

Good Samaritan Hospital Medical Center Community Health Needs Assessment and Implementation Plan

2013



Reviewed and approved by the Boards of Good Samaritan Hospital Medical Center on June 27, 2013, and Catholic Health Services on July 29, 2013.



**Good Samaritan Hospital
Medical Center**

Catholic Health Services

At the heart of health

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I. Introduction

More than half of the hospitals in the United States are not-for-profit; on Long Island all hospitals fit that category. Along with that tax-exempt status comes a responsibility to assess and be responsive to community health needs. As part of the Affordable Care Act, not-for-profit hospitals are required to conduct and publish a Community Health Needs Assessment (CHNA) once every three years, and to report annually to the IRS the steps it is taking to address the needs it has identified.

An important feature of the CHNA is that it reflects the community's perception of current health care needs rather than the perception of the health care provider. For this reason, Good Samaritan Hospital Medical Center's assessment process relied heavily on community surveys, both at the individual and organizational level. Results from these surveys were cross-referenced with national health priorities as identified in the Federal government's Healthy People 2020 initiative. In order to avoid duplication, collaboration with the Suffolk County Department of Health and the County's other not-for-profit hospitals occurred under the auspices of the Nassau-Suffolk Hospital Council.

Founded in 1959, Good Samaritan Hospital Medical Center is a 437-bed not-for-profit, acute care community hospital. It is one of six hospital members of Catholic Health Services of Long Island, an integrated health care delivery system that also includes three nursing homes, a regional home care and hospice network, and a community-based agency for those with special needs. More than 17,000 employees and 4,600 credentialed physicians work within the CHS system, which meets the health care needs of almost 24 percent of Long Islanders. Good Samaritan is an employer of choice, with 3,700 full- and part-time employees. The medical center is the first line of response during a medical emergency, with a fully staffed and equipped Emergency Department that handles about 90,000 visits annually. At Good Sam, more than 2,800 babies are born each year. To meet the needs of young and growing families, Good Samaritan opened Suffolk County's first pediatric emergency room and offers the area's only comprehensive multi-specialty, free-standing outpatient Center for Pediatric Specialty Care, as well as a Level III inpatient pediatric intensive care unit and neonatal intensive care unit. The hospital's Women's Imaging Center, accredited by the American College of Radiology for excellence in the performance of stereotactic and ultrasound guided biopsies, was named a Breast Imaging Center of Excellence and The Breast Health Center was granted three-year full accreditation by the National Accreditation Program for Breast Centers. It features Suffolk County's first 3-D digital breast tomosynthesis system, an advanced mammography technology that is especially useful in imaging dense breast tissue. Minimally invasive gynecologic, general, and urologic surgery is enhanced with the use of the da Vinci® robotic-assisted surgical system. The hospital also offers highly regarded and comprehensive interventional cardiology services providing diagnostic and therapeutic care for coronary artery blockages and heart rhythm disturbances. As a not-for-profit hospital, Good Samaritan continually reinvests its resources into the medical center, offering the latest technological advances in medicine in an environment that is caring, compassionate and close to home. To meet the needs of the region's most vulnerable, uninsured and underinsured populations, the hospital is under contract with the Suffolk County Department of Health to operate the Martin Luther King, Jr., Community Health Center in Wyandanch. Good Samaritan reported \$9.3 million in charity care at cost net of offsetting revenues in 2012. Community service, uncompensated care and other charitable activities provided for the community totaled \$17.3 million at cost, and \$3.9 million was reported in bad debt at cost net of offsetting revenues in 2012.

Good Samaritan Hospital Medical Center serves a broad geographic area covering western Suffolk County's South Shore and part of southeastern Nassau County, a region that is home to more

than 850,000 individuals.¹ The median age in the primary and secondary service areas, from which more than 90% of the hospital's inpatients and Emergency Department patients come, is 38.4 years. In these communities, 85.7% of adults are high school graduates, which exceeds both the United States and New York State averages, but falls short of the Suffolk County average of 88.4%. Median household income is \$82,065, which is slightly lower than the Suffolk County average of \$87,187. Six percent of residents in the hospital's service area are below the Federal poverty level, exceeding the County average of 5.7%. Nearly 19% of residents are foreign-born.

There are 12 hospitals within a 20-mile radius of Good Samaritan's service area and more than two dozen urgent care/walk-in centers. Within a 15-mile radius of the hospital, there are two dozen free-standing imaging centers, and nearly 50 ambulatory centers providing outpatient surgery, endoscopy, or other interventional services. More than 36 substance abuse service providers are located within a 15-mile radius of the hospital, and 13 mental health providers are within a 25-mile radius, offering services not currently available at Good Samaritan.²

In an effort to remain responsive to evolving community health needs, Good Samaritan Hospital Medical Center is engaged in an ongoing process of soliciting feedback from community members, patients, and partner organizations. In 2013, a more formalized approach to assessing community health needs was undertaken. This multipronged effort consisted of gathering information from a number of sources representing the population served, including:

- A random telephone survey of 500 health care decision-makers in the hospital's primary and secondary service areas which included members of minority and low income populations;
- A focused community health needs assessment survey distributed to patients, staff and community members, including attendees of Healthy Sundays outreach programs in low income and medically underserved communities;
- Evaluation forms completed by attendees at Good Samaritan's various community health education programs;
- Data derived from surveys of community-based organizations;
- Transcripts of interviews with community-based organizations serving the Long Island region;
- United States Census data;
- Publicly available data from The County Health Rankings/Roadmaps to Health, The Community Guide, Healthy People 2020, and other widely used sources of indicators and evidence-informed program activities provided by Community Commons' CHNA Toolkit³.
- An epidemiologist with the Suffolk County Department of Health reviewed all the state data to help determine the prevalent needs which correlated with the survey results.

While the data sources represented a diverse group of stakeholders, several common themes emerged from the various survey instruments. The top three health issues identified were overweight/obesity, high blood pressure, and back and joint pain. Cancer and diabetes were also

¹ Source: United States Census Bureau American Fact Finder
http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml

² Source: iTriage.com

³ <http://assessment.communitycommons.org/CHNA/>

frequently mentioned as health challenges. In a similar vein, weight loss and nutrition information were commonly cited as services that respondents felt they needed in order to improve their health⁴.

Based on the data collected by Good Samaritan Hospital in the first two quarters of 2013, the hospital will focus on chronic disease prevention through the provision of nutrition and weight management services; and on improving outcomes for cancer patients through the provision of a comprehensive array of educational, preventive, diagnostic and treatment services.

II. CHNA Process and Findings

Methodology, Data Sources, and Collaborating Organizations

From March 3–6, 2013, First Market Research, Inc., a Newton, MA-based market research firm with more than two decades of experience, conducted a telephone survey of 503 randomly selected health care decision makers in Good Samaritan Hospital's primary and secondary service areas. Using a survey instrument developed in consultation with the hospital, First Market Research queried respondents about hospital usage, key factors affecting hospital selection, hospital services most frequently used and preferred methods of communication about available health care services. A demographic profile of health care decision makers was also obtained.

Following this, a 20-question community health needs survey was developed and disseminated throughout the month of May 2013. Designed to capture specific information about the community's perception of unmet health care needs, the survey was distributed to more than 4,000 individuals electronically, through an email blast. In addition, 500 surveys were distributed in hard paper form at three health screenings, in hospital and ambulatory center waiting areas including the Martin Luther King, Jr., Health Center (founded in partnership with the Suffolk County Department of Health in Wyandanch, a designated medically underserved area), and at support groups. Out of these, 115 completed surveys were collected (50 online and 65 paper).

Beginning in fall 2012, Good Samaritan Hospital offered a series of community health education seminars. Branded as Good Sam University, this program featured a lecture topic of special interest to women, another geared to seniors, and a third focusing on nutrition, each month in September, October, November, February, March and April. More than 600 individuals attended these programs from inception through April 2013. At each lecture, attendees were asked to complete an evaluation form that included questions about the program content as well as their preferences for future health education offerings.

Good Samaritan Hospital partnered with Suffolk County's other not-for-profit hospitals and the Suffolk County Department of Health, under the auspices of the Nassau-Suffolk Hospital Council, to survey community-based organizations throughout Long Island. An online survey was completed by 102 representatives of community-based health, human service, government, civic, educational and business agencies who shared their views on the unmet health care needs and barriers to accessing health care services in both Nassau and Suffolk Counties.

In-depth interviews were conducted by members of the Nassau-Suffolk Hospital Council's Public Health Workgroup, which included representatives of Long Island's hospitals, health systems, county health departments, and academic institutions, with representatives of local chapters of the American Heart Association, the American Diabetes Association, and United Way. Transcripts of these

⁴ For the purposes of this CHNA, the community served by the facility is defined by those zip codes from which a majority of patients come.

conversations, during which the interviewer was able to probe for information and discuss responses at length, provided a more qualitative and contextual framework for the survey findings.

United States Census data, including demographic information provided through the American Fact Finder website, was used to benchmark local demographic information against County, State-wide and National statistics for measures such as median age, income level, percent of population living below the federal poverty level, educational attainment, and percent of residents who are foreign-born.

Community Commons' CHNA Toolkit, an online resource for hospitals, public health departments, academic institutions and the general public, provided access to publicly reported data from a variety of sources including The County Health Rankings/Roadmaps to Health, The Community Guide, Healthy People 2020, and others.

Lastly, Good Samaritan Hospital Medical Center's own internal data was used to determine primary and secondary service areas, patient demographics, and most heavily used health care services.

Good Samaritan Hospital CHNA Survey Results

Respondents to the CHNA survey were predominantly female, and most were over the age of 50.

Answer Choices	Responses
Male	17.39%
Female	82.61%

Income levels of respondents to this survey were similar to the First Market Research group, with 25% earning under \$50,000; 35% earning \$50,000 - \$100,000, and 37% earning more than \$100,000.

Answer Choices	Responses
\$0-\$24,999	4.40%
\$25,000-\$49,999	19.78%
\$50,000-\$74,999	21.98%
\$75,000-\$99,999	13.19%
\$100,000-\$124,999	15.38%
\$125,000-\$149,999	9.89%
\$150,000-\$174,999	7.69%
\$175,000-\$199,999	3.30%
\$200,000 and up	4.40%

Eighty-three percent were white, while approximately eight percent were African-American and seven percent Hispanic.

Answer Choices	Responses
African American/Black	7.83%
Caucasian/White	83.48%
Asian	0.87%
Hispanic	6.96%
American Indian/Alaska Native	0%
Native Hawaiian/Pacific Islander	0.87%

The main health challenges faced include overweight/obesity, high blood pressure, joint or back pain.

Answer Choices	Responses
Cancer	12.84% 14
Diabetes	14.68% 16
Overweight/obesity	35.78% 39
Lung disease	4.59% 5
High blood pressure	31.19% 34
Stroke	3.67% 4
Heart disease	6.42% 7
Joint pain or back pain	32.11% 35
Mental health issues	5.50% 6
Alcohol overuse	0.92% 1
Drug addiction	0.92% 1
I do not have any health challenges	27.52% 30
Total Respondents: 109	

Among those who experienced barriers to accessing routine care, the most often cited issues are scheduling conflicts and an inability to afford co-payments or deductibles.

Answer Choices	Responses
Cultural/religious beliefs	0%
Don't know how to find doctors	0.87%
Don't understand the need to see a doctor	0.87%
Fear (e.g., not ready to face/discuss health problem)	1.74%
Lack of availability of doctors	0.87%
Language barriers	0.87%
No insurance and unable to pay for the care	3.48%
None	81.74%
Unable to pay co-pays/deductibles	7.83%
Scheduling conflicts	8.70%
Transportation	0.87%
Total Respondents: 115	

Respondents suggested that the health of their families and neighbors could be improved through, among other services, greater access to healthier food, wellness services and free health screenings.

Answer Choices	Responses
Healthier food	45.05%
Job opportunities	27.03%
Mental health services	9.01%
Recreation facilities	18.92%
Transportation	7.21%
Wellness services	42.34%
Specialty physicians	7.21%
Free or affordable health screenings	35.14%
Safe places to walk/play	15.32%
Substance abuse/rehabilitation services	0.90%
I don't know	12.61%
Total Respondents: 111	

Among the screenings and health services that respondents felt would be most beneficial were blood pressure, cancer, cholesterol, exercise, nutrition and routine care or well check-ups.

Answer Choices	Responses
Blood Pressure	47.22%
Cancer	31.48%
Children's Health	16.67%
Cholesterol (fats in the blood)	40.74%
Dental screenings	25.93%
Diabetes	22.22%
Disease outbreak prevention	2.78%
Drug and alcohol abuse	1.85%
Eating disorders	5.56%
Emergency preparedness	3.70%
Exercise/physical activity	35.19%
Falls prevention for the elderly	3.70%
Heart disease	16.67%
HIV/AIDS & STDs	0.93%
Routine well checkups	30.56%
Memory loss	9.26%
Mental health/depression	8.33%
Nutrition	37.96%
Prenatal care	1.85%
Quitting smoking	7.41%
Suicide prevention	0%
Vaccination/immunizations	5.56%
Weight-loss help	34.26%
Total Respondents: 108	

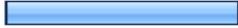
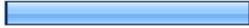
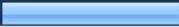
Respondents reported that they require education about blood pressure, cholesterol, diabetes, exercise, nutrition and weight loss.

Answer Choices	Responses
Blood pressure	22.73%
Cancer	17.05%
Cholesterol	27.27%
Dental Screenings	4.55%
Diabetes	23.86%
Disease outbreak prevention	7.95%
Drug and alcohol abuse	2.27%
Eating disorders	3.41%
Emergency preparedness	12.50%
Exercise/physical activity	29.55%
Falls prevention in the elderly	7.95%
Heart disease	15.91%
HIV/AIDS & STDs	0%
Routine well checkups	11.36%
Mental health/depression	6.82%
Nutrition	37.50%
Prenatal care	1.85%
Quitting smoking	7.41%
Suicide prevention	0%
Vaccination/immunizations	5.56%
Weight-loss help	34.26%
Total Respondents: 108	

Community-Based Organization Survey

The hospital's CHNA survey results were somewhat divergent from the results of a survey administered to staff at Community-Based Organizations who were asked to provide their opinions about the health care needs within the communities they serve.

While obesity and weight loss issues were identified by 49% of these respondents, mental health issues and drug and alcohol dependency were also frequently cited by 38.2% and 52.9% of respondents.

		Response Percent
Access to vaccinations		10.8%
Asthma/lung disease		27.5%
Cancer		41.2%
Care for the elderly		43.1%
Memory loss		12.7%
Diabetes		34.3%
Drugs and alcohol abuse		52.9%
Environmental problems (water, pollution, air, etc.)		10.8%
Falls in the elderly		13.7%
Heart disease and stroke		32.4%
HIV/AIDS and sexually-transmitted diseases		11.8%
Infections		9.8%
Preventable injuries		5.9%
Mental health including depression and suicide		38.2%
Nutrition/eating habits		25.5%
Obesity/weight loss issues		49.0%
Premature births		0.0%
Smoking/tobacco use		24.5%
Teen pregnancy		15.7%
Violence in home, guns, murder, rape, other		10.8%
Women's health and wellness		21.6%
Other		2.0%

Forty-three percent of community-based organization staff cited health education programs, drug and alcohol services, affordable housing and health screenings as the top services to improve health within the communities they serve. Seventy-eight percent of those surveyed felt that individuals within their service areas face barriers in accessing necessary health care, with ability to pay cited as the most common concern. Screenings requested included blood pressure, cancer, cholesterol, dental, physical activity, routine health check-ups and nutrition.

CBO Interviews

Interviews were conducted with the regional vice president of the American Heart Association; director of the Long Island Market for the American Diabetes Association; and senior vice president for HIV AIDS Grants Management, United Way of Long Island.

Common themes from transcripts from these conversations included the prevalence of obesity, chronic disease prevention, and the need for education and training.

Sample quotes from interview subjects include the following:

“...childhood obesity is on the rise, this is the first generation that is not going to live as long as their parents.” – American Heart Association

“...a lot of minority populations are affected by diabetes.” - American Diabetes Association

“Definitely a big thing (is) reducing obesity, in women and children and adults. That’s the number one thing for prevention.” - American Diabetes Association

“Honestly I think education, I think fear, especially in a lot of the immigrants, I think a lot of them are afraid to seek help... and again I think education I think that people don’t understand the major effects that diabetes can have on you.” - American Diabetes Association

“...there is a stigma around...mental health services. But for many reasons, I think that is a very big thing that we find people are in need of and don’t necessarily always know how to access. Substance abuse services (are needed due to) a lot of overuse of prescription drugs and different things that are going on. More recently we have been trying to develop some initiatives around healthy living and obesity...we are trying to...work with some of the Head Start Programs and early childhood programs to address it early and try to do some parent education around healthy living and lifestyle choices.” - United Way of Long Island

Identification and Prioritization of Community’s Significant Health Needs

Good Samaritan Hospital has selected the following as its two priority areas for community health improvement projects in 2013:

- Chronic disease prevention through the provision of nutrition and weight management services
- Improving outcomes for cancer patients through the provision of a comprehensive array of educational, preventive, diagnostic and treatment services

These priorities were selected based on the severity and urgency of the health needs, as well as the importance placed on addressing them by the community.

Among the 115 respondents to Good Samaritan's Community Health Needs Assessment, overweight and obesity were the most commonly chosen health challenges reported. Diabetes, high blood pressure, and joint and back pain were the next most commonly cited issues. Since overweight and obesity are contributing factors to chronic ailments such as diabetes, hypertension, cardiovascular disease and orthopedic problems, community health interventions that focus on nutrition and weight management have the potential to positively impact on the chronic health problems most prevalent within the communities served by Good Samaritan.

Cancer was the only other health challenge mentioned by more than 10% of respondents to Good Samaritan's survey. Cancer rates in Suffolk County exceed those in New York State, with local clusters reported. A 2003 study found that the communities of Ronkonkoma, Central Islip, Islip Terrace, and East Islip had clusters of lung cancer in females that were 40% higher than the New York State average,⁵ and the New York State Department of Health reports that thyroid cancer rates in men across Suffolk County are 30% or more higher than the State average.⁶

I. Chronic Disease Prevention through Weight Management and Nutrition

One of the federal government's Healthy People 2020 goals is to "Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights."⁷ The Healthy People 2020 website cites strong scientific evidence endorsing the benefits of consuming a healthy, balanced diet and maintaining a healthy body weight for both children and adults. The site recommends interventions that help support a healthier diet by providing education and skills to empower individuals to make healthier food choices.

Programs focusing on nutrition, weight management and obesity were mentioned by a majority of survey respondents as the services from which they could derive the most benefit.

II. Improving Outcomes for Cancer Patients through Educational, Preventive, Diagnostic and Treatment Services

Another Healthy People 2020 goal is to "Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer."⁸ Cancer survivors number approximately 13.7 million in the United States.⁹ Survivors face a range of physical, emotional, psychosocial, employment, legal, and interpersonal challenges, many of which the health care system is still in the early stages of addressing. At the same time, it has long been understood that risk factor management, early detection, and

⁵ Geoffrey M. Jacquez and Dunlie A. Greiling, "Local clustering in breast, lung and colorectal cancer in Long Island," New York; International Journal of Health, 2003 February 17; <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC151676/>

⁶ Maps of Cancer by County: <http://www.health.ny.gov/statistics/cancer/registry/cntymaps/cntymaps.pdf>

⁷ Healthy People 2020 Website:

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=29>

⁸ Healthy People 2020 Website:

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=29>

⁹ "Number of Cancer Survivors Expected to Increase to 18 Million by 2022," Official Website of the National Cancer Survivors Day: http://www.ncsd.org/_blog/Front_Page_News/post/number-of-cancer-survivors-expected-to-increase-to-18-million-by-2022/

advanced, evidence-based treatment protocols can prolong life and improve the odds of achieving a cure. These advances will lead to increasing numbers of cancer survivors, many of whom will view their cancer as a chronic illness requiring ongoing management.

Many of the same lifestyle factors that impact on heart disease, diabetes, hypertension and other chronic diseases may also contribute to the development of certain cancers. The use of tobacco products, physical inactivity, poor nutrition, and obesity may increase the risk of cancer. Other modifiable risk factors include exposure to ultraviolet light due to sun exposure or the use of tanning salons. Given Good Samaritan Hospital's location less than half a mile from the Great South Bay and in close proximity to the destination beaches of Fire Island, focus on the prevention, diagnosis and treatment of skin cancer as well as other cancers is an important community health initiative for the hospital and the community it serves.

III. Implementation Plan

With a robust clinical team consisting of cardiologists, endocrinologists, orthopedic surgeons, registered dietitians and others who specialize in preventing and managing these conditions, Good Samaritan is well-positioned to provide high-quality educational, preventive and treatment services in this area.

Good Samaritan has a documented record of expertise in managing cancer. In 1993 it opened one of Long Island's first Breast Health Centers and has continued to pioneer new techniques in diagnostic technology. The Women's Imaging Center, accredited by the American College of Radiology for excellence in the performance of stereotactic and ultrasound guided biopsies, was named a Breast Imaging Center of Excellence and The Breast Health Center was granted three-year full accreditation by the National Accreditation Program for Breast Centers. The hospital's multidisciplinary cancer program has earned the Outstanding Achievement Award and three-year accreditation with commendation in eight areas from the American College of Surgeons' Commission on Cancer on three consecutive surveys, nine years in a row. This makes the hospital uniquely qualified to undertake community health improvement activities centered on cancer care.

In Good Samaritan's CHNA survey, back and joint pain were among the frequently cited health care needs. However, due to the hospital's somewhat limited financial and human resources this was not among the areas selected for the hospital's 2013 community health improvement projects. Instead it was believed that by focusing resources on the two selected areas, a more robust and measurable implementation plan could be launched.

Priority Area #1 - Nutrition/Weight Management

A number of initiatives surrounding this topic area are in the planning stages or have been recently implemented at Good Samaritan Hospital. Health care professionals participate in numerous free community-based screenings for cholesterol, glucose, and high blood pressure. These are held at local libraries, street fairs and festivals, and community- and hospital-based health fairs. Within the hospital, the Department of Nutrition and Food Service will hold monthly Farmer's Markets over the summer to provide employees and visitors with the opportunity to purchase local, fresh and organic produce and baked goods. In addition, menu changes within the employee and visitor cafeterias resulted in the elimination of fried foods and the inclusion of locally grown produce. Healthy snack choices have replaced many unhealthy options in hospital vending machines.

In addition, three focused initiatives with measurable outcomes will address this priority area:

I. Healthier Families Program –

In conjunction with the Bay Shore School District and the Bay Shore Wellness Alliance, Good Samaritan Hospital will offer a free, 10-week weight management program for children in grades 2 – 5 who are identified as being at risk for obesity-related health issues. The program will meet at the Bay Shore Middle School twice each week for a 45-minute exercise session which will take place in the school's Wellness Center under the supervision of licensed physical education instructors. One day each week, the parents must also attend for an additional 45-minute educational session taught by a Good Samaritan Hospital registered dietitian. Students and parents will learn to make appropriate food choices, how to read a food label, and about the importance of calorie counting, fat content, and portion control. Up to 20 children may participate in each 10-week session.

Goal: To positively impact the knowledge level and behaviors of program participants with respect to food choices and incorporating regular physical activity into their lives. This will be measured by a survey instrument to be administered at the conclusion of the 10-week session.

Budgeting: Thanks to the collaborative partnership of the hospital, the local school district and the Bay Shore Wellness Alliance, with each contributing some facet of the program, associated costs have been kept under \$4,000 per 10-week session. Charitable funding from The Good Samaritan Hospital Foundation in the form of a seed grant for the pilot project has been secured to underwrite the first three 10-week sessions. A professional grant writer hired by the Bay Shore School District is currently soliciting additional funding sources to ensure sustainability of the project and allow the program to continue to be offered free of charge.

II. Nutrition Symposium

In response to requests for educational programming articulated by attendees at Good Samaritan's community health lectures throughout 2012, the hospital held a free, day-long nutrition seminar in April 2013. Billed as "A Healthy Serving of Knowledge," the event featured workshops taught by registered dietitians, physicians and allied health care professionals addressing issues such as "How to Read a Food Label," "Stress Management," "Which Diet Options Work?" and "How to Feed Picky Eaters." More than 200 individuals attended the symposium, which concluded with a healthy lunch and a cooking demonstration by a professional chef and nutrition coach.

Goal: To provide high-quality education regarding healthy food selection and preparation to the community. A post-program evaluation was administered to assess the perceived value of the intervention.

Budgeting: The costs associated with this symposium were underwritten by an educational grant received from a local financial institution and it was therefore able to be offered free of charge to participants. In the future, symposia such as this may carry an associated nominal fee to partially offset the costs of venue and catering.

III. Web-based education for the community and medical staff

Data gathered during the CHNA survey process revealed that, while 83.5% of community residents receive their health information directly from their health care provider, nearly 50% reported using the Internet as a main source of health information. In response to this, in 2013 Good Samaritan Hospital Medical Center will begin to use web-based technology to expand its educational offerings to community members and physicians. This initiative will begin with webinars focusing on weight loss including information on bariatric surgery as a treatment for morbidities associated with severe

obesity, defined as having a body mass index (BMI) of 40 or higher or a BMI of 35 – 40 with co-morbidities such as diabetes, sleep apnea, or hypertension.

Goal: To provide education to 100 community members and 100 physicians as measured by log-ins to Livestream platform that Good Samaritan will use to provide webinars.

Budgeting: The hospital has absorbed the cost of this educational initiative as part of its operating budget, allowing the programming to be offered to both the community and participating physicians free of charge.

Priority Area #2 – Cancer

Good Samaritan Hospital has long been committed to cancer prevention, as well as providing access to the most advanced diagnostic and treatment protocols. In this realm, the hospital offers an ongoing series of annual free screenings including a prostate cancer screening, skin cancer screening, head and neck cancer screening, and colorectal cancer screening. Professionally facilitated support groups for cancer patients and caregivers, including separate groups for breast cancer patients and those diagnosed with breast cancer at a very young age are offered. In 2013, a comprehensive cancer services brochure was created to provide patients and the community with information about the range of cancer programs available at Good Samaritan.

In addition, specific new initiatives include:

I. Physician newsletters

A new, electronic publication was launched in 2013 to provide community-based physicians with information on the latest breakthroughs in cancer treatment and to familiarize them with locally available services in order to enhance access to evidence-based treatment protocols for their patients. The inaugural issue focused on breast cancer. A second issue tackled gynecological cancer. The publication is disseminated electronically to Good Samaritan's 900 voluntary attending and employed physicians, and mailed to 1,442 non-affiliated physicians.

Goal: To educate family practitioners, internists, and subspecialists with the latest evidence-based diagnostic and treatment protocols for a variety of cancers.

Budgeting: The cost is approximately \$2,500 per issue, which includes professional design services, printing and postage. The ability to distribute a large number of copies electronically reduces the cost to a level that can be absorbed by the hospital's annual printing budget.

II. Enhanced outreach through Breast Cancer Help, Inc.

In 2013, The Good Samaritan Hospital Foundation absorbed the Board of the not-for-profit Breast Cancer Help, Inc., an organization headquartered in nearby Bay Shore, whose mission is to provide free supportive services to cancer survivors. With this organization now under the auspices of Good Samaritan Hospital Medical Center, the hospital has an expanded footprint in Bay Shore and an off-site location through which it will continue offering yoga, massage, art therapy, and other non-medical support to cancer patients and survivors. In the coming months the hospital will add to those services, offering support groups, lectures and screenings within the Breast Cancer Help, Inc. building.

Goal: To provide non-medical support services to 200 cancer patients and survivors, as measured through class logs and sign-in sheets.

Budget: Breast Cancer Help, Inc., has revenue streams in place to support the costs associated with maintaining the outreach building and offering some programming. In addition, many of the instructors who provide programs do so on a volunteer basis. Charitable funding will continue to be sought to underwrite the anticipated expansion of services offered at this site.

III. YouTube videos

Using its recently launched YouTube channel to disseminate video content will allow Good Samaritan physicians and allied health professionals to provide education and information to a wide range of community members who may not be inclined to attend a health education event at the hospital or at another physical location. In 2013, Good Samaritan began producing short videos with information on skin cancer, breast cancer, and radiation therapy. In addition, clinicians were approached to comment on new research study findings and health news that appears in the popular press. In the second half of 2013, social media channels including Facebook and Twitter became available as additional distribution channels for this programming, providing access to previously unreached audiences.

Goal: To provide the community with a reliable source of information on cancer prevention, diagnosis and management via online video content. Success will be measured by the achievement of a 50% increase in the average number of viewers for cancer videos as compared to existing YouTube channel video content.

Budget: Expenses for the management of social media sites such as Google+, Facebook and Twitter are covered by Catholic Health Services of Long Island through 2013. Use of YouTube is available free of charge. The hospital is using its internal public affairs and marketing staff, existing equipment, and employed or affiliated physicians to create the video content. There is no additional cost beyond salaries attached to this activity.

IV. Conclusion

Throughout the course of its 54-year history, Good Samaritan Hospital Medical Center has striven to be responsive to the evolving health care needs of the community it serves. This formalized Community Health Needs Assessment process has been instructive and has provided hospital planners with additional insight into the perceptions of community members and the staff at various agencies that offer health and human services to residents of the local area. With this step, health needs assessment has advanced beyond the anecdotal and intuitive to an evidence-based, data-driven process. Good Samaritan Hospital welcomes the opportunity to participate in this process and to engage with members of the community in order to ensure that hospital programs and services are continuing to meet their needs.

As prevention assumes a greater role in our nation's health care delivery system, Good Samaritan Hospital will continue to evolve and create services that focus on keeping our communities healthy in order to achieve the Institute for Healthcare Improvement's Triple Aim: improving the patient experience of care; improving the health of populations; and reducing the cost of health care.¹⁰

¹⁰ Institute for Healthcare Improvement website:
<http://www.ihc.org/offerings/Initiatives/TripleAim/Pages/default.aspx>