19 pandemic. **The rapid pace of societal change due COVID-19 has dramatically exposed and exacerbated the underlying inequities that have existed for generations, and which continue to fuel disparities in health outcomes.**

To help identify cross cutting factors for collective action and to identify potential upstream solutions, 14 focus groups, including 74 individuals, were conducted with a wide variety of people representing the four priority health areas. These community conversations were designed to identify themes that impact Chronic Disease, Behavioral Health, Youth Behavioral Health and Maternal and Child Health, to determine barriers and strategic opportunities for intervention. These conversations provided the opportunity to understand on a deeper level the experiences of real people who endure these health concerns; find the points of intervention opportunities; and learn what people found helpful for themselves and others during this unprecedented time in South Jersey.

Priorities for Action: Building Trust and Equity

Using an “equity lens,” the themes identified represent the following priority areas for collective action for the South Jersey Health Collaborative and for Jefferson health:



Equity Approach:

- Achieve equitable outcomes for all residents by challenging structural and institutional inequities
- Leverage collaboration to counteract social drivers of health
- Change processes and policies to reimagine equitable distribution of services

Access	Life Expectancy	Build Resilience	Equal Start
<p>Access to Care: <u>Goal:</u> Achieve equitable access to services for all people regardless of race, ethnicity, age, insurance, zip code, income, gender or language.</p>	<p>Chronic Disease and Life Expectancy: <u>Goal:</u> Achieve equitable life expectancy for all people regardless of race, ethnicity, zip code, insurance, income, gender or language.</p>	<p>Behavioral Health, Trauma and Adverse Childhood Experiences: <u>Goal:</u> Foster community building opportunities to ameliorate the impact of traumatic events designed for all ages.</p>	<p>Women and Children’s Health: <u>Goal:</u> Achieve equitable outcomes and support for all babies and people who give birth.</p>

The Implementation Plan:

Teams of Jefferson Health clinicians, administrators and subject matter experts evaluated the data gathered during the CHNA process, and established this Community Health Improvement Plan as a roadmap for work in the communities served by Jefferson, with the overarching goal of improving the health of the community.

The plan is broken into the four priority areas, each containing a number of objectives, strategies/actions and outputs.

Chronic Disease Management

Goal: Improve quality of life and life expectancy for all people regardless of race, ethnicity, zip code, insurance status, income, gender, sexual orientation, or language

Objective #1: Increase the number of chronic health condition screenings

Strategy/Action	<ol style="list-style-type: none"> 1. Expand Integrated Care Management model to center the patient as the leader of their care team 2. Empower patients to use myJeffersonHealth to navigate their care, schedule screenings, communicate with providers, etc. 3. Host health care education seminars to improve community understanding of navigating the health system, available sources of care, and appropriate care usage 4. Send push notifications with direct links for patients to schedule health screenings 5. Utilize interdepartmental scheduling to ensure that patients are being booked for screenings before leaving office visits 6. Partner with CBOs to host community-based health screenings and educational programs 7. Partner with Covid-19 grants team to offer education and health screening services at community events where vaccinations and health are a focus 8. Partner with the Community Outreach team to bring health screenings to their events 9. Partner with federally-qualified health centers and CBOs to build a calendar of screening and health education events 10. Implement mobile cancer screening services 11. Continue to recruit and onboard bi-lingual providers/support staff across all service lines 12. Continue to hire a diverse workforce representative of all communities served 13. Optimize Epic EMR to alert providers when specific screenings are indicated based on customer health information
Target Population	Jefferson Health NJ past, present and future patients in our community.
Outputs	<ul style="list-style-type: none"> • Patient education • EPIC EMR optimization review • Percentage of newly recruited staff who are bi-lingual • Percentage of newly recruited staff who fit diversity of communities served • Increase in screenings for chronic health conditions • Increased community engagement

Potential Partners	Internal Partners: <ul style="list-style-type: none"> • EPIC/IS&T Department • Jefferson Leadership & HR • Primary and Specialty Care • Sidney Kimmel Cancer Center • Dietary/Nutrition • Grants Team • Community Outreach Team • Marketing
Team	Christina Carty, Greg Langan, Sara Spinner, Tangela Thompson

Chronic Disease Management

Goal: Improve quality of life and life expectancy for all people regardless of race, ethnicity, zip code, insurance status, income, gender, sexual orientation, or language

Objective #2: Improve staffing availability and coverage

Strategy/Action	<ol style="list-style-type: none"> 1. Increase employment pool across the service pool to decrease staff burnout and increase availability of services 2. Continue providing hybrid work environments to attract more diverse applicant pools 3. Continue to recruit more providers and support staff 4. Partner with local schools to build a recruitment pipeline
Target Population	All JNJ service providers
Outputs	<ul style="list-style-type: none"> • Number of employees • Existence of hybrid work environments • Inter-departmental scheduling • University partnerships t
Potential Partners	<p>Internal Partners:</p> <ul style="list-style-type: none"> • Human Resources • JMG provider recruiter • All current staff and TJU students (referrals) <p>External Partners:</p> <ul style="list-style-type: none"> • Rutgers University • Rowan University • Temple University
Team	Christina Carty, Greg Langan, Sara Spinner, Tangela Thompson

Chronic Disease Management

Goal: Improve quality of life and life expectancy for all people regardless of race, ethnicity, zip code, insurance status, income, gender, sexual orientation, or language

Objective #3: Increase community engagement and education.

Strategy/Action	1. Continue to expand community wellness events inclusive of screening, food demonstrations, and education to highlight chronic diseases including obesity and diabetes, heart disease, cancer, and respiratory diseases.
Target Population	All residents of Burlington, Camden, and Gloucester Counties – specifically underserved populations
Outputs	<ul style="list-style-type: none"> • Community Health & Wellness events inclusive of food demonstrations, screenings, and education
Potential Partners	<p>Internal Partners:</p> <ul style="list-style-type: none"> • Grants Team • Registered Dietitians • Primary and Specialty Care Providers • Sidney Kimmel Cancer Center Team • Community Health Workers • Government Relations Team • Behavioral Health Outreach Team <p>External Partners:</p> <ul style="list-style-type: none"> • Food Bank of South Jersey • Touch New Jersey Food Pantry • Barney’s Place Food Pantry, INC. • Kennedy Fitness • Greater Philadelphia YMCA • CamCare • Camden Coalition of Health Care Providers • Gilda’s Club • Sister/Sister • Boys & Girls Club • The Arc • Duffield’s Farm • Community federally qualified health centers (FQHC) • Religious Institutions • Sororities/Fraternities • Schools • County Health Departments

	<ul style="list-style-type: none">• NJ DOH• NAACP
Team	Christina Carty, Greg Langan, Sara Spinner, Tangela Thompson

Chronic Disease Management

Goal: Improve quality of life and life expectancy for all people regardless of race, ethnicity, zip code, insurance status, income, gender, sexual orientation, or language

Objective #4: Increase education for all staff within primary & hospital setting

Strategy/Action	<ol style="list-style-type: none"> 1. Increase education for all primary care staff related to chronic illness screening, customer education, and specialty services within Jefferson Health 2. Train hospitalists and primary and specialty care providers on Epic EMR
Target Population	All primary care staff and hospitalists
Outputs	<ul style="list-style-type: none"> • Referral Map of Jefferson’s services • Service line and screening-specific trainings for providers and staff • Trainings for Epic EMR alerts and referrals across the continuum of care
Potential Partners	<p>Internal Partners:</p> <ul style="list-style-type: none"> • Specialty Providers (inclusive of those treating obesity and diabetes, heart disease, cancer, and respiratory diseases) • Primary Care providers • AIDS Education and Training Center <p>External Partners:</p> <ul style="list-style-type: none"> • American Cancer Society
Team	Christina Carty, Greg Langan, Sara Spinner, Tangela Thompson

Adult Mental Health Equity

Goal: Improve behavioral health in adults (18+) within Burlington, Camden, and Gloucester counties by expanding access to and improving the quality of behavioral health services offered in said counties.

Objective: #1 Increase number of strategies, resources, and partnerships to address behavioral health needs in a variety of health care settings.

Strategy/Action	<ol style="list-style-type: none"> 1. Continue implementation of integrated behavioral health via expansion of BHC coverage into more Primary & Specialty Care Practices. 2. Increase the number of prescribers able to provide MAT services. 3. Improved coordination with other providers
Target Population	Adults 18 and up
Outputs	<ul style="list-style-type: none"> • Living document of practices engaging in behavioral health integration • Number of BHCs operating in Primary & Specialty Care Practices • Number of prescribers trained to provide MAT services • MOUs with referring partners
Potential Partners	<p>Internal Partners:</p> <ul style="list-style-type: none"> • AIDS Education and Training Center • Jefferson PCP and BH service lines <p>External Partners:</p> <ul style="list-style-type: none"> • Quartet Health • OAKS Integrated Care • Camden Coalition • Rowan University • Acenda Integrated Health • New Visions
Team	Jocelyn Daigle, Lori Jalkiewicz, Greg Langan, Carol Janer, Jason Goslin

Adult Mental Health Equity

Goal: Improve behavioral health in adults (18+) within Burlington, Camden, and Gloucester counties by expanding access to and improving the quality of behavioral health services offered in said counties.

Objective #2: Increase the number of individuals who receive treatment for mental health and/or substance use disorder.

Strategy/Action	<ol style="list-style-type: none"> 1. Expand BHC coverage into more Primary & Specialty Care Practices. 2. Increase the number of prescribers able to provide MAT services.
Target Population	Adults 18 and up
Outputs	<ul style="list-style-type: none"> • Number of BHCs operating in Primary & Specialty Care Practices • Number of prescribers trained to provide MAT services
Potential Partners	<p>Internal Partners:</p> <ul style="list-style-type: none"> • AIDS Education and Training Center • Jefferson PCP and BH service lines <p>External Partners:</p> <ul style="list-style-type: none"> • Quartet Health • OAKS Integrated Care • Camden Coalition • Rowan University • Acenda Integrated Health • New Visions • Addiction Technology Transfer Center
Team	Jocelyn Daigle, Lori Jalkiewicz, Greg Langan, Carol Janer, Jason Goslin

Adult Mental Health Equity

Goal: Improve behavioral health in adults (18+) within Burlington, Camden, and Gloucester counties by expanding access to and improving the quality of behavioral health services offered in said counties.

Objective #3 Expand Spravato program to address treatment resistant depression.

Strategy/Action	1. Expand Spravato® program to address treatment resistant depression through increasing number of providers and customer access
Target Population	Adults 18 and up
Outputs	<ul style="list-style-type: none"> • Number of Prescribers providing Spravato® • Number of unduplicated patients receiving Spravato®
Potential Partners	<p>Internal Partners:</p> <ul style="list-style-type: none"> • AIDS Education and Training Center • Jefferson PCP and BH service lines <p>External Partners:</p> <ul style="list-style-type: none"> • Janssen Pharmaceuticals • Addiction Technology Transfer Center
Team	Jocelyn Daigle, Lori Jalkiewicz, Greg Langan, Carol Janer, Jason Goslin

Adult Mental Health Equity

Goal: Improve behavioral health in adults (18+) within Burlington, Camden, and Gloucester counties by expanding access to and improving the quality of behavioral health services offered in said counties.

Objective #4: Increase number of patients screened for depression, anxiety and substance use utilizing validated screening tools by Primary Care to identify patients at risk and in need of additional supports.

Strategy/Action	<ol style="list-style-type: none"> 1. Expand the number of PCPs that screen for depression, anxiety, and substance use screening by 2. Continue accurate documentation of validated screening scores within EPIC 3. Continue to refine triaged referral process for those who screen positive for depression, anxiety, and/or substance use
Target Population	Jefferson Health workforce
Outputs	<ul style="list-style-type: none"> • Number of clients with at least one documented screening in EPIC within the measurement year • Number of providers trained on the provision of utilized validated screening tools • Updated referral processes
Potential Partners	<p>Internal Partners:</p> <ul style="list-style-type: none"> • AIDS Education and Training Center • Jefferson PCP and BH service lines <p>External Partners:</p> <ul style="list-style-type: none"> • EPIC • Addiction Technology Transfer Center
Team	Jocelyn Daigle, Lori Jalkiewicz, Greg Langan, Carol Janer, Jason Goslin

Adult Mental Health Equity

Goal: Improve behavioral health in adults (18+) within Burlington, Camden, and Gloucester counties by expanding access to and improving the quality of behavioral health services offered in said counties.

Objective #5: Improve community trust of JHNJ.

Strategy/Action	<ol style="list-style-type: none"> 1. Continue hiring a diverse workforce for all roles within the organization representative of the communities served 2. Continue providing community wellness events 3. Continue leveraging peer workers (e.g. Community Health Workers) to broker trust with communities 4. Continue providing cultural humility trainings to all staff
Target Population	Jefferson Health workforce & Communities
Outputs	<ul style="list-style-type: none"> • Rates of diversity within workforce representing community diversity • Number of community wellness events • Number of employed Community Health Workers • Number of staff receiving cultural humility trainings
Potential Partners	<p>Internal Partners:</p> <ul style="list-style-type: none"> • AIDS Education and Training Center • Jefferson PCP and BH service lines • Jefferson Community Wellness • Human Resources <p>External Partners:</p> <ul style="list-style-type: none"> • Past, present and future Jefferson Health NJ patients
Team	Jocelyn Daigle, Lori Jalkiewicz, Greg Langan, Carol Janer, Jason Goslin

Maternal and Child Health
Black/African American Babies in Camden County die at 2.5x the Healthy People 2030 Goal

GOAL: Achieve equitable outcomes and support for all birthing people (inpatient and outpatient care)

Objective #1: To increase trust in the healthcare system for people who give birth

Overview:	<ol style="list-style-type: none"> 1. Solidify alternate models of care 2. Identify and collaborate with community agencies to increase awareness and advocacy. 3. Explore implementing the Heart Safe Motherhood Program 4. Addressing biases that adversely influence care/outcomes 5. Implement a doula program to support birthing people through the perinatal period. Intra 6. Participate in the NJ Maternal QIP program and collaborative 7. Assess/investigate the number of providers and support services needed to assist in the potential increased demand due to pro-choice policies in surrounding states.
Target Population	Birthing people and their families
Outputs	TBD
Potential Partners	<p>Internal Partners:</p> <ul style="list-style-type: none"> • Senior leadership • Midwifery practice <p>External Partners: CenteringPregnancy, Southern NJ Perinatal Cooperative, NJ Health Care Quality Institute, Camden Coalition, County DOH (Department of Health), Nurture NJ</p>
Team	Marilyn Mapp, Autum Shingler-Nace, Jayci Knights, Linda Carroll, Sarah Lagenbach

**Maternal and Child Health
Black/African American Babies in Camden County die at 2.5x the Healthy
People 2030 Goal**

**GOAL: Achieve equitable outcomes and support for all birthing people
(inpatient and outpatient care)**

**Objective #2: Ensure insurance differences do not impact access
to needed services**

Strategy/Action	1. Ensure all providers are eligible to enroll in value-based agreements with insurers.
Target Population	OB Providers and birthing people
Outputs	<ul style="list-style-type: none"> • 100% participation in Horizon NJ products • Decrease nursing and providers focus on the payor source • Resolve differences in care by payor, as mandated by payor
Potential Partners	<p>Internal Partners: senior leadership, medical administration, ambulatory administration</p> <p>External Partners: Insurance carriers, County DOH, Nurture NJ</p>
Team	Marilyn Mapp, Autum Shingler-Nace, Jayci Knights, Linda Carroll, Sarah Lagenbach

Maternal and Child Health Black/African American Babies in Camden County die at 2.5x the Healthy People 2030 Goal	
GOAL: Achieve equitable outcomes and support for all birthing people (inpatient and outpatient care)	
Objective #3: Integrate BH/social services throughout the perinatal period	
Strategy/Action	<ol style="list-style-type: none"> 1. Build processes to have a more integrative approach to behavioral health within the prenatal and postnatal period. 2. Assess screenings, strategies, resources, and partnerships to ensure perinatal mental health conditions are addressed 3. Increase the number of BH staff members within the department 4. Streamline outpatient and inpatient BH and social processes 5. Increase the number of people who receive treatment for perinatal mental health issues and substance use disorder. 6. Assess/increase participation in the statewide Perinatal Addictions Prevention Project
Target Population	Birthing people and their families
Outputs	<ul style="list-style-type: none"> • Secure BH outpatient services • Increase the number of providers with prescriptive privileges for patients with substance use disorder • Increase access to resources for patients antepartum and postpartum.
Potential Partners	Internal partners: Behavioral Health External Partners: Camden Coalition, Southern NJ Perinatal Cooperative, NJDOH
Team	Marilyn Mapp, Autum Shingler-Nace, Jayci Knights, Linda Carroll, Sarah Lagenbach

Maternal and Child Health

Black/African American Babies in Camden County die at 2.5x the Healthy People 2030 Goal

GOAL: Achieve equitable outcomes and support for all birthing people (inpatient and outpatient care)

Objective #4: Having a group of diverse providers who are respectful of the rights of people to make decisions regarding their pregnancies, including termination/abortion services.

Strategy/Action	<ol style="list-style-type: none">1. Recruit and on-board diverse providers, reflecting the patients we serve2. Develop a diverse pipeline for the midwives, including midwifery students3. Implement a robust bias interview training for recruitment and hiring managers
Target Population	Birthing people and their families
Outputs	<ul style="list-style-type: none">• An increase by 2% of the number of new diverse providers.• All hiring managers and HR trained in bias interviewing tactics.
Potential Partners	Internal Partners: Human Resources-Recruitment, Enterprise/Division DEI, External Partners: Rutgers University, Jefferson University
Team	Marilyn Mapp, Autum Shingler-Nace, Jayci Knights, Linda Carroll, Sarah Lagenbach

Maternal and Child Health
Black/African American Babies in Camden County die at 2.5x the Healthy People
2030 Goal

GOAL: Achieve equitable outcomes and support for all birthing people
(inpatient and outpatient care)

Objective #5: Increase screenings to address social determinants of health.

Strategy/Action	1. Improve screening and management of the social determinants of health by all providers
Target Population	All obstetrical antepartum and postpartum patients to the first year of life
Outputs	<ul style="list-style-type: none"> • Improve screening for social determinants of health • Increased referrals to social work during the first year of life • Improve processes and communication with case management, social work and outpatient providers
Potential Partners	Internal Partners: Social work, Case Management, Population Health External Partners: Camden Coalition, Southern NJ Perinatal Cooperative
Team	Marilyn Mapp, Autum Shingler-Nace, Jayci Knights, Linda Carroll, Sarah Lagenbach

Youth Mental Health Equity

Goal: Improve behavioral health in youth (ages 6-17) within Burlington, Camden, and Gloucester counties by expanding access to and improving the quality of behavioral health services offered in said counties.

Objective #1: Increase strategies, resources, and partnerships to address behavioral health needs in a variety of health care settings.

Strategy/Action	<ol style="list-style-type: none"> 1. Continue implementation of integrated behavioral health via expansion of BHC coverage into more Primary & Specialty Care Practices. 2. Continue to expand and improve relationships with referral partners providing pediatric healthcare services. 3. Develop a Youth Advisory Committee, tied in to the JHNJ internship initiative, with the goal of two meetings per year to gain insight into youth-focused needs to further develop programs and services.
Target Population	Youth ages 6-17
Outputs	<ul style="list-style-type: none"> • MOUs with referring partners • Number of clients referred to pediatric healthcare services • Updated referral processes • Youth Advisory Committee feedback
Potential Partners	<p>Internal Partners:</p> <ul style="list-style-type: none"> • AIDS Education and Training Center • Jefferson PCP and BH service lines • Workforce Pipeline OpEx project <p>External Partners:</p> <ul style="list-style-type: none"> • Acenda Integrated Health • Camden Coalition • Collingswood School District • Nemours Children’s Health • NeurAbilities • New Visions • OAKS Integrated Health • Quartet Health • Rowan University • Virtua Health – Pediatric Behavioral Health (CASTLE)
Team	Jocelyn Daigle, Lori Jalkiewicz, Greg Langan, Carol Janer, Jason Goslin

What's Next?

Jefferson Health is committed to improving the lives in our community. It is our mission and our passion. To achieve the goals of the Community Health Improvement Plan, we will continuously review this plan, our strategies, tactics and our partnerships, to ensure the best possible outcomes. This process will be repeated throughout the three-year period. Jefferson welcomes feedback, comments and suggestions for strengthening our partnerships, and looks to identify new initiatives that will make an impact on the overall wellness of those around us.