



Mount
Sinai
South
Nassau

Community Service Plan 2019-2021



Mount Sinai South Nassau

3-Year Community Service Plan

2019-2021

Cover Page

1. Identify county or service area covered in this assessment and plan:

The hospital's service area comprises 10 primary communities: Oceanside, Rockville Centre, Baldwin, Freeport, Merrick, East Rockaway, Lynbrook, Long Beach, Island Park, and Roosevelt. The 23 secondary communities we serve are Bellmore, Wantagh, Seaford, Massapequa, Massapequa Park, Atlantic Beach, Franklin Square, West Hempstead, Elmont, Hempstead, Lido Beach, Levittown, Garden City, Uniondale, East Meadow, Inwood, Cedarhurst, Hewlett, Lawrence, Malverne, Valley Stream, Woodmere, and Far Rockaway.

2. Participating hospital and contact information:

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Executive Summary

Mount Sinai South Nassau is committed to providing quality, comprehensive and easily accessible health care services to all residents in our South Shore communities. This mission is in alignment with The New York State Prevention Agenda, 2019-2024 whose vision is to make New York State the healthiest state for people of all ages. The following Community Service Plan (CSP) / Community Health Needs Assessment (CHNA) enables compliance with federal and state requirements, demonstrating community benefit and will now serve as a joint document.

This document describes the goals and activities which assist in improving the health of our community members.

Question 1. What are the Prevention Agenda priorities and the disparity you are working on with your community partners, including the local health department and hospitals for the 2019 -2021 period?

The following priorities were chosen for the 2019-2021 Community Service Plan:

- Prevent Chronic Disease: *Focus Area 4: Chronic Disease Preventive Care and Management*
- Promote Well-Being and Prevent Mental and Substance Use Disorders: *Focus Area 2: Mental and Substance Use Disorders Prevention*

The health disparities we address include the underinsured, medically underserved, and uninsured as well as language barriers in the Hispanic population. We will also address the disparity of underage drinking and substance abuse rates in the City of Long Beach compared to Nassau County as a whole.

Question 2. What data did you review to identify and confirm existing priorities or select new ones?

Mount Sinai South Nassau collectively reviewed with members of the Long Island Health Collaborative (LIHC) extensive data sets selected from both primary and secondary sources to identify and confirm Prevention Agenda priorities. Data analysis efforts were coordinated through the LIHC, which served as the centralized data repository.

Primary data sources included the Long Island and Eastern Queens Community Health Assessment Survey (CHAS) (*Appendix A*) and the results from focus groups and key community-based organization leader interviews. The latter results were compiled in the report – *Focus Groups and In-Depth Interviews. (Appendix*

B)

Sources of secondary data were: the New York State Prevention Agenda dashboard, the Prevention Quality Indicators (PQI), Behavioral Risk Factor Surveillance System (BRFSS), Extended Behavioral Risk Factor Surveillance System (eBRFSS), New York State Community Health Indicator Reports (CHIRS), and New York State Vital Statistics. Mount Sinai South Nassau has established solid relationships with local community based organizations. These organizations shared what their constituents have expressed or demonstrated as health concerns. All of this information, as well as feedback from other community based organizations through the collaborative, was incorporated into the final priority selection process.

[Question 3a. Which partners are you working with and what are their roles in the assessment and implementation processes?](#)

Mount Sinai South Nassau participates in the Long Island Health Collaborative activities. This includes review of all data collected and analyzed by the LIHC, with Nassau County Department of Health input and consultation offered when appropriate.

The hospital participates in the LIHC's bi-monthly stakeholder meetings and avails itself of LIHC's extensive network. (*Appendix C*)

Additionally, Mount Sinai South Nassau has partnered with the following: American Cancer Society, American Heart Association, New York City Poison Control, HealthFirst Insurance, 1 in 9 Hewlett House, Alzheimer's Foundation of America, American Academy of Dermatology, Long Beach Aware, Farmingdale State College, Molloy College, Adelphi University and local school districts and churches, senior centers, libraries, local Jewish community centers, local senators and civic leaders, as well as community recreation centers. These partners provide a wealth of knowledge and expertise, collaborate with us to provide community health events, and assist in the logistics and advertising of planned events.

[Question 3b. How are you engaging the broad community in these efforts?](#)

Mount Sinai South Nassau engages the broad community by eliciting input at local health education events,

health fairs, and screenings. We encourage open dialogue with community residents and consider all comments when planning future programs. Mount Sinai South Nassau websites offer an avenue for people to email questions and suggestions to the hospital. Those comments are received by the Department of External Affairs and then forwarded to appropriate staff for response.

From January 1st through December 31st 2018, the broad community was engaged in assessment efforts through distribution and completion of the Long Island Community Health Assessment Survey. This tool was developed in consensus with community partners from the LIHC and designed using the Prevention Agenda framework. Distributed in both online and paper copies, the survey was also available in Spanish. LIHC community partners distributed and promoted the survey to a diverse population of community members at a variety of locations including hospitals, doctor's offices, health departments, libraries, schools, insurance enrollment sites, community based organizations and beyond. Mount Sinai South Nassau posted the survey on its website, distributed paper copies to employees (71% of whom reside in our catchment area communities), and distributed it at community events.

For this assessment cycle, the LIHC collaborative members also engaged the community through focus groups and key informant interviews with leaders of community based organizations (CBO). The research firm *Eureka Facts, LLC* conducted the focus groups and CBO interviews, interpreted the results, and produced the report. Focus groups were held in the low-income communities of Elmont and Hempstead. (*Appendix B*)

[Question 4. What specific evidence-based interventions/strategies/activities are being implemented to address the specific priorities and the health disparity and how were they selected?](#)

For the first priority *Prevent Chronic Diseases*, Mount Sinai South Nassau selected 2 goals, one of which is Goal 4.1: Increase cancer screening rates. Two evidence-based interventions were chosen. The first intervention will be implemented in our Family Medicine Center, and consists of putting systems in place for patient and provider screening reminders. Mount Sinai South Nassau has partnered with the Northwell Health Cancer Screening Project to screen for breast, colorectal, and cervical cancers. This grant-funded project is anticipated to increase our cancer

screening rates as Northwell will refer community members from our zip code catchment areas to Mount Sinai South Nassau for screenings.

The second intervention will be implemented through the Bureau of New York State DOH Cancer Prevention and Control grant. This evidence-based intervention includes removing structural barriers to breast cancer screening through a designated patient navigator and through administrative support. This navigator focuses on challenges such as transportation issues, language barriers, and insurance concerns, thereby assisting the person in receiving a breast cancer screening.

The selection of these activities was based upon discussions with staff at Mouth Sinai South Nassau's Family Medicine Center and the patient navigator for the Cancer Prevention and Control grant. Key takeaways from these meetings were the willingness of staff to incorporate the patient and provider screening reminders into existing work flows, and the patient navigator to offer expertise and assistance in removing structural barriers. These two programs working in concert will complement each other and result in a synergistic relationship which ultimately will benefit our service population enabling early detection and treatment modalities.

Goal 4.4: *In the community setting, improve self- management skills for individuals with chronic diseases.* The strategy to attain this goal is to expand access to evidence-based self-management interventions for individuals with cardiovascular disease whose condition is not well-controlled with guideline-based medical management alone. Mount Sinai South Nassau will conduct “Check, Change, Control™”, the American Heart Association’s evidence-based community blood pressure screening program. This program will be implemented in Hempstead as this is a select community with a total population of 56,435 and 19.5% living below poverty level¹. Additionally, according to the New York State Behavioral Risk Factor Surveillance System (BRFSS- 2016), 31.3% of adults living in Nassau County have the diagnosis of hypertension. Of Hempstead’s total population, 25,909 (45.6%) are of Hispanic/Latino origin. Of the Hempstead

Hispanic/Latino population 23.2% live below the poverty level and 42.3% of Hempstead's Hispanic/Latino population report Spanish as their primary language¹. The CDC's National Center for Chronic Disease Prevention and Health Promotion reports that "The average age for a stroke among non-Hispanic whites is 80, but among Hispanics living in the United States, it is 67...high blood pressure is one of the main conditions that can cause a stroke. About 3 out of 10 Hispanics have high blood pressure, and many do not know it." Considering these statistical facts, we therefore will be partnering with the Nassau County Office of Hispanic Affairs located in Hempstead. This will assist us in addressing this health disparity among the Spanish speaking residents of Hempstead. Community members who participate in the Check, Change, Control™ program will be provided with self-management skills, education, support, and incentives for a 4-month duration. The goal of this strategy is to empower the attendees to check their own blood pressure regularly, change unhealthy lifestyle habits into healthy ones, and control the silent killer, hypertension. The American Heart Association has agreed to be a resource regarding program logistics and data support. Of significance, Mount Sinai South Nassau has entered a newly-formed partnership with the American Heart Association called "Life is Why"™. This sponsorship is vital to assisting the American Heart Association in achieving its mission of creating a world free of cardiovascular disease and stroke.

For the second priority *Promote Well-Being and Prevent Mental and Substance Use Disorders* Mount Sinai South Nassau chose Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults. This goal was selected after careful consideration of the challenges the City of Long Beach faces related to underage drinking and substance use. Approximately 37,854 individuals reside in the City of Long Beach and 3,583 students are enrolled in the Long Beach School District². Within its 3.5 square-mile city footprint, there are 98 establishments where alcohol is available. Every two years students in grades 9 and 11 are queried by the *Youth Development Survey* (an anonymous national survey) regarding substance use. The findings show that Long

Beach underage substance use is significantly higher than Nassau County and New York State (See table below).

Past-30-Day Alcohol Use			
	2014-15 Long Beach	2014-15 Nassau Co.	2014-15 New York State
9 th Grade	33.3	21.7	21.2
11 th Grade	68.4	47.9	43.9

Past-30-Day Binge Drinking			
	2014-15 Long Beach	2014-15 Nassau Co.	2014-15 New York State
9 th Grade	19.0	14.7	11.9
11 th Grade	45.5	27.4	23.9

Past-30-Day Marijuana Use			
	2014-15 Long Beach	2014-15 Nassau Co.	2014-15 New York State
9 th Grade	15.8	7.5	9.0
11 th Grade	34.3	21.3	22.6

Source: Statistical report referenced by Long Beach Aware YDS surveys, 2014-15

Mount Sinai South Nassau is a member of the Long Beach Aware coalition, a not-for-profit state funded prevention provider with a focus towards bringing about lasting change in the community culture around alcohol and substance abuse. In partnership with this coalition, Mount Sinai South Nassau will support the evidence-based intervention *Teen Intervene*TM. This strategy will be implemented as a first time offering in Long Beach High School. Mount Sinai South Nassau will provide emergency room zip code level data to inform the coalition regarding Emergency Room visits related to substance use. This will guide them in their efforts to potentially expand the program utilizing evidence-based data.

Question 5: How are progress and improvement being tracked to evaluate impact? What process measures are being used?

Mount Sinai South Nassau will use the following process measures to track the impact in the Family Medicine Center of the aforementioned interventions/strategies/activities.

“Increase Cancer Screening Rates” metrics:

- Number of Family Medicine patients contacted by patient reminder systems
- Compliance with screening guidelines among Family Medicine patients reached
- Number of people contacted by the Breast Screening Patient Navigator
- Number of people who follow up with a mammogram after navigator intervention

Check, Change, Control™ program metrics:

- Number of attendees who enroll in the 4-month program
- Number of attendees who complete the 4-month program
- Systolic and Diastolic blood pressure comparisons from commencement to completion of program

Teen Intervene™ program metrics:

- Number who participate in sessions
- Number who complete sessions
- Number who respond to six month follow-up assessment

Community Health Assessment Results

The chart below reflects what was identified by the Community Health Needs Assessment Survey regarding the question “What is needed the most to improve the health of your community?”

2018 Ranking	Suffolk County	Percentage	Nassau County	Percentage
1	Healthier Food Choices	15.26%	Healthier Food Choices**	18.11%
2	Drug & Alcohol Rehabilitation Services**	14.71%	Clean Air & Water**	13.46%
3	Clean Air & Water**	12.11%	Mental Health Services**	10.88%
4	Mental Health Services**	11.75%	Drug & Alcohol Rehabilitation Services	10.05%
5	Job Opportunities	9.87%	Weight Loss Programs	9.55%
	Sum of Column Percentages	63.70%		62.06%

Source: EurekaFacts, LLC

Analysis of responses from focus group participants and interviews with community based organization leaders supports the results of the quantitative data analyses. The chart below reflects the top five specific health concerns of the focus group participants. These concerns

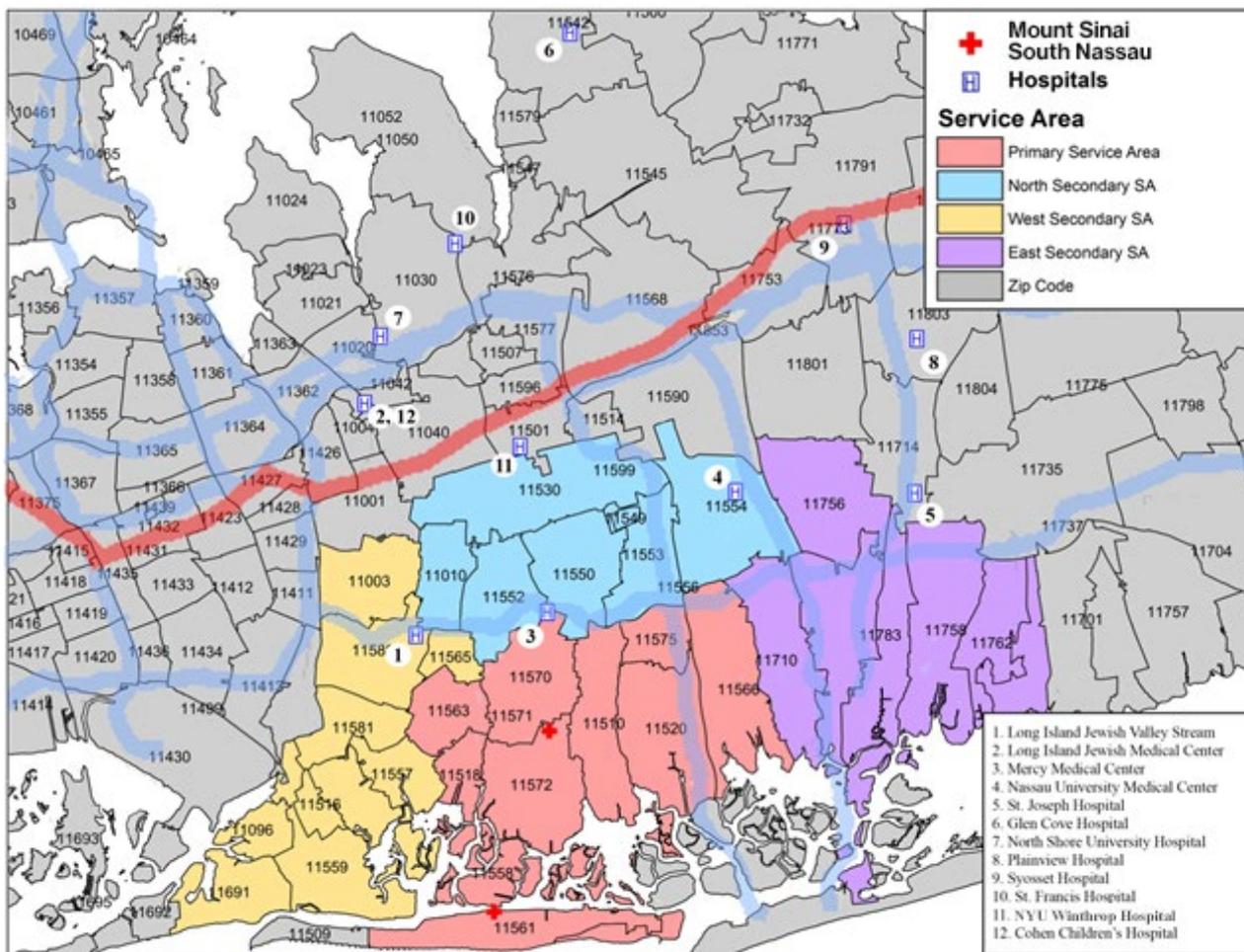
align with the Prevention Agenda Priorities as follows:

Ranking	Specific Health Concerns	# of References	Prevention Agenda Priority
1	Mental Health	13	Promote Well-being & Prevent Mental & SUD
2	Violence	12	Promote a Healthy & Safe Environment
3	Substance Disorders	9	Promote Well-being & Prevent Mental & SUD
4	Diabetes	7	Prevent Chronic Disease
5	Cancer	6	Prevent Chronic Disease

Source: EurekaFacts, LLC

The cumulative information shared in this CSP/CHNA regarding health concerns and prevalence of disease directed the selection of priorities to be addressed in this plan.

Communities Served



Primary: Oceanside, Rockville Centre, Baldwin, Freeport, Merrick, East Rockaway, Lynbrook, Long Beach, Island Park and Roosevelt.

Secondary: Bellmore, Wantagh, Seaford, Massapequa, Massapequa Park, Atlantic Beach, Franklin Square, West Hempstead, Elmont, Hempstead, Lido Beach, Levittown, Garden City, Uniondale, East Meadow, Inwood, Cedarhurst, Hewlett, Lawrence, Malverne, Valley Stream, Woodmere and Far Rockaway.

Nassau County sits east of the borough of Queens and west of Suffolk County. It incorporates two cities: Long Beach and Glen Cove and three townships: Hempstead, North Hempstead, and Oyster Bay. Total population: 1,363,069 (48.5% male; 51.5% female) those aged 65+ comprise 16.8% of the population and those aged 35 to 64 comprise 41.1% of the population. In terms of income, 26.5% of the population earn less than \$74, 999 with about a third of that group earning less than \$34,999 annually. The region is predominately white at 68.9% with 11.5% black/African American, and 9.1% Asian. Hispanic or Latino represent 16.4% of the population. Of note, Hispanics/Latinos may identify as a particular race as well, therefore increasing the above total percentage to over 100%. The percentage of the population (5 years and over) that speaks a language other than English is 28%. Of those who speak a language other than English, 42% report they speak English “less than very well.” In terms of education, for those age 25 and over, 23.3% are high school graduates, 24.3% hold a bachelor degree, and 20% hold a graduate professional diploma. The percentage of people with health insurance is 94%.³

While Nassau County proudly holds the health ranking of number 2 among all NYS counties, there are six select communities in our catchment area (Elmont, Inwood, Freeport, Uniondale, Roosevelt, and Hempstead) in which socioeconomic factors result in vast health disparities. Consider the following table regarding the select communities in our service area:

TOWN	TOTAL POPULATION	PERCENT LIVING BELOW POVERTY LEVEL
Elmont	41,356	7.8%
Freeport	43,341	12.5%
Hempstead	56,435	19.5%
Inwood	8,344	17.1%
Roosevelt	16,272	11.0%
Uniondale	26,034	12.3%

Source: U.S. Census Bureau 2013-2017 American Community Survey 5-year estimates

Compare this to a sampling of other communities within our service area as demonstrated by the following table:

TOWN	TOTAL POPULATION	PERCENT LIVING BELOW POVERTY LEVEL
Garden City	27,273	3.0%
Merrick	35,321	3.1%
Oceanside	35,574	5.7%
Rockville Centre	26,646	5.7%

Source: U.S. Census Bureau 2013-2017 American Community Survey 5-year estimates

It is the mission of Mount Sinai South Nassau to provide high quality, comprehensive, and easily accessible health care services to all residents in our South Shore communities in a manner which reflects a culture of excellence, personalized culturally competent care and innovation. While no hospital can address all of the health needs of its communities, Mount Sinai South Nassau is committed to serving our population by adhering to its mission, using its skills and capabilities, and remaining a strong organization so it can continue to provide a range of important health care services and community benefits. The implementation strategy does not include specific plans to address environmental determinants of health, poverty, and basic needs insecurity. As an organization that provides health care services Mount Sinai South Nassau does not have the resources or expertise to directly address those needs.

The Community Service Plan (CSP)/Community Health Needs Assessment (CHNA) is in alignment with the Hospital's mission. The mission statement remains unchanged.

Dissemination

Mount Sinai South Nassau posts the CSP/CHNA on its website (www.southnassau.org) and offers paper copies to the public when requested. Our community newsletter, which reaches over 300,000 residents, provides information on how to obtain the CSP/CHNA, as does the employee newsletter. Additionally, the Department of Community Education brings the document to various community events.

¹ https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

² <http://longbeachaware.org/thenumbers>

³ U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

EurekaFacts, LLC: Long Island Health Collaborative, Population Health Improvement Program for the Long Island Region *Focus Groups and In-Depth Interviews*, March 26, 2019

www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action/docs/2018-08_ifa_report.pdf