

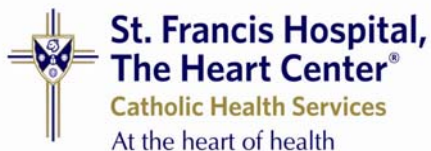
# St. Francis Hospital, The Heart Center®

## Community Health Needs Assessment and Implementation Plan

2013



*Reviewed and approved by the Boards of St. Francis Hospital on June 25, 2013, and Catholic Health Services on July 29, 2013.*



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## **I. Introduction**

### **New IRS Requirements**

The Affordable Care Act (ACA), enacted March 23, 2010, added new requirements that all not-for-profit hospitals, recognized as 501 (c) (3) organizations, are required to complete a Community Health Needs Assessment (CHNA). A CHNA is designed to identify, prioritize, and address health issues in the community served by the hospital and must be completed at least once every three years for tax years beginning after March 2012. A compliant CHNA must include each of the following:

- Definition of the community served by the facility
- Identification of key health partners and resources in the community
- Description of the process and methods used to conduct the health needs assessment
- Completion of a community-wide survey/focus groups, or other means to obtain input regarding significant health needs
- Identification and prioritization of significant community health needs
- Dissemination of the CHNA findings and report to the public

In compliance with the statute and IRS guidance and in an effort to positively impact health outcomes within the communities served, St. Francis Hospital recently conducted a CHNA. The hospital's CHNA focused on the health behavior of individuals in the community, health issues, and concerns facing residents of the community and access to care.

### **Hospital Service Area**

St. Francis Hospital, The Heart Center<sup>®</sup>, is a not-for-profit hospital located in Roslyn, New York. St. Francis has served the community since its founding in 1922 and strives to be a national leader in the prevention, diagnosis, and treatment of heart disease while making the health care of tomorrow better through research and education. The hospital seeks to provide an environment in which excellence in its totality is emphasized, incorporating the scientific, technical, psychosocial, and spiritual components of health care.

St. Francis offers high quality health care to the community, regardless of race, creed, ethnic origin, or ability to pay. As a Catholic health facility, St. Francis embraces the tradition, values, and charisma of its founders, the Sisters of Franciscan Missionaries of Mary, emphasizing respect for the dignity of individuals and compassionate treatment for all.

St. Francis is New York State's only specialty designated cardiac center and a nationally recognized leader in cardiac care. The hospital also provides an outstanding program in noncardiac surgery that employs the most advanced technology and minimally invasive

techniques available for vascular, prostate, ear-nose-throat (ENT), abdominal, oncologic, gastrointestinal, and orthopedic surgery.

A not-for-profit hospital, St. Francis Hospital is a member of Catholic Health Services of Long Island. St. Francis Hospital is located on the north shore of Nassau County in the Town of North Hempstead.

St. Francis Hospital's primary and secondary service areas include 85 percent of hospital discharges. The primary service area is Nassau County, from which the hospital obtained 55.3 percent of its discharges in 2011 (up from 53.6 percent in 2010). The secondary service area provides another 29.8 percent of discharges (down from 31.6 percent) and comprises two areas, west and east. The western area consists of 29 zip codes in Queens and provided 15.6 percent of discharges (down from 16.5 percent). The eastern area consists of 28 zip codes in Suffolk County and provided 14.2 percent of discharges (down from 15.0 percent). For the purpose of this Community Health Needs Assessment, these communities comprise those served by the hospital facility, which was determined based on the percentage of patients residing in this geographic area.

Within a 15-mile radius of St. Francis Hospital's service area, there are 12 acute care hospitals and one tertiary care state hospital. Also, within a 15-mile radius of the service area are 15 urgent care/walk-in centers, 11 free-standing imaging centers, and 18 ambulatory centers providing colonoscopy, endoscopy, and other interventional services. There are four tertiary teaching hospitals, three specialty care hospitals, and nine outpatient rehabilitation centers. More than 41 substance abuse services providers are located within a 15-mile radius and more than 100 providers of mental health services.

Many additional resources are available through community-based organizations that St. Francis Hospital has a relationship with, such as:

- Libraries: Glen Cove, Jericho, Glen Head, Central Islip, Brentwood, Westbury, Port Washington, East Williston, Hillside Public (New Hyde Park), Floral Park, Elmont, Commack, East Northport, Deer Park, and East Meadow
- Senior Centers: Atria on Roslyn Harbor, Life Enrichment Center at Oyster Bay, Oceanside Senior Center, Glen Cove Senior Center, Bethpage Senior Center, Poumannack Village, Greenlawn, Bayside Senior Center, Wyandanch Senior Nutrition Center, Woodhaven Senior Center, Great Neck Senior Center
- Nassau County Department of Health Services
- Chambers of Commerce: Manhasset, Port Washington and Roslyn
- Volunteer Ambulance Corps: Port Washington and Roslyn

- Freeport Recreation Center
- United Cerebral Palsy Association, Roosevelt
- YMCAs: Cross Island, Glen Cove, Huntington
- Sid Jacobson JCC
- American Heart Association
- School Districts: Port Washington, Manhasset, Roslyn, Roslyn, Oyster Bay
- Zion Youth Community Center, East Meadow
- Churches: St. Aloysius, Great Neck; St. Patrick, Glen Cove; St. Brigid, Westbury; Blessed Sacrament, Valley Stream; St. Hugh of Lincoln, Huntington Station; St. Bernard, Levittown; Holy Spirit, New Hyde Park; First Baptist, Bay Shore; Bethel AME, Freeport; Christ First Presbyterian, Hempstead; Memorial Presbyterian, Roosevelt

St. Francis Hospital reported \$3.7 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 \$11.9 million at cost, and \$808 thousand was reported in bad debt at cost net of offsetting revenues in 2012.

### **CHNA Findings**

As a result of the CHNA, St. Francis Hospital identified the following areas of need:

- Cancer
- Diabetes
- Heart Disease
- High Blood Pressure
- Obesity/Overweight
- Nutrition/Healthy Eating

## **Priorities Chosen: Identified Needs of the Community**

1. **Priority:** Prevent Chronic Disease—increase access to high-quality chronic disease preventive care and management for cardiovascular disease, diabetes, and cancer in both clinical and community settings.
2. **Priority:** Reduce obesity in adults through community-based awareness initiatives, and the addition of bariatric services to St. Francis.
3. **Priority:** Prevent vaccine-preventable diseases through community-wide efforts to decrease the burden of influenza.

## **II. CHNA Process and Findings**

### **Process**

St. Francis Hospital conducted a CHNA that included input from the DeMatteis Center for Cardiac Research and Education’s outpatients, inpatients, employees, patients screened at community outreach events, family members, and general community members who attended the hospital’s annual Health Fair. A total of 671 surveys were returned and analyzed in 2013 and will be posted on the St. Francis Hospital website by January 1, 2014. Surveys are available in English and Spanish. Input was sought from people in the medically underserved “select communities” by St. Francis’s outreach staff when conducting health screenings at various community and parish site locations. A summary of the community assessment, findings and priority areas has been made available in a document entitled “St. Francis Hospital Serves the Community,” which is available on the St. Francis Hospital website.

In addition, St. Francis collaborated with the Nassau County Department of Health. Through this venue, in-person interviews were conducted with key Long Island leaders from community-based organizations, which included, but were not limited to:

- American Heart Association
- American Diabetes Association
- American Cancer Society
- Island Harvest
- United Way of Long Island

All of these community-based organizations reach out to medically underserved and minority populations, especially Island Harvest and the United Way of Long Island. A standard survey tool was developed and given to leaders of all of the above organizations.

The American Heart Association described the high incidence of heart disease, hypertension, and stroke. The American Diabetes Association discussed the increasing numbers of patients with obesity and Type 2 diabetes that are being identified with this condition. Both organizations cited patient lack of understanding of how to manage their condition as a major concern. The American Cancer Society discussed the need for community screening programs, transportation of patients to treatments, procedures, exams, appointments, and psychosocial support for the patient with a cancer diagnosis. Island Harvest and the United Way discussed the need for proper nutrition and access to care and the major health care issues in the region. All organizations described fear, confusion, and lack of access to resources as problems for the medically underserved areas.

## **Results**

Results from the Nassau County Department of Health (NCDOH) data indicated the following health needs in Nassau County:

- Cardiovascular disease
- Stroke
- Respiratory diseases especially, COPD and asthma
- Diabetes
- Injury rates (includes falls)
- Cancer

It is important to note that the Nassau County data indicated that health needs are being increasingly recorded for those aged 65 years and older. Also, when the NCDOH assessed the cancer data, it was determined that both prostate and breast cancer were the most prevalent issues being seen, while a diagnosis of lung cancer carried the highest mortality. NCDOH also consistently found higher rates of incidence and poorer health outcomes in what they have defined as “select communities”—areas where the socioeconomic status is lower and the people in these areas have less access to health care. In addition to cancer, heart disease, hypertension, and diabetes were perceived to be problematic. The “select communities” were identified as:

- Freeport
- Hempstead
- Inwood

- Long Beach
- Westbury
- Roosevelt
- Uniondale
- Elmont
- Glen Cove

After compiling and analyzing the St. Francis individual surveys, it was noted:

- 66.7 percent of the respondents were female, and 33.3 percent were male
- Age range of respondents:
  - 51 percent were in the 60 – 79 age group
  - 27 percent of the respondents were in the 40-59 age group
  - 14 percent were 80+
- With regard to the top health challenges being faced:
  - 69 percent of participants felt that learning more about healthier food as it relates to healthy weight management was an overriding health concern
  - 53 percent responded “Heart Disease”
  - 43 percent responded “Cancer”
  - 32 percent felt that it was “Diabetes”
- When asked to identify barriers to care:
  - 47 percent cited lack of health insurance
  - 27 percent noted inability to pay co-pays
  - 21 percent responded transportation problems

- When asked what health education/screenings were needed in the community, responses were:
  - Cancer: 51 percent
  - Heart Disease: 47 percent
  - Cholesterol: 45 percent
  - High Blood Pressure: 45 percent
  - Healthy Nutrition/Weight Management: 38 percent
  - Diabetes: 36 percent
  
- Key themes were also noted by the Nassau County community-based organization surveys that included:
  - Access to care
  - Education and resources
  - Transportation
  - Hypertension
  - Obesity
  - Chronic disease management that includes heart disease, cancer and diabetes

### **Identification and Prioritization of Community’s Significant Health Needs**

On May 29, 2013, the St. Francis Community Advisory Board met and analyzed the results of the CHNA and Long Island community-based organization surveys. Based on the input received in the Community Health Needs Assessment process, including the severity and urgency of the health needs, as well as the importance placed on addressing the health needs, the facility has determined that the following are priority needs of the community:

1. **Priority:** Prevent Chronic Disease—increase access to high-quality chronic disease preventive care and management for cardiovascular disease, diabetes, and cancer in both clinical and community settings.
2. **Priority:** Reduce obesity in adults through community-based awareness initiatives, and the addition of bariatric services to St. Francis.



3. **Priority:** Reduce vaccine-preventable diseases through community-wide efforts to decrease the burden of influenza.

Priority #3 was selected as it clinically supports Priority #1, prevention of chronic disease. Averting the flu will reduce exacerbations and complications that could occur in the high-risk population, such as patients who may already have cancer, heart disease, and/or diabetes.

### **III. Implementation Plan**

**Priority #1: Prevent Chronic Disease – increase access to high-quality chronic disease preventive care and management for cardiovascular disease, diabetes, and cancer in both clinical and community settings.**

**Goal:** Increase access to care via community-based approach.

**Action Plan:**

- Provide community-based screenings for cholesterol, blood pressure, and glucose via a mobile outreach bus in community centers
- Provide screenings to families in a faith-based center via the Health Sundays programs at parish site locations for blood pressure and glucose
- Add prostate screenings in the community
- Selected community centers and parishes will be in medically underserved areas with a high proportion of uninsured individuals
- Those individuals found with positive results will be referred to either the patient's primary care physician (PMD), if they have one, or if there is no PMD and/or no health insurance, the patient will be referred to the Catholic Health Services/St. Francis Hospital's Bishop McHugh Health Center for medical management and care.

**Priority #2: Reduce obesity in adults through community-based awareness initiatives, and the addition of bariatric services to St. Francis.**

**Goal:** Increase awareness of achieving and maintaining a healthy weight.

**Action Plan:**

- Add Body Mass Index (BMI) and waist circumference measurement to community based screenings

- Develop educational tools (in English and Spanish) to promote healthy nutrition and increased physical activity
- Refer those with identified elevated blood glucose/BMI/waist circumference measurements to the Bishop McHugh Health Center, and/or newly expanded Diabetes Education Center for medical management and education.
- Add bariatric service to St. Francis

**Priority #3: Prevent vaccine-preventable disease through community-wide efforts to decrease the burden of influenza.**

**Goal:** Provide influenza vaccine to high risk/medically underserved populations in community site locations.

**Action Plan:**

- Use mobile outreach bus to bring nurses with vaccines to community sites (i.e., senior centers, libraries, Project Independence locations, etc.)
- 1,300 flu vaccines are already on order for community use in the 2013 – 2014 flu season

**Note:** The areas of mental health, substance abuse, and prenatal care were not selected, as St. Francis does not have a behavioral health department or OB/GYN services to support initiatives in these areas.

**Next Steps for Priorities:**

- Build support within the community for identified initiatives—strengthen and expand community partners
- Develop detailed work plans, schedule, and measurable goals
- Address budget and financial implications

**IV. Conclusion**

With the completion of the community health needs assessment, St. Francis will begin to develop implementation plans. Using the hospital’s strengths and resources, St. Francis will work to best address the community’s health needs and improve the overall health and well-being of the community.