

St. Charles Hospital Community Service Plan

2016-2018



Approved by the Board of Trustees on October 4, 2016



St. Charles Hospital
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. Charles Hospital Service Area

St. Charles Hospital is located on the north shore of Suffolk County in the Town of Brookhaven. A not-for-profit hospital with 243 beds, St. Charles is a member of Catholic Health Services. The population in the hospital's primary catchment area is more than 386,000 residents, representing 81% of the hospital's admissions. The hospital's secondary catchment area has more than 200,000 residents and accounts for another 16% of patient admissions. This service area (which has not changed since 2008) comprises some economically challenged communities. St. Charles Hospital's primary service area is shared with an acute care hospital, John T. Mather Memorial Hospital in Port Jefferson, and a tertiary care hospital, Stony Brook University Medical Center.

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. Charles Hospital's partners include:

American Heart Association, LI Chapter	Long Island Health Collaborative (LIHC)
American Diabetes Association, LI Chapter	Maryhaven Center of Hope, Port Jefferson
American Lung Association, LI Chapter	Mercy Medical Center, Rockville Centre
American Parkinson Disease Association	New York State Department of Parks and Recreation
Association for Mental Health and Wellness	Our Lady of Consolation Nursing & Rehabilitative Care Center
Asthma Coalition of Long Island	Port Jefferson Chamber of Commerce
Breton Woods Assisted Living	Port Jefferson EMS
Brighton Woods Senior Center	Rose Caracappa Senior Center, Mt. Sinai
Catholic Charities	Sachem School District
Catholic Home Care, Farmingdale	Society of St. Vincent de Paul
Colette Coyne Melanoma Awareness Campaign	St. Catherine of Siena Nursing & Rehabilitation Care Center, Smithtown
Comsewogue Elementary Schools	St. Francis Hospital, Roslyn
Cornell Cooperative Extension of Suffolk County	St. Joseph Hospital, Bethpage
Fidelis Care	St. Frances Cabrini Church, Coram
Good Samaritan Hospital Medical Center, West Islip	St. John the Evangelist Church, Riverhead
Good Samaritan Nursing Home, Sayville	St. Rosalie Church, Hampton Bays
Good Shepherd Hospice, Farmingdale	Suffolk Perinatal Coalition, Patchogue
Heritage Park Foundation, Mt. Sinai	Telecare
Hispanic Counseling Center	Terryville EMS
Jamesport Fire Department	
Long Island Blood Services	

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 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 6 months, January to June 2016.

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

1. What are the biggest ongoing health concerns in the community where you live?
 - Drug & alcohol abuse 51.93%
 - Cancer 42.13%
 - Obesity/weight-loss issues 31.33%
 - Mental health depression/suicide 30.22%
 - Heart disease & stroke 22.41%
 - Diabetes 18.25%
 - Safety 11.02%
 - Child health & wellness 10.89%
 - Women's health & wellness 10.80%
 - Asthma/lung disease 8.97%

- Environmental hazards 7.74%
 - Vaccine preventable diseases 3.62%
 - HIV/AIDS & Sexually Transmitted Diseases (STD) 2.77%
2. What are the biggest ongoing health concerns for yourself?
- Obesity/weight-loss issues 35.58%
 - Heart disease & stroke 30.06%
 - Cancer 28.68%
 - Women's health & wellness 27.75%
 - Diabetes 18.57%
 - Mental health depression/suicide 16.39%
 - Asthma/lung disease 11.37%
 - Safety 11.09%
 - Environmental hazards 9.83%
 - Child health & wellness 9.43%
 - Drugs & alcohol abuse 8.71%
 - Vaccine preventable diseases 3.12%
 - HIV/Aids/sexually transmitted disease 1.73%
3. What prevents people in your community from getting medical treatment?
- Unable to pay co-pays/deductibles 49.76%
 - No insurance 49.00%
 - Fear 31.70%
 - Transportation 18.87%
 - Don't understand need to see a doctor 18.53%
 - There are no barriers 10.43%
 - Lack of availability of doctors 10.42%
 - Language barriers 7.85%
 - Don't know how to find doctors 7.82%
 - Cultural/religious beliefs 3.51%
4. Which of the following is the MOST needed to improve the health of your community?
- Drug and alcohol rehabilitation services 39.04%
 - Mental health services 30.37%
 - Healthier food choices 30.03%
 - Job opportunities 26.71%
 - Weight-loss programs 21.86%
 - Safe places to walk/play 20.71%
 - Clean air and water 19.04%
 - Recreation facilities 16.07%
 - Transportation 15.15%
 - Smoking cessation programs 12.47%
 - Safe childcare options 12.05%
 - Safe worksites 2.65%

5. What health screenings or education/information services are needed in your community?

- Drug and alcohol 34.16%
- Mental health/depression 30.57%
- Exercise/physical activity 24.65%
- Cancer 21.51%
- Importance of routine well checkups 20.30%
- Nutrition 19.24%
- Diabetes 17.11%
- Blood pressure 14.38%
- Heart disease 11.12%
- Dental screenings 10.40%
- Emergency preparedness 9.49%
- Suicide prevention 8.83%
- Eating disorders 8.17%
- Cholesterol 7.91%
- Vaccination/immunizations 4.79%
- Disease outbreak information 4.28%
- HIV/AIDS/STDs 3.96%
- Prenatal care 2.33%

6. I identify as:

- Female 72.44%
- Male 27.31%
- Other 0.25%

7. Average age of respondents:

49

8. What race do you consider yourself?

- White/Caucasian 91.40%
- Black/African-American 3.65%
- Asian/Pacific Islander 2.35%
- Multi-racial 2.22%
- Native American 0.39%

9. Are you Hispanic or Latino?

- No 80.02%
- Yes 10.77%
- No answer 9.21%

10. What is your annual household income from all sources?

- \$0-\$19,999 13.86%
- \$20,000-\$34,999 10.05%
- \$35,000-\$49,999 9.92%
- \$50,000-\$74,999 15.76%
- \$75,000-\$125,000 28.80%
- >\$125,000 21.60%

11. What is your highest level of education?	
• College graduate	32.39%
• Graduate school	18.77%
• High school graduate	15.30%
• Some college	14.65%
• Technical school	5.78%
• Doctorate	4.76%
• Some high school	3.21%
• K-8 grade	0.64%
• Other (GED, nursing school)	0.64%
12. What is your current employment status?	
• Employed for wages	65.72%
• Retired	15.72%
• Out of work, but not currently looking	5.80%
• Out of work/looking for work	5.15%
• Self-employed	0.52%
• Student	0.18%
• Military	0.13%
13. Do you currently have health insurance?	
• Yes	86.15%
• No	11.64%
• No, but I did in the past	2.21%

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. Charles Hospital Interventions, Strategies and Activities

Priority Number One: Obesity

Goal: Prevent obesity in children through a focus on nutrition and exercise.

Interventions, Strategies and Activities:

1. Host at least four healthy nutrition/exercise programs for children at Comsewogue and Sachem elementary schools between 2016-2018.

Process measures: St. Charles will track the number of program attendees at each school and seek to increase attendance by 5% each year. A quiz or game will be performed to assess comprehension.

2. Host at least two educational programs for parents at elementary schools in the Comsewogue School District and continue two programs for parents at Wenonah elementary school in the Sachem School District to educate parents on healthy nutrition/exercise for children.

Process measures: St. Charles will track the number of programs and attendees held in both school districts and seek to increase attendance by 5% each year. A quiz will be performed to test knowledge of healthy food choices.

3. Host at least four healthy nutrition/exercise programs for children at St. Charles Hospital.

Process measures: St. Charles will track programs held and attendance at each and seek to increase attendance by 5% each year. Participants will be surveyed on their knowledge of content both pre- and post-program.

4. Identify effective social media strategies to engage the community.

Process measures: Survey attendees at community events to determine how they learned of the program and use Google analytics to determine effectiveness of various social media platforms.

5. St. Charles Hospital will actively promote the Long Island Health Collaborative's (LIHC) walking program by distributing promotional materials at community events and through social media reach. St. Charles 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.
6. 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 orthopedic care through the *Speakers to Go* program. The program provide free education to the community on various health and wellness programs and promotes healthier lifestyles.

Interventions, Strategies and Activities:

1. Conduct free community lectures by providing clinical experts who offer educational seminars and information on the prevention of disease and injury, improve health and enhance quality of life. Develop marketing strategies to target underserved groups with information and education.

Process measures: St. Charles currently offers 30 community lectures, screenings and health-related events annually and will seek to increase that number by 5% or 32 events annually.

2. Identify and use effective social media strategies to promote *Speakers to Go* program.

Process measures: Survey *Speakers to Go* partners to determine how they learned of the program.

3. Offer free support groups for Overeaters Anonymous, weight-loss surgery support and pre-diabetes.

Process measures: Offer at least three support groups per year. Identify number of participants in each group and seek to increase attendance by 5% each year. Also, the hospital will survey attendees to determine the value of the support group to the community.

4. Partner with organizations outside the health care arena to expand knowledge and reach: schools, worksites, health care facilities and community centers.

Process measures: Establish at least three new partnerships over the 2016-2018 cycle.

5. St. Charles staff volunteer at CHS Healthy Sundays community outreach events held in underserved churches, offering free health screenings and providing educational materials on preventive health.

Process measures: Participate in at least four Healthy Sunday events and conduct screenings to identify any health concerns for community members.

6. CHS hospitals will begin offering a free 7-Week Stepping On falls prevention program for active older adults. This program empowers older adults to learn health behaviors that reduce the risk of falls, improve self-management and increase quality of life. It is a community-based workshop offered once a week, for seven weeks, using adult education and self-efficacy principles. Older adults develop specific knowledge and skills to prevent falls in community settings. Patients who are identified as at risk for falling during their hospital stay will be provided with the Stepping On contact phone number in the after visit summary (AVS).

Process measures: The hospital will be able to track the number of program participants and provide survey to evaluate program.

Priority: Mental Health

Goal: Improve access to mental health programs and resources in the Medically Supervised Detoxification unit, the rehabilitation population and patients admitted with a cancer diagnosis. Improve community access to mental health programs and resources.

Interventions, Strategies and Activities:

1. Increase availability of medically supervised detoxification beds by end of year 2016. With a heroin epidemic impacting Long Island, recent statistics showing that Suffolk County has the highest rate of heroin deaths in New York State, and numerous programs on Long Island closing detoxification beds, it is critically necessary that additional beds are available to combat this crisis.

Process measures: Ensure St. Charles Hospital opens an additional 10 beds for medically supervised detoxification.

2. Increase availability of intranasal Narcan for individuals at risk of heroin overdose.

Process measures: St. Charles Hospital will become a designated distributor by end of year 2016 of intranasal Narcan to patient and families of those living with drug addiction issues.

3. Provide multidisciplinary program on substance abuse in the fall of 2016 for the purpose of preventing drug addiction, early intervention and education on warning signs. Invite community partners and local health department to take part in planning the multi-disciplinary, day-long program on substance abuse. The program is new and will be evaluated for continuation in years two and three.

Process measures: A post-program survey will be performed to measure effectiveness.

4. St. Charles Hospital plans to participate in the Mental Health First Aid training in November 2016 at St. Francis Hospital being 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.
5. St. Charles Hospital will support LIHC and DSRIP projects that address mental health.
6. When a lack of access to mental health resources is identified, St. Charles 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. Charles Hospital will use LIHC's database to identify or recommend a suitable option.
7. 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.
8. 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. Charles Hospital's Community Service Plan will be posted on the hospital's website at www.stcharles.chsli.org. Copies will be available at local free health screenings and can be mailed upon request.

By encouraging friends and neighbors to complete the LIHC Wellness Survey online or at local screenings, the Community Health Needs Assessment will help St. Charles continue to develop ways to best serve our community.

Conclusion

The Community Service Plan is intended to be a dynamic document. Using the hospital's strengths and resources, St. Charles 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. Charles is committed to continue to develop ways to best serve the community.