

Mercy Medical Center
Community Service Plan

2016-2018



Approved by the Board of Trustees on October 4, 2016



Mercy Medical Center
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.

Mercy Medical Center Service Area

Mercy Medical Center is located on the south shore of Nassau County in Rockville Centre. A not-for-profit hospital with 375 beds, Mercy is a member of Catholic Health Services serving the health care needs of Nassau County and the surrounding area. The population in the hospital's primary service area is ethnically quite diverse with a population of more than 500,000 residents. Mercy's service area consists of some of the poorest populations in Nassau County, including four (Hempstead, Roosevelt, Freeport, and Uniondale) of the eight highest poverty zip codes in the county. Mercy Medical Center's discharge data indicates that Mercy continues to serve the economically challenged community.

Key Health Partners

Partnering with community-based organizations is the most effective way to determine how the health priorities will be addressed. Some of Mercy Medical Center partners include:

American Cancer Society	Molloy College, Rockville Centre
American Diabetes Association	Nassau County EMS
American Heart Association	Oceanside EMS
American Parkinson Disease Association	Our Holy Redeemer Church, Freeport
Baldwin EMS	Our Lady of Consolation Nursing & Rehabilitative Care Center, West Islip
Catholic Charities	Queen of the Most Holy Rosary Church, Roosevelt
Catholic Home Care, Farmingdale	RotaCare, Uniondale
Fidelis Care	Sacred Heart Academy, Hempstead
Freeport Memorial Library	Saint Martha R.C. Church, Uniondale
Good Samaritan Hospital Medical Center, West Islip	Saint Mary of the Isle Church, Long Beach
Good Samaritan Nursing Home, Sayville	Senator Kemp Hannon, Nassau County
Good Shepherd Hospice, Farmingdale	Society of St. Vincent de Paul
Hempstead Senior Community Center	St. Catherine of Siena Medical Center, Smithtown
Hispanic Brotherhood, Rockville Centre	St. Catherine of Siena Nursing & Rehabilitation Care Center, Smithtown
Hunter EMS	St. Charles Hospital, Port Jefferson
Lakeview EMS	St. Francis Hospital, Roslyn
Lawrence/Cedarhurst EMS	St. Joseph Hospital, Bethpage
Long Island Health Collaborative (LIHC)	Telecare
Malverne EMS	Uniondale EMS
Malverne Women's Club	
Malverne Public Library	
Maryhaven Center of Hope, Port Jefferson	

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, Mercy Medical Center reviewed the data for the hospital's service area by selected zip codes. Below are the findings for Mercy Medical Center:

1. What are the biggest ongoing health concerns in the community where you live?
 - Cancer 41.33%
 - Drug & alcohol abuse 34.66%
 - Obesity/weight-loss issues 31.13%
 - Diabetes 28.58%
 - Heart disease & stroke 23.23%
 - Mental health depression/suicide 17.76%
 - Safety 14.93%
 - Environmental hazards 13.39%
 - Child health & wellness 12.62%
 - Women's health & wellness 12.57%

- Asthma/lung disease 11.27%
 - HIV/AIDS & Sexually Transmitted Diseases (STD) 8.21%
 - Vaccine preventable diseases 2.99%
2. What are the biggest ongoing health concerns for yourself?
- Obesity/weight-loss Issues 33.97%
 - Women's health & wellness 31.37%
 - Cancer 28.33%
 - Heart disease & stroke 26.71%
 - Diabetes 24.06%
 - Safety 15.84%
 - Environmental hazards 14.77%
 - Mental health depression/suicide 11.18%
 - Asthma/lung disease 10.22%
 - Child health & wellness 9.84%
 - Drugs & alcohol abuse 5.54%
 - HIV/Aids/sexually transmitted disease 4.19%
 - Vaccine preventable diseases 3.59%
3. What prevents people in your community from getting medical treatment?
- No insurance 43.36%
 - Unable to pay co-pays/deductibles 42.27%
 - Fear 33.28%
 - Don't understand need to see a doctor 27.18%
 - Language barriers 15.73%
 - Transportation 11.33%
 - There are no barriers 10.89%
 - Don't know how to find doctors 9.34%
 - Cultural/religious beliefs 8.04%
 - Lack of availability of doctors 6.40%
4. Which of the following is the MOST needed to improve the health of your community?
- Healthier food choices 39.18%
 - Weight-loss programs 29.26%
 - Job opportunities 28.85%
 - Clean air and water 27.57%
 - Drug and alcohol rehabilitation services 21.84%
 - Mental health services 20.56%
 - Safe places to walk/play 15.70%
 - Recreation facilities 14.76%
 - Safe childcare options 12.98%
 - Smoking cessation programs 12.61%
 - Transportation 8.60%
 - Safe worksites 6.12%

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

- Importance of routine well checkups 22.44%
- Cancer 22.32%
- Blood pressure 21.95%
- Diabetes 21.92%
- Nutrition 21.89%
- Drug and alcohol 21.36%
- Exercise/physical activity 20.25%
- Mental health/depression 16.61%
- Cholesterol 13.64%
- Emergency preparedness 12.41%
- Heart disease 11.31%
- Dental screenings 11.24%
- Eating disorders 10.00%
- Disease outbreak information 7.33%
- Vaccination/immunizations 5.92%
- Suicide prevention 5.88%
- HIV/AIDS/STDs 6,51%
- Prenatal care 3.46%

6. I identify as:

- Female 74.80%
- Male 25.02%
- Other 0.18%

7. Average age of respondents:

47

8. What race do you consider yourself?

- White/Caucasian 73.60%
- Black or African-American 16.92%
- Asian/Pacific Islander 4.64%
- Multi-racial 4.45%
- Native American 0.39%

9. Are you Hispanic or Latino?

- No 69.97%
- Yes 24.22%
- No answer 5.81%

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

- \$0-\$19,999 12.55%
- \$20,000-\$34,999 12.97%
- \$35,000-\$49,999 8.20%
- \$50,000-\$74,999 14.11%
- \$75,000-\$125,000 29.15%
- >\$125,000 22.18%

11. What is your highest level of education?	
• College graduate	33.12%
• Graduate school	22.98%
• Some college	17.25%
• High school graduate	15.04%
• Doctorate	4.24%
• Some high school	3.97%
• Technical school	3.32%
• K-8 grade	2.77%
• Other (GED, Nursing school)	0.37%
12. What is your current employment status?	
• Employed for wages	59.85%
• Retired	15.48%
• Self-employed	11.54%
• Out of work/looking for work	4.69%
• Out of work, but not currently looking	4.41%
• Student	4.03%
• Military	0%
13. Do you currently have health insurance?	
• Yes	91.84%
• No	7.06%
• No, but I did in the past	1.10%

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.

Mercy Medical Center Interventions, Strategies and Activities

Priority Number One: Obesity

Goal: Reduce obesity in adults through community-based awareness initiatives such as free community lectures and BMI screenings.

Interventions, Strategies and Activities:

1. Mercy Medical Center will deliver at least 36 weight loss information sessions in both English and Spanish to people from surrounding underserved areas.

Process measures: Track of the number of attendees at each event and number of individuals recommended for follow up care. Survey attendees before and after session to see if there's an increase in knowledge. Increase attendance by 5% over previous year's sessions.

2. Provide free screenings for cholesterol, blood pressure, and BMI within the select underserved communities.

Process measures: Track of the number of attendees at each event. Increase the number of screenings by 5% over previous year's screenings.

3. Mercy Medical Center offers a bariatric clinic for underserved individuals who are obese and at risk for developing related health issues.

Process measures: Track number of patients seen at Mercy's clinic and at the New York Bariatric Group who are eligible for reduced-fee care.

4. Mercy Medical Center will actively promote the Long Island Healthy Collaborative's (LIHC) walking program by distributing promotional materials at community events and through social media reach. Mercy Medical Center will also share program information with CHS-affiliated physicians and mid-level practitioners to encourage more people to walk and choose a healthier lifestyle.

Process measures: Track number of community events where LIHC materials were shared.

5. 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 and knowledge of disease preventive care for heart disease and diabetes in both clinical and community settings. Participate in community programs designed to reach people outside traditional health care settings. Continue to educate the community on various health and wellness programs in order to promote a healthier lifestyle.

Interventions, Strategies and Activities:

1. Mercy Medical Center will host the annual *Wellness Day* and provide free blood pressure screenings with heart health and diabetes education and information for select underserved communities, including Hempstead, Roosevelt, Freeport and Uniondale.

Process measures: Track of the number of attendees the event. Provide an additional Wellness Event by year end 2017.

2. The hospital will expand its free *Speakers Bureau* in order to provide free education to the community on various health and wellness programs and to promote healthier lifestyles.

Process measures: Conduct surveys before and after speaker event to determine if there was an increase in knowledge on the covered topic. Increase the *Speakers Bureau* lectures by 5% over previous year.

3. Promote culturally relevant chronic disease self-management education through free monthly diabetes education sessions.

Process measures: Conduct surveys before and after speaker event to determine if there was an increase in knowledge on the covered topic.

6. Free wound care screenings will be offered at Mercy's annual Wellness fair.

Process measures: Track number of wound care screenings performed and the number of individuals recommended for follow-up care.

7. In collaboration with Molloy College, Mercy Medical Center will offer its first, free cardiac screening for Molloy College athletes.

Process measures: Track the number screenings and those identified for follow up care. After review of the success of the program, Mercy and Molloy will determine if the program will be repeated annually.

4. Mercy Medical Center staff volunteer at CHS Healthy Sundays community outreach events held in underserved churches, offering free health screenings and providing educational materials on obesity and diabetes.

Process measures: Participate in at least four to five events per year. Record the number of attendees, screenings and referrals at each event in order to increase the number of screenings and referrals that would identify any health concerns for community members.

Priority: Mental Health

Goal: Increase community awareness of mental health/substance abuse and offer links to community-based clinical programs and resources.

Interventions, Strategies and Activities:

1. Mercy Medical Center 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.

2. Mercy Medical Center will support Long Island Health Collaborative and DSRIP projects that address mental health.
3. When a lack of access to mental health resources is identified, Mercy Medical Center will provide information on and refer patients to the extensive mental health services available within CHS and its partners. If not available within CHS, Mercy Medical Center will use Long Island Health Collaborative's database to identify or recommend a suitable option.
4. 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.
5. 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 Mercy Medical Center Community Service Plan will be posted on the hospital's website at <http://mercymedicalcenter.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 Long Island Health Collaborative Wellness Survey online or at local screenings, the Community Health Needs Assessment will help Mercy Medical Center continue to further develop ways to best serve the community.

Conclusion

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