

St. Francis Hospital

Community Service Plan

2016-2018



Approved by the Board of Trustees on October 4, 2016



St. Francis Hospital,
The Heart Center®
Catholic Health Services
At the heart of health

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Mission Statement

Catholic Health Services of Long Island (CHS), as a ministry of the Catholic Church, continues Christ's healing mission, promotes excellence in care and commits itself to those in need.

CHS affirms the sanctity of life, advocates for the poor and underserved, and serves the common good. It conducts its health care practice, business, education and innovation with justice, integrity and respect for the dignity of each person.

St. Francis Hospital Service Area

St. Francis Hospital, The Heart Center® is a not-for-profit hospital located in Roslyn, New York, on the north shore of Nassau County in the Town of North Hempstead. It is a member of Catholic Health Services (CHS). The hospital's primary service area is Nassau County, but it also serves patients from eastern Queens and western Suffolk. St. Francis's hospital discharge data indicates that St. Francis is serving an ever-increasing older population.

The hospital's primary and secondary service areas include 85 percent of hospital discharges. In 2015, the hospital obtained 58.7 percent of its discharges from its primary service area, Nassau County. The secondary service area provides another 26.4 percent of discharges and comprises two areas, west and east. The western area consists of 29 zip codes (from Queens) and provided 16.5 percent of discharges. The eastern area consists of 19 zip codes in Suffolk County and provided 9.9 percent of discharges.

The population in the St. Francis Hospital service area is projected to become more racially and ethnically diverse in the coming years—with the Asian and Hispanic communities growing rapidly. In addition, the increase in those over age 45 is projected to place significant demand on cardiovascular, orthopedic, oncologic, and neurologic services.

Key Health Partners

Partnering with community-based organizations is the most effective way to determine how the health priorities will be addressed. Some of St. Francis Hospital partners include:

AHRC, Freeport	Fire Departments: Centerport, Dix Hills, Eatons Neck, Greenlawn, East Northport, Farmingdale, Westbury, New Hyde Park, Merrick Hook and Ladder, Farmingdale, Manhasset Lakeville
American Cancer Society	Freeport Memorial Library, Freeport
American Diabetes Association	Freeport Recreation Center, Freeport
American Heart Association	Glen Cove Public Library, Glen Cove
American Parkinson Disease Association	Glen Cove Senior Center, Glen Cove
Bethel AME Church, Freeport	Good Samaritan Hospital Medical Center, West Islip
Blessed Sacrament Church, Valley Stream	Good Samaritan Nursing Home, Sayville
Catholic Charities	Good Shepherd Hospice, Farmingdale
Catholic Home Care, Farmingdale	Great Neck Public Library
Cherry Lane Elementary School, Carle Place	Great Neck Public Schools
Christ First Presbyterian Church, Hempstead	Hempstead Senior Community Center, Hempstead
CHS Home Support Services, Hauppauge	High School for Construction Trades Engineering and Architecture
Dominic A. Murray 21 Memorial Foundation	
Elmont Memorial High School, Elmont	
Elmont Public Library, Elmont	
Fidelis Care	

Island Harvest, numerous sites throughout Nassau County's select communities
 JASA, Long Beach & Jamaica, NY
 Long Island Blood Services
 Long Island Health Collaborative (LIHC)
 Louis J. Acompora Memorial Foundation Magnolia Gardens, Westbury
 Maryhaven Center of Hope, Port Jefferson
 Mary's Manor & Enriched Housing, Inwood
 Memorial Presbyterian Church, Roosevelt
 Mercy Medical Center, Rockville Centre
 North Hempstead YES Community Center, Westbury
 North Shore Schools
 Our Lady of Consolation Nursing & Rehabilitative Care Center, West Islip
 Our Lady of Fatima, Manorhaven
 Our Lady of Good Counsel Church, Inwood
 Our Lady of Loretto Church, Hempstead
 Our Lady of Mercy High School
 Paternana Terrace, Freeport
 Paul D. Schreiber High School, Port Washington
 Rev. Mitchell Mallette Housing Complex, Freeport
 Sid Jacobson Jewish Community Center, East Hills

Society of St. Vincent de Paul
 St. Aloysius Church, Great Neck
 St. Boniface Church, Elmont
 St. Brigid Church, Westbury
 St. Brigid Senior Center, Westbury
 St. Catherine of Siena Medical Center, Smithtown
 St. Catherine of Siena Nursing & Rehabilitation Care Center, Smithtown
 St. Charles Hospital, Port Jefferson
 St. Joseph Hospital, Bethpage
 St. Kilian Church, Farmingdale
 St. Mary of the Isle Church, Long Beach
 St. Patrick Church, Glen Cove
 St. Peter of Alcantara R.C. Church, Port Washington
 St. Vincent de Paul Church, Elmont
 Telecare
 Temple Beth Shalom, Roslyn
 Town of Hempstead Project Independence Center, Hempstead
 Uniondale Public Library, Uniondale
 Westbury Memorial Library, Westbury
 YMCA, Glen Cove

Public Participation

CHS is a member of the Long Island Health Collaborative (LIHC) which is an extensive workgroup of committed partners who agree to work together to improve the health of Long Islanders. LIHC members include both county health departments, all hospitals on Long Island, community-based health and social service organizations, academic institutions, health plans and local municipalities, among other sectors.

The LIHC was formed in 2013 by hospitals and the Health Departments of Suffolk and Nassau Counties with the assistance of the Nassau-Suffolk Hospital Council to develop and implement a Community Health Improvement Plan. In 2015, the LIHC was awarded funding from New York State Department of Health as a regional Population-Health Improvement Program (PHIP). With this funding, the LIHC has been able to launch various projects that promote the concept of population health among all sectors, the media and to the public.

To collect input from community members, and measure the community-perspective as to the biggest health issues, the LIHC developed a regional survey called the Long Island Community Health Assessment Survey. This survey was distributed via SurveyMonkey® and hard copy formats. The survey was written with adherence to Culturally and Linguistically Appropriate Standards (CLAS). It was translated into certified Spanish language and large print copies were available to those living with vision impairment.

Long Island Community Health Assessment surveys are distributed both by paper and electronically through SurveyMonkey® to community members and are distributed at hospital outreach events.

Results of Community-Wide Survey

An analysis of the LIHC Community Member Survey was completed by LIHC and made available to members to obtain community health needs for their service area. The analysis represents every survey that was mailed to LIHC from community members, delivered to LIHC from hospitals, or entered directly into SurveyMonkey®. The demographic information includes information from the American Community Survey (ACS) 2014, a survey distributed by the United States Census Bureau in years where a census is not conducted. The ACS provides demographic estimates and can be found at American FactFinder. Surveys collected by the hospital were sent to LIHC and entered in the database. The duration of the survey was six months, January to June 2016.

Using the LIHC Community Member Survey data, St. Francis Hospital reviewed the data for the hospital's service area by selected zip codes. Below are the findings for St. Francis Hospital:

1. What are the biggest ongoing health concerns in the community where you live?

• Cancer	40.75%
• Drug & alcohol abuse	33.41%
• Obesity/weight-loss issues	28.54%
• Diabetes	26.71%
• Heart disease & stroke	26.25%
• Mental health depression/suicide	18.11%
• Safety	16.86%
• Environmental hazards	12.19%
• Women's health & wellness	11.90%
• Child health & wellness	11.09%
• Asthma/lung disease	8.80%
• HIV/AIDS & Sexually Transmitted Diseases (STD)	5.45%
• Vaccine preventable diseases	4.42%

2. What are the biggest ongoing health concerns for yourself?

• Women's health & wellness	30.15%
• Obesity/weight-loss Issues	29.43%
• Cancer	29.35%
• Heart disease & stroke	29.11%
• Diabetes	22.68%
• Safety	17.87%
• Environmental hazards	15.00%
• Mental health depression/suicide	12.76%
• Asthma/lung disease	9.37%
• Child health & wellness	8.56%
• Drugs & alcohol abuse	5.01%
• Vaccine preventable diseases	3.86%
• HIV/Aids/sexually transmitted disease	2.97%

3. What prevents people in your community from getting medical treatment?

• No insurance	40.21%
• Unable to pay co-pays/deductibles	39.28%
• Fear	30.80%

- Don't understand need to see a doctor 26.17%
 - Language barriers 18.26%
 - There are no barriers 14.17%
 - Transportation 13.75%
 - Don't know how to find doctors 9.81%
 - Cultural/religious beliefs 7.66%
 - Lack of availability of doctors 5.95%
4. Which of the following is the MOST needed to improve the health of your community?
- Healthier food choices 37.17%
 - Clean air and water 27.16%
 - Weight-loss programs 27.11%
 - Job opportunities 25.06%
 - Drug and alcohol rehabilitation services 22.28%
 - Mental health services 21.98%
 - Safe places to walk/play 15.93%
 - Recreation facilities 13.46%
 - Transportation 12.41%
 - Safe childcare options 12.04%
 - Smoking cessation programs 11.34%
 - Safe worksites 4.49%
5. What health screenings or education/information services are needed in your community?
- Blood pressure 22.38%
 - Diabetes 22.26%
 - Cancer 21.90%
 - Nutrition 21.63%
 - Importance of routine well checkups 20.49%
 - Drug and alcohol 19.95%
 - Exercise/physical activity 19.02%
 - Mental health/depression 17.70%
 - Heart disease 13.66%
 - Cholesterol 13.19%
 - Emergency preparedness 12.11%
 - Dental screenings 10.63%
 - Eating disorders 9.76%
 - Disease outbreak information 6.68%
 - Suicide prevention 6.34%
 - Vaccination/immunizations 5.76%
 - HIV/AIDS/STDs 4.67%
 - Prenatal care 3.59%
6. I identify as:
- Female 73.12%
 - Male 26.88%
 - Other 0%

7. Average age of respondents:	50
8. What race do you consider yourself?	
• White/Caucasian	76.81%
• Black/African-American	12.88%
• Asian/Pacific Islander	6.01%
• Multi-racial	0.25%
9. Are you Hispanic or Latino?	
• No	73.07%
• Yes	20.53%
• No answer	6.67%
10. What is your annual household income from all sources?	
• \$0-\$19,999	13.75%
• \$20,000-\$34,999	14.02%
• \$35,000-\$49,999	7.82%
• \$50,000-\$74,999	15.77%
• \$75,000-\$125,000	27.36%
• >\$125,000	21.29%
11. What is your highest level of education?	
• College graduate	31.23%
• Graduate school	20.60%
• Some college	16.69%
• High school graduate	14.96%
• Doctorate	4.49%
• Some high school	3.80%
• Technical school	3.46%
• K-8 grade	2.86%
• Other (GED, nursing school)	0.36%
12. What is your current employment status?	
• Employed for wages	53.50%
• Retired	23.55%
• Self-employed	10.51%
• Out of work/looking for work	4.47%
• Out of work, but not currently looking	4.23%
• Student	3.62%
• Military	0.12%
13. Do you currently have health insurance?	
• Yes	90.33%
• No	7.67%
• No, but I did in the past	2.00%

Community Health Priorities for 2016-2018

For the 2016-2018 cycle, community partners selected *Chronic Disease* as the priority area of focus with (1) obesity and (2) preventive care and management as the focus areas. The group also agreed that mental health should be highlighted within all intervention strategies. Mental health is being addressed through attestation and visible commitment to the Delivery System Reform Incentive Payment (DSRIP), Performing Provider Systems (PPS) Domain 4 projects. Priorities selected in 2013 remain unchanged from the 2016 selection; however, a stronger emphasis has been placed on the need to integrate mental health throughout the intervention strategies. Domain 4 projects with a focus on mental health include:

- Project 4.a.i Promote mental, emotional and behavioral (MED) well-being in communities
- Project 4.a.ii Prevent substance abuse and other mental emotional disorders
- Project 4.a.iii Strengthen mental health and substance abuse infrastructure across systems
- Project 4.b.i Promote tobacco use cessation, especially among low socioeconomic status populations and those with poor mental health

Hospital partners are fully attested and active participants in DSRIP project and deliverables, thus supporting the emphasis being placed on improving outcomes related to mental health.

St. Francis Hospital Interventions, Strategies and Activities

Priority Number One: Obesity

Goal: Reduce obesity in adults through community-based awareness initiatives such as free community lectures and BMI screenings.

Interventions, Strategies and Activities:

1. SFH Diabetes and Nutrition Education Center will offer free nutrition group classes on healthy eating.

Process measures: The number of attendees in all nutrition and diabetes educational classes will be increased by 2%. Our Diabetes Education Center uses the Long Island Health Collaborative Wellness survey both pre- and post-program to determine program effectiveness.

2. St. Francis staff volunteer at CHS Healthy Sundays community outreach events at local churches, offering free health screenings and providing educational materials on preventive health to underserved community members.

Process measures: The number of attendees, screenings and referrals will be measured.

3. SFH will provide screenings for BMI through the use of the SFH outreach bus.

Process measures: Increase screenings by 2%.

4. St. Francis Hospital will actively promote the Long Island Healthy Collaborative's (LIHC) walking program by distributing promotional materials at community events and through social media reach. St. Francis Hospital will also share program information with CHS-affiliated physicians and mid-level practitioners to encourage more people to walk and choose a healthier lifestyle.

Process measures: Track number of community events where Long Island Health Collaborative materials were shared.

5. All CHS entities participate as a team in the American Heart Association Heart Walk, the Long Island Marcum Workplace Challenge—a 3.5-mile run-walk for charity—and American Cancer Society's Making Strides against Breast Cancer walk. These events promote walking for physical activity and good health for employees and the community. Educational materials are offered at each event to participants.

Process measures: The goal is to increase the number of hospital participants over the previous year by 5%.

Priority Number Two: Preventive Care and Management

Goal: Increase access to high-quality disease preventive care and management for cardiovascular disease, diabetes and cancer in clinical and community settings.

Interventions, Strategies and Activities:

1. Provide free blood pressure screenings with health education and information at health fairs, schools, senior centers, libraries and other community locations.

Process measures: Increase number of attendees for blood pressure screenings and health education by 2%.

2. Offer 8 free cardiac screenings per year to high school athletes in grades 9 through 12 including free CPR/AED instruction to families and friends who attend. Programs are usually conducted in the St. Francis Hospital Cardiac Imaging suite. In 2016 St. Francis Hospital committed to offering two offsite programs per year in an effort to reach medically underserved communities.

Process measures: Number of screenings, attendees and those identified for follow up will be measured.

Priority: Mental Health

Goal: Increase community awareness of mental health issues and resources on Long Island.

Interventions, Strategies and Activities:

1. The hospital will support DSRIP and Long Island Health Collaborative mental health projects.

Process measures: St. Francis Hospital will maintain active membership on DSRIP and Long Island Health Collaborative committees to bring information back to its Community Advisory Board to ensure that mental health community support is included in all future program planning initiatives.

2. Develop, initiate and offer community-based programs to assist patients and caregivers with mental health issues. St. Francis Hospital will expand its existing support groups and develop new support groups to assist

patients and caregivers with chronic disease issues. St. Francis will offer Narcan training to all of its BLS instructors, and include it in its community CPR training classes.

3. St. Francis Hospital will be hosting a Mental Health First Aid training in November 2016 presented by The Mental Health Association of Nassau County. This free, eight-hour training is designed for caregivers of those who live with chronic disease as well as hospital staff who work with caregivers or run hospital support groups. This education will better prepare staff who run hospital support groups.
4. When a lack of access to mental health resources is identified, St. Francis Hospital will provide information on and refer patients to the extensive mental health services available within CHS and its partners. If not available within CHS, St. Francis will use LIHC's database to identify or recommend a suitable option.
5. A Town Hall meeting to talk about substance abuse on Long Island will be held at St. Joseph Hospital in fall 2016 and broadcast live on Telecare. The panel will include experts from CHS, Catholic Charities, the Diocese of Rockville Centre and Hope House Ministries along with community members and families affected by substance abuse. Telecare—The Best in Catholic Television!® is a not-for-profit, state-of-the-art television and production facility. In collaboration with CHS, Telecare is producing a DVD that will focus on substance abuse on Long Island. The DVD will be shown to Catholic school students and religious education students, available on all CHS and Diocesan websites and will also have its own website. Related literature with education and resource information will be provided for students, parents, and parishioners and will be available on all of the previously listed websites.
6. CHS is creating a Mental Health and Substance Abuse Services guide listing all available services throughout its system, Catholic Charities and the New York State Department of Health. This guide will be available in 2017.

Dissemination of the Plan to the Public

The St. Francis Hospital Community Service Plan will be posted on the hospital's website at www.stfrancisheartcenter.com. Copies will be available at local free health screenings and can be mailed upon request.

By encouraging friends and neighbors to complete the Long Island Health Collaborative Wellness Survey online or at local screenings, the Community Health Needs Assessment will help St. Francis Hospital continue to further develop ways to best serve the community.

Conclusion

The Community Service Plan is intended to be a dynamic document. Using its strengths and resources, St. Francis Hospital, along with community partners, will work to continue to best address health disparities and needs. The hospital will strive to improve the overall health and well-being of individuals and families by expanding free health promotion and disease prevention/education screenings and programs in communities where they are most needed. St. Francis Hospital is committed to continue to develop ways to best serve the community.