Community Health Needs Assessment 2016-2018

Good Samaritan Hospital, Suffern, NY

Executive Summary

Good Samaritan Hospital, a Member of the Westchester Medical Center Health Network
Good Samaritan Hospital in Suffern, New York, is a 286-bed hospital providing emergency, medical, surgical, obstetrical/gynecological and acute care services to residents of Rockland and southern Orange Counties in New York; and northern Bergen County, New Jersey. The hospital is home to a recognized cardiovascular program, comprehensive cancer treatment services, the area's leading Wound and Hyperbaric Institute and outstanding maternal/child services. Good Samaritan Hospital also provides social, psychiatric and substance abuse services and its certified home care agency supports residents of the Hudson Valley and beyond.

Westchester Medical Center Health Network
The Westchester Medical Center Health Network (WMCHealth) is a 1,700-bed healthcare system headquartered in Valhalla, New York, with 10 hospitals on eight campuses spanning 6,200 square miles of the Hudson Valley. WMCHealth employs more than 12,000 people and has nearly 3,000 attending physicians. From Level 1, Level 2 and Pediatric Trauma Centers, the region's only acute care children's hospital, an academic medical center, several community hospitals, dozens of specialized institutes and centers, skilled nursing, assisted living facilities, homecare services and one of the largest mental health systems in New York State, today WMCHealth is the pre-eminent provider of integrated healthcare in the Hudson Valley.

WMC is the anchor institution for a Delivery System Reform Incentive Payment Program (DSRIP) Performing Provider System (PPS) in the Hudson Valley region of New York State that spans eight counties. As part of its DSRIP planning efforts, WMC led a comprehensive, collaborative Community Needs Assessment (CNA), recognizing the integral role that a CNA plays in supporting the delivery of patient-centered, population-based health care. This eight county CNA was undertaken in collaboration with Westchester Medical Center, Montefiore Medical Center, Refuah Health Center, and Health Alliance of the Hudson Valley.

In addition to performing a CNA, all hospitals in New York State (NYS) are required to submit a three year Community Service Plan to the NYS Department of Health by December 31, 2016. NYS mandates that each Community Service Plan is based on the NYS Prevention Agenda 2013-18. This Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them.

Based on data from the above mentioned CNA and the NYS Prevention Agenda priorities, the most significant health needs of our service area are as follows:

- Prevent Chronic Diseases
- Promote Healthy and Safe Environments
- Promote Healthy Women, Infants and Children
- Promote Mental Health and Prevent Substance Abuse
- Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare Associated Infections

The Prevention Agenda priorities and goals outlined in this CNA form the framework through which we will address the health needs of our community. If you would like additional information on this CNA please contact Good Samaritan Hospital at 845-368-5000.

FACILITY DESCRIPTION AND VISION

Good Samaritan Hospital is a non-profit, 286-bed hospital providing emergency, medical, surgical, obstetrical/gynecological and acute care services to residents of Rockland and Orange Counties in New York; and northern Bergen County, New Jersey. Good Samaritan Hospital provides regional specialty services, including comprehensive cancer treatment services, a NAPbc Breast Center and a Wound and Hyperbaric Institute. The hospital's comprehensive cardiovascular program includes open heart surgery, cardiac catheterization laboratory, emergency angioplasty, electrophysiology studies, and a pacemaker clinic. Good Samaritan offers in-patient substance abuse and out-patient mental health services. Good Samaritan's Certified Home Care Agency provides home health care service to the residents of the greater Hudson Valley.

As a member of Bon Secours Health System, Inc., the Mission of Good Samaritan Hospital is to make visible God's love and to be Good Help to Those in Need, especially those who are poor, vulnerable and dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

Inspired by the Healing Ministry of Jesus and the Charisms of Bon Secours and the Sisters of Charity of Saint Elizabeth, the Bon Secours Charity Health System by the year 2018, will be distinguished as the leading provider of quality, compassionate and community based health care services in the Hudson-Delaware Valley.

SECTION I: FACILITY SERVICE AREA AND DESCRIPTION OF COMMUNITY

Good Samaritan Hospital serves populations of lower New York State, principally Rockland and Orange counties. Rockland County is located approximately 30 miles north of Manhattan on the West side of the Hudson River. The County is a popular residence for people who commute to work in nearby Westchester and Bergen Counties, as well as Manhattan. The County comprises approximately 115,000 acres and contains more than 35,000 acres of preserved open space and park land.

In Rockland County, there was substantial growth in all age cohorts 65 and older, a consistent trend nationally. Gender among the age groups is roughly equal from the early age cohorts through the 40s, but after age 65, women continue to outnumber men. Preliminary population projections through 2035 show that Rockland County's older population may double in size while those ages 30 to 44 may decrease in size.

21% of Rockland County's population was estimated to be foreign-born in 2010. Among the 63,058 Rockland county residents estimated to be foreign born in 2007, the largest group was born in the Latin America and the Caribbean (48%). One quarter of foreign-born residents (25%) originated from Asia. Approximately another quarter (23%) came from Europe and 3% from Africa. Countywide, 32.9% of persons over age five speak a language other than English at home.

SECTION II: METHODOLOGY

In July 2014 the CNA leadership of the PPS in the Hudson Valley Region partnered to undertake an extensive regional assessment of community needs. We recognized the integral role that a community needs assessment plays in supporting the delivery of patient-centered, population-based health care. We were guided by the CDC's Community Health Assessment and Group Evaluation (CHANGE) toolkit. The needs and opinions of community stakeholders across sectors were gathered in a systematic way that included compilations of data into workbooks, chart books, and map books; surveys; focus groups, key informant interviews; and a public comment period. Rigorous analysis of extant health, socio-demographics, and built environment data enhanced our ability to identify DSRIP projects that focus interventions on individuals and communities most in need.

Our CNA utilized the power of geospatial data analysis to inform project selection and planning. The needs assessment was designed within a geographic information science (GISc) framework. GISc and spatial analyses were used to identify particular population-based health issues. For example, access to care at clinics or hospitals, socio-economic data and patterns of disease burden by population and region have all been assessed utilizing this framework. Detailed-level SPARCS (Statewide Planning and Research Cooperative System) data provided by our academic colleagues at Iona College, along with Medicaid claims data accessed through Health.NY.Gov dashboard, combined with Census information, were mapped to identify community needs by prevalence indicators for major diagnostic categories. Using SPARCS data we identified patients' ER visits, hospitalizations and readmissions and analyzed trends over the past three years to identify negative quality indicators.

We worked with the other three PPS partners in our region and county health department teams to coordinate local surveys about capabilities (e.g., health IT, Community Resources, Healthcare Resources, consumer survey, focus groups) to supplement what was available on secondary websites. Conforming to our goal of improving population health, we isolated "hot and cold spots" (statistical clusters of zip codes with values higher or lower than would be expected). This approach was expanded to include variables from a range of other sources (e.g., American Community Survey, Vital Statistics, DSRIP dashboards) related to outcomes and sociodemographic determinants (e.g., poverty, English-speaking ability, race/ethnicity, employment, physical activity). Select narrative and community profiles were developed for hot spot zip codes so that community "stories" could more easily be shared with stakeholders. To ensure broad representation across all community sectors, we met with and sought input from local teams established by each county DOH. All data analyses and chart, map and work books were shared as they were developed with providers and stakeholders across the region through public meetings with county health commissioners and project team meetings conducted by the PPS in the region.

As part of the CNA, the PPS conducted a survey of Hudson Valley consumers to gather information and feedback about demographics and community health needs. The survey was drafted at a sixth grade reading level and reviewed and approved by health literacy experts. It is available online and in paper form in five languages prevalent in the Hudson Valley: English, Spanish, Portuguese, French Creole, and Yiddish. The survey received almost 5,000 responses from respondents living in 303 ZIP codes across the eight counties and respondent demographics are representative of the overall region.

CNA Survey Timeline:

Prior to Mid-September 2014

- Prepared, translated and finalized survey instruments; created public facing websites as platforms for data collection and communication
- Distributed survey through email and postal mail to DOH and PPS partners; carried out public awareness campaigns
- Commenced data collection

Mid-September- December 2014

- Continued with data collection and entry
- Conducted quality assurances and data cleaning
- Performed preliminary data analysis for PPS's DSRIP applications

January 2015- March 2015

- Completed data collection and entry
- Completed data cleaning and quality assurances
- Conducted data analyses and disseminated research findings

CNA Survey Key Findings for Rockland County:

Top ranked health issues in the community ~~y~~ respondents (out of 17):
• Cancer*
• Obesity
• Diabetes*¥
• Heart Disease*
• Mental Health

**Top 3 leading causes of death in NYS, according to the NYS DOH Vital Statistics*
¥One of the leading causes of death among minority populations

Rockland County - Health Services Access & Utilization Take Away Points:

Among the 11% of respondents that did not have a routine physical check-up and 27% of respondents that did not have a routine dental check-up, cost, time, fear, and the quality of care were some of the barriers for participants to access good primary and preventive care. Cancer, obesity, and diabetes were identified among the top community health issues, yet 16% - 36% of respondents did not know where to get basic preventive care for these conditions. Compared to the rest of the region, respondents from Rockland County reported higher rates of fair/poor physical and mental health.

The complete One Region, One CNA Rockland County document can be found at the end of this report.

SECTION III: IDENTIFIED HEALTH NEEDS

The Prevention Agenda 2013-2018 is New York State's health improvement plan for 2013 through 2018, developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the Department of Health, in partnership with more than 140 organizations across the state. This plan involves a unique mix of organizations including local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, employers as well as state agencies, schools, and businesses whose activities can influence the health of individuals and communities and address health disparities.

The Prevention Agenda will serve as a guide to local health departments as they work with their community to develop mandated Community Health Assessments and to hospitals as they develop mandated Community Service Plans and Community Health Needs Assessments required by the Affordable Care Act.

All hospitals in New York State (NYS) are required to submit a three year Community Service Plan to the NYS Department of Health by December 31, 2016. NYS mandates that each Community Service Plan is based on the NYS Prevention Agenda 2013-18. The Prevention Agenda establishes goals for each priority area and defines indicators to measure progress toward achieving these goals, including reductions in health disparities among racial, ethnic, and socioeconomic groups and persons with disabilities.

Prevent Chronic Diseases
Chronic diseases such as cancer, heart disease, stroke and asthma are among the leading cause of death and disability for New Yorkers, accounting for approximately 70 percent of all deaths. In addition, chronic diseases affect the daily living of one out of every ten New Yorkers. Key focus areas include reducing obesity in adults and children; reducing death, disability and illness related to tobacco use and secondhand smoke exposure; and increasing access to high-quality chronic disease preventive care and management in clinical and community settings.

Promote Healthy and Safe Environments
Enhancing the quality of our physical environment – air, water and the "built" environment – can have a major impact on public health and safety. The Prevention Agenda establishes four focus areas to achieve this objective: improving outdoor air quality; increasing the percentage of New Yorkers who receive fluoridated water and reducing health risks associated with drinking water and recreational waters; enhancing the design of communities to promote healthy physical activity and reducing exposure to lead, mold and toxic chemicals; and decreasing injuries, violence and occupational health risks.

Promote Healthy Women, Infants and Children
Recognizing that key population indicators related to maternal and child health have remained stagnant, or in some cases worsened in the past decade, the Prevention Agenda has established focus areas for maternal and infant health; child health; and reproductive, pre-conception and inter-conception (between pregnancies) health. Goals include reducing pre-term births and maternal mortality; promoting breastfeeding; increasing the use of comprehensive well-child care; preventing dental cavities in children; preventing adolescent and unintended pregnancies; and promoting greater utilization of health care services for women of reproductive age.

Promote Mental Health and Prevent Substance Abuse
At any given time, almost one in five young people in the U.S. is affected by mental, emotional or behavioral disorders such as conduct disorders, depression or substance abuse. The Prevention Agenda recognizes that the best opportunities to improve mental health are to initiate interventions before a disorder manifests itself. The Prevention Agenda calls for greater utilization of counseling and education; clinical and long-lasting protective interventions to promote mental, emotional and behavioral well-being in communities; preventing substance abuse; and strengthening the infrastructure across various systems to promote prevention and better health.

Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare Associated Infections
The Prevention Agenda strategy will promote community-driven prevention efforts to promote healthy behaviors, increase HIV testing, and reduce the incidence of diseases. The Prevention Agenda focuses on promoting early diagnosis and treatment of HIV and sexually transmitted diseases (STDs); improving rates of childhood immunizations, especially children aged 19-35 months; and encouraging greater utilization of sanitary procedures in hospitals and other health care facilities to reduce the potential for healthcare-associated infections.

SECTION IV: PRIORITY NEEDS AND 3-YEAR IMPLEMENTATION PLAN

An internal steering committee reviewed CNA data and prioritized interventions. Steering committee members included Jason Rashford, Director Building Healthy Communities, Barbara Demundo, RN, Director Community Outreach, Dr. Deborah Viola, MBA, PhD, and Thao Doan, MPH, Dr.PH. The steering committee identified two priority areas as the main objectives of our community health improvement strategies over the next three years. We determined these priority areas in partnership with the Bon Secours Charity Population Health department, and Kevin McKay, MPH, Epidemiologist, Rockland County Dept. of Health.

The planned interventions are a means to achieving the NYS 2013-2018 Prevention Agenda objectives, and WMC Health DSRIP Project Milestones and Deliverables. Good Samaritan Hospital has identified Chronic Disease Prevention as its main priority area; with two distinct Action Plans to implement community health improvement strategies over the next three years:

Focus Area 1: Prevent Chronic Diseases

Evidence-Based Intervention for Focus Area 1: Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings

Action Plan: Cancer Screening

The following interventions are included in the WMC Health PPS Implementation Plan Provider Engagement Actively Engaged Patients:

Milestone 1: Development of a comprehensive implementation plan. Targeted completion date: 3/31/18

Milestone 2: Analysis of CSP best practices and lessons learned. Targeted completion date: 12/31/17

Milestone 3: Development of a technology-enablement plan to embed cancer screening guidelines, alerts and reminders in EHRs. Targeted completion date: 3/31/19

Milestone 4: Identification of functional requirements for the cancer screening registry. Targeted completion date: 12/31/19

Milestone 5: Piloting rapid cycle evaluation of our PPS' care management function. Targeted completion date: 9/30/19

Milestone 6: Selection of an analytics platform to support patient identification. Targeted completion date: 3/31/17

Milestone 7: Roll out of a one-stop screening pilot. Targeted completion date: 3/31/20

Milestone 8: Wider roll-out of CSP-adapted protocols DSRIP Year 2 and preliminary evaluation of results. By the end of DSRIP Year 3 the PPS will ensure all providers have developed or adopted PCMH or team-based care models. Targeted completion date: 12/31/18

Focus Area 2: Prevent Chronic Diseases

Evidence-Based Intervention for Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

The following interventions are included in the WMC Health PPS Implementation Plan Provider Engagement Actively Engaged Patients:

Action Plan: Tobacco Cessation

Milestone 1: Initially survey PPS Participants about their outdoor policies, share best practices, and re-survey Participants DY2 to assess progress in implementing tobacco-free outdoor policies. Targeted completion date: 3/31/20

Milestone 2: Convene a region-wide tobacco cessation campaign committee. Targeted completion date: 3/31/16

Milestone 3: Engage Medicaid MCOs around coverage and payment. Targeted completion date: 12/31/18

Milestone 4: Survey PPS Participants about U.S. Preventive Services Task Force and U. S. Public Health Service guidelines, use of EHRs to facilitate 5 A's (Ask, Advise, Assess, Assist, Arrange) and referrals to the NYS Smokers' Quitline by mid DY1; and subsequently promulgate best practices. Targeted completion date: 3/31/20

Milestone 5: Launch a campaign to promote tobacco cessation among all eligible providers. Targeted completion date: 6/30/19

Milestone 6: Develop targeted outreach materials for special populations (dental, behavioral health, and DD patients). Targeted completion date: 12/31/18

SECTION V: DESCRIPTION OF EXISTING HEALTH CARE FACILITIES AND COMMUNITY RESOURCES AVAILABLE TO MEET IDENTIFIED COMMUNITY NEEDS

Several partner organizations that have additional expertise to assist in addressing the NYS Prevention Agenda Priority Areas are identified below.

Prevent Chronic Diseases:
In addition to Good Samaritan Hospital's planned interventions the following hospitals and healthcare organizations have the expertise and resources available to address chronic diseases:

- Nyack Hospital
- Refuah Health Center
- Hudson River Healthcare
- Good Samaritan Home Care Agency
- Jawonio
- Helen Hayes Hospital
- Northern Services Group

Promote Healthy and Safe Environments:
Healthy and Safe Environments encompasses air and water quality issues, access to healthy foods, assault-related hospitalizations, and hospitalizations/ED visits related to falls. The Rockland County Department of Health's public health outreach initiative *A Matter of Balance* serves to educate the community about fall prevention.

Promote Healthy Women, Infants and Children:
In addition to Good Samaritan Hospital and Nyack Hospital's Maternal and Infant hospital-based services, the Lower Hudson Valley Perinatal Network (LHVPN) has expertise and resources available to address these concerns. The LHVPN's mission is:

- To support and enhance maternal, child, and family health services in Dutchess, Putnam, Rockland and Westchester counties
- To eliminate disparities in the health status of women, children and families in our four county region
- To develop and maintain a constituency to support maternal, child, and family health services
- To influence public policy with regard to maternal, child, and family health.

Promote Mental Health and Prevent Substance Abuse:
The outpatient program at The Monsignor Patrick J. Frawley Psychiatric Unit at Good Samaritan Hospital is designed to treat emotional and psychiatric disorders in adolescents, adults, and geriatric patients. In addition, our patients have access to a number of comprehensive services in the Alcohol Outpatient Clinic and our Chemical Dependency Program. In addition to direct care for individuals, the Mental Health Outpatient Clinic offers mental health consultation and outreach services to community organizations.

Other community resources include the Behavioral Health Center at Nyack Hospital, an acute care inpatient psychiatric unit that offers a full spectrum of psychiatric services and medical care, and the Rockland County Department of Mental Health oversees delivery of high quality, comprehensive, person-centered and recovery oriented mental health services, developmental disability services, and chemical dependency services.

Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare Associated Infections:
Rockland County Department of Health has chosen Communicable Disease prevention as one of their main areas of focus in their Community Health Improvement Plan. Good Samaritan Hospital partners with the Rockland County DOH to administer the seasonal flu vaccine to county residents. Additionally, the hospital offers influenza and pneumonia vaccines to all inpatients as appropriate.

ONE REGION, ONE CNA
Rockland County

A REGIONAL COMMUNITY NEEDS ASSESSMENT (CNA) UNDERTAKEN IN COLLABORATION WITH: WESTCHESTER MEDICAL CENTER, MONTEFIORE MEDICAL CENTER, REFUAH HEALTH CENTER AND HEALTH ALLIANCE OF THE HUDSON VALLEY

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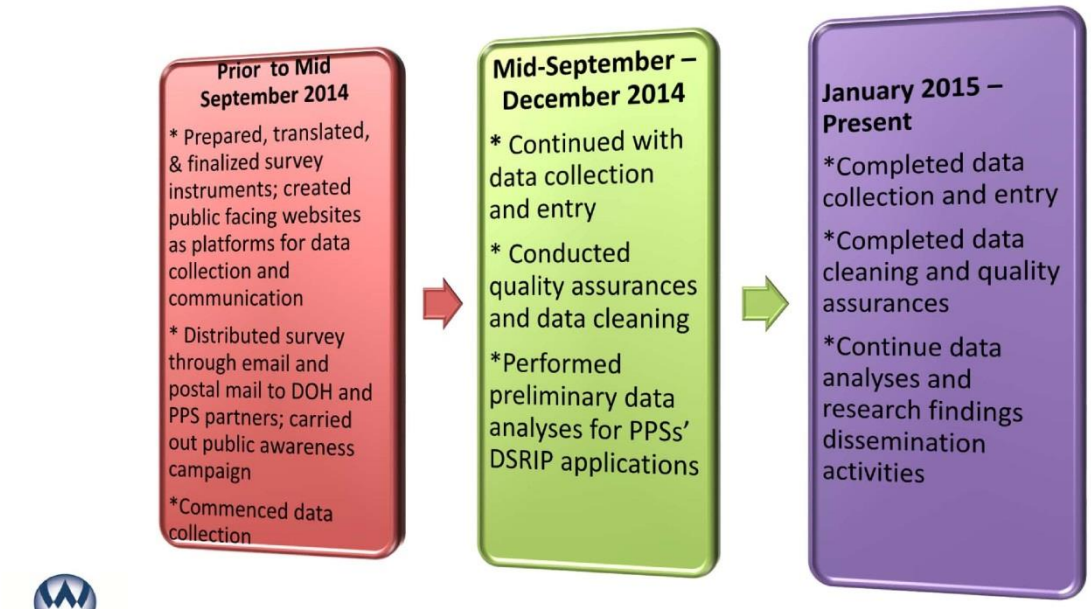
CNA PROCESS and TIMELINE



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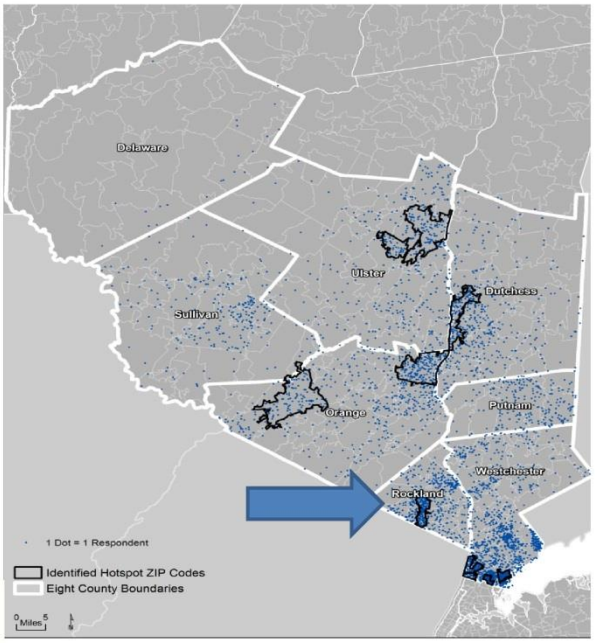
2

Distribution of Respondents (N=4,952)
Respondents from Rockland County (n=672)



From a total sample of 4,952 survey respondents, 672 are from Rockland County. This subpopulation (n=672), however, are demographically different from the overall Rockland County population. Findings presented here, therefore, are only reflective of those who participated in the survey and not representative of the County.

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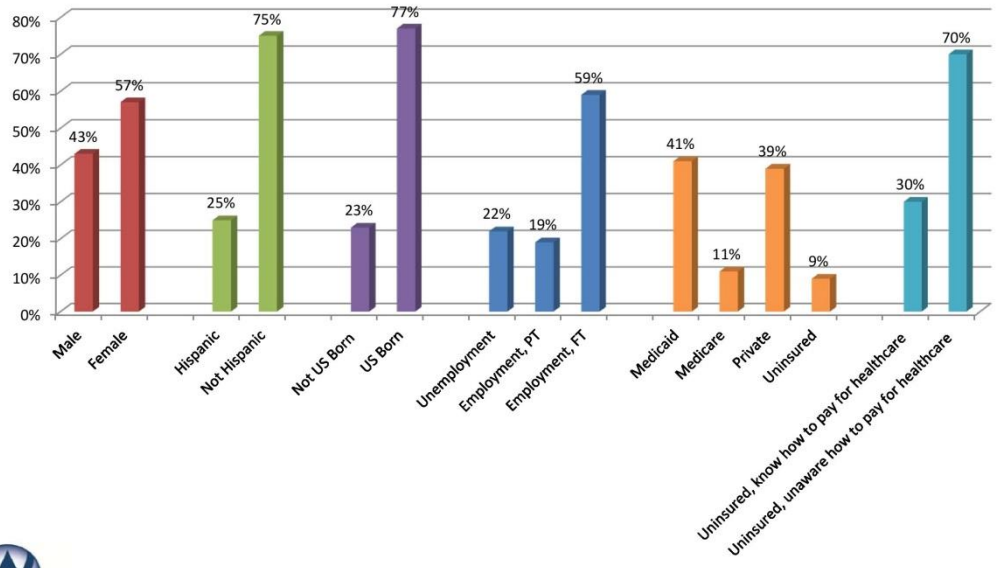
Rockland County (n=672) – Respondents Demographics



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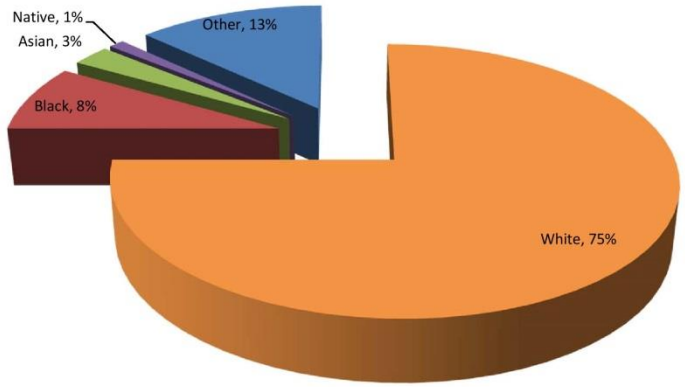
Rockland County (n=672) - Respondents Race



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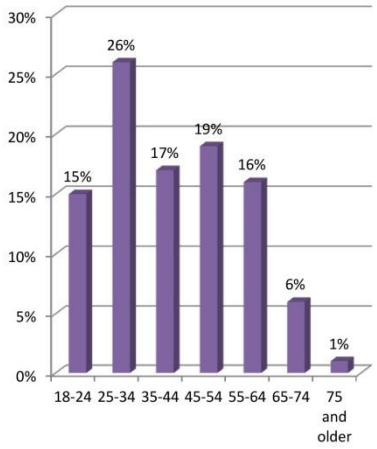
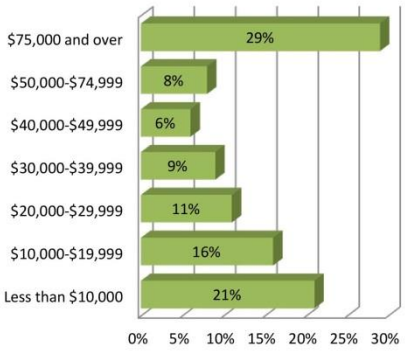
Rockland County (n=672)

Respondents Age



Respondents Annual Household Income



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CNA Demographics Take Away Points

Our survey sample for Rockland County was representative of the white population, however, it was less representative of the Black/African American, Asian, and age demographics, compared to the 2013 Census data. We oversampled Hispanic and those with low social economic status. Our Rockland County's sample also has more women and most were younger than 65 years of age.

Among the uninsured, 70% were not aware of how to get their healthcare paid for.

22% of the respondents from Rockland County's sample reported that they were unemployed, compared to 5.3% for the whole county (NYS Dept of Labor for March 2014).

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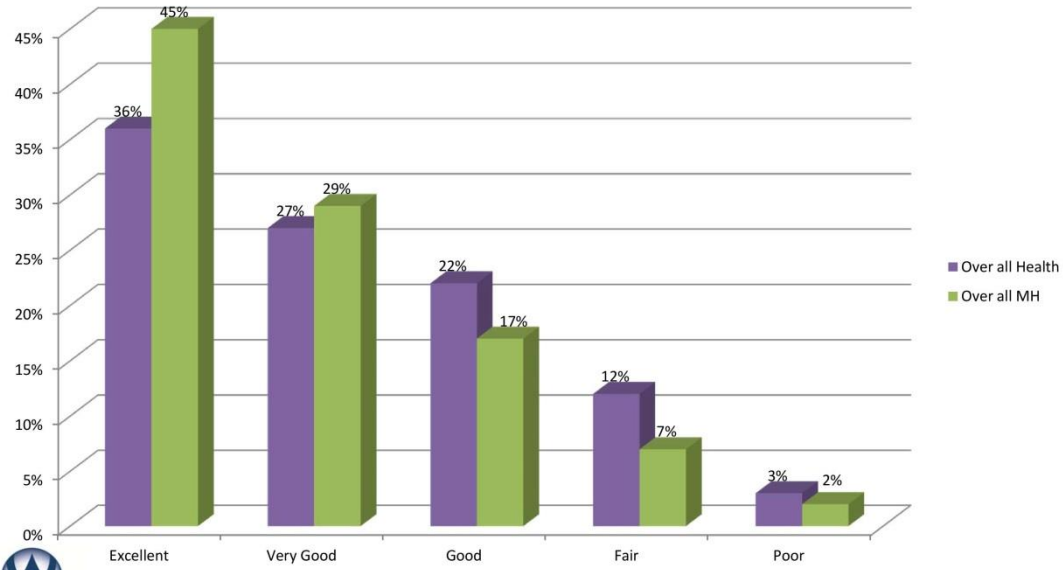
Rockland County (n=672)

Respondents' Ranking of Their Overall Health and Mental Health



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Rockland County – Community Health Issues

Top ranked health issues in the community by respondents (out of 17):

- Cancer*
- Obesity
- Diabetes*¥
- Heart Disease*
- Mental Health
  - These health issues are also indicated on the Rockland County's DOH Community Health Assessment Priorities
    - **Top 3 leading causes of death in NYS, according to the NYS DOH Vital Statistics*
    - *¥One of the leading causes of death among minority populations*

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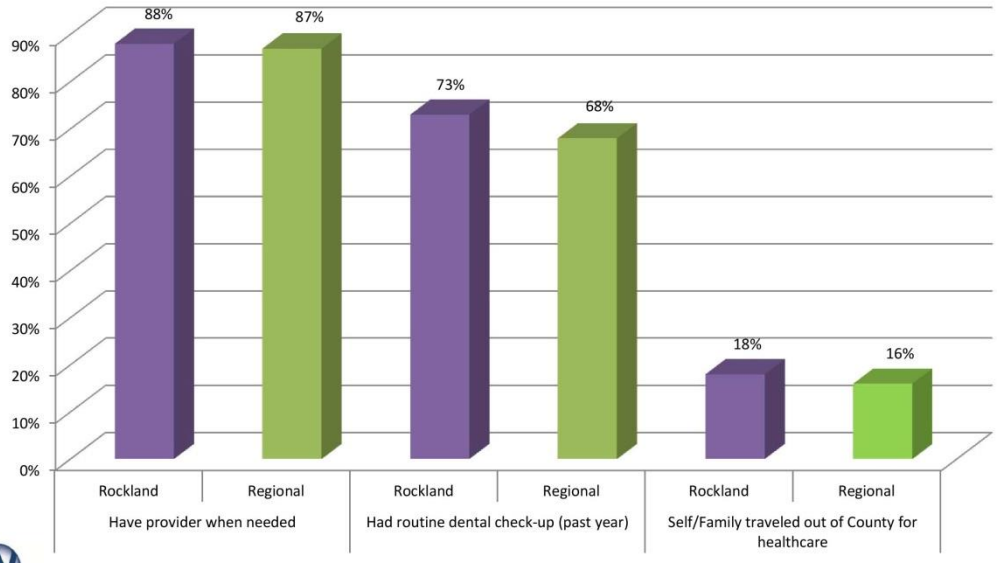
Health Services Access & Utilization by Respondents
Rockland County (n=672)/Regional (N = 4,952)



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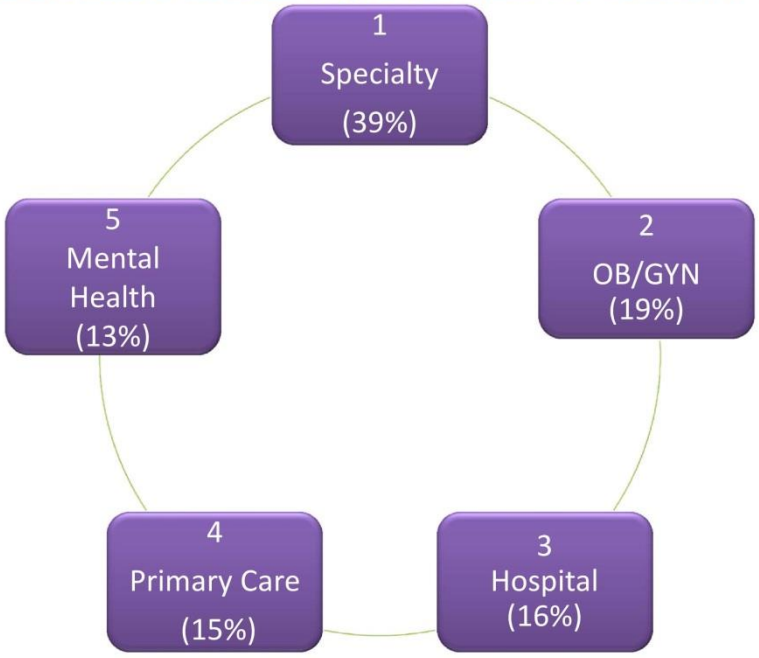
Rockland County – Health Services Access & Utilization by Respondents (cont.)

Top Health Services to Leave County for Care (out of 9 services, n=108)



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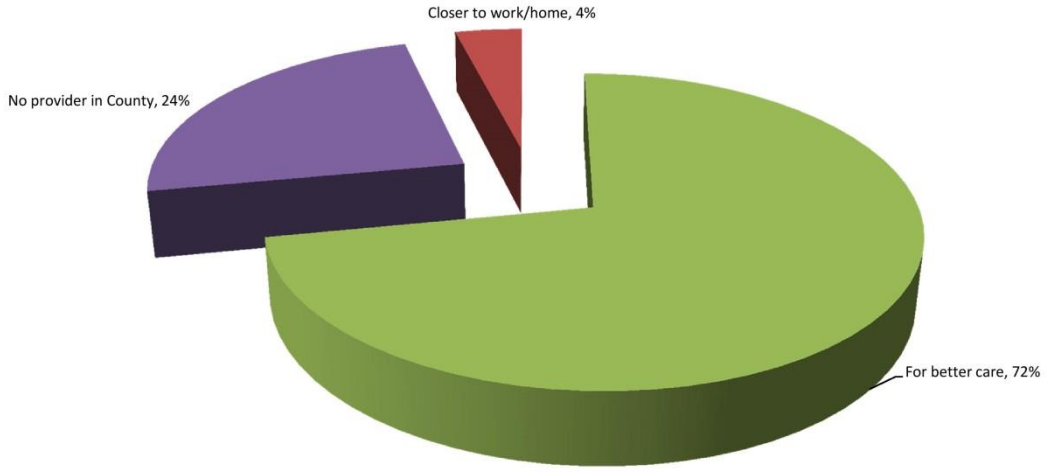
Rockland County (n=108) - Health Services Access & Utilization by Respondents (cont.)

Main reasons for traveling outside of county for health services



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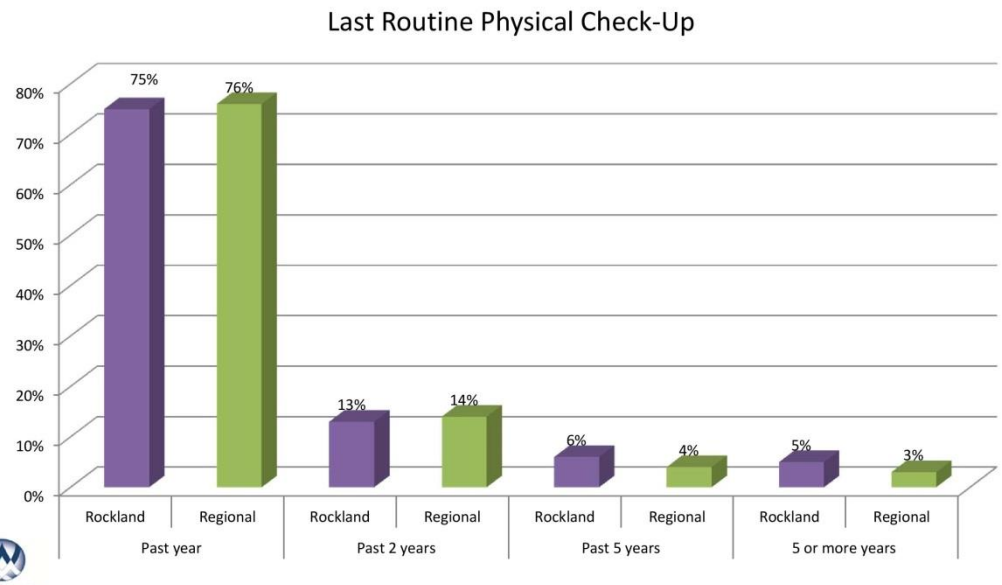
Health Services Access & Utilization by Respondents (cont.)
Rockland County (n=672)/Regional (n = 4,952)



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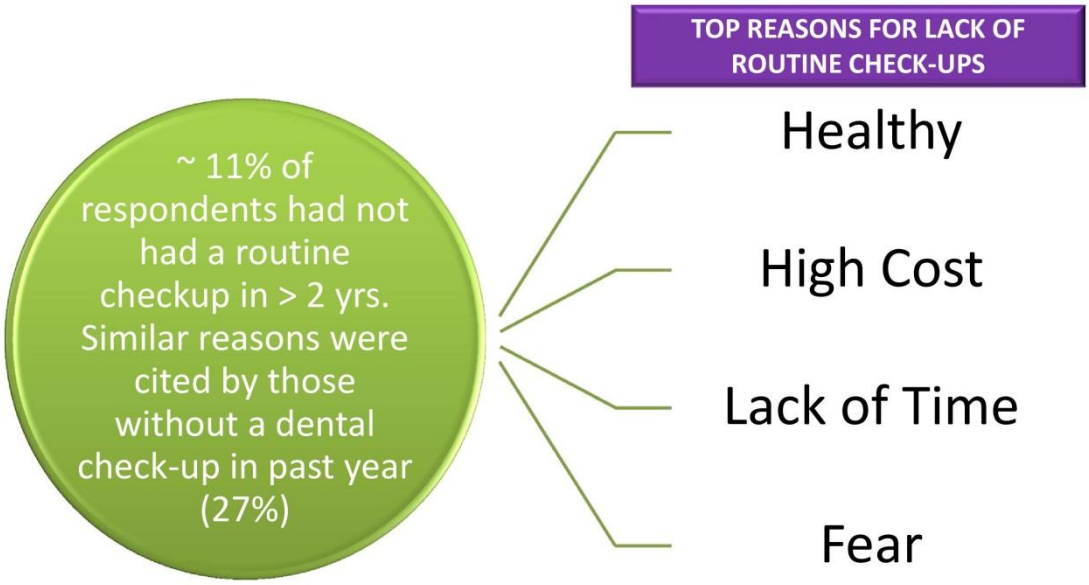
Rockland County – Health Services Access & Utilization by Respondents (cont.)



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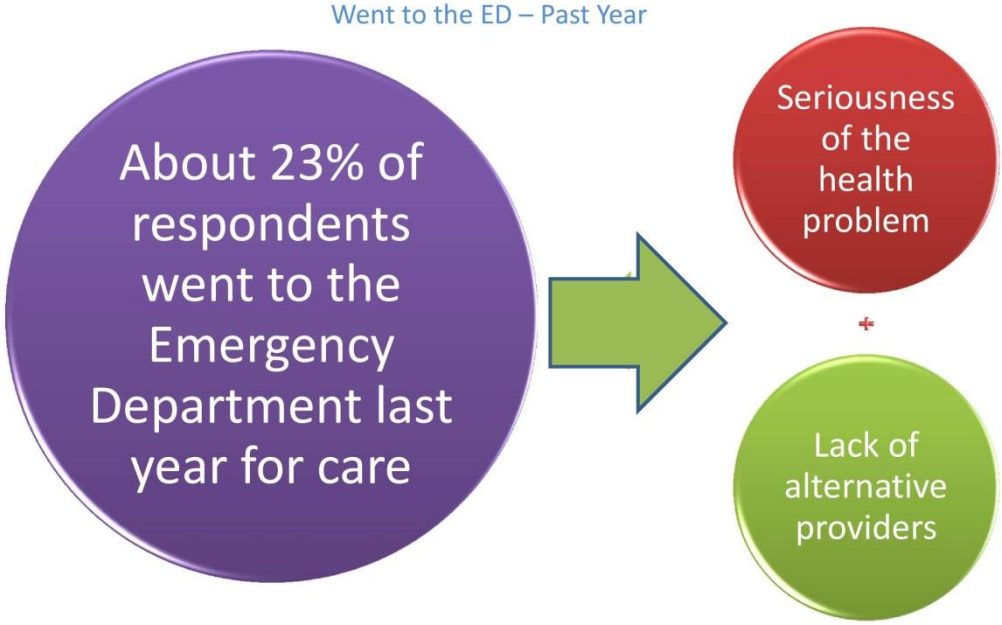
Rockland County – Health Services Access & Utilization by Respondents (cont.)

Went to the ED – Past Year



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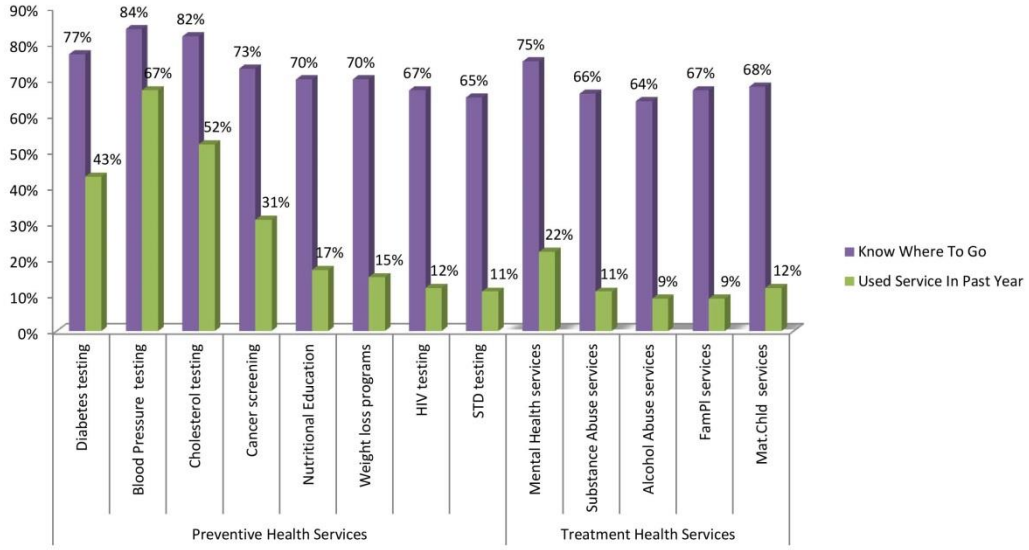
CNA – Health Services Access & Utilization by Respondents (cont.)



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Rockland County - Health Services Access & Utilization Take Away Points

Among the 11% of respondents that did not have a routine physical check-up and 27% of respondents that did not have a routine dental check-up, cost, time, fear, and the quality of care were some of the barriers for participants to access good primary and preventive care.

Cancer, obesity, and diabetes were identified among the top community health issues, yet 16% - 36% of respondents did not know where to get basic preventive care for these conditions.

Compared to the rest of the region, respondents from Rockland county reported higher rates of fair/poor physical and mental health.

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ACKNOWLEDGEMENT

This survey was made possible through the help and support of many individuals and organizations, including the staff of Rockland County Department of Health and the three Performing Provider Systems (PPSs) in the Hudson Valley Region (Westchester Medical Center, Montefiore Medical Center, and Refuah Health Center). We sincerely acknowledge the interest shown in our survey by our network partners and all respondents who were willing to share their opinions on health care delivery in our region. Their insights are invaluable.

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